Civil Servant Leadership in the Health Insurance organization to Achieve the Digital Health System

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Abstract

This study was conducted to identify the model for removing obstacles and executive mechanisms to implement civil servant leadership in the health insurance organization to achieve the digital health system. The present research has been exploratory and qualitative. Content analysis method has been used to identify civil servant leadership mechanisms. The statistical population of the study includes employees of different levels of the Health Insurance Organization of whom 12 people were selected based on theoretical saturation through purposive non-random sampling method. Library methods and semi-structured interviews were used to collect data. The data analysis method was theoretical coding derived from server leadership theories using MAxqda software. The results obtained from data analysis show that the components of humility, service, trustworthiness, interaction with employees and collection and ethics are the most important barriers to implementation and executive mechanisms of health insurance civil servant leadership, respectively.

Using MAxqda software, the indicators desired by the experts are prioritized. Accordingly, the most important and effective barriers to the implementation of civil servant leadership are "inappropriate structure", "moral barriers", "centralism and self-centeredness" and "subordinate conditions", respectively. The components of ethics, cooperation, communication, planning and scientism are among the main mechanisms of civil servant leadership in the first to fifth priority, respectively.

Keywords: Civil Servant Leadership, Digital Insurance, Executive Mechanisms, Health Insurance Organization, Ethics.

Introduction

Today, the use of effective leaders to manage the affairs of organizations, including insurance, is important due to the complexity of societies and rapid and unpredictable changes in the system of activities of scientific organizations in the digital age (Al-maaitah et al., 2021). Since health is a vital right of every human being and the goal of every society and all governments and organizations consider themselves obliged to ensure the health of individuals, the needs of society and the responsibilities of the government have made public health insurance one of their most important demands for development and progress. (Southwick et al., 2021); As an effective mechanism, it ensures the safety of all members of society against diseases and health threats (Valeriani et al., 2021). The constant move towards digitalization has put the insurance industry on the verge of changing the paradigm. The pace of change has accelerated due to a significant increase in electronic data, the pervasiveness of mobile user interfaces, and an increase in the power of artificial intelligence (Shen et al., 2021). In the early years, companies that went digital were only leading the industry, but today digitalization has entered all levels and areas of competition; In other words, increasing society's dependence on digital technologies has not only changed customer expectations but also pushed competition beyond the boundaries of the industry. Insurance companies cannot avoid this event, and as the traditional boundaries of industry disappear, the future of insurance will be deeply affected by platforms and ecosystems (Ferrucci et al., 2021).

Health insurance organizations have goals such as creating funds to accumulate capital and reduce risk (Böse et al., 2021). The development of the country's health insurance system is one of the most important decrees emphasized in the general policies of the system, the rules of the development program, and one of the main goals of the Health Insurance Organization of Iran. With the formation of this organization, one of the biggest reforms of the country's social welfare system has been entrusted to it and the ground for achieving lofty goals such as justice, improving the quality of health services, eliminating insurance overlap, and expanding the family doctor program and referral system throughout the country was provided (Ghasemi et al., 2015). Leadership is the main and most important factor in the quality of insurance centers (Ardi et al., 2020). Paying

attention to the leadership role of insurance management in the ability to create change, personality, knowledge, basic skills, ethical skills and professional career commitments of the challenging present and future insurers has gained special importance (Gandolfi et al., 2018). To change from industry to an ecosystem, insurers need to fundamentally change the way they define their role in the economy. At present, insurers act primarily as risk aggregators. Insurers have a passive and limited relationship with customers, which renders their role less and less important. They have limited options for recreating their business models if they lose their customer relationship and distribution role. An ecosystem-based perspective (reviewing traditional business models and considering partnerships within and outside the industry) can revitalize digital insurance strategies (Masa'deh et al., 2020).

