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TRAINING MANUAL ON
HEALTH MANPOWER MANAGEMENT
(HMM)

INTRODUCTORY MODULE :

HEALTH MANPOWER MANAGEMENT FOR HEALTH FOR ALL

For a 1/2 to 1-day workshop to assist better
Health Manpower Management

Division of Health Manpower Development
World Health Organization
Geneva
1988



General Introduction
to
THE TRAINING MANUAL ON
HEALTH MANPOWER MANAGEMENT

The complete Training Manual on Health Manpower Management (HMM) is designed to assist middle and senior health managers of all professions to raise the quality of HMM as a vital contribution to the worldwide achievement of Health for All.¹

This assistance is offered through a series of training modules primarily for use in regional, national and local workshops. These comprise:

An Introductory Module on Health Manpower Management for Health for All, with a General Guide for Tutors;

Functional Modules on:

1. Leadership in HMM
2. Employment Practices in HMM
3. Staff Development in HMM
4. Management/Staff Relations in HMM

which include the principal elements involved in managing people within these four broad functions; and

General Management Modules on:

- A. Problem-Solving
- B. Organizational Change
- C. Evaluation

which are of general application in management as a whole, rather than specific to manpower management.

See Table 1 for the framework of links between Introductory, Functional and General Modules in this Training Manual on HMM.

See Table 2 for a list of typical HMM problems discussed at the Interregional Consultation on Strengthening Health Manpower Management (at Bangalore, India (1983) and Tashkent, USSR (1985)), where the need for this Manual was first identified. Each of the numbered problems illustrates just one aspect of the corresponding elements which form the four HMM functions of Table 1.

¹ Global Strategy for Health for All by the Year 2000 launched by the World Health

The HMM Training Manual's overall objectives are to enable participants to:

1. explain the role of HMM, as a major part of health manpower development (HMD), both in relation to the Global Strategy for Health for All and in its potential contribution to their own countries' national health development;
2. give a clear account of current ideas and trends in manpower management - within and outside the health sector - as they relate to health system problems,
3. show a significant increase in practical ability in the HMM functions of Leadership, Employment Practices, Staff Development and Management/Staff Relations; and in the various elements which comprise each of these four functions;
4. identify key opportunities for actions aimed at solving HMM problems;
5. show familiarity with problem-solving techniques which could be used for analyzing current situations, generating and selecting options for solving problems, and planning and evaluating the necessary action for implementing necessary change in HMM functioning;
6. explain and justify their intentions for seeking a higher standard of HMM at their own places of work.

Within this framework each of the modules has its own specific learning objectives and all necessary materials for the preparation, conduct and follow-up of 1-day to 4-day workshops, including session plans, tutor's notes, a variety of case studies and practical exercises, lecture/reading notes, visual aids and evaluation instruments; all in a health care context.

The aim is to combine detailed practical help in holding such training events with wide flexibility for local choices to be made about their content and duration in response to local needs and opportunities.

Throughout the HMM Training Manual there is a special emphasis on planning and taking action for improved performance in the management of people so that when participants return to work they can apply what they have learned to real tasks and problems in continuation of their practice during the training.

Notes on this Manual

This General Introduction is repeated in every module of the HMM Training Manual for ease of reference to the framework and objectives of the Manual as a whole.

The word manual is used to identify the complete HMM training package or series. This comprises one introductory, four functional (specific to manpower management functions) and three general management training modules, which are linked but self-contained collections of learning materials with associated objectives and notes for organizers and tutors. Guidance is given for the use of each module in workshops, which are short, intensive, participative, work-related training events. They are likely to have an early and substantial impact on the quality of HMM; but the modular materials are capable of being used selectively and with necessary adaptation, in other settings orientated to HMM such as study days, self-instruction, general management training, correspondence teaching and qualification courses.

Throughout the manual, "he" and "his" should be taken to include "she" and "her".

TABLE 1: The Framework linking HMM Functional Modules with the Introductory and General Modules

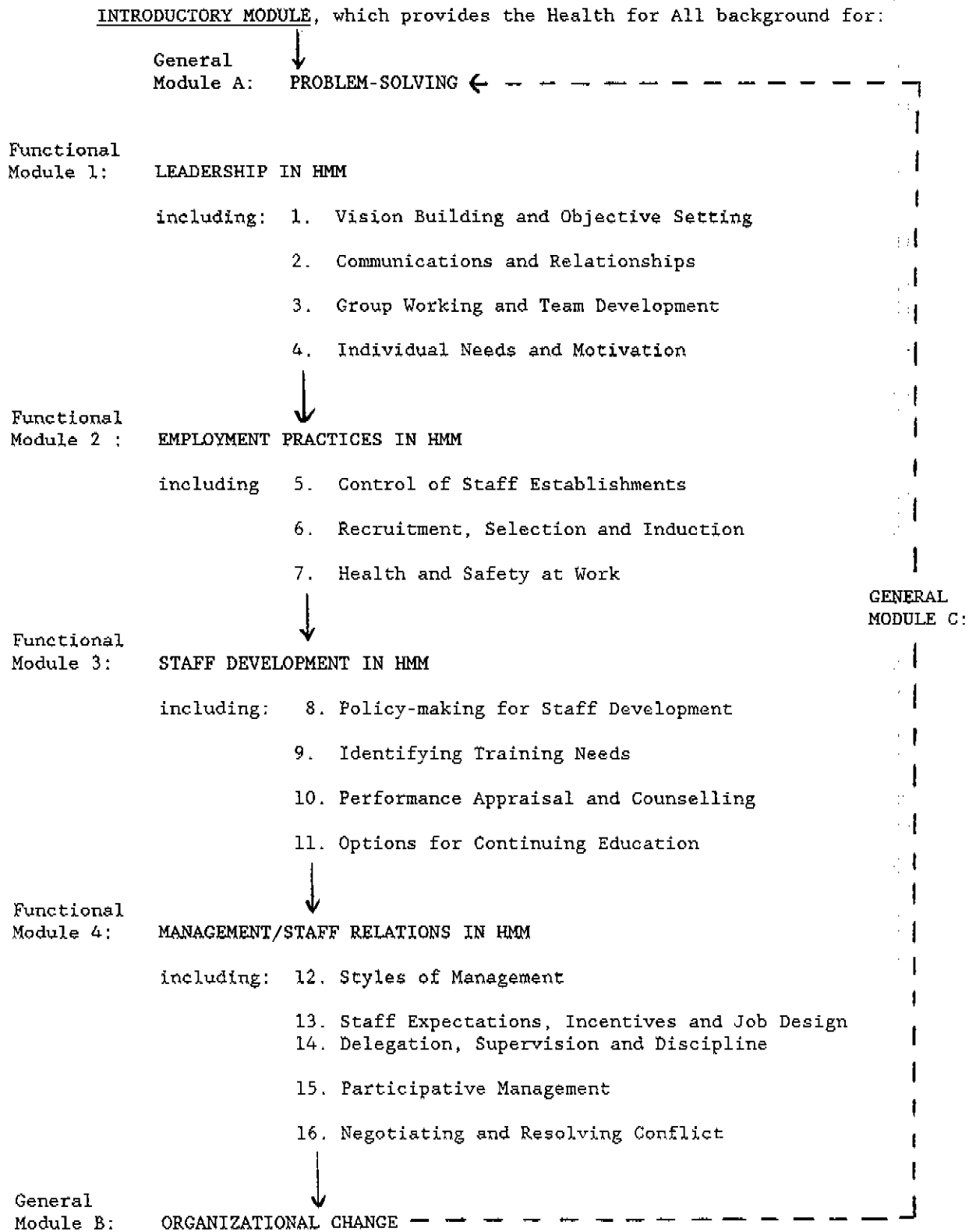


TABLE 2: Typical Problems in Health Manpower Management

1. Absence of a clear view by managers of the purpose and future of the organization
2. Staff who are uncertain what their work is expected to contribute to the organization's objectives
3. Staff who need to work together closely, yet do not form a real team
4. Staff who are often absent or late and have little personal commitment to the work of the organization
5. Inadequate arrangements for maintaining the necessary numbers and types of staff within available funds
6. Unsatisfactory procedures for selecting new staff and familiarizing them with their work
7. Little attention to the health and safety of staff at their place of work
8. Absence of a clear policy in the organization for the training and development of its staff
9. No systematic way of identifying the needs of staff for further training in the light of the organization's plans and problems
10. No realistic assessment of the performance of staff in a way that encourages good work and helps to remedy weaknesses
11. Limited or unfairly distributed opportunities for the continuing education and training of staff
12. Styles of management which fail to encourage good relations between management and staff
13. Inability to match the work to be done with the reasonable expectations of staff for job satisfaction
14. Difficulties that prevent managers from remedying low standards of work amongst their staff
15. No effective arrangement for involving staff in the making of decisions that affect the way the organization works
16. Damaging conflict between individuals and departments without recognized means of resolving such disputes.

HEALTH MANPOWER MANAGEMENT FOR HEALTH FOR ALL

INTRODUCTORY MODULE

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Note

This module provides an overview and preparatory training for the manual as a whole and should therefore be used before any other module; because of its short duration, however, it may be conveniently followed immediately by the first general module (Problem-Solving), or the first functional module (Leadership).

It is essential that all organizers and tutors involved in any module in the training manual should read this module first with particular reference to section 3.

INTRODUCTORY MODULE: HMM FOR HEALTH FOR ALL

SECTION 1: INTRODUCTION

The Learning Objectives

The overall purpose of the whole Training Manual is to assist health managers to raise the quality of HMM as a vital contribution to the achievement of HFA (see page (i)). Within this purpose, the module aims to introduce the key concepts in their HFA context and to prepare participants and tutors for the training modules to follow.

The Module's specific learning objectives are that, by the end of a 1/2 to 1-day workshop based on this module, participants should:

1. have shared a general understanding of the nature and purposes of management in organizational life;
2. in particular, have overviewed the functions of health manpower management (HMM), as part of the process of health manpower development (HMD), in preparation for subsequent modules;
3. have understood the significance of improved HMM, including leadership, for achieving HFA in the light of each participant's potential contribution to that goal;
4. have become familiar with the scope of the whole Manual and the purpose for which it has been designed.

Participants who attain this module's learning objectives will have made significant progress towards achieving the first two of the Manual's overall objectives (see page (ii)), and have laid a foundation for reaching the other three, on which the remaining modules are focussed in detail.

Module Design and Scope

This introductory module is simple in design, providing a systematic means of studying and discussing the principal concepts in a progressive sequence :

- . management in organizational life
- . manpower (human resources) management
- . health manpower management (HMM)
- . HMM for Health for All

on which the entire Training Manual is based.

This opportunity is offered in the form of Learning Materials (section 2) which give a written step-by-step explanation of the meaning and significance of these concepts, divided into stages by period of time for the discussion of questions that encourage the sharing of HMM experience, problems and ideas between the participants.

The underlying purpose of these discussions is to establish a participative style of working at the very beginning of the module series by relating members' own views and questions to the written framework. Section 2 should therefore, if possible, be distributed to participants some time before the training begins so that they can make thoughtful preparations by reading the materials, discussing them with other people where appropriate, and making notes ready for discussion.

The organizers and tutors should decide how long the workshop should last between the suggested minimum of 1/2-day and maximum of 1-day; but that decision should depend chiefly on how much time to allow for the discussions. Since these are a major learning opportunity, and this may be the first occasion on which many participants have met each other, there are good reasons to be fairly generous with time for such discussions if they are relevant and well-conducted.

It is desirable for this preliminary workshop to be attended by all organizers and tutors who are likely to be guiding subsequent training events in the series, so that they can share the thinking and atmosphere of this vital first occasion. Advice to them on the use of the manual as a whole, and the conduct of this module in particular, is offered in sections 3 and 4 which are clearly marked FOR TUTORS ONLY. Those sections are concerned entirely with the structure, style and methods of the training and do not increase the length of the modules themselves.

In summary, this Introductory Module on HMM in HFA has objectives which provide for the nature of management, especially manpower management, in organizational functioning to be reviewed and discussed with particular reference to the thrust towards Health for All. It lays an essential foundation for both participants and tutors to undertake the remaining modules of the HMM Training Manual.

INTRODUCTORY MODULE: HMD FOR HFA

SECTION 2: LEARNING MATERIALS

This section of the Module contains two major sections which can be used as handouts, and which include questions for preparation and discussions:

2.1 The Nature of Organizations and their Management

2.2 Health Manpower Management and Health for All

Viewfoils should be prepared for the figures.

* * *

2.1 THE NATURE OF ORGANIZATIONS AND THEIR MANAGEMENT (Handout)

Basic Concepts

A difficulty that we shall face throughout the manual is that the language for describing organizational functioning has not yet been settled into a standard terminology. The same words, therefore, are used with slightly (or sometimes substantially) different meanings by different people at different times; and it would be unreasonable for anyone to claim that they have the "right" definition of an organizational term and that everyone else's definition is therefore "wrong". The writers of this manual have no wish to impose their own interpretation of key concepts on the readers, but recognize the need to state explicitly what we mean when we use these terms. There is no obligation to agree with these definitions, but at least our intended meaning should be clear.

