

Cultural and Ethical Leadership Considerations in Biomedical Translation: The Case of Traditional Medicine Integration in Nigeria

Teibowei Marie Therese

Institute of Foreign Language & Biomedical Translation
Bayelsa State Medical University,
Yenegoa, Bayelsa State
mariethereset2022@gmail.com 08067809835

Edward Perekebina Agbai

School of Entrepreneurship, Emmanuel University, Raleigh, NC, USA
Email: edwardagbai@gmail.com +16393174266

DOI: 10.56201/jpslr.v9.no3.2023.pg1.12

Abstract

Integrating traditional medicine practices within modern healthcare systems poses complex challenges for accurate and culturally sensitive communication. Biomedical translation is pivotal in conveying medical information across linguistic and cultural boundaries. This article examines the cultural, leadership, and ethical considerations in biomedical translation explicitly focusing on integrating traditional medicine practices in Nigeria specifically within the university communities. Within the context of leadership style, transformational leadership styles was used a focus leadership style. Meta analytical approach was adopted for the study. Three research questions were raised to guide the study. Conceptual clarification on concepts such as Cultural, Ethical, Considerations, Biomedical Translation and Traditional Medicine was done. The study examined 15 related articles. The review identified the challenges faced by translators and traditional medicine practice in Nigeria, the impact of culturally sensitive language on patient understanding and acceptance. Finally, the study disclosed the Strategies for Integrating Cultural, Leadership, and Ethical Considerations in Biomedical Translations in Nigeria.

Keywords: *Cultural, Ethical, Considerations, Biomedical Translation, Transformational leadership Style, Traditional Medicine*

Introduction

Leadership is an active process involving engaging people's emotions and intellect to enable them to excel in their roles and tasks that lie at the heart of their institutions core mandate (Pepper, 2010). It is the ability to influence the institution's performance with the potential to develop when people are exposed to new technologies and experiences designed to develop their potential and coping with change occasioned by the new technological innovations (Chadwick-Coule, 2011). Leaders align people to the new direction the institution envisions by communicating new ideas and strategy concisely through policy statements of the

technological direction to avoid the stakeholders pursuing different agendas. Precise directions serve as one of the significant leadership tools leaders use to enlist the followers towards a defined objective and the constructive role of the institution within its operating environment.

The cultural environment within the medical institution influences leadership styles (Chadwick-Coule, 2011), be it transactional, transformational, or situational leadership styles. Whichever leadership style is adopted, it is essential to have the mindset of a new leader and be guided by strong beliefs and values. The leader must create an environment that promotes innovation and encourages deep thinking as a learning institution.

Medical institutions must recognize that strong leadership element within its top management is critical in a bid to drive the changes in technology. Such changes and transitions are achieved by creating and articulating precise directions that provide strategic focus for the desired change initiative (Altmann & Lee, 2016; Bartunek & Woodman, 2015). Such a period of technological changes and transformation requires institutional leadership style fit for such purpose through regular monitoring and evaluation. The leadership style gives the role model greater agility and flexibility to cope with the diverse nature of the technological change and allows for more knowledge sharing, confidence building, and the encouragement of open-mindedness to experiment and seek opportunities for alternative ways to impact more excellent knowledge (Pepper, 2010; Valand & George, 2014). Internal forces drive the transformation of change towards gaining knowledge to suit the learning culture and the environment (Medeiros, 2016; Peng & Weichun, 2011).

There are different leadership styles proposed by authors, such as autocratic, democratic, charismatic, transactional, free-rein and transformational leadership styles, amongst others. These styles are all deemed helpful in managing the human factor for achieving set goals and objectives, in this case of traditional medicine integration in Nigeria for medical institutions as learning institutions are undertaken in a specific regiment.

In aligning these thoughts of transformational leadership styles and biomedical translation, we can posit that biomedical translation is critical to healthcare communication, ensuring that medical information is accurately conveyed to diverse populations. In Nigeria, integrating traditional medicine practices within medical institutions alongside modern biomedical concepts creates a unique context for translation. Effective communication of such integrated practices requires understanding cultural sensitivities, linguistic adaptations, and ethical considerations (Kleinman, 2018). This article delves into the complexities of biomedical translation and leadership style adopted, specifically in the context of traditional medicine integration in Nigeria, highlighting the importance of maintaining accurate and culturally appropriate communication through purposeful leadership. In the context of the Nigerian traditional medicine and its integration into the broader context of Nigerian medical institution's leadership, we focus on the transformational leadership style.

