



Task Shifting the Solution for Healthcare Worker Shortages

HUG Geneva Forum 2008

Lessons Learned and General Principles

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Desk Review

- Literature published (CINAHL, MEDLINE)
- Grey Literature (Internet Search including WHO)

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Authors	Focus	Findings
Berman PA, Gwatkin DR and Burger SE (1987)	Undertakes a review of six large scale community based worker programs	<ul style="list-style-type: none"> Mixed results were achieved. Increase in coverage and equity of access to underserved communities. Lack of consistency of quality of provision. Substantial increase in support, supervision, training, management, and logistics required. In general CHWs do not reach their potential in large scale programs
Swider, S M (2002)	Reviews the published literature on CHW effectiveness, which indicates preliminary support for CHWs in increasing access to care, particularly in underserved populations.	<ul style="list-style-type: none"> Little consensus about the role. Can increase access to care. Inconclusive results about impact on increased knowledge and improvement of health status.
Nemcek, M A and Sabatier, R (2003)	Describes the CHW concept, provides a summary of CHW evaluation literature, and suggests quality care indicators to strengthen evaluation.	<ul style="list-style-type: none"> The term community health worker covers a wide range of roles. There is a dearth of process and outcome evaluation evidence Identifies a range of potential indicators and criteria to assess performance of these workers. CHWs can support access to community based preventive care Selection and recruitment processes are important to the success of CHW programmes. Provision of nurse based supervision of the CHWs can help improve quality of service provision.

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<p>Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, van Wyk B, Bosch-Capblanch X, Patrick M (2005)</p>	<p>Cochran review of literature on Lay health workers (LHWs) who are widely used to provide care for a broad range of health issues. However, little is known about the effectiveness of LHW interventions and accordingly this review assesses the effects of LHW interventions in primary and community health care on health care behaviours, patients' health and wellbeing, and patients' satisfaction with care.</p>	<ul style="list-style-type: none">• Considerable diversity in the targeted health issue and the aims, content and outcomes of interventions.• There is insufficient evidence to make definitive conclusions about the effectiveness of this type of worker.• There are many uncontrolled case studies that have not produced robust assessments due to selection bias and confounding factors.• Most robust studies come from the application of workers in high income countries.• Most promising results relate to the access and promotion of uptake of services.• Caution in extrapolating findings to large scale programmes is advocated because in the experimental studies subjects were carefully selected, received substantial training and support from highly motivated project leaders• In some studies LHW were shown to do harm
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Abbatt F
(2005)

This review examines the evidence to support or reject the hypothesis that investment in 'community workers' can only impact on health outcomes with parallel investments in trained health workers and health systems.

- Community health workers rarely work in isolation as they are usually part of the health care team
- In view of the massive diversity in education, job descriptions and contexts of employment, it is extremely difficult to reach general conclusions about the impact that CHWs can be expected to have on health outcomes.
- CHWs can and do have a positive impact on health though quite often the scale of the impact is rather less than had been hoped for.
- Where outcomes have been less positive, the principal reason appears to have been the failure of the health system -and the health professionals within that system - to provide the necessary support for the CHWs.
- Literature supports the need for massive training of health workers, but the argument for training CHWs as opposed to other categories of health worker is not strongly made.
- Merely training CHWs is not enough to ensure that they have an impact on health. Investment of time and expertise is required to analyse and define the work to be done by CHWs and the context in which they will work.

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<p>U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Professions (2007)</p>	<p>This report describes a comprehensive national study of the community health worker workforce and of the factors that affected its utilization and development. The research began in 2004 and was concluded in 2007</p>	<ul style="list-style-type: none"> • Diverse range of titles used to describe these workers. • Diverse range of targeted health issues and interventions • The majority of CHW are women (82%) • Unpaid workers tend to have poorer basic educational backgrounds • The evaluation identified five typical models of care:- <ul style="list-style-type: none"> ○ Member of care team ○ Navigator ○ Screening and health education provider ○ Outreach-enrolling-informing agent ○ Organiser • Concern over quality of services offered • Roles are often lowly paid, short term positions that lack recognition by professionals and offer no or very limited career opportunities
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Lehmann U
and Sanders D
(2007)

This review paper examines questions relating to the feasibility and effectiveness of community health worker programmes. It was commissioned by the World Health Organization which identified in the 2006 World Health Report the need for research into the feasibility of successfully engaging community health workers into health systems.

