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From Leadership to Innovation: A Path Analysis of Organizational Change Drivers in Lebanese Healthcare from the Viewpoint of Nurses and Frontline Managers

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Abstract

Lebanon's private healthcare sector is grappling with overlapping crises—the economic collapse, the COVID-19 pandemic, and the Beirut port explosion—demanding urgent strategic transformation and innovation. Despite this, empirical research remains fragmented, with no integrated model capturing the combined effects of leadership, planning, governance, and service delivery on organizational change. This study introduces a novel path model tailored for post-crisis healthcare systems, grounded in Kotter's and Lewin's change frameworks, and informed by Contingency and Complexity theories.

Based on a survey of 211 healthcare professionals from private hospitals across Lebanon, the model was tested using recursive path analysis to explore the relationships among four key constructs: Change Leadership and Employee Empowerment, Operational Planning and Accountability, Specialized Clinical Service Provision, and External Governance and Policy Alignment.

Findings indicate that Specialized Clinical Service Provision and Change Leadership have the strongest direct effects on Strategic Change Management and Innovation. Operational Planning plays a mediating role, amplifying or shaping the impact of leadership and service delivery. Interestingly, External Governance showed no significant direct influence and was excluded from the final model—emphasizing the dominant role of internal organizational factors in crisis-driven innovation.

This study offers the first evidence-based, context-specific change model for Lebanon's healthcare sector, bridging a critical gap in the literature. It provides policymakers and hospital leaders with a practical roadmap for fostering resilience and adaptability, while also laying the groundwork for future research into dynamic change models applicable to fragile healthcare systems globally.

Keywords: *Strategic Change Management; Healthcare Innovation; Path Analysis; Leadership; Organizational Change; Employee Empowerment; Clinical Service Provision.*

I. INTRODUCTION

Drawing upon established organizational change theories, it becomes clear that Strategic Change Management & Innovation in private hospitals is primarily shaped by interrelated factors such as leadership and empowerment**,** operational planning**,** governance alignment, and clinical service responsiveness—all of which must adapt to external pressures and internal dynamics to support sustainable transformation. Recent studies highlight that these three constructs are prerequisites for effective strategic change. For example, Côté and Côté (2024) offer empirical support demonstrating that change-oriented leadership behaviors materially influence change outcomes in hospital contexts. Similarly, Øygarden, Olsen, and Mikkelsen (2020) shows indirect pathways through which leadership affects strategic change and innovation, via employee experience and engagement. Together, these studies underscore the critical role of change-oriented leadership in shaping both the structural outcomes of change (Côté & Côté, 2024) and the psychological and participatory responses of employees (Øygarden et al., 2020), reinforcing its central importance in strategic change and innovation within healthcare organizations.

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These findings align well with classical theories of organizational change. Lewin's Planned Change Theory conceptualizes change as a staged process, where planning and leadership are crucial from the outset. Kotter's 8-Step Model demonstrates leadership and governance in action, emphasizing the need for vision, structure, and empowerment throughout the change process. Similarly, Rogers' Diffusion of Innovation Theory underscores the importance of leadership in identifying "champions" and planning communication strategies to engage staff during change.

Additional support comes from research in the Lebanese healthcare context. El-Jardali, Jamal, Abdallah, and Kassak (2010) emphasize that leadership and governance—operationalized through strategic planning—are vital foundations for organizational change in Lebanese hospitals. Saleh and Bitar (2013) found strong links between leadership and job satisfaction, staff engagement, and the organization's capacity to foster innovation. El-Jardali, Bou-Karroum, Ataya, El-Ghali, and Hammoud (2024) show how adaptive leadership supported hospital resilience during Lebanon's compounded crises. Meanwhile, Akl, Al Halabi, and Naja (2024) demonstrate how organizational culture, trust, and leadership satisfaction shape the effectiveness of healthcare delivery in crisis and reform contexts.

Together, these regional and international studies provide both theoretical and empirical grounding for the argument that they support the idea that leadership is a key driver of strategic change management and innovation— from both a structural and experiential perspective.