1. The Aim and Objectives of the Study

The study examined the cultural and ethical considerations in biomedical translation, explicitly focusing on integrating traditional medicine practices in Nigeria. Specifically, the study will achieve the following:

1. Identify challenges faced by translators and traditional medicine practice in Nigeria,

2. Examine the impact of culturally sensitive language on patient understanding and acceptance.
3. Outline the strategies for Integrating Cultural and Ethical Considerations in Biomedical Translations in Nigeria through purposeful leadership.
- 4.

Research Questions: The following research questions were raised to guide the study:

1. What are the challenges faced by translators and traditional medicine practice in Nigeria?
2. What is the impact of culturally sensitive language on patient understanding and acceptance?
3. What are the strategies for Integrating Cultural and Ethical Considerations in Biomedical Translations in Nigeria?
4. **Conceptual Clarification**

Transformational Leadership:

Transformational leadership is a style that focuses on inspiring and motivating followers to achieve their full potential and surpass their expectations. This style involves setting a compelling vision and engaging employees through effective communication and a strong personal presence. Transformational leadership is particularly relevant in the Nigerian traditional medicine and its integration into the broader context of Nigerian medical institution's leadership, where visionary leaders can inspire teams to overcome challenges and pursue excellence. Given the sector's complexity, motivating, and aligning diverse teams is essential.

Strengths:

- **Inspiration:** Transformational leaders can instill a sense of purpose and commitment in their teams, leading to higher morale and dedication to project success.
- **Adaptability:** This leadership style can be adaptable to the ever-changing dynamics of the industry, allowing leaders to navigate uncertainty effectively.

Weaknesses:

- **Dependency on Leader:** Overreliance on a charismatic leader can be risky, as it may lead to a lack of sustainability in leadership when that individual is absent.
- **Resistance to Change:** In traditional or hierarchical organizational structures, transformational leadership may face opposition from those accustomed to a more authoritarian style.

Ethical Leadership

Ethical understanding across cultures is crucial to understanding the new science of organizational leadership. It has been shown that an organizational perspective that views organizations as machines in highly hierarchical organizations limits adaptation, organizational learning, and overall growth and is related to perceptions of unethical leadership in stakeholders (Wheatley, 2006). Ethical concerns may vary from one culture to the other, but the constant in all ethical leadership perceptions across cultures is that ethical leadership respects the rights and dignity of others (Ciulla, 2004).

Thus, the ethics problem in global leadership becomes more complex as we attempt to refine the generalized definition to include varying cultural perceptions. Progress is being

made in leadership ethics based on the Project GLOBE findings. For example, when the Project GLOBE findings were used to compare the four aspects of ethical leadership in Resick et al. (2006) findings, they found that all four aspects: character/integrity, altruism, collective motivation, and encouragement, were endorsed as effective across cultures. Resick et al. (2006) explored the complexities of ethical leadership across cultures and found that although each variable was highly valued across cultures, they varied in the degree of endorsement from one culture to the next.

As more is learned of these differences among the culture clusters defined by Project GLOBE, the more a general standard of global leadership ethics can be introduced as a factor that is essential to managing the complex relationships that make up international organizations. This relationship-based focus is of note in the new science as critical to understanding the modern organization as a living organism rather than a machine managed by hierarchies of authority (Wheatley, 2006).

Cultural and Ethical Considerations

Teibowei (2021) defined cultural considerations as promoting the delivery of services in a culturally competent manner to all, irrespective of ethnic background, disabilities, gender, or sexual orientation. It is the degree to which cultural awareness plays a role in interaction with a particular cultural group. Cultural considerations are relevant to medical research because they accommodate the generalizability of research findings and, ultimately, the usability of results, like recognizing if a vaccine has a different efficacy or side effects in different subgroups. Thoughtful attempts to incorporate cultural considerations help to facilitate positive research interactions and successful research participation.

