

A review of the interactions of public health organisational leadership with its environment, and subsequent practice and policy-making responses

T I Kasu, MB ChB, MPSM; S Mungure, BSc, MSc, MA, PhD; G Menelik, BSc, LL.M, MSc, MA, LL.D, PhD;
S Mharakurwa, BSc, DLHSTM, MSc, PhD

College of Health, Agriculture and Natural Sciences, Africa University, Mutare, Zimbabwe

Corresponding author: T I Kasu (dr.tonykasu@hotmail.com)

Background. This is a review of the literature on the interactions between public health organisational leadership and its environment, and subsequent practice and policy-making responses. It is a narrative review.

Objective. To glean insights for Zimbabwe.

Methods. Literature is examined from other Anglophone sub-Saharan African countries that have health systems similar to that of Zimbabwe. Literature from the UK is included because, in Anglophone sub-Saharan African countries, the public health systems are similar to that of the UK and they are based on the British model, given their shared history as former British colonies.

Results. A review of the literature reveals that interactions of local contexts and local environments with the leadership of public health institutions are complex, perplexing and important. Healthcare organisations are professional complex adaptive systems, requiring leadership skills for context-specific challenges of local environments. Practice and policy-making responses are considered with respect to experiences in various jurisdictions.

Conclusion. The literature review reveals that public health leadership practice and policy-making interventions have been conducted in various jurisdictions, in response to contextual factors, but there are few studies done in Zimbabwe. It is recommended that in future more research be conducted on public health organisational leadership in Zimbabwe.

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Documenting observations of the interactions of socioeconomic and political challenges as environmental factors with the leadership and management of public health systems has recently been and will continue to be a subject of scholarly interest and academic research.^[1] Examining the interactions of environmental factors with the practice of public health leadership may be thought of as interrogating contexts, and how contextual factors affect actors' (individuals and/or organisations) decisions and actions that result in public health-related policy and practice outcomes. The contexts in which public health leadership occurs may be defined as the changing circumstances, or changing situations, in which public health leadership is practised, and the way in which these contexts affect actors' decisions and actions is that 'leadership is a lifelong process in which leaders explore and develop new skills and tools as they need them to address these changing situations'.^[2] The present article is a review of the academic literature on the interactions of public health organisational leadership with its environment, and subsequent public health leadership practice and policy-making responses. In organising the review, an effort

has been made to offer an articulate and cogent inspection and consideration of the existing literature on the significant topic of public health leadership at the institutional level.

Objective

The aspiration is that a careful review of the literature will assist in informing the field of public health organisational leadership with respect to best practice and positive changes to policy and practice. It is also hoped that this review will impart an appreciation of the current state of the field with respect to public health organisational leadership. A review of the academic literature on public health organisational leadership also has the potential to provide substantiation for action by: policymakers, strategic planners and programme managers, those that provide social services, governments, and society as a whole, with respect to the management of public health systems.^[3] Given the specific aim of gaining insights for Zimbabwe, as an Anglophone sub-Saharan African country, literature is examined from other Anglophone sub-Saharan African countries that have health systems that are broadly

similar to the health system found in Zimbabwe. A significant amount of literature from the UK is included owing to the fact that, in any examination or analysis of public health systems in Anglophone sub-Saharan African countries, one cannot avoid the fact that the reason why their public health systems are broadly similar is that these countries have medical and health systems based on the British model, given the shared history of these countries as former British colonies.

Methods

This article is a narrative review of the academic literature on the interactions of public health organisational leadership with its environment, and subsequent public health leadership practice and policy-making responses. The conceptual or theoretical framework that has been used to examine issues while conducting such a narrative review is that of Health Policy and Systems Research (HPSR). HPSR may be defined as the field within the discipline of public health that is concerned with exploring and analysing:

‘how healthcare is financed, organised, delivered and used; how health policies are prioritised, developed and implemented; and how and why health systems do or do not generate health and wider social goals’^[4]; and:

‘that seeks to understand and improve how societies organise themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is interdisciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health’^[5]

At this stage, some steps must be taken to identify structures, institutions and actors that directly relate to public health issues. This is because there is a need to show how interactions among various structures, institutions and actor-level enabling conditions generate complementarities that reinforce similar incentives influencing public health leadership decisions and actions. This, in turn, will help to achieve a more rigorous examination of the multiple levels of interdisciplinary analysis. Within the conceptual and theoretical framework of HPSR, there are three different levels within public health systems into which structures, institutions and actors may be categorised, i.e. the macro level (global or national level), meso level (organisational or local level), and micro level (individual or household level).^[6,7] This review specifically focuses on examining the interactions of public health organisational leadership with its environment at the meso level of the public health system. A traditional or narrative review of the relevant aforementioned academic literature has been deemed useful and appropriate for purposes of discussing and describing the current state of the field of public health organisational leadership, because narrative review has well-established value when it is intended to undertake such discussion and description from contextual, practical and theoretical perspectives.^[8]

Results and discussion

These will be considered under two sub-headings: first, the interactions of local contexts and/or local environments with the leadership of public health institutions, and second, public health leadership practice and policy-making responses as a result of interactions with contextual and/or environmental factors.