Study and research on the nature of leadership have always been an interesting and important topic due to its tremendous impact on motivation, performance, and achievement of organizational goals so it has attracted the attention of famous researchers and experts in this field (Carbonaro et al., 2021). On the other hand, social welfare is a mechanism that focuses on the multilateral economic, social and political situation and its main goals are maintaining human dignity, society's responsibility towards human beings, promoting the ability of society as a whole towards them as well as in individual and social spheres. (Kedia et al., 2020). In previous decades, this concept first referred to a set of various social actions and services to meet the needs of individuals and groups in society and overcome social issues (Albagawi, 2019). Then, over time, it referred to a set of conditions in which people's satisfaction in life was at stake. Among these, health and universality are one of the most important issues in the field of social welfare. In today's organizations, leaders play a key role (Meng et al., 2019).

Because leaders with great power can be the cause of favorable reforms and changes in organizations, the leaders of organizations are expected to be competent in decision-making, planning, communication, and conflict control, to be effective to move towards the realization of the digital health system. (Andersen, 2018). The most recent of these perspectives on leadership include the transformational leadership perspective, the interactionist, pragmatic, compassionate, charismatic, and the servant leadership perspective

(Matjie, 2018).Civil Servant leadership theory as an effective ethical style in leadership and management is very important among leadership theories that can be considered one of the ideal styles in terms of human factors (Schuetz, 2016). Servant leadership is an approach to leadership and service in which the leader is the servant in the first stage and the leader in the second stage (Parolini et al., 2009). A servant leadership model is an effective tool for freeing individuals from traditional environments and exercising control by leaders (Shekari et al., 2012).

Civil Servant leadership gradually increases the performance of the organization by developing a high level of trust between itself and its followers. Servant leadership is a leadership approach that has a deep-rooted desire to serve subordinates. Conscious use of digital tools helps to create and benefit from a dynamic internal organizational community. At the same time, human interactions should not be underestimated and it should be realized that excessive emphasis on technology can lead to the isolation of some individuals and units of the organization (Yahaya et al., 2016).Civil Servant leadership, on the other hand, is an appropriate leadership style for the challenging and new role of managers in insurance and health care settings (Wu et al., 2020).

Digitization means speed. Companies need to be faster than ever in implementing their ideas and bringing them to market. Customers should be almost completely satisfied. Organizations need to be able to make decisions as quickly as possible at all levels. Older companies need to revitalize the entrepreneurial spirit of emerging companies so that they can innovate. Many organizations support limited research and prefer large-scale risk-taking. One of the successful procedures is to quickly create an idea and hypothesis, build product prototypes, test them, collect data analysis, and finally reach the final design. The culture of data-driven decision-making must be accepted and modeled at the top of the organization to be successful.

At the same time, the hardware features of the organizational structure play a vital role in the digital readiness of organizations; While clear job duties and responsibilities are still needed, inherent flexibility must also be considered. In today's dynamic and turbulent environment, work teams are formed and disintegrated just as quickly. In response to customer and market trends, new structures emerge and disappear. Job duties are not limited to one organizational place and

position and the hierarchy is reduced. Structures that were once pyramidal are now becoming flat. Fluidity and flatness become commonplace. In a fluid organizational structure, traditional hierarchical relationships are less important, and formal structures must be such that everyone is responsible for the outcome. At the same time, organizational leaders must empower individuals and units to delegate tasks, decentralize decisions, and empower individuals to increase their responsibilities. Central management and supervision will work only in the form of guiding and creating balance in the organization. Behavioral differences and cultural barriers are not going to disappear after digital metamorphosis and must be properly considered and managed. If organizational leaders manage these cultural differences well, cultural metamorphosis can overcome obstacles. In our research, we found that digital metamorphosis can provide an opportunity to overcome existing cultural barriers and gaps leftover from the past, thus bringing the organization into alignment and coordination. (Rampton et al., 2021). The importance of servant leadership in health insurance in the digital health system has led management thinkers and researchers to identify barriers to implementation as well as executive mechanisms of successful leaders in organizations and always strive to remove implementation barriers and use appropriate enforcement mechanisms to address digital health challenges (Lee et al., 2020).

