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POLICY BRIEF
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A Conceptual Analysis on the United Arab Emirates (UAE) Public Health Leadership Theory- Part 2

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SUMMARY

This is the second of a series of two policy briefs that examines a conceptual analysis of the United Arab Emirates (UAE) Public Health Leadership Theory for the Maternal and Child Health Care. This policy brief will highlight the Public Health Leadership Theory for the UAE; UAE Public Health Theory incorporates aspects of systems thinking; and Empirical Evaluation Plan for a Public Health Leadership Theory for the UAE. There have been some discussions and debates on the comparison of transformational and transactional leadership styles within the healthcare systems in a general notion but very few on the actual maternal and child health (MCH) care management and leadership aspect within the UAE. There is much research needed to investigate the field of MCH care leadership, specifically to guide the health policy-making process for MCH care services and management and creation of more public health awareness and forums. The purpose of this second part of the conceptual analysis theory is to understand what leadership style influences and the relation of the UAE Public Health Theory incorporated within aspects of systems thinking.

Introduction

This is the second part in a series of two policy briefs that examines a conceptual analysis of the United Arab Emirates Public Health Leadership Theory for the Maternal and Child Health Care. There have been some discussions and debates on the comparison of transformational and transactional leadership styles within the healthcare systems in a general notion but very few on the actual maternal and child health (MCH) care management and leadership aspect within the United Arab Emirates (UAE). There is much research needed to investigate the field of MCH care leadership, specifically to guide the health policy-making process for MCH care services and management and creation of more public health awareness and forums. The purpose of this second part of the conceptual analysis theory is to explain that leadership style influences the decrease of mortality rates for pregnant women, newborns and children at the hospitals within UAE. In the Part 1 policy brief, the public health leadership theory was discussed in terms of the Path-Goal Theory as a valid theory of leadership as well as the theoretical gaps and positive social policy implications.

Public Health Leadership Theory for the UAE

As discussed in Part 1 of this Policy brief series, the Path-Goal Theory is a valid theory of leadership. This theory will depend on the nature and operations of the public health institution within the UAE. Path-Goal Theory offers an advantageous theoretical structure for accepting how several leadership types and behaviors affect the fulfillment and contentment of the employees and their performance (House, 1996). It challenges to assimilate the enthusiasm philosophies of the expectancy theory to the theory of leadership within the public health domain (House, 1996) which is the solitary theory that handles motivation mainly. There is the providence of a specific model that in certain ways is very hands-on and realistic (House, 1996). It recaps public health leaders of their tenacity, which is to guide and coach/mentor subordinates as they move along the path to accomplish and attain a goal (House, 1996).

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This theory is more practical as the leadership behaviors are explored further, that is, the directive leadership, supportive leadership, participative and achievement oriented (Sarin, & O'Connor, 2009). In the field of public health, the strengths of Path-Goal theory are evident in the healthcare leader who is involved in the process that provides employee motivation through increasing the employee's engagement and involvement and empowerment activities via the utilization of extrinsic rewards in order to exert positive influence (Vecchio, Justin & Pearce, 2008; House, 1996; House, 1971). The other strength is that specifies the conceptual distinct varieties of leadership, such as, transformational and transactional and also works as a practical model with the public health sector (Vecchio, Justin & Pearce, 2008; House, 1996; House, 1971).

Leaders can influence subordinates' motivation by teaching employees competencies needed, tailoring rewards to meet employees' needs and acting to support subordinates' efforts (Vecchio, Justin & Pearce, 2008; House, 1996; House, 1971), with reference to Figure 1. Transformational public health leadership style would be best suited for application in the field of MCH care and services in addressing the gaps previously mentioned (Moonesar & Vel, 2012) in combination of goal-path theory. As many research studies have been proven to document the existence of transformational leadership to be more effective and more edifying to the healthcare industries as a whole (Borkowski et al., 2011; Hayes et al., 2011; Natale-Pereira, Enard, Nevarez, & Jones, 2011; Shi & Singh, 2008; Massey, Rising & Ickovics, 2006; Institute of Medicine, 2001), the writer also would indulge to apply this concept to the MCH care aspect to the model as illustrated and documented in Figure 2. This model explores the various competencies and skills that are required for a successful and effective transformational public health leadership style for the field of MCH care and its services and addressing the gaps in the literature. In Figure 2, the model consists of five key elements and factors that would have significant correlation and affect positively the public health leadership of MCH care (Moonesar & Vel, 2012), that is, transformational core factors, political factors, trans-organizational factors, team building factors and crisis-management factors.