Consequently, it should be stated now that by the term "management" we do not mean the senior level in an organization, or any set of techniques specific to business and industry, but

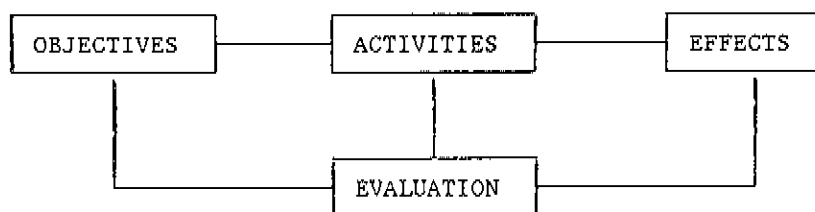
|| a systematic process of using resources, ||
|| with judgement, to achieve objectives ||

Of all the resources used in that managerial process - people, money, materials, accommodation, information, time - the people (staff, manpower) represent the basic resource, if only because they alone can make proper use of the other resources. Therefore, at its simplest, management is "getting things done through people", which can be expanded into:

1. planning what should be done (objectives)
2. taking action through people (activities)
3. providing for its consequences (effects) to be assessed (evaluation)

and, using the results of step 3 as information for feedback to steps 1 and 2:

4. correcting subsequent action.



Thus already we have the "model" (simplified illustration) of a basic "system" (the set of related parts that are organized to form a functioning whole). It is capable of being corrected, through evaluation, to perform better and it portrays the key elements in the process of managing anything; from the preparation of a meal or the making of a journey, to the organization of a business or a patient's care or an immunization programme. At root, then, management is the ordinary, simple, common-sense planning, taking, checking and correcting of actions.

As the scale and frequency of such actions increase, the people who perform the activities you plan are less often yourselves and more often your staff and colleagues at work: you are getting things done through people. And when that work is performed in complex human service organizations (as most health programmes and institutions are) the process of management involves dealing with major problems such as resource shortages, low staff morale, inter-professional rivalry, political interference and pressures for change from outside and within the organization. Then words like "ordinary", "simple" and even "common sense" no longer seem adequate to describe the manager's task.

In such circumstances the basic managerial process in fact remains the same - following the logical sequence of objectives, activities, effects and evaluation - but a more mature and expert kind of management is required, which needs to be learned and practised: one which has to reflect the principal functions of such organizations. So we require a more complex model to correspond to these features.

A Model of Organizational Functioning.

First we must show that an organization exists to perform work. This is achieved by activities which transform (convert, process) inputs into outputs:

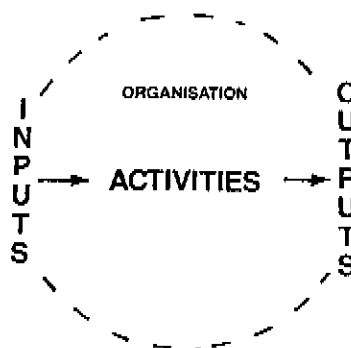


Diagram 1

The organization can be of any size: a health centre, a district health service, a hospital, a department within a hospital, a provincial headquarters, a malaria control programme, a Ministry of Health.

The inputs of most organizations include resources of money, materials and staff (with their skills, aspirations and attitudes) and in health organizations they include also communities, patients and quite often

student health workers for training. The activities can be of various kinds according to the technical purpose of the organisation; in a factory they might be manufacturing, packaging, marketing etc; in a health organisation they might be health education programmes, family planning advice, disease prevention measures, diagnosis, treatment, nursing care, rehabilitation etc. In all kinds of organisation there will also be managerial activities such as supervision, co-ordination, financial control, communications etc. All such activities transform the inputs into the outputs of the organisation; for the factory these are likely to include finished products for sale; in the health organisation they might include family planning acceptances, immunised children, health centre patients seen, laboratory reports made, patients discharged (or died) and student health workers completed training. Most of these outputs are quantifiable (can be counted) and often form the substance of statistical reports on the organisation's functioning.

Note also that the organisation is shown as having a boundary or edge, but by an interrupted line to indicate that it needs to be substantially open (permeable) to the wider community and to influences from the surrounding environment of society which it relates to. The organisation's outputs must be accessible to that part of the community which wants them or else it would not continue as a service-giving organisation. And of course the community, directly or indirectly, also provides the inputs to the organisation, so the relationship must be open rather than closed. But it has to be said that health organisations are sometimes criticised for cutting themselves off from the communities they are intended to service, thus becoming 'closed' rather than open.

This interdependence between the organisation and its environment is the essential characteristic pictured in the second stage of the model:

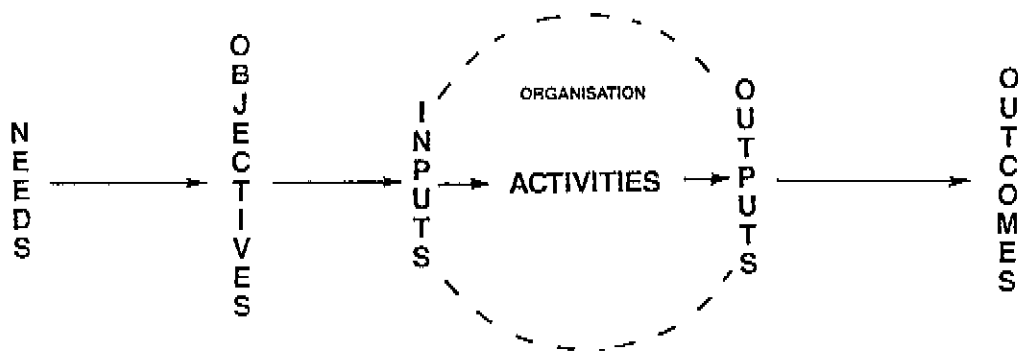


Diagram 2

It is an attempt to represent the 'outside world' of the organisation by showing that, if it is in any real sense serving the community (as must be the intention of any health organisation), then the true origin of its purpose and functioning lies in the needs of the community. The organisation's inputs should accurately reflect these needs as far as possible but, because such needs (e.g. for better food supplies or better health) are often expressed in general and imprecise terms, the intermediate stage of objectives has been shown in our model, to convey the desirability of a defined target to be achieved, progress being assessed by monitoring (checking, measuring) the outcomes of the organisation's functioning on the well-being of the community served.

For example, one of several objectives to meet the need for better health in a district might be to reduce the infant mortality from its present 150 per 1000 live births to less than 75 within two years and with no more than a 5% increase in the district's financial allocation. Assuming that the target figures are challenging but possible this objective could be expected to influence both the inputs to the health organisation (e.g. number of community health workers, quantity of oral rehydration or immunisation supplies, type of health education materials, introduction of clean water and sanitation expertise etc.etc.) and its activities (health worker training, staff deployment and materials distribution, ante-natal care, public education methods, helping more villages to secure clean water, build pit latrines etc.etc). Some of these activities may be undertaken through collaboration with other organisations or sectors, such as education or public works or water supply, which can contribute a great deal to better health.

But the results (effects) of these activities need to be assessed not only by the organisation's outputs (such as the number of health workers trained, materials distributed, or women examined ante-natally) but by the outcomes in the community: in particular how far the objective has been achieved of reducing infant mortality from 150 to 75 within two years and 5% financial increase, which would be one important indicator of the better health needed by the community. Outputs are fairly easy to measure by the organisation: outcomes within the community are much more difficult to assess but represent better evidence of the population's health status. This is what the health organisation is intended to preserve or improve, and is a more important measure of success.

Influences from the organisation's environment on the whole system's functioning are apparent in the next stage of the model:

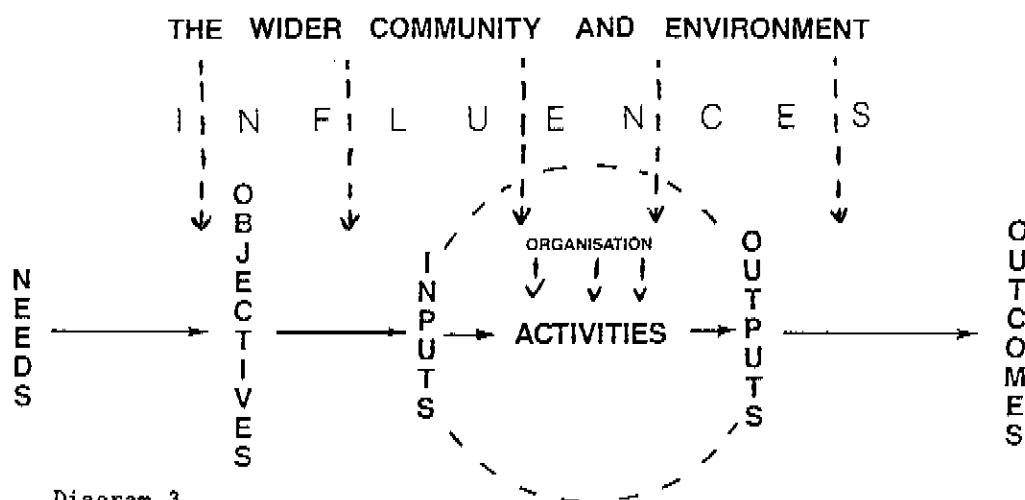


Diagram 3

These influences are numerous and often changing in their character and strength, but can be grouped under such headings as:

- . demography and morbidity - the changing age structure and pattern of illness in a community should obviously influence the organisation's work in response to needs and objectives. For example an ageing population increases the need for dealing with more problems of handicap and immobility and the spread of AIDS disease requires substantial changes in the health education and screening programme, blood donations and the care of relatively young dying patients
- . economics and finance - the changing availability of resources clearly has a strong influence over what is allocated to the health system as a whole and to the organisation within it. In general, Primary Health Care needs more resources to become universally accessible to everyone; but sometimes financial restrictions force the reduction of unnecessary or wasteful activities in expensive institutions and services
- . social and cultural - the rising expectations of the population often put pressure on health organisations to satisfy new demands, whilst cultural differences often lead communities to reject certain services (such as family planning) or demand others (such as medication by injection)
- . legislative and political influences are apparent in changes in what the law allows or requires (as in legislation affecting the rights of employees against unfair dismissal); or in political pressures for example to favour certain areas of population for special attention, or certain individuals for employment or promotion, not necessarily meeting the community's priority needs or the organisation's efficient functioning
- . technological and professional influences affect the system by making more things possible (such as new medical treatments and drug therapies, better communications and data processing) which were not previously achievable, but requiring changes in the management and financing of care. And the attitudes and actions of health workers within the organisation are influenced by the priority concerns, technical and ethical standards of the wider professions and occupational groups/ associations to which they belong.

Notice that the model also shows some influences from the environment being modified as they pass through the organisation (for example a national shortage of foreign exchange to purchase medical supplies from overseas may be partly solved by those organisations which ask for foreign aid supplies).

These are all examples of the many ways in which the organisation's functioning in its system is influenced by considerations and pressures from the wider community and its demographic, economic, social, political, technological and professional environment; as well as from the internal policies of the organisation itself. Successful management in this context requires knowledge of what is happening and changing in that environment, and the ability to plan the organisation's services and improve its response to the needs of the community, which may need to be more fully involved in making decisions about its own health care.

Good management also involves evaluation of how the organisation is working and affecting that community, as pictured in the next stage of our model:

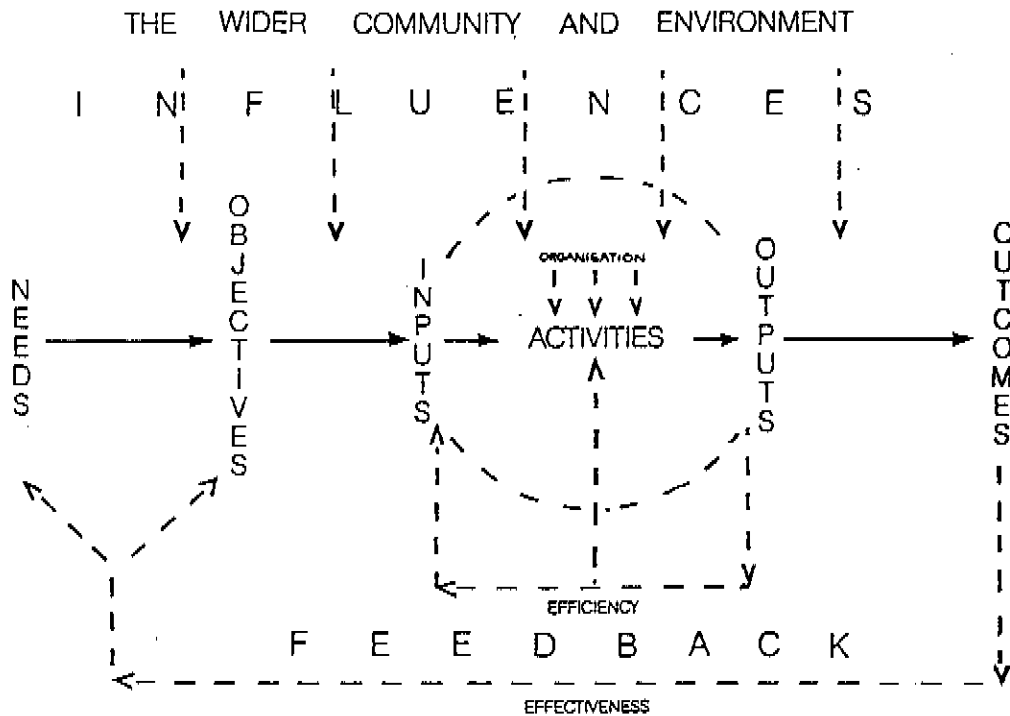


Diagram 4

This illustrates the 'feedback' role of evaluation, already discussed - comparing effects with objectives, by finding out what is happening compared with what is intended or needed to happen, and using that information to take corrective action, where necessary and feasible, in the way the organisation functions. This evaluation is of two broad types -

- the assessment of efficiency, by examining the quantity, quality, cost and speed of the outputs by comparison with the inputs and activities which have produced them. Whatever the organisation is doing within itself, how efficiently (accurately, speedily, cheaply) do these activities produce the required outputs?

