

The Effect of Public Leadership on Cooperative Management and the Provision of Public Health

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Abstracts

This study illustrates how collaborative administration and public leadership relate to public health delivery (PHD). Using both social information processing theory and collaboration theory, the study also aims to investigate how public leadership affects the provision of public health services through the intervening variable of collaborative administration. Methods The quantitative approach is the foundation of this study. In the context of Pakistan, information was gathered from 464 public hospital administrators. SPSS, AMOS, and PROCESS Macro were used in this study's data evaluation. Conclusions: More thorough research is required on collaborative governance leadership, collaborative ethics, and collaborative norms in the public health service, even though public leadership has shown beneficial effects on public health delivery and collaborative administration.

Keywords: Public leadership, Collaborative administration, Public health delivery, Social information processing theory.

1. Introduction

The dynamic environment and the shift in the global economy have made it difficult for public health organizations to improve the delivery of public health services. According to the WHO report, improving public services' efficacy is the first step in improving the performance of public health institutions. Although the importance of government health care is widely acknowledged, little is known about the dynamics of leadership in the public health field. For their leaders, the "publicness" of health organizations creates a setting that is distinct from that of other kinds of organizations (private, corporations, and NGOs) (Lazarus, 2022).

When compared to private hospitals, public health organizations are frequently criticized for being unduly bureaucratic, rigid, unchanging, and conservative. Public leadership techniques have the potential to transform public health organizations' public health delivery in developing nations. When it comes to bringing parties together in a collaborative process, collaborative administration is either undesirable or ineffective when strong hierarchical leadership is present. It is thought that administrative stakeholders will be brought together and engaged through public leadership through collaborative administration (Evans, 2021).

Public leadership is a leadership style unique to public sector organizations that incorporates new elements such as network, accountability, rule compliance, and political loyalty. Therefore, PL is a strong and successful style of leadership that is especially appropriate for government organizations. For all parties involved to work together, interventionist mediation techniques from public leadership are crucial. It is said that in order to further the goal of collaboration, public leaders frequently step in more directly (Kickbusch, 2010).

Therefore, in order to move toward collaboration, public leadership is crucial for embracing, empowering, involving, and mobilizing the public health sector. Furthermore, public leaders are said to "give meaningful voice to participants" and motivate them to care for one another. Public leaders foster innovation by combining the various hospital administration specialties to produce fresh ideas and understanding. Scholars in this area have long maintained that more empirical research is required to ascertain the relationships between public leadership and other elements impacting public health organizations, like employee turnover and motivation (Teame, 2022).

Public leadership and the provision of public health:

Public leadership and their public hospital administration were entrusted by political leadership to implement public health delivery. Public health institutions, political leadership, health planning organizations, public health officers, private hospitals, trust hospitals, community health organizations, social security hospitals, and the general public must all be involved for public health delivery to be successful. Many academics concur that a public health delivery is successful if it is executed well, yields the intended outcomes, supports health organizations, makes space for future advancements, and is believed to be effective for all stakeholders (Karg, 2023).

According to a study, 80% of public health failures are caused by poor public leadership. The empirical evidence that is currently available indicates that different traditional leadership styles have different effects on the delivery of public health. For example, transformational leadership empowers, inspires, and promotes collaborations, all of which have an impact on effective public health delivery. promoting an atmosphere where workers uphold the highest health ethics and standards is an example of ethical leadership. A servant leader supports, looks after, and gives permission to medical professionals. Creating an inclusive environment and opportunities where all stakeholders can participate and get the leader's support is an example of inclusive leadership. Social behavior theories such as SIP and collaboration theory support traditional leadership behaviors and effective public health delivery (Hughes, 2013; Kickbusch, 2010).

PL and collaborative administration:

Some academics contend that effective public sector executives are more participatory than directive, less materialistic, and open and mindful. Through their actions as public leaders, these public sector executives played a crucial part in the implementation of policies. It is maintained that public leaders are essential in promoting cooperation amongst various stakeholders in order to address complex public issues, such as those pertaining to public health. Therefore, PL is a concept designed for public organizations that emphasizes the delivery of public goods and creates value for public organizations in the eyes of the public (Alkadafi, 2023; Getha, 2019).

Providing public health services and collaborating in administration :

Public health administration experts have called for a stronger focus on creating collaborative administration systems as a result of the "wicked" problems in public health delivery. Public health services are conceptually inter-organizational endeavors that necessitate cooperation from all parties involved, including patients, in order to generate public health value. Public-sector organizations can better communicate public value, its motivators, and the strategic resources required to enhance community health outcomes by using "collaborative administration." This approach to learning references an outcome-focused perspective by assisting in the development of "strong" policies. involving all pertinent stakeholders in the codesign, coproduction, and evaluation of health sector policies in order to achieve community resilience and sustainable socioeconomic development (Raelin, 2016; Glenn, 2020).

2. Recommendations:

- The widely used online self-reporting descriptive survey method was used to gather data for the study. There are advantages and disadvantages to this approach. This methodology's ability to effectively collect data from 464 public hospital administrators/managers and the heads of their respective medical units is one of its noteworthy advantages. By asking medical ward heads to complete self-report questionnaires, we were able to gauge their opinions of PHD and collaborative administration as well as their views of public leadership qualities. The biggest disadvantage of self-reported instruments is social desirability bias, which occurs when respondents give skewed answers about their PHD, collaborative administration practices, and PL.

- However, by repeatedly stressing that the study's goal is academic in nature and that all responses to the measures are kept strictly confidential, this potential bias was lessened. Second, common method bias (CMB) can occasionally be caused by self-reporting measures. The risk of CMB was reduced by combining data from two sources: hospital medical units evaluated the public leadership qualities of public hospital managers and administrators, and the managers and administrators answered questions about PHD and collaborative administration. Moreover, Harman's single-factor statistics show that there is no CMB in the data.

- To strengthen the consistency and dependability of the relationships between the variables, it is advised that future research use consistent self-reporting tools at different time points. The results that are shown here are obtained at the model's variable level. The aspects of collaborations (like governance, mutuality, autonomy, and norms) and PHD (like tangibility, reliability, responsiveness, assurance, and empathy) may, however, be impacted differently by the public leadership dimensions (AL, RL, LL, and NL). To gain a deeper understanding of the phenomenon, future research may examine the specific characteristics of the variables. Furthermore, a mixed-methods approach could be used to strengthen the validity of the findings and the conclusions of the research model.

3. Conclusion:

In Conclusion, Examining the effects of collaborative administration and evaluating the impact of public leadership on PHD were the goals of this research project. The impact of collaborative administration as a mediating mechanism between PHD and public leadership was another goal of the investigation. In the context of Pakistani public health management, information was gathered from the administrators and managers of public hospitals as well as the heads of their immediate medical units. The findings showed that PHD and collaborative administration are enhanced by public leadership, and PHD is enhanced by collaborative administration. The findings also showed that collaborative administration, which is fostered by public leadership, eventually enhances PHD.

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