A HEALTH POLICY AND SYSTEMS RESEARCH READER ON HUMAN RESOURCES FOR HEALTH
Chapter 4: Health worker performance, practice and improvement

Stephanie M. Topp
Outline

• What is health worker performance?
• Major bodies of performance-related research
  - Performance evaluation
  - Performance as practice
  - Performance improvement
• Gaps and challenges
Defining performance

“…a composite function of health worker availability, competence, productivity and responsiveness.” (WHO, 2006)

- WHO definition encompasses both technical and relational aspects of health worker performance

- Important to distinguish performance from quality - health worker performance is a necessary, but not always sufficient or dominant component of quality of care

- May apply to health workers at any level of the health system (not just doctors & nurses)
Multidisciplinarity a key aspect of HPSR
Performance Literature
- Major groupings -

Performance Evaluation
Leonard & Masatu 2010
Jaysuriya et al. 2014

Performance as Practice
Jewkes et al. 1998
Hahanou 2015
Gilson et al. 2005

Performance Improvement
Bradley et al. 2002
Witter et al. 2011
1. PERFORMANCE EVALUATION

- Mixes descriptive research and economic theory to quantify HRH performance
- Typically focuses on individual-level determinants – e.g. clinical competence, adherence to guidelines, pro-social values
- Largely conducted within a positivist knowledge paradigm

**KEY CONSTRUCTS:** availability; competencies; adherence; productivity
3. Illustrative primary research articles

Performance Evaluation


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Public and private sector medical officers, assistant medical officers, clinical officers, clinical assistants and nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Research methods</td>
<td>Quantitative: protocol checklist completion through direct clinician observation and clinician testing using vignettes</td>
</tr>
<tr>
<td>Research inference</td>
<td>Influence</td>
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</table>
What makes it exemplary?

HPSR Reader on HRH

PROFESSIONALISM AND THE KNOW-DO GAP: EXPLORING INTRINSIC MOTIVATION AMONG HEALTH WORKERS IN TANZANIA

KENNETH L. LEONARD and MELKIORY C. MASATU

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Centre for Educational Development in Health, Arusha (CEDHA), Arusha, TZ, Tanzania

SUMMARY

Professionalism can be defined generally as adhering to the accepted standards of a profession and placing the interests of the public above the individual professional's immediate interests. In the field of medicine, professionalism should lead at least some practitioners in developing countries to effectively care for their patients despite the absence of extrinsic incentives to do so. In this study we examine the behavior of 80 practitioners from the Arusha region of Tanzania for evidence of professionalism. We show that about 20% of these practitioners behave professionally, and almost half of those who do so practice in the public sector. These professional health care workers provide high quality care even when they work in an environment that does not reward this effort, a finding that has important implications for the use of performance-based incentives. Copyright © 2009 John Wiley & Sons, Ltd.

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JEL classification: I1; O1; O2

KEY WORDS incentives; quality; health care; professionalism; Tanzania

- Asserts that multi-level performance measurement is necessary to develop sophisticated/effective improvement strategies
- Use of ‘vignettes’ (case study patients) and impact of peer scrutiny
- Compares performance of same staff working in both public vs. non-government run clinics
- Contrary to much performance literature: conclude HRH with ‘good’ (professional) performance demonstrate intrinsic characteristics and are largely unaffected by reward or lack thereof.
- But - performance still conceptualized as a product of individual preferences, choices and behaviors.
3. Illustrative primary research articles

Performance Evaluation


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Public and private sector medical officers, assistant medical officers, clinical officers, clinical assistants and nurses</th>
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<tbody>
<tr>
<td>Geographical area</td>
<td>Papua New Guinea</td>
</tr>
<tr>
<td>Research methods</td>
<td>Quantitative: provider survey self-administered during national training</td>
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<tr>
<td>Research inference</td>
<td>Influence</td>
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HPSR Reader on HRH
What makes it exemplary?