The interactions of local contexts and/or local environments with the leadership of public health institutions

A review of the literature reveals that healthcare organisations are professional complex adaptive systems that require leadership skills for addressing the context-specific challenges of the local environments that such organisations find themselves in.^[9] Health institutions and their environments have non-linear dynamics, and in particularly turbulent environments, leaders and institutions that thrive have strategies that are varied, evolving and sophisticated.^[10] In describing aspects of the context or environment for public health leadership, some of these aspects of ‘health politics’ have been identified as: the extent of state support, financial and otherwise, for the provision of public health services for the whole population; the influence of culture, religion and other locally specific social sensibilities; and the extent and nature of donor aid, with respect to developing countries that receive international development aid.^[11]

It is well known that in recent times, leaders in all healthcare environments and settings find themselves compelled to navigate a landscape that is being shaped by complex social, political and other forces.^[12,13] In particular, the context or environment for health leadership can be considered more important in the public sector, because there are significant constraints on the autonomy of public sector managers.^[14] The political environment in which the public health leader operates can give rise to wholesale changes to processes, roles, substantive structure and ways of working, such as when there is a change of government.^[15] An environment that is fraught with financial challenges is one that is taxing on the skills of public health leaders.^[16,17]

Context-specific challenges in public health systems have included challenges in the attainment of equitable and efficient healthcare services in response to HIV/AIDS, with sub-Saharan African countries finding themselves disproportionately challenged.^[18-20] This has particular importance and relevance for Zimbabwe as a sub-Saharan African country.

To summarise, a review of the existing academic literature suggests that the interactions of local contexts and/or local environments with the leadership of public health institutions is a complex, perplexing and interesting topical research issue.

Public health leadership practice and policy-making responses as a result of interactions with contextual and/or environmental factors

In Zimbabwe, the medical education system and medical leadership models are based on the British system and model, given Zimbabwe’s colonial history and colonial legacy.^[21] In the UK, recent

practice and policy-making responses to environmental challenges have included the implementation of a medical leadership school model for junior medical doctors who are interested in leadership and management, with the benefits being the development of leadership capacity and capability at the frontlines of medicine.^[22] Previous attempts at investing in public health leadership have focused on senior medical doctors; appreciation that such investments have value, and that investment in clinical leadership and medical management initiatives also yields benefits when applied to more junior colleagues, are both relatively new concepts that have recently attracted interest.^[23-27] It has been argued that at the organisational or meso level, there is a need to move toward a model of shared or distributed leadership wherein there is inter-professional or interdisciplinary cross-pollination of knowledge and skills.^[28,29] In addition to considering distributed leadership, participatory leadership may be seen as a more recent and more effective framework for health leadership, given that participatory approaches foster collective strength, collective vision and common goal-oriented action.^[30]

In South Africa, practice and policy-making responses in the public health sector have included: attempting to focus on strengthening primary healthcare; a renewed emphasis on quality assurance and quality improvement; governance reforms; and performance management.^[31] Decentralisation of administrative and fiscal functions in public health systems has been put forward as an appropriate practice and policy-making response to contemporary challenges, as has been the case in Zambia.^[32] In Kenya, however, fiscal decentralisation as a policy-making response has not necessarily resulted in improvements with respect to: hospital efficiency; the utilisation of health services; perceptions about the quality of health services; access to services; and revenue collection.^[33] To a greater extent, all around the world, governments are implementing public-private partnerships (PPPs), and such PPPs are becoming the means by which private financing and expertise can be used in the attainment of public policy objectives.^[34] Finding the political will to increase government budgetary allocations to public healthcare is widely viewed as an appropriate policy-making response in the management of public health systems.^[35]

Conclusion

In summary, a review of the academic literature has revealed that there are various public health leadership practice and policy-making interventions that have been made in different jurisdictions in response to interactions with contextual and/or environmental factors, but there are relatively few studies on the same topic that have been done within the Zimbabwean context. It is therefore recommended that in the future, more research be conducted on public health organisational leadership in Zimbabwe, in order to learn lessons that may have meaningful application in Zimbabwe's dynamic future, and may also be beneficial elsewhere.

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