

RAZVOJ LIDERSTVA ZA TRENERE JAVNOG ZDRAVLJA U MEGHALAJI, INDIJA - ANALIZA POTREBA ZA OBUKOM

LEADERSHIP DEVELOPMENT FOR PUBLIC HEALTH TRAINERS IN MEGHALAYA, INDIA - A TRAINING NEEDS ANALYSIS

Dipika Bumb
Ramaiah International Centre for Public Health Innovations, India

SAŽETAK

Efikasno vodstvo u javnom zdravstvu ostaje ključna, ali nedovoljno istražena dimenzija u jačanju zdravstvenih sistema u uslovima ograničenih resursa. Vlada Meghalaje predviđa tranziciju Regionalnog centra za obuku u oblasti zdravstva i porodične zaštite (RHFUTC) u nodalni centar na državnom nivou za razvoj zdravstvene radne snage. Ova strateška vizija ima za cilj da osnaži fakultet RHFUTC-a kao ključne donosiocice odluka i liderske oslonce u obrazovanju i izgradnji kapaciteta u oblasti javnog zdravlja. Ostvarivanje ove ambicije zahteva jačanje njihovih kompetencija izvan rutinskog pružanja obuke, posebno identifikujući njihov stil vodstva, emocionalnu inteligenciju, sistemsko razmišljanje, otpornost i stratešku komunikaciju, između ostalog. Takođe je potrebna međusektorska saradnja sa akademskim institucijama i državnim zdravstvenim sistemima poput Nacionalne zdravstvene misije (NHM) i kaskada liderskih kompetencija za zdravstvene radnike na nivou lokalnih zajednica i okruga. Program LEAD-PHT (Obogaćivanje i razvoj liderstva za trenere javnog zdravlja) je osmišljen primenom Kernovog okvira od šest koraka u tri faze, naime, Analiza potreba za obukom: Razvoj i implementacija kurikuluma i evaluacija. Na ovoj konferenciji fokusiramo se na dizajn i ključne nalaze Analize potreba za obukom (ATP). Ona je sprovedena kao prvi korak u ovom transformativnom putovanju, koristeći istraživački sekvencijalni mešoviti dizajn metoda. Ovaj dizajn je obuhvatio niz studija: (1) opsežan pregled globalne i nacionalne literature (2) Detaljne intervjue sa ključnim informatorima i potencijalnim učesnicima radi istraživanja perspektiva zainteresovanih strana; (3) anketu o spremnosti i samoeфикаsnosti među nastavnicima RHFUTC i instruktorima okružnih medicinskih sestara (DNI); (4) vežbe mapiranja kompetencija; i (5) validaciju Okvira liderskih kompetencija i strategija razvoja kurikuluma putem modifikovane e-Delfi tehnike.

Studija je identifikovala nekoliko praznina u istraživanju: ograničene empirijske dokaze o liderskim kompetencijama koje su potrebne zdravstvenim trenerima u Indiji; odsustvo kontekstualno specifičnih, kulturno odgovornih programa za razvoj liderstva; i nedostatak strukturirane implementacije i evaluacije. Prethodna literatura se pretežno fokusirala na liderstvo za lekare i službenike srednjeg nivoa, zanemarujući mikrosisteme u kojima se obuka i mentorstvo odvijaju u praksi.

Rezultati ATP su direktno uticali na strukturu, sadržaj i pedagoški pristup konačnog kurikuluma. Ispitanici su identifikovali uočene nedostatke u sistemskom razmišljanju, međuljudskoj komunikaciji, upravljanju timom i rešavanju problema. Postojala je snažna prednost za strategije iskustvenog učenja kao što su diskusije slučajeva, igranje uloga, mentorstvo i aktivnosti uz podršku vršnjaka u odnosu na tradicionalne formate predavanja. Ovo je omogućilo davanje prioriteta kompetencijama na osnovu uočenih potreba i kontekstualne relevantnosti; istovremeno usmeravajući ciljeve u pogledu kompetencija, praćenje i evaluaciju programa. Ova formativna faza je uticala na zajednički dizajn kurikuluma za liderstvo za trenere javnog zdravlja, zasnovanog na dokazima i kontekstu, relevantnog za druga okruženja sa niskim i srednjim prihodima koja se suočavaju sa sličnim sistemskim ograničenjima.

ABSTRACT

Effective public health leadership remains a critical yet an underexplored dimension in health systems strengthening within resource-constrained settings. The Government of Meghalaya envisions transition of the Regional Health and Family Welfare Training Centre (RHFUTC) into a state-level nodal centre for health workforce development. This strategic vision aims to empower RHFUTC faculty as critical decision-makers and leadership anchors in public health education and capacity-building. Realizing this ambition requires strengthening their competencies beyond routine training delivery, specifically identifying their leadership style, emotional intelligence, systems thinking, resilience and strategic communication among others. It also necessitates cross-sectoral collaboration with academic institutions and state health systems like the National Health Mission (NHM) and the cascade of leadership competencies to healthcare providers at both grassroots and district levels. A LEAD-PHT (Leadership Enrichment and Development for Public Health Trainers) program was conceptualised applying Kern's Six Step Framework in three phases, namely, Training Needs Analysis: Curriculum Development and Implementation and Evaluation. In this conference we are focusing on the design and key findings from the Training Needs Analysis (TNA). It was undertaken as the first step in this transformative journey, employing an exploratory sequential mixed methods design. This design included a series of studies: (1) extensive global and national literature review (2) In-depth interview with key informant interviews and potential participants to explore stakeholder perspectives; (3) a willingness and self-efficacy survey among RHFUTC faculty and District Nurse Instructors (DNIs); (4) competency mapping exercises; and (5) validation of the Leadership Competency Framework and curriculum development strategies through a modified e-Delphi technique.

The study identified several research gaps: limited empirical evidence on leadership competencies required by health trainers in India; absence of context-specific, culturally responsive leadership development programs; and lack of structured implementation and evaluation. Prior literature has predominantly focused on leadership for physicians and mid-level officials, neglecting the micro-systems where training and mentorship unfold in practice.

The TNA outcomes directly informed the structure, content, and pedagogical approach of the final curriculum. Respondents identified perceived gaps in systems thinking, interpersonal communication, team management, and problem-solving. There was a strong preference for experiential learning strategies like case discussions, role plays, mentoring, and peer-supported activities over traditional lecture formats. This enabled prioritization of competencies based on both perceived need and contextual relevance; while also guiding competency wise objectives, monitoring and evaluation for the program. This formative phase informed the co-design of an evidence informed and contextually grounded leadership curriculum for public health trainers relevant for other low- and middle-income settings facing similar systemic constraints.