- *Need for the Study*

While strategic change and innovation have gained increased policy attention in Lebanon's healthcare sector (MOPH, 2025), the perspectives of nurses and frontline managers in private hospitals remain insufficiently explored. Chaiban et al. (2023) take a step toward addressing this gap by examining ER nurses' experiences during the COVID-19 outbreak. However, their findings also point to a broader, unaddressed need to engage frontline professionals—those who translate leadership direction into operational action and service innovation—as central agents of strategic change.

This study responds to that need by proposing and testing a recursive causal path model that examines how Change Leadership & Employee Empowerment**,** Operational Planning & Accountability**,** External Governance & Policy Alignment, and Specialized Clinical Service Provision influence Strategic Change Management & Innovation. Unlike prior Lebanon-based studies (e.g., Saleh et al., 2012; El-Jardali et al., 2022; Bou Sleiman et al., 2011), which have explored individual aspects of leadership, accreditation, or workforce perceptions, this research integrates these latent variables into a unified analytical framework.

By combining theory-driven modeling with frontline perspectives, the study offers context-specific, evidence-based insights that can inform leadership practice, policy design, and capacity-building efforts in Lebanon's private healthcare system—particularly in the face of ongoing post-crisis recovery and system transformation

- *Statement of the Research Problem*

In the aftermath of overlapping crises—including economic collapse, the COVID-19 pandemic, and the devastating Beirut port explosion, which damaged multiple hospitals and disrupted health service delivery (UNDP, 2022)—private hospitals in Lebanon face mounting pressure to innovate, adapt, and strategically manage change. While global literature underscores the importance of change leadership, governance alignment, operational planning, and clinical service adaptability in driving organizational innovation, research specific to Lebanon has largely examined these factors in isolation. Prior studies have explored leadership during crises (El-Jardali et al., 2022), the use of strategic management tools such as the balanced scorecard (Bou Sleiman et al., 2011), and the application of planning frameworks (Saleh et al., 2013). However, none have integrated these elements into a comprehensive causal framework that captures how they interact to drive strategic change and innovation.

Moreover, the perspectives of nurses and frontline managers—key actors in interpreting and implementing change—remain underrepresented in empirical research. This gap limits the development of context-sensitive, evidence-based strategies needed to lead and sustain transformation in Lebanon's private healthcare sector.

- *Research Problem (in Question form):*

In what ways do frontline healthcare professionals—particularly nurses and managers—express attitudes toward and understand the interaction between leadership, governance, planning, and service provision in driving strategic change and innovation within Lebanon's private hospitals?

- *Purpose of the Study*

Drawing on well-established organizational change theories and an integrative review of relevant empirical studies, this research proposes a path model to explain how key internal and external factors drive strategic change management and innovation in Lebanese private hospitals. In the absence of an existing, contextually relevant model to test or adapt, the proposed framework synthesizes prior research across related domains—such as leadership during crises (El-Jardali et al., 2022), strategic planning tools (Bou Sleiman et al., 2011), and governance structures (Saleh et al., 2013).

This model focuses particularly on the underexplored perspectives of nurses and frontline managers, who play a critical role in interpreting and implementing change. It hypothesizes that internal factors—including change leadership and employee empowerment, operational planning and accountability, and specialized clinical service provision—alongside external factors such as

governance and policy alignment interact to influence strategic change management and innovation.

Testing this path model will contribute to a more integrated, practitioner-informed, and context-specific understanding of how change can be effectively led and sustained within Lebanon's private hospital sector. By employing causal recursive path analysis, the study aims to identify both direct and indirect effects among these organizational variables, providing a comprehensive, evidence-based account of strategic change dynamics in a complex, post-crisis healthcare environment.

➢ *Statement of Research Hypotheses*

According to Kotter's 8-Step Change Model, effective change depends on leadership-driven urgency, coalition building, empowerment, and institutionalization of innovation. Similarly, Lewin's Three-Stage Model (unfreezing, moving, refreezing) emphasizes the necessity of organizational readiness, planning, and reinforcement. Both models highlight the role of leadership and structured processes in facilitating change. Moreover, Contingency Theory and Complexity Theory (Donaldson, L., 2001 and Plowman et al., 2007) underscore how adaptive planning, alignment with external environments, and innovation in service delivery help organizations respond to dynamic challenges—especially relevant in post-crisis health systems like Lebanon's.

