

The Role of Health Leadership in Crises and Disasters

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Abstracts

The goal of the current study is to know the role of health leadership in crises and disasters, the style of health leadership in crises and disasters, and what are the characteristics of health leadership in crises and disasters. The questionnaire was prepared electronically via Google Drive and then distributed by sending it on a mobile phone to a social networking program for men and women (25-55 years old) in Mecca. 500 questionnaires were distributed and answers were obtained from 480 people. It concluded that, disaster management is very simple and easy to implement. The challenges of leadership during disaster events are many and can only be overcome through effective communication and coordination of resources at all levels.

1. Introduction

A disaster is defined as an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community (1). There are three conditions that need to be present in an event to render it a disaster: the event must be disrupting the normal conditions, Exceeding the local capacity and affecting people. A disaster situation must always involve people, that Without people, there would be no disaster, just a physical phenomenon (1). Emergency is sometimes used interchangeably with the term disaster, such as in the context of biological hazards, technological hazards or health emergencies. These situations may be hazardous events that do not result in the serious disruption of the functioning of a community or society (2). In the state of emergency, normal procedures are suspended, and extra-ordinary measures are taken in order to avert a disaster (1). A crisis on the other hand is a situation when risks escalate out of control, and if a crisis creates an unmanageable situation and cannot be contained, then disaster strikes (3). Governance of disaster management is increasingly advocated as one of the important factors to reduce the risk of disasters, alongside the technical know-how of managing a disaster (4-6). In the context of disaster management, disaster governance consists of “interrelated sets of norms, organizational and institutional actors, and practices that are designed to reduce the impacts and losses associated with disasters arising from natural and technological agents and from intentional acts of terrorism” (7). In disaster management, the role of the leader is extremely important in bringing order in the state of chaos. Good leadership is the core of good governance. According to the Cambridge Dictionary, a leader is defined as the person in control of a group, country, or situation. Logically, leaders in disaster situation may be of various ranks, such as the incident commander at the disaster site, the government official in charge of managing the disaster or the Prime Minister or President of a country where the disaster had occurred. In normal circumstances, leadership decisions are made after a process of deliberation, with the input and advice of experts in the area. These are usually supported by frameworks of legislation that provide formalized support and confirmation. However, leadership in disaster situation can be defined “as strategic tasks that encompass all activities associated with the stages of crisis management” (8), while the goal of management during disaster situation is “...to devise policy and to implement programs that will reduce vulnerability, limit the loss of life and property, protect the environment, and improve multi-organizational coordination in disasters” (9). These roles of leaders and managers in disaster

situations differ from normal situations because in disaster situations, the people under the leadership of the leader demand safety, support and sense of direction; positivity and hope of things getting better; shortened duration of suffering and want correct and reliable information (10). These leaders must have the ability to make urgent decisions with limited or unavailable information due to compromise in communication channels (5,11). Communication skills of leaders, especially crisis communication, is also extremely essential (12). There are many core competencies of leaders in disaster management. Leaders in disaster situations must acclimatize to the surroundings and be accommodating in their decision-making processes. Apart from having good knowledge of established protocols, they must also be innovative and willing to extemporize the protocols when needed (5,11). Leaders in disaster management must also possess emotional intelligence competencies such as empathy, self-awareness, persuasion and

the ability to manage relationships (13). Additionally, effective leadership in disaster situation is when the leader can articulately coordinate various responders of the disaster event (5,11). However, are these competencies, which a leader theoretically should have, come into play during real disastrous events? This paper aims to explore if what leaders should do in disaster management and what leaders have done in managing real disasters, are the same. The leadership challenges during disaster events, confusion in who was accountable in making key decisions. Many entities had claims to governing Aceh: the Satkorlak (the local unit of the national disaster management agency), the surviving regional government, and the civil emergency military commander (18).

2. Material and Methods:

The study started in (the holy city of Mecca in Saudi Arabia), began writing the research and then recording the questionnaire in January 2024, and the study ended with data collection in June 2024. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon (the role of health leadership in crises and disasters). The independent variable (the percentage of health leadership's commitment to the goals set during crises and disasters) and the second variable (percentage of health leadership's commitment to quality standards during crises and disasters) This kind of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumer, the spread of diseases and their relationship to demographic variables such as age, gender, nationality, and marital status. Status, occupation (19), and use the Excel 2010 Office suite pie chart to arrange the results using frequency tables Percentages (20). A questionnaire is a remarkable and helpful tool for collecting a huge amount of data. they only answered the questionnaire electronically, the questionnaire consisted of eleven questions, all was opened.