For example how much of their time do trained nurses spend in giving direct patient care? Are medical supplies being purchased at the lowest possible price for the specified quality? How often are supervisory visits prevented by vehicle breakdowns or fuel shortages? These are efficiency questions.

- the assessment of effectiveness, which raises deeper questions by comparing the outcomes of organisational functioning with the underlying needs and objectives, rather than comparing outputs with inputs and activities.

The question is not how efficiently is the organisation producing its outputs, but what impact is that work having on the community's welfare? Is that work, however efficiently performed, in fact what the organisation should be doing? (A health organisation may be efficiently performing the most advanced surgical techniques on a few patients whilst in the surrounding community thousands die from easily prevented or curable diseases). These are effectiveness questions.

In moving from efficiency to effectiveness we are changing from easier short-term questions to more difficult longer-term issues, from looking inside the organisation to looking outside at the community, from asking 'how are we doing this?' to 'why are we doing this?', from 'are we doing things right?' to 'are we doing the right things?'. Both levels of evaluation and feedback are necessary to organisational functioning, because organisations have to be efficient if they are to be more effective, but effectiveness is the ultimate measure of our progress towards Health for All. Consequently the inclusion of evaluative feedback in the organisational model is a reminder of the necessity for continual monitoring of performance and direction, and for willingness to make changes as a consequence.

The final stage of the model-building illustrates the necessity for the organisation to be human - orientated to people - rather than a lifeless mechanism or bureaucratic system:

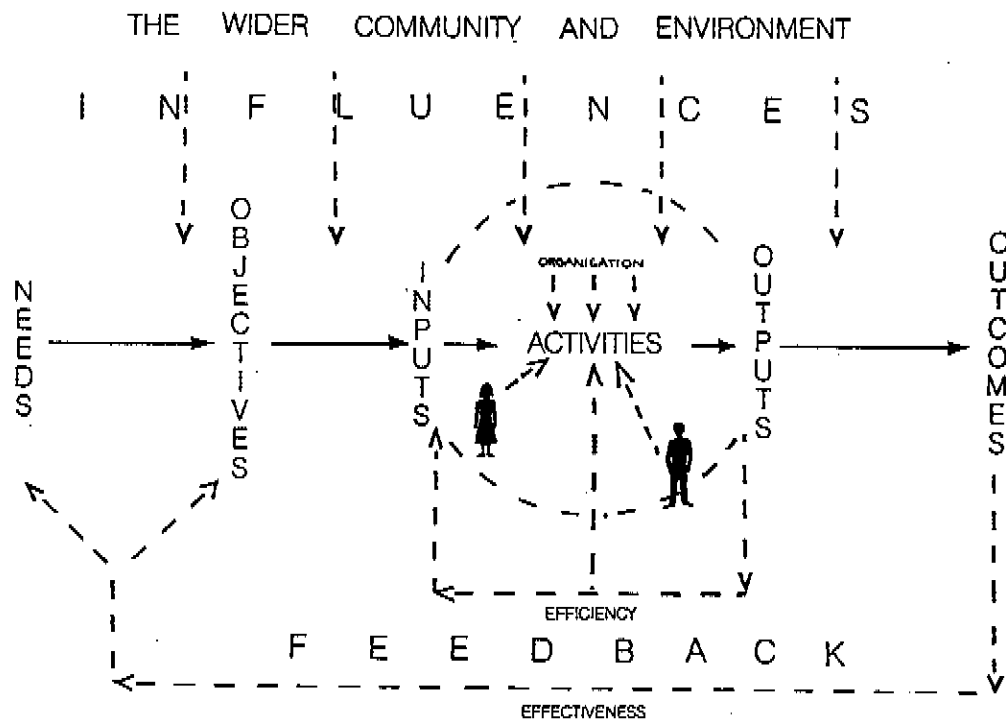


Diagram 5

By focussing on two individual people in the heart of the organisation we have in mind the centrality of human values in its working. The health organisation in particular exists for the individual (patient or member of the community) and functions through individuals (staff, volunteers, community leaders etc). So we must make and keep a secure place in organisational life for the individual patient or client to be the focus of our work, and the individual health worker to be the focus of our personnel policies and practices. Otherwise it cannot be a human service organisation - service given to people by people.

The Purpose of Management

Against this background of organisational functioning, with particular reference to health organisations, it is now possible to show the main purposes of management itself as a systematic process of using resources, with judgement, to achieve objectives. Because that work is done in an organisation whose functioning can be pictured in the way we have presented above, the general purposes of management naturally reflect the same shape, direction and movements, and can be classified into four principal types, each with its typical management skills.

A. Maintenance Management to provide continuity for the organisation; to keep it moving in the direction of its intended outputs and outcomes, in spite of all the problems, crises and interruptions which often distract the attention of management from its task of maintaining forward movement. This is the fundamental purpose of management and can be pictured thus, including the diversions which often make it difficult to maintain progress:

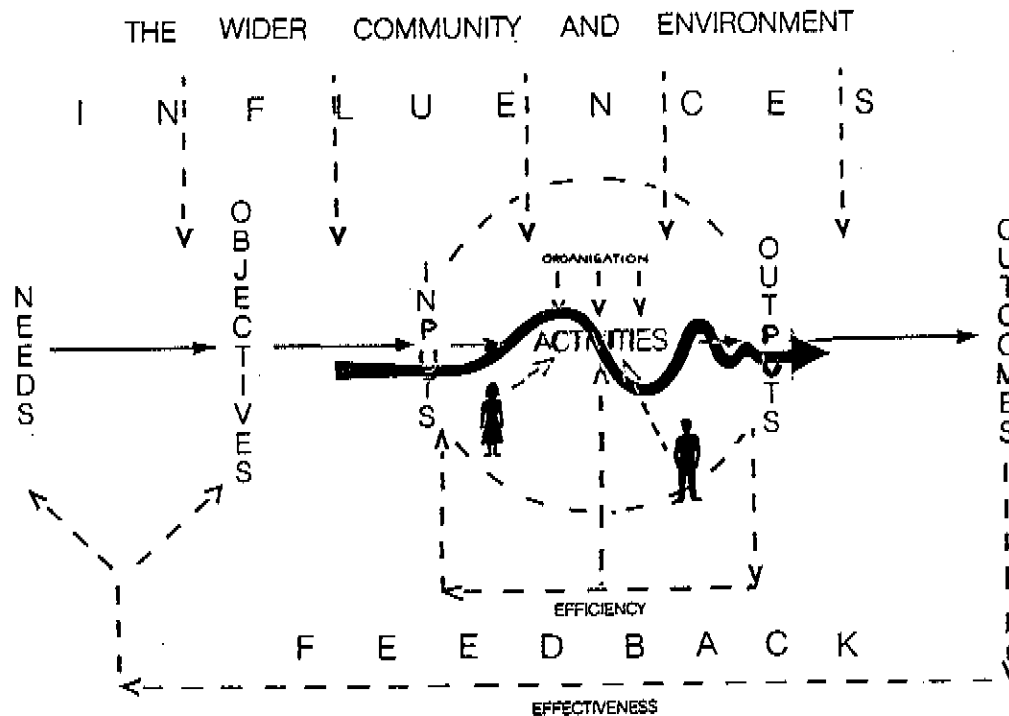


Diagram 6

Its characteristic skills include problem-solving and decision-making, managing your time and priorities, managing staff, finance and materials.

B. Integrative Management to secure the coordination of effort that brings together the organization's resources for moving forward. This is closely related to Maintenance Management and represents the need to mobilize and combine the capacities of people, material resources, information and ideas (from within and outside the organization itself) as a pre-condition for collective movement in the right direction. It can be shown in this way:

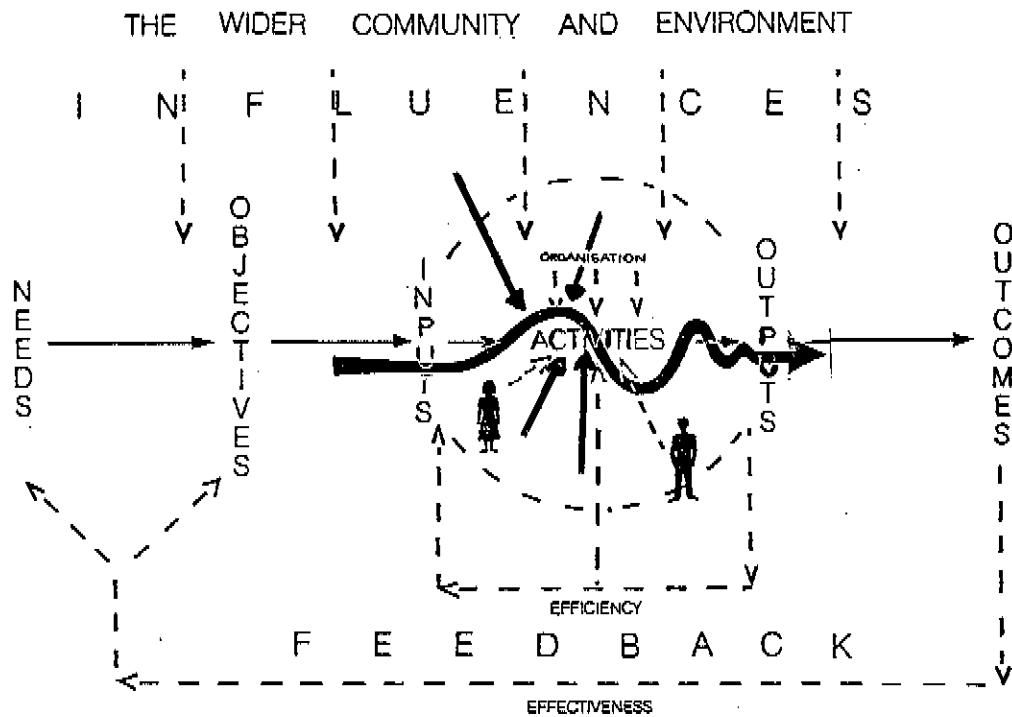


Diagram 7

Its typical skills include leadership and motivation, chairmanship, communications, inter-personal relations, and team-building.

C. Evaluative Management for taking corrective action in the light of information (feedback) on the organization's actual functioning. This managerial purpose has already been discussed and General Module C is entirely devoted to Evaluation in relation to health management development. It can be illustrated in this way:

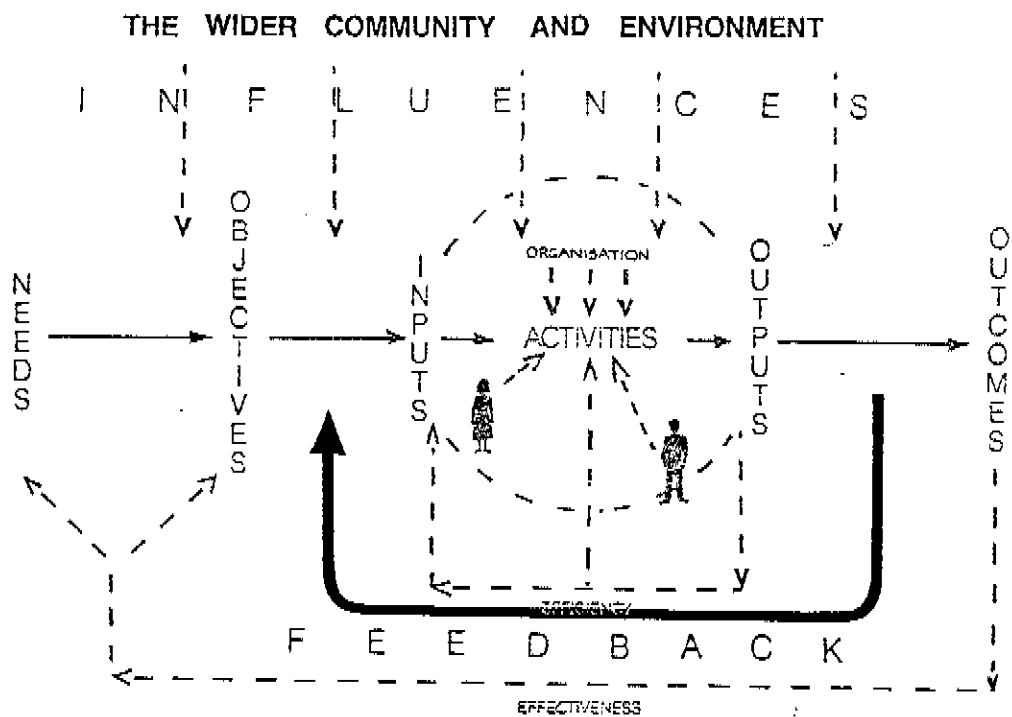


Diagram 8

Its most frequently required skills include work analysis, objective and standard setting, information and data analysis, monitoring individual and organizational performance, auditing and judging.