- CHW embraces a variety of community health aides, selected, trained and working in the community across diverse patient groups and settings.
- CHWs can improve access and coverage of communities
- Growing evidence that CHWs can undertake interventions that lead to improved health outcomes.
- Quality of services provided is variable and can on occasions be poor.
- Careful selection, appropriate training and very importantly adequate and continuous support improves quality of service.
- Poor planning, logistics support and unrealistic expectations can undermine CHW initiatives.
- Successful examples of CHW programmes are associated with wider scale community mobilization efforts that are embedded into wider health service provision.
- There is virtually no evidence that volunteerism can be sustained for long periods and as a rule, community health workers are poor and expect and require income
- Features of successful programmes include:-
 - Appropriate selection
 - Continuing education
 - Involvement and reorientation of health service staff and curriculum
 - Provision of supervision and support
 - Political leadership and sustained commitment and investment

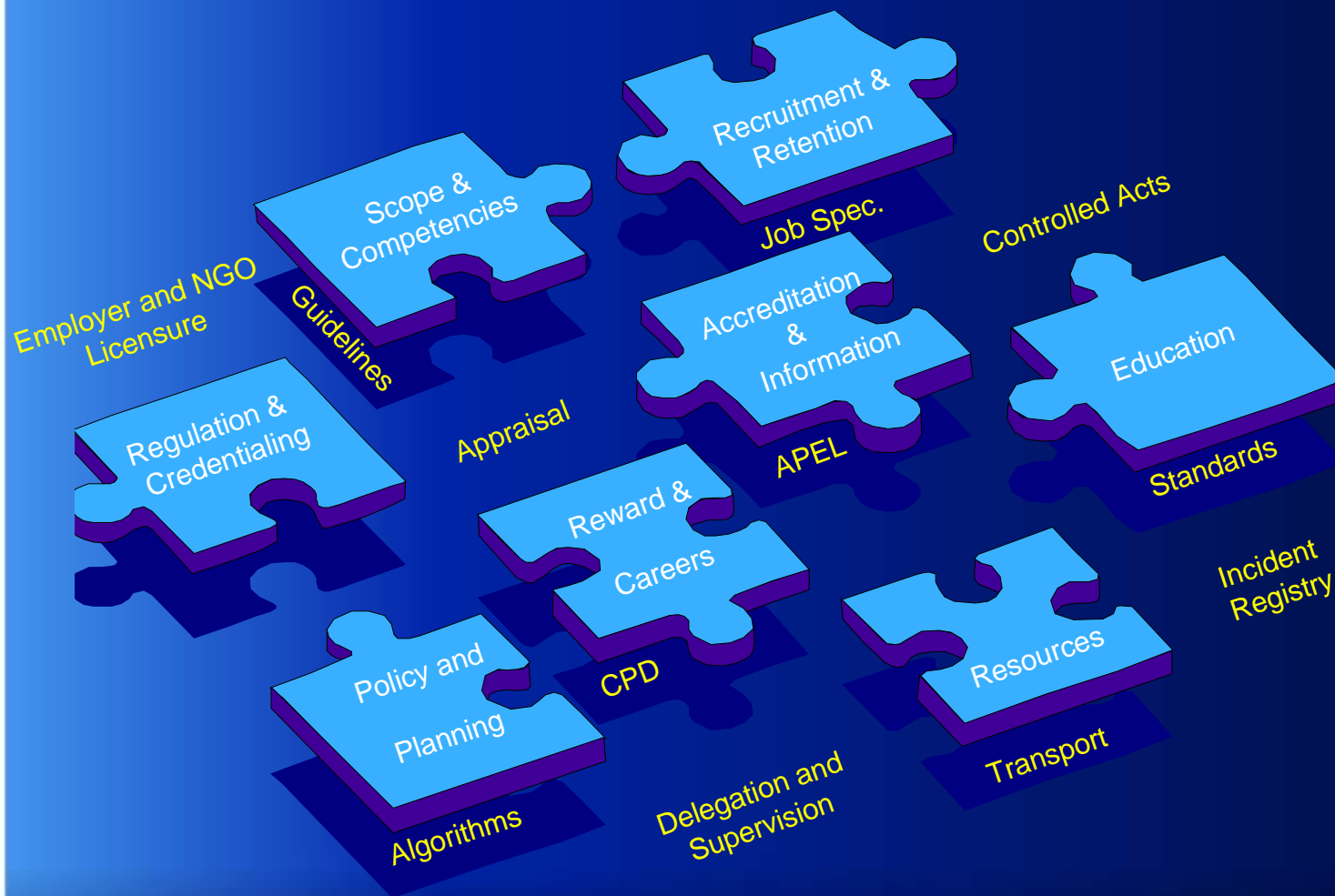
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General areas for quality, access, efficiency and effectiveness improvement to be considered when securing safe task shifting