3. Results and discussion:

The percentage of approval to participate in the questionnaire was 100% and the percentage of rejection was 0%. The percentage of participants' ages was as follows: The percentage of approval to participate in the questionnaire was 100%, and the age percentage of male and female participants was as follows: 24% from 25-34 years old, 35-44% from 35-44 years old, and 32% from 45-55 years old. The gender of the participants was 68% male and 32% female, and their nationalities were 96% Saudi men and women, and 4% non-Saudis and men. Their occupations were as follows: government employee 56%, government employee in the private sector 20%, housewife 16%, self-employed 0%, unemployed 8%, student 0%. As for the educational status, it was: primary 0%, intermediate 0%, secondary 32%, university 56%, diploma, master's degree and doctorate (all the same percentage 4%).

As for the responses of the male and female participants to the questionnaire questions: They were as follows: The first question: Is the health care provider capable of making decisive decisions in a short time during crises and disasters? Yes, 92% and No, I don't know (both are

the same percentage, 4%). The second question: Is the health leadership responsible for determining therapeutic priorities during crises and disasters? Yes, 92%, no, 0%, and I don't know, 8%. Question Three: Is health leadership an essential element in building trust among community members during crises and disasters? Yes 100%. Question four: Does effective health leadership contribute to reducing the impact of disasters and crises on health systems? Yes, 92% and No, I don't know (both are the same percentage, 4%). The fifth question: Are multidisciplinary work teams considered a necessary part of health leadership during disasters and crises? Yes 100%, Question six: Could the absence of health leadership lead to an exacerbation of the crisis and disaster? Yes, 84%, no, 16%, and I don't know, 0%.

Question Seven: Could weak coordination between health leaders and other agencies lead to the exacerbation of disasters and crises? Yes, 92% and No, I don't know (the same percentage is 4%). Question eight: do you believe that technology plays a supporting role for health leadership during crises and disasters? Yes, 96%, no, 4%, and I don't know, 0%. Question 9: Is flexibility one of the essential elements of health leadership during crises and disasters? Yes, 88%, no, 4%, and I don't know, 8%. Question 10: Is health leadership capable of adapting to sudden developments during crises and disasters? Yes, 96%, no, 0%, and I don't know, 4%. Question eleven: does health leadership contribute to improving the distribution of medical resources during crises and disasters? Yes, 100%.(table.No.1)(figure.no.2).

Table.no.1: percentage of male and female participants in the questionnaire

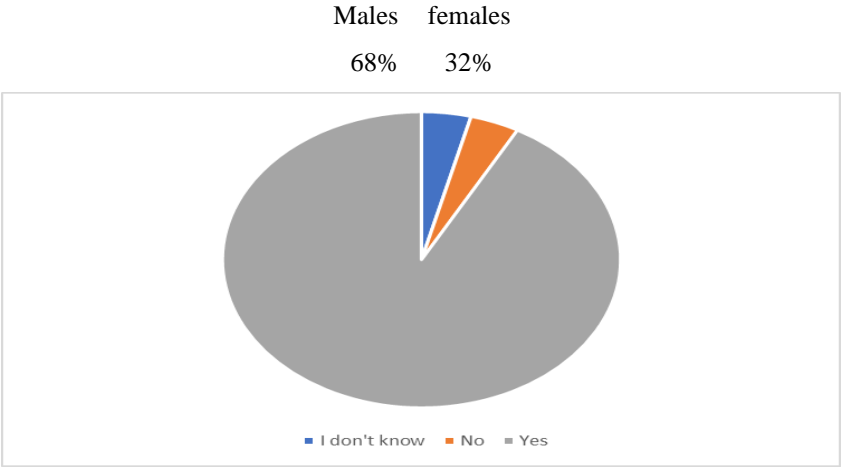


Figure.No.1: the role of health leadership in crises and disasters according to participants

There is a study entitled (Leadership in Disaster Management: Theory Versus Reality) in 2020 (21) , which summarized that which is in line with it: In conclusion, what leaders should do in disaster management, that is the theory; and what leaders have done in managing real disasters which is the reality, are often not the same. The leadership challenges during Disaster events are abundant and can only be overcome by effective communication and coordinating resources at

all levels. What is the ultimate lesson for leaders, especially the young and inexperienced, in managing a disaster, managing a disaster is as simple to state, but it is as difficult to implement.

4. Conclusion:

The health care provider is able to make critical decisions in a short time during crises and disasters 92%. Health leadership is responsible for determining treatment priorities during crises and disasters 92%. Health leadership is an essential element in building trust among community members during crises and disasters 100%. The contribution of effective health leadership in reducing the impact of disasters and crises on health systems? By 92%, multidisciplinary work teams are a necessary part of health leadership during disasters and crises, 100%. Can the absence of sound leadership lead to the exacerbation of the crisis and disaster? Yes 84% %. Weak coordination between health leaders and other parties can exacerbate disasters and crises 92%. Technology plays a supporting role for health leadership during crises and disasters 96%. Flexibility is one of the basic elements of health leadership during crises and disasters 88%. Is healthy leadership able to adapt to sudden developments during crises and disasters? Yes 96%, the contribution of health leadership to improving the distribution of medical resources during crises and disasters by 100%.

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