- Multi-factorial conceptualization of performance
- Specific focus on ‘non-task’ behaviours – elsewhere often referred to as ‘responsiveness’
- Explicit recognition of the effect of organizational cultural on HRH performance
- Pragmatic but robust methodology to enable representative sampling in a geographically and linguistically diverse setting
2. PERFORMANCE AS PRACTICE

- A strength of health policy and systems research
- Draws on governance theory, anthropology, sociology, management sciences
- Explores how social and health system contexts influence HRH behaviour and practices
- Expands focus of traditional performance literature to non-clinical cadres
- Emphasizes importance of documenting the voices of patients as well as HRH
- Typically conducted from a relativist or critical realist paradigm

**KEY CONSTRUCTS:** responsiveness; social/organizational context; governance
### 3. Illustrative primary research articles

**Performance as Practice**

<table>
<thead>
<tr>
<th>Cadres</th>
<th>Public sector nurses and midwives</th>
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<tbody>
<tr>
<td>Geographical area</td>
<td>South Africa</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: ethnographic non-participant observation, in-depth interviews, focus group discussions with women, nurses and midwives, along with historical analysis</td>
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<tr>
<td>Research inference</td>
<td>Exploratory</td>
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What makes it exemplary?

- Highlights how social factors inform and shape HRH treatment of patients
- Flags a range of socio-cultural and economic factors that influence nurse (and other HRH) practice
- Demonstrates how HRH performance is the product of multiple norms and practices that play out in complex and sometimes unanticipated ways
- Illustrative of how qualitative methods can create space for new, unexpected findings AND how to present those findings according to ‘grounded themes’ in the absence of a broad or deep literature
3. Illustrative primary research articles

Performance as Practice


<table>
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<tr>
<th>Cadres</th>
<th>Public sector hospital emergency ward providers and users</th>
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<tbody>
<tr>
<td>Geographical area</td>
<td>Niger</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: ethnography; five months participant observation</td>
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<tr>
<td>Research inference</td>
<td>Exploratory</td>
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</table>
What makes it exemplary?

5 Juggling with the norms
Informal payment and everyday governance of healthcare facilities in Niger

Eric Komlavi Hahonou

Corruption in the health sector constitutes a major concern for policy makers in most parts of the world including the transition economies in Central and Eastern Europe, the former Soviet Union (Lewis 2000, 2007; Fensor 2004) as well as most Asian and African countries (McPake et al. 1999; Blundo and Olivier de Sardan 2006; Gaal et al. 2006; Onwujekwe et al. 2010). Corruption and related illegal or informal practices in healthcare as well as in other “interface bureaucracies” in Africa and other developing countries have attracted the growing interest of policy makers and scholars. In the health sector, much of the literature addresses the issue under the umbrella concept of “informal payments” while the term “corruption” more often seems to be cautiously avoided. A range of related notions, such as “out-of-pocket” expenditure, “under-the-table” payments for services and “unofficial payments,” are also employed to refer to exchanges of money (or other resources) between the users and the providers of health services beyond the fees officially or legally determined by public authorities. The diversity of terms not only reflects a multiplicity of practices but also disagreements among scholars about the definition of the phenomena under study (Gaal et al. 2006).

- Provides critical insight into the reasoning and rationale for seemingly corrupt / uncaring HRH practices in an extremely low-resource setting
- Highlights the role of patient ‘co-production’ in HRH performance – i.e. patients are not passive
- Demonstrates the value of questioning dominant theories or received wisdom regarding HRH performance
- Compelling example of the narrative style of ‘thick (detailed) descriptions’ produced by ethnographic enquiry
### 3. Illustrative primary research articles

**Performance as Practice**

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<th>Cadres</th>
<th>Public and private sector medical officers, assistant medical officers, clinical officers, clinical assistants and nurses</th>
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<tr>
<td>Geographical area</td>
<td>South Africa</td>
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<tr>
<td>Research methods</td>
<td>Mixed: focus group discussions with younger and older women; provider open-ended interviews and self-administered questionnaires</td>
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<tr>
<td>Research inference</td>
<td>Exploratory</td>
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What makes it exemplary?

- Highlight the interactions between workplace trust and patient-provider trust and explore their impact on hard and soft measures of performance.

- Demonstrate how understanding human relationships lies at the centre of understanding HRH (and wider system) performance.

- Use mixed methods to build and critique a framework and demonstrate principles of qualitative validation.

