


Chapter 12


Collaborative Leadership Effect on Implementing Team–Based Healthcare by Mediation of Inter– Professional Education in the Horn of Africa

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ABSTRACT

In this chapter, the researchers focus on the relationship between collaborative leadership and team-based healthcare implementation, while giving special attention to the role of Inter-professional education in the region of Horn of Africa. The research has a sample size of 390 respondents and employs KMO measure of sampling adequacy, confirmatory factor analysis to validate measurement model, and structural equation modeling through AMOS software to test the relationships among the variables: Inter-professional education, collaborative leadership, and team based healthcare implementation. The results demonstrate that the effectiveness of Inter-professional education is significantly improved because of working in collaboration with other professionals which helps to achieve successful implementation

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of TBHC practices. The analysis emphasizes the role of Inter-professional education as an intermediate variable which links different kinds of leadership approaches with the healthcare results achieved.

INTRODUCTION

Over the last few years, the global perspective of the healthcare world has started to understand the importance of collaborative leadership and teamwork in achieving health goals. As health systems around the world began to integrate, the need for effective leadership that integrated different health care professionals became evident. In this chapter, the emphasis was placed on the role of collaborative leadership (CL) in the implementation of team-based healthcare practices within the African region focusing on the eastern part of Africa which had its own health inequalities and low resource availability (Moyo & Grywalski, 2024). The approach and concepts of collaborative leadership have evolved from the need to resolve complicated issues in healthcare that did not lend themselves to single discipline solutions. Emerging from participative and transformational leadership theories, the approach focused on joint decision-making, good communication, and the joint abilities of the team (Eaton *et al.*, 2024). This paradigm shift represented yet another realization that healthcare could not be delivered through vertical models alone; it required that professionals be combined in a makeup and employed in a manner designed to accomplish specific goals (Forde-Stiegler *et al.*, 2024). Evidence from past scholarship emphasized the positive relationships that exist among collaborative leadership and healthcare outcomes. Studies showed that leaders who fostered joint practices and Inter-professional relationships contributed significantly to the improvement of quality of care and satisfaction of the staff. On the other hand, a lot of the emphasis was placed on research done in the high-income countries and these largely left undeveloped important details on how such leadership models were put in practice in the context of resource poor settings particularly in the Eastern part of Africa where cultural and systemic factors affect their successful application (Stuber *et al.*, 2021).

The application of collaborative leadership practices in the Eastern part of Africa is also met with challenges such as: inadequate resources for conclusive Inter-professional education (IPE), lack of skill and cultural practices that impede healthy teamwork (Forde-Stiegler *et al.*, 2024). Most of the time, healthcare providers worked in soloed units which posed limitations on these providers with regards to inter-unit collaborations. These challenges highlighted the importance of not only the understanding of the barriers but also how leadership can assist in resolving those barriers in order to address the holistic integration of the healthcare system

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