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IMPROVING HEALTH WORKFORCE PERFORMANCE

The PERFORM approach:

SEVENTH FRAMEWORK PROGRAMME

Strengthening health management and workforce performance: How action research can help

We know that health systems in Africa do not meet their full potential and part of the reason is a lack of health care workers and other health-related staff. The health worker deficit has become the focus of international campaigns and spawned hashtags that abound on social media. It is true that more needs to be done to train and retain staff on the continent. But we also need to focus on the workforce that dutifully tends to the health of communities – often in sub-optimal conditions with limited support. Are there adapted, cost-effective and sustainable ways that researchers can support improvements in health worker performance within the health system through strengthening management? This is the question that PERFORM researchers in Ghana, Tanzania and Uganda set out to explore.

Human resources for health are part of, and work within, complex health systems. Decisions about health system planning and the health workforce are increasingly devolved to lower levels of authority – particularly districts. Our study focused on people and processes at this level. We used approaches that addressed real problems that managers were experiencing and used locally available planning and management tools that managers were familiar with. Because we wanted to support sustainable change we did not provide extra financing for the intervention but supported key actors in the health system to devise and implement innovative change on improved human resource management for themselves and monitored the results.

Using an action research approach we supported health managers to carry out a situation analysis on the health system, with a particular focus on workforce performance, in nine study districts (three per country). They then identified the areas of health workforce performance to be improved, developed and to, implemented integrated human resource and health systems strategies feasible within the existing context to improve health workforce performance, and monitor the implementation of the strategies, evaluate the processes and impact on health workforce performance and the wider health system.

Key messages:

- Action research methods enabled local managers to identify, act on and monitor areas of concern related to the health workforce
- For some this was the first opportunity to identify the root causes of the staff problems that they were experiencing
- The changes that were made added value to existing ways of doing things, for example on supervision and appraisal, rather than introduced new systems

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- Researchers can make a difference - PERFORM researchers from academic institutions supported and evaluated the change process, building capacity, and encouraging innovation and district-level stakeholders used their own research skills to create change
- Money is not necessarily a barrier to workforce improvement and in fact small changes in management practice can make a big difference
- Despite constraints within the health system the action research approach led to positive change and a process which some participants are planning to continue to use in their everyday planning practice and recommend the process to others

Human resource management in the context of complex health systems

Workforce performance is largely a result of the way in which staff – the processes and the resources they need to do their work – is managed. This can be thought of as a performance management system. The room for manoeuvre that you have as a manager will determine the extent to which you can strengthen the performance management system. If there is a shortage of health staff, three broad options are available to managers: 1) recruit more staff; 2) reduce the number of staff leaving; 3) make more efficient use of the existing staff. Within these broad options there are many choices of strategies. A major area for increasing the productivity is to reduce levels of staff absence from the workplace – both authorised and unauthorised. High levels of absenteeism within the health sector and low productivity have been reported as a problem in many countries.

Staff who are present at the workplace require support from management in three key areas: 1) staff need clear direction and support systems on what they should be doing - through job descriptions, work plans and protocols - an important part of giving direction is the provision of feedback – through annual appraisals and supervision; 2) staff need the appropriate skills, knowledge and attitudes to carry out the tasks assigned to them – this can be nurtured through training, continuous professional development, supportive supervision to maintain competences levels and keep them relevant to changing technology; 3) staff need resources – the equipment, supplies and infrastructure - to enable them to carry out the work successfully. Sometimes human resource problems are affected by the broader health system, for example supplies or information systems, and this may mean combining human resource and health systems interventions. Often human resource strategies employ more than one approach – a "bundle" of interventions.

If staff have clear direction, appropriate competencies and adequate resources this will be sufficient for staff who already want to do a good job and help people (intrinsic reward). For others it may also be necessary to use more tangible rewards and sanctions to influence their behaviour and therefore their performance. They need to know that there will be consequences – positive or negative – based on their performance. These tangible rewards or sanctions are a way of providing feedback on performance and influencing future behaviour. However, these systems will only be effective if staff have trust in them and can see the direct link between their performance and rewards and/or sanctions.

Our approach

> *"All research on human subjects involves human participation, but the particularity of participatory action research (PAR) is that it assigns power and control over the research process to the subjects themselves. Thus, PAR refers to a range of research methods that typically involve iterative processes of reflection and action "carried out with and by local people rather than on them"." David H. Peters, Nhan T. Tran, Taghreed Adam*

PERFORM researchers worked with district health managers in a process that led them through one or two cycles of action research. The sequencing of activities is highlighted in Diagram 1. This enabled them to 1) Plan; 2) Act; 3) Observe; 4) Reflect.

