Improving Health Care Services and Delivery: Public Health Leadership Can Be a Force for Change in Sierra Leone

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Abstract

The Organizational Change Model by Lewin has been identified as a good fit for providing a solution to improving health care since the 1940s. Developed by Kurt Lewin, the Theory of Organization Change can applicable to improving health care (Mind Tools, 2017). This paper provides Lewin’s Social Change Model as one possible avenue to improving healthcare in Sierra Leone. Key points we must remember with this model is that you start by creating the motivation to change (unfreeze); you move through the change process by promoting effective communications and empowering people to embrace new ways of working (change); and you return the organization to a sense of stability (refreeze), which is so necessary for creating the confidence from which to embark on the next, inevitable change (Mind Tools, 2017). Today, there is the need for public health leadership as we address health care services delivery in Sierra Leone. We need to have a strong sense of leadership and improve health care services delivery to keep up and achieve the Millennium Development Goals (MDGs). By addressing issues of public health leadership along with effective delivery of health care services, public health leaders can optimize the uptake of health care services and ensure that the overall community health becomes a major part of the development process. This manuscript describes key lessons that we can learn in this process. Finally, reflections for research practice and social policy are included.

Introduction

Over the last few years, Sierra Leone made progress on achieving the millennium development goals (MDGs) in a few areas on the face of a dismal health. With the minimal progress, more could be done in other areas identified to improve health outcomes. As the overall health of Sierra Leone faces many challenges, there is a general view that the health care sector in Sierra Leone need to promote positive social change because of its dismal health. With a declining health indicator, Sierra Leone’s health indicators are poor (Renner et al, 2005, pg. 2). Sadly, Sierra Leone is still among the worst in the world in terms of life expectancy and other health measures (WHO, 2017). In order to meet the objective of the MDGs, one of the areas of health care that has caught the attention of public health leaders in both the public and private sectors is how to implement public health intervention that improve healthcare services and delivery.

Importantly, achieving social change as it pertains to health care delivery while implementing effective and appropriate health services and delivery has faced much scrutiny as result of the dismal health in Sierra Leone. Therefore, addressing public health problems and the dismal health in Sierra Leone has become an area of interest to many. To address the dismal health, government and non-government agencies have allocated resources to address the health care issues and public health leadership. Today, public health leaders have identified models for
positive social change in healthcare that will bring good health outcomes in Sierra Leone. In this paper, I discuss the health care service delivery in Sierra Leone and provide a brief description of public health leadership and healthcare services. Additionally, several proposals are presented in this paper to help public health leaders understand the process and models of the social change process using Lewin’s Model of Organizational Change with the purpose of improving health care services in Sierra Leone. In this regard, Lewin’s Model of Organization Change is identified as a good fit in terms of leadership style to improve health care services in Sierra Leone. Furthermore, I propose applying the Lewin’s 3 step model planning could be an approach that will improve health care services in Sierra Leone.

Description of the current public health leadership and healthcare issues in Sierra Leone

In Sierra Leone, the Ministry of Health and Sanitation (MOHAS) is the statutory body responsible for coordinating health interventions and actions. The Ministry is accountable for the upkeep of all public health services. While a lot of effort in health policy development has focused on provision of appropriate health care services in Sierra Leone, I examine the health care infrastructure and identify health care issues in Sierra Leone. To date, a lot of health care services are underway in Sierra Leone yet much innovative programs are needed to improve health outcomes. Following the Ebola outbreak which occurred between the years 2014 – 2016, health care in Sierra Leone has faced many challenges. It is no doubt access to healthcare services is a major public health issue and a major subject in the public policy development discussion. Mason (2009) suggest that, “the existing shortage of skilled health workers in Sierra Leone, which has been aggravated by the Ebola outbreak, might also negatively affect the provision of health services. In order to address the health care issues in both private and the public health sector in Sierra Leone, we need to improve access to health care and medicine. Additionally, we need to inform health care providers to move away from public health practice in a single setting and involve multiple agencies including federal, state and local Non-government Organizations (NGOs) in health care. This means we must address health care delivery services whereas a multi-dimensional approach is the emphasis. This multi-dimensional approach must be encouraged at all levels in order to improving health care services and obtaining positive health outcomes in Sierra Leone.

However, to improve health outcomes in Sierra, this means that public health policy in Sierra Leone must address the social, economic and environmental conditions if we want to improve health in communities. In terms of life expectancy, Sierra Leone turns out to be less healthy compared to other rich countries such as Japan (Marmot, 2005, pg. 1099). Not only is Sierra Leone doing poorly in terms of life expectancy and other leading health indicators, the national health system has experience challenges in all areas of health. Some countries do a better job in reducing the socioeconomic inequalities and other social determinants of health or mitigating their impact on children’s health and development than others.

