



# The health workforce crisis

## Why we can do more than we may think

Bruno Marchal  
Department of Public Health  
Institute of Tropical Medicine, Antwerp

# The health workforce is back on the agenda



Department of Public Health  
Institute of Tropical Medicine, Antwerp

Brain drain

**HR crisis**

AIDS

TRAINING CAPACITY

**Motivation**

*Gender imbalances*

High turn-over  
&  
low retention

**Burn-out**

Accountability

***Low performance of services***

Millennium Development Goals

**Global Health Initiatives**

# Starting point of this study



Department of Public Health  
Institute of Tropical Medicine, Antwerp

## We know the problems

- problematic education and training capacity
- inadequate distribution of health workers
- low attraction and retention capacity
- inadequate regulation of the health professionals
  - problems with accountability, trust & performance

## But what do we know about solutions?

- A series of case studies

- Health workforce management at service provision level affects not only attraction, retention and performance of health workers, but also access and utilisation of health services
- Health service managers have more leverage to address problems of skill mix, commitment, attitude and actual practice of the health workers than we assume

- Importance of salary and working conditions as a determinant of attraction and retention
- Financial incentives
  - No evidence of effectiveness of pay-for-performance in isolation
  - Risk of crowding out moral motivation/trust
- Health workers also appreciate non-financial & psychological rewards
- Lessons: Adopt a set of interventions that fits the professional cadres and their tasks

# What do we know from other disciplines?



Department of Public Health  
Institute of Tropical Medicine, Antwerp

- High commitment management = people centre management
  - Investing in developing and maintaining **effective HRM systems** contributes significantly to organisational performance
  - **Bundles** of complementary practices lead to
    - superior performance of industrial, business and service industries, as well as public services
    - higher productivity, less stress & burn-out
  - Examples in health sector: magnet hospitals

- Pfeffer's 7 key elements of HiCoM
  - selective hiring
  - employment security
  - comparatively high compensation contingent on organisational performance
  - instituting training and development
  - self-managed teams and decentralisation
  - reduction of status differences
  - information sharing

# Our study: relevance of HiCoM in LMIC



Department of Public Health  
Institute of Tropical Medicine, Antwerp

- Research questions
  - Which HRM practices are being used at CRH?
  - What are the staff's perceptions of the actual HRM practice?
  - Is this high commitment management?
- Focus on
  - management **team's vision** & its daily functioning
  - **staff's perception** of the management approach
- Series of case studies at the hospital (2004-05-07)
  - Quantitative and qualitative methods



Pfeffer's elements	CRH findings
<b>Employment security</b>	Important in choice of public vs private employment
Selective hiring	Occurred only once, at start up
<b>Self-managed teams and decentralisation</b>	Strongly present: teams are inclusive, decentralisation of decision making
Compensation contingent on org. performance	Limited to incentive packages for doctors, not linked from performance
<b>Extensive training</b>	Strongly developed
Reduction of status differences	Important for nursing cadre
<b>Information sharing</b>	Strongly developed formal and informal two-way communication

## Variant elements

### **Creating optimal working conditions**

Good telecommunication facilities within the hospital, repairs, general cleanliness, air conditioning, subsidised staff canteen, internet café, staff bus

### **Top managers are accessible for all staff**

### **Management gets involved at the operational level**

### **Socialisation of staff**

Formal induction training + supervision + peer pressure

## 2. Staff perceptions at C3RH

1. **Openness** of management facilitates teamwork
  - ‘We feel free with management’
2. Strong perception of **support** by the management
  - Effective problem solving through meetings and informal contacts
3. Strong perception of **recognition** by the management team
  - Financial and non-fin. incentives, respect
4. Feeling of **commitment**
  - Due to openness, flow of information, consultation in decisionmaking
  - Result of perceived organisational support

- High commitment management is being applied at CRH
- HRM approach includes
  - strong induction of newcomers
  - attention for training and personal development
  - good communication and information sharing
  - decentralised decision-making
- Supported by a vision on the mission of the hospital that is shared by the staff
- Staff consider teamwork, easy access to managers and the latter's involvement at the work floor as key practices
- Results in strong perceptions of support by management, trust, commitment and an organisational culture of excellence

# How does HiCoM work?



Department of Public Health  
Institute of Tropical Medicine, Antwerp

- Underlying mechanisms of HiCoM
  - Psychological contracts that stimulate commitment
    - Perceived organisational support, problem solving, work floor involvement
  - But also employment contracts that ensure adequate remuneration
- These mechanisms are more important than the exact composition of the bundles
  - Bundles need to be well integrated
    - good internal fit: mutually reinforcing, not opposing each other
    - good external fit: adapted to the cadre, their task and the context in which the hospital works

- Decision spaces managers require to develop such responsive HRM approaches may be smaller than often thought
  - More important is how they are used
    - CRH team exploits decision spaces to shape its own approach: e.g. more than usual transparency of information and delegation of decision-making power to mixed staff committees
    - For this, strong vision and leadership is required
- Other conditions
  - availability reasonably well-trained health workers
  - structural factors: remuneration, working conditions
  - management capacity: HiCoM is costly in time

- Proof of concept for HiCoM in low resource settings
- HRM management can be **responsive** to the personnel's expectations while focusing on reaching the organisational goals
- With a well-balanced bundle of HRM practices, management teams can stimulate an **organisational culture** that favours both quality care and strong staff commitment to the organisation and its mission

- Commitment-eliciting practices are **not sufficient** to ensure provision of accessible services and quality care
  - Need for balance between **hard structures** (administrative management to ensure enabling working conditions) and **soft processes** (commitment-eliciting practices)
  - Need for both adequate remuneration and non-financial recognition
- Link with **better performance**
  - Major methodological problems to attribute performance to HRM

# Acknowledgements



Department of Public Health  
Institute of Tropical Medicine, Antwerp

Study carried out with McDamien Dedzo, Ernest Denerville & Guy Kegels, ITM-A

Thanks to all staff of Central Regional Hospital, Cape Coast, for their warm welcome and collaboration throughout this study

Study funded through the framework agreement between Belgian Directorate-General for Development Cooperation and Institute of Tropical Medicine, Antwerp. The sponsors had no role in the study nor in the writing of papers/presentations

Contact: Bruno Marchal, Department of Public Health, Institute of Tropical Medicine-Antwerp, Nationalestraat 155, B-2000 Antwerp (Belgium)  
([bmarchal@itg.be](mailto:bmarchal@itg.be))