In summary, the gaps in the literature highlighted were the types of the leadership having a positive impact on the reduced mortality rates (Harzing's Publish or Perish, 2015; Moos, 2006); public health awareness on importance of MCH care services and its management practices (Moos, 2006; Rising, Kennedy & Klima, 2004; Rising, 1998); and improving the health communications and policy-making processes within the field of MCH care (Moonesar & Vel, 2012; Moos, 2006; Strong, 2000), for instance.

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The first section, transformational core factors in addressing the gaps would assist to articulate and better develop and define the core MCH care values, morals, vision and mission creating an environment to embrace change and employee empowerment (Beugré, 2006; Eisenbach, 1999; Bass, 1990).

Visual Representation of the UAE Public Health Leadership Theory

A visual representation of the future Public Health Leadership Theory is as follows:

Transformational Core Factors

- Visionary leadership
- Sense of Mission
- Effective change agent

Political Factors

- Political Processes
- Negotiation & Intervention
- Ethics & Integrity
- Marketing & Education

Trans-Organizational Factors

- Organizational Capacity & Dynamics
- Collaboration
- Societal Forecasting

Team Building Factors

- Structures & Systems
- Development
- Facilitation & Intervention

Crisis Management Leadership Factors

- Think-tank Planning
- Crisis Patterns
- Risk Assessment
- Ethics & Emergency Response
- Personality & Emotional Intelligence
- Risk & Crisis Communications
- Cultural Sensitivity
- Legal Obligations
- Capacity & Continuous Improvement

Public Health Leadership Theory Model: MCH Care

Results & Expected Outcome

- Improved Prenatal Care Safety
- Increase in Health Literacy Levels
- Reduced mortality rates (maternal and infant)
- Long-term Relationships
- Culture Adaptability
- Improved Communications
- Improved Team Systems
- Improved Systems Thinking

Figure 2: Public Health Leadership Theory Model: MCH care

The second aspect of this model focuses addressing the gap of the alignment of the transformational core factors with those of the strategic planning initiatives and key performance indicators through the policy-making decisions and operational constructs (Kark, 2004) involving the stakeholders and community leaders, whereby this provides an avenue for negotiations and interventions of more health education among the targeted audience, which is in this case, the pregnant women.

The third aspect of this model focuses on addressing the gaps in the literature for the identification and analysis of the strengths, weaknesses, opportunities and threats at the MCH care clinic, department or hospital. This aspect can assist the healthcare professional leaders to better assess and forecast the capacity, needs and trends of the MCH care services and management (Moonesar & Vel, 2012).

The fourth aspect of the model is geared towards addressing the gap in the literature as it needs to move away from the traditional hierarchical structures of leadership into a more modern structures which value flexibility, team-orientation and participatory actions (Kark, 2004; Fondas, 1997); hence fostering empowerment and motivation among the employees to promote more of a health education culture and systems.

The final aspect of this model features the crisis-management leadership factors that contribute to address the gap in the literature for the preparedness and planning in cases of natural disasters and unforeseeable circumstances, and setting up of efficient emergency responses and communications (Pozgar, 2010).

Overall, the ultimate goal of this model is to produce positive results and outcomes, in terms of improving the MCH care safety of the patients involved, increasing the health literacy levels, reducing the mortality rates (for both maternal and infant), building and maintaining long-term relationships, fostering culture adaptability, and finally, improving communications, team systems and systems thinking.

UAE Public Health Theory incorporates aspects of systems thinking

The models in both Figure 1 and Figure 2 incorporate the aspects of systems thinking. Team building is one of the aspects that are geared to develop structures that harness organizational learning and systems thinking, whereby creating systems for team growth and evaluations and assessments (Checkland, 1985). Such an aspect is critical for the creation of incentives and reward systems as well as developing team systems thinking for patient services and continuous quality improvement (Ovretveidt & Gustafson, 2002). In summary, this model focuses on how the transformational public health leadership style interacts with the other key factors and elements involving multiple actors (in contrast to opposed to individuals alone) of the MCH care system as a whole to determine and promote some dimension of change, which is the behavioral change, for instance, that is quite dependent upon the past actions of others within the MCH care system itself (Checkland, 1985).

