

The Development of Conceptual Framework for the Leadership of Sub-district Health Promoting Hospital Directors

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Keywords= Leadership, Director, Sub-district Health Promoting Hospital (SHPH)

Abstract= SHPH works closely with community and under close supervision of District Public Health Office. SHPH leadership is significant for SHPH effectiveness. However, the framework for SHPH leadership was never developed in Thailand context. The purpose of this research was to develop the conceptual framework for the leadership of SHPH directors by integrating the information from systematic review and data collected from related stakeholders. Open-ended questions on “*the required leadership of SHPH Directors*” were asked to 8 SHPH directors, 2 local leaders, 4 public health district officers, 10 SHPH staff and 10 SHPH customers in a selected district. The concept analysis (Walker and Avant, 1995) was used to frame the concept. The result showed as follows: (1) Antecedents of the SHPH directors’ leadership were deep knowledge, intrinsic motivation, organization culture, open environment, self-efficacy, and corporate social responsibility. (2) Attributes of the SHPH directors’ leadership were individual competency to lead, intellectual skill, management skill and connection to others. (3) The consequences were goal achievement, organization growth, staff happiness and satisfaction, and sustainability. This conceptual framework will fit for SHPH services in Thailand context. The suggestion for further investigation is to refine the conceptual framework and develop the questionnaire for SHPH directors’ leadership (SHPH-D Lead).

1 INTRODUCTION

In Thailand, there are 4 levels of government hospitals responding for 3 types of care. The four levels consist of regional, province, district and sub-district health promoting hospital (SHPH). The three types of care are tertiary, secondary and primary care, as summarized in figure 1. Primary care is the services provided by SHPH, district, provincial, and regional hospitals consisting of health promotion, disease prevention, health rehabilitation, and treatment. All services end at out-patient department or day care services with or without physician provider. Secondary care focuses on curing diseases which provides by district, provincial and regional hospitals. This level includes in-patient services and requires physicians in a health care team. Tertiary care concerns on the complication treatment or an excellent center which provides by regional and university hospitals. Sub specialty and specialty are required. (Thai Health Coding Center: 2019).

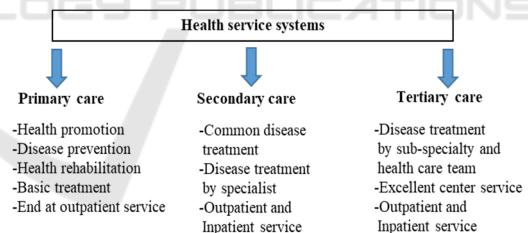


Figure 1: Scope of three types of care in Thailand

SHPH is the smallest health care unit provided by Ministry of Public Health. SHPH is categorized into 3 sizes (Ministry of Public Health: 2016) regarding to the number of responded citizen: small ($\leq 3,000$ citizen), medium (3,001-8,000 citizen) and large ($> 8,000$ citizen). The major responsibility of the SHPH is primary care consisting of health promotion, basic treatment, disease prevention, health rehabilitation and consumer protection (Public Health Administration Office: 2016). SHPH service ends at outpatient care. Health promotion is a major role among all. SHPH plays a pivotal role in nationwide primary healthcare. SHPH provides the service by

public health officers and registered nurses led directors. Some SHPH has more staff i.e. physicians, public health technical officers, Thai traditional medical doctors and hygiene dentists (Human Resources Management Division Office of Permanent Secretary: 2017). A director of SHPH is a person who has been put into service and appointed to serve by considering the knowledge and ability for the benefits of government (Civil Service Act: 2008) and been appointed by the provincial governor (State Administration Act: 1992).

The disruptions caused by the rapid growth of digital around the world, including changes in Thailand itself affect the management and services of SHPH (Office of the Civil Service Commission: 2015; College of Public Health Administration: 2561). Therefore, the leadership of SHPH's directors is important to the growth and development of SHPH in this era. However, there is no report on the conceptual framework of the SHPH directors' leadership. From the conducted observations, it is found that all studies used one or more leadership styles to assess SHPH directors' leadership. Existing leadership styles originate from Europe or the United States. The purpose of this research, thus, was to develop the conceptual framework of the SHPH directors' leadership by integrating data from systematic review with information gathered from SHPH staff and stakeholders.