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Learning Material

- Widely available
- Some excellent Examples
 - Participant Guides
 - Trainers Guides
- But Not ALL
 - Specify Learning Objectives
 - Provide Details of Indicative Effort (Hours of study)
 - None specify level of study but can be assessed
 - Undertake Pre-post testing of learning
 - Theory and Practice
 - Offer materials to demonstrate and support ongoing learning and reflection

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Interventions and Processes

- Interventions
 - Scope of Practice
 - Standards
 - Job Descriptions
 - Education Programmes
 - Code of Conduct
 - Induction
 - Supervision
 - Appraisal
- Processes
 - Regulation
 - Accreditation
 - Validation
 - Credentialing
 - Guidelines
 - Policies
 - procedures

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Template for Solutions

Brief Title

A brief description of the quality, access efficiency or effectiveness opportunity is given.

Advantages

The advantages and potential benefits of addressing the particular opportunity are stated here.

Challenges

Any perceived or known challenges or risks that need to be addressed are identified.

Additional Resources

If there are additional resources or guidance that can be used to support the introduction of the opportunity for changes these are stated here.

Identified Examples of Experience in Addressing the Issue

Examples drawn from the country mapping and regulation research projects along with any published material that reports on how the issues has been addressed will be highlighted in this section.

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Scope of Practice

The range of roles, functions, responsibilities and activities, which defined and/or licenced/registered cadres of staff are educated for, competent in, and authorised to perform. It defines the accountability and limits of practice.

Advantages

- Provides a clear basis upon which to plan, recruit, educate, implement and evaluate the contributions made and impact achieved by the various cadres.
- Describes the “who”, “what”, “where”, “when”, “why” and “how” of practice.
- Can be developed in such a manner that provides transparency both within and across cadres by mapping the role relationships among cadres.
- Provides the basis for decision making frameworks and guides the identification of delegation and supervisory processes

Challenges

- Defining the scope in such a way that strikes a balance between protecting the public and ensuring sufficient flexibility to deal with rapidly changing health needs.
- Working across disciplines where scopes of practice are defined in different ways e.g. prohibition of tasks versus a principled based approach.

Additional Resources

- East, Central and Southern African College of Nursing (2001) Nursing and Midwifery Professional Regulatory Framework. Arusha, Commonwealth Regional Health Community Secretariat.
- International Council of Nurses (2007) Model Act Toolkit. Geneva, International Council of Nurses.
- International Council of Nurses (2007) Nursing Care Continuum (Consultation Draft). Geneva, International Council of Nurses

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Identified Examples of Experience in Addressing the Issue

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Competence Based Models of Education and Practice

Competence is the ability to deliver a specified service. This refers to the total role functioning of the individual and incorporates a number of units of competence. A unit of competence (a competency) is a relatively self-contained achievement and should as far as possible be complete. It describes the outcome expectations of a particular work role and acts as a benchmark against which individual performance is judged.

A competency statement is an occupational outcome statement or standard with four components:

- *A title* — identifies the competency briefly, and distinguishes it from others.
- *An element of competence (function)* — stipulates what a person should be able to do; this is a significant role component that is worth recognizing in its own right.
- *Performance criteria* — define successful performance; these are the quality statements attached to each competency, and they stipulate how well something should be done.
- *Range statements* — describe the context in which the competency should be demonstrated and the setting of the function.

