

## **TERM OF OFFICE LIMITS FOR SENIOR MANAGEMENT ROLES IN ISRAEL'S PUBLIC HEALTH SYSTEM - A MANAGEMENT ASSET OR AN OBSTACLE?**

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**Abstract:** *The Israeli public health system is a complex, important, and operationally complicated system. The scope of its operations and its annual turnover are massive and it encompasses an enormous number of professional personnel with various skills, some of whom are hard to replace. Hence, senior managers in the public health system are posed with a major management and professional challenge. As a result of the current state of affairs, in which senior managers enjoy unlimited terms of office, there is no retention of high quality human capital in the public/state healthcare system and promotion opportunities are few, with little turnover in the higher management ranks of the state-run system. The current paper examines the advantages and disadvantages term of office limits have for senior managers in the state-funded healthcare system, and argues that the main purpose of specifying terms of office for these jobs is to improve the organization's performance. The aim of this article is to examine the perceptions of senior management role holders in the public health system regarding terms of office arrangements and their implications for senior managers in the hospitalization system. The proposed research design includes mixed methods design, which involves a first phase of qualitative interviews to get explanations about the researched phenomenon, followed by a second phase of quantitative data collection and analysis that builds on the first qualitative phase [1]. This article will present the qualitative phase: Six in – depth interviews with senior management role holders in the public hospitalization system conducted in the center of Israel. The results of the study provide a clear image showing the positive and negative aspects of term of office arrangements in the Israeli Healthcare system.*

**Keywords:** *Healthcare system, health policy, healthcare systems management, management "for life", senior management roles, term of office limits*

### **INTRODUCTION**

Israel's public healthcare system is one of the country's most complicated and complex social and economic systems. Its complexity stems from the following: multiple organizations that operate within it, combination of private and public institutions, the existence of medical insurance providers, the unique nature of its services, which reflect ethical perceptions concerning the value and quality of life, and the common conception

of health as a social right that must correspond to the population's healthcare needs and not necessarily with people's ability to pay [2].

In light of the current state of affairs, and more than in any other period in the history of Israel's public healthcare system, senior managers must be well versed in the general world of management, as well as in the concepts and needs that stem from management of a unique medical environment, and must meet the challenges posed by the system. These are only some of the necessary skills for management within the healthcare system, but they are not sufficient. Managers must develop the organization, change within it, and take risks. They must build a vision, provide inspiration, and serve as a motivating force for their subordinates. Furthermore, they must demonstrate initiative and creativity, empower and develop employees, and generate in them a commitment to and responsibility for the fate of the organization [3], [4], [5].

At present, doctors and nurses appointed to senior management positions in the public healthcare system serve for lengthy periods, 20 years on average and even until retirement [6]. This situation of lengthy terms of office and appointment of managers 'for life' may lead to a lack of professional development, erosion of their positions, and the departure of high quality staff members as a result of the lack of promotion options, the creation of power foci, and the lack of excellence promotion. This clarifies that limiting the terms of office of senior managers within the public healthcare system, in both medical and nursing fields is a management asset.

However, instituting limited terms of office also has visible weaknesses: implementation of such arrangements will require constant guidance as well as extensive costs involved in training personnel may prevent collaborations and discourage commitment to the organization and loyalty to its members. Moreover, one of the disadvantages associated with the regulation of term of office is that it causes senior managers to relinquish long-term planning in favor of short-term achievements, although it is evident that senior managers need time to learn an organization, to gradually implement their policies, and to enjoy their fruit [7], [8].

A review of the benefits and disadvantages of introducing limited terms of office for senior managers and conversations with senior personnel in the public healthcare system raised and reinforced the hypothesis that introducing a mechanism to limit term of office for senior managers in the public health system will create dynamics for personnel and organizational development and reinvigorate a system that has vast responsibilities for the health of its citizens. However, there is no research reviewing the benefits and disadvantages for the health system and their significance.

The purpose of this article is to examine the attitudes of senior role-holders in the public healthcare system regarding the term of office for senior managers in the general hospital system.

## **1. LITERATURE REVIEW**

### **1.1 Israel's healthcare system**

Israel's healthcare system is comprised of a large number of institutions and organizations whose actions are aimed at achieving one primary goal: to promote and

improve public health. This main goal includes several secondary goals, i.e., to ensure the quality of healthcare services, to increase public satisfaction with the services, to supervise expenditure, to improve the system's efficiency, and to maintain its principles of social solidarity.