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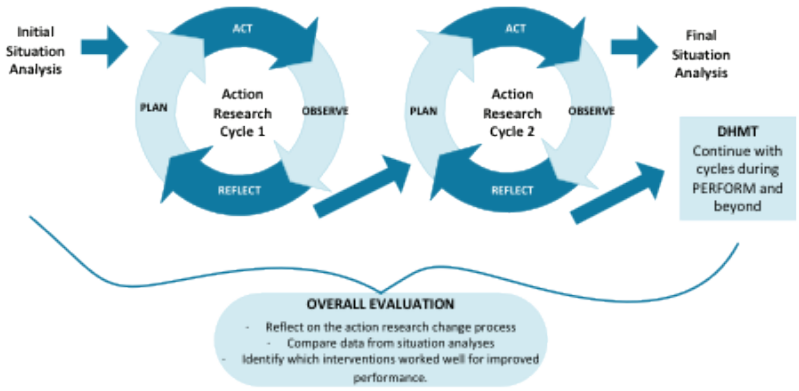
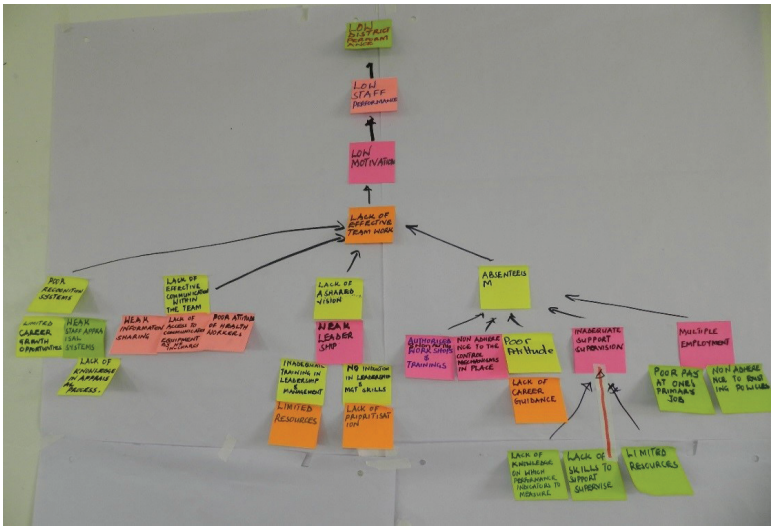


Initial situation analysis: In this phase of the cycle researchers supported District Health Management Teams to conduct a situation analysis where they identified health workforce performance problems in their districts. They collected and analysed routine data such as staffing and health service information using a standard form, reviewed existing report and documents, and facilitated group discussion with District Health Management Teams to better understand their role and health workforce performance. From this they formulated problem statements related to health workforce performance.

Plan: In a series of facilitated meetings and workshops, the District Health Management Teams prioritised the problems and then analysed the root causes of these problems. They used a problem tree analysis, an example is provided in the diagram below.



Based on the problem analysis, the district health management teams identified a mixture of human resource and health system strategies e.g. developing skills through a training workshop and repairing equipment so health workers can do better work. These strategies need to be:

- Possible to implement (i.e. within the District Health Management Team's boundaries of budget and authority)
- Aligned to and embedded in annual priority/activity planning of districts
- Focused on improving health workforce performance in the district
- Likely to have a measurable and observable effect on workforce performance within 12-18 months
- Implemented within resources available to the district
- Reflected the data in the district report i.e. based on evidence accumulated in the situation analysis.
- Likely to be effective in the given situation

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Act: The strategies were implemented over a period of 18 months.

Observe: District Health Management Team diaries, visits by the research team, inter-district meetings were used to facilitate observation and reflection of the implementation of different strategies and their effects on workforce performance. In each district, qualitative and quantitative research methods were used to evaluate the intervention. Qualitative data collection and analysis: focus group discussions with District Health Management Team members, in depth interviews with District Health Management Team members, health facility managers and staff, and stakeholders were conducted. The recordings were transcribed verbatim, and analysed thematically with support from the NVivo software. Documents such as district annual workplans, budgets and reports, workshop reports and DHMT diaries were analysed thematically. Quantitative data collection and analysis: selected health systems and health services indicators were collated at the District Health Office from the Health Management Information System.

Reflect: If the District found that one of the strategies they were implementing was not working – or affecting another strategy negatively (for example there is a risk that the upgrading training will have a negative impact on the strategy of reducing staff absence – especially if the number of staff in the facilities is already very low) they were encouraged to consider modifying it or even dropping it from the bundle. Modifying or dropping a strategy was not considered a failure. The purpose of the action research approach being used was not only to try to solve immediate problems, but also to learn, collectively as the District Health Management Team, what sort of strategies worked under what circumstances. More challenging – but even more useful – is to learn why certain strategies do or do not work in a particular situation.

What next?

Each country has published a paper explaining the beneficial effects of the action research in their settings. Tools and guidance on how to replicate or adapt the work that we did are provided on our website www.performconsortium.com.

Further reading:

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Contact information:

To find out more about the project please contact Tim Martineau (Tim.Martineau@lstmed.ac.uk) or read more on our website www.performconsortium.com.