A typical example of the transformational public health leadership style model can be determined to seek a SWOT analysis and provide an overall peripheral or a ‘big picture’ snapshot. These systems thinking within the model tends to foster the aptitude to deal effectively with the weaknesses highlighted from the SWOT analysis and to raise the thinking levels, whether this harnesses the desired results from the MCH care services and management, such as, the improvement of the MCH care safety of the patients involved, increasing the health literacy levels, reducing the mortality rates (for both maternal and infant), building and maintaining long-term relationships, fostering culture adaptability,

and finally, improving communications, team systems and systems thinking.

Empirical Evaluation Plan for a Public Health Leadership Theory

A proposed study for policy makers and researchers in the future, may focus on the framework for conducting a quantitative study to address need to research assessment various influences associated with the patterns of utilization of healthcare, particularly to MCH care leadership across the Arab World, particularly the UAE. The proposed objective is to evaluate the leadership and management factors that influence the delivery of the MCH care services in the private and public healthcare sectors across the UAE. Based on the established Andersen Model of Healthcare Services Utilization and motivational theories (Aday & Andersen, 1981; Aday & Andersen, 1974; Andersen & Newman, 1973), some of the factors that can be evaluated can be demographic data, such as, age, household number, level of education, household income group, number of visits; services utilized and furthermore factors influencing the perception of the MCH care service and type chosen. The research design is the survey research method because of the likelihood to reach more participants (Christensen, Johnson & Turner, 2011; Smith & Albaum, 2010). The sample size of a potential study could be 420 based on the mean average of the 95% confidence level (Krejecie & Morgan, 1970) and the G*Power (485). Or on the other hand, the G*Power analysis, the appropriate sample size for this study can be 485 with an effect size of 0.02, α error probability of 0.05, a power (1-α error probability) as 0.80 and the number of predictors as 2 (Faul et.al., 2009); noting that the Critical F is 3.014. The statistical frameworks to be used in this study are correlations and multiple regressions and the assumptions will be highlighted.

The Andersen Model of Healthcare Services Utilization, Figure 3, has been in existence and received credibility for over 50 years (Harzing's Publish or Perish 2011); there have been over 1000 research studies and papers with citations of 86,187 which made reference to the Andersen Model of Healthcare Services Utilization over a 44-year period (Harzing's Publish or Perish, 2015). Therefore, the researcher would like to contribute to developing a public health leadership model for the MCH care which can be adapted to the UAE setting.

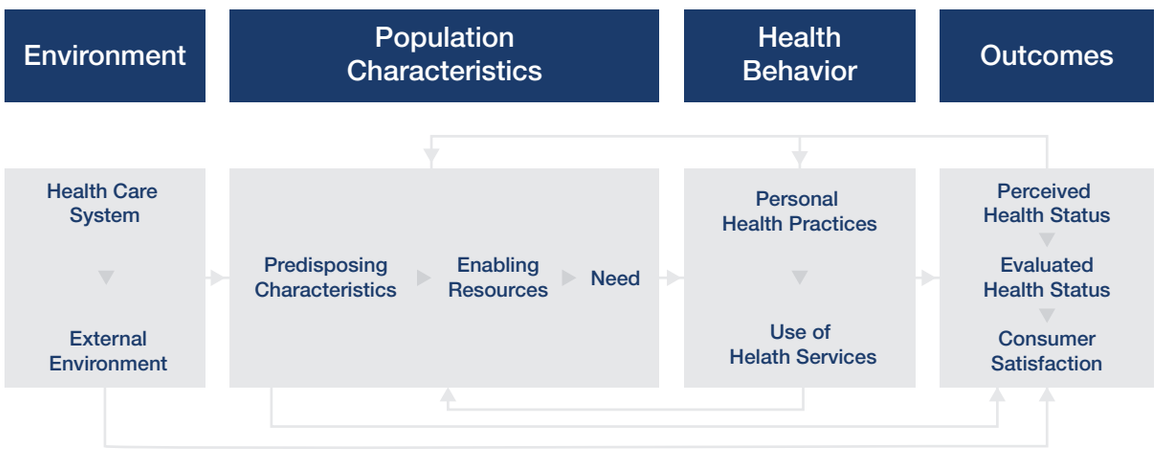

Figure 3: Andersen Model of Healthcare Services Utilization (Andersen & Newman, 1995) From "Revisiting the Behavioral Model and access to Medical Care: Does It Matter?" by R. M. Andersen, 1995, Journal of Health and Social Behavior, 36, p. 8. Copyright 1995 by the American Sociological Association. Reprinted with permission.