Biomedical Translation

Biomedical translation is a new effort to bridge the gap between scientific discovery and developing new strategies to diagnose, treat and prevent disease. Medical translation is a platform for mediating professional communication between patients and medical personnel. It plays an ancillary role in medical research and practice. This is even more serious, knowing that there is a growing tendency in healthcare communication to focus attention on patients Kao, Hsu and Clark (2014). The National Centre for Advancing Translational Science (NCAIS, n.d) considers biomedical translation as turning laboratory, clinic and community observations into interventions that will improve the health of individuals and the public, from diagnostics and therapeutics to medical procedures and behavioural changes. Landis, Bennett and Bennett (2014) defined biomedical translation as the field of investigation focused on understanding the scientific and operational principles underlying each step of the translation process. Besides books, articles, and presentations, translated medical texts include registration documents such as application dossiers for registering new machines and medical services and instruction manuals for medical equipment and instruments and documents for clinical trials.

Traditional Medicine

Traditional medicine, also known as indigenous or folk medicine, refers to the practices, knowledge, and healing methods passed down through generations within specific cultures and communities. Oreagba (2021) disclosed that traditional medicine encompasses many healing techniques, therapies, and herbal remedies rooted in cultural beliefs, local knowledge, and historical experiences. Conventional medicine is often practiced with spiritual, religious, and social practices, and it plays a significant role in healthcare systems worldwide.

Ezeome and Anarado (2020) identified critical characteristics of traditional medicine as:

Cultural and Historical Context: Traditional medicine is deeply intertwined with the culture, history, and beliefs of the community or region where it originates. It reflects the collective wisdom and experiences of generations.

Herbal Remedies: Herbal medicine is a prominent component of traditional medicine. Herbal remedies involve the use of plants, roots, leaves, and other natural substances to treat various ailments and promote health.

Holistic Approach: Traditional medicine often takes a holistic approach to health, focusing on the interconnectedness of the body, mind, and spirit. Treatments aim to restore balance and harmony within the individual and their environment.

Local Knowledge: Traditional healers possess specialized knowledge of local plants, minerals, and other natural resources that can be used for healing purposes. This knowledge is often transmitted orally from one generation to the next.

Spiritual and Ritual Elements: Many traditional healing practices involve spiritual or ritualistic components, such as prayers, ceremonies, and symbols. Healing is seen as a holistic process involving physical well-being and spiritual and emotional aspects.

Community Involvement: Traditional healers often have a close relationship with their communities. They play roles not only as healers but also as cultural advisors, counsellors, and mentors.

Diversity: Traditional medicine practices vary widely from one culture to another and can include a range of treatments, such as massage, acupuncture, cupping, traditional bone-setting, and more.

Complementary and Alternative Medicine: Traditional medicine coexists with conventional medical practices in many societies. It is sometimes used alongside modern medicine as a complementary or alternative approach to healthcare.

Challenges and Considerations: Traditional medicine faces challenges in terms of standardization, scientific validation, and potential safety concerns. Some traditional practices may lack rigorous scientific evidence, and ethical issues can surround the commercialization of traditional knowledge.

Cultural Preservation: Recognizing and preserving traditional medicine are essential for safeguarding cultural heritage and promoting cultural diversity.

Methodology

A meta-analysis examines the cultural and ethical considerations in biomedical translation, explicitly focusing on integrating traditional medicine practices in Nigeria. Data on the study was collated from 15 documents from relevant research studies published between 2010-2023. These works comprise ten published journal papers, two conference papers, and 1 PhD thesis. Studies are obtained by applying keywords such as cultural and ethical considerations, integrating traditional medicine practices in Nigeria. Meta-analysis focuses on combining the results of different studies to determine what cannot be otherwise obtained.

Discussion of Results

a. Challenges of Traditional medicine practice in Nigeria

Traditional medicine practice in Nigeria faces various challenges that impact its recognition, integration, and effectiveness within the broader healthcare landscape. These challenges arise from multiple factors, including cultural, regulatory, economic, and educational considerations. Teibowei (2023), Ogbera (2021) and Ezeome and Anarado (2020) outlined the challenges of traditional medicine practice in Nigeria as follows:

Lack of Regulation and Standardization: Traditional medicine practices in Nigeria often need more standardized guidelines, quality control measures, and regulatory oversight. This can lead to variations in treatment approaches, safety concerns, and potential risks for patients.

