Leadership Training in Schools

Anupam Kirtivardhan, Department of Management,
Galgotias University, Yamuna Expressway
Greater Noida, Uttar Pradesh
Email ID: anupam.kirtivardhan@galgotiasuniversity.edu.in

ABSTRACT: We analyzed the impact of training in public health leadership on the willingness of public health leaders to conduct competencies resulting from the list of "Ten Essential Public Health Services" provided by the Public Health Functions Project Steering Committee in 1994. The Northeast Public Health Leadership Institute's graduate scholars were assessed to assess ability level gaps in 15 fields of expertise before and during school. After program completion, surveys were completed. The training curriculum enhanced the learners' skill levels in all 15 fields of expertise. A relationship between the level of use of the capability and the change observed has also been established. Training initiatives for public health leadership are successful in developing public health employees' skills.

INTRODUCTION

The wake of the terrorist attacks of 11 September 2001 and the possibility of more attacks by biological means pulled public health out of the darkness and put it in a more prominent position for the defense of the country. However, the need for an adequate public health system, which is an important aspect of competent leadership, has only compounded these threats. Significant developments are now impacting public health and need focus, including managed care alternatives to health care and changing populations [1]. In addition, since public health organizations provide whole populations with population-focused programs rather than individualized care, there is an increased demand for public health professionals capable of overseeing initiatives to ensure the reliability and quality of these facilities [2]. These current and emerging tasks create a challenge for the public health industry to reassess and develop the capabilities of its workforce. Those who agree that continued preparation in new expertise areas will help enable public health practitioners and stakeholders to be more successful in adapting to ever-changing public health issues have expressed the need for knowledge building.

Management and leadership competencies are among those unique competence fields commonly listed. Findings from a 1997 survey found that 78 percent of local public health officials lacked graduate degrees in public health, and all reported minimal continued education opportunities. Porter et al. acknowledged that the 1988 study by the Institute of Medicine, The Future of Public Health, pointed to the need for training in management and leadership. Other reports have cited a related need and have suggested training in public health practitioners in many fields of management and leadership skills [3][4]. The public health sector is undergoing a significant push by public health leaders to understand their responsibilities and improve the expertise and abilities required to perform much-needed care as a direct result of this apparent need for preparation.

The multidisciplinary nature of public health, however, includes expertise in a multitude of fields of expertise. For instance, surveys have shown that a broad variety of management-related subjects have been included in effective programs aimed at enhancing the management skills of public health managers [5]. The list of "Ten Essential Public Health Services" proposed in 1994 by the steering committee of the Public Health Functions Project in a consensus declaration titled Public Health in America implemented this notion of multidisciplinary preparation [6]. The list included community-oriented programs that, as an infrastructure, need a competent public health workforce with basic skills and expertise in public health research, analytics, communication, and program preparation and policy development.

Such intensive leadership training is provided by the Northeast Public Health Leadership Institute (NEPHLI). NEPHLI, associated with the University Of Albany School Of Public Health and the State Health Department of New York, meets the need for stronger relations between public health colleges and health departments outlined in the Pew Health Professions Commission's report [7][8]. NEPHLI is part of a network of leadership institutes for public health established throughout the United States. It delivers training consisting of a year-long experience curriculum aimed at developing and enhancing existing and prospective public health practitioners' leadership skills. Participating researchers obtain practical knowledge from specialists in a number of disciplines. Topics addressed include guiding others, assessing and strengthening public health efficiency, establishing collaborative alliances and collaborations, risk coordination, team bonding, community problem solving, adapting to the demands for cultural diversity and expertise, and emergency preparedness planning. The primary objective of NEPHLI is to train emerging leaders in their organizations from state and local public health departments and allied public and private organizations to broaden their vision of public health policy, practice, and collaboration and to promote enhanced decision-making. The public health sector is undergoing a significant push by public health leaders to understand their responsibilities and improve the expertise and abilities required to perform much-needed care as a direct result of this apparent need for preparation [9][10]. Education for professionals from Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont is supported by NEPHLI. The goal of this analysis was to examine the influence of leadership preparation on a series of competencies drawn from the "Ten Essential Public Health Services" outlined in the Consensus Statement on Public Health in America.

METHODOLOGY

Survey and Study Contestants

The survey was structured to determine the influence of NEPHLI on the competencies of the academics relevant to the "Ten Essential Public Health Services" outlined in the declaration of consensus on Public Health in America. The areas of competency explored in the study were customized to illustrate NEPHLI's mission and objectives. With an emphasis on leadership and administrative skills and knowledge, fifteen areas of competence were developed. Each of the 15 items asked respondents to rate their competency level before and after receiving NEPHLI training, as well as the frequency of their use of each of the competencies. On an ordinary scale (1= low, 5= high), responses were scored.

