

## Human Resources Management (HRM) in the Health Sector

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### The Context for HRM

Over the last two decades, health sector reform in many countries has been characterized by spirited efforts to bring down costs and reduce gaps in coverage. Various approaches to decentralization and public-private partnerships have been introduced, but there has been hardly any attempt to understand or address the human resources (HR) aspects and implications of such structural changes.

The focus of most recent reforms has been on *what* to introduce rather than the managerial issues related to *how* planned changes can be achieved. Reform efforts have often been planned separately from human resources management policies and improperly aligned with broader civil service reform and education policies. Moreover, leaders and practitioners in the health sector often misunderstand or have varying understandings of HRM, causing confusion and problems in implementation. Sadly, it is not uncommon for health reform efforts to have limited success or even result in outright failure (Johnson, 2002).

Improving how health care providers are managed is key to strengthening the services they deliver, and therefore central to health sector reform. Indeed, the methods used to manage human resources for health can facilitate—or hinder—the accomplishment of core objectives and benefits of health sector reform (PAHO, 2001).

This technical brief synthesizes findings from recent publications to help promote general understanding among the various HRM actors, especially advocates and practitioners in developing countries. While not the result of a thorough academic study, the brief presents the broad current issues and suggests some plausible answers to the following frequently asked questions:

1. What is HRM?
2. Is there a “best practice” in HRM from other sectors outside health?
3. Why is the health sector generally regarded as a “difficult customer” in terms of effective utilization of HRM values and principles?
4. What can be done to improve the quality and relevance of HRM technical assistance to the health sector?

### What is HRM?

Here are two commonly cited definitions of human resources management:

“The formal structure within an organization responsible for all the decisions, strategies, factors, principles, operations, practices, functions, activities and methods related to the management of people” (International Society for Human Resource Management).

“The integrated use of systems, policies, and practices to plan for necessary staff and to recruit, motivate, develop, and maintain employees in order for the organization to meet its desired goals” (Management Sciences for Health).

The fundamental components or practice areas that make up an effective HRM system are as equally important as the technical definition of HRM. In terms of completeness and conformity with the dictates of the wider literature on the subject, the following figure illustrates the components or “bundles” that are typically equated with effective HRM systems.

Figure 1 illustrates that HRM is not just about recruitment, personnel data, supervision or staff training as it is commonly perceived. While these functions are clearly important they need to be planned and managed within a broader HRM system. A robust HRM approach integrates into a comprehensive management system what are frequently isolated functions in an organization: recruitment, hiring, retention, talent management, payroll, human resource information systems, supervision and staff development.

While conventional wisdom and anecdotal evidence attest to the importance of the administrative elements of HRM, there is virtually no evidence to establish any link between these activities and organizational performance in the absence of other “bundles” of the HRM system. For example, quantitative analyses have shown that clear job descriptions are rather inconsequential on their own but lead to better performance of district health managers and

### Frequently Asked Questions

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## Figure 1: HRM System Components

### HRM Capacity

Budget

HR staff

### Personnel Policy & Practice

Job classification system

Compensation and benefits system

Recruitment, hiring, transfer, promotion

Orientation program

Personnel policy manual

Discipline, termination, grievance procedures

Other incentive systems

Union relationships

Labor law compliance

Effective workplace practices (e.g., addressing gender equity issues)

### Performance Management

Job descriptions

Supervision

Work planning and performance review

### Training

Staff training and development

Management/leadership development

Links to external pre-service training

### HR Information System (HRIS)

Workforce planning

Employee data

Computerized registry

Personnel files

(Adapted from Human Resource Management Tool—A guide for strengthening HRM systems, MSH, 1999)

maternal health care providers when combined with performance review and consultative feedback (Diaz-Monsalve, 2003; Fort and Voltero, 2004).

### Is There a Best Practice in HRM?

It is important to consider how good practices in HRM have been defined and evaluated in sectors other than health. Several single-study reports are available as well as some published reviews. The key and consistent message from these documents is that investments in effective HRM policies and practices, approached systematically as defined above, will undoubtedly make a significant and measurable positive contribution to organizational growth and performance. However, almost all the mainstream general research on HRM interventions and organizational performance has focused on private-sector business corporations—and the measures of organizational performance (e.g., profits, sales figures) that have been used cannot be readily applied to a public-sector health system (Buchan, 2004).