D. Adaptive Management for achieving change in the organisation's functioning or direction. The capacity to adapt to necessary changes arising from outside and inside the organisation is essential if it is to give its best service to the community. General module B is entirely devoted to organisational change, which takes the form of modifying some of the directions to which the organisation is moving, and even stopping certain activities that are of lower priority rather than some new development that needs to be started. This adaptation is undertaken in the light of the evidence by evaluative management, the two being closely related, and can be portrayed thus:

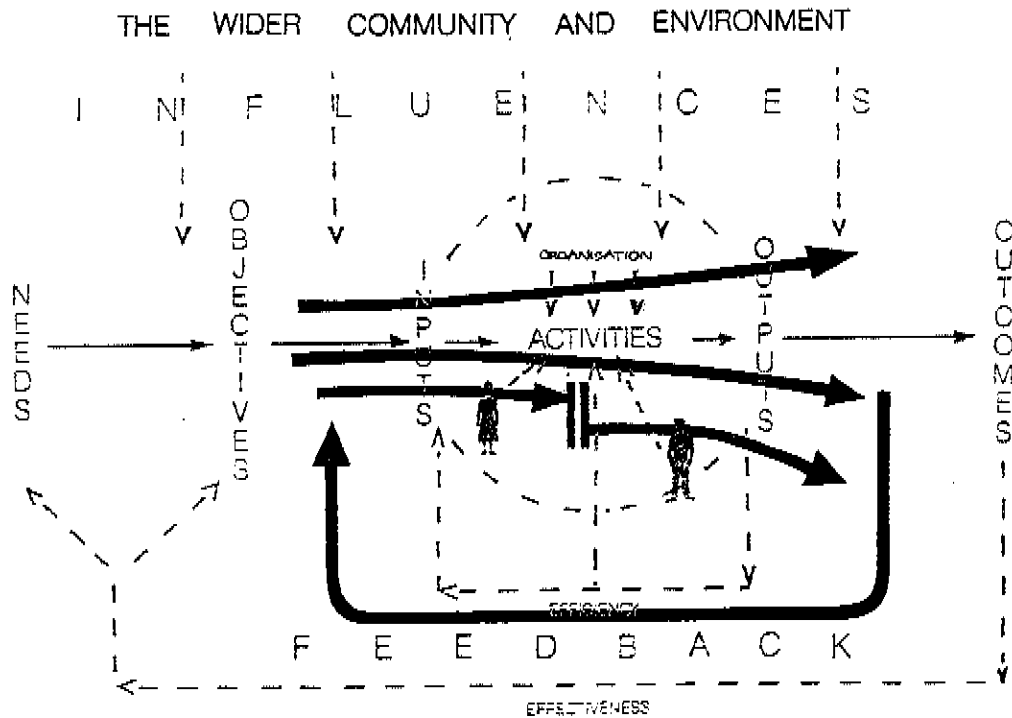


Diagram 9

Its usual skills include analysing the environment, forecasting and planning, creative thinking, innovating and implementing change.

This has been a review of ideas about the purposes of management in the functioning of organisations. Can you relate these propositions to your own experience in the health system by thinking of examples which illustrate:

Needs

Objectives

Inputs

Activities

Outputs

Outcomes

Environment

Evaluation

And can you identify where your organisation's functioning could be improved through better:

Maintenance Management

Integrative Management

Evaluative Management

Adaptive Management

Please make notes ready for discussion of these questions.

The Management of Health Organisations

Although we have illustrated the above presentation of ideas about organisation and management with several examples from the field of health, it is important to add some general points about the special characteristics of health organisations which affect the ways in which they need to be managed.

Health organisations (whether in the form of service programmes like health education and immunisation, or institutions like health centres and hospitals, or office-based administrative centres like regional or ministry headquarters) share many of the following features:

- . they are complex, through having many different departments and professions or being scattered over distant locations: in either situation they are not easy to supervise and control
- . they are labour-intensive, in other words their work requires much manpower because of the various individual skills and forms of care that are required: it is essentially a human service
- . they are dealing with vital issues of life, illness and death which cause anxiety, tension and deep emotions: society depends on their quality and their accessibility
- . they rely increasingly on community participation and inter-sectoral collaboration to achieve better health: they cannot function well in isolation
- . they are relatively expensive so come under pressure to be managed as economically and productively as possible: public scrutiny is strict
- . they are frequently having to change in response to new patterns of illness, modified equipment and techniques, rising public expectations, financial pressures and their own professionals' search for excellence: change is part of their organisational culture.

Consequently a specially high quality of management is needed to achieve efficient and effective health care, which makes it all the more remarkable that many countries entrust the management of health organisations to people with no special training or practical experience in health management.

In this connection we have already reviewed the purposes of management under four general headings:

- maintenance management, for continuity
- integrative management, for co-ordination
- evaluative management, for correction
- adaptive management, for change

It is unrealistic to expect every health manager to excel in all four of these areas, bearing in mind the wide range of skills associated with each of them in the preceding sub-section; although a managerial team should enable many of the necessary abilities to be brought together for the organisation's benefit by its individual team members. But it is reasonable to expect every health manager to have a basic understanding and competence in this wide range of managerial skills because the very challenging nature of the job requires it and the manager needs at least to recognise when more specialised expertise is necessary and to be able to use it wisely.

Therefore the need for health managers to improve their skills is a vital factor in raising the efficiency and effectiveness of health organisations. Functional module 3 on Staff Development is entirely devoted to methods of acquiring and improving such abilities, but one way of quickly assessing training needs in management is to use a summarised list of general management skills, such as is shown in Table 3 where they are classified according to the main focus of management action: the management of people; communications; the organisation of work; and the management of resources.

Having in mind the requirements of high performance in your managerial work, study this check-list of relevant skills and distribute a total of no more than 8 ticks (✓) against those in which you most need to improve your competence. You may use 2 ticks (✓✓) from your 8 to indicate a specially high priority. Please make notes on these training needs ready for discussion.

TABLE 3: A checklist of Management Skills

1 Skills of Managing People, eg

Leadership, including motivation and supervision of staff
Job analysis, description and specification
Interviewing and selection of personnel
Appraisal, counselling and disciplinary action
Staff development, training and delegation
Initiating and handling change
Managing yourself and your time.

2 Skills of Communication, eg

Report writing and presentation of information
Public speaking and public relations
Group discussion leading, chairmanship and working in committees
Conveying information and instructions and securing feedback
Effective staff relations and negotiation
Group decision-making and problem-solving
Effective liaison with other organisations

3 Skills of Organising Work, eg

Planning, forecasting and programming of workload
Setting objectives and standards
Monitoring individual and organisational performance
Method study and analysis of work activity
Collection and processing of quantitative information
Survey methods
Organising an office

4 Skills of Managing Resources, eg

Estimating future expenditure
Economic use of accommodation, equipment and staff
Financial control and cost consciousness
Basic cost/benefit analysis of alternative decisions
Selection and use of equipment and materials
Organising the maintenance of buildings and equipment
Use of transport and distribution systems

Health Manpower Management (HMM)

Of all the problems which they have to face, health managers often find those relating to the management of people to be the most difficult; and this view may be supported by the brief exercise you have just completed to assess your own requirements for better management. Things are generally easier to manage than people; and Table 2's examples (page iv) of actual problems in HMM include some of the most difficult that health managers are ever confronted with. They relate to the 'Management of People' and to some extent to the 'Communications' skills of Table 3.

It is possible to define HMM as the mobilisation, motivation, development and deployment of human beings in and through work in the achievement of health goals; which is based on the essential value assumption that people are not a mere factor of production but living, feeling, thinking beings who seek certain satisfactions from their work.

It follows that HMM - the theme of the entire Training Manual - is directly relevant to the main problems of most managers, because HMM is focussed on getting things done through people. Within that task lies the need for competent

- . Leadership in HMM
- . Employment Practices in HMM
- . Staff Development in HMM
- . Management/Staff Relations in HMM

as the principal manpower management functions covered in the Manual, each one represented by a functional module. They all involve human behaviour and inter-personal relationships, which are often unpredictable, emotional and illogical, leading to extra problems of the kind that would not arise in the management of material things such as stores or records or money.

Moreover, the management of manpower in health systems is not immune from influences in society as a whole. Amongst current pressures and trends affecting the management of human resources in many countries are:

- . the continuing growth of specialisation in professional and managerial life, involving the wider use of technical and sub-professional support staff and also requiring a stronger 'general management' function to co-ordinate the work of specialists pursuing their own distinctive interests
- . the impact of high technology and automated data processing in an increasing variety of work situations, accelerating the pace of change and eliminating many routine jobs performed by humans; and also making it easier to hold, process and retrieve information about staff and their work
- . an increasing proportion of well educated staff whose basic material needs are already satisfied and who are no longer motivated solely by traditional rewards and sanctions

- . a steady growth in membership of trade unions or professional staff associations wishing to negotiate with employers for the protection and improvement of their members' conditions of employment, accompanied sometimes by threats of disruptive action or withdrawal of labour
- . new employment legislation regulating the relationship between employers and their staff, particularly in the field of disciplinary action and discrimination, chiefly in the direction of restricting employers' freedom of action
- . a more frequent recognition of the value of teamwork and group assignments involving people from different departments and levels in an organisation
- . a tendency - difficult to turn from theory into practice - towards decentralising and delegating more responsibilities (including HMM responsibilities) to local managers who are closer to the problems requiring decision
- . growing admiration for 'oriental' manpower management methods based on mutual loyalties, respect and social obligations between employers and employees; and on the use of workers' ingenuity to find better working methods for the good of the organisation
- . generally an increased expectation on the part of employees for some influence on management decisions that will affect them, responded to by a more open, consultative style of leadership.

Most of these trends in society generally are reflected in the challenging tasks of HMM around the world.

Can you illustrate any of these trends, or add others, from experience of your own country's health system?

Are there any you consider unlikely to influence HMM in your country?

Please make notes ready to discuss these two questions.

The Special Role of Leadership

Amongst the skills of managing people and of communications (which express relationships between people i.e. inter-personal and inter-group relations), leadership has a unique place.

Leadership is defined for our purposes as

	the capacity to secure the willing support	
	of people in the achievement of the	
	organisation's worthwhile goals	

It is analysed extensively in the context of HMM in functional module 1 and occupies that place in the Manual because of its role of moving people. It is an active, purposeful function aiming at improvement towards a better future, using imagination and initiative to achieve the necessary changes through the motivation and development of people, consultation and all the associated relationship-based methods needed to energise co-ordinated human effort to reach targets. Leadership is the cutting edge of change.

In using its principal resource - people - management depends on leadership, not only at the 'top' of the organisation but at all levels where the work of staff and other people has to be managed and co-ordinated to get things done.

This proactive (initiative-taking, objective-seeking) view of management, with leadership at the heart of managing people as the major resource for health, is increasingly being contrasted with administration, which in many parts of the world is seen as the orderly processing of largely routine, reactive decision-making within existing legislation, policies and procedures. Once again the same words are often used with different meanings by different people, but this view of administration is of a formal and detailed set of processes, the raw material of bureaucracy, best suited to stable and predictable situations. Health systems need a great deal of efficient, honest administration - particularly in the relatively stable areas of purchasing and stores, salaries and accounting, information gathering and data processing, records and office procedures etc - although even here there is often a need to simplify and humanise such administrative routines.

But most of the problems we are facing in the use of manpower to achieve Health for All goals are not of that predictable, routine nature in stable conditions; and long-existing administrative policies and procedures are often part of the problem rather than part of the solution. In this situation of necessary change and search for new and better ways of achieving health, administration (as we have defined it) is of much less help than management (as we have defined it) in circumstances of newness, tension and uncertainty where imagination, initiative and innovation are needed from a sufficient proportion of health workers at all levels to make much more rapid progress towards HFA.

Leadership therefore performs an absolutely critical energising function within HMM towards HFA, and we shall explore this relationship in the following section 2.2.

It is hoped that this handout has assisted the reader to increase understanding of organisation and management; and to achieve learning objective 1 set out on page 1.

2.2: HMM AND HEALTH FOR ALL (Handout)

As already suggested, Health Manpower Management can be defined as:

	the mobilisation, motivation, development	
	and deployment of human beings in and through	
	work in the achievement of health goals	

And amongst the four major manpower management functions studied in a health context in this HMM Training Manual - Leadership, Employment Practices, Staff Development and Management/Staff Relations - leadership has the special role of giving direction (energy, movement) to the rest.

It is important to relate your own experience and understanding of health-related work to this framework of ideas, so refer again to the list of HMM problems in the General Introduction to the Manual, table 2 on page (iii). They are problems of the kind that arise locally and nationally in all parts of the world in the process of organising, using and evaluating health workers. These are particular examples - many more could be given - of the different elements which make up the framework of the Manual, table 1 on page (ii). Each HMM problem in table 2 is numbered to correspond with the HMM element of which it is an example in table 1. For instance, problem 3 in table 2 (staff who need to work together closely, yet do not form a real team) is one example or symptom of element 3 in table 1 (group working and team development); and problem 16 (damaging conflict between individuals and departments without recognised means of resolving such disputes) is an example of element 16 (negotiating and resolving conflict).

Which of these kinds of problem in table 2 does your country (or district or programme or institution) suffer most from?

Are there more that you could add to the list from your own experience?

Please make notes ready for discussion of these two questions.

HMM's Contribution to HFA

All of these problems show the need for better HMM, and that need is the ultimate source of this HMM Training Manual. Better Health Manpower Management is also one of the vital preconditions for reaching Health for All.

