Leadership Interview with Homecare CEO Dr. Andronke Mohdi

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I chose to interview the founder and chief executive associated with International Quality Homecare for this leadership assignment. The original interview refers to her as Dr. Andronke Mohdi, while the organization's current public website identifies its founder, CEO, and president as Dr. Aderonke O. Mordi. I preserve the interview's wording where discussing the conversation and use the organization's public spelling when referring to current company information. The interview was valuable because it connected leadership theory with the practical demands of operating a culturally responsive homecare organization. Dr. Mohdi discussed migration, widowhood, education, faith, entrepreneurship, staffing, strategic planning, marketing, and implementation of a new electronic medical record. Her answers show that leadership is not one personality trait. It is the coordination of values, decisions, people, technology, regulation, and service quality over time. (Northouse, 2022)

Background of the Organization

International Quality Homecare Corporation provides home-based healthcare and support services for older adults, people with disabilities, and individuals managing chronic conditions. The organization's current website describes a broader group of related companies offering home health, personal care, residential services, nursing, therapy, respite, and assistance with daily living. It emphasizes dignity, independence, diversity, faith, integrity, professionalism, respect, and teamwork. These public values are consistent with the themes Dr. Mohdi expressed during the interview.

Why I Selected Dr. Mohdi

I selected Dr. Mohdi because she combines clinical, academic, and business experience. The interview presents her as a woman born and raised in Nigeria who moved to the United States after the death of her first husband while caring for a young child. She continued her education, earned a doctorate in biophysics, taught, and later established a healthcare business with support from her husband. She also pursued nursing and business education. Her path offered an opportunity to examine leadership shaped by resilience, immigrant experience, professional learning, and responsibility for vulnerable clients.

Education and Leadership Preparation

Dr. Mohdi explained that she pursued several qualifications because she wanted to be prepared to run the organization successfully. The PhD supported analytical thinking and persistence, nursing education strengthened her understanding of patient care, and the MBA developed business knowledge. Degrees do not guarantee effective leadership, but interdisciplinary preparation can help a healthcare executive understand clinical quality, finance, operations, and evidence. Her decisions also demonstrate lifelong learning: when the role expanded, she sought additional knowledge rather than assuming one field was sufficient.

Entrepreneurial Motivation

After teaching, Dr. Mohdi wanted greater independence and the opportunity to create an organization. Entrepreneurship in homecare involves more than identifying a market. The founder must meet licensing and certification requirements, recruit qualified staff, secure payment, manage records, ensure safe care, and build trust among clients and families. Starting a service organization also requires the leader to translate personal motivation into repeatable systems. Compassion can inspire the enterprise, but reliable scheduling, documentation, training, and supervision make compassion operational.

Resilience

The interview's account of widowhood, migration, parenting, education, and business formation shows resilience. Resilience should not be romanticized as the ability to endure every difficulty alone. It includes using support, changing strategy, and continuing after disruption. Dr. Mohdi credited faith and her husband's support rather than presenting success as an entirely individual achievement. This acknowledgment is important because leadership stories often erase the relationships and institutions that make persistence possible.

Faith as a Core Value

Dr. Mohdi identified faith in God as the core of her leadership and motivation. The organization's current public values also describe faith as a source of strength and healing in the pursuit of excellent service. Faith can support purpose, endurance, compassion, and ethical commitment. In a healthcare organization serving people from diverse backgrounds, faith-based identity should coexist with respect for clients and employees of other religions or no religion. Leaders must ensure that care, employment, and access are not conditioned on sharing the founder's beliefs.

Ethical Leadership

Dr. Mohdi stated that she has little tolerance for decisions lacking integrity, even when managers face pressure to benefit the company. This reflects ethical leadership: the leader communicates standards and demonstrates that performance does not justify dishonesty. Healthcare businesses face incentives involving billing, staffing, referrals, documentation, and cost control. A leader's message matters, but ethical culture also requires auditing, reporting channels, fair investigations, and protection from retaliation. Employees need to know how to raise a concern when the person involved is a manager or owner.

Integrity

The organization publicly defines integrity through honesty, sincerity, trust, and commitment to promises. In homecare, integrity includes accurate time records, truthful documentation, respect for client property, correct billing, and prompt reporting of changes. Because much care occurs in private homes without constant supervision, organizations depend heavily on staff judgment. Recruitment and training should address ethical scenarios rather than ask employees simply to sign a policy.