'True leadership is not a bullet which one uses to kill and harm others. Rather, it is an instrument one uses to serve others' (Amera: 2008). Well known leadership models were reviewed to guide this study. Kurt Lewin's concept is still influential over 60 years after his death. In 1939, Lewin conducted a classic study of leadership, involving three styles of leadership: autocratic, democratic, and laissez-faire. The three types are widely applied in management environment and research (Lewin, Lippitt, and White: 1939 cited in Chou: 2012). Hersey and Blanchard (1996) proposed a situational leadership model explaining the balance of leadership style and the readiness of the group members. There are 4 leadership styles: (1) telling- high task and low relationship, (2) selling-high task and high relationship, (3) participating- high relationship and low task, (4) delegating- low relationship and low task. Moreover, this model states that most effective leadership style depends on the readiness of group members. Readiness is divided for 4 levels: low readiness, moderate, moderate to high, and high readiness.

Fiedler's contingency model was proposed by Fiedler in 1967 concerning on the effectiveness of a

leader in an organization coming from leadership style and situational favourableness. That matching of leadership style and situational favourableness is called "situational contingency". There are 2 types of leaders: relationship-oriented (aim to utilize the emotional connection to maximize staff performance) and task-oriented leader (aim to use the full potential of staff to maximize performance). Servant leadership is grounded in religious teaching; (Greenleaf, 1970) consisting of empathy, listening, awareness, healing, conceptualization, persuasion, stewardship, foresight, community building and commitment to growth of others. The servant leadership is value to be applied for a director's work. (Samut Chamnan, 2011).

The concept of transformational leadership is widely applied. It was initially introduced by James V. Downton. Then, a concept was further developed by James MacGregor Burns. Later, Bernard M. Bass expanded upon Burns' original ideas to develop what is today referred to as '*Bass Transformational Leadership Theory*' (Wikipedia: 2019). Transformational leadership enhances the motivation, morale, and job performance of followers through a variety of mechanisms. The mechanisms sometimes referred to as the 4 I's: (1) idealized Influence (II) – the leader serves as an ideal role model for followers, (2) inspirational Motivation (IM) – leader has the ability to inspire and motivate followers through having a vision and presenting that vision, and (3) individualized Consideration (IC) – leader demonstrates genuine concern for the needs and feelings of followers and help them self-actualize, and (4) intellectual Stimulation (IS) – the leader challenges followers to be innovative and creative, they encourage their followers to challenge the status quo.

The antecedents of leadership from diversity of sources were collected. Thanakorn Eiempan (2013) studied in the Thai air force and found the following factors related to leadership: organization culture, conscientiousness, procedures, operation and openness. Kitikan Patibhan (2019) summarized factors relating to creative leadership which were (1) intrinsic motivation (goal setting, intensity, persistence), open environment (independence, challenge, trust and sincerity, and new paradigm), deep knowledge (expert, experience and skill). Jantana sansuk (2014) found self-efficacy, adaptive capacity and corporate social responsibility affecting leadership. She also reported the consequence of leadership which was organizational effectiveness.

2 CONCEPTUAL FRAMEWORK

The conceptual framework of this study was framed based on literature review with the integration of information from stakeholder's opinion (figure 2). Leadership in several professions were carefully reviewed. In SHPH context, the roles and responsibilities of SHPH directors were drawn from notification of Ministry of Public Health (Ministry of Public Health Issue Order No. 897/2559.2016). The leadership of SHPH from the perspective of the directors and staff of SHPH, sub-district leaders, and SHPH customers were explored.

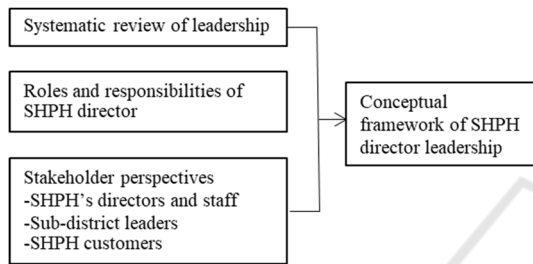


Figure 2: Conceptual framework for developing SHPH directors' leadership.

