

Leadership and Management in Public Health Setting in Somalia

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Abstract

This study deemed to explore the lived experiences of public health care leaders in leading and managing public health care services in Somalia. A qualitative descriptive-exploratory design determined and reported findings the way they were said and mentioned by the respondents in a narrative approach. Purposive sampling technique was used among 8 participants who were selected or sought for an interview, based on pre-selected inclusion and exclusion criteria. Video-audio recorder was used to ensure that answers from the 8 interviewees were collected and was transcribed into written responses, thus used for data analysis. The explored leadership and management in Somalia were (1) work specialization addressing change management, (2) departmentalization addressing organizational structure, (3) chain of command addressing leadership traits and styles, (4) span of control addressing performance management and conflict resolution, (5) centralization addressing team working, and (6) formalization addressing quality assurance and total quality management.

Keywords: Leadership; management; Nursing; Public health; Qualitative research; Somalia.

INTRODUCTION

Background of the Study

The ministry of health (MOH) mandated several leadership and management systems to be reported to its national surveillance office (Somalia World Fact Book, 2005). Somalia National Development Plan 2017-2019 stated that measures will be taken to increase the independence and capacity of public health care (World Health Organization, 2015a/b). One strategy mentioned by the Office of Auditor General (2005) to achieve a good leadership and management in public health care setting was the international involvement with other countries and twinning arrangements

with International Organization of Supreme Audit institutions. The Somalia National Development Plan 2017-2019 also addresses the Strategic Development Goal Plan of the World Health Organization (2015b) and therefore must be led by strong public health leaders from hospitals, healthcare centers, ministries, universities, and other private institutions.

Problem Statement

Most of the health services lack leadership and management, basically for the benefit of service-users, and utilization of healthcare products. Both leadership and management are important to achieve a satisfying service from the public. The MOH in

Somalia never developed a core health care service packages nor gauged the extent of resources and infrastructure needed to deliver them (Somalia World Fact Book, 2005). Wasted resources could have been saved and eased if there was a sound management and leadership practiced. Such information was occasionally tabulated and sent to the central office in Mogadishu by the regional MOH authorities (United Nations Development Programme, 2001). However, the data was haphazardly collected and had little use for effective planning and operational decisions. In addition, the capacity to gather, analyze and disseminate surveillance data and other leadership management systems was not developed well (United Nations Development Programme, 2001; Somalia World Fact Book, 2005; Office of Auditor General, 2005).

The population has been growing annually at a rate of 2.8%, although it experienced high mortality rates during the civil war in the early 1990s (Population Reference Bureau, 2005). The health care needs were increasing while resources and enabling infrastructures were diminishing or ceasing to function (World Health Organization, 2017). As a result however, the people's health suffered (World Health Organization, 2017). Many factors were attributed to this desperate situation. Among the main factor is the leadership and management system in Somalia however, it lacked necessary infrastructure, since funding, insurances, and equipment are not managed well enough. Skilled manpower is also not available that could be useful for strategic planning and policy development (World Health Organization, 2010). Somalia's health care system has suffered from inadequate manpower, funding, mismanagement, and poor planning and policy development ever since independence (Population Reference Bureau, 2005). This has caused a serious setback to the development of public health sector in Somalia, hence, the need to study leadership and management system (World Health Organization, 2017).

Aims of the Study

On account of these issues this study deems to explore the lived experiences of public health care leaders in leading and managing public health care services in Somalia. Stemming out from this aim, research questions are formulated.

Research Questions

1. Why are leadership traits and styles significant in managing healthcare service?
2. How do healthcare leaders resolve conflicts?
3. How do healthcare leaders manage changes in health care service?
4. How do healthcare leaders manage performance of health care professionals?
5. Why is structuring organizations significant in managing health care service?
6. How do healthcare leaders make their team work?
7. Why is quality assurance significant in managing healthcare service?
8. How does total quality management play a role in managing healthcare service?

Justification

The research questions are justified to be explored as an effective leadership and management are prerequisites to an equitable health care delivery system (Weber, 2010). Exploring the governance of an organization is also justified to address leadership and management. In Somalia, it is hoped to pave new challenges for growth and development of public health services (United Nations Development Programme, 2001). In addition, the research questions are justified to be befitting in order to explore solution(s) to the problems of governance in public health settings.