Trust and health worker performance: exploring a conceptual framework using South African evidence

Lucy Gilson¹,²,*, Natasha Palmer¹, Helen Schneider³

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²Health Policy Unit, London School of Hygiene and Tropical Medicine, UK

Available online 22 January 2005

Abstract

Two relationships of particular importance to health care provision are those between patient and provider, and health worker and employer. This paper presents an analytical framework that establishes the key dimensions within these relationships, and suggests how they may combine in influencing health system responsiveness. The paper then explores the relevance of the framework by using it to analyse case studies of primary care providers in South Africa.

The analysis suggests that respectful treatment is the central demand of primary care service users, in terms of positive attitudes, behaviours, thoroughness, and technical competence, and that support for fair treatment is important for patients and patients who trust. The findings also suggest that the notion of workplace trust (combining trust in colleagues, supervisor and employing organisation) has relevance to provider experiences of their workplaces, and so can provide important insights for strengthening management. Nonetheless, given the limitations of this preliminary analysis, further research is needed to develop the notion of workplace trust and to test what role it has, along with that of provider-community relations, in influencing health worker performance.

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Keywords: Trust; Health workers; Motivation; Responsiveness; Primary care; South Africa
3. PERFORMANCE IMPROVEMENT

- Literature encompasses 5 major performance improvement categories:
  1. Empowerment-based approaches (e.g. Participatory Action Research)
  2. Quality improvement (e.g. Six Sigma; Continuous Quality Improvement; Lean Thinking)
  3. Incentive-based approaches (e.g. Performance based financing)
  4. Social accountability approaches (e.g. community score cards; citizen voice and action initiatives)
  5. Social franchising

KEY CONSTRUCTS: empowerment; quality improvement; social accountability
### 3. Illustrative primary research articles

#### Performance Improvement

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<td><strong>Cadres</strong></td>
<td>Multiple public sector facility based health workers</td>
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<tr>
<td><strong>Geographical area</strong></td>
<td>Tanzania</td>
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<tr>
<td><strong>Research methods</strong></td>
<td>Qualitative: description of long term participatory process</td>
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<td><strong>Research inference</strong></td>
<td>Emancipatory</td>
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What makes it exemplary?

- Describes a range of strategies used in a long-term participatory quality-improvement project (Tanzania)
- Useful and accessible introduction to the concept and logic of participatory action research
- Strong reasoning of the relevance of participatory action research to HRH performance improvement
3. Illustrative primary research articles
Performance Improvement

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What makes it exemplary?

• Provides an unusual example of a team extending parameters of a traditional performance improvement evaluation to explore multi-layered factors influencing the impact of a performance improvement program.

• Demonstrates that Performance Based Financing programmes often make ‘black box’ assumptions about the motivational mechanisms in play.

• Forerunner in recognizing that PBF must be understood as a ‘package of reforms’ not just a financing intervention.

• Aligned with a core tenet of HSPR that stresses the importance of examining HRH performance, and efforts to improve it, in context.
GAPS & CHALLENGES

Blurring of ‘performance’ & ‘quality’
- Blurring performance & quality places implicit responsibility for overall quality on (typically) frontline health workers.
- More prevalent in performance evaluation literature highlighting need for more engagement with a ‘performance as practice’ research lens.

More attention to different cadres & private-sector
- HRH performance research dominated by public-sector hospital-based studies and nurse/doctor performance.
- More research required on critical non-clinical personnel (e.g. CHWs) and in private sector.

Caution in applying globally accepted performance indicators
- Globally accepted performance indicators can decontextualize and oversimplify HRH practice.
- Reliance on globally accepted indicators also linked to “tactical” vs ‘strategic’ improvement efforts.
- Greater investment needed in theory-driven performance evaluation.

Greater investment in ‘embedded’ performance evaluation & improvement
- HSPR views performance as the product of contextualized decisions, behaviours and relationships.
- Improved understanding of these contexts will in turn inform the development of performance measures more sensitive to the resource-constrained and complex realities of HRH in many LMICs.
Acknowledgements

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http://www.who.int/alliance-hpsr/resources/publications/9789241513357/en/

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