HRH Data and Effective Decisions
Investing in sound decision making approaches
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Introduction: context and background

In the wider realm of evidence-based health care, there is sufficient body of well-researched knowledge and analysis supported by compelling case studies or clinical trials to demonstrate the importance of rigorous processes and systematic uses of data and information. This ensures that health innovations and practices are informed by the best available data and research evidence. However, the same is not necessarily true in the field of human resources for health, especially when it comes to using workforce data and information to make sound policy decisions. As such, a key challenge to HR practitioners as well as policy makers is to find better ways of contextualizing HR data and information for more effective decision making and subsequently for policy formulation and practice.

With external assistance, several developing countries that are faced with severe HRH crisis are beginning to develop better human resource information systems (HRIS) as part of a comprehensive and integrated response to address some of the fundamental challenges posed by the crisis. It is equally important to begin thinking about simple, practical approaches of supporting HR planners and senior decision makers to be effective leaders and managers of HR data.

Purpose

The purpose of this short brief is to provide a simple framework, with some key steps, that can be used to design a participatory process of dialogue and engagement with different groups of HRH data users and decision makers, in ways that would fit and be responsive to their own situational contexts.

Although they are not essential prerequisites for successful decision making, the following factors, if available, will contribute positively to the decision making process:

1) a data collection system exists in the targeted context – it may be imperfect but at least there is something to work with;
2) a set of pertinent HR specific policy questions that articulate the needs/concerns of the primary stakeholder community (public health sector, professional and regulatory bodies, education and training institutions, FBO and private sub-sectors) have also been identified;
3) data are generally used by several people or actors in a decision-making process that is cyclic and iterative – and not always linear, neat or predictable;
4) there are good evidence-based HRH options and solutions that can be adopted and acted upon to inform policy decisions and introduce any changes in practice.

Key factors that impact the decision making process

1. Several data sources and multiple users

Policy analysis theory suggests that data provides evidence for policy changes or action in a way that "affects existing beliefs of important people about significant features of the problem under study and how it might solved or mitigated" (Bardach, E:2000).

But we also know that HR planners and policy makers are faced with a unique challenge: they may have access to different types of HR information, from multiple sources and in a variety of forms – and perhaps at different times and varying frequency. The decisions that require to be made using the various data may also involve different people across various agencies that may not necessarily be working together all the time. These connections and relationships will need to be acknowledged and better aligned for the decision making process to be even remotely purposeful. Otherwise, there is potential for a real conflict if not complete paralysis or failure to use the data at all, however rich or reliable they may be.

2. The decision making context

Understanding the context in which data are used to make decisions is absolutely essential for effective policymaking and practice. There are just too many forces at work and by context we are talking about the broad environment or setting in which the data are being analyzed and evaluated, and it may constitute the following elements:

- social, political, ideological atmosphere (support by opinion leaders and government functionaries is key - depending on the nature or importance of the decision to be made, it's essential to engage in some political risk assessment and whether or not the information is saleable to politicians or even professional associations – several key people need to see the issue as important and value the decision or action that may be taken as a result of it);
- historic and cultural factors;
- health system-specific factors (capable HRH "knowledge brokers" needed to work the system);
- resource contexts (human, financial, infrastructural, skills);

In other words, it's simply insufficient and perhaps even unhelpful for only a few people to pore over HRH data and information as part of their regular day to day functions and expect to make sound binding decisions. This is because the nature as well as some of the sensitivities that surround HRH and ways in which such data are used in effective decision making are largely determined by the active involvement or tacit approval of a broad range of actors. Similarly, whether or not data will generate any decisions will also depend on the beliefs, past experiences, values and skills of these players. Other important factors include timing and economic costs of those decisions.

The way data are gathered and presented can also influence decision making and policy formulation. Compelling data that have been gathered, synthesized, de-jargonized and disseminated with a strong advocacy slant tend to capture the attention of government officials as opposed to data shared in the form of routine reports that are only shared in senior management meetings or even a specific department.