Meanwhile, insurance companies, considering the critical and key role of this organization in the development and economic development of the country, like any other organization, need to have competent and efficient managers as well as forward-looking and forward-looking employees (Ghasemi et al., 2015). Paying attention to the leadership of these organizations and scientific study in this regard has a special priority. Because to make changes in the direction of digital changes in the health system, the existence of good leadership is one of the most important issues. The presence of efficient leaders at the top of organizations and companies is the main and most important factor for the growth and excellence of that group (Nasr Esfahani et al., 2016).

A review of the general performance of Iran Health Insurance also shows that despite the efforts made to promote health, the problems in this area have not yet been resolved. Research shows that "there are still" distinctive differences in management and leadership

practices; new patterns are emerging that can provide innovative ways to better manage 21st-century organizations. " It can be seen that the low standards related to technical efficiency also indicate a problem in the health insurance management system. Therefore, the existence of civil servant leadership in health insurance is also very important and with the establishment and placement of servant leadership in health insurance, the performance of the whole complex will improve.

On the other hand, because the nature and structure of health insurance are based on service and rescue, the quality of relatively long working hours is very important for both individuals and organizations. Therefore, the issue of civil servant leadership is of great importance for all organizations. In particular, this leadership style offers potentialities in leading most environments. Recognizing the barriers and executive mechanisms for civil servant leadership in health insurance is necessary because this leadership style has changed the way of thinking so that health insurance centers focus solely on topics ranging from insurance results to growth and health, interests, and needs of policyholders, physicians, and colleagues. And following the principles of servant leadership shows that services to individuals are more important than the relationships and standards set by health services (Askari et al., 2020). Using this model, both the weaknesses and obstacles to the implementation of this leadership style in the organization are identified, and the methods and mechanisms that lead to the improvement and development of service leadership are examined. In addition, this model is based on self-assessment and through it, organizations can self-evaluate their management methods, compare them with the management models introduced in this model, and try to improve them. Therefore, it is necessary to study and analyze the structure of the country's health insurance management from the perspective of civil service leadership by using scientific methods. Therefore, the general purpose of this study was to identify barriers as well as executive mechanisms for servant leadership in the East Azarbaijan Health Insurance Organization, which include two partial objectives (identifying barriers to servant leadership in the East Azarbaijan Health Insurance Organization and executive mechanisms of civil servant leadership).

Methodology

The present research is qualitative in terms of purpose and qualitative in terms of research method. Content analysis has been used in this research. The statistical population, sample, and sampling method are different according to the research questions so that for the first question, the statistical population includes all management specialists in the field of health insurance in East Azerbaijan province and the sample size is based on theoretical saturation through purposive non-random sampling method or Criterion-oriented (criteria included: having a doctorate, work experience, etc.). Hence the present study has been conducted to identify the barriers and mechanisms of service leadership in health insurance of East Azerbaijan province.

Data collection tool was to collect the data.To answer the first and second questions of the research, a semi-structured interview was used which examined the obstacles and mechanisms. To collect data to answer the third and fourth questions of the research, i.e. to determine the priority of importance of each of the elements and components of service leadership, semi-structured interview checklists and data obtained from the first question of the research were used. The method of analysis for the first question is through the citation-inferential method. For the second question, the prioritization was done using Maxqda software.

In the qualitative part of the research, 12 university experts and health insurance officials were interviewed. It consisted of 3 senior officials, 5 experts of the Deputy of Human Resources, and 4 knowledgeable professors in the study area who were selected by purposive sampling. The data collection tool was the interview. In one-on-one interviews with experts, two interview questions were used for preliminary review. However, due to the necessity of other sub-questions along with each question to understand the experiences of the participants during the interview, the answers were not considered as research data.