Still, the overall message from the HRM research community is fairly consistent on some fundamental considerations. These include:

- Irrespective of the sector in question, aligning HRM with the organization's strategic directions will contribute to greater administrative efficiency, help create and manage transformation and change and increase employee commitment and competence
- HRM plays an important role in improving staff performance and productivity, enhancing an organization's competitive advantage and contributing directly to organizational goals.

At the same time, the evidence for a *universally applicable* HRM strategy utilized in the same way from country to country is neither compelling nor conclusive. In most settings, identifying and implementing a predetermined set of HR policies will not in itself lead to improvements in organizational performance. While the HRM bundles illustrated in Figure 1 will provide systemic guidance and serve as the framework for good HRM practice, exactly how they are designed and implemented will need to vary from context to context. So, while it is important to take a holistic approach to HRM and to base HRM on knowledge of more global promising practices, specific actions may need to be adapted to fit a particular country context. Also, no single intervention is likely to provide a sustainable HRM solution to all the workforce challenges facing an organization.

### HRM in the Health Sector

The health sector is considered an atypical customer when it comes to the effective utilization of HRM interventions and the ability to show sector-specific results or outcomes that can be directly attributed to those interventions. Buchan has attempted to highlight some of the aspects and characteristics that make the health sector unique in terms of effective HRM application in an organizational setting:

1. In most countries, health care delivery is a heavily politicized process with significant government control and regulation—largely because the sector is a major recipient of public and/or private expenditure.
2. The health care workforce is usually large, diverse and consists of various occupations (e.g., doctors, nurses, dentists) represented by powerful professional associations that tend to influence the organization of the work environment and the methods used to manage staff. It is difficult to build effective and cohesive teams and create a culture of shared learning and teamwork across an entire organization when obvious occupational barriers and status distinctions are in place. Yet effective communications and positive relationships between cadres of health workers have been linked to better performance in developed-country hospitals (Scott, Mannion et al, 2003).
3. Access to pre-service education and in-service training for health professionals is controlled by standards and entry requirements, which are sometimes determined by the professions. This also affects the type and quality of HRM changes that can be introduced for employees who feel that aspects of their work are not only regulated but often calcified in rules and procedures (scopes of practice) emanating from their professional bodies.
4. The loyalty of health professionals, especially physicians and nurses, tends to be to their profession and their patients rather than to the employer or the organization. Since HRM is a system-based approach to improve organizational performance, such split loyalties in the workforce tend to limit the impact of HRM interventions.

Additionally, while HRM is treated in a fragmented manner in most organizations, this is particularly the case in the public health sector, and especially in developing countries. For example, most ministries of health in sub-Saharan Africa have limited or no authority in key personnel areas such as setting salary levels, determining and implementing disciplinary procedures, recruitment and promotions and establishing an attractive

and equitable career path that can help with retention. The fracture of these key HRM functions is inherent in the government structures themselves. In Kenya, for instance, the Public Service Commission works closely with the Directorate of Personnel Management in the Office of the President (a different entity) to define jobs for all established positions within the civil service and determine qualifications and salary levels; the Ministry of Finance controls and determines the overall budget.

In Kenya and other developing countries with similarly complicated HR scenarios, two fundamental problems affect the determination and direct application of HRM improvements to the health system:

- In such countries the health system is not a single, cohesive organization with its own integrity, at least as far as HR policies and practices are concerned
- HRM is a system that works best when the “target” is known and it is an autonomous entity. When implementers are faced with a fragmented public health system that has no authority over basic HR functions and fairly limited HR “decision space,” it is often unclear where and how HRM should be anchored as a strategic organizational activity.

Addressing these practical challenges, especially in the context of ministries of health in developing country settings, and improving our understanding of how civil service systems work or fail to work are crucial to the way human resources in the public health sector should be understood and managed.