- *In Light of this, the Following Hypotheses are Proposed:*

✓ H1: Change Leadership and Employee Empowerment will have a positive and significant effect on Strategic Change Management and Innovation.
✓ H2: Operational Planning and Accountability will have a positive and significant effect on Strategic Change Management and Innovation.
✓ H3: External Governance and Policy Alignment will have a positive and significant effect on Strategic Change Management and Innovation.
✓ H4: Specialized Clinical Service Provision will have a positive and significant effect on Strategic Change
✓ H5: The effect of Change Leadership and Employee Empowerment on Strategic Change Management and Innovation will be partially mediated by Operational Planning and Accountability.
✓ H6: External Governance and Policy Alignment will positively influence Operational Planning and Accountability, which in turn will enhance Strategic Change Management and Innovation.

II. PROCEDURES AND METHODS

➢ *Population and Sample Selection*

The study utilized a simple random sampling technique to select participants from private hospitals across all Lebanese governorates — including North, South, Beirut, Bekaa, and Mount Lebanon — to ensure a diverse representation in terms of geography and professional roles. A total of 211 valid responses were collected, comprising 76 managerial staff and 132 nurses. The demographic profile of the sample was well-balanced: 60% of participants were female, and the largest age group (39.8%) fell within the 30–39 age range. Notably, nearly 30% of respondents had over 20 years of professional experience, reflecting a high level of institutional knowledge and expertise.

➢ *Instrumentation*

To collect meaningful data for this study, a structured and systematic approach was adopted. The survey was created using Google Forms and distributed to both managerial staff and nurses across various hospitals via accessible digital platforms such as WhatsApp and email, ensuring broad and efficient coverage of the target population. Distribution was facilitated through collaboration with a key Human Resources representative at each hospital, who was initially contacted via email. This collaboration not only helped disseminate the survey but also secured organizational support by clearly communicating the study's purpose.

Before launching the full-scale survey, a pilot study was conducted to strengthen the content validity and clarity of the questionnaire. A panel of five respected professors and academic researchers reviewed the initial draft, offering critical feedback that guided the refinement process. Based on their input, the survey was revised and finalized into a robust instrument consisting of 85 well-structured items, grouped into four distinct dimensions.

Each section of the survey was based on established, validated subscales from previous research. The Organizational Innovation dimension included 17 items adapted from Liao et al. (2017), assessing hospitals' abilities to innovate and respond creatively in dynamic environments. Strategic Change Management was measured using 19 items from Klammer et al. (2017), evaluating the hospitals' capabilities in planning and executing strategic transformations. Leadership was assessed through 22 items inspired by Franco and Matos (2013), capturing how hospital leadership facilitates change with a service-oriented focus. Lastly, Hospital Medical Services were evaluated using 27 items derived from service quality models such as SERVQUAL (Parasuraman, Zeithaml, & Berry, 1988) and recent research on healthcare delivery in Lebanon during the COVID-19 pandemic (Yaacoub et al., 2023), examining the quality and responsiveness of hospital care.

While the complete survey instrument was comprehensive, this study specifically analyzed a targeted subset of items focused on Strategic Change Management and Organizational Innovation as they relate to patient.

➢ *Factor Analysis*

To assess the suitability of the data for factor analysis, the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity were conducted. The KMO value was 0.840, indicating meritorious sampling adequacy and suggesting that the correlations among variables were sufficiently strong for factor analysis. Bartlett's Test of Sphericity was

statistically significant ($\chi^2 = 5826.220$, df = 325, $p < .001$), confirming that the correlation matrix was not an identity matrix and thus appropriate for structure detection.

Following this, a Principal Component Analysis (PCA) was performed, extracting components with eigenvalues greater than 1. The analysis revealed that five components had eigenvalues exceeding this threshold, collectively accounting for 78.28% of the total variance. Specifically, the first component explained 38.60%, the second 15.28%, the third 12.89%, the fourth 6.97%, and the fifth 4.56% of the variance, indicating a strong underlying structure in the data. After rotation, the variance was more evenly distributed among the components, with the first and fourth components showing particularly high rotated loadings (7.63 and 6.45, respectively), further enhancing interpretability. These results support the construct validity of the measurement instrument and suggest a well-defined multidimensional structure within the dataset.