Servant Leadership

Dr. Mohdi's emphasis on service, listening, faith, and client dignity resembles servant leadership. Servant leaders place the growth and well-being of people at the center of authority. This does not mean avoiding difficult decisions or allowing every employee preference. In homecare, serving clients may require correcting performance, redesigning schedules, or ending unsafe practices. The leader's authority is justified by its contribution to the mission rather than status alone. (Spears, 2010)

Transformational Leadership

Transformational leadership involves communicating purpose, encouraging development, and leading change. Dr. Mohdi's educational journey and implementation of a new electronic medical record demonstrate this dimension. She did not merely preserve existing procedures. She selected technology, prepared managers, and oversaw agency-wide adoption. Transformational leadership becomes credible when vision is accompanied by resources, training, and attention to staff concerns.

Culturally Responsive Care

The original interview identifies cultural competence as a distinctive strength. The agency seeks to serve clients from varied cultures and provides caregivers or interpreters to improve communication

and satisfaction. Culturally responsive care involves more than matching staff by language or ethnicity. It requires asking about preferences, avoiding stereotypes, providing qualified language access, respecting religion and family structures, and adapting care safely. Staff should understand that one person does not represent an entire group.

Diversity in the Workforce

A diverse workforce can improve language access, community trust, and problem-solving, but diversity alone does not guarantee inclusion. Employees need equitable scheduling, pay, promotion, and protection from harassment. Leaders should examine whether internationally educated staff receive fair recognition and whether employees from minority backgrounds are concentrated in lower-paid roles. The organization's public statement that "everyone belongs here" creates a standard against which employment systems should be evaluated.

Listening First

Dr. Mohdi described her communication style as listening first and talking later. Listening helps a leader understand the problem before offering a solution. It can reveal whether an issue concerns policy, misunderstanding, workload, training, or interpersonal conflict. Listening should not become indefinite delay. Employees also need timely decisions and explanation. The strongest leadership cycle is listen, clarify, decide, communicate, and follow up.

The Open-Door Policy

Dr. Mohdi stated that staff could approach her with concerns, although she preferred that managers handle issues within their responsibility. An open-door policy can reduce distance between leadership and employees, particularly in an organization spread across homes and offices. It also creates challenges. If every issue bypasses supervisors, managers lose authority and the CEO becomes a bottleneck. The organization needs clear escalation routes: routine issues go to supervisors, serious ethical or safety concerns can reach higher leadership directly, and employees have alternatives when the supervisor is involved.

Psychological Safety

Access to the CEO matters only if employees believe they can speak without humiliation or retaliation. Psychological safety allows staff to report errors, near misses, client changes, and process problems. Healthcare organizations should avoid confusing safety with lack of accountability. Employees remain responsible for performance, but honest reporting should be valued because concealed errors create greater harm. Leaders model safety by responding to bad news with curiosity before blame.

Strategic Planning

Dr. Mohdi reported conducting annual strategic planning with managers and board members. Annual planning can review mission, market demand, quality, staffing, finance, technology, regulation, and growth. A plan should identify measurable objectives, responsible leaders, resources, and review dates. Strategy cannot be separated from daily operations. Weekly monitoring of staffing and funding, as described in the interview, provides feedback on whether the annual plan remains realistic.

Financial Leadership

Homecare organizations depend on public programs, managed care, insurance, waivers, and private payment. Each source has different eligibility, authorization, documentation, and reimbursement rules. Delayed payment or rate changes can threaten cash flow even when demand is strong. Ethical financial management requires accurate billing and sufficient reserves without reducing care below safe levels. The CEO needs financial information that connects revenue with client outcomes and staffing capacity.

Staffing as a Strategic Challenge

Dr. Mohdi identified the recruitment and retention of qualified staff as a major challenge. Homecare staffing is difficult because work occurs across locations, schedules can be irregular, travel is required, and compensation may be constrained by reimbursement. Recruitment campaigns alone do not solve turnover. Retention depends on pay, supervision, workload, respect, training, predictable communication, safety, and career opportunity. Leaders should study why employees leave rather than assume lack of loyalty.

Recruitment and Selection

Caregivers need technical competence, reliability, communication, and respect for client autonomy. Background checks and credentials are necessary but not sufficient. Behavioral interviewing can explore how applicants respond to refusal, cultural difference, safety concerns, and ethical pressure. Job descriptions should be accurate about travel, physical demands, documentation, and schedules. Realistic expectations reduce early turnover.

Training

Training should cover care tasks, infection prevention, emergency response, privacy, documentation, abuse reporting, boundaries, cultural humility, and use of technology. Competence should be

observed, not assumed because a module was completed. Ongoing education is necessary when client needs or regulations change. Managers need additional preparation in coaching and investigation because technical expertise does not automatically create supervisory skill.