We shall never achieve HFA without high-quality HMM. This is because the necessary transformations of national and local health systems (from their present state to one which secures appropriate, accessible, affordable and acceptable care for everyone) require not only adequate financial resources, political support and improved support systems, but also the effective management (including leadership) of health manpower which has been carefully planned and relevantly trained.

Some sense of the scale of such transformations can be gained by reviewing the following list of twelve major changes in no special sequence, which have been compiled from replies by health professionals and managers in developing countries around the world to the question 'what specific changes are necessary before HFA can be achieved in your country?' Although they do not all focus on manpower, and you may not agree with them all, bear in mind, as you consider each one, how much progress can be expected with and without a higher quality of HMM than currently exists in your country:

1. remedy the underutilisation of many existing health facilities and the overcrowding of others
2. restore accountable supervision and stronger staff discipline
3. radically improve the maintenance of vehicles, equipment and buildings
4. raise the motivation and morale of all health workers to achieve high standards of care
5. develop cost-consciousness amongst health workers to reduce the waste of money and materials
6. restrain high technology for the few until basic health priorities have been reached for the many
7. establish a more continuous flow of materials and drugs at the periphery of the health system
8. greatly improve the attractiveness of working and living conditions for health workers in remote areas
9. decentralise authority for more and larger decisions to be taken locally instead of being referred upwards
10. secure the sustained involvement of local communities and non-health sectors in raising health standards.
11. reorientate the education, attitudes and work of health professions not yet supporting PHC wholeheartedly
12. find new ways to propagate isolated examples of excellence in health care organisation to become good standard practice more quickly.

Two broad implications emerge from this review of HMM's contribution to HFA. First there is a view (or vision) of Health itself as a basic human right inherent in social justice and equity; a state of well-being which individuals, families and communities have the potential to attain by their own efforts, assisted when required by organised health services. These are services in which primary health care (PHC) is fundamental, interdependent with secondary and tertiary care institutions for referral and technical/organisational support, in a context of community participation and intersectoral collaboration. This goal of HFA remains an exciting and motivating challenge in offering the prospect, and the practical means, of a world whose citizens - all of them - will have attained, within the lifetime of many of us, a level of health to permit a socially and economically productive life. And this is not a dream but a real opportunity within our grasp, because the low-cost technology is already well known and generally affordable by the world in the fields of health education, environmental protection, maternal and child health, family spacing, immunisation, oral rehydration etc.etc.

What a thrilling and globally significant achievement HFA would be ! And what a privilege we each have to play our part in grasping it, by reaching a little further, a little higher, and above all, a great deal faster.

The second implication is that HMM in general, and Leadership in particular, has a vital contribution to make to achieving HFA. It is a major way of reaching further, higher and faster by managing the people who alone can solve the problems that hinder and delay the world community from securing Health for All.

Figure 1 is an attempt to illustrate, in a very simplified format, the principal stages in that route from leadership-based HMM to PHC-based HFA. Using the comparison of needing transport for a journey, it is possible to see:

Health for All as the 'destination' - whilst remembering that the world community has other related needs, such as Education for All and Water for All

Primary Health Care as the principal 'vehicle' - but not excluding other vehicles (such as hospitals) which make their associated contribution to HFA

The National Plan as the 'route map' - recognising the need for a co-ordinated health development strategy for reaching HFA nationally and locally

The Managerial Process as the 'fuel' - management as the means of propelling the vehicle along the route in a controlled way

Health Manpower Management as the 'driver' - the essential human resource for starting and steering the fuelled vehicle along its route

Leadership within HMM, as the 'driving' itself - the only process which actually moves us all the way to our destination, however high the quality of the vehicle, the route map, the fuel and even the driver: if no-one drives, all the rest remains motionless.....

Consider the view of HFA presented above and of HMM as a vital contribution to its achievement.

In not more than 30 words, say what your central function is in HMM

How do you think that your work in HMM could contribute more to HFA?

Please make notes ready for discussion of these two questions.

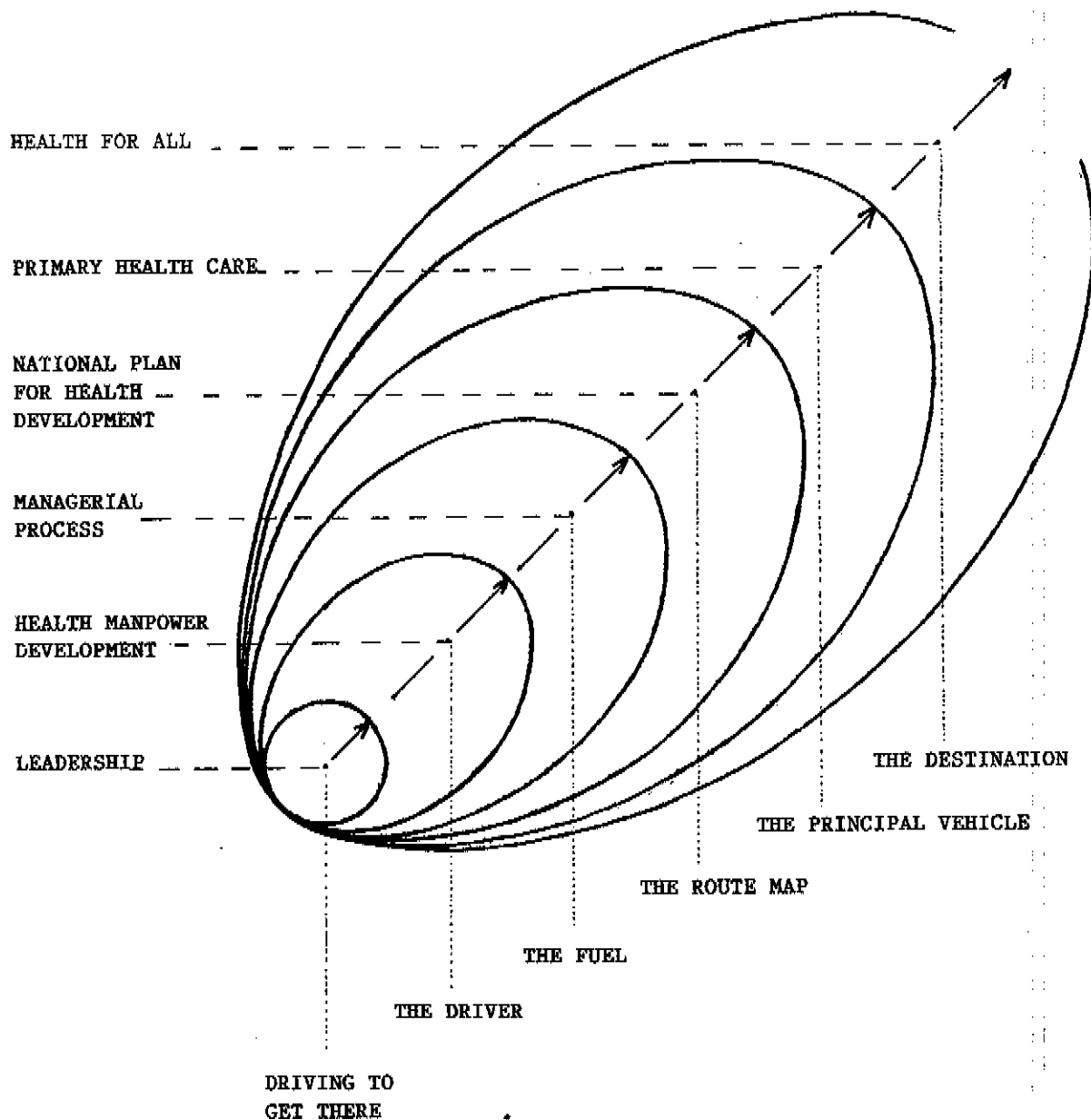


FIGURE 1: Relationship of Health Manpower Management to Health for All

The Place of HMM in Health Manpower Development

The process of Health Manpower Development (HMD) covers three principal and inter-related components:

1. health manpower planning
2. health manpower training (production)
3. health manpower management

Conceptually, there is a logical sequence in this order, in the sense that planning defines the quantity and quality of the required categories of manpower; training produces the specified personnel; and management employs, deploys and evaluates them. After health manpower planning and training have placed at the disposal of the health system the right kind of manpower in the right numbers at the right time, HMM aims to ensure that they are properly utilised (managed) in maximising the efficiency and effectiveness of the health system.

Of course, being at the practical, operational end of the sequence, HMM has a vital responsibility to feed back information on the extent to which the planning and the training are actually producing manpower capable of being utilised to meet the needs of the community to be served. Sometimes, for example, manpower planning may specify more doctors, or fewer community health workers, than are needed for the work to be done; sometimes manpower training, perhaps through depending too much on hospitals as training institutions, may produce health workers without the skills or attitudes to function well in Primary Health Care (PHC) situations where they may be most needed. In both cases HMM will have the evidence as it tries to utilise available manpower; and this evidence must be used to influence the totality of HMD.

Historically, however, that logical sequence has not been apparent. Of course, since manpower is the major resource of any health system, HMD has always been of concern for World Health Organization (WHO) member countries. Nevertheless, in the early years of WHO's functioning following the Second World War and the emergence of new nations from the old empires, the production (training) of that manpower in adequate quantity and quality was the part of HMD most often at the centre of attention. It was not until the later 1960s, and most strongly in the 1970s, that manpower planning and some manpower management issues became a significant concern to a large number of member countries, and secured major attention as the inappropriateness of much traditional professional training became evident in relation to real community needs. The principal issues in HMM to begin with were the geographic coverage of manpower within countries (ie their deployment) and the efficiency with which such manpower was directly managed; but recognition of the Managerial Process from about 1980 as the essential vehicle for achieving the goal of HFA led to a much broader view of HMM's significance.

It should be added here that Health Manpower Development needs to be more fully linked with Health Systems Development into an integrated Health Systems and Manpower Development (HSMD), which has been of concern to WHO members since the 1970s. This conceptual link has very practical implications in the field of HMM, which depends very much on the effective management of finance, materials, accommodation, transport and other technical and administrative support systems. For example, the quality of supervision in rural areas might be higher if fewer vehicles were off the road for lack of spares or petrol; and the motivation of staff is very difficult to maintain if they are uncertain whether they will receive their salaries on time - or at all...

What is evident from the historical evolution of thinking about the component parts of HMD is that the special requirements and problems of managing the health manpower has had serious priority attention only from the beginning of the 1980s, when the issue became a matter of particular concern to WHO. Since this time, however, HMM has moved to a very prominent position because

- . its quality directly affects the world's health to the extent that this depends on health workers - the system's major resource - who cannot or will not give their best efforts unless they are well managed
- . it incorporates leadership, which is now recognised as the origin of direction and energy in the thrust towards HFA

Clearly the goal of Health for All cannot be achieved by the sporadic, unmanaged, efforts of individual people, but only when health manpower is led, employed and developed within a climate of good employer/employee relations in the solving of problems and the managing of organisational changes necessary to reach that goal. Without proper management of health manpower, expensively trained health personnel are wasted through poor deployment, inadequate service support, lack of career development and loss of motivation. And good policy fails to be changed into effective action.

This view sees HMM as being concerned, not merely with the efficient functioning of health personnel, but as the means of mobilising the available human resources for development of the entire health system. It is therefore no surprise that a WHO Executive Board Working Group reported in October 1980:

"The Board is of the opinion that management training is one of the central strategies possible for engaging and harnessing the national energies required to orient the health system in the direction needed to achieve health for all by the year 2000".

The Need for HMM Training and the Origins of the Manual

We have now reached the stage, in this analysis of HMM and HFA, where HMM is widely seen both as the critical final stage of HMD (where the planning and training of health manpower has to be matched by their competent management) and as a vital precondition for reaching HFA (because the critical HMM function of Leadership is the source of movement and transformation for that global effort).

Two WHO Inter-Regional Consultations on Strengthening Health Manpower Management have helped to give shape and focus to that view. The first - held at Bangalore, India, November 28 to December 2 1983 - had the objective of reviewing the current HMM situation in the 13 countries represented, and identifying problem areas susceptible to intervention, defining HMM and describing its components, identifying approaches for follow-up action to strengthen HMM, facilitating the conduct of similar country workshops, and identifying WHO's role in promoting efforts to strengthen HMM.

One of WHO Headquarters' (HQ) action plans from that first Consultation involved the preparation of training materials for the functions and elements of HMM, set into its wider organisational context. The HMM Training Manual represents that part of WHO/HQ's follow-up of the Bangalore Consultation and, in particular, specific discussions of its draft framework presented at the second Consultation, held at Tashkent, USSR, 22 to 26 April 1985. This Consultation had the objectives of considering progress with country actions initiated at Bangalore, exploring motivation as a major factor in HMM, developing country-specific HMM training strategies, and identifying performance indicators of progress in strengthening HMM. In both Consultations problem-solving and action planning methods were used to identify and plan necessary HMM changes.

It is clear from this that training is only one strategy amongst several possibilities for strengthening HMM: others include stronger political commitment and clearer policy guidelines; better intersectoral collaboration; the recruitment of higher-level and more innovative managers, possibly from new sources; greater delegation to local managers accountable for achieving agreed targets; stronger discipline; and more powerful incentives to assist the deployment of staff. However, HMM training, which we define as

	the systematic attempt to develop	
	managerial skills, attitudes and knowledge	
	for application to specific work situations	
	in the utilisation of health manpower	

can secure very good results over an extended period and at relatively low cost, provided that large numbers of people can be reached with relevant learning opportunities as close as possible to the place of work.

