Mohammed Bin Rashid School Of Government
POLICY BRIEF
Policy Brief No.40 January, 2015

A Conceptual Analysis on the United Arab Emirates (UAE) Public Health Leadership Theory- Part 1

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SUMMARY

This is the first of 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 (MCH). Research publications indicate that the healthcare industries should have more of a transformational leadership type style. For this policy brief theory building, a conceptual analysis research would be used, which could be a qualitative research technique that delivers a comprehensive description and interpretation of one or more cases. This part 1 policy brief will highlight the MCH leadership existence in the UAE, and the theoretical gaps, implications for social change, some recommendations, and the adopted conceptual framework. The conceptual analysis strategies include the comparative conceptual analysis, the instrumental conceptual analysis and the intrinsic conceptual analysis. A requirement subsists to reconnoiter some individual cases of an in-depth MCH cycle with respect to the type of MCH care received by the healthcare professionals in the UAE. It will be an opportunity to relate this conceptual policy brief research with the path-goal theory style with the Andersen Model in order to devise and formulate a public health leadership model for the MCH care in the UAE.

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MCH Leadership: Introduction

In the past few decades, leadership within the healthcare industry in the UAE has become a topic for debate and drew many concerns on various platforms on the type of leadership styles required. Some publications indicate that the healthcare industry should have more of a transformational leadership type style associated in order to deliver high quality, safe, efficient, effective, patient-centered, timeliness and justifiable healthcare in contrast to transactional leadership style (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). Healthcare systems and health industries are usually expected to have quality assurance and quality improvement initiatives, proper alignment of the available resources with the healthcare institution's objectives and having a committed leadership driving the mission and vision (Backer et al., 2008; Van Deusen Lukas et al., 2007; Ovretveidt and Gustafson, 2002; Ferlie & Shortell, 2001). More specifically within the healthcare industry, MCH care leadership and management began in the United States in 1907 by Dr. Josephine Baker where services were provided to pregnant women to prevent premature births and to lower mortality death rates (Moos, 2006; Strong, 2000; Alexander, 1998; Goldenberg & Rouse, 1998; Alexander & Korenbrot, 1995; Fiscella, 1992; Alexander, Weiss, Hulsey & Papiernik, 1991). It is critical to have leadership development within the MCH care based on the type of supportive organizational culture (Borkowski et al., 2011) in order to harness opportunity and motivation and thus increasing the chances of successful positive healthcare outcomes (Deckard, 2009; Collins, 2005).

MCH care outcomes circulate around the elements of care, with respect to the continuous and stable group leadership (a group of the healthcare professionals involved in this process, such as doctors, nurses, dietitians, counselors); customization of the care to the

patients' values and needs; knowledge that the patients themselves are self-involved in the care events; and knowledge of sharing the MCH care information as freely in order to increase their health literacy levels (Massey, Rising & Ickovics, 2006; Ickovics et al., 2003; Singh, Torres & Forrest, 1985). For instance, maternal smoking has been proven to be associated with pregnancy complications (McGlade, Saha & Dahlstrom, 2004). In the same essence, health literacy among the Americans has been reported that ninety percent of people may need the skills for managing their associated medical conditions and diseases (MedlinePlus, 2012). Usually research reports that there are negative impacts of the pregnant women if the skip their respective MCH care visits (Singh, Torres & Forrest, 1985); however, it is critical to note that these women may skip the MCH care visit due to poor health literacy on the importance of MCH care services and impacts. Therefore, it is paramount for the healthcare professionals to be culturally sensitive and provide education in order to increase the health literacy (McKinney & Kurtz-Rossi, 2000), particularly in the UAE. Centering-pregnancy public health campaign programs could specifically affect positively the actions of public health leaders and help to inform them related to health literacy issues of the target audience of pregnant women (Massey, Rising & Ickovics, 2006; Rising, Kennedy & Klima, 2004).

MCH Leadership: Theoretical gaps based on the UAE

Within the field of MCH care, according to the Harzing's database, it has been reported that there are about 300 mixed research methodology papers with citations of 24,975 in about a 40-year period (Moonesar & Vel, 2012; Harzing's Publish or Perish, 2015); with citations of 20,008 in the field of MCH care, over a 33-year period for about 200 qualitative papers (Moonesar & Vel, 2012; Harzing's Publish or Perish, 2015). On the other hand, there have been over 500 quantitative papers with citations of 43,539 in the field of MCH care over a 60-year period (Moonesar & Vel, 2012; Harzing's Publish or Perish, 2015). With respects to MCH care leadership generally, there very few MCH care and leadership research available for the UAE (Harzing's Publish or Perish, 2015).

There have been some discussions and debates on the comparison of transformational and transactional leadership styles within the healthcare systems in a general notion (Borkowski et al., 2011) but very few on the actual MCH care and leadership aspect. There is much research needed to investigate more of 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 (Moos, 2006; Rising, Kennedy & Klima, 2004; Rising, 1998). Even though research has it that the infant and maternal mortality rates have dramatically decreased in the 20th century as compared to the earlier decades, there is limited research to demonstrate the type of leadership that has been the responsibility for impacting positively upon these reduced rates (Harzing's Publish or Perish, 2015; Moos, 2006). Another gap is why the goal of MCH care is evolving as the years proceed forward (Strong, 2000). Leadership mostly would have a part to play in this evolution of the MCH care goal based on interviews conducted in a recent study (Moonesar

& Vel, 2012; Moos, 2006). An area to research and contribute to the knowledge base in the UAE is to explore the types, styles and theory of the leadership of MCH care (Moonesar & Vel, 2012; Moos, 2006). Based on the following debates and current research in the field of MCH care leadership: effectiveness of MCH care (Loudon, 1992); identification of the reasons for inadequate MCH care (Ono, 2006; Penrod & Lantz, 2000); assessing the adequacy of MCH care (Kessner, Singer, & Kalk, 1973); and the efficacy of MCH care (Herbst, et al., 2003) are a few quantitative research methods that were reviewed and assessed.