It is important to point out that, “the health and social problems determined to be correlated with health inequities and inequality tend to be treated by policy makers as if they were quite separate from one another, each needing separate services and remedies (Wilkinson et al, 2010, pg. 26). Wilkinson et al (2010) argues that health interventions must have a holistic inclusion of
the social determinants of health. To ensure equal chance at a healthy life in Sierra Leone, needless to say we need to address the lack of access to healthcare, the high maternal and infant mortality, high rates of teenage pregnancies, and violence against women, high unemployment and illiteracy rate. These are all public health issues that we must address in Sierra Leone to improve health outcomes and promote positive social change in communities.

In Sierra Leone however, there are seemingly strides underway to promote positive social change and improve health outcomes by way of public health programs for pregnant women and children. For example, the implementation of Free Health Care Initiative (FHCI) for pregnant women, breast feeding mothers and children under five years of age have been implemented by the government to help improve outcomes for this population. The Free Health Healthcare Initiative in Sierra Leone included a health policy to make healthcare cost at minimal for pregnant mothers and lactating (under-five years of age) children (Global Health Check, 2010). This policy sanctions that pregnant women and children have a right to health. A significant feature of this healthcare initiative to the population health in Sierra Leone is the government’s provision of “free access” to the health care delivery system. Because of this initiative, women have access to antenatal care and deliver at the facilities and access post-natal care in the first year of the Initiative (Global Health Check, 2011). It is possible this action will improve healthcare delivery and improve health outcomes.

**Sierra Leone: Health Literacy and Cultural Awareness Issues to Consider**

Health literacy and cultural awareness are two important concepts to understand when developing health policy. In other words, we need to understand that people are likely to skip necessary medical test in disease prevention without clear health information and understanding of the information. To promote positive social change and improve health outcomes in Sierra Leone, we need to address health literacy and cultural issues. In Sierra Leone, an important consideration in developing health policy must address cultural factors. Without considering culture, we cannot begin to explain why Sierra Leoneans lack access to health care services. As public health professionals, we need to recognize and address the unique culture, language and health literacy of diverse consumers and communities. Public health leaders need to communicate effectively with consumers within communities in performing their role. It is also important to point out that public health professionals have a role to improve health literacy in our society. Health literacy skills are used to make sense of health information and services or provide health information and services to others (CDC, 2011). Without clear information and an understanding of the information’s importance, people are more likely to skip necessary medical services.

In Sierra Leone, an important issue to consider with the concept of health literacy and cultural awareness is trust – believing and having trust in the healthcare system. In Sierra Leone, individuals refuse to access healthcare because they do not have trust in the healthcare system. Because they have no trust in the healthcare system, individuals often refuse to seek preventive treatment. Reasons that Sierra Leoneans refuse or reluctant to attend health facilities can often be attributed to the unofficial user fees that are currently being levied – which many in Sierra Leoneans, particularly in rural areas, cannot afford. This is significant contributing factors to the country’s high rates of child and maternal mortality (Unicef, 2010). To deal with trust issue, we
need a health policy that will address resistance in accessing healthcare services. Similarly, we need to understand that cultural factors have a role in public health policy development. We need to understand that cultural factors within a community will cause individuals to have a sense of ownership and inclusiveness of the whole among individuals in the community.

It is shown that the literature on health care has documented avenues to address healthcare issues by identifying models for positive social change and good health outcomes. To address public health leadership and governance of health care issues in Sierra Leone, it requires that we seek public health intervention that will inform public health policy and aid public health leadership in health care among providers and stakeholders. Next in this paper, I discuss public health leadership with bearing on the public health leadership issue in Sierra Leone. In order to discuss development in the health sector, we must understand public health leadership as public health leadership is critical for effective and efficient running of public health organizations.