Based on the SPSS output, the structure matrix and the pattern of loadings, enabled me to label the five dimensions as: The five labels I've chosen for my factors appear to be very well-matched to the components extracted through factor analysis. Below is a breakdown of each component with justification for why the labels fit:

➢ *Component 1: Strategic Change Management & Innovation*

- *High Loadings:*

Q3, Q28, Q12, Q14, Q5, Q52, Q46, Q26, Q81 (Factor Loadings 0.702 - 0.859 and Chronbakh alpha = 0.930) These items relate to:

✓ Systematic change monitoring
✓ Communication of change goals
✓ Seeking new solutions (innovation)
✓ Updating plans
✓ Introducing new services
✓ Balanced scorecard, DICE metrics
✓ Feedback-driven decision-making

- *Justification:*

These behaviors directly reflect the strategic and structured approach to managing change and introducing innovation.

➢ *Component 2: Operational Planning & Accountability*

- *High Loadings:*

Q47, Q18, Q78, Q19 (Factor Loadings 0.746 - 0.859 and Chronbakh alpha = 0.849) These items relate to:

✓ DICE process metrics (time, effort, commitment)
✓ Need for clearly defined responsibilities
✓ Proper budgeting for change
✓ Management of resource-heavy services (like nutrition-related conditions)

- *Justification:*

These point toward internal planning, budgeting, and accountability mechanisms.

➢ *Component 3: External Governance & Policy Alignment*

- *High Loadings:*

Q57, Q55, Q43 (Factor Loadings 0.835- 0.885 and Chronbakh alpha = 0.858)

- *These Items Relate to:*

✓ Singular focus from government, public hospitals, and top management
✓ Suggestive of external governance logic shaping internal decisions

- *Justification:*

The items suggest the hospital aligns with or is influenced by broader policy or governmental priorities. Your label "External Governance & Policy Alignment" is accurate and well-justified.

➢ *Component 4: Change Leadership & Employee Empowerment*

- *High Loadings:*

Q30, Q32, Q48, Q35, Q11, Q4 (Factor Loadings 0.744 - 0.866 and Chronbakh alpha = 0.888) These items reflect:

✓ Delegation, feedback use, excitement about change, collecting ideas
✓ Supervisor support and staff empowerment

- *Justification:*

These are textbook characteristics of transformational leadership and empowerment. This label is highly appropriate.

➢ *Component 5: Specialized Clinical Service Provision*

- *High Loadings:*

Q70, Q71, Q58, Q75 (Factor Loadings 0.732 – 0.896 and Chronbakh alpha = 0.881) These items refer to:

✓ Physiotherapy after injury/disability
✓ Genitourinary and nutritional disorder management
✓ Support for government health programs

The factor labels are conceptually sound, aligned with the item content, and reflective of theoretical constructs used in organizational change literature. By integrating validated instruments and ensuring a diverse participant base, the research provides a credible foundation for analyzing how hospitals respond to challenges and improve service delivery in a rapidly evolving healthcare environment in Lebanon.

- *Interpretation of Regression Findings and Implications for the Path Model*

The multiple regression analysis yielded a strong model explaining the determinants of Strategic Change Management and Innovation in Lebanon's private healthcare sector. With an R^2 of 0.635, the model accounts for approximately 63.5% of the variance in the dependent variable, indicating a high level of explanatory power. The model is statistically significant overall ($F = 37.062$, $p < 0.001$), affirming the strength of the relationship between the included predictors and the outcome variable.

Among the independent variables, Specialized Clinical Service Provision emerged as the most influential predictor ($\beta = 0.648$, $p < 0.001$), highlighting its central role in driving strategic change and fostering innovation. This result underscores the critical impact of having a diverse, responsive, and well-integrated portfolio of clinical services within hospitals—particularly in a post-crisis context.

Change Leadership and Employee Empowerment also demonstrated a significant and positive influence ($\beta = 0.279$, $p < 0.001$), emphasizing the importance of visionary leadership and participatory management in shaping adaptive strategies.