Advantages

- Assists in identifying transferable competencies and supports in the design of formal and non-formal education programmes.
- Facilitates the recognition of prior learning
- Can form the basis of job descriptions and person specifications and assist in developing recruitment, induction, credentialing, appraisal and transparent reward systems
- Improves communication on strategic and HR issues through a common language

Challenges

- Variation in how competency models work and the approach taken by different groups.
- The clinical mapping project has focused mainly on the technical and task competencies associated with the role rather than those that relate to the broader aspects of the role relating to managing workload etc, seeking support or providing supervision etc.

Additional Resources

- Uys LR (2003) Competency in Nursing. Geneva, WHO.

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Recruitment

Recruitment is a process that consists of several interrelated steps aimed at attracting and appointing suitable candidates capable of fulfilling the role requirements of the position to be filled. Steps entail the identification of the need to recruit, the production of an up-to-date job description and person specification, advertising the post and selecting the appropriate candidate(s).

Advantages

- Based on the clinical mapping and the identification of roles competence based specimen job description and person specifications can be developed
- Standardised promotional material for each level of post can be produced along with competence based selection processes.
- Learning gaps can be identified as part of the recruitment process and these can be used to customize the induction and training provided to successful candidates.

Challenges

- Not all NGOs and employers have well developed human resource processes and such a standardised and systematic approach may be resisted.
- Not all staff who are involved in the recruitment process have the necessary competencies to undertake efficient effective and equitable recruitment processes.

Additional Resources

- Moore FI (1999) Functional Job Analysis: Guidelines for task analysis and job design. Geneva, WHO.

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Identified Examples of Experience in Addressing the Issue

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Regular Performance Appraisal

Regular performance appraisals convey to employees the employer's commitment to effective communication between managers and employees about performance expectations, gives an opportunity to identify ongoing learning needs and provides a formal means of giving the employee positive feedback for their efforts.

Advantages

- Effective performance appraisal systems conduct ongoing evaluations of both the position and the staff member occupying it. With ongoing position analysis and performance appraisal, there are few surprises, and changes in the environment are quickly incorporated into the appraisal system.
- Appraisal offers a valuable opportunity to focus on work activities & goals, to identify & correct existing problems, and to encourage better future performance.
- Appraisal data can be used to monitor the success of the organization's recruitment and induction practices.

Challenges

- Effective appraisal interviews need planning, the right climate, the ability to probe and listen, and finally some follow up action. In resource limited situations or where there are large numbers of workers per manager this can be difficult to achieve.
- It is crucial that top management believe in the value of appraisal and express their visible commitment to it.

Additional Resources

- The Capacity Project (2007) Learning for Performance: A Guide and Toolkit for Health Worker Training and Education Program. Chapel Hill NC, Intrahealth International.

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Supervision and Delegation

Supervision is the process of providing guidance and overseeing the delegated activities and can be either direct or indirect. Supervision may entail direct observation of the person performing the task, may entail clear written or verbal instruction on how the activity should be performed and direction on what to do if certain contraindications occur including reporting back to the supervisor. Delegation is a process which involves assessment of the needs of the client and the abilities of the person being assigned the activities including the responsibility for the ongoing direct or indirect supervision and monitoring of patient outcome and performance of the individual undertaking the delegated activities.

Advantages

- Allow qualified practitioners to concentrate on those aspects of care best suited to their competencies.
- Can enhance access to services when increased numbers of staff that have been given specific and adequate education to meet care needs are added to the care team

Challenges

- Not all professions will have received sufficient education to safely delegate to and supervise other health workers.
- The profession in deciding to delegate needs to consider a range of factors, potential for harm, complexity of task, ability and preparation of the working being asked to carry out the task, availability of support and supervision.
- The workload associated with supervision needs to be factored into the total workload of the person providing that support.

Additional Resources

- WHO (2006) WHO recommendations for clinical mentoring to support scale-up of HIV care, antiretroviral therapy and prevention in resource-constrained settings. Geneva, World Health Organisation.

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Services and Education Accreditation

Accreditation is a formal process by which a recognized body, usually a non-governmental organization (NGO), assesses and recognizes that a health care organization, educational institution or training programme provider meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organizations.

