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Health workforce governance: Processes, tools and actors towards a competent workforce for integrated health services delivery

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ABSTRACT

A competent health workforce is a vital resource for health services delivery, dictating the extent to which services are capable of responding to health needs. In the context of the changing health landscape, an integrated approach to service provision has taken precedence. For this, strengthening health workforce competencies is an imperative, and doing so in practice hinges on the oversight and steering function of governance. To aid health system stewards in their governing role, this review seeks to provide an overview of processes, tools and actors for strengthening health workforce competencies. It draws from a purposive and multidisciplinary review of literature, expert opinion and country initiatives across the WHO European Region's 53 Member States. Through our analysis, we observe distinct yet complementary roles can be differentiated between health services delivery and the health system. This understanding is a necessary prerequisite to gain deeper insight into the specificities for strengthening health workforce competencies in order for governance to rightly create the institutional environment called for to foster alignment. Differentiating between the contribution of health services and the health system in the strengthening of health workforce competencies is an important distinction for achieving and sustaining health improvement goals.

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1. Background

To accelerate gains in health outcomes, health systems must continuously adapt and evolve according to their changing contexts [1,2]. In the WHO European Region, these shifts include population-ageing, increasing non-communicable diseases, greater rates of chronicity and, in some countries, a rising incidence of communicable

diseases, like multi-drug resistant forms of tuberculosis [1,3–5].

In this context, health services delivery has proven its potential to react and adjust. While empirical evidence on impact remains to be realized [6], there has been nonetheless a substantive volume of activity in recent years to transform care towards more integrated models across countries in the WHO European Region [7–11].

The health workforce itself is, by-and-large, the engine behind these efforts. At the front-line of care, clinicians, health managers and other health professionals are intimately familiar with the needs and the realities of the system's operations [12–14]. Indeed, their ability to decode

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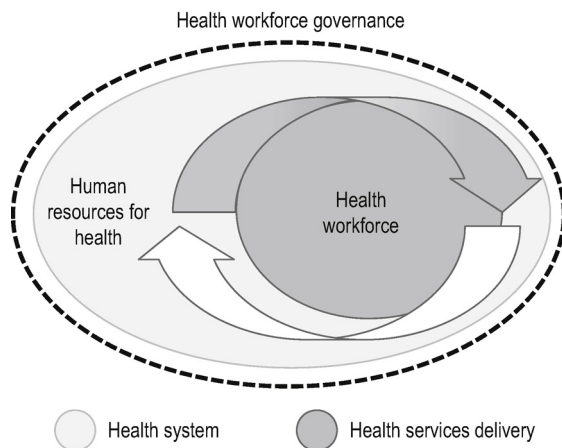


Fig. 1. Key concepts visualized.

these demands and appropriately respond is at the crux of the performance of the health workforce and its measure of competence.

In effect, the link between health workforce competencies and improved health outcomes is looked to with increasing interest [15,16]; a sharp shift from concerns which previously have emphasized rather the quantity of professionals or more narrowly, initial training and formal education [15,17]. However, to adjust the competencies of the health workforce is not merely a workforce-enhancement exercise. It supposes major health workforce entry and exit changes that require investments and feedback on the part of the health system [15]. However, as documented health service delivery transformations signal, bottom-up health workforce-led efforts to improve services are hard-pressed to secure system-wide change, rendering many of these efforts small-scale, context-specific or ad-hoc solutions.

Critical to strengthen and sustain health workforce competencies is governance: the indisputably difficult assignment to bring better alignment between the day-to-day functioning of services delivery and the health system. This relationship is illustrated in Fig. 1. Although a simplification, the dynamic captured highlights a distinction between the system's initial contribution to competencies as part of the resourcing function of the health system's human resources for health, responsible for all aspects of workforce performance – its availability, competence, responsiveness and productivity [18] – and the continued investment overtime in health services delivery to enhance the performance of the health workforce, with feedback to optimally inform future generations [12]. The role of steward's to give direction and steer the system's actors is conveyed by the overarching boundary set by health workforce governance and it is these processes of governance and their minimum conditions that are further explored here.

2. Purpose and rationale

This review aims to support health workforce governance by consolidating and aligning first hand experiences of countries with the literature and international

expertise on advancing health workforce competencies. To do so, we ask the question: what processes and related tools apply for improving health workforce competencies? 'Processes' refer to those varied entry points in the cycle of health workforce competencies depicted above (Fig. 1).

From this, key actors engaged in improving health workforce competencies can be identified. This is seen here as a prerequisite for stewards to carry out the core processes of governance [19]. In the context of current health pressures described, a concerted effort to strengthen the governance function is vital for sustained, system-wide reforms, able to equip the health workforce with the competencies necessary for integrated health services delivery.

3. Methods

The authors used a three-pronged descriptive method to develop and validate a conceptual framework and findings: an adapted scoping study methodology [20,21]; case studies documenting first-hand experiences from 53 countries in the WHO European Region; and survey responses from 10 international experts on human resource for health.

3.1. Process and sources of evidence

This work has been prepared in the context of the forthcoming Framework for Action towards Coordinated/Integrated Health Services Delivery in the WHO European Region [22].

The sources of evidence and process for collection are described as follows:

Scientific and grey literature. A purposive literature search was conducted using PubMed, Health Systems Evidence and Google Scholar between February and April 2014. This was complemented with hand searching of key organizations and conference abstracts to identify open access scientific and grey literature available in English on governance and competencies of the health workforce. Online searches included various combinations of the following keywords: 'health'; 'governance'; 'competencies'; 'health systems'; 'health workforce'; 'health professionals'; 'health services delivery' and 'integrated care'. The reference lists of literature deemed relevant for analysis were additionally consulted. This literature search has not intended to be systematic.

Field evidence. Between late-2013 to mid-2015, descriptive case studies on initiatives to transform health services delivery from all 53 Member States of the WHO European Region were developed. Cases triangulate evidence from an electronic 21-item questionnaire, 60-min key informant interviews with a representative from each of the 53 countries and topic-specific reporting. The initiatives captured vary widely in their approach to transform services delivery, differing also by their specific aim, scale of implementation and stage of reforms. Through a horizontal analysis across cases, those processes and tools most commonly activated to strengthen the performance and competencies of the health workforce have been extracted.

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