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Competency Gaps in Human Resource Management in the Health Sector

An exploratory study of Ethiopia, Kenya, Tanzania, and Uganda

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The acute shortage of health care workers in sub-Saharan Africa is well documented, but little attention has been paid to those who have human resource management (HRM) responsibilities, who are tasked with developing and leading a productive, motivated, and supported health workforce capable of delivering quality, accessible health services.

The lack of well-trained human resource managers mirrors the region's shortage of health care professionals in general. It is a key factor standing between success and failure in Africa's effort to alleviate its crushing burden of disease. Building the capacity of human resource managers in the health sector is critical at a time when countries need to scale-up HIV/AIDS, tuberculosis, malaria, and other services to meet the health challenges facing their populations.

To document the needs of staff in HR management roles, Management Sciences for Health (MSH) and the African Medical and Research Foundation (AMREF), with the support of the Office of HIV/AIDS of the US Agency for International Development (USAID), undertook an exploratory study of managers with significant responsibility for HRM in health institutions in four East African countries: Ethiopia, Kenya, Tanzania, and Uganda. Data collection took place between November 2008 and March 2009.

In this study, human resource management is defined as the “integrated use of procedures, policies, and practices to recruit, maintain, and develop employees in order for the organization to meet its desired goals.” HRM includes six major functions: personnel policy, performance management, training, HR data systems, HR strategy development, and general leadership and management.

The study found significant gaps in the six major functions of HRM among health managers surveyed in all four countries. It illustrates a compelling need for building HRM capacity, and provides recommendations for strengthening HRM systems to increase workforce retention and productivity.



Study Specifics

Purpose

This study was designed to document the role and experience of health managers with HRM responsibilities; identify their challenges; identify additional skills and knowledge needed to meet these challenges; and solicit recommendations to strengthen HR management.

Methodology

A cross-sectional study design was used, with MSH and AMREF developing and administering a survey to 96 participants to collect quantitative and qualitative data. All respondents were either HR managers in the government health sector, or administrators in select hospitals. Face-to-face interviews were conducted with each participant to gain deeper insight into human resource needs.

The Demographics of Respondents

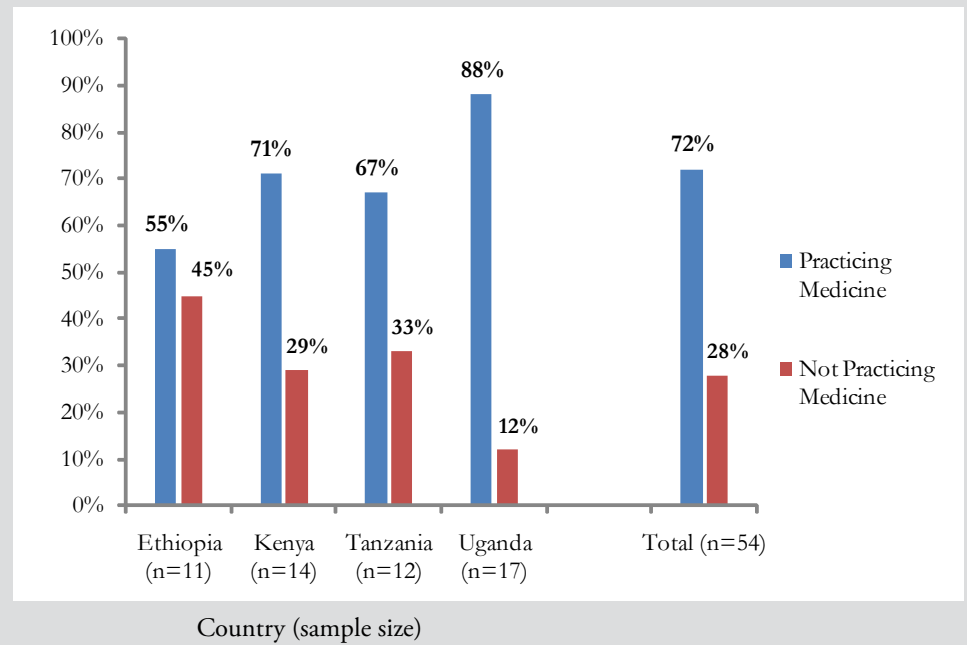
Of the 96 managers surveyed, 26 were from Ethiopia, 24 from Kenya, 25 from Tanzania and 21 from Uganda. Nineteen were female (representing 20% of the overall respondents). Participants, male and female, were senior-level administrators, mid-level administrators, or health professionals, with the majority in mid-level administration. All respondents indicated that they had significant HRM responsibilities.

The Dual Roles of Clinicians

Among the survey respondents, 56% had a medical background. Nearly three quarters of these (72%) were practicing clinicians including doctors, clinical officers and nurses (see Table 1). There are two reasons for this duality of roles: First, a shortage of staff, especially in rural areas, results in HRM responsibilities being added to already overburdened health care practitioners. Second, few professionals opt to be trained for management, as the jobs of surgeon, specialist, or clinical nurse are perceived as higher status and more financially rewarding. In the end, this perception benefits neither patients nor staff. One manager said, *“It is generally unfair to expect a medical professional to handle HR issues in such detail as entailed in the role of [a] district health officer.”*



Table 1. Clinicians with HR Responsibilities



Work Experience and Day-to-Day Roles

The human resource related day-to-day job responsibilities reported by respondents included administrative duties and recruitment; supervision (including performance appraisals, conflict resolution and mentoring); training; staff deployment (including placement, transfer and benefits functions); and HR planning and policy (covering policy-making, budgeting, and advising senior management).