At the end of each interview, the researcher reviewed the data to complete incomplete cases by receiving new information from the participant. After conducting 12 interviews, the main and secondary factors were repeated in previous interviews and the researcher was saturated in terms of obtaining new information. During the interview, opinions were collected on appropriate indicators to determine the barriers and mechanisms of servant leadership, and the main factors

and sub-indicators were reviewed and finalized. The duration of each interview was between 30 and 60 minutes. To ensure the validity of the research method and to ensure the accuracy of the findings from the researcher's point of view, the valuable opinions of professors' familiar with this field and health insurance specialists who were experts and knowledgeable in this field were used.

Findings
In this section, which is dedicated to the analysis of information obtained from interviews with experts, the points mentioned in the interviews have been extracted and categorized, and content analysis has been performed using MAXQDA software.

First, based on the following questions, the opinions of the interviewees were asked in the section of indicators that affect service leadership in health insurance, along with the priority of indicators:

1- In your opinion, what are the effective obstacles to the implementation of service leadership in the health insurance of East Azerbaijan province?

2- How important is each of these barriers to service leadership in East Azerbaijan Health Insurance?

3- In your opinion, what are the effective mechanisms for the implementation of service leadership in the health insurance of East Azerbaijan province?

4- How important is each of these mechanisms in the health insurance of East Azerbaijan province?

After completing the expert interviews, the comments were coded separately by the interviewee using MAXQDA software (Table 2). In this software, for further clarity of analysis, abbreviation symbols (numbers 1 to 12) are used for each code. Finally, any feature that has more code (has more repetition in interviews) has a higher priority in qualitative analysis.

1. What are the barriers affecting the implementation of civil servant leadership?
A total of 12 interview texts above, 62 open source related to barriers affecting the implementation of servant leadership have been identified, which can be seen in the table below.

Table 2: Open coding of barriers affecting the implementation of servant leadership

Category	Concepts
Centralism and self-centeredness	Power and decision-making are taken away from low-level managers, the concentration of power and hierarchy of power, the dominance of group interests over organizational interests, the promotion of teamwork is lost, flexibility is taken from creative managers, disregard for individual differences, and unification of plans, gaining Awareness of others decreases.
Conditions of subordinates	Feelings of freshness disappear, people abuse their position, feelings of injustice in employees, employees' capacity to accept civil servant leadership, flattery of subordinates.
Improper structure	The domination of group interests over organizational interests, the ability to surmount problems becomes less, cumbersome rules and regulations, outside interference, political, economic, socio-cultural barriers, gaps between different organizations and decision-making by many institutions, the inferior-superior attitude of leaders, lack Attention to meritocracy, insufficiency of specialized and experienced forces, the existence of redundant and disruptive people, the distance between the leadership and subordinates.
Moral barriers	favoritism by the manager, lack of attention to spirituality, his arrogance, pride and lack of humility, honesty disappears after a while, manager's extravagance, arrogance, power-seeking.
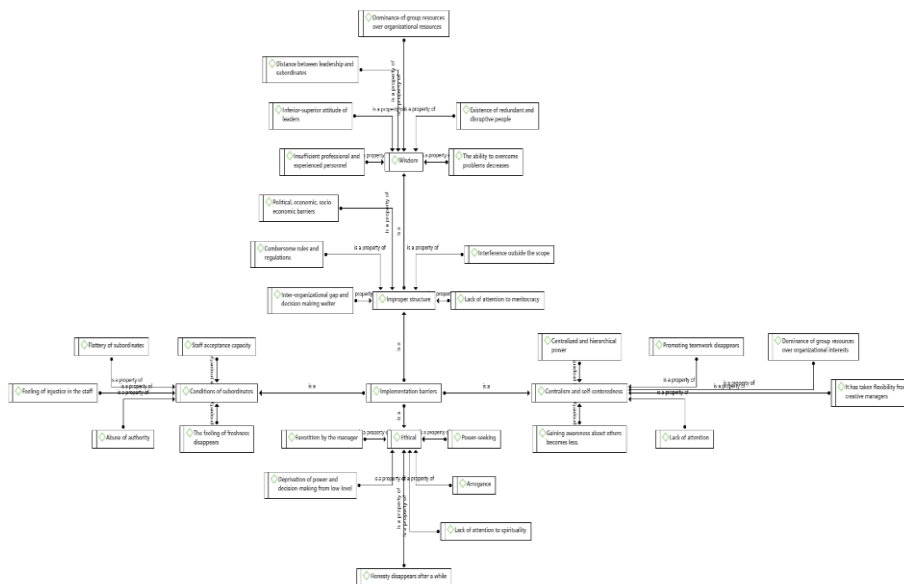
Figure 1: MAXQDA Output - Expert Team Focus on Obstacles Affecting Civil Servant Leadership Implementation