### **1.1.1 Structure of the Israeli health system**

The institutions and organizations operating in Israel's healthcare system can be divided into four main groups:

1. Ministry of Health – The Ministry of Health has overall government responsibility for ensuring the health of all citizens. The ministry is the government authority through which the state implements its policies throughout the entire healthcare system, by outlining healthcare policy and determining the system's priorities and operational principles.
2. HMOs – Israel has four HMOs (Kupat Holim), responsible for supplying their members with a basket of services determined by law.
3. Other public institutions – This group includes non-profit institutions and organizations that operate within the healthcare system, for example Magen David Adom (the Jewish equivalent of the Red Cross) and the Israeli Cancer Association.
4. Private institutions – This group includes privately owned institutions and organizations that operate on a for-profit basis, such as various types of private hospitals [2], [9].

### **1.1.2 Hospitalization System**

Hospitals are divided into three groups: general hospitals, mental hospitals and rehabilitation or chronic disease hospitals. This division is derived from the types of morbidity and nature of medical activity. Figure 1 describes the division of hospital arrangements according to groups for 2014 (Israeli Ministry of Health official website <http://www.health.gov.il>).

### **1.1.3 Human Resources in the Israeli health system**

Of all those employed in the healthcare system, doctors and nurses are the most dominant component, both quantitatively (doctors and nurses constitute 36% of all employees and their pay comprises about 63% of the healthcare system's overall employment costs) and due to the nature of their job and their major impact on the system's activities and on consequent expenditure [10].

### **1.1.4 Senior management roles in the Israeli public health system**

The five most senior positions in the healthcare system, as defined by the Civil Service Commission are: Hospital Director General, Hospital Deputy Director General, Director of Nursing, Director of Administration and Director of Finance.

Senior managers in the healthcare system have the double job of managing human resources and running medical and nursing operations, as well as being responsible for the quality of clinical work. For these reasons, senior management positions within the healthcare system are considered to be very complex requiring both proven management skills and professional competencies in order to achieve medical goals [4].

Good managers ensure effective organization and utilization of resources to achieve results and meet aims [7]. This means that senior managers in the healthcare system are a major element in the management of healthcare systems, and as such they must be those most suited for their positions over time.

## **1.2 Limiting term of office**

Definition: Term of office limits are restrictions on how long a particular person can serve in a political office. Term limits can be expressed in number of terms in office or years of service. Term limits are imposed so that one person cannot hold an office for life and so a variety of people can serve [11].

### **1.2.1 Term of Office Limits**

Term limits have proven to have great value. Boards and institutions benefit from fresh ideas, energy, and new capabilities at critical times. Complaints about term limits have been manifold as well. The one presented most frequently is the loss of "institutional memory" or "decision memory" [12].

Term limits must achieve a delicate balance between constantly revitalizing an organization with 'new blood' while maintaining continuity. They should be sufficiently long to allow members to learn their job, perform it well, and have the potential to ascend to a position of leadership. They must be short enough to minimize the chance of burnout and to facilitate continual, but gradual, organizational turnover [13].

### **1.2.2 Limiting terms of office in public service**

A topic of increasing importance for public service is the impact of senior managers' terms of office on performance. Many governance authorities recommend limiting the length of service of senior managers for several reasons:

- To enable assessment of professional performance and the suitability of personnel for their terms of office;
- To create possibilities of promotion in public service;
- To increase the chances offered to additional candidates to occupy various positions and to promote the principle of equal opportunity;
- To prevent burnout stemming from holding a position for a lengthy period of time;
- To prevent the lengthy accumulation and concentration of a great deal of power in the hands of senior managers.

Studies held on behalf of the OECD in recent years in member countries show that in some countries reforms have been implemented in recent decades with regard to

the employment terms of public servants, leading among other things to more prevalent limitation of office terms. The studies have also found that limitation of terms of office is customary mainly among senior managers in public service [14].

In a comparative review conducted by the Research and Information Center of the Knesset (Israeli Parliament) on regulations limiting the terms of senior managers around the world [15] responses were received from 24 countries. The review found several different principal arrangements limiting the terms of senior managers in public service, including:

- Limiting the terms of senior managers in public service through legislation;
- Use of evaluation mechanisms to help reach decisions concerning the continued employment of senior managers in their current position;
- Compulsory rotation of senior managers among various same-rank positions in government offices.