3. Decision-making levers or centers of power

Perceived usefulness of the data

It is important to remember that data users base their decisions on data usefulness on a number of variables as well as questions that tend to be closely intertwined:

- They may ask: What is new here? How is this different from what we already know or have? These questions are critical, especially in Africa, because I feel we may be telling people what they have known for years – but, for some reason, they have kept ignoring them or unwilling to engage. So, part of the solution may lie in not necessarily repeating the same messages but combining them with finding ways of unpacking the mind set that generates the current levels of almost morbid complacency - in a sense, what is required is something close to "My Country – My Problem" crusade to shake these folks up!!
- Complexity of the evidence (particularly, if it's not easily understandable – for some, this may translate into the feeling of more work and hence lack of interest or unwillingness to engage).
- Compatibility with values, interests, and past experiences - the assumption here being that if the data throw up an issue that I deeply care about - "personal sandbox effect" (my own phrase) – then I am more likely to notice and pick it out and vice versa.
- Perceived benefits of change (if there is a critical mass that shares this feeling, there are higher chances of success)

The power of the individual

We all tend to participate in decision making events as individuals – and we decide whether to accept or reject new ideas or proposals. Individual decisions are also influenced by a raft of personal qualities and capacities that any decision making process needs to take into consideration. They include:

- Complexity of what is being presented
- Values and beliefs including current position on certain issues
- Risk perception or whether they tend to avoid change
- Leadership (position/status of individual in organization or system)
- Knowledge and skills
- Organizational support (the frustrations that we normally encounter with MOH counterparts is they generally feel that the organization does not support

them in what they are trying to do – especially if the new ideas are coming through a project)
- Partnership links and ability to network, share knowledge across the social system (professional/community networks, interagency groups, civil society).

The power of the organization

Here again there are also several factors that have a bearing on the decision making process, and these include:

- The kinds of individuals and the organizations that they represent
- Structure, function, values, culture, clout, composition and socioeconomic context are all important influences on what decisions are made and how they are made (B. Stocking: 1985)
- The nature of staff, and the degree of skills and training can also influence the decision making process – and can also have direct relationship to acceptance and change (Kaluzny AD et al: 1974)
- The extent to which news ideas are welcome/valued by management and leadership figures – support for innovation/leadership for action etc.
- Influence of interest groups/pressure group activity/public opinion on the organizations with HRH related decision making functions.
- The extent to which data can generate perceptions of legitimacy and an environment of trust between both the different players within the same organization and amongst the various organizations who need to work together and use data for decision making from time to time.

4. The Decision making process

Effective decision making is not a "one off" event, rather it is a powerful and continuous process in which data and human interactions fuse together to influence thinking over time. And with many different factors described so far that can make the process problematic. The ability to generate and sustain this process, especially the focus on human interactions is essential. The factors listed above will always influence this process but knowing that they exist and finding ways of mitigating their undesirable impacts are just some of the steps required to ease the burden likely to be posed by the process. Additionally, differences in knowledge, skills, attitudes, conceptual understanding of issues amongst the pool of decision makers, and timing of the decision being considered all influence the process as well.

In a nutshell, the way decisions are deliberated and eventually arrived at or not is an essential precursor to understanding HRH data utilization in policy formulation in the health sector. A variety of factors, not always mutually-exclusive, seem to be constantly fuelling the decision making process and the overall climate for accepting the results of data. This is a clear GAP and there are even bigger gaps in what is being done to bridge it.

This gap exists largely because a "decision making process" is a difficult concept to define, do something about and subsequently to assess or measure. It gets even more complicated when the whole process is so significantly dependent on human interactions and relationships for its success or failure. Put simply: it's about people, values and motivation, networks and relationships, it's context-specific, it's about the prevalent culture around data, it's subtle and it is complex – that's the somewhat hidden reality! And a pre-packaged tool or methodology may not necessarily offer the most effective remedy.

Practical package of interventions

Setting the context

- As a conversation starter: start with what people are doing now – what we know and build on from there using case studies, simulated exercises and real data to enact decision making events (going with the flow and giving groups of data users ample opportunities to experience those critical decision-making moments, hopefully muster the courage to seize them and develop their skills in the process!)

For example: the following questions can be asked to discuss and map the use of information to support a decision or activity:

- What HRH data are required for practical decision making (such as advocating for more workers; addressing mal-distribution of existing workers; "de-ghosting" the payroll; tracking health workers who are leaving, determining why they do, where they go, what do they actually do when they get there; or influencing policies on staffing norms, recruitment, deployment, career path development and continuing professional development)?
- How are data actually used; what decisions do they inform?
- What is the mechanism for facilitating the use of this data (such as department meetings, senior management meetings, annual sector review meetings, HRIS Stakeholder Groups etc)?
- How often does this process take place?
- What issues, if any, influence the quality and security of data use?

Working with case studies

- Working with small groups of data users: using actual case studies and real data to help them experience the process of decision making.

- Encouraging the HRH data community to share data resources and reports and improving data-related communications between the primary user-groups: creating ample opportunities for functional utilization of HR data for decision making.

Examples:

Role of political or ideological factors:

- a recent example is the political commitment in Australia to establish a range of new medical schools when the existing data and research evidence clearly showed that investing in the capacity of existing schools to train more people would have been more efficient and likely to be far more cost-effective.