Significance

This study is significant to help the potential researchers to have an in-depth knowledge about the leadership and management system in Somalia. Secondly, it is also significant among the policy makers, government and concerned agencies, to identify the challenges of leadership and management system in Somalia. Lastly, it will enable Somali healthcare leaders to prescribe recommendations which can pave new avenues in overcoming their public health crisis.

METHODOLOGY

Research Design

The study used a qualitative research design. This study described the patterns of conditions by persons, places, and times (DeFranzo, 2015) in relation to the

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independent variables – leadership and management. This design deemed to explore the lived experiences of public healthcare leaders in Somalia.

Research Type

A descriptive-exploratory research type determined and reported findings the way they were said and mentioned by the respondents in a narrative approach (Burns and Grove, 2015). It attempted to describe factors such as performances, attitudes, characteristics, and leadership and management techniques. It obtained information concerning the current statuses of public healthcare leaders, to explore what exists with respect to the conditions in a situation in the public health sectors in Somalia.

Research Population and Sample Size

The target population for the study is mainly the Somali public health care leaders. These leaders are more into management and governance and not the science of public health. This study selects 8 public health care leaders to be interviewed.

Sampling Technique

Purposive sampling was used among participants who were selected or sought after, based on pre-selected inclusion and exclusion criteria (Burns and Grove, 2015). This study may be attempting to collect data from public health leaders in Somalia. Primarily, Somali public health care officers were included.

Data Collection

A comprehensive self-administered written open ended questionnaire guided the respondents. The questions are translated in the Somali language as it deems necessary. The questions include follow up questions to enable further explorations of the respondents' lived experiences that are as follows:

Why are leadership traits and styles significant in healthcare service?

-Why is it important to have a leadership traits and styles in your field of work?

-Can you give reasons why you chose that specific leadership traits and styles?

-Do you have any final words regarding the significance of leadership traits and styles?

How do healthcare leaders resolve conflicts?

-May you describe conflicts that you faced?

-Can you give an example on how you demonstrate conflict resolution?

-Do you have any final suggestions on how to resolve conflicts?

How do healthcare leaders manage changes in health care service?

-What kind of specialized skills do you need to implement change?

-Can you give an example on how healthcare leaders succeed in managing change?

-Do you want to give more advice for other healthcare leaders to manage change?

How do you as a healthcare leader manage performance from members of staff?

-How to make sure employees maintain their good performance?

-Can you give an example on how you demonstrate performance management?

-Do you have any final suggestions on how to manage performance?

Why is structuring organizations significant in managing health care service?

-How organizational structure affects group divisions by distributing employees to designated departments?

-Can you give an example on how you demonstrate structuring of your department?

-Do you have any final suggestions on how to structure organizations?

How do healthcare leaders make their team work?

-Tell me about a time you faced an ethical dilemma destroying team working?

-Can you give an example on how you demonstrate building team working?

-Do you have any else to say regarding team working?

Why is quality assurance significant in managing healthcare service?

- Why do you practice the routine of quality assurance?

-Can you give a reason why you demonstrate quality assurance?

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-Do you have any final suggestions on how to maintain quality services?

How does total quality management play a role in managing healthcare service?

-How does your organization achieve recognition of total quality service?

-Can you give an example on how you demonstrate total quality management?

-Do you have any final suggestions on how to achieve total quality service?

Video-audio recorder was used to ensure that answers from the respondents were collected. The video recorded interview was transcribed into written responses and thus used for data analysis.

2.5 Data Analysis

We used an exploratory-descriptive approach in analyzing the narration of each respondent during the interview sessions. By playing and replaying the videos we were able to write down the answers word per word. Open ended written questions were distributed to public health leaders before the interview commences. Thus videos recording became easier since the respondents already understood and prepared their answers and recommendations. Therefore, the answers transcribed were without misunderstandings.

One main question was the focus for each respondent. Since there are eight questions addressing the 8 themes for this study, only one theme (one set composed of 4 questions) will be used per respondent. Therefore, the respondents will only have to explore one main theme with 1 main question and 3 follow-up questions. The 8 themes were the change management, organizational structure, teamwork, styles of leadership, performance management, conflict resolution, total quality management, and quality assurance.

