THE ROLE OF HEALTH LEADERSHIP IN THE DEVELOPMENT OF THE HEALTH SYSTEMS ENVIRONMENT

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Abstract:
The aim of the study is to the importance of the Ministry of Health in motivating young health leaders, the impact of health leadership in developing the health systems environment, and the importance of the Ministry of Health to highlight health leaders in developing health systems. A questionnaire was conducted via Google Drive, the questionnaire was distributed via the social media network (where 700 questionnaires were distributed) to mobile groups, and responses to 650 questionnaires were obtained via email.

Keywords: The role, health leadership, development, health systems, environment.

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Introduction:

Leadership is associated with multiple aspects of organizational performance in healthcare [1] including quality and safety [2 3] as well as clinical outcomes for patients. [4–9] Leadership development programs have proliferated in recent years; however, few have integrated current evidence regarding the nature of leadership in complex systems, which requires new competencies such as creativity in strategic problem-solving and managing organizational dynamics.[10–12] Despite an increasing understanding of the importance of interdisciplinary leadership teams,[11 13] most leadership development programs for healthcare executives focus on individual leadership skills (vs systems capacity), include single disciplines or professions (rather than interdisciplinary or interprofessional teams), focus on technical (as opposed to adaptive)[14] skills and are designed for early-to-mid career clinicians who have limited leadership roles.[15] Furthermore, problem-focused leadership development [16–19] and using diverse teams are associated with more effective learning[20] and improved outcomes, such as quality indicators for disease management.[21 22] Yet relatively few leadership programs integrate field-based leadership projects as a central curricular component. [15] Recent surveys indicate that there is wide variation in approaches to healthcare leadership development, and evidence regarding best practices is still emerging.[23] A 2014 systematic review of 250 health leadership education programs concluded that, due to high variability in programs and limited evaluation data, it was not possible to identify best practices in terms of learning context, content, activities, and delivery mechanisms.[24] In particular, there is limited knowledge regarding the relevance and impact of specific structural and curricular design features of leadership programs.[19] Evidence is largely limited to quantitative pre-post self-assessment of individual-level competencies and satisfaction immediately on completion; more nuanced participant views regarding programmatic elements most valuable for leadership in complex systems, or longer-term influences are not well described.[10 15 24] Accordingly, we conducted an in-depth exploration of participant experience in an interdisciplinary leadership development program using qualitative methods over an extended look-back period. We sought to identify specific structural and curricular design characteristics of leadership development programs that may promote learnings that sustain over time. Our findings may be helpful to clinicians and policymakers seeking to create robust educational programs to improve both individual-level and system-level leadership capacity in increasingly complex health and care systems. Chunharas and Davies propose four changes to promote the new agenda for health leadership: [25] acknowledge the need for interactive leadership in health; [26] empower managers and implementers to assert themselves as leaders; [27] enable patients, families, and community groups to participate in health leadership; and [28] advance research in the field of health leadership. Embedding these changes in real-world institutions will not be easy—but it will be critical to implementing the new agenda for interactive health leadership to meet the complex challenges of the future. Japan's Minister of Health, Yasuhisa Shiozaki, next provides a concrete example of how to exercise national leadership in his commentary on "A Leadership Vision for the Future of Japan's Health System." He explains that how Japan addresses the challenges of a rapidly aging society holds important lessons not only for Japanese citizens but also for health futures in other countries. To imagine new health futures for Japan, Minister Shiozaki convened a panel of young leaders, drawing on promising people both inside and outside the government, seeking new minds and new ideas. Their report, Japan Vision: Health Care 2035[29], articulated new principles and a paradigm shift for Japan's health system, from quantitative to qualitative, from inputs to patient-centered value, from government regulation to autonomy, from cure to care, from fragmentation to integration. Similar transformative challenges confront the health systems of many countries. How Japan does in moving these principles into practice will be of great interest around the world. This commentary also emphasizes that effective leadership not only addresses current population needs but also prepares for future needs.

2-Material and Methods:

This study started in (the holy city of Mecca in Saudi Arabia), began writing the research and then recording the questionnaire in July 2023, and the study ended with data collection in November 2023. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon (The role of health leadership in the development of the health systems environment) ,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 [30], And use the Excel 2010 Office suite

histogram to arrange the results using: Frequency tables Percentages [31]. A questionnaire is a remarkable and helpful tool for collecting a huge amount of data, however, researchers were not able to personally interview participants on the online survey, due to social distancing regulations at the time to prevent infection between participants and researchers and vice versa (not coronavirus participation completely disappearing from society). He only answered the questionnaire electronically, because the questionnaire consisted of ten questions, nine are closed and one opened. The online approach has also been used to generate valid samples in similar studies in Saudi Arabia and elsewhere [32]