- Three years ago, the Kenyan Cabinet rejected a proposal to increase the retirement age for public servants including health workers from the current 55 years to 60 years. Apparently, their decision was premised primarily on the belief that such a move would generate potentially unfavorable reactions amongst the middle managers in the civil service looking forward to promotions as well as the growing numbers of unemployed youth in the country. However, health sector leaders are still keen to repackage and resubmit this proposal to the Cabinet. What would they need to do differently to make sure that they succeed this time round?

- Zanzibar Productivity Study Findings Dissemination:

Role of values and governance factors:
A good simulation exercise might involve taking a closer look at the whole complex and sensitive issue of "ghost workers" that payroll or data systems always generate and how best to go about dealing with it.

Navigating difficult conversations
Helping people to "discuss" what matters most

Invariably, data throw up instances that involve difficult conversations. It is also obvious that many people are uncomfortable with conflict and fear the escalation of negative emotions in difficult conversations. Or they believe they want a decision to come out a certain way, and are apprehensive that if the data are shared, a decision making group might come out with a decision they do not agree with. The trouble is that these can often lead to avoiding or postponing important discussions, communications or decisions

because people are worried about loss of workplace relationships or just find it easier to avoid controversy.

Part of the strategy for strengthening data-driven decision making will have to include an interactive session that uses a communication-based model for reflecting, understanding and responding to difficult conversations.

Difficult conversations are those conversations that make you anxious, tense, agitated - the ones that you dread or aren't sure whether to even attempt. Under normal circumstances, we may think, 'Well everyone has their opinion' or, 'There are two sides to every story.' But deep down, we believe that the problem, put simply, is them."

People always need help, (although most of the times they may not even know they do) and some kind of a road map to navigate the bumpy features associated with these challenging conversations.

In a humorous, non-threatening style and providing plenty of easy-to-relate-to examples, we can guide groups of decision makers through possible difficult conversations that data may generate.

It may be important to begin by outlining some of the common mistakes we all make in approaching these types of conversations:

Mistake #1: We come to the conversation assuming that we are right, and the other person is wrong – our data are "solid" and "tested" and other data are either suspect or don't sufficiently understand our situation. The problem is that both people are "right" and difficult conversations are not always about getting the facts right, but about conflicting perceptions, feelings and values – and understanding them.

Mistake #2: We don't reflect or ask enough questions or listen to different views even when they are offered. We don't question the source and validity of our own data but are quick to ignore or find fault with any other data that seem to present anything different – in other words we are fixated on our own "reality". Most difficult conversations are spent advocating for "our side" rather than inquiring about the other person's data or views – or even our own data.

Mistake #3: We assume that to solve the problem, we should stay rational and avoid feelings. If you're going to get to the heart of the problem, then feelings are central to the discussion. In other words, when people feel strongly about something it doesn't really matter what kinds of data they are looking at – you need to help them reflect upon and come to terms with their own feelings and values before they can interact meaningfully or rationally with any data or statistical reports.

Mistake #4: we fear change, and like the way things have always been done.

Conclusion

Theorists supporting data-driven decision making, especially in the education context and the clinical side of the health care industry (evidence-based medicine), where this concept and practice have been better developed over the years, contend that evidence-based decision making is not a one-time solution or a standard tool to be applied ad hoc or at random. Rather, it is an ongoing process - almost like a way of thinking and interacting with data - that requires to be supported by continuous collection, analysis and sharing of data because that is the only way in which trends, both positive and negative, can be discovered and acted upon.

We all know that too much data can be a problem, if they are not organized and analyzed correctly. Similarly, it would be pointless to create a data-rich HR Department or Nursing Council where the leaders lack the skills or authority to use data effectively in decision-making; identify and leverage opportunities for improved data sharing and use across different levels of the organization and with other stakeholders as well.

What good is it, for example, to have numerous statistics but no one who can make sense of them? What good are weekly or monthly reports if no one reads them? What happens if key stakeholders disagree about what to do about conclusions (and actions to take) that might be drawn from the data? In other words, data (good or bad) speak to users but they need to know what the data are saying and also be able to make decisions – and work with others to make decisions – to fix day-to-day challenges or positively impact HR policy and practice.

Finally, the primary aim of any HRIS system should be to promote better use of data to drive effective decision making. This objective is shared by many organizations including donors such as USAID and World Bank who are interested in this area. Similarly, many host country governments want to know that data-collection efforts yield maximum value in real, human terms and effective decisions, not just in more reports. As such, it's important to invest in a process that actively encourages and supports people to engage in dialogue opportunities around HR data and information, and ultimately make some effective policy and management decisions.

Citations

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