From the nine purposes for research to quantitative methods (Ayoola, Nettleman, Stommel, & Canady, 2010; Berman, 2006), adding to the knowledge base, generating ideas and informing constituencies will be part of the study (Newman, Ridenour, Newman & DeMarco, 2003). Therefore, the aim will be to strengthen the knowledge base, to confirm findings; to uncover relationships; to inform the public; and to hear from those who were affected by the type of MCH care received (Newman, Ridenour, Newman & DeMarco, 2003). Additionally, the Social Learning Theory (SLT) and Humanistic Learning Theory (HLT) are geared towards behavior being influenced by motivation, which will be employed in this study. In terms of the healthcare, understanding the behaviors of both the healthcare professionals and patients and how they are influenced by the motivational factors are all vital to the continuous improvement in quality management systems and also on the quality of care delivery. These two learning theories can help to enable individuals to adapt to the demands and changing circumstance, which is crucial in healthcare (Braungart & Braungart, 2008). The awareness of the importance of MCH care in decreasing the risk associated with premature birth and other pregnancy complications is paramount, in order to prevent pregnancy deaths and even maternal and neonatal deaths (Davis, 2007; Busuttil et al., 2004; Schulman, Sheriff, & Momany, 1997).

Conclusion

The gaps in the literature highlighted were the types of the leadership having a positive impact on the reduced mortality rates (Harzing's Publish or Perish, 2015; Moos, 2006); public health awareness on importance of MCH care services and its management practices (Moos, 2006; Rising, Kennedy & Klima, 2004; Rising, 1998); and improving the health communications and policy-making processes within the field of MCH care (Moonesar & Vel, 2012; Moos, 2006; Strong, 2000), for instance. Transformational public health leadership style would be best suited for application in the field of MCH care and services in addressing the gaps previously mentioned (Moonesar & Vel, 2012). This model explores the various competencies and skills that are required for a successful and effective transformational public health leadership style for the field of MCH care and its services and addressing the gaps in the literature. Leaders can influence subordinates' motivation by teaching employees competencies needed, tailoring rewards to meet employees' needs and acting to support subordinates' efforts (Vecchio, Justin & Pearce, 2008; House, 1996; House, 1971), with reference to Figure 1. Transformational public health leadership style would be best suited for application in the field of MCH care and services in addressing the gaps previously mentioned (Moonesar & Vel, 2012) in combination of goal-path theory. In Figure 2, the model consists of five key elements and factors that would have significant correlation and affect positively the public health leadership of MCH care (Moonesar & Vel, 2012), that is, transformational core factors, political factors, trans-organizational factors, team building factors and crisis-management factors.

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References

Aday, L. A., & Andersen, R. M. (1974). A framework for the study of access to medical care. Health Service Research , 9(3):208-220.

Aday, L. A., & Andersen, R. M. (1981). Equity to access to medical care: a conceptual and empirical overview. Medical Care, 19,4-27.

Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? Journal of Health Social Behavior, 36, 1-10.

Andersen, R. M., & Newman, J. F. (1973). Societal and individual determinants of medical care utilization in the United States. Milbank Memorial Fund Quarterly– Health and Society, 51(1):95-124.

Ayoola, A. B., Nettleman, M. D., Stommel, M., & Canady, R. B. (2010). Time of pregnancy recognition and prenatal care use: a population-based study in the United States. Birth: Issues in Perinatal Care, 37(1), 37-43.

Bass, M. (1990). From transactional to transformational leadership: learning to share the vision. Organizational Dynamics, Winter, 19-31.

Beugré, C. (2006). Transformational leadership in organizations: an environment-induced model. International Journal of Manpower, 27(1), 52-62.

Borkowski, N., Deckard, G., Weber, M., Padron, L.A., & Luongo, S. (2011). Leadership development initiatives underlie individual and system performance in a US public healthcare delivery system, Leadership in Health Services, 24(4), 268–280.

Braungart, M. M., & Braungart, R. G. (2008). Applying Learning Theories to Healthcare Practice. In Susan B. Bastiable. Nurse as Educator: Principles of teaching and learning for nursing practice. London, UK: Jones and Bartlett Publishers, Inc.

Busuttil, M., Einaudi, M. A., Hassid, S., Chau, C., Shojai, R., Thomachot, L., & Gire, C. (2004). Congenital laryngeal cyst: Benefits of prenatal diagnosis and multidisciplinary perinatal management. Fetal Diagnosis and Therapy, 19(4), 373-6. Retrieved from: http://search.proquest.com/docview/222274695?accountid=14872

Checkland, P. (1985). From optimizing to learning: A development of systems thinking for the 1990s. Journal of the Operational Research Society, 757-767.