In Israel, government resolution no.4470 was passed on February 8, 2009, confirming the application of term of office limitation arrangements in a list of senior public service jobs, but there is no systematic overall regulation in this area. For example, the law limits the term of office of the State Comptroller (seven years), the Governor of the Bank of Israel (five years), and the Head of the General Security Services (five years). Government resolutions also limit the terms of office of the Attorney General (six years) and of the State Attorney (six years).

The government resolution aims to encourage rotation and transition among senior public servants in order to utilize the full potential of their experience and enable the transfer of knowledge accumulated during their time in office, while constantly refreshing the ranks, preventing burnout, and promoting exemplary workers, all of which constitute leading values with regard to senior public servants.

### **1.2.3 Limiting terms of office for senior management positions in the government healthcare system**

Because of their significant positions in the public healthcare system, senior managers' terms of office are a topic with important consequences for the strategic and organizational management of this system.

The issue of limiting the terms of senior managers at government hospitals was explored by several committees charged with examining the healthcare system, particularly the Amorai Committee (2002), the Leon Committee (2004), and recently the German Committee (2013). The report issued by the Amorai Committee determined, in section 7.4, that "the terms of hospital department/unit managers will be limited to five years, with the possibility of extension for another five years by the management" ([http://brookdale.jdc.org.il/\\_Uploads/PublicationsFiles/448rr-amorai-heb.pdf](http://brookdale.jdc.org.il/_Uploads/PublicationsFiles/448rr-amorai-heb.pdf)). In addition, this resolution was also manifested in the conclusions of the Leon Committee, section 4.2: "The CEO of a hospital shall have proven experience in the management of large medical facilities. The directorate shall limit the CEO's term of office and shall be entitled to extend or shorten it at its exclusive discretion." (ibid.)

In June 2013 Knesset Member Yael German, Minister of Health at the time, appointed an advisory committee to strengthen public healthcare. The committee recommended that limited terms of office be set and rotations be held among directors and assistant directors of government hospitals, heads of department, and other senior managers in state-funded healthcare services, for the following reasons:

- To improve the ability to evaluate professional performance and suitability of senior managers for their positions;
- To open promotion tracks in the government hospital system, while increasing the chances of additional candidates to occupy senior positions and promoting the principle of equal opportunity;
- To encourage innovation and prevent burnout stemming from occupying a position for a lengthy period of time;
- To reduce dependency between the appointing element and senior managers and between senior managers and their subordinates;
- To increase the independence of senior managers, while preventing the accumulation and concentration of excessive power in the hands of senior managers for a lengthy period.

In September 2014, the socio-economic cabinet approved a decision reached jointly by the Prime Minister's Office, the Civil Service Commission, and the Ministry of Health, aimed at achieving a significant reform in the management of Israel's healthcare system.

The foundations of the decision set a limitation on the term of office of government hospital directors and senior managers in the Ministry of Health, to a maximum of 6-12 years. Moreover, they limit the term of office of department heads and directors of large institutes at government hospitals. At the same time, a rotation mechanism will be applied to help retain human capital and experience accumulated in management roles and keeps them within the government system.

The issue of limiting the terms of senior managers in the medical system has been discussed repeatedly and even gained a recommendation by the German Committee, charged with examining the structure of the healthcare system, but there is a lack of attention to this issue in the political discourse and in the literature on Israel's nursing field. This situation, described both with regard to healthcare systems in the world and to medical services within Israel's government healthcare system, which has no terms of office or rotation in senior management positions, is very similar and even identical to that of the nursing systems in general Israeli hospitals.

In the current state of affairs, nurses appointed to management positions remain in their jobs for lengthy periods of time, about 15 years on average and even until they retire. This situation of lengthy service periods and appointment of managers "for life" may lead to a lack of professional development, erosion of these positions, departure of high quality nurses as a result of the lack of promotion possibilities, creation of power foci, and lack of excellence promotion. In contrast, in some senior positions an arrangement consisting of short terms of office might constitute a management obstacle, as the roles require accumulation of maximum experience, and in such a case frequent replacement of the manager may be perceived as a waste of organizational resources [8].

Shapira (1990) contended that the utilization of short term of office lead to severe social and management deficiencies that prevent cooperation, discourage commitment to the organization and loyalty to its members, and result in lack of support by supervisors, colleagues, and subordinates. In addition, it hinders the readiness of managers to take risks and be innovative [16].