Public Health Leadership and Situation in Sierra Leone: Focus on Health care Services

One of the possible public health leadership themes focusing on health care services to solve public health problems in Sierra Leone has to do with understanding the situational characteristics that affects leadership effectiveness. In Sierra Leone, most of the health care leadership issues can be applied to the view presented by Fiedler’s Contingency Model which suggest that, “leadership effectiveness is a function of the match between the leader’s style and the leadership situation “(Nahavandi, 2014, p.68). In Sierra Leone, most of the health care leaders could benefit from training in leadership as the health care policy does not keep up with the changing public health landscape and situation. According to Nahavandi (2014) the primary function of the contingency view is that the personality style, or behavior of effective leaders depends on the requirements of the situation in which the leader finds themselves. Additionally, this approach suggest that: (1) There is no one best way to lead; (2) The situation and the various relevant contextual factors determine which style or behavior is most effective; (3) People can learn to become good leaders; (4) Leadership makes a difference in the effectiveness of groups and organizations; and (5) Personal and situational characteristics affects leadership effectiveness (Nahavandi, 2014, p. 67). Among the many theories in the modern era, one of the possible theories identified that could be used to improve healthcare in Sierra Leone to create a lasting change among followers is Lewin’s Social Change Model. This model and its application to the healthcare crisis in Sierra Leone are discussed in the sections following.

Lewin’s Social Change Model and Health Care in Sierra Leone

Developed by Kurt Lewin back in the 1940s, Levin’s Theory of Organization Change can be used as a possible leadership theory to improving healthcare and resolving health issues in Sierra Leone. The Lewin’s model for change is a good fit for providing a solution to the health care crisis in Sierra Leone as understanding the process and course of change with this model can help leaders plan and implement change more successfully (Nahavandi, 2014, p. 282). In order to develop an effective health policy to improve health care service across diverse settings in Sierra Leone, we must understand and emphasize effective leadership whereas we can apply effective leadership theories to assist in leadership success across diverse landscapes of public health
problems. Among the many leadership theories available in public health practice, the leadership theory that is fitting with the health care crisis in Sierra Leone is Lewin’s Social Change Model. Key points we must remember with this model is that you start by creating the motivation to change (unfreeze); you move through the change process by promoting effective communications and empowering people to embrace new ways of working (change); and you return the organization to a sense of stability (refreeze), which is so necessary for creating the confidence from which to embark on the next, inevitable change (Mind Tools, 2017).

**Applying Lewin’s Change Theory to the Health Care Crisis in Sierra Leone**

Applying Lewin’s Model of Change requires that we provide direction in practice and help healthcare providers understand the desired change. In developing an effective health policy to deal with the serious public health problem and healthcare crisis in Sierra Leone, it is important to understand that one of the factors that must be considered to bring successful change is relying on change agents and setting positive examples as a way of encouraging others to adopt the change (Nahavandi, 2014, p. 299). One of the ways to apply Lewin’s Model of Change in communities is to avert resistance to change by carefully planning and involving other leaders and stakeholders to identify solutions and solve the health care crisis in Sierra Leone. In other words, don’t approach change alone. Rather, we should carefully plan how to involve other stakeholders in the fight to resolve the health care crisis in Sierra Leone for successful change. According to Nahavandi (2014) involve stakeholders and winning over opinion leaders who are respected in the community for their support for change will move implementation along much faster. This means we must involve local health workers in the process and develop health policy that recognizes the need for change in health care practice. Health policy developers must also develop health policy that is also culturally appropriate to effect a health policy that will bring success to health programs across practice settings.

Another way to apply the theory is to set up a pilot program because seeing a successful example goes a long way to convince followers that things may actually workout (Nahavandi, 2014, p. 299). Leading by example is necessary as it leads to transformational change. Transformational leaders work to enhance the motivation and engagement of followers by directing their behavior toward a shared vision. While transactional leadership operates within existing boundaries of processes, structures, and goals, transformational leadership challenges the current state. This leadership style is change-oriented. It is a leadership style that is preferred with leaders who appeal to group interests and notions of organizational success. Along with setting a pilot programs, we can also involve people who are excited about the change and enlist their help in communicating with other stakeholders in the process. Next, in this paper, getting the support from the community leaders in developing an effective health policy is discussed.

**Getting Support from the Community and Health Policy Development**

In terms of health policy development, there are many ways public health professionals can get the community involved and get the support of the community. Earlier in this paper, I discussed the importance of having a culturally appropriate health policy that will bring success to health programs. Now, I will address the many ways health professionals can get the community
involved in health policy development. In this section, I address how to get the community involved in health policy development. One example of how you can get the support of the community or get the community involved in health policy development is to involve the leaders; use traditional and spiritual leaders in the community. We also need to involve those that speak the language of the individuals in the community. Another way you can get the support of the community is to reach out to many different cultures within that community.

As public health leaders, we get the community to be part of the voice when developing a health policy by establishing a health system for listening to the voices of the individuals within the community. This is needed especially during the reconstruction phase of health programs as this is a way to gain an understanding of socio-cultural issues and how they affect people’s physical and mental health (Sugimoto, et al, 2012). It is important to point out that health is a multi-faceted concept whose definition varies at different stages of the life cycle. Sugimoto et al (2012) suggest that, “public health interventions may ultimately prove more harmful than beneficial for some segments of the population, if the interventions fail to take into account or to alleviate the fears and concerns of the people they target.”