Limited Research and Documentation: There needs to be more rigorous scientific research and documentation regarding the efficacy, safety, and mechanisms of action of many traditional remedies and practices. This hinders the integration of traditional medicine into evidence-based healthcare systems.

Linguistic and Cultural Barriers: Traditional medicine knowledge is often passed down orally from generation to generation, and much of it is tied to specific languages and cultural contexts. As a result, there can be challenges in preserving and transmitting this knowledge across linguistic and cultural boundaries.

Lack of Formal Training and Education: Traditional healers may need more formal training and education in medical sciences and modern healthcare practices. This can limit their ability to collaborate effectively with conventional healthcare professionals and adhere to established standards of care.

Stigmatization and Marginalization: Traditional healers and practices can be stigmatized or marginalized within the healthcare system, leading to a lack of recognition and respect for their contributions. This can discourage young people from pursuing traditional medicine as a career.

Inadequate Documentation of Traditional Knowledge: Traditional healers often hold valuable knowledge about local plants, remedies, and practices. However, this knowledge is likely lost over time due to inadequate documentation and the passing of older practitioners.

Limited Research Funding: Traditional medicine research often needs more funding compared to conventional medical research. This hampers efforts to conduct scientific studies, validate traditional practices, and explore potential synergies between traditional and modern medicine.

Intellectual Property and Commercialization Concerns: Commercializing traditional knowledge and remedies without appropriate recognition or benefit-sharing can lead to exploiting local communities and traditional healers.

Integration Challenges: Integrating traditional medicine into the formal healthcare system requires overcoming institutional and structural barriers. Issues related to referral systems, collaboration, and patient safety need to be addressed.

Misuse and Misidentification of Medicinal Plants: The indiscriminate use of herbal remedies and the misidentification of medicinal plants can lead to adverse effects and health risks for patients. It is essential to ensure proper identification and preparation of herbal treatments.

Lack of Insurance and Reimbursement: Health insurance policies may not cover traditional medicine, limiting access for patients who rely on these practices for healthcare.

Socioeconomic Factors: Economic disparities can influence the availability and affordability of healthcare services, including traditional medicine. Some individuals may turn to traditional healers due to financial constraints.

a. **The challenges faced by translators in the midst of Traditional medicine practice in Nigeria**

Translating biomedical texts in Nigeria poses ethical and cultural challenges stemming from the diverse linguistic landscape and the complex interplay between healthcare, language, and cultural beliefs. These challenges can impact translation accuracy, patient understanding, and adequate healthcare communication. Algebra (2021), Oreagba (2021), Abe-Kim, Okazaki and Goto (2011), Airhihenbuwa (2015) and Ezeome and Anarado (2020) identified some of the

ethical and cultural **challenges faced by translators amid Traditional medicine practice in Nigeria as:**

Language Nuances and Medical Terminology: Translators must navigate the intricacies of medical terminology in different languages. Some medical terms may not have direct equivalents in specific Nigerian languages, requiring translators to find appropriate ways to convey complex concepts accurately.

Cultural Sensitivity: Biomedical texts often contain information related to sensitive topics such as reproductive health, mental health, and communicable diseases. Translators need to ensure that the translated content is culturally sensitive and respectful of local norms and beliefs.

Contextual Appropriateness: Translators need to consider the context in which medical information is presented. Certain cultural contexts may require tone, formality, or explanation adjustments to ensure that the content is appropriate and well-received.

Traditional and Herbal Medicine: Nigeria has a rich tradition of herbal and traditional medicine. Translators must navigate the challenges of translating between modern medical terminology and traditional healing practices, ensuring accurate communication of both perspectives.

Spiritual and Religious Beliefs: Healthcare practices in Nigeria are often intertwined with spiritual and religious beliefs. Translators must carefully handle religious terminology and references to avoid misunderstandings and conflicts with healthcare guidelines.

Misinterpretation of Words: Certain words or phrases might have different meanings in Nigerian languages. Translators must be cautious to avoid unintended connotations or misunderstandings.

Health Literacy: Translators should be aware of varying levels of health literacy among different populations. Simplifying medical language without compromising accuracy is a challenge.