Conversely, Operational Planning and Accountability was found to have a statistically significant negative effect ($\beta = -0.205$, $p < 0.001$), suggesting that excessive bureaucratic rigidity or reactive planning may hinder innovation and adaptability.

Variables such as External Governance and Policy Alignment, Age, and Years of Experience did not reach statistical significance ($p > 0.05$) and were thus excluded from further path analysis to refine the model. Additionally, Gender was removed due to its categorical nature, which is not ideal for inclusion in recursive path analysis.

By streamlining the model to include only significant, continuous predictors, this analysis offers a clear, evidence-based foundation for strategic decision-making. The findings reinforce the primacy of internal leadership, service capabilities, and strategic culture in shaping transformation, even amid governance limitations and systemic instability. This model can serve as a blueprint for reform initiatives targeting resilience and innovation in fragile healthcare systems

➢ *Path Analysis*

Despite significant theoretical contributions to the organizational change literature, no existing model fully captures the complex interplay of internal and external drivers influencing strategic change and innovation in Lebanon's private healthcare sector. This study draws on foundational frameworks such as Kotter's 8-Step Change Model and Lewin's Three-Stage Model, both of which emphasize leadership urgency, empowerment, organizational readiness, and structured implementation as core drivers of transformation. In addition, Contingency Theory and Complexity Theory highlight the importance of adaptive planning and alignment with external environments—critical considerations in post-crisis systems such as Lebanon's healthcare sector.

Building on this conceptual foundation and guided by empirical regression findings, the proposed path model integrates three key internal predictors—Change Leadership and Employee Empowerment, Operational Planning and Accountability, and Specialized Clinical Service Provision—each of which demonstrated statistically significant and positive effects on Strategic Change Management and Innovation. While the initial model included External Governance and Policy Alignment as a hypothesized factor, regression analysis revealed its non-significant direct impact, leading to its exclusion from the final model. Nonetheless, its theoretical relevance is acknowledged, particularly as a potential indirect influencer through internal planning and leadership responses.

The refined model also posits a mediating role for Operational Planning and Accountability, suggesting that it may transmit the effects of leadership and clinical service adaptation onto innovation outcomes. By empirically testing this logically constructed, contextually grounded framework using causal recursive path analysis, the study provides a novel, practitioner-informed contribution to the literature—offering a robust, evidence-based roadmap for leading and sustaining strategic transformation in Lebanon's private hospital sector.

➢ *Explanation of Variable Ordering and Logic*

- Change Leadership & Employee Empowerment (first): Serves as the exogenous driver of the model. Leaders initiate strategic direction, empower staff, and create the foundation for change.
- Operational Planning & Accountability (second): Builds on leadership by translating strategic vision into concrete plans and assigning responsibilities, ensuring that empowerment leads to structured implementation.
- Specialized Clinical Service Provision (third): With operational systems in place, clinical services become the operational domain where change is applied and innovations are delivered.
- Strategic Change Management & Innovation (outcome): Represents the cumulative outcome of prior factors. Innovation and change are realized when leadership, planning, and service provision align effectively.