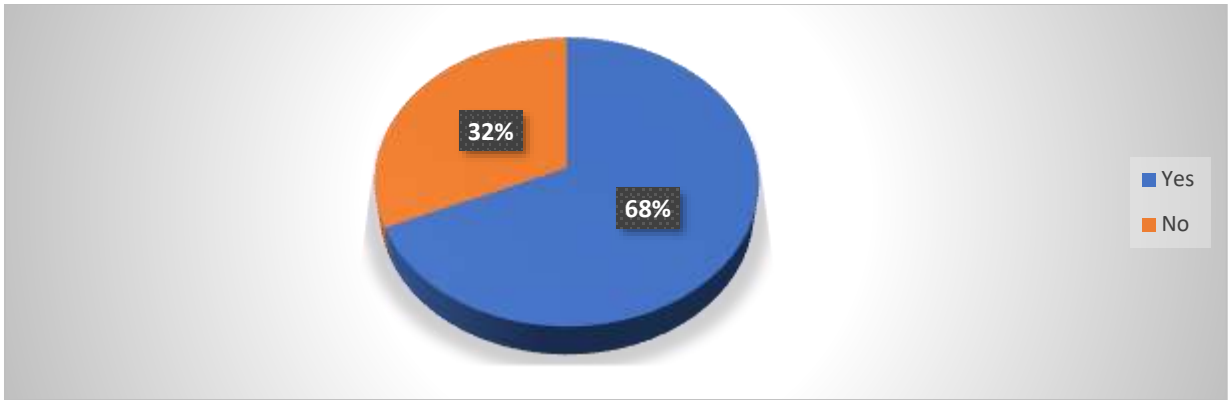
3- Results:

Regarding participation in the research questionnaire, the participation rate was 100%, while the age percentage of the participants was as follows: for those aged 25-34 years, 20%, while for those aged 35-44 years, the percentage was 53.3%, and for those aged 45-54 years and 55 years-60 years, the same percentage was 13.3%. While the genders of male and female participants were as follows:Males 86.7%, females 13.3%. Their nationalities were 93.3% Saudis and 6.7% non-Saudis. While their professions were as follows: Student 0%, government employee 93.3%, private sector employee 0%, housewife 0%, unemployed (does not work) 0%, self-employed 0%. While their educational status was as follows: does not read or write 0%, primary 0%, intermediate 0%, secondary 2%, diploma 13.3%, university degree holders 66.7%, master's degree 13.3%, doctoral degree 4.7%.When moving on to answer the questionnaire questions, the following was found: Regarding the first question: Do you think that administrative and leadership competencies have been prepared to develop the quality of health systems and raise their performance in the Ministry of Health? Yes 73.3%, No 26.7%. The second question: In your opinion, have qualified health professionals been secured to work and contribute to the Saudi health system in all its institutions? Yes 82.4%, and no 17.6%. The third question is about: In your opinion, leadership and management of health service organizations and public health programs among other areas has been achieved? Yes, 64.7%, and no, 35.3%. The fourth question: Do you think that the Ministry of Health has prepared young leaders who are currently running the management of health organizations? Yes 76.5%, no 23.5%. As for the fifth question, it was about: Do you think that the presence of specialists in the health system is necessary instead of job leakage to other categories from other specialties? Yes 94.1%, and no 5.9%. The sixth question: Do you think that assigning a doctor to lead the health system is better than fumbling around in assigning other groups to lead hospitals and health centers? Yes 29.4% and no 70.6%. The seventh question: In your opinion, is there a qualified specialist to lead the health system, but he is inactive and his role is neglected in the presence of the unqualified doctor? Yes 93.3% and no 6.7%. The eighth question: What is the reason, in your opinion, for the lack of a qualified specialist in health leadership in the health system so far? The answers were as follows: Excessive confidence in the expertise of doctors, not allowing room for others, classical management, powers and directives, no support, assuming other specialties in this field, I have no answer, nepotism, control of doctors and their monopoly on leadership positions, lack of trust, Bias towards the technical staff and lack of trust in administrative and accounting certificates due to lack of familiarity with their content and lack of independence in their importance. I do not know. Nepotism, mediation, and paralysis, general culture in the health field, Giving leadership roles to doctors. As for the ninth question: In your opinion, is it easier for a doctor to lead a health organization, given his knowledge of the goals and plans of the Ministry of Health? Yes, 36.8%, and no 63.2%. While the last question was about: In your opinion, the lack of a specialized health leader so far is due to the current health system system? Yes, 72.2% and 26.8%.

4-Discussion:

The current study finds, that health leadership has a major role in the health and cultural development of society. According to the participant's answers to the research questionnaire, they all believe that the Ministry of Health has health leaders responsible for the quality of health systems and raising their health performance by 78.9%. (figure No.1)

Figure NO.1: Opinions and attitudes of participants in the research questionnaire regarding health leaders responsible for the quality of health systems



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