Data Analysis

Before and after engaging in the leadership training program, the change in the standard of each of the 15 competency areas was used to assess progress (or decline). The statistical importance of these improvements was tested using Student t measures. Another comparison was meant to analyze improvements in the degree of competence by frequency of usage. The level of use of each of the competency areas was recoded into "high" or "low" use due to the comparatively limited sample size. With the t tests, the relationships were checked for relevance. The association between the professional status of the scholar and the shift in degree of competency was also investigated. Positions were labeled as "director/assistant director" or "other." The analysis analyzed the change in the number of respondents who considered their ability level as "high" before and during the training program to better assess improvements in competency levels. To determine if the proportions were substantially different, Chi-square tests were used. The relationship between the frequency of use of the skills and the number of scholars with "high" ability levels was also checked with χ, as was the status of the scholars at work.

RESULTS

NEPHLI scholars from the classes of 1998, 1999, 2000, and 2001 were represented by the 114 research participants. There were 32 academics from the 1998 class, 30 from the 1999 class, 30 from the 2000 class, and 24 from the 2001 class. Two scholars have not finished their year-long preparation and have not been part of the assessment. More than half of the test cohort consisted of women (69.3 percent). Sixty percent of the researchers held a master's degree, one quarter of whom had MPH degrees. In public health, medicine, philosophy, education, or nursing, a net total of 15 percent had doctoral degrees. Of this party, six percent had MPH and doctoral degrees. Ninety-nine per cent of the researchers were at least middle managers, defined as directors or assistant directors for research purposes. Assistant commissioners and county health officials were also included in this cohort. 81 (71.1 percent) of the 114 scholars who completed training during the period from 1998 to 2001 replied.

CONCLUSION

The area of public health has been steadily playing its role in solving public health issues until recently. Recent events, however, have contributed to that position and put public health at the forefront of the efforts of the country to strengthen its readiness. The need to improve public health facilities has been strengthened by such a burden. A crucial step in developing the resources required to overcome public health issues is the creation of trained and competent public health leaders. The Institute of Medicine article, The Future of Public Health, acknowledged in 1988 the value of the growth of leadership in public health. This resulted in the creation of the National Public Health Leadership Institute by the Centers for Disease Control and Prevention and then the funding of state and regional leadership institutes. This research explored the efficacy of a preparation curriculum for leadership in developing the capabilities of its graduates. Results found that in all of the 15 competencies tested, which were drawn from the "Ten Essential Public Health Services" identified in the Public Health in America consensus document, the curriculum increased the capacity levels of the academics. The biggest gains have been made in the ability to deal with and respond to progress in the profession of public health and to use the media and other forums to warn, educate and inspire people about health concerns.

More than ever, these two capabilities are important considering the problems facing the public health workforce. The findings also found an association between the frequency of use and improvement for certain competencies in the skill levels. Such a partnership illustrates the relevance of tailoring leadership activities to the desires and needs of participants. The program would have to be adapted to the needs of its constituents through particular leadership organizations. For example, issues of cultural and ethnic diversity should be highlighted in leadership preparation for public health employees living in communities with a large representation of minorities. Focusing training on resource mobilization and cooperation with other public health and non-public health organizations and organizations could be considered in leadership training in regions with a greater risk of terrorist attacks. In conclusion, the growth of leadership is an important aspect in the efforts of the country to strengthen the framework for public health. In order to improve the overall competency of the workforce, preparation of public health practitioners must include organizational skills and expertise.

REFERENCES

[1] School Education Department of Education & Training, "Professional Learning in Effective Schools: The Seven Principles of Highly Effective Professional Learning," *Knowl. Ski. Build. a Futur.*, 2005.

[2] T. Wrigley, "Leaders and Leadership in Education," *Improv. Sch.*, 2002, doi: 10.1177/136548020200500317.

[3] C. Day, Q. Gu, and P. Sammons, "The Impact of Leadership on Student Outcomes: How Successful School Leaders Use Transformational and Instructional Strategies to Make a Difference," *Educ. Adm. Q.*, 2016,

doi: 10.1177/0013161X15616863.

[4]   P. E. Roush and L. Atwater, "Using MBTI to Understand Transformational Leadership and Self-Perception Accuracy," *Mil. Psychol.*, 1992, doi: 10.1207/s15327876mp0401_2.

[5]   H. Thomas and L. Thomas, "Perspectives on leadership in business schools," *Journal of Management Development*. 2011, doi: 10.1108/02621711111133037.

[6]   L. Mitgang, "The making of the principal: Five lessons in leadership training," *Wallace Found.*, 2012.

[7]   D. DeMatthews, "Making Sense of Social Justice Leadership: A Case Study of a Principal's Experiences to Create a More Inclusive School," *Leadersh. Policy Sch.*, 2015, doi: 10.1080/15700763.2014.997939.

[8]   M. L. Hörnqvist and E. Leffler, "Fostering an entrepreneurial attitude – challenging in principal leadership," *Educ. Train.*, 2014, doi: 10.1108/ET-05-2013-0064.

[9]   A. Y. M. Ng, "School leadership preparation in Malaysia: Aims, content and impact," *Educ. Manag. Adm. Leadersh.*, 2017, doi: 10.1177/1741143216662922.

[10]   C. M. Miller and B. N. Martin, "Principal preparedness for leading in demographically changing schools: Where is the social justice training?," *Educ. Manag. Adm. Leadersh.*, 2015, doi: 10.1177/1741143213513185.