Gender and Sociocultural Norms: Gender-specific language and societal norms can influence translation choices. Translators need to ensure that gender-sensitive topics are conveyed accurately and respectfully.

Informed Consent Documents: Translating informed consent documents for medical procedures or clinical trials requires clear, accurate, and understandable language to ensure that patients fully comprehend the implications and risks.

Privacy and Confidentiality: Biomedical texts often contain sensitive patient information. Translators must uphold patient confidentiality and ensure that translated documents do not compromise privacy.

Trust and Reliability: Biomedical translation is critical in building trust between patients and healthcare providers. Accurate translation is essential to avoid misunderstandings that might erode trust.

Updating and Feedback: The dynamic nature of language and medical knowledge requires translators to update their skills and knowledge continually. Feedback from healthcare professionals and patients can help improve the quality of translations.

a. **The impact of culturally sensitive language on patient understanding and acceptance**

Culturally sensitive language in biomedical reports is crucial in enhancing patient understanding and acceptance of medical information. When medical information is communicated in a way that respects and acknowledges cultural norms, beliefs, and values, patients are more likely to comprehend the information accurately, trust their healthcare

providers, and make informed decisions about their care. Algebra (2021), Oreagba (2021), Abe-Kim, Okazaki and Goto (2011), Airhihenbuwa (2015), Ezeome and Anarado (2020) and Sale and Brazil (2021) identified culturally sensitive language impacts patient understanding and acceptance of biomedical reports as:

1. **Clarity and Comprehension:** Culturally sensitive language considers the patient's cultural background, using familiar concepts and idiomatic expressions that resonate with the patient's experience. This can result in more precise explanations that are easier for patients to understand, reducing the risk of misinterpretation.
2. **Relatability:** Using cultural references that patients can relate to helps bridge the gap between medical terminology and patients' everyday experiences. This relatability makes the information more accessible and relatable, fostering a deeper understanding of the medical content.
3. **Cultural Relevance:** Cultural sensitivity ensures that the information provided aligns with the patient's cultural beliefs and practices. When medical advice is presented in a manner that respects cultural values, patients are more likely to accept and follow the recommendations.
4. **Trust and Credibility:** Culturally sensitive language demonstrates respect for the patient's cultural identity, fostering trust between the patient and the healthcare provider. Patients are more likely to trust and accept medical information when they feel understood and valued.
5. **Empowerment:** When biomedical reports are communicated in culturally sensitive language, patients feel empowered to engage in their healthcare decisions. They are more likely to ask questions, seek clarification, and actively participate in their treatment plans.
6. **Reduced Stigma:** Sensitivity to cultural norms helps avoid stigmatizing language or topics. Patients may be more open to discussing sensitive health issues when they perceive that their cultural sensitivities are respected.
7. **Improved Compliance:** Patients are more likely to adhere to treatment plans and follow medical recommendations when they understand their rationale. Culturally sensitive language can help patients grasp the importance of compliance and the potential benefits of interventions.
8. **Effective Communication:** Cultural sensitivity promotes effective communication between healthcare providers and patients. When patients and providers are on the same page, misunderstandings are minimized, leading to more productive interactions.
9. **Patient Engagement:** Culturally sensitive language encourages patients to actively engage with their healthcare information. They are more likely to seek additional information, research their condition, and engage in shared decision-making.
10. **Enhanced Patient Experience:** Patients who receive information in a culturally sensitive manner have a more positive experience with healthcare providers and systems. This positive experience can lead to improved patient satisfaction and overall well-being.

It's important to note that achieving cultural sensitivity requires healthcare providers and translators to deeply understand the patient's culture, beliefs, and preferences. Communication should be tailored to individual patients while respecting their privacy and confidentiality. Overall, culturally sensitive language in biomedical reports improves patient understanding and promotes better health outcomes and patient-provider relationships.

6. Strategies for Integrating Cultural and Ethical Considerations in Biomedical Translations in Nigeria

Integrating cultural and ethical considerations into biomedical translations in Nigeria is essential to ensure accurate and effective communication between healthcare providers, patients, and researchers. These strategies aim to bridge linguistic and cultural gaps while respecting ethical norms and cultural sensitivities. Abe-Kim, Okazaki and Goto (2011), Teibowei (2023) and Airhihenbuwa, (2015). Identified some strategies for achieving this integration as:

Culturally Competent Translators: Employ translators with cultural competence and a deep understanding of the source and target languages' cultural nuances. Translators should be familiar with local customs, beliefs, and idiomatic expressions.