Advantages

- Provides regular assessment of performance against agreed criteria.
- Can assist in enhancing a standardised approach to service deliver and educational programme provision.
- Provides a means of *demonstrating accountability*. Accreditors have standards that call for institutions & programs to provide consistent, reliable information about quality & achievement which can help foster continuing confidence in the services.
- *Encourages self scrutiny, planning for change and needed improvement.*

Challenges

- Establishing a body that can work across the entire continuum of education provision. Most existing body are, for example, higher education sector specific.
- Accreditation processes usually have a component of self assessment and this along with any external review arrangements would have both startup and ongoing costs.

Additional Resources

- WHO EMRO (2003) Report on the Regional consultation on the accreditation of health professions education in the Eastern Mediterranean Region. Cairo, WHO EMRO.
- WHO (2005) WHO/WFME Guidelines for Accreditation of Basic Medical Education. Geneva, WHO
- Montagu D (2003) Accreditation and other external quality assessment systems for healthcare: Review of experience and lessons learned. London, DFID.

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Identified Examples of Experience in Addressing the Issue

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Task Shifting 12 Principles

- What needs to be addressed
- Not how to address it
- Not bound to any one discipline

So how do we learn from the evidence?

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12 Principles

- **Skill mix decisions** should be country-specific and take account of local service delivery needs, quality and effectiveness factors, efficiency, the current configuration of health services and available resources, as well as production and training capacity, and include the health professions in decision-making.
- **Roles and job descriptions** should be described on the basis of the competencies required for service delivery and constitute part of a coherent, competency-based career framework that encourages progression through lifelong learning and recognition of existing and changing competence.

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12 Principles

- There needs to be **sufficient health professionals** to provide the required selection, training, direction, supervision, and continuing education of auxiliary workers.
- Regulations for assistive personnel and task-shifting need to be set with the **professions involved**. It should be clearly stated who is responsible for supportive supervision to assistive personnel. In any case the curriculum development, the teaching, supervision and assessment should always involve the health professionals from whom the task is being shifted.

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12 Principles

- There must be adequate **planning and monitoring** to avoid the danger of generating a fragmented and disjointed system that fails to meet the total health needs of the patient, offers a series of disconnected and parallel services that are both inefficient and confusing, and may lead to demotivation and high attrition rates.
- Assistive personnel need **compensation and benefits** that equal a living wage, a safe workplace and adequate supplies to ensure their own safety and that of patients. At the same time they should be expected to work within the code of conduct of their employer.

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12 Principles

- Deploying assistive personnel will **increase demand on health professionals** in at least three ways: (1) increased responsibilities as trainers and supervisors, taking scarce time away from other tasks; (2) higher numbers will be needed to take care of the new patients generated by successful task-shifting; and (3) health professionals will be faced with patients who have more complex health needs (the simpler cases will be covered by task-shifting) and thus require more sophisticated analytical, diagnostic, and treatment skills.

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12 Principles

- There needs to be **credible analysis of the economic benefit of task shifting** to ensure equal or better benefit, i.e. health outcomes, cost effectiveness, productivity, etc. Ongoing evaluation, particularly in skill-mix changes and the introduction of new cadres and or new models of care, should systematically consider the impact on patient and health outcomes as well as on efficiency and effectiveness.

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12 Principles

- When task shifting occurs in response to specific health issues such as HIV, **regular assessment and monitoring** should be conducted on the entire health system of the country concerned. In particular, quality assessment linked to overall health outcomes of the population is essential to ensure that programs are improving the health of patients across the health care system.
- Assistive workers should **not be employed at the expense of unemployed and underemployed health professionals**. Task-shifting should be complemented by fair and appropriate remuneration of health professionals and improvement of their working conditions.

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12 Principles

- Where task shifting is meant as a long term strategy it needs to be **sustainable**. If meant as short term, there needs to be a clear **exit strategy**.
- Assistive workers need to be **integrated into health care delivery systems** and treated as part of the team.

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Conclusion

- A total systems approach should be taken to maximise access and make best use of existing qualified health workers.
- In geographical areas facing a critical shortage of health professionals, efforts should be made and supported to increase professional training opportunities (undergraduate and graduate), and to provide incentives for the retention of health professionals.
- Whatever the strategy selected, task-shifting should not replace the development of sustainable, fully functioning health care systems. It is not the answer to ensuring comprehensive care, including secondary care, is accessible to all.

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