Table 1. Respondents profile

Respondent job description	Age	Theme
Finance manager in University of Health Science	33	conflict resolution
Health academic officer Bosaso University	27	quality assurance
Hospital manager in Daryel hospital of Bosaso	30	leadership traits and styles
Director Biyo Kulule health center	30	management of change
District health officer	34	structuring organization
Health care officer of Puntland in Bari region	36	performance management
Manager of Puntland Public Health Organization	35	total quality management
Human resource	38	team work

Answers were also organized in a systematic way in order to make the analyses useful. If the answers were said in the Somali language, we translated it to English and explained it to the respondents, word per word. Should there be any changes as explained by the respondents, it is again shown to them before final transcription of the findings.

Ethical Considerations

Ethical approval will be sought from the public health organizations of the respondents. If the organization is a government-owned institution, permission was sought from the MOH. Approval was also sought from the Lincoln University, Research Management Centre in Malaysia for academic reviews.

It was ensured that the respondent gave their consent to be video recorded. The known benefits and risks or disadvantages of becoming a part of the study were clearly explained to all the respondents. Exact description of the information to be transcribed was communicated orally or in writing. We considered the freedom of the respondents to withdraw from the study anytime. We reassured them that the findings will be kept confidential and private.

RESULTS AND FINDINGS

Overview

This chapter presents the findings from the data collected, analysis, and interpretation. More emphasis has been placed on the interpretation of leadership and management in relation to public health care settings.

Profile of the Respondents

The interviewees from different public health offices in Somalia were mostly above 30 years old. The profile of public health leaders as respondents are found on table 1.

Key Elements of Leadership and Management *Departmentalization*

The interview defined the 8 themes as the manner in which subunits in organizations are inter-related and grouped. A major advantage of the 8 themes is that it gives a focus on leadership and management (Yukl, 1989). However, the researchers have explored that the 8 themes can be still be further synthesized in to 6 key elements.

1. Work specialization addressing change management.
2. Departmentalization addressing organizational structure.
3. Chain of command addressing leadership styles.
4. Span of control addressing performance management and conflict resolution.
5. Centralization addressing team working.
6. Formalization addressing quality assurance and total quality management.

Integrating the 6 key elements with the 8 themes is found to be appropriate in this study. Some of the themes were fused together in one key element while most themes are addressing the key elements as it is.

Work specialization

On the key element work specialization change management was explored as the process tools to technically manage the change among members of staff. The most important question asked was “what kind of specialized skills do you need for change?”

“It depends on the interest of the employee. But we provide key skills for effective change managers such as personal resilience, trust-building, coaching, forcing clarity, skills pecialization, organization, and follow-through. Therefore, we make them pursue continuous education to specialize in their expertise”.

This will achieve the required outcome by helping an employee specialize, commit to, and decide on changes in their current departments. This is why it is also essential to explore the element departmentalization in order to synthesize further knowledge on how specialists make changes in their respective departments.

On the key element departmentalization, organizational structure was explored as it activates inter-departmental coordination, task allocation, and delegation of jobs that are directed towards the achievement of organizational aims. The most important question asked was “how organizational structure affects group divisions by distributing employees to designated departments?”

“... in two ways, #1 it provides the foundation on which standard operating procedures and routines rests and #2 it determines which individuals get to participate in which decision making processes, and thus to what extent their views shape the organizational action”.

Each department is a part of the foundation of an organization and the chain of command is controlled by each departments. This is why the chain of command is an element addressing leadership traits and styles that are also essential to be explored.

Chain of Command

On the key element chain of command, leadership traits and styles were explored particularly from a flexible leader. The most important question asked was “can you give reasons why you chose that specific leadership traits and styles?”

“...to improve work oriented tasks, flexible time and space among employees, and people relationship, control and command must be done. However, I chose to be a flexible leader”.

Employees are given their flexible time and space in order to avoid stress and anxiety, thus create an environment without conflicts. This exploration shows that conflicts will not happen in public health services if your control over members of staff is flexible. This is why span of control is also an element that needs to be explored addressing performance management and conflict resolution.

Span of Control

On the key element span of control, performance management is explored in controlling appraisals among staff. The most important question asked was “how to make sure employees maintain their good performance?”

“when we select employees we look at their CVs and qualifying certificates and ensure that the certificates

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are valid. We give them salaries that are based on their qualifications and ensure that they get promoted based on their annual appraisals”.