Table 3: Grading the importance of barriers affecting the implementation of civil servant leadership

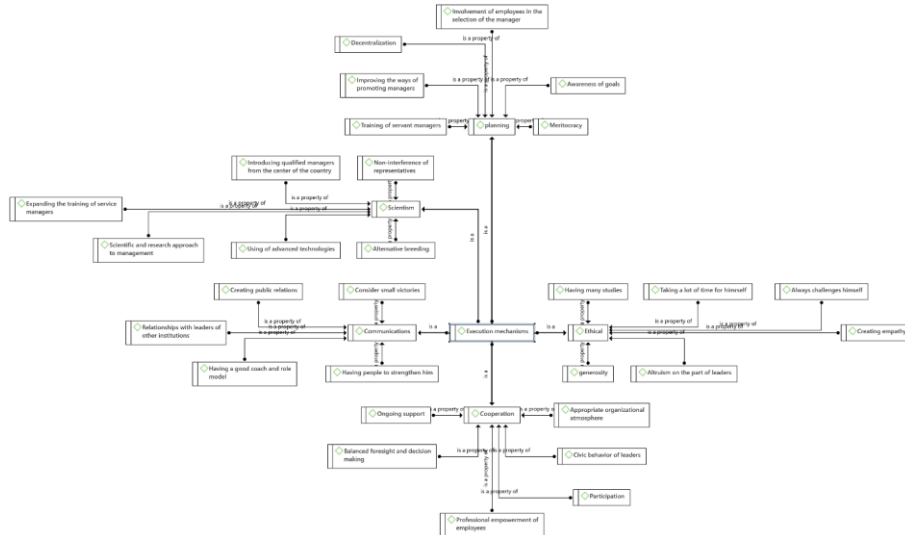| Category	Frequency of Category	The degree of importance in terms of the concentration of the expert team
Improper structure	22	1
Moral barriers	19	2
Centralism and self-centeredness	12	3
Conditions of subordinates	9	4

The output of MAXQDA software shows the most attention and focus of the interviewees, respectively, on the barriers related to inappropriate structure (micro and macro), moral barriers, centralism and self-centeredness, the conditions of subordinates. Table 4 ranks the importance of each of the obstacles affecting the implementation of servant leadership in the opinion of the expert team.

B) What are the executive mechanisms of servant leadership?
A total of 12 interview texts above 62 open sources related to the executive mechanisms of service leadership have been identified, which can be seen in Table 4.

Table 4: Open coding of server leadership executive mechanisms

Category	Concepts
Scientism	Scientific and research approach to management, introduction of qualified managers from the center of the country, expansion of training of servant managers, fostering successors, non-interference of representatives, use of advanced technologies
Cooperation	Appropriate organizational climate, empowerment of staff professionals, engagement, ongoing support, civic behavior of leaders, foresight and interactive decision making.
planning	Decentralization, employee involvement in manager selection, meritocracy, training of service managers, improvement of managerial promotion methods, awareness of goals.
Ethical	Altruism on the part of leaders, building empathy for oneself, spending a lot of time studying, always challenging oneself, looking at the image of one's work from afar, chivalry, establishing justice.
Communications	Creating public relations, having a good coach and role model, entrusting matters to experts, having people to strengthen him, relationships with leaders of other institutions, counting small victories.

