Triggering meaningful change: Human Resource Management and health worker performance in an AIDS-endemic setting

Summary

A qualified and motivated health workforce – the ensemble of nurses, physicians, midwives, pharmacists, public health officials and other allied health care workers - is a critically important, though generally undervalued, component required for the provision of effective and efficient health care. When there is an insufficient number of health care providers and when those who are in post are frustrated, demotivated, or fail to keep up their knowledge and skills, the performance of the health care system threatens to become entrapped in a downward spiral. This is especially problematic in low- and middle-income countries (LMIC) which often have a complete imbalance between the burden of disease on the one hand and the professional capacity to meet health care needs on the other. In this respect, the AIDS epidemic is of specific interest: not only has it resulted in a dramatic change in the scale and in the nature of the demands on the health workforce, but health care providers themselves have also been severely affected by HIV and AIDS.

Supporting these health workers in performing their tasks in such difficult working conditions is therefore very important. This can be done through the use of Human Resource Management (HRM) which comprises a wide variety of interventions such as job design, incentives packages, continuing education, supervision, and remuneration. The main objective of this thesis was to explore whether such interventions could be effectively used in LMIC to improve health worker performance and motivation. This question was addressed by conducting studies in a number of LMIC with different HIV prevalence: Vietnam (0.29%), Mali (1.7%), Uganda (6.7%), and Zambia (16.5%). In each of these countries, current experiences with HRM and the problems experienced by health care providers in the conduct of their work were studied using structured and open interviews. In the countries with a high HIV prevalence, Uganda and Zambia, special attention was paid to the impact of HIV and AIDS on the health workforce.

Conducting the inquiry in these four countries revealed a number of differences, but also interesting commonalities. In Vietnam, appreciation by the management, colleagues and the community at large, a stable job and income, and opportunities for training stood out as particularly important motivating factors for health care professionals. ‘Feeling and being held responsible’ were found to be important motivating factors in Mali, in addition to appreciation, training and income. Both cases show that HRM activities did not match these motivating factors. The case studies in Uganda and Zambia revealed the devastating impact of HIV and


AIDS on the health workforce, which can best be characterised as: an increased workload; fear of becoming infected; or, when infected, fear of being socially rejected and isolated; feeling uncomfortable performing certain tasks; emotional exhaustion; and suffering in silence. The exacerbation of the problems health care providers face in AIDS-endemic settings is in stark contrast to the almost complete lack of support that they receive in doing their jobs, and doing them properly. When dealing with the negative effects of HIV and AIDS on health care providers, management does not seem to know how they might provide meaningful support.

In spite of the differences between the countries studied, a number of recurrent themes emerge. Support from colleagues, management, and the community at large seem to be universally valued. This also holds true for self-efficacy (perceived mastery of knowledge and skills needed to provide appropriate care safely and effectively; and getting results from your work).

HRM interventions in all four countries were shown to be often haphazardly implemented or were perceived as being mere administrative rituals. Although HRM will clearly not offer a solution for all problems that health care providers in LMIC face, it may be used more fruitfully than is currently the case. Simple adaptations to existing HRM interventions could produce meaningful change. Evidence on effectiveness of HRM interventions shows that certain HRM interventions could improve health worker performance and motivation, thus indirectly contributing to effectiveness and efficiency of care. In particular, continuing education using an adult learning approach and the establishment of accountability systems could improve performance. Furthermore, quality improvement approaches, health worker participation in supervision and in the development of guidelines, and relating financial incentives to quality of care could improve the motivation of health care providers. Improved motivation in turn positively impacts on health worker performance.

However this thesis warns against over-simplistic one-size-fits-all solutions. It strongly recommends that when addressing the effectiveness of HRM in LMIC, context, mechanism, and outcome are taken into account in an integral way. This is done by considering how (through what sort of mechanisms) HRM can produce desired outcomes (for instance improved motivation and self-efficacy), and which features of the context (such as physical, social and economic factors and management capacities) seem to be critical in this process. Taking this perspective, this thesis offers a number of suggestions for the successful development and implementation of HRM strategies in the health care sector of LMIC, and for conducting further research so as to expand the evidence in this domain.