However conflict may occur because of unfair appraisals and lacking of good judgment on staff performance. That is why conflict resolution is also explored.

On the key element span of control, conflict resolution is explored from a public health leader on how to avoid unfairness and discrimination among members of staff after or before performance appraisals. The most important question asked was “may you describe conflicts that you faced?”

“...sometimes conflict may occur because of jealousy between employees and/ or discrimination and personal grudges among other staff... but it is eventually solved”.

Delivering solutions are a system of control. This is why teams in an organization are centralized with a higher appraisal system as a whole department in addition to their individual performance evaluation. This is why it is important to explore how each staff work together as a team and avoid conflicts.

Centralization

On the key element centralization, team working is explored in order to see how the whole organization centralizes their chain of command and span of control despite different structures and cultures are found on an institution. The most important question asked was “Tell me about a time you faced an ethical dilemma destroying team working?”

“... similar to that scenario (ethical dilemma), problems with team working occur during audits. We require everyone to work together because each department can also be in trouble if we screw up the audit in general”.

Centralized command and control will reduce conflicts thus everyone will work together as a team. This is why it is also necessary to explore the formalization of delivering quality service provided by each members of the team.

Formalization

On the key element formalization, quality assurance is explored through routine audits of services provided. The most important questions asked was “why do you practice the routine of quality assurance?”

“...because audits of healthcare services happen every

year, we must make sure that the quality of our service is maintained”.

International paradigms and global resolutions of audits have influences on work specialization, departmentalization, chain of command, span of control, and centralization as elements achieving total quality management of services.

On the key element formalization, total quality management is explored to achieve successful implementation of all the elements together. The most important question asked was “how does your organization achieve recognition of total quality service?”

“We aim to achieve accreditation in order for our services to be internationally and globally recognized. In addition, we keep the quality of the organization by communication with employee the best possible service and apply for continuous accreditation”.

In addition, organizations are to be globalized and internationalized via accreditations. Total quality management will make members of staff move forward to achieve higher levels in leadership and management.

DISCUSSION

Introduction

In this section it will clearly explore and describe the 8 eight research questions synthesized with the 6 elements of leadership and management. Strength, weaknesses, and limitations of the study will also be discussed.

Strengths of the Study

A qualitative exploratory design allowed more in-depth understanding of a process or a phenomenon (DeFranzo, 2015) by interviewing respondents in this study. We have explored new ideas from Somali healthcare leaders and managers and how their healthcare system in the actual context of the issues provides insights and solutions. Finally, we have uncovered trends in thoughts and opinions, and dived deeper into the problem (Burns and Grove, 2015). However, weaknesses and limitations were still encountered.

Weaknesses and Limitations of the Study

Primarily, we had problems with data collection that was time consuming as it was collected based on

appointment dates fixed with individual respondents. Also issues of anonymity and confidentiality were also present problems. For example, most of the health care leaders and managers as our respondents were not comfortable with video recording, therefore we need to eliminate those who refuse, making it more time consuming. Lastly, some of the answers were in Somali language; therefore, we have to translate it to English and shown back to the respondents before final interpretation of the transcribed messages are done.

It was also difficult to synthesize new knowledge on integrating the elements of leadership and management with the 8 themes even though we were successful on doing it so.

Exploring Work Specialization Addressing Change Management

In Biyo Kulule health center, a 30 year old male physician is the public health leader who became our respondent. He stated clearly and truthfully that *“the organization provides work specialization to their staff”*. He also added that the management of change *“results to an employee who has the capacity and capability to specialize in their own fields of expertise”*. The answers were credible and reliable regardless of his age, gender, and title. However, being a male medical doctor, his answers may have affected his personal points of view because he himself as a Somali believe that male leaders (like him) are more effective specialists than females as a nomadic culture in the Somali settings. In addition, physicians have high qualifications that are specialized. Nevertheless, his example as a specialist gave an impact to the employees even though it was a personal opinion.

The setting on the other hand is in Biyo Kulele district. This geographical factor has also affected his answers having a setting that is mostly populated with a lot of specialized workers (at Biyo Kulele health centre) influencing each other, but not in other regions.