A few studies have examined the impact of changing managers on shaping organizational performance. Term limits and life-cycle theories [17] suggest that a new manager develops new processes, a new team, and a fresh strategy that improve long-term performance as they learn and make necessary adaptations. Moreover, Hambrick and Fukutomi (1991) suggested that managers become dysfunctional over time in an inverted u-shaped relationship with performance. Studies propose that organizational performance increases for the first 8-10 years of one's term of office but decreases thereafter, as managers apply old formulae to new conditions [18]. However, Henderson, Miller and Hambrick (2006) suggested that this pattern may depend on the industry [19]. Senior management positions in the nursing system constitute a major element of hospital management, and as such they must deal with most management components, including recruitment, training, administrative work procedures, and professional standards [4].

Adams (1991) explained that the expanded nurse manager position must include a more global understanding of issues surrounding the entire healthcare system. Therefore, nurse managers are being challenged to acquire more administrative and leadership skills [20].

In summary, medical and nursing practitioners can be perceived as constituting a major segment of healthcare personnel, and managers that head the organizations have a major influence on achieving its goals, in a changing and developing environment and with limited resources. These managers are responsible for improving the performance and operations of the healthcare organizations they head. Therefore, there are advantages in limiting term of office for senior positions in the public healthcare system

The public healthcare system operates around the clock and requires professional economic and managerial efficiency. Appointing managers 'for life' in this system hampers their motivation to improve. Thus, as health practitioners we are obliged to make sure that the managers heading this system will be the most suitable and worthy over time.

## **2. METHODOLOGY**

### **2.1 Aim of Article**

The aim of the article is to examine the perceptions and opinions of senior manager s in the healthcare system regarding the issue of whether office term limits help or hurt senior role-holders in the public healthcare's system.

## **2.2 Type of Research**

This is a theoretical study based on qualitative data collection methods - semi-structured in-depth interviews, whose purpose is to present and analyze a variety of opinions and perceptions within senior management levels.

## **2.3 Interviewees**

Six in depth interviews with senior managers were conducted in various areas of the general hospital system in central Israel, including a hospital Director General, Director of Administration, Human Resources Director and Directors of Nursing. The research examined their perceptions regarding terms of office for senior management roles in the general hospital system.

This was not a randomly chosen sample because there are only 11 medical centers for general hospitalization in Israel. The predominant advantage of this sample was conversations with people placed at the focal point of relevant information for research and the extent of their cooperation. A disadvantage of the way the sample was structured is the bias that may arise as all interviewees are based in the center of the country, and it is possible, therefore, that their views are not representative of overall opinions.

## **2.4 Interviews**

Face to face interviews took place in August 2016 and each lasted between 40 minutes and one hour, at the interviewees' place of work. The same interviewer carried out all interviews. Four of the six interviews were recorded and only two were summarized. The interviews were transcribed and coded, anonymity was guaranteed to interviewees. The interviews were open and semi-structured. Interviewees directed the conversation, but the interviewer ensured that they did not stray from the subject, which guaranteed flexibility for interviewees, while keeping to the subject of the interview [1], [21]. Interviews referred to the role of managers and advantages and disadvantages of the issue of term of office in public healthcare management.

## **2.5 Interview Analysis**

Interview analysis was based on the categorization and classification method, and sought to identify recurring patterns, trends [1], [21] and useable conceptual categories [22].

## **3. FINDINGS**

### **3.1 General Trends**

The picture drawn from the interviews reveals that senior positions in general hospitals are complex and dual. On the one hand, they have great responsibility for



professional medical aspects and on the other, for managing a large and complex system. *"It is a perfect combination of doing the things that define the activities of doctors and nurses on the one hand, but putting the patient at the center and on the other hand, it is managing a very large system that combines aspects of leadership, being ahead and realizing a vision."* *"It is one of the more complex roles in the healthcare system, the more demanding, it is 24 hours a day, it never ends, it is all consuming with total commitment to doing"*.

