

ICMHS 2022 SPECIAL EDITION

RESEARCH ARTICLE

Intersectoral leadership on family planning programme performance: A prospective longitudinal study

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Keywords

Family planning
Intersectoral
Leadership
Performance

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Abstract

Background: There had been no research on shared leadership at the team level in diverse organisation. **Objective:** This study aimed to investigate the effect of shared intersectoral leadership on family planning programme's performance. **Method:** This was an observational study with a prospective longitudinal time series design. This study distributed questionnaires to 30 teams which were taken by simple random sampling to provide agreed answers. The measurement of the impact of shared leadership on performance was carried out three times. Linear regression was then used to analyse the data. The shared leadership team qualified as adequate. **Result:** The beta coefficient value indicated that shared leadership had a strong impact on the team's performance of the family planning programme with a value of 0.817- 0.824 ($p=0.000$). **Conclusion:** Once the shared leadership approach is effectively utilised, the team performance of family planning programmes will improve.

Introduction

In Indonesia, two bodies namely the Population Control and Family Planning Service and the Community Health Center are in charge of carrying out strategic plans for the family planning programme, including providing prospective acceptors with family planning services (Direktorat Jenderal Bina Kesehatan Ibu dan Anak, 2014). Based on the findings of interviews with the Family Planning (FP) Programme coordinator and the FP Programme extension coordinator in one sub-district, the impact of leadership in FP programme implementation remains low. Both parties' tasks are still being carried out independently. According to recent data, Lamongan Regency is among the lowest ten regencies in terms of active family planning participant coverage (70.93%), which is lower than the

East Java Province average (75.56%) (Dinas Kesehatan Provinsi Jawa Timur, 2021). To conduct family planning programmes in Indonesia, the concept of shared leadership is critical. Shared leadership is a sign of collaboration between two or more companies (Valaitis *et al.*, 2018) and has an impact on team performance (Martin *et al.*, 2018). Researchers define shared leadership as the division of leadership responsibilities among group members (Contractor *et al.*, 2012; Meuser *et al.*, 2016). Shared leadership is built on a deeper understanding than leadership that only includes one team member. Shared leadership entails participatory actions such as talking, persuading, giving proposals, and holding others accountable (Contractor *et al.*, 2012).

Another school of thought holds that interactions of team members responsible for managing activities which impact other members result in shared leadership. Consequently, both of the entire team's behaviors and outcomes are shaped and affected by the leadership network (Carson *et al.*, 2007). It means that shared leadership is not viewed as a substitute of vertical leadership (Hoch, *et al.*, 2010; Pearce & Sims, 2000) but aimed to improve teamwork effectiveness (Carson *et al.*, 2007; Ensley *et al.*, 2006).

So far, shared leadership research has only been undertaken in one or a few businesses. There is no research on shared leadership at the team level in various enterprises. Using group-consensus interviews in the family planning programme, the authors quantify shared leadership as the amount of responsibility assigned to a group. Therefore, this study aimed to investigate shared leadership's impact on the team performance of the family planning programme whose members belong to different organisations.

Methods

Purpose

The purpose of this study was to look at the impact of shared leadership on the functioning of a family planning programme team made up of individuals from several organisations.

Design

The study used an observational study using a longitudinal prospective time series design. In this study, the population consisted of the whole family planning programme team in Lamongan Regency, which consisted of 33 teams. The analysis unit and the study sample was from Lamongan Regency's family planning programme team. The team referred to in this study is the combination of two agencies: Community Health Centre staff (one coordinator and three midwives as representatives) and sub-district Family Planning Programme Extension (one FP programme extension coordinator and three FP programme extension agents as representatives). A basic random sample technique was applied in this investigation.

Assesment and Instruments

After the samples were calculated, 30 teams agreed to provide answers. Shared leadership and performance characteristics were assessed three times during a three-month period, from November, 2021 to January 2022.

A standardised instrument, *SPLIT* which stands for *Shared Professional Leadership Inventory*, was utilised to measure the shared leadership approach; task leadership, relational leadership, change leadership, and micropolitical leadership (Grille & Kauffeld, 2015). The performance of the family planning programme team was examined using two sub-variables: coverage of both new and active family planning participants. The two sub-variables are drawn from previously collected secondary data. Meanwhile, the item correlation coefficient and Cronbach's Alpha were used to measure validity and indicator reliability.

Ethical considerations

This study was approved by the Decree of the Faculty of Public Health Universitas Airlangga with reference number 39/EA/KEPK/2021.

Study model and hypothesis

Collaboration between teams from different organisations requires shared leadership. This is because shared leadership is needed in communicating, influencing, making suggestions and holding people accountable (Contractor *et al.*, 2012). Shared leadership is one of the indicators of collaboration (Valaitis *et al.*, 2018) and has an influence on team performance (Martin *et al.*, 2018). Researchers conceptualise shared leadership as the distribution of leadership functions among group members (Contractor *et al.*, 2012; Meuser *et al.*, 2016). The concept of shared leadership is based on a greater understanding than leadership that only houses one team member. Shared leadership entails interactive behaviors such as communicating, influencing, making recommendations, and holding other accountable (Contractor *et al.*, 2012). Shared leadership is not to replace vertical leadership (Pearce & Sims, 2000; Hoch *et al.*, 2010) but to increase the effectiveness of teamwork (Ensley *et al.*, 2006; Carson *et al.*, 2007).

The hypotheses proposed are as follows:

H1: There is difference of shared leadership between the three times of measurement

H2: There is difference of team performance between three times of measurement

H3: The shared leadership significantly affected the team performance

The data was analysed using Repeated Measures ANOVA and linear regression with the SPSS application.

