

Leadership within a global context



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Leadership within a Multicultural Public Health Environment Irrespective of the leadership skills acquired, leading a public health facility can be very challenging, especially if the people involved come from different cultural backgrounds (Hofstede, 2010). A multicultural environment comes with various challenges, particularly when a leader has to unite and harmonize all the parties involved (Bücker & Poutsma, 2010). Since teamwork is an essential factor in any leadership situation, a multicultural public health leader will have to deal with the challenges that arise out of a bid to create a formidable team. In essence, resilience to change and cultural intolerance /discrimination are the major challenges that a leader is faced with in a multicultural public health environment (Dowell, Tappero, & Frieden, 2011). This paper describes the two major challenges associated with multicultural leadership in the public health sector and the probable strategies of countering the challenges.

Multicultural leadership is perhaps the most taxing form of difficult since the followers and juniors hold extreme opinions about various aspects and operational procedures within the organization (Hofstede, 2010). The public health sector is not an exception although public health practitioners are known to uphold the highest ethical standards. In this respect, cultural intolerance and discrimination is commonplace in a multicultural environment such as health care facilities (Bücker & Poutsma, 2010).

Leaders in these situations have to control and manage clients, patients, and medical practitioners with extreme and skewed perceptions of other cultures. Furthermore, strangers and foreigners are the common victims, especially when public health leaders have to harmonize the whole workforce (Dowell, Tappero, & Frieden, 2011).

Although many health practitioners claim to embrace change, their actions depict resilience. For instance, the Hawaii earthquake tragedy of 2010 exposed a public health sector that was complacent with mediocre medical health services (Mäkilouko, 2004). Fundamentally, reluctance to change and adopt new technologies or new ways of thinking is an issue that is ailing the public health sector. Certainly, the problem hits right in the face of public health managers who bear the responsibility of running the sector. Difficult and uncooperative health practitioners are commonplace in a multicultural health facility and it is the responsibility of the public health leader to ensure uniformity within their respective areas of control (Hofstede, 2010).

Since every problem has a solution in the background, public health leaders can also develop practical strategies to take care of the challenges of multicultural health systems. Primarily, Dowell, Tappero, and Frieden (2011) state that public health leaders operating in a multicultural environment have to encourage their followers or those under them to develop a global mindset that will take them out of their cultural cocoons. Additionally, it will ensure that various stakeholders will accept different facets of the society and be more open to global boundaries as opposed to confining themselves within their cultural networks (Bücker & Poutsma, 2010).

Cross-cultural competence is another key strategy that will go a long way in bridging the cultural gap that exists within the multicultural public healthcare system (Bücker & Poutsma, 2010). Public health leaders will aim at acquiring and dispensing skills and knowledge that are essential in managing a cross-cultural health environment (Mäkilouko, 2004). Perhaps it is worth noting that cultural competence goes hand in hand with cultural intelligence that entails a good mastery of the emotional, rational, and social aspects of

various cultures so that one can embrace different cultures (Hofstede, 2010).

Lastly, intercultural sensitivity is a major strategy that can inform and educate a public health leader about various cultural aspects so that they can treat each culture properly (Hofstede, 2010). It essentially means that a public health leader managing a cross-cultural health system or facility has to be robust in terms of cultural awareness in order to respond to every cultural context appropriately and adequately (Bücker & Poutsma, 2010).

References

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