Figure 3: MAXQDA software output - server leadership executive mechanisms

2. How important is each executive mechanism of civil servant leadership?

Table 5: Rating of the importance of executive mechanisms

Category	Frequency of Category	The degree of importance in terms of the concentration of the expert team
Ethical	18	1
Cooperation	13	2
connections	12	3
planning	12	4
Scientism	7	5

Discussion and conclusion

The results obtained from data analysis show that the components of inappropriate structure, ethical barriers, centralism and self-centeredness, and subordinate conditions are among the main obstacles to the establishment of civil service leadership in health insurance. Flexibility in the digital age is nothing more than the ability to adapt quickly to change. Leaders and organizations must also withstand failures and shocks and return to their original position like a cache. They should be able to go back with this elasticity if tests or

measures fail. Elasticity is the ability to recover from hardships and adversity and to accept the negative realities of life.

Regarding the component of an inappropriate structure that was confirmed in this study, it should be noted that regardless of any leadership style and in any organization, there must first be an appropriate structure including rules, procedures, facilities, manpower and relationships for a manager at the head of that organization. The results of the present study show that there is no appropriate structure for the emergence of servant leadership and this is the main obstacle. Therefore, this component is a sine qua non in civil servant leadership. In confirmation of this component as the most important obstacle, the findings of Frousi et al. (2021) have shown that changing structure is one of the most important challenges in managerial issues.

Ethical barriers to management are another component of barriers to the implementation of civil servant leadership that has been confirmed in this study. Regarding the component of ethical barriers, it should be noted that the theory of servant leadership, which was first introduced to the leadership and management literature by Robert Greenleaf in his article "Servant in the Role of Leadership", according to many experts, including Anderson (2018) Leadership is seen as a morally based responsibility and duty to serve. In other words, service is at the heart of servant leadership, and since power has always been associated with leadership, in this type of leadership and management, power is only a legitimate and moral right use. Ethical characteristics in work and performance of duties assigned to employees of different levels are among the undoubted necessities. If the leader wants to serve in the organization, this style is not commensurate with arrogance and pride, and in this style of leadership, humility should have a main and fixed place in all activities of managers. Compassion and seriousness at work, job satisfaction, and the environment of the organization, relative inner peace and decision-making on how to implement the job within the responsibilities of managers are achieved if these managers can provide such a management style for everyone, otherwise the performance of organizational tasks and activities will be affected.

This finding is consistent with the results obtained from many studies, including the jurisprudential research and the beginning (2021), the results of Hernández-Perlines & Castillo (2020) and Hamilton & Sodeman (2020). One of the main obstacles to

establishing and implementing service leadership in various organizations, including the Health Insurance Organization, is the existence of managerial self-centeredness and at the same time organizational focus, both by the manager and by the top ranks of the organization throughout the country. It is clear that the nature of servant leadership, which is based on interaction as well as participation and delegation, is incompatible with self-centeredness as well as centralism, which according to the expert is one of the main obstacles to servant leadership. Health insurance prevails, servant leadership disrupts this principle, experts say it cannot be very effective unless this barrier is reasonably removed.

Subordinate conditions are also key barriers to servant leadership, servant leaders need to establish clear ongoing relationships with other managers and employees and subordinate conditions, as well as provide good relationships between management and employees, which will not be possible other than useful and constructive interaction.

Such a phenomenon will not be possible if the subordinates do not accept the terms and conditions and plans implemented by the serving leader. This component has been confirmed in many types of research such as Van Dierendonck (2011) and Hashemi and Aminpour (2012) as one of the obstacles of serving leaders.

The results obtained from data analysis show that the components of ethics, cooperation, communication, planning and scientism are among the main mechanisms for establishing service leadership in health insurance, respectively.