Collaborative Approach: Foster collaboration between biomedical professionals, translators, cultural experts, and community representatives. Their combined expertise ensures that translations accurately convey medical information while respecting cultural context.

Pre-Translation Cultural Assessment: Conduct a thorough assessment of the target culture's beliefs, norms, and sensitivities related to healthcare. This assessment informs translation choices and adaptations that align with the cultural context.

Glossaries and Terminology: Develop bilingual dictionaries and medical terminology guides that incorporate culturally sensitive equivalents for medical terms. It ensures consistent translation and maintains accuracy.

Translation Review and Validation: Involve healthcare professionals and community members in reviewing translated content for accuracy, cultural appropriateness, and relevance. Their input helps refine translations to meet cultural and ethical standards.

Cultural Adaptation: Adapt content to the local cultural context while maintaining scientific accuracy. Use examples, analogies, and metaphors that resonate with the target audience's cultural background.

Patient-Centered Approach: Tailor translations to the specific needs and preferences of patients. It includes using language that is easily understood by the target audience and addressing their concerns and questions.

Language Register: Consider the appropriate level of formality or informality in the translation, as cultural norms dictate different language registers for different contexts.

Religious and Spiritual Sensitivity: When discussing topics that intersect with religious beliefs or practices, ensure translations respect and accurately convey these aspects without offending.

Visual Aids and Symbols: Utilize culturally relevant visual aids, symbols, and diagrams to enhance understanding. These aids can bridge language gaps and convey complex information effectively.

Back-Translation and Cross-Validation: Employ back-translation, where a separate translator translates the translated content back to the source language. This process helps identify any discrepancies and ensures accuracy.

Education and Training: Train healthcare professionals and translators in cultural competence and ethical considerations relevant to biomedical translations. It enhances their understanding and ability to navigate sensitive topics.

Continuous Feedback Loop: Establish mechanisms for ongoing feedback from patients, healthcare professionals, and translators. It ensures that translations remain relevant and culturally sensitive over time.

Regulatory Compliance: Ensure that translated materials adhere to regulatory and ethical guidelines for medical communication. This includes maintaining patient privacy and confidentiality.

Continuous Learning and Improvement: Stay updated on cultural shifts, language changes, and evolving medical practices to improve the quality of translations continually.

By implementing these strategies, biomedical translations can effectively bridge cultural divides, enhance patient understanding, and uphold ethical standards, ultimately contributing to improved healthcare outcomes and better patient-provider communication in Nigeria.

7. Conclusion and Recommendations

Integrating traditional medicine practices within modern healthcare systems highlights the critical role of biomedical translation in facilitating effective communication. To allow for seamless integration, leaders play an active process that involves engaging people's emotions and intellect to enable them to excel in their roles and tasks that lie at the heart of their institutions core mandate. University leaders align people to the new direction the institution envisions by communicating new ideas of the technological direction to avoid the academic and non-academic staff pursuing different agendas. In the context of the Nigerian traditional medicine and its integration into the broader context of Nigerian university leadership, we focus on the transformational leadership style was used for this study. It focuses on inspiring and motivating followers to achieve their full potential and surpass their expectations. Cultural and ethical considerations are paramount in ensuring that translations accurately represent traditional concepts and respect cultural values. To address these challenges, the following recommendations are proposed:

Collaboration: Multidisciplinary collaboration between linguists, healthcare professionals, traditional medicine practitioners, leaders, and translators can enhance the accuracy and cultural sensitivity of biomedical translations.

Guidelines: Develop guidelines for translators working on biomedical translations involving traditional medicine. These guidelines should emphasize cultural competence, accuracy, and ethical communication using transformational leadership styles.

Cultural Validation: Translated materials should be validated by experts in traditional medicine to ensure that the translations align with cultural norms and beliefs and leaders are in sync with the new norms to guide their followers.

Patient Engagement: Engage patients from different linguistic and cultural backgrounds during the translation process to gather feedback and ensure that translations are comprehensible and culturally sensitive.