There were several milestones of work specialization in the history of health care services in Somalia. In 1966, a nursing school was established in Hargeisa, and another one in Mogadishu in 1970 for nurses who wants to specialize in public health (Population Reference Bureau, 2005). In 1973, a faculty of medicine with specializations on public health and surgery was set up in Mogadishu (Population Reference Bureau,

2005). These training institutions boosted the human resources for public health specialists. Thus organization gave them key skills for effective work. Other research agreed with our findings that personal resilience, trust-building, coaching, forcing clarity, managing others' uncertainties were important in the management of change and work specialization (West et al, 2014).

Some donor nations provided scholarships to MOH personnel for public health training. In addition, the faculty of Medicine of the Somali National University has started postgraduate training for public health experts in the early 1980s (Somalia World Fact Book, 2005). However, most of those who completed their training either joined international organizations or sought better opportunities in the oil-rich Arabian countries in the gulf (Population Reference Bureau, 2005). Thus, a massive brain drain in the 1980s hampered any planned progress in Somalia (Office of Auditor General, 2005).

Exploring Departmentalization Addressing Organizational Structure

A Bosaso district health officer 34 year old male stated clearly and truthfully on the structured departmentalization of healthcare workers in the district health offices such as the District Health Management Information System (DHMIS), Public Health Center (PHC), and the Nutrition department. Furthermore, he added that *“departmentalization determines which individuals get to participate in which decision making processes, and thus to what extent their views shape the organizational action”*.

Again being a male leader may be a factor on structuring an organization and its departments. Most health care leaders in DHMIS follow the leading of a male Somali. The employees in DHMIS and Nutrition departments believe that male leaders are more effective in structuring organizations. As a result of male leadership, the needs of the health care system and its effective operation were misconceptualized (West et al, 2014; Weber, 2010). However, the type and competencies of female manpower in DHMIS for the provision of core health care services at different levels of delivery points and departments were never yet determined. The argument of the chain of command by empowering female leaders and managers in Somali is thereby explored.

Exploring Chain of Command Addressing Leadership Styles

In Daryel hospital, a manager and a leader was a 30 years old female. She stated clearly and truthfully that *“there is a hierarchy and chain of command according to the style of leadership, which improves tasks orientation”*. However, female leaders are always found in the nursing profession, and may have affected the answers as well, since leaders in Somalia are preferably males in order to ensure a concrete chain of command. Contrary to male leadership, according to the respondent, female leadership style was *“a flexible leadership, combined with commitment, dedication, sincerity, and a motherly nature”*. Flexible leadership is also democratic by nature (Weber, 2010). That is why the Daryel hospital has achieved a smooth execution of tasks orientation and chain of command because of their female leaders and managers.

However, female leaders in Somalia are mostly passive as compared with males who are not so emotional when running an organization (United Nations Entity for Gender Equality and the Empowerment of Women, 2012). The United Nations Entity for Gender Equality and the Empowerment of Women (2012) also said that Somali women are reliant on the male factor for judgment, power and decisions. This is due to the fact that women are blinded by customs and their position in society being under the male jurisdiction. Those who are responsible for taking decisions are literally called *Aqalka Odayaasha* or “Male Traditional Elders” in Somali (United Nations Development Program, 2012). This denies the women the right to become leaders and managers and even further their careers since they have to respect the decisions of the men in their organizations (O’Neil and Domingo, 2016).

Other researchers agreed that the chain of command depends on the organization’s leaders and managers and not merely based on genders (Adeyoyin et al, 2015; Yukl, 1989). That is why it is also important to explore how female leaders and managers ensure team works together.

Exploring Centralization Addressing Team Working

A human resource manager from the MOH was also a 38 years old female. She stated clearly and truthfully that *“every staff works with their own centralized specialties with department leaders and managers*

to avoid the dilemma of lacking the elements of team working”. Other researchers agreed that being centralized having one head or director may ensure that team members will be working together following a leader (Adeyoyin et al, 2015; Heathfield, 2015). Her answers were credible and reliable regardless of her age and position.

Human resource managers in Somalia distribute employees to a designated department to ensure team working. Nevertheless, being a female human resource manager may have affected the answer of the respondent being emotional on the aspect of conflict management and team development (Duttweiler, 2008; Adeyoyin et al, 2015). She is rather emotional in a sense saying that in Somalia, there are lesser teams that work together since it is governed by the male leaders. On this account, she further added that *“females are more committed to team working”*. Women have pooled their resources and strengths, increasing the potential of their leadership and management strategies (O’Neil and Domingo, 2016). That is why the span of control addressing performance management is necessary to be explored also among male genders in contrast to females.