Consequently the specification of the HMM Training Manual, in response to the guidance given at the Bangalore and Tashkent Consultations, emphasised a number of essential features in two broad areas:

In its design, the Manual should

- . be aimed at reaching a high proportion of the senior and middle managers of a country's health system, including members of any health profession who have significant management responsibilities
- . not depend on highly skilled training specialists but be usable by selected health managers with the help of detailed guidance available in each module
- . comprise completely self-contained modules with all necessary materials for short 1 to 4-day workshops, but capable of being adapted easily for other uses including individual and group study, work-based problem-solving and insertion in longer qualification, post-experience or correspondence courses
- . be divided into a range of 7 inter-related modules (preceded by this Preliminary Module) which are all orientated to improved practical performance in HMM but can be used separately. These are set out in Table 1 and illustrated by examples of specific HMM problems in Table 2
- . be accompanied by well-presented material designed to sensitise top policy-makers to the importance of HMM and of this Manual as a contribution to HFA through better management.

In its methods, the Manual should

- . enable and require participants to take responsibility for their own learning, including preparatory reading and note-making
- . be highly participative, using the experience of participants as a resource for learning from each other as well as from the module materials
- . demonstrate multiple learning techniques, including reading handouts, brief lectures, optional films, visual aids, group discussions, exercises and case studies
- . provide for evaluation of the modules/workshops not only at the time of use but at an appropriate period afterwards to assess what difference the training has made in actual work performance of individuals and their organisations
- . give detailed guidance to the organisers and tutors (leaders) of the training.

We have tried to include these features throughout the Manual. The modules have been tested in a variety of situations, predominantly in senior health management training events with international membership, chiefly in or from developing countries; and with tutors from many different health management or training backgrounds in their countries.

Finally, some general points have emerged from the discussions of the HMM Training Manual which are of wider significance:

- . improved work performance arising from successful and relevant training should be linked with career development

- . a training strategy for HMM is likely to benefit greatly from long-term collaboration between the health system and carefully selected educational resources
- . the Manual's materials may be particularly suitable for the application of training technology and distance learning methods, which would greatly extend their reach
- . there is scope and need for international collaboration in this relatively new area of HMM strengthening through training.

Having studied this material about the need for HMM training and the origins of the Manual, how (if at all) would you expect it to help you in your work?

Which of the 7 modules are you most interested to study, and why?

It is hoped that this handout has assisted the reader to increase understanding of the relationship between HMM and HFA, and to achieve learning objectives 2, 3 and 4 set out on page 1.

FOR TUTORS ONLY

INTRODUCTORY MODULE. HMM FOR HFA

SECTION 3. GENERAL GUIDE TO THE MANUAL

These general notes are addressed to the organizers and tutors involved in using any of the modules in the HMM Training Manual, in order to offer guidelines and suggestions (which you can adopt, adapt or ignore) on how workshop participants can be helped to achieve the purposes of the Manual, which is introduced with a framework, illustrative HMM problems and overall objectives in pages (i) to (iv). We have used the phrase 'Organizers and Tutors' for those arranging and leading the workshop, who could be trainers or experienced manpower managers but should if possible be at least two in number, in order to maintain close contact with participants, provided that one has the overall responsibility.

Your General Approach

The origins and specification of the Manual have been reviewed in the previous handout 2.2, so the main features of its design and methods are already apparent. But it is important to remember that the Manual and its component Training Modules have been written and tested to assist participants to raise the quality of HMM, whose typical scene of action is through health system staff competent, organized and motivated to work effectively with populations and patients. Your role lies therefore in helping people to help other people to better health.

This helping relationship is essentially an attitude of mind which you need to emphasize in your own role and share with participants from the outset. It is expressed in a friendly but business-like approach to the conduct of the workshops, the social climate of which is largely set in your initial contacts with participants, when the expectation is established that through this hardworking, mutually-supportive and temporary learning community they will secure permanently beneficial abilities that will make a positive and noticeable difference to the way they perform in their present and future work.

You are helping them to identify and perform tasks within their competence but of increasing complexity and challenge so that their ability and self-confidence are progressively built up as they are encouraged to higher levels of achievement. This is assisted by the design of the Modules and, if well established during the workshops, often continues and grows after return to the normal working situation.

But please remember that the training materials need to be interpreted and adapted for local circumstances. HMM takes place within specific and often changing regional, national and local environments, which must be taken into full account if truly relevant learning is to lead to permanently improved work performance. It follows from this that a Training Manual can offer universal frameworks, general principles and a variety of case studies, learning exercises and check-lists for local choice and application. But the detailed design and conduct of particular training events should be decided by managers and trainers who are much closer to the local circumstances of participants than the writers of the Manual can normally be. For example in the group exercises use your judgement to:

- . extend or modify the brief in order to give special emphasis on particular aspects of HMM that are of special local concern, perhaps by asking one of the groups to concentrate on such issues or by raising them for discussion in the reporting-back session
- . select between the available exercises and questions, or add further relevant training materials, exercises, audio-visual aids, readings etc. of your own if you judge that a modified range of materials would enable participants to achieve the workshop objectives more successfully: but take care to avoid any overload of information and any distraction from the main tasks
- . decide when to sit in briefly on group meetings in order to observe their functioning, using this as a means of helping you to decide whether any modifications are needed as the workshop proceeds
- . be prepared to comment, occasionally and constructively, on the processes of analysis and reasoning that groups are using, or on any failure to use all the resources available to them, and offer help if it appears to be needed; but avoid as far as possible any involvement in the technical content of the group tasks, because that is their job rather than yours
- . encourage the view, particularly during plenary discussions, that in HMM there is not always a single 'correct' solution to the problems and tasks, so that differences of opinion and approach are legitimate and to be respected provided they are consistent with the available information and the objects of the exercise
- . in particular do not let participants move on to the next stage of the workshop until you are satisfied that the main lessons of the present stage have been learnt. You may wish to check the understanding of participants by judging the quality of their written answers to some of the questions and exercises, both on a random individual basis and by assessing the quality of groups' reports on their work.

Moreover the materials may need to be translated (particularly if used with groups of less senior managers and supervisors) in at least two senses:

- . into another language than English where this is not well understood
- . into a more basic style (of English or other language) where simplification may be necessary to assist understanding.

Situations requiring written translation and simultaneous verbal interpretations have been satisfactorily tested during the initial trials of the modules/workshops, but adequate time must be allowed for such preparations.

Note also that valuable work has already been done by others in the development of management training materials, both within and outside the context of the WHO. For example:

- . the WHO/SEARO series of Training Modules on Health Planning and Management (New Delhi 1983)
- . the guide 'On Being in Charge' for Middle-Level Management in Primary Health Care, by R. McMahon et al (WHO, Geneva 1980)

- . the Kenyan Ministry of Health/African Medical and Research Foundation learning materials 'Health Service Management' by Schlüter (Nairobi 1984)
- . the MEDEX PHC Series by the University of Hawaii's Health Manpower Development Staff (Honolulu 1982/1983)
- . the Voluntary Health Association of India's 'Management Process in Health Care' edited by Srinivasan (New Delhi 1982).

Certain parts of these and other health-specific training publications are directly relevant to HMM and provide a wide choice of additional training materials, if needed to supplement those of the Training Manual for HMM. Where selected management training films are relevant, these are referred to in each module's notes for tutors.

The Participants

These are assumed to be chiefly senior and middle managers/administrators, between 12 and 24 in number if attending workshops, from a variety of professional backgrounds working in the health systems of their countries (at local/district, provincial/state or central/national levels), together with representatives of Public Service Commissions or similar bodies. Many participants are likely to be line managers (organizing work through staff directly accountable to them); some may be personnel or training specialists in a supporting or advisory role to the senior line management of the health system. No previous specialized HMM training is assumed but all participants should have significant HMM responsibilities and experience to share.

Format and Sequence

Each module is designed to enable participants to achieve its objectives within a workshop lasting between 1 and 4 days, providing for expansion or contraction as decided locally. Each module is self-contained with all the necessary tested materials for training in that topic. Each begins with an introduction and statement of objectives, followed by the learning materials. And each has notes for tutors, a suggested session plan with timetable, and appropriate evaluation instruments. (The session plan can be modified for duration and timing, but the sequence of activities is carefully planned and should not be altered without good reason).

Consequently the HMM functional modules (Leadership, Employment Practices, Staff Development and Management/Staff Relations) can be undertaken in any order and over any period of time. Also any module not required locally can be omitted, although some benefit would thereby be lost for those wanting a comprehensive coverage of the whole range of HMM functions.

But the functional series should always be preceded by General Management Module A on problem-solving and followed by General Management Module B on organizational change. This is because, for working managers, the actual problems they face at work are the most natural starting-point for training; and the most natural finishing-point for training is the successful achievement of desirable change at work. In this way the Problem-Solving module provides the necessary opportunity for diagnosis of HMM problems faced by participants before they attend any modules for training in HMM functions; and the Organizational Change module is the final occasion to plan firm action for HMM improvements. (Evaluation Module C contains materials for assessing the learning at the workshops and its application afterwards at work.)

Conducting a Workshop

Finally in this general guide for those who take responsibility for the use of the HMM Training Manual, the following advice has been compiled from experience of conducting workshops based on the modules.

Preparation

All modules require the tutor to undertake some preparation. At the least this means that the tutor should become very familiar with the materials so that he can use local illustrations to reinforce the ideas, theories, concepts and practices described in the module. He may also have specific exercises to prepare with the help of detailed instructions. The tutor will need to be certain that the arrangements for running the Module are satisfactory. A check will need to be made of the following:-

- . that invitations have been sent to those attending the Module explaining at what time it is being run and where
- . that residential accommodation has been arranged where necessary, and that lunches/drinks can be provided at times convenient to you
- . that the teaching accommodation is satisfactory; and that all necessary equipment is functioning, including an Overhead Projector for the viewfoils and newsprint sheets or black/white-boards, with the correct writing implements for up to 4 groups
- . that all the handouts and exercises have been copied so that all the participants can have a set of the learning materials as they are distributed from section 2 of each module.

Variations

As already mentioned the Modules do have a session plan but you may want to vary the timings. Remember that what we are trying to do is to help improve the performance of managers rather than rigidly follow a fixed timetable. One variation that you may wish to consider is to give the handouts to the participants before the Module begins and then use more time to discuss the ideas they contain rather than give a lecture. If you do this, make sure that the handout does not give the answers to an exercise. For example, in the Leadership Module to give the handout 'What is leadership?' before the participants have done the exercise 'Good Leaders' would reduce the value of the exercise. Sometimes it may be preferable to take some key ideas from the handouts, adapt them to suit the local situation and deliver a short informal talk with questions and discussions, after which you can give the participants the handout as a reinforcement.

Exercises

Exercises are used to generate some information that will be useful in discussing the next lecture (e.g. the 'Good Leaders' exercise), or to reinforce a lecture (e.g. the 'Enriching Jobs' exercise), or to give some practice in the application of a skill (e.g. the exercises in the Problem-Solving Module).

Before you introduce an exercise, read it to yourself to make sure that you know exactly how the procedures of the exercise should work. When you have done this you should then make some notes on what you want participants to gain from the exercise. What, in other words, are the main learning points. These will be clear from the associated lecture notes but you need to have them firmly in your mind and you may also want to emphasize some points that are particularly relevant to your situation. Have these written down in front of you so that you can refresh your memory during discussion of the exercise.

Exercises need to be introduced carefully so that everyone understands them. For this purpose each one is fully described in the exercise brief. At the conclusion of an exercise try to create discussion amongst the participants. This can often be done by asking open-ended questions about the exercise and their reactions to it. Open questions begin with words like Who? What? When? Where? Why? Always try to avoid giving direct answers yourself; but encourage the participants to think about the lessons of the exercise themselves and relate these to ideas raised in the lecture, and to their own work and health system.

Do not hesitate to allow a useful discussion session to run beyond the allotted time. If there is very little participation do not prolong the discussion to fill the time available. Move on to the next item quickly. It is often a good idea to record the main points of a discussion on a blackboard or newsprint. This again reinforces the learning and encourages participation because people like to see their contribution recorded for all to see.

Lectures

We have already mentioned that the written lecture notes can be given out beforehand although we do not think that this is always the best practice. Ideally you should become thoroughly familiar with the lecture material and adapt it to your own needs. Considerable extra value will be gained if you can illustrate the lecture with HMM examples that will be well known to the participants. It is important that you do not read the lecture aloud to the participants. This will be boring and annoying to them. To avoid this use the Overhead Projector viewfoils as your 'headlines' and amplify these as you show them on the screen. In such ways the lecture material/handouts, supported by the viewfoils, can be used to suit you and the participants. Encourage them to ask questions. Do not worry if you do not know the answer; someone else might know, or you can say that you will try to find the answer and let the questioner know later. But make sure that you do that!

Notes for Tutors

Each module is accompanied by a step-by-step guide to conducting the Module. Use this as your pattern but do not hesitate to deviate from it a little. The more accustomed to using the material you are, the more confident you will feel in making changes. Do keep the tutors' notes open in front of you as they will help you through the administration of the Module.

Style

The workshops are intended to be active, business-like, relevant to work and highly participative in their conduct and atmosphere. They are not designed for people who want to sit back and be lectured to. Specific learning objectives are expressed in terms of new or improved abilities which participants should be able to demonstrate during the workshop and apply on return to their work situation.