3 OBJECTIVES

The objective of this study was to develop a conceptual framework for the sub-district health promoting hospital (SHPH) directors' leadership.

4 RESEARCH METHODOLOGY

This descriptive study aimed at developing the conceptual framework for SHPH directors' leadership. A review of the literature was conducted using several databases, including CINAHL, Google Scholar, ScienceDirect, ThaiJo, and Emerald management. The mentioned resources were searched using the terms: 'leadership', 'director of sub-district health promoting hospital', 'director of sub-district health promoting hospital & leadership', and 'health care staff & leadership', and for studies published from January 2000 to March 2019. Books, articles; rules, regulation, policy and protocol enacted by the Ministry of Public Health of Thailand relating to SHPH director were reviewed.

(1) Systematic review on 2 major aspects: 1) outstanding leadership models and related

research/article, on leadership and 2) roles and responsibilities of SHPH directors.

(2) Data collection was conducted by answering open-ended question "*the required leadership of SHPH directors*" done by 8 SHPH directors, 2 local leaders, 4 district public health officers, 10 SHPH staff and 10 SHPH customers. The data was thematically analyzed.

(3) Information from (1) and (2) were integrated to conceptualize SHPH directors' leadership by applying the concept analysis suggested by Walker and Avant (1995). There were 5 steps from 8 steps: selecting a concept, determining the aim of analysis, identify all uses of the concept, define attributes and construct the case.

5 FINDINGS

The research findings were presented in figure 3 and the details below:

(1) There were 4 antecedents of SHPH directors' leadership, namely deep knowledge, intrinsic motivation, organization culture, open environment, self-efficacy, and corporate social responsibility.

(2) The attributes of SHPH director leadership includes individual competency to lead, intellectual skill, management skill and connection to others. The sub-attributes were presented in table 1.

(3) The consequences were goal achievement, organization growth, staff happiness, staff satisfaction, and sustainability.

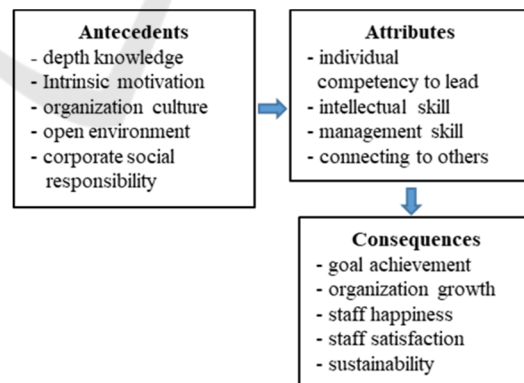


Figure 3: Antecedents, attributes and consequences of the SHPH directors' leadership.

Table 4: Attributes and sub-attributes of SHPH the directors' leadership

| Attribute | Sub attributes |
|--------------------------------------|---|
| Individual competency to leadership# | <ul style="list-style-type: none"> - visionary - charisma - EQ and social maturity - recognition - information technology skill - social skill - public mind - service mind - health care practice mastery |
| Intellectual skill | <ul style="list-style-type: none"> - ability to learn and grow consisting - individual consideration - self-awareness - adapting to change - achievement drive - problem solving skills - decision making skill |
| Management skill | <ul style="list-style-type: none"> - good governance - motivating and encouraging others - risk management - conflict management - team building - financial management - role modelling |
| connecting to others | <ul style="list-style-type: none"> -#applying the King philosophy of sufficiency - understanding -#ommunity engagement -#ommunication - collaboration skill# |

6 CONCLUSION AND RECOMMENDATION

The model case of the SHPH directors' leadership consisted of 5 antecedents, 4 attributes and 5 consequences. This is the first model developed for the SHPH directors' leadership. Thus, the refinement of the model should be further examined. The questionnaire measuring the SHPH directors' leadership should be determined for psychometric property which is an intellectual property of Thailand.

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