Respondents' work experience in HRM and the health sector varied greatly. While 77% had worked in the health sector for more than five years, 41% of all respondents had less than five years' HRM experience. Staff with more than 10 years of clinical experience were more likely to have HRM responsibilities formally assigned, but did not report a significant amount of HRM experience.

HR Challenges

Understaffing was the most commonly reported HR challenge, with 67% of respondents reporting staff shortages in both the technical and auxiliary areas. High turnover was common among the more highly experienced staff. Noted one physician in a government position, *“We have no retention strategy through better pay, appropriate staffing norms, working and retirement incentive packages... The private and NGO worlds pride themselves on this.”*

Understaffing is exacerbated when the many health workers who leave or are victims of HIV/AIDS are not replaced. This shortfall results in overworked staff *“that at times has led to burnout,”* says one respondent.

The Competency Gaps



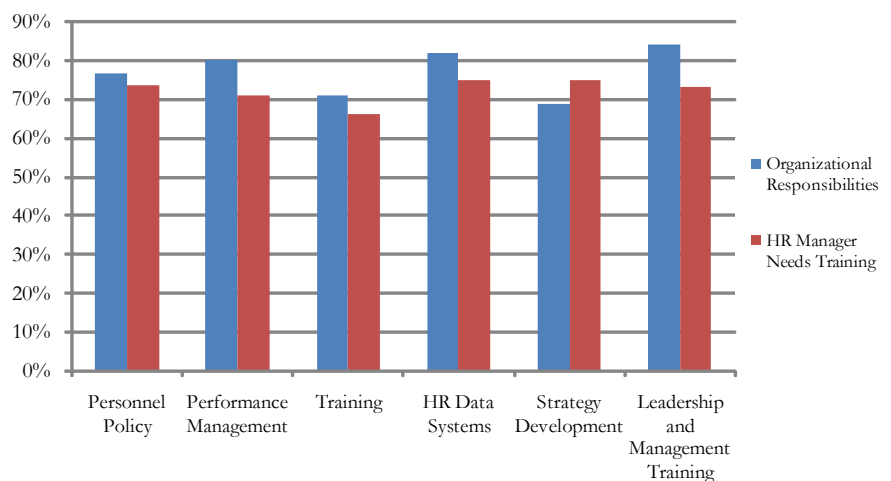
Respondents were asked if they felt they needed more training to carry out the six HRM functions. Nearly all respondents indicated a need for additional preparation in all six components; in fact, fewer than six percent of the respondents felt they had the skills and knowledge to carry out their HRM functions.

For example (see Table 2):

- 70% expressed a need for additional skills related to personnel policy, including HR planning, recruitment, hiring, discipline, and HIV/AIDS workplace safety programs.
- 70% felt they needed additional training to carry out performance management activities.
- 75% felt they needed more training to improve their capacity for using HR data systems.
- 81% desired more knowledge to be able to effectively plan and manage in-service trainings.
- 75% wanted more training on human resource development strategy, to better develop their organization's strategic HR plan, and to create strong retention programs.
- 79% felt they needed additional training in general leadership and management skills, including leadership and advocacy.

To address these gaps, respondents made specific recommendations for both pre-service and in-service training, such as the addition of courses in HRM, general management skills, and leadership. Furthermore they felt there should be ongoing training in team management and interpersonal communications.

Table 2. Gap Analysis:
Organizational Responsibilities to Carry Out HR Functions
vs Respondent's Need for Training in HR Functions



Challenges Identified by Respondents (n=98)

- Understaffing (67%)
- Lack of staff satisfaction (65%)
- Lack of skilled HRM staff (63%)
- Poor working conditions for staff with HR responsibilities (60%)
- Staff grievances (52%)

Comments from a Health Care Professional Interviewed in the Study

“There is a shortage of skilled managers to handle HR issues such as implementation and standardized measurement tools for evaluation, administration, and supervision of activities, or in some cases there are poorly trained officers who may not be able to adapt to current trends or have limited training for HR functions.”

Bridging the Competency Gap: Moving Forward

There is a critical need for capacity building in human resource management in the health sector. HR challenges — understaffing, lack of trained staff, lack of staff satisfaction, poor working conditions, and staff grievances — are severely limiting the capacity of health service organizations and health care professionals to meet the needs of their populations.

These are complex issues that, if neglected, contribute directly to lower standards of performance, increased turnover, higher levels of staff vacancies, constraints on health service delivery and thus poor health outcomes. In a fully resourced system, professional HR managers would be trained and prepared to address these challenges.

Given the fact that many governments and donors are now recognizing the need for increased capacity in HRM, the study's findings are timely and the recommendations for bridging competency gaps that follow represent a way to move forward.

Recommendations include:

- Create a professional cadre of HR managers with responsibility for the welfare of health staff. Such professionals are needed at the central and provincial levels of the MOH, as well as in NGOs that support government health services.
- Provide in-service orientation and training on effective HR management practices to health managers at various levels who have HR responsibility.
- Put proven, practical tools directly into the hands of health managers with responsibility for HRM.
- Review national-level HR policy to identify and address obstacles that inhibit effective and efficient HR management.
- Strengthen human resource information systems to collect timely data for informed decision-making.
- Develop and implement training programs in HRM at local management schools.
- Review the pre-service and in-service training and provide courses on HRM, general management, and leadership.



"The HR role is so wide and needs detailed attention and yet on the job description it is just a bullet," said one health care professional interviewed in the study.



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