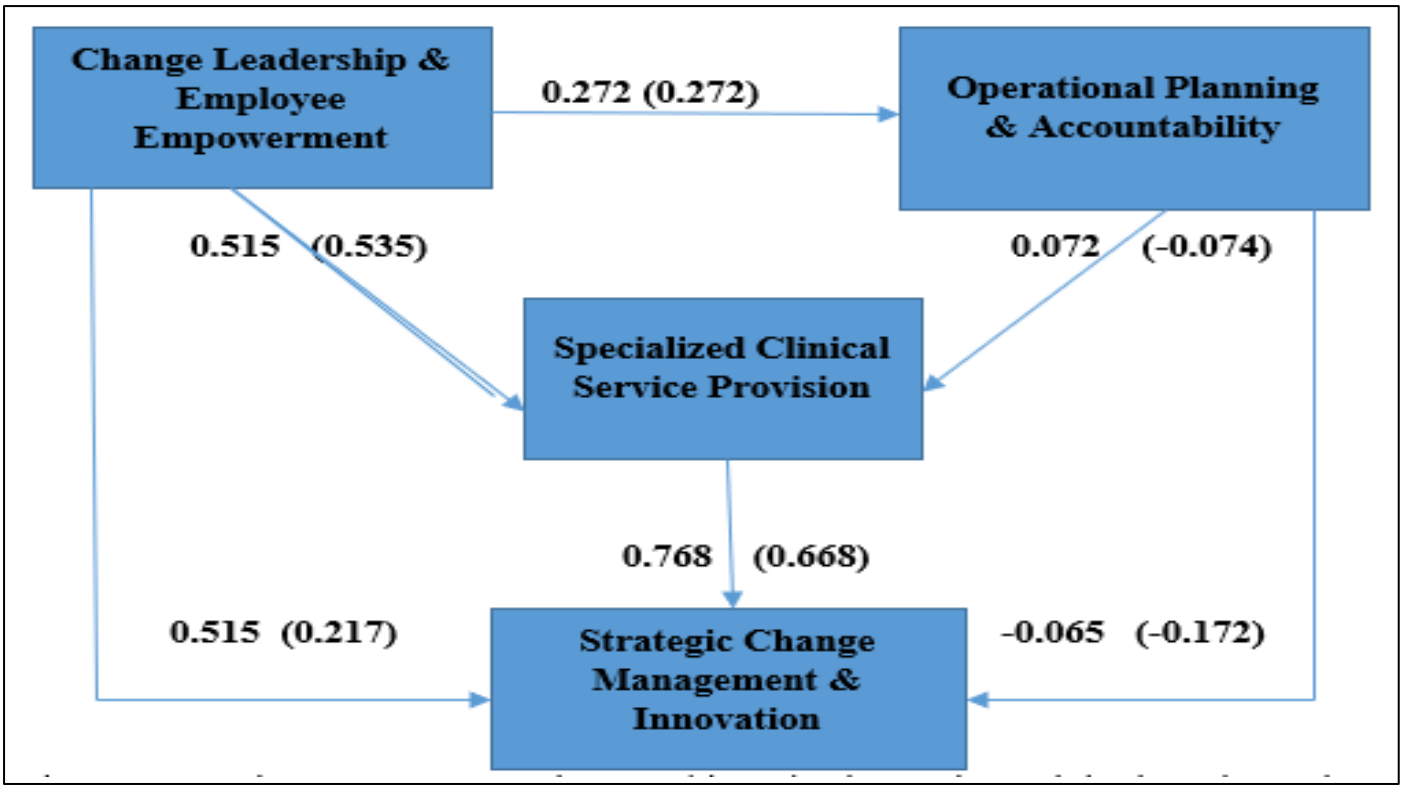
In sum, the model suggests that leadership interprets and responds to external demands, empowering staff to act. Planning and accountability mechanisms operationalize leadership intent, while specialized clinical services implement change on the ground. Innovation and strategic change emerge as the final result of this structured chain of influence

III. DISCUSSION

Graph 1 illustrates The results of the path analysis (see Graph 1) reveal several key insights into the organizational dynamics influencing strategic change management and innovation in Lebanon's private healthcare sector. The most significant predictor of strategic change and innovation was Specialized Clinical Service Provision, which exhibited a strong direct effect (β = 0.668) and an even higher total effect (0.768), underscoring its critical role in shaping transformative outcomes within hospitals. Change Leadership and Employee Empowerment also demonstrated a substantial impact, with a total effect of 0.515, though the direct effect was more modest (β = 0.217). This suggests that while leadership practices directly contribute to strategic innovation, a significant portion of their influence is indirectly mediated through improvements in clinical service provision (β = 0.535). In contrast**,** Operational Planning and Accountability showed a weak and negative direct effect on innovation (β = –0.172) and a negative total effect (–0.065), indicating that rigid or overly structured planning mechanisms may inhibit adaptive and innovative responses in healthcare settings. Additionally, operational planning had a negligible and slightly negative influence on clinical service provision (β = –0.074), further emphasizing the potential disconnect between administrative processes and service-driven innovation.

Collectively, these findings highlight the importance of empowering leadership and clinical excellence as drivers of strategic change, while also calling attention to the possible detrimental effects of overly rigid planning structures. For healthcare organizations aiming to foster innovation, the results suggest prioritizing leadership development and frontline clinical capabilities over traditional accountability frameworks.