Consequently, although the style should be informal and relaxed, the proportion of lecturing should be kept low so as to maintain participants' involvement and responsibility for their own (and each others') learning through the work they undertake in the workshop.

Finally, remember that your principal task is to help the participants - all of them, not just the most senior or articulate or intelligent participants - to relate what is learned in the classroom to their actual work within the health system, particularly their responsibilities and opportunities for managing health manpower more effectively.

Evaluation

This function, of assessing the effects of the training and using that information as feedback to correct/improve the training, is so vital to the HMM Training Manual that a module (General Management Module C) is devoted to the principles and selected techniques. And a simplified approach to the task is to be found in section 4 of each module, with notes on its use during and after the training.

Workshops which use the module material in these ways are likely to be a flexible and effective method of HMM training. The best way of learning how to achieve that result is to practise and modify your approach in the light of your own experience.

We wish you success and satisfaction in this important task.

FOR TUTORS ONLY
INTRODUCTORY MODULE: HMM FOR HFA

SECTION 4: NOTES FOR TUTORS ON THIS MODULE

we have already offered, in section 3, advice to organizers and tutors on the best approach to the preparation and conduct of the HMM modules in general, particularly through workshops. This provides the background for these more specific notes on conducting a workshop based on this preparatory module, which comprises:

- . an Introduction with Learning Objectives
- . a major handout 2.1 on the nature of Organizations and their Management
- . a major handout 2.2 on Health Manpower Management and Health for All.

This is almost certainly the first contact which participants have with the Manual; and both the materials and the workshop methods are likely to be new to many of them. So the two critical decisions you will need to make are particularly important in helping participants to adjust to the ideas behind the modules and the workshops:

- . whether to distribute module sections 1 and 2 to participants for reading before the workshop starts. This seems very desirable in order for participants to study the materials at their own pace and to prepare their own answers to the questions which are asked at intervals through 2.1 and 2.2. There are no exercises in this module whose answers would be revealed too soon from these documents. If this advance distribution is not possible then participants will need time to read them immediately before the workshop starts: not less than one hour should be allowed for this.
- . whether to have the workshop lasting a half-day or a whole day. The half-day option may be satisfactory for groups of senior managers who are already very familiar with concepts of organizational functioning and its management, as well as with the role of HMM in relation to Health for All and Health Manpower Development. But others are likely to need the extra time for review and discussion provided by one full day; the important object of which is that every participant should start the main modules already aware of the underlying ideas of management, and of Health for All through Primary Health Care, on which the manual is based.

That is the assumption made in the following proposed timetable, which would have to be compressed into just a morning's work, by reducing the time for group discussion, if the half-day alternative is chosen.

Timetable

08.00	<u>Introduction</u> (plenary)	
-	inauguration of the workshop	
-	personal introductions of participants and staff	step 1
-	discussion of General Introduction to the Training Manual and the Module's section 1	step 2
-	the timetable	
09.15	<u>Organizations and their Management</u> (plenary)	
-	overview and discussion of Section 2.1 with OHP viewfoils	step 3
10.15	Mid-morning break	
10.45	<u>Organizations and their Management II</u> (groups then plenary)	
-	group discussion of participants' answers to questions included in section 2.1.	step 4
-	reports from groups to the workshop	step 5
12.45	Lunch	
14.00	<u>HMM and HFA I</u> (plenary then groups)	
-	overview and plenary discussion of section 2.2 with OHP viewfoils	step 6
-	group discussion of participants' answers to questions included in section 2.2.	step 7
15.15	Mid-afternoon break	
15.45	<u>HMM and HFA II</u> (plenary)	
-	reports from groups to the workshop, with plenary discussion of participants' expectations of future workshops	step 8
-	evaluation	step 9
16.45	<u>Close</u> of the workshop	

Session Plan

Step 1

After the workshop has been launched and any administrative matters dealt with, (15 minutes in all) ask participants to briefly introduce not themselves but the person sitting next to them, after 3 or 4 minutes exchanging basic information with each other (names, post, place, type of work). This helps everyone to meet someone else and to say something as soon as possible, encouraging informality. Staff should join in, introducing one of the participants who will also introduce you.

Step 2

Then review the main features of the General Introduction to the whole HMM Training Manual, pages (i) to (v), and then this module's contents and section 1, drawing particular attention to the objectives and to the above timetable, which should be distributed or displayed. Invite any questions for clarification.

Step 3

This session enables you to build up progressively a model of organizational functioning, and then of the kinds of management required in that setting. Refer to the organizational diagrams of section 2.1 (distributed in advance) at each stage, using the examples given. Viewfoils (transparencies) should be prepared progressively to build-up the diagrams. Lay the first 5 viewfoils one at a time on the OHP. Viewfoils 6-9 (the four main management types) should then be laid in turn on the OHP. Continue your headlines (brief summary of key points only) to cover the remainder of section 2.1, but leave full discussion to follow step 4.

Step 4

At intervals through section 2.1 there are three sets of questions, one relating to the possibility of better management improving the functioning of participants' organizations (page 15); the second helping to identify their main training needs (page 17); and the third asking for examples of trends affecting manpower management in their country's health systems (page 19). Discussion of their answers to these questions is the task that you set for groups, preferably of between 4 and 7 participants, for 45 - 60 minutes, making it clear that you want a brief report (5 minutes maximum) of the headlines of their discussions. Decide how many groups in the light of how long you want their verbal reports to last in step 5.

Step 5

These reports should be the subject of discussion, but be careful that all the groups have a broadly equal time to explain their findings. You may decide to summarize the main themes and implications of the morning's work before taking the lunch break.

Steps 6 and 7

A similar pattern should be followed in dealing with section 2.2. in the afternoon, concerning various aspects of the relationship between HMM and HFA. There is one viewfoil which you should use during your overview of the handout, and three sets of questions for the groups to answer: questions to help participants to relate their own HMM problems with those of table 2 (page 21); questions to examine how their HMM work could contribute more to HFA (page 24); and questions to identify their expectations of how the Manual can assist their work (page 30).

Steps 8 and 9

Again you will be inviting groups to report their findings briefly to the plenary workshop, this time encouraging discussion of participants' expectations of future workshops in relation to HFA. Try to ensure that these expectations are realistic for the length and type of training available through the Manual, and stress that participants' own preparations and follow-up of each workshop are a key to progress. Finish by asking for the completion by each individual of the evaluation questionnaire 1 to be found in this section 4 (15 minutes maximum) and with any summary you may wish to make of the workshop.

Thank participants for attending.

Evaluation of this Module

For the main modules in the Manual, the evaluation strategy is to use, in addition to informal reviews and discussions:

1. A basic questionnaire 1 concerned with participants'
 - reactions to the module
 - learning during the workshop
 - action plans for its use at workfor their completion individually, before departure.
2. A follow-up questionnaire 2 to participants on the application at work of what was learned at the workshop, for completion individually some months afterwards.
3. Where it is acceptable to those concerned, a matching follow-up questionnaire to the senior officer of each workshop participant could be sent at the same time in order to obtain a responsible second opinion about the impact of the training on the participants' work performance. Such an instrument can be prepared locally, simply by changing 'you' to 'she/he' and 'your' to 'her/his' wherever necessary in questionnaire 2.

It is good practice for the course organizer to send a summary of all the responses from both questionnaires to the participants themselves, their senior officers, the workshop tutor(s) and through WHO to the module authors, so that the overall impact can be seen and desirable improvements made. No participants' names should appear on these summaries, in order to preserve confidentiality.

In the case of this preliminary module, however, the duration is short and the objectives are of general orientation to the rest of the Manual, without specific action plans to follow up. The appropriate evaluation, therefore, is confined to a modified version of questionnaire 1, as set out below. The answers given to the final question should form a general base-line of expectations, for reference when participants return for later workshops in the series.

EVALUATION QUESTIONNAIRE 1 (end of module)

WORLD HEALTH ORGANIZATION
TRAINING MANUAL ON
HEALTH MANPOWER MANAGEMENT

PRELIMINARY MODULE " : HMM IN HEALTH FOR ALL

1. Your General Reactions

Please indicate by circling the appropriate figure

- 0 = not at all
- 1 = to a limited extent
- 2 = to a considerable extent
- 3 = extremely

how far you have found the written module

- Interesting 0 1 2 3

- Potentially useful 0 1 2 3

- Well prepared 0 1 2 3

and the training workshop

- Well conducted 0 1 2 3

Please write any explanatory comments here

2. Your specific Reactions

In particular would you show in the same way how helpful you found:

The Introduction	0	1	2	3
The handout 2.1 'Organizations and their Management'	0	1	2	3
The handout 2.2 'HMM and HFA'	0	1	2	3
The viewfoils	0	1	2	3
Your work in groups	0	1	2	3
The plenary discussions	0	1	2	3
The tutorial contribution to the workshop	0	1	2	3
The administration of the workshop	0	1	2	3

Please write any explanatory comments here

3. Your Learning

Similarly, would you please indicate how well in your judgement you have so far achieved the module's learning objectives:

- | | | | | |
|--|---|---|---|---|
| 1. shared a general understanding of
the nature and purposes of
management in organizational life | 0 | 1 | 2 | 3 |
| 2. overviewed the functions of HMM
as part of the process of HMD, in
preparation for subsequent modules | 0 | 1 | 2 | 3 |
| 3. understood the significance of
improved HMM, including leadership,
for achieving HFA in the light of
your potential contribution to
that goal | 0 | 1 | 2 | 3 |
| 4. become familiar with the scope of
the whole Manual and its purposes | 0 | 1 | 1 | 3 |

Is there any way in which your learning could have been increased during the workshop? (Please write here)

4. Your Expectations of the Training Manual

Please summarize in your own words what you are hoping to gain, for yourself and your organization, from using one or more of the modules which comprise the Manual. Be as specific as you can at this early stage:

Do you have any further comments, criticisms or suggestions that would assist in the improvement of this module and workshop?
(Please write here)

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

YOUR REPLIES WILL BE HELPFUL AND TREATED IN STRICT CONFIDENCE. ANY SUMMARY OF PARTICIPANTS' REPLIES WILL INCLUDE NO NAMES.

IT MAY BE USEFUL FOR YOU TO SEE THIS PAGE AGAIN ON A FUTURE OCCASION TO ASSIST YOU IN EVALUATING THE LONGER-TERM IMPACT OF THE MODULE AND WORKSHOP. TO MAKE THIS POSSIBLE WOULD YOU PLEASE WRITE YOUR NAME BELOW (UNLESS YOU HAVE ANY OBJECTIONS)

Your name please

SECTION 5: BRIEF OUTLINES OF FUNCTIONAL AND GENERAL MODULES

In addition to the present document, it is planned to issue the following modules before the end of 1988:

Functional Module	1. Leadership in HMM	WHO/EDUC/88.195.1
	2. Employment Practices in HMM	WHO/EDUC/88.195.2
	3. Staff Development in HMM	WHO/EDUC/88.195.3
	4. Management/Staff Relations in HMM	WHO/EDUC/88.195.4
General Management Modules	A. Problem-Solving	WHO/EDUC/88.195.5
	B. Organizational Change	WHO/EDUC/88.195.6
	C. Evaluation	WHO/EDUC/88.195.7

The introductory section including the objectives of each module are given in the following pages in order that readers may judge which may be useful for them. They may be obtained from:

The Responsible Officer
Health Manpower Management
World Health Organization
1211 Geneva 27, Switzerland

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
Functional Module 1:
LEADERSHIP IN HMM

Section 1: Introduction

The contribution of leadership to HMM, the module's objectives.

Section 2: The Learning Materials

A variety of case study/exercises and lecture notes/handouts.

FOR TUTORS ONLY

Section 3: Notes for Organisers and Tutors

Preparation for a 3 to 3 1/2-day workshop using this module; step-by-step timetable and session plan for conducting the workshop; view-foils.

FOR TUTORS ONLY

Section 4: Evaluation of the Module

End-of-module and follow-up questionnaires.

Notes on this Module

For background and notes affecting the complete HMM Training Manual please see the preceding pages.

Leadership is distinctive amongst the functions of manpower management, being concerned with taking initiatives through people motivated to achieve a better future. As the most demanding of the functional modules it could therefore be taken first of the four, because it could help to provide direction and energy for the other three; or last of the four as the climax of HMM training, after experience of the other three has increased the mutual confidence of participants and tutors. Moreover, leadership in HMM could very naturally be followed by general management module B on Organizational Change over a total of about 6 working days.

Throughout the module 'he' and 'him' should be taken to include 'she' and 'her'.

LEADERSHIP TRAINING MODULE

Section 1: INTRODUCTION

This module is concerned with the development of leadership for health manpower management (HMM).

Leadership in management is the task of setting goals and objectives, and achieving the commitment of others to reaching them. This is not easy, but successful managers gain such commitment through the constructive involvement of people in the work of the organization. It requires not only the manager's basic ability to achieve objectives and standards through setting and checking the work tasks of other people, but in addition the capacity to motivate, enthuse and energize them to work willingly and well towards goals in which they also believe. Consequently leadership, in the managerial context may be defined briefly as:

|| 'the capacity to secure the willing support of people in the ||
|| achievement of the organization's worthwhile goals'.

By contrast politicians aim to achieve commitment to their goals through processes of persuasion and public assertion that can sometimes constitute "propaganda"; the military do so through unquestioning discipline and fear of punishment amounting sometimes to "brainwashing". Such processes are culturally quite acceptable for politicians and the armed forces to use - but not for managers. Managerial leadership, unlike political and military leadership, depends centrally on the exercise of interpersonal influence. This module will examine what such interpersonal influences are and how they can be developed.