Results

Shared leadership is an interaction effort between teams that involves communication, influencing, making suggestions, and holding people accountable. Based on Table I, it is clear that the shared leadership category was in the same category throughout the three testing periods, "good enough". Task leadership orientation has the highest average, whereas Micropolitical leadership orientation has the lowest average. The team performance of the family planning

programme was low in the first two measurement periods, but adequate in the third. The percentage of new family planning participants who had coverage changed. Every month, the percentage of active family planning participants who have coverage increase. The metric with the lowest percentage was coverage of new family planning participants. The measurement data of shared leadership and team performance were found to be different (sig. ≤ 0.050) based on the results of Repeated Measure ANOVA.

Table I: Shared leadership and team performance identification on interteam family planning programme for three months

Variables	Indicators	Average			Sig. RM ANOVA	Description
		T1	T2	T3		
Shared leadership	Task leadership orientation	2.77	2.77	2.77	0.027	Significant different (Hypothesis accepted)
	Relation leadership orientation	2.56	2.57	2.58		
	Change leadership orientation	2.53	2.55	2.56		
	Micropolitical leadership orientation	2.34	2.36	2.38		
	Average	2.55 (Good enough)	2.56 (Good enough)	2.57 (Good enough)		
Team performance	Coverage of new family planning participants	64.71	61.27	77.05	0.050	Significant different (Hypothesis accepted)
	Coverage of active family planning participants	93.43	93.70	93.39		
	Average percentage	79.07 (Low)	77.48 (Low)	85.22 (Enough)		

According to Table II, the team with excellent shared leadership perform well. Based on the findings of the linear regression test, the shared leadership

significantly affected the team performance ($p = 0.000$) with 0.817 - 0.824 influence strength.

Table II: Effect of shared leadership on team performance in the family planning programme

Time	Beta coefficient	p-value	t-value
T1	0.824	0.000	7.691
T2	0.822	0.000	7.637
T3	0.817	0.000	7.506

Discussion

Task leadership orientation has the highest average of shared leadership indicators, whereas micropolitical leadership orientation has the lowest average of shared leadership indicators in this research. The delegation of leadership functions connected to tasks (task leadership) among members is properly executed. Then, it is necessary to strengthen the division of leadership functions connected to networking and

resource allocation (micropolitical leadership orientation).

The linear regression test results showed consistency as the shared leadership directly impacted the family planning programme's team performance. A single leader impact on team performance has been the focus of vast majority of studies (Morgeson et al., 2010). Meanwhile, shared leadership is viewed as a new type of management (Pearce & Manz, 2005) which is particularly suitable for overcoming duty failures made

by a single leader, including escalating complexities of life at work. This study emphasises on how much the leadership function is distributed among team members. Hence, the single entity of leadership commonly done by a single leader might be shared or spread among a number of group members (Pearce & Sims, 2000; Carson *et al.*, 2007).

The findings of this study back up prior research that asserts leadership can exist as a shared group level phenomena and that shared leadership can be an important factor of group outcomes such as group effectiveness. Whereas vertical leadership comprises of one individual projecting downward influence on others, shared leadership entails shared influence among individuals (Pearce & Sims, 2000). Furthermore, shared leadership was found to predict client-rated team performance (Carson *et al.*, 2007) and to be positively connected to team performance (Small & Rentsch, 2011). Although the family planning programme team is made up of people from several organizations, shared leadership has the potential to influence the team's effectiveness.

The impacted areas of shared leadership implementation covered activities of coordination, commitment toward goals, and transmission of knowledge. They all had positively impacted the team performance. Every individual process aspect of the team had impact of mediation. However, the team performance was not directly affected by shared leadership (Han *et al.*, 2018). The team performance had a close association with shared leadership utilising knowledge transmission when mediating. The demographic diversity played an important role in modulating shared leadership - team performance relationship. This resulted in different findings in terms of diversity settings. In a more diverse team, the shared leadership had a stronger connection to the team performance. Inversely, in a less diverse team, the shared leadership – team performance connection was weaker (Hoch, 2014). According to the data, the sharing of all leadership responsibilities occurred to some levels, but not to the function of feedback delivery which was insignificantly shared compared to other functions of leaders. A more recent study suggested that situational factors may also influence shared leadership progress (Ramthun & Matkin, 2014), It has provided distinct hints about methods worth to be applied by practitioners in daily working situations to enhance the shared leadership (Grille *et al.*, 2015). In Indonesia, to implement the family planning programme, the shared leadership position is necessary for broadening the programme scopes. Team member might be involved in sharing some leadership responsibilities.

Conclusion

The performance of the family planning programme team can benefit from shared leadership. Every adjustment in one unit of shared leadership can result in more or less an 80% increase in team performance. The family planning programme team's performance will improve when shared leadership is executed more effectively. Shared leadership maintains an important role to achieve team success, regardless, the fact that the family planning programme includes people from several organisations. The limitation of this study is measurement of performance programme only from the number of family planning programme participants. Further research is need to measure performance based on their main duties and functions.

Acknowledgement

This research is part of the mandatory task in pursuing doctoral education. The authors are grateful to supervisors and leaders who provided collaborative support at the Faculty of Public Health, Airlangga University, Surabaya.

Source of Funding

This study was funded by Postgraduate Education Scholarships Domestic Affairs (BPP-DN) from the Directorate General of Resources for Science, Technology and Higher Education in Indonesia.

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