In conclusion, integrating traditional medicine practices in Nigeria necessitates careful consideration of cultural, ethical and leadership context and factors in biomedical translation must be aligned. By addressing these considerations, translators, healthcare professionals and their leaders can bridge communication gaps, ensure patient understanding, and respect cultural diversity in healthcare practices.

References

- Abe-Kim, J. Okazaki, S. & Goto, S. G. (2011). Unidimensional versus multidimensional approaches to the assessment of acculturation for Asian American populations. *Culture Divers Ethnic Minor Psychol* 232e246.
- Airhihenbuwa, C. O. (2015). *Health and culture: Beyond the Western paradigm*. Thousand Oaks, CA: Sage Publications.
- Altmann, P., & Lee, C. (2016). Cognition, capabilities, and resources: Developing a model of organizational change. *Journal of Management & Change*, 34/35, 76-92.
- Bartunek, J. M., & Woodman, R. W. (2015). Beyond Lewin: Toward a temporal approximation of organization development and change. *Annual Review of Organizational Psychology and Organizational Behavior*, 2, 157-182. doi:10.1146/annurev-orgpsych-032414-111353
- Chadwick-Coule, T. (2011). Social dynamics and the strategy process: Bridging or creating a divide between trustees and staff. *Nonprofit and Voluntary Sector Quarterly*, 40, 33 – 56.
- Ciulla, J. B. (2004). What is good leadership?.
- Ezeome, E. & Anarado, A. (2020). Use of complementary and alternative medicine by cancer patients at the University of Nigeria Teaching Hospital, Enugu, Nigeria. *BMC Complement Altern Med*. 7:28.
- Kao, H. S, Hsu, M & Clark, L. (2014). Conceptualizing and critiquing culture in health research. *J Transcult Nurs*, 15:269e277.
- Kleinman, A. (2018). *The illness narratives: Suffering, healing and the human condition*. New York: Basic Books.
- Medeiros, A (2016), Dynamics of Change: Why Reactivity Matters, *Communication of the ACM*, 10, doi: 10.1145/2948989
- Ogbera, A. O, (2021). Complementary and alternative medicine use in diabetes mellitus. *West Afr J Med*. 29(3):158–62
- Oreagba, I. (2021). Herbal medicine use among urban residents in Lagos, Nigeria. *BMC Complement Altern Med*. 11:117.
- Peng, W., & Weichun, Z. (2011). Mediating role of creative identity in the influence of transformational leadership on creativity: Is there a multilevel effect? *Journal of Leadership and Organizational Studies*, 18, 25–39. doi:10.1177/1548051810368549
- Pepper, S. D. (2010). The business of Sigint: The role of modern management in the transformation of GCHQ. *Public Policy and Administration*, 25, 85–97. <http://ppa.sagepub.com.ezp.waldenulibrary.org/cgi/content/short/25/1/85>
- Resick, C. J., Hanges, P. J., Dickson, M. W., & Mitchelson, J. K. (2006). A cross-cultural examination of the endorsement of ethical leadership. *Journal of Business Ethics*, 63, 345-359.
- Sale, J. E. M., & Brazil, K. A (2021). Strategy to identify critical appraisal criteria for primary mixed-method studies. *Qual Quant* 38:351e365.
- Teibowei, T. M. (2019). Eradicating marine debris in Bayelsa State: the role of language education. *European Journal of Language and Cultural Studies*. 12(1), 23-28
- Teibowei, T. M. (2022). Exploring language education for sustainable biomedical translation in Nigeria. *Global Journal of Humanities and Social Sciences*, 10(10), 22-28.

- Teibowei, T. M. (2023). Cultural Considerations in Biomedical Translation. *Journal of Linguistics and Communication Studies*, 2(2): 136-142. doi:10.56397/JLCS.2023.06.18
- Valand, M. S., & Georg, S. (2014). The socio-materiality of designing organizational change. *Journal of Organizational Change Management*. 27, 391-406. doi:10.1108/JOCM-06-2013-0094
- Wheatley, M. J. (2007). Leadership of Self-Organized Networks Lessons from the War on Terror. *Performance Improvement Quarterly*, 20(2), 59-66.