All six interviewees agreed that limited term of office for senior positions in the general hospitalization system would constitute an important, essential and very positive mechanism. This can be seen in the trends below:

### **3.1.1 The Case for Office Term Limits**

- Reinvigorate the system - innovation and different perspectives: *"Limits would bring new blood", "New managers bring fresh perspectives and new ideas", "They are not stuck doing things as we have done them"*.
- Opportunities for other people - creating promotion possibilities for mid-level managers: *"Term limits create opportunities to involve other interested role holders who would love to be in a management position but never get the chance". "There is a whole group of mid-level managers in the organization, who because they are stuck with no prospect of promotion on the horizon, remain frustrated". "There are excellent doctors and nurses that the organization loses to the private system". "Opportunities must be given to others in the system". "There is a horizon for people to aspire to". "Allows for the entry of new forces into the system so as to enrich it and for it to develop"*.
- Prevents burnout: *"After 8-10 years, there is burnout because you can no longer use your abilities for the benefit of the organization particularly in preserving its stability". "We all know that over the years, people burn out. They are no longer as creative or take the initiative as they did at the beginning"*.
- Ability to evaluate professional functioning. *"Limited terms of office allow evaluation to take place, through which one is able to evaluate whether to extend the term or not". "With such a mechanism, you would want to exploit to the maximum your time and you know that you will be evaluated. There has to be a junction when one says this person has achieved that ... reached his/her goals ... he/she can move on...it is not automatic"*.

### **3.1.2 The Case against Office Term Limits**

- Loss of organizational knowledge: *"We will lose some accumulated knowledge and expertise. Surely it gets lost"*.
- Requires ongoing training: *"We will have to train new people constantly"*.
- A lack of senior roles: *"When a Director of Nursing or Hospital General Manager finishes his/her term of service, what will they do? Will their employment conditions be protected?"*
- Large national expenditure: *"Such a limited office term mechanism creates more senior positions, which cost the system more"*.

### 3.1.3 Determining length term of office

With reference to the question of how long a hospital Director General or Director of Nursing should serve in the role, everyone agreed a period of 5 years with the possibility of extension for a further 5 years, that is to say 10 years in total. In response to my question why they chose this number, all of them, without exception, pointed out that it only takes two years to gather data and learn about the complex system, identify needs and problems and construct appropriate work plans. It takes a further two years to implement work processes and only in the fifth year can one perhaps see the fruit of one's undertaking.

*"The first two years at least are meant to complete knowledge, gather data and construct a work plan". "In order to see results of work plans in our system, takes five years"*.

### 3.1.4 Effect of term of office on the public healthcare system

*"It is good for the system by reason of innovation, change, reinvigoration, dealing with burnout, it's good for teams because it enables promotion and of course it is good for patients because finally results are for patients. In short, it is good for everyone"*.

*"It rejuvenates the system and marches it forward in fact. It will enable the system to respond better". "You don't remain frozen, you have to prove yourself and therefore this drives role holders to move towards the organization's aims"*.

### 3.1.5 Which components must exist for implementing a term of office limit mechanism?

*"A mechanism is needed to enable vacating a role and still finding that manager a different role that will not be detrimental to their employment conditions". "It has to be a systemic mechanism of rotation, a circular mechanism". "It has to be a managed mechanism that creates movement". "The Ministry of Health must take responsibility for it and not allow individuals to manage their own careers". "The trade unions must agree to this mechanism because they protect workers and all their rights". "The Ministry of Finance has to be a partner in the decision because in the end it is a cost-benefit issue". "It must be organized and arranged between the*

*Civil Services Commission, Ministry of Health and Trade Unions and of course, the Ministry of finance". "If you want it to succeed, you have to put all five principal positions into the same mechanism, it's important that it will be clear to everyone that there is a starting point, they have an exit point and an evaluation point"*.

## CONCLUSION

The research clearly reveals that senior managers within the system believe that regulating and limiting term of office has numerous advantages that outweigh its disadvantages and that such a mechanism will lead to systemic efficiencies. As such,

arrangements to regulate term of office require an organized and ordered mechanism agreed by and with the cooperation of a number of factors: The Ministry of Health, Civil Service Commission, and Ministry of finance and Trade Unions.

The interviews teach us that senior managers ready for such a change and see it as a management advantage both for the system and for human resources. They all agreed that the period necessary is five years with an option to extend for a further five years. On the basis of the understanding reached in this study, the next stage will be dedicated to a review examining the opinions of mid-level nurses.

Throughout the Western world, health is perceived currently as a basic value that countries are obliged to maintain and promote. As a result of this concept, all health professions are obligated to maintain the quality of clinical practice. Quality of care and achievement of medical outcomes require suitable and worthy managerial personnel at all times.

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