

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/mjafi

Military Medicine

Leadership challenges in multinational medical peacekeeping operations: Lessons from UNIFIL Hospital



Col Rakesh Datta ^{a,1,*}, Col Sangeeta Khanna ^{b,2}

^a Professor, Department of ENT, Armed Forces Medical College, Pune 411040, India

^b Commanding Officer, 404 Field Hospital, C/o 56 APO, India

ARTICLE INFO

Article history:

Received 16 August 2017

Accepted 25 September 2017

Available online 15 November 2017

Keywords:

Peacekeeping

UNIFIL

Military medicine

Leadership

United Nations

ABSTRACT

Commanding a military multinational and multilingual healthcare facility can be a formidable task with very little margin for error. The authors were in leadership positions of UNIFIL Hospital, unique in its diversity of both staff and clientele. Experience about the challenges faced and methods adopted to overcome them will be shared. Troops from diverse backgrounds differ in their competency, and also in their attitudinal approach to situations. It is imperative for the medical commanders to identify these differences, and work towards harnessing individual strengths to form a cohesive unit. Frequent rotation of team members and thereby difficulty in adapting to new environment makes the tasks more challenging. Challenges can be broadly categorized in those dealing with functional roles (providing medical support) and command and control issues. Linguistic challenges especially in situations where professionals have to work as a coordinated unit remains a major challenge. The threat of medical errors arising out of misunderstandings is very real. Gender sensitization is essential to avoid potential unpleasant situations. Interpersonal conflict can easily go out of hand. The leadership has to be more direct and deliberate relying less on hierarchy and more on direct communication. A strict enforcement of UN standards for equipment and competence, frequent joint medical drills help to overcome interoperability issues and develop mutual confidence. Leadership in multinational UN hospitals is a demanding task with its peculiar set of challenges. A systematic and deliberate approach focused on mutual respect, flexibility and direct leadership can help medical commanders in such situations.

© 2017 Published by Elsevier B.V. on behalf of Director General, Armed Forces Medical Services.

* Corresponding author.

E-mail address: rakeshdatta@gmail.com (R. Datta).

¹ Formerly Commanding Officer, UNIFIL Hospital.

² Formerly Deputy Commanding Officer, UNIFIL Hospital.

<http://dx.doi.org/10.1016/j.mjafi.2017.09.016>

0377-1237/© 2017 Published by Elsevier B.V. on behalf of Director General, Armed Forces Medical Services.

Introduction

The Medical Support Manual for UN Field Missions states that the purpose of medical support for peace operations is to secure the health and well-being of members of United Nations peacekeeping operations in a timely and efficient manner.¹ This medical support is of paramount importance and greatly impacts the success of a mission. It not only contributes to the morale of the troops but also may present a humanitarian face and lends credibility amongst the local population. The multinational and multilingual nature of these deployments brings together people from diverse cultures, religions and backgrounds on to a common platform. This brings with it an opportunity to cooperate and learn from the others. However, this very multinational nature of the medical missions poses some unique challenges to the effective delivery of healthcare in the field. There is little scope of error in medical care and the slightest possibility of mismanagement and miscommunication can pose a major challenge. Though similar issues of multi-culturalism may be faced by various multi-national corporates and hospitals, the problems it may pose in the context of mixed military medical units needs further deliberation.

The authors were deployed in the UNIFIL Hospital, which is a UN owned and equipped (UNOE) Level II healthcare facility in the United National Interim Force in Lebanon (UNIFIL) in leadership positions from Apr 2011 to May 2012. This hospital is unique in that it has healthcare professionals from more than 4-5 countries working under one roof catering to the medical needs of troops from more than 20 countries. The diversity being dealt with in the hospital is extraordinary and the leadership needs to fully understand the complex interplay between personnel from different backgrounds working towards a common goal. The aim of the present article is to highlight the leadership challenges which exist when commanding a multinational hospital in a peacekeeping mission. Some possible approaches to overcome these challenges will also be discussed.

Background

Resources for medical support in UN missions are classified into various levels of healthcare facilities based on the capability.² Though field hospitals in UN peacekeeping operations are the responsibility of Troop Contributing Countries (TCCs), the UN itself has a few of its own hospitals. The UNIFIL Hospital in Lebanon is one such hospital which provides Level I medical support to the Force HQ and Level II support to the force. This is a unique model in which the hospital is managed with military medical personnel from multiple TCCs but with UN owned equipment and infrastructure. The senior most Medical Officer from the largest medical team takes over the command and control function. Other than the military medical personnel, there is a local civilian component too in the form of doctors, nurses, pharmacists and ambulance drivers.

As a leader of such a diverse setup, it is important to understand the dynamics of troops under command. Military

field hospitals have been described as complex dynamic organizations with an unique conflict between a military hierarchical culture and process oriented clinical culture.³ An added dimension of multiculturalism to this organization certainly makes it more complex. The challenge for the command then, is not only to ensure optimal medical support to those dependent on the hospital but also maintain an amicable and harmonious work environment with a reasonable level of understanding between team members from different nations.

Challenges can broadly be categorized into those dealing with provision of medical support (professional) and those dealing with command and control. Both types of challenges are further discussed.

Professional challenges

Standards of care are a core pillar of modern healthcare management and the current medical support manual specifies certain standards for health care providers and expected level of proficiency.¹ The challenge the commander faces however, is in translating this standard of care given the diverse competency and skill levels of the healthcare personnel. This is primarily an outcome of different background training of the personnel and not reflective of their motivation/ability. For instance, the training of a physiotherapist may vary from country to country and a situation may arise when a particular type of therapy is not available due to the difference



Fig. 1 – Air ambulance based CASEVAC drills between hospital staff, aircrew and aeromedical evacuation teams, all from different countries.

Download English Version:

<https://daneshyari.com/en/article/8706977>

Download Persian Version:

<https://daneshyari.com/article/8706977>

[Daneshyari.com](https://daneshyari.com)