Earlier in this paper, I gave Free Health Initiative as an example of a health policy that is in use in Sierra Leone to promote positive social change and reduce health inequities. Another successful public health intervention in Sierra Leone that is in use to reduce health inequities is The Expanded Program on Immunization (EPI) in Sierra Leone. A recent report from the Ministry of Sanitation and Health (MoHS) (2014) indicate the function of EPI is “to reduce the burden of diseases attributable to vaccine preventable diseases.” It is one of the frontline public health programs under the Directorate of Reproductive and Child Health (RCH) within the Ministry of Health and Sanitation. In Sierra Leone, EPI services are delivered through a network of Primary Health Care (PHC) facilities generally referred to as Peripheral Health Units (PHUs). Started on a small scale and evolved over the years amidst the challenges of contemporary times, “the EPI serves as a convenient vehicle for the effective integration of other relevant programs into the mainstream of PHC” (MoHS, 2014).

**Recommendation for Improved Health Outcomes in Sierra Leone**

Giving that Sierra Leone has one of the worst health outcomes in the world for averting deaths from women in childbirth, we need to focus on reducing child mortality and maternal deaths if we want to promote social change and improve health outcomes. It is also important to point out that Sierra Leone has experienced and continues to experience serious health issues. The health of population in Sierra Leone is impacted for various reasons to include lack of trust in the health care, poverty and unequal distribution of wealth. The lack of trust in the healthcare system and other factors are serious issues to deal with in population health in Sierra Leone. The lack of trust and host of other factors explains why a very huge number of supposed beneficiaries of the Free Healthcare Initiative would not go to the health centers even for free to obtain medical health services. Beneficiaries of the Free Healthcare Initiative prefer to go the local herbalist or traditional Birth attendant because they lack trust in the healthcare system (Global Health Check, 2011).

Another reason for the serious healthcare issues in Sierra Leone is partly because the country’s healthcare system lacked the capacity to respond to public health threats such as the
EVD and other infectious disease. To mitigate the impact from EVD and other infectious disease such as HIV/AIDS, malaria and tuberculosis, and other diseases in Sierra Leone, we need to build on the present health infrastructure to improve on health policy by conducting free health seminars at different regions in the country, especially in the hard to reach areas where access to health care is a difficult and not available at the community level to address public health issues and individual health issues. In addition, we need more health care initiatives that cater to everyone in the community. This includes adding more health centers and hospitals to the current capacity. Additionally, we need to target upstream determinants of health; put in place a strong health system that will address social determinants that influence health outcomes in Sierra Leone.

It is important to note here that to prevent diseases in our communities public health practitioners implement upstream interventions that aim to remove health inequities in communities. Through community engagement efforts, public health practitioners implement upstream interventions thereby improving health of citizens within communities. The upstream intervention approach, “seeks to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision making; they are about diminishing the cause of the causes.” (National Collaboration Center for Determinants of Health (NCCDH) (2010). This approach to disease prevention is widely utilized in communities because it addresses the social, economic, and environmental conditions. Reducing health inequities using public health interventions has succeeded in making nation’s healthy. For disease prevention, health experts therefore design interventions at the community level that target and reduce health inequities in society by implementing upstream intervention.

Lastly, we need to assess who is disadvantaged, when, where and why, how this is impacting their health, at what points along these models action can be taken to address this, and by taking the necessary measures (European Commission, 2006). We can do this by mobilizing a wide range of actors to work together towards the common goal of achieving health equity, reducing disparities and reducing health inequities in particular.

**Conclusion**

It is time Sierra Leone improve healthcare services and delivery! To improve healthcare and service delivery, we need to look at other countries such as Cuba where the government operates a national health system and assumes fiscal and administrative responsibility for the health care of all its citizens. We have to hold private clinics and healthcare providers accountable for the type of services they provide to ensure citizens obtain healthcare services they can afford. As a nation, we have to strive for a healthcare system that is based on preventive medicine and utilize the upstream approach to healthcare for everyone! In conclusion, we must emphasize better planning models toward Lewin’s 3 step model planning. As scholar-practitioner and social change agents, we must recognize need for transformational change to improve health care services and the health care delivery process. This process will require that aspects of planning and evaluation begin early in the change process in order to experience positive social change and good health outcomes that would have a lasting change.
References