These findings collectively reinforce the importance of a systemic, multi-level approach to change in healthcare institutions. Leadership and innovation play pivotal roles in shaping strategic change, which, in turn, interacts with service quality—often through complex, indirect pathways. This underscores the need for integrated leadership strategies and innovation-focused cultures in navigating transformation in the healthcare sector.



Graph 1 Path Analysis, Linking Key Organizational Variables to Strategic Change Management and Innovation in Lebanon's Private Healthcare Sector

The number in parentheses represents the true (direct) relationship, while the other value indicates the total effect, encompassing both direct and indirect influence

IV. CONCLUSION AND RECOMMENDATIONS

This study advances a theoretically grounded and empirically validated path model explaining how internal and external organizational drivers shape strategic change management and innovation in Lebanon's private hospital sector. Among the key predictors, *Specialized Clinical Service Provision* demonstrated the strongest direct effect on innovation outcomes, followed by *Change Leadership and Employee Empowerment*. While *Operational Planning and Accountability* exhibited a negative direct path, its interaction with leadership and service provision suggests a nuanced mediating role—highlighting the need for adaptive, context-responsive planning processes rather than rigid frameworks.

POLICY AND MANAGERIAL IMPLICATIONS

For policy makers and healthcare leaders, these findings suggest that meaningful transformation within Lebanon's healthcare sector hinges not only on high-level governance but critically on frontline engagement, clinical adaptability, and leadership empowerment. To foster innovation in crisis-prone environments:

- Empower Clinical Leaders and Managers: National policies should prioritize capacity building and decision-making autonomy for nurses and middle managers, who act as key conduits between executive leadership and operational execution.
- Support Adaptive Planning Mechanisms: Rather than enforcing static, top-down strategies, planning frameworks must allow for flexibility, enabling hospitals to rapidly respond to emergent challenges, such as economic shocks or public health crises.
- Invest in Clinical Innovation Infrastructure: Support for specialized service lines and digital health tools should be embedded within strategic health policy, as these elements are empirically shown to drive innovation.

FURTHER RESEARCH

While this study contributes a novel path model for strategic transformation in a low-resource, post-crisis context, further research is needed to:

- Expand the Model Across Sectors and Countries: Comparative studies in public hospitals or in other MENA-region countries could test the generalizability of the model under varying governance structures.
- Explore Mediating and Moderating Effects: Future studies should explore potential mediators (e.g., organizational culture, workforce resilience) and moderators (e.g., regulatory environment, digital maturity) that could enhance or inhibit change outcomes.
- Use Longitudinal and Mixed Methods Approaches: To capture the dynamic nature of change, longitudinal designs and mixed-method studies would enrich understanding of causal mechanisms over time and across organizational layers.

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Table 1 Model Summary

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.797[a]	0.635	0.618	0.38787		
a. Predictors: (Constant), Years of experience in the present job, Specialized Clinical Service Provision, Operational Planning & Accountability, Gender, External Governance & Policy Alignment, Change Leadership & Employee Empowerment, Age (in years)						

Table 2 ANOVA[a]

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	39.030	7	5.576	37.062	.000[b]
	Residual	22.416	149	0.150		
	Total	61.446	156			
a. Dependent Variable: Strategic Change Management & Innovation						
b. Predictors: (Constant), Years of experience in the present job, Specialized Clinical Service Provision, Operational Planning & Accountability, Gender, External Governance & Policy Alignment, Change Leadership & Employee Empowerment, Age (in years)						

Table 3 Coefficients[a]

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.052	0.357		2.948	0.004
	Operational Planning & Accountability	-0.149	0.040	-0.205	-3.701	0.000
	Change Leadership & Employee Empowerment	0.249	0.056	0.279	4.418	0.000
	Specialized Clinical Service Provision	0.531	0.047	0.648	11.245	0.000
	External Governance & Policy Alignment	0.042	0.038	0.063	1.111	**0.268**
	Gender	0.153	0.066	0.120	2.313	0.022
	Age (in years)	-0.006	0.007	-0.079	-0.861	**0.391**
	Years of experience in the present job	0.015	0.009	0.153	1.662	**0.099**
a. Dependent Variable: Strategic Change Management & Innovation						