### Improving HRM Technical Assistance for the Health Sector

#### Generate organizational leadership support:

The broad issue of human resources and how workers are managed is not just a technical concern, but is also profoundly political and touches on related aspects of governance and how human capital is developed and managed. Authority over human resources in terms of who trains, who recruits, who deploys and who manages staff within a government ministry is usually a source of tremendous power and influence and in the worst cases is a source of corruption and abuse (Johnson, 2002).

Recognizing and understanding in-depth and developing and applying the skill-sets and diagnostics to deal with these dynamics is important for program planners, consultants and others engaged in HRM reform. In other words, technical assistance alone is unlikely to yield sustainable results without some

accompanying inter-connected changes in perspectives on the part of organizational leadership and professional associations with responsibility for human resources (Galer et al, 2005).

#### Invest in HRM culture and infrastructure:

Ministries of health in sub-Saharan Africa tend to have dedicated champions and teams who manage large national health programs for HIV/AIDS, tuberculosis, malaria and other health crises. However, the equally alarming crisis in human resources for health lacks similar champions and is also poorly resourced and chronically under-funded. Even if they were available in sufficient numbers, the right composition and with suitable skills, health workers will not produce the desired impact without a strong HRM system and effectively planned, equipped, supplied and managed facilities. Adequate investments will be required to create professional HR managers with skilled staff, sufficient budgets and authority who are fully supported by senior leadership to introduce and implement HRM policies, practices and procedures at all levels of the organization. In addition, better tools will be needed to monitor and evaluate HRM efforts.

#### View HRM through a gender lens:

Understanding and expressing concern for employees and treating them in a manner that fulfills their basic human needs and wants, including gender-specific considerations, will ultimately result in better performance. All the available evidence suggests that gender-based inequities in pay, deployment and career development opportunities as well as issues related to harassment and workplace violence have significant negative impact on recruitment, retention, motivation and quality of health workers. HRH leaders need to advocate and implement interventions that create better working conditions across gender lines to help solve the health workforce crisis.

#### Position HRM at the heart of health sector and civil service reform:

In recent years, international development bodies have emphasized the need for developing country governments to reform and strengthen health systems through a combination of sector-specific and wider civil service reforms. These reforms, especially those focusing on decentralization, have largely ignored or failed to address the complexities and challenges associated with HRM, thus jeopardizing the successful accomplishment of the reform measures. The reform spotlight now needs to focus on this huge gap that is holding back progress (Kolehmainen-Aitken, 2003). Ongoing as well as future public-sector reforms will need

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to consider granting autonomy to key social sector ministries such as health, especially in terms of empowering them to assume direct responsibility and authority to plan, develop and manage their workforce.

Just as paints and brushes need painters to create art, drugs and medical technology will not lead to quality health care without health workers who are motivated and well managed (Institute of Medicine, 2005). Ongoing and future structural reform and financing initiatives must factor in human resources planning, management and productivity from the outset. Additionally, just as it is considered a standard requirement to conduct an environmental impact assessment before any major capital infrastructure project, initiatives in the health sector must carry out an HR audit to at least establish an "inventory" of HRM system strength, including the availability, requirements and preparedness of health workers to absorb the new investments.

### Conclusion

Most organizations spend in excess of 60% of their budget on personnel costs. As such, HRM becomes a strategic financial, leadership and management issue. It is critical for organizations to achieve maximum benefits from this expenditure

in ways that will support sustainable organizational performance. The overall performance of the organization is dependent on appropriate staffing levels, as well as the performance and productivity of each staff member.

Undoubtedly, some progress can be achieved through a piecemeal approach to HRM—for example, strengthening standard functions such as the human resources information system, improving management training or developing an approach to performance appraisal, rewards and incentives and staff motivation. But such progress will be short-lived without taking a broader systemic approach to HRM that includes such fundamental changes as 1) investing the organization with the authority to control the number and type of people it employs, 2) developing a cadre of professional HR managers, 3) allowing the organization to set or influence its salary policy and 4) creating the authority or resources to alter the work environment and design internal rules to manage the workforce effectively. These are some of the serious issues that need to be confronted and addressed in the public health systems of most developing countries in order to reverse weaknesses in staff productivity and organizational performance.

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