One of the basic mechanisms right after the important mechanism of creating service leadership in the health insurance organization, is the mechanism of cooperation and collaboration. there is a two-way interaction between the members of the organization, especially between the leader and the followers in line with the goals,and in such circumstances the organization will be able to accept and implement and follow the conditions of servant leadership, and this is a necessary ground for servant leadership. If there is no spirit of cooperation, the servant leadership will be futile. Cooperation and collaboration have been identified by research experts including appropriate organizational climate, empowerment of staff professionals, participation, continuous support, civic behavior of leaders, foresight and interactive decision making. This finding has been obtained in

various researches. Interactive and ethical decision-making is emphasized in the research of Hamilton and Sodeman (2020). The futurism component has also been proven in the Larry Space model as one of the components of servant leadership. Successful managers cannot serve the organization without foresight. Because the future of the organization is very important and these people must depict the desired future with vision and visualization and written plans to continue the survival, success and progress of the organization (2018) and Ahmadlou et al. (2018), also state the role of futurism as it emphasizes the important component of servant leadership.

Another result obtained in terms of leadership mechanisms is the communications agent. This result shows that having and building strong relationships can be a mechanism for creating servant leadership. Leaders have traditionally considered communication to be a decision-making necessity (Lewis and Nobel, 2011). In the servant leadership model, communication is also introduced as one of the main dimensions of servant leadership. This result is also achieved with the results of many researches, including the research of Viseh et al. (2015) "for institutionalizing servant leadership, various individual and organizational consequences such as insight, spiritual and personality development of employees, unification, empowerment, improving organizational communication necessary" Is." Is consistent. Also, the results of Lee et al.'s (2020) research on the importance of the relationship mechanism confirm the present result and are consistent with it.

The planning factor has been introduced as another basic mechanism for establishing server management. Many scholars have placed planning in the nature of management as an essential element, and this factor has also been considered in servant leadership theories. Planning has been introduced as the fourth mechanism in terms of importance by experts in this research and is in line with the findings of many researches, including Lee et al. (2020).

Finally, as the fifth and final set of mechanisms related to the implementation of leadership, it has been designated as a servant of the scientism factor. This factor, like other factors, is very important for all types of management and for servant leadership. Another opinion is considered whether, in the unusual relations of the organization in which service is considered as a basic and important principle by the manager, the organization does not have a sufficient

structure and a scientific front, or the manager in any situation of the conditions and scientific principles Distance, the organizational atmosphere is practically out of balance and in fact, instead of organizational relationships, it will be assumed that there is a good emotional and sincere atmosphere and its manager no longer has the necessary tools to control the collection or use it. For this reason, scientism is considered as another basic mechanism for establishing servant management. This finding is also in line with other research findings such as Shen et al. (2021) and Hamilton and Sodeman (2020).

Further discussion of the research findings in line with the theories and models previously presented suggests that to implement servant leadership, efforts should be made to withstand the organizational pressures and not be vulnerable by strengthening the organizational culture. In the present study, it was stated that mechanisms can be used to achieve the health insurance service leadership model. There are also facilitators and barriers that, by recognizing them, an important step towards implementing the proposed model can be taken. To achieve the desired position of servant leadership in the health insurance organization, holding training classes for senior managers and leaders of the health insurance organization to increase their environmental knowledge and include concepts related to servant leadership and encourage them to servant behaviors, can improve and enhance the components of servant leadership Useful as a mechanism. Also, considering the importance of the role of culture in the success of the servant leadership model, it is suggested that the health insurance organization strengthen the culture of interaction with the servant leadership by raising awareness about the role of learning in improving activities. The present study also faced limitations such as the limited statistical population to managers and officials of health insurance and the existence of variables such as macro-level policies of human resources and conventional management practices in the health insurance organization and also the existence of time constraints for senior managers who noted the possibility of their participation in the research process as well as the cross-sectional nature of the study, which misses the opportunity to compare barriers and mechanisms over time.

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