Exploring Span of Control Addressing Performance Management

A 36 years old male health care officer of Puntland in Bari region says that *“performance management system action include developing clear job descriptions using an employee recruitment plan and providing effective new employee orientation, assign a mentor, and orient new employees into the organization and its culture”*. In addition, ongoing education and training will facilitate and reduce conflicts in the organization (Heathfield, 2015). However, he added that *“a prominent weakness of the Somali health care system was the lack of a strong regulatory body”*.

A successful performance management for example was the *smallpox eradication campaign* in the mid-1970s in Somalia (World Health Organization, 2016/2017). This was the first introduction to Primary Health Care (PHC) together with the new tuberculosis treatment regimens by the Finnish International Development Agency (FINIDA) in the 1980s that brought in massive external assistance (World Health Organization, 2016; Population Reference Bureau, 2005). It established PHC training institutions and opened the door managing medical

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specialty training among public health specialists. These inputs expanded access to health care services and improved the quality of care given to the public. Nowadays, the massive resources of the 21st century Somalia, injected into the health care system lack the proper control and management thus other countries' contributions such as the FINIDA faded (World Health Organization, 2016). Conflicts then started to rise.

Exploring Span of Control Addressing Conflict Resolution

The PHC officer of the Bari region in Somalia who was 36 year old female stated clearly and truthfully that performance management is the key for conflict resolutions. Being a PHC manager and a leader, he added that *"conflicts may come across in any institutions and should be handled with caution avoiding favoritisms in appraising performances and giving salary increments"*.

In any organizations, a team of committed staff and the very useful support members of the team may also help managers and leaders resolve conflicts (West et al, 2014). The Somali people have always suffered from long-standing oppression and conflicts at the hands of their fellow Somalis (United Nations Development Program, 2001). Somali regardless of being the most homogeneous Islamic region in Africa has witnessed a civil war for over 2 decades. This history has led to clan animosity. Divisions are defined by clan and sub clan lines even in organizations. The Somalia society is made up of main clan families like Darod, Dir, Isaaq, Hawiye and Rahanweyn, and minority clans. Clan divisions have been a source of conflict used to divide Somalis, fuel endemic clashes over salary increments, job positions, and power. A broad based reconciliation and conflict resolution became very difficult to achieve especially inside organizations and institutions. Most of the Somalis conflicts have been fought in the name of clans often as a result of political leadership and management. Political empires then have arisen.

The main political resistance to the government consists of the Supreme Council of Islamic Courts (SCIC) also known as the Islamic Courts Union (ICU), Joint Islamic Courts, Union of Islamic Courts (UIC), or the Supreme Islamic Courts Council (SICC), a cluster based on fundamental Islamic law that is attempting

to wrest formal administrative and governmental control from the transitional federal government as well as impose a system of Shari's law upon the country. They seek to bring order of some sense to the chaotic region, thus ending the long period of disorder since 1991. A more radical faction of the SCIC has emerged throughout 2007 and early 2008 – Al Shabab ('the lads' in Somali). These had been internationally attributed Al Qaeda. These groups continue to commit gross abuses / violations of human right in Somalia which in turn worsen the situation and create a hub for other organizations to get involved in the conflict.

This is when the downfall of organizations came one by one. The quality of service has been in jeopardy due to the conflicts that arose.

Exploring Formalization Addressing Quality Assurance

An academic officer at the Bosaso University who was a 27 years old male, stated clearly and truthfully that they do practical audit every year to ensure quality of service. He said that *"annual audit is a system that helps an organization to identify weaknesses and inconsistencies in the system as a part of quality management which focuses on providing confidence that quality service is provided"*.

Development of a national health plan with such attributes could have traced an efficient and progressive path (Welch and Grove, 1991) for quality health care system. He added that *"audit reports on the performance of the members of staff provides opportunity to the legislators, public servants, investors, business leaders, citizen groups, media, development agencies, academicians and other stakeholders to know how public funds are spent and to assess the quality of public health administration"*.