Marketing

Dr. Mohdi explained that the organization markets both for clients and employees. Healthcare marketing should be accurate and avoid promising outcomes that cannot be guaranteed. Referral relationships must comply with applicable fraud, abuse, and privacy rules. Recruitment marketing should represent conditions honestly. The strongest reputation in homecare comes from reliable service, client trust, workforce stability, and responsiveness, not advertising alone.

Electronic Medical Record Implementation

The interview describes a six-month process to select, train, and implement a new electronic medical record. This is a major organizational change because documentation touches billing, scheduling, medication, care plans, quality, and communication. Dr. Mohdi's role included selecting technology with IT support and ensuring managers could train staff. Effective implementation requires workflow analysis, data migration, privacy and security review, testing, help support, and a plan for downtime. Training should continue after launch because early use reveals unanticipated problems.

Change Management

Employees may resist a new system because it is difficult, slows work, or threatens confidence. Resistance can contain useful information. Leaders should explain why the change is needed, involve users in testing, identify champions, and measure whether the system improves care. Forcing adoption without feedback can produce workarounds and inaccurate records. Change management is successful when technology becomes part of a safer process rather than merely reaching a launch date.

Data Privacy and Cybersecurity

Homecare records contain sensitive health, identity, and financial information. Leaders need access controls, secure devices, encryption, incident response, and training against phishing. Staff working in homes or traveling may use mobile technology in uncontrolled environments. Policies should prohibit sharing credentials and storing information in unapproved applications. Cybersecurity is both a technical and leadership responsibility because resource choices and culture influence behavior.

Quality Improvement

Strategic planning should include quality indicators such as hospital readmissions, medication issues, missed visits, falls, infections, complaints, staff turnover, and client experience. Data need context. A rise in reports may reflect worsening care or improved reporting. Leaders should investigate patterns and test changes through structured improvement cycles. Frontline workers and clients can identify problems that executives cannot see in dashboards.

Leadership as an Immigrant Woman

Dr. Mohdi joked that being an African woman running a successful American business was not easy. The comment points to barriers involving race, gender, accent, networks, capital, and assumptions about authority. Her success should not be used to claim those barriers no longer exist. It demonstrates agency within them. Organizations and business institutions should create fair access rather than expecting every leader to overcome exclusion through exceptional effort.

Community Relationships

Homecare organizations operate within communities, hospitals, clinics, insurers, faith groups, and social-service networks. Trust is particularly important when care enters a person’s home. Leaders should maintain relationships while protecting client choice and avoiding improper referral incentives. Community feedback can reveal unmet needs, language barriers, and gaps in transportation or caregiving.

Board and Governance

Dr. Mohdi described planning with managers and board members. Governance can provide oversight, expertise, and accountability, especially when the CEO is also an owner or founder. A strong board asks about quality, compliance, workforce, finance, and risk rather than approving every proposal. Conflicts of interest should be disclosed, and responsibilities should be clear. Founder-led organizations benefit from succession planning so the mission does not depend entirely on one person.

Lessons From the Interview

The interview taught me that healthcare entrepreneurship requires both personal values and operational discipline. Faith can provide purpose, but integrity requires systems. An open door supports communication, but escalation rules preserve management. Technology can improve

service, but implementation requires training and security. Cultural competence can distinguish an organization, but it must be reflected in everyday care and employment. Strategic leadership connects these elements rather than treating them as separate projects.

My Reflection

I enjoyed the interview because Dr. Mohdi discussed healthcare from the perspective of a founder responsible for clients, employees, compliance, and financial survival. Her story challenged the idea that leaders follow one predictable pathway. She responded to personal loss through education, teaching, entrepreneurship, and continued learning. I was most impressed by her emphasis on integrity and listening. I also learned that values become meaningful only when they guide decisions under pressure.

Conclusion

Dr. Mohdi's leadership combines resilience, faith, education, ethical commitment, cultural responsiveness, strategic planning, and change management. International Quality Homecare serves people whose independence and well-being depend on reliable care in private homes and residential settings. The interview shows why a healthcare CEO must understand both human relationships and operational systems. Staffing, finance, marketing, technology, privacy, quality, and regulation all affect the mission. Her leadership is strongest when personal values are translated into training, accountability, listening, and consistent service. The conversation gave me a more complete understanding of entrepreneurship and demonstrated that ethical healthcare leadership is built through repeated decisions rather than a title alone. (International Quality, 2026)

References

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