Davis, B. (2007). Prenatal care important to prevent prematurity. Pantagraph, pp. D.5-D5. Retrieved from: http://search.proquest.com/docview/252649421?accountid=14872

Eisenbach, R. (1999). Transformational leadership in the context of organizational change. Journal of Organizational Change Management, 12(2), 80-88.

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. Behavior Research Methods, 41, 1149-1160.

Fondas, N. (1997). Feminization unveiled: management qualities in contemporary writings, Academy of Management Review, 22, 257-282.

Harzing's Publish or Perish, (2015). Harzing's Publish or Perish database. Retrieved from: http://www.harzing.com/pop_win.htm

House, R. J. (1996). Path-goal theory of leadership: Lessons, legacy, and a reformulated theory. Leadership Quarterly, 7, 323–352.

House, R.J. (1971). A path goal theory of leader effectiveness. Administrative Science Quarterly, 16(3), 321–339.

Ickovics, J. R., Kershaw, T. S., Westdahl, C., Rising, S. S., Klima, C., Reynolds, H., & Magriples, U. (2003). Group prenatal care and preterm birth weight: results from a matched cohort study at public clinics. Obstetrics & Gynecology, 102(5, Part 1), 1051-1057.

Institute of Medicine (2001), Crossing the Quality Chasm: A New Health System for the Twenty-First Century. Washington, DC: National Academy Press.

Kark, R. (2004). The transformational leader: who is (s)he? A feminist perspective. Journal of Organisational Change Management, 17(2), 160-176.

Massey, Z., Rising, S. S., & Ickovics, J. (2006). Centering Pregnancy Group Prenatal Care: Promoting Relationship- Centered Care. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35(2), 286-294.

Moonesar, I. A. & Vel, P. (2012). Patients' perception on prenatal care management at Trinidad & Tobago. International Journal of Economics and Management Sciences, 2(3), 63-74.

Moos, M. K. (2006). Prenatal care: Limitations and opportunities. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35(2), 278-285.

Natale-Pereira, A., Enard, K. R., Nevarez, L., & Jones, L. A. (2011). The role of patient navigators in eliminating health disparities. Cancer, 117(15), 3545-3552.

Newman, I., Ridenour, C. S., Newman, C., & DeMarco, G. M. P. (2003). A typology of research purposes and its relationship to mixed methods. In A. Tashakkori & C. Teddlie (Eds.), Handbook of mixed methods in social and behavioral research (pp. 167-188). Thousand Oaks, CA: Sage Publications.

Pozgar, G.D. (2010). Legal and Ethical Issues for Health Professionals. (2nd ed.). Sudbury, MA: Jones & Barlett Publishers, Inc.

Rising, S. S. (1998). Centering pregnancy: An interdisciplinary model of empowerment. Journal of Nurse-Midwifery, 43(1), 46-54.

Rising, S. S., Kennedy, H. P., & Klima, C. S. (2004). Redesigning prenatal care through CenteringPregnancy. Journal of Midwifery & Women's Health, 49(5), 398-404.

Sarin, S., & O'Connor, G.C. (2009). First among equals: The effect of team leader characteristics on the internal dynamics of cross-functional product development teams. Journal of Product Innovation Management, 26(2), 188–205.

Schulman, E. D., Sheriff, D. J., & Momany, E. T. (1997). Primary care case management and birth outcomes in the Iowa Medicaid program. American Journal of Public Health, 87(1), 80-4. Retrieved from: http://search.proquest.com/docview/215102920?accountid=14872

Shi, L., & Singh, D. A. (2008). Delivering health care in America: A systems approach (4th ed.). Sudbury, MA: Jones & Bartlett.

Singh, S., Torres, A., & Forrest, J. D. (1985). The need for prenatal care in the United States: Evidence from the 1980 National Natality Survey. Family Planning Perspectives, 118-124.

Smith, S. M., & Albaum, G. S. (2010). An introduction to Marketing Research. United States: Qualtrics Survey University.

Stout, A. E. (1997). Prenatal care for low-income women and the health belief model: A new beginning. Journal of community health nursing, 14(3), 169-180.

Strong, T. H., Jr. (2000). Expecting trouble: What expectant parents should know about prenatal care in America. New York: University Press.

Vecchio, R. P., Justin, J. E., & Pearce, C. L. (2008). The utility of transactional and transformational leadership for predicting performance and satisfaction within a path-goal theory framework. Journal of Occupational and Organizational Psychology, 81(1), 71-82.

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- knowledge forums for scholars and policy makers.