The auditing bodies in Somalia are from the Office of the Auditor General, the International Organization of Supreme Audit Institutions Development Initiatives, and the International Standards of Supreme Audit Institutions (Office of Auditor General, 2005). In the 1980s, research in medical sciences was initiated by the faculty of medicine, in collaboration with several universities in Sweden, through the National Academy of Science and Arts in Mogadishu (Office of

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Auditor General, 2005). This allows public scrutiny of Government operations and generates pressure for honest and productive public servants and facilitates a system of governance necessary for efficient service delivery.

Exploring Formalization Addressing Total Quality Management

A manager of Puntland Public Health Organization (PPHO) who was 35 years old male stated clearly and truthfully that “*we manage the quality of the services of our organization by accreditation*”.

Currently, in the absence of an internationally accrediting health care organization, Somalia lost its total quality in healthcare service. Therefore, to avoid misguided national health development plans and policy, it is essential to examine the deficiencies and gaps in the operation of the past health care systems (World Health Organization, 2010), and to provide a basic framework to ensure a functional and quality health care system from local accrediting organizations (Quality Improvement, 2011; Shridhara, 2007).

Total quality management was a new dawn for accreditation in medical sciences and public health. In Somalia, an initiative was mentioned mainly as a contribution to manpower public healthcare institutions so that constant accreditation is achieved. However, manpower was reduced by the economic downturn and political turmoil of the 1980s and civil war of the 1990s (Office of Auditor General, 2005). As a result, experts in leading Somalia towards approval of international accrediting bodies did not happen (World Health Organization, 2016/ 2015a / 2015b).

CONCLUSION AND RECOMMENDATIONS

Conclusion

The explored leadership and management in Somalia were (1) work specialization addressing change management, (2) departmentalization addressing organizational structure, (3) chain of command addressing leadership traits and styles, (4) span of control addressing performance management and conflict resolution, (5) centralization addressing team working, and (6) formalization addressing quality assurance and total quality management.. The answers to the research questions are also concluded as follows:

Why are Leadership Traits and Styles Significant in Healthcare Service?

Effective leadership traits and styles of healthcare professionals is critical for strengthening the system of governance. There should be a hierarchy and chain of command according to the style of leadership, which will improve task orientation.

How do Healthcare Leaders Resolve Conflicts?

Effective conflict resolution plans strategies to resolve miscommunication, discrimination, and personal grudges delivering solutions. The keys to successful conflict management are to compromise and achieve a win-win situation.

How do Healthcare Leaders Manage Changes on Health Care Service?

Healthcare leaders should make employees specialize in their own field of expertise and ensure changes that are done by experts, safe and effective. It is about handling the complexity of the process of managing the change that is best for the organization governed by specialized members of staff.

How do Healthcare Leaders Manage Performance?

This is done by developing clear job descriptions, using an employee recruitment plan, and providing effective new employee orientation, appraisals, and promotions or salary increments. Fair and just judgments without discrimination are also expected.

Why is Structuring Organizations Significant in Managing Health Care Service?

In order for an organization to have a good foundation on which standard operating procedures and routines rests, structure is needed. Organizational structure provides policies to individual members of the team to get to participate in specific decision making processes, and thus to what extent their views shape the organization.

How do Healthcare Leaders Make their Team Work?

Teamwork is done by dividing labor among health care

professionals in a centralized way with means that no single professional will face a dilemma in completing their tasks alone. The healthcare leaders organize and motivate members of staff to work together to avoid ethical dilemmas.

Why is Quality Assurance Significant in Managing Healthcare Service?

This is done by maintaining a high quality of health care service and by constantly auditing the effectiveness of the organizations. In order to maintain quality services provided, quality assurance is significant.

How does Total Quality Management Play a Role in Managing Healthcare Service?

Total quality management must involve employees' suggestions and manpower. In addition, accreditation must be achieved. Global and international visions in leadership and management of health care services are important to be included in total quality management so that access to healthcare services may have quality.

Recommendations

Primarily, for the Somali healthcare delivery system, it is recommended to have a good policy system. Somalia's government has already declared drought as a national disaster, and the country is in the process of formulating its first national disaster management policy. For this policy to be effective, Somalia needs a Somali-led integrated disaster information system that identifies food insecurity and directs responses to poverty.