Implications for positive policy change in the UAE

The practical impact of the study can be to enhance the knowledge base of research studies to benchmark and pilot alongside within the Gulf Cooperation Countries (GCC), predominantly, UAE consequently encouraging supplementary researchers and practitioners can refer to these research publications in light of improving on their MCH care processes and make better and informed decisions within the public health sector domain at large. The anticipated target audience would be academics, public health leaders, healthcare professionals, industries, community professionals, and notwithstanding governmental agencies. The implications for social change is to obligate more of projectable change and lesser resistance to change, in that, the envisioned target viewers could have an all-inclusive understanding of the factors that affect the perception of MCH care leadership and the management of these services across the UAE. Hence, such an understanding can bring about change through the working of a plan within developing countries across the world (Hayes et al., 2011; Rogers, Peoples-Sheps & Suchindran, 1996).

Recommendations: MCH Leadership in the UAE

One way is through the curbing and improvement of the cultural and linguistic competency where it would be helpful for the UAE public health leaders and healthcare professionals to better understand how the pregnant women society communicates, understand and respond to health information (McKinney & Kurtz-Rossi, 2000). This cultural capability is the ability of the healthcare professionals and practitioners to recognize the values, language preferences, cultural beliefs, traditions, attitudes, and health and medical practices of the diverse population and which can apply that awareness to yield a affirmative health outcome (Shaw, Pickett & Wilkinson, 2010; McKinney & Kurtz-Rossi, 2000) such as to improve health status, pregnancy complications and reduce mortality rates (Moonesar & Vel, 2012).

Public Health Leadership Theory for the UAE

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 fulfilment 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. 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). This theory is more practical in terms of exploring the leadership behaviors 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 it specifies the conceptual distinct varieties of leadership, such as, transformational and transactional, and also provides 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 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.

Transformational public health leadership style again would be best suited for application in the field of MCH care and services in addressing the gaps previously mentioned (Moonesar & Vel, 2012). 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 would also indulge in applying this concept to the MCH care aspect to the model as illustrated and documented in Figure 2 within the second part of this policy brief series.

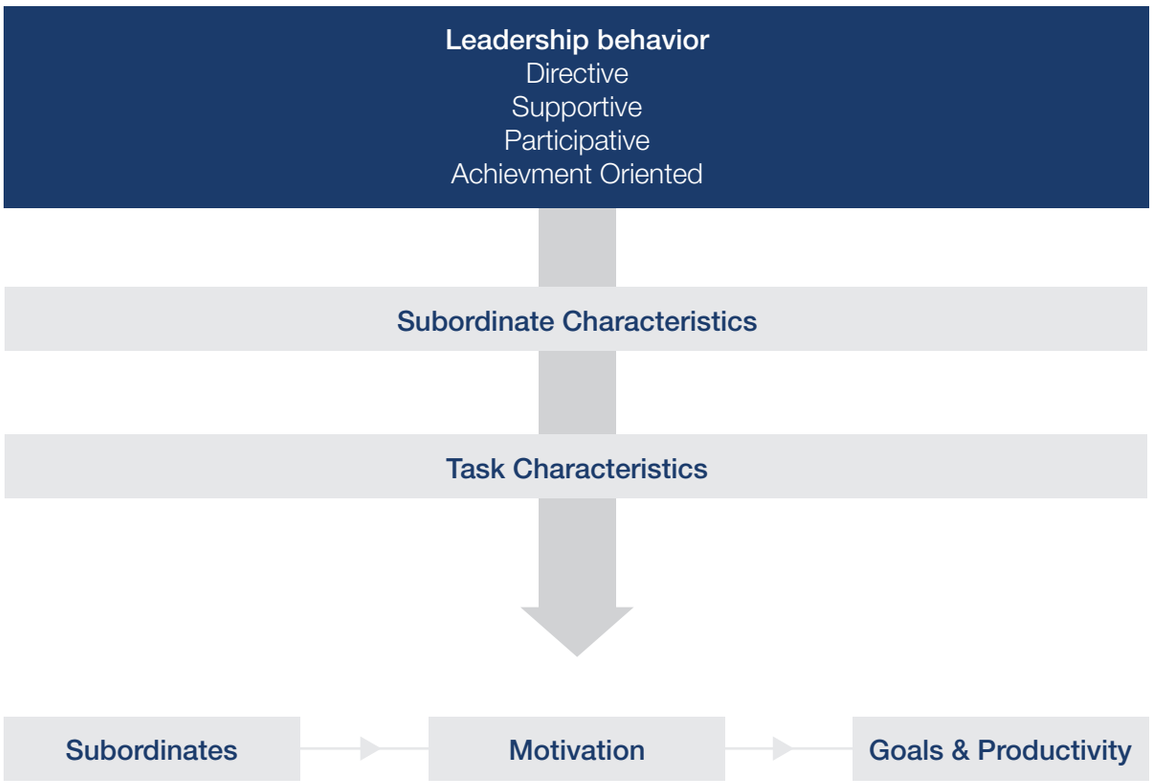

Figure 1: Path-goal theory of leadership (Source: House, 1996)

Conclusion

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. Transformational public health leadership style would be best suited for applicability 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.

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. 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 for instance the behavioral change that is quite dependent upon the past actions of others within the MCH care system itself (Checkland, 1985).

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