Another landmark of change in Somalia was the formation of a semi-autonomous refugee health unit (RHU) in the MOH to serve the refugees from Ethiopia in 1977, which attracted Bildhaan Vol. 7, bringing in a 192 massive foreign aid and expatriate health professionals (Population Reference Bureau, 2005). The RHU introduced sound health care planning and effective operations, which positively influenced the overall MOH functions and operations (Population Reference Bureau, 2005; World Bank, 2015). The RHU refugees gained valuable help (Population Reference Bureau, 2005).

It is therefore recommended to continue seeking

for donations from United Nations or World Health Organization. This is because scarcity of natural resources and raw materials are still a problem in Somalia. Internally displaced peoples are still in camps with limited resources to make a better living. However, other gulf countries surrounded by deserts with limited raw materials have solved the problems of limited resources through the advancement of science and engineering.

That is why it is also recommended that managers and leaders should focus on the science of technology for artificial resources, however expensive. Nevertheless, an organization will be confident that having globalized and internationalized high technology resources will help provide quality services in public health sectors to help refugees and internally displaced peoples live a better life (Quality Improvement, 2011).

Globalization and internationalization has maintained economic growth on other countries and can also be effective in Somalia. It is therefore recommended that globalization and internationalization be implied in the Somali public health care setting governed by leaders and managers with sound decision-making.

Evidence reveals that women have more decision-making power and influence over aspects of their political, social and managerial (O'Neil and Domingo, 2016). It is finally recommended that women be empowered to lead and manage public health settings in Somalia. Working towards regulating electoral candidacy for Somali women could help alleviate challenges associated with poverty and misuse of resources and give more access to financial supports from other high income countries. Therefore, women are recommended to pursue political ventures and candidacy.

A new concept for public health Somali leaders and managers is found on figure 1.

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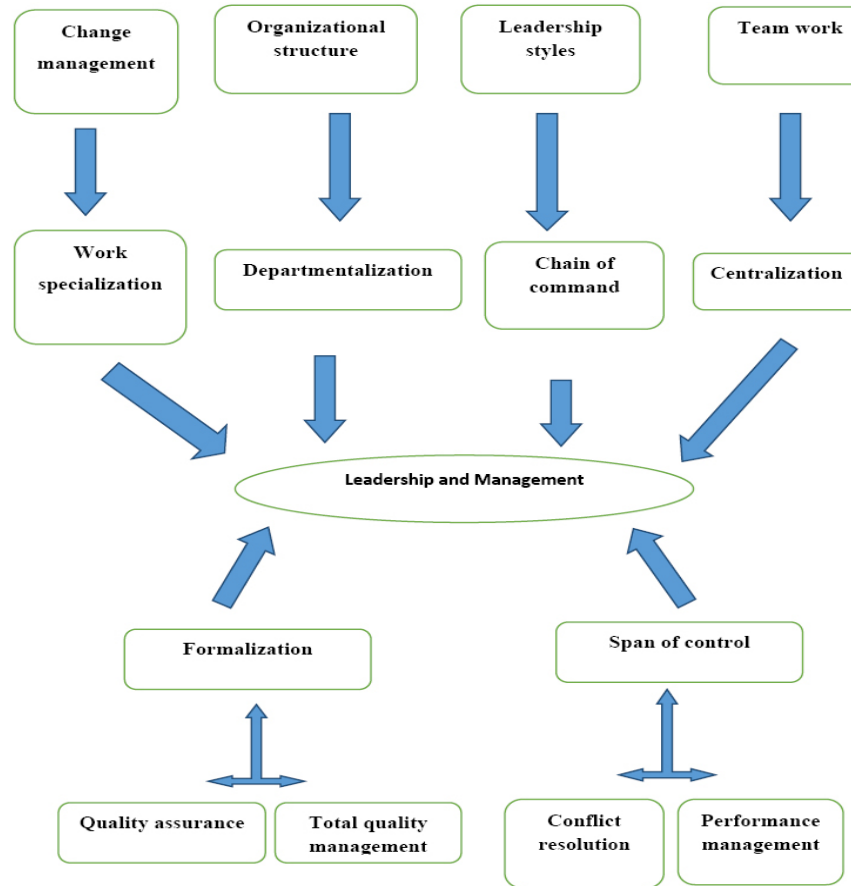


Figure1. *New concept on Somalia’s public health leadership and management*

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