The contribution of Leadership to HMM

The nature of leadership in organizations will be discussed more fully in the notes 'What is Leadership?' within this module. But it is already clear that all managers at all levels of the organization, who depend on other people for efficient and effective work performance, require leadership ability. And that this capacity to secure the willing support of people in the achievement of worthwhile goals is needed to a very high degree by those who have the biggest manpower management responsibilities, in numbers or complexity; or have the biggest organizational changes to achieve, in scale or difficulty.

Nowhere is this more true than in HMM, and at no time is this more needed than in the drive towards Health for All (HFA) through Primary Health Care (PHC). The management of health manpower is a major challenge in all countries and at all times because the health system is inevitably labour-intensive, requiring a large number of health workers for an essentially human service; is inevitably complex, involving many different but inter-dependent professions and occupations working in many different locations so that supervision and co-ordination are difficult; is inevitably stressful, because it is concerned with issues of life and death, equity and fear, which raise tense human emotions; and inevitably wide-ranging, because good health requires positive collaboration by communities and sectors outside the health system. This continuing and universal challenge is well illustrated by the list of typical problems in HMM at Table 2.

But add to this general requirement for HMM of high quality the extra challenge of HFA through PHC and it is immediately clear that we require health managers who can lead people into and through the most substantial transformations in the values and organization of health care that the world community has ever attempted. The Introductory Module has briefly outlined the nature and implications for HMM of this global development; but it is self-evident that the abilities of leaders at all levels within the health system (and often outside it as well) must be substantially extended in the direction of imaginative vision, active influence on people's attitudes, the taking of new initiatives and the effective management of change.

This proactive approach (taking responsible initiatives to change situations and attitudes through people) is the essence of leadership in management: it contrasts with the reactive approach which responds only to events and instructions from outside. In the drive towards HFA through PHC it is clear that managerial leadership is vital to provide vision, direction and energy to the whole managerial process. In particular leadership of this type and quality will radically influence the ways in which health manpower is managed, through its emphasis on sound employment practices, positive staff development and good management/staff relations as the means of securing the willing support of people in the achievement of HFA/PHC goals. Thus leadership, in the closing years of the twentieth century, is not simply one function of HMM amongst others: it is the source of power to transform HMM in the process of reaching Health for All.

That is the contribution of leadership to HMM, and the focus of this module.

The Learning Objectives

Against this background of leadership's significance to HMM, the learning objectives are that, by the end of a 3 to 3 1/2-day workshop based on this module, participants should be able to demonstrate that they have:

- increased their understanding of four key elements of effective leadership in health organizations:
 - . Vision Building and Objective Setting
 - . Communications and Relationships
 - . Group Working and Team Development
 - . Individual Needs and Motivation
- improved their skills in these four elements;
- had opportunities to consider their own approach to leadership and to receive feedback on it;
- have started to plan specific changes they will wish to make in the way they exercise leadership in HMM.

As a result of achieving these learning objectives, and with further practice, participants should be able to improve noticeably, at their places of work, the ways in which they motivate their health care staff; encourage teamwork; raise the performance of their service, department or institution; and influence people in other sectors and the community generally.

General Advice on the use of this Module

It is very important that organisers and tutors should become familiar with all the materials in section 2 of this module in advance of using them. Several exercises are used to reinforce the theories and ideas contained in the handouts: some of them are deliberately taken from non-health situations because management is universal and we do not wish to encourage a narrow or isolated view of HMM. But the tutor needs to link these exercises to the other printed and visual materials: to the practical HMM experiences of each particular group of participants; and to their cultural and health system backgrounds. Participants themselves can help in this process of linking the classroom with the workplace through their notes, their questions and their action plans. And the tutor should be prepared to modify, substitute or remove particular learning material, or parts of them, to make the module more helpful to each group.

The detailed step-by-step Notes for Tutors (section 3) are reproduced separately, together with instruments for Evaluation of the Module (section 4). They contain a session plan which has been produced for use chiefly with health managers at the university degree level. If the participants are, in general, less highly educated, it would be better to give more time to the module by extending the discussion periods and thus lengthening the workshop from 3 to 3 1/2 days. Similarly, there should be no hesitation in altering the starting and finishing times of each day to suit local preferences about the length and timing of the working day.

Summarizing, a basic capacity for leadership is required in all managers because they have to achieve results through the work of other people. Managing health manpower is particularly demanding and requires good leadership at all levels. But the additional responsibility of providing vision, direction and energy in the realization of Health for All through Primary Health Care demands that a specially proactive style of HMM leadership should become widespread in taking initiatives to manage the radical changes that will lead to HFA.

The module has therefore been prepared in a way that, if used flexibly, should help to develop improved HMM by achieving objectives based on these assumptions about managerial leadership in the health system.

LEADERSHIP TRAINING MODULE

Section 2: LEARNING MATERIALS

This section of the Module contains the following learning materials. (Do please check that you have them all.)

1. Leadership Exercise - Good Leaders
2. What is Leadership? - Handout
3. Visions and Objectives - Handout
4. Vision Building and Setting Objectives - Exercise
5. Confusing Objectives - Exercise, with Observation Guide
6. Communications - Handout
7. 'Paraphrasing' - Exercise
8. Building Trust through Working Group - Handout
9. 5 Squares - Exercise
10. Desert Survival - Exercise Brief and Problem
11. Individual Needs and Motivation: A Brief History - Handout
12. Enriching Jobs - Exercise
13. The Robert Green Story- Exercise Brief and Case Study
14. 7 Questions - Exercise
15. Conclusions? - Handout

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
Functional Module 2:
EMPLOYMENT PRACTICES IN HMM

Section 1: Introduction

The contribution of employment practices to HMM; the module's scope and objectives

Section 2: The Learning Materials

A variety of lecture notes/handouts and case studies/exercises

FOR TUTORS ONLY

Section 3: Notes for Organizers and Tutors

Preparation for a 2 1/2 to 4-day workshop using this module; step-by-step timetable and session plan

FOR TUTORS ONLY

Section 4: Evaluation of the Module

End-of-module and follow-up questionnaires; viewfoils

Notes on this Module

For background and notes affecting the complete HMM Training Manual please see the preceding pages. This module, which concentrates chiefly on the process of successfully recruiting people into the health organization's employment, should logically come early in the series of functional modules and certainly before Staff Development and Management/Staff Relations.

Throughout the module 'he' and 'him' should be taken to include 'she' and 'her'.

EMPLOYMENT PRACTICES IN HMM

Section 1: INTRODUCTION

The Contribution of Employment Practices to HMM

Because the staff employees are the principal resource by which a health organization functions - people providing services to help other people to better health - it is clear that the greatest care and efficient effort must be used in the process of recruiting people into employment. It is also clear that this human resource is very expensive: health systems are labour-intensive and staff salaries/wages in many countries account for about two-thirds of their recurrent expenditure - and of course it is staff whose decisions commit most of the remaining expenditure as well. So we must not employ more staff than we need or can afford to recruit.

This module responds to these realities by seeing Employment Practices as

the systems and procedures by which necessary and affordable staff are recruited, selected, inducted and deployed for defined work in the organization.

In other words good employment practices successfully bring in the right people with the right abilities to work in the right places at the right times. That is the principal contribution of Employment Practices to HMM, and its inclusion in the series is justified because that work is not always performed well enough for HMM to be effective.

The Scope of the Module

therefore involves the following sequence of related activities:

staff establishment setting, and control
job analysis and description
person specification
advertising and applications
selection interviewing
tests and assessments
induction of new staff
health and safety of staff

The last item on Health and Safety is included in this module for convenience, but is an example of employment practices in the management of staff after they have been recruited and inducted. Others are to be found in the appropriate functional modules, including motivation within Leadership, performance appraisal within Staff Development and discipline within Management/Staff Relations.

But the central core of the Employment Practices in HMM is the recruitment and selection process, widely interpreted, and this is apparent in the learning objectives.

The Objectives of the Module

are that, by the end of a 2 1/2 to 4-day workshop based on this module, participants should have increased their ability to

1. control staff establishments
2. manage the recruitment process, from job analysis through selection methods to staff induction
3. organize health and safety for staff at work.

Note

It is evident that in a number of countries the work of selection, at least for senior and professional staff, is performed not by those who are responsible for directly managing those recruits but by other bodies, such as a Public Service Commission or Ministry of Health. This raises the possibility that some of the health manpower managers who might undertake this module would have no opportunity to use the abilities it aims to develop.

The module may still be useful to such managers because, for example:

- . interviewing practice is valuable for many other purposes
- . they may have recruitment responsibilities for lower level staff
- . they may have greater opportunities in the future, through delegation to them or promotion to a more senior post
- . it provides understanding and practice for being interviewed themselves.

Nevertheless we have identified certain items, in the list of Learning Materials which starts Section 2 below, which could be omitted by those who have no realistic prospect of needing selection skills. This would reduce the extent to which the stated learning objectives are achieved, but leave such participants with a general appreciation of what is involved, which may meet their needs sufficiently.

If all the optional items are omitted, the workshop's duration could be reduced to 2 1/2 days from its maximum period of 4 days. This is for organizers and tutors to judge.

EMPLOYMENT PRACTICES IN HMM

Section 2: THE LEARNING MATERIALS

1. Problems in Employing people - exercise
 2. Norms and Staff Establishment Control - lecture notes
 3. Setting Establishments - lecture notes
 4. Determining Nursing Establishments - exercise, article and questionnaire
 5. Deploying Staff - background notes and exercise
 6. *Manpower Budgeting and Establishment Control - lecture notes
 7. Job Analysis - lecture notes and annex
 8. Job Analysis - exercise
 9. Job Descriptions - lecture notes
 10. Job Descriptions - exercise
 11. Person Specification - lecture notes
 12. Person Specification - exercise
 13. *Advertising the Post - lecture notes
 14. The Application Form - lecture notes
 15. The Selection Interview: Planning and Preparation - lecture notes/annex
 16. The Selection Interview: The Seven Point Plan - lecture notes
 17. The Selection Interview: Creating Rapport and Control - lecture notes
 18. Selection Interview - exercise
 19. *The Use of Tests in Selection Interviewing - lecture notes
 20. Assessment Method - lecture notes and annexes
 21. Induction - lecture notes
 22. Induction - exercise
 23. Health and Safety - lecture notes and annexes
- the recruitment and selection process introduced by the handout "Selecting Staff - An Overview"

Notes

The materials marked with an asterisk are relatively advanced/specialized and could be omitted without seriously affecting the main theme if there is good reason to reduce the length of the workshop a little. But the main reduction, if it is appropriate for the participants to do without it, would be to omit item 18 - the selection interviewing exercise - where that skill is not required.

Also note that items 4 and 5 are seen in the workshop as possible alternatives for participants of different backgrounds.

The effect of making all the possible omissions mentioned above would be to reduce the workshop's length from 4 to 2 1/2 days.

Depending on the tutor's way of working the 'lecture notes' may be used as 'handouts' before or after the tutor has presented the key learning points, often with the help of transparencies/viewfoils.

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
Functional Module 3:
STAFF DEVELOPMENT IN HMM

Section 1: Introduction

The contribution of staff development to HMM; the module's scope and objectives

Section 2: The Learning Materials

A variety of lecture notes/handouts and case studies/exercises

FOR TUTORS ONLY

Section 3: Notes for Organisers and Tutors

Preparation for a 2½ to 3-day workshop using this module; step-by-step timetable and session plan

FOR TUTORS ONLY

Section 4: Evaluation of the Module

End-of module and follow-up questionnaires; viewfoils

Notes on this Module

For background and notes affecting the complete HMM Training Manual please see the preceding pages.

This module, which concerns the capacity of health organisations to develop the performance of their staff, could be used at any convenient time in the sequence of 4 functional modules; but would most logically come after the Leadership Module has introduced the basic ideas of using human resources to achieve objectives; and the Employment Practices module has covered the recruiting and selecting of those staff into the organisation.

Throughout the module 'he' and 'him' should be taken to include 'she' and 'her'.

STAFF DEVELOPMENT IN HMM

Section 1: INTRODUCTION

The Contribution of Staff Development to HMM

Any organisation's principal resource is the staff who work in it. Consequently it is in the best interests of the organisation, as well as of the staff themselves, that systematic and sustained efforts should be made to raise the performance standards of those staff to the highest level consistent with the organisation's present and future requirements. Staff development can therefore be defined as:

|| The systematic attempt to improve
|| the functioning of an organisation
|| through the performance of its staff. ||

We are not concerned here with the process of basic professional/technical education, nor the process of recruitment, selection and induction of staff into the organisation (to which module 2 on Employment Practices has been devoted) but with the continuing education, throughout their careers, of those staff who have become trained employees of the organisation, on whose skilled, motivated and experience work the organisation's functioning chiefly depends.

Nowhere is this more true than in health systems, where high standards of performance of health workers, of all types and levels, is the principal asset in the human service organisations of that system, whether 'the organisation' is a PHC clinic, an immunisation programme, a family health service, a hospital, a department in that hospital, a district headquarters or a Ministry of Health etc. For the performance of staff to be an improving, rather than a deteriorating, asset we must have a sound policy and effective methods of Staff Development based on continuing education. The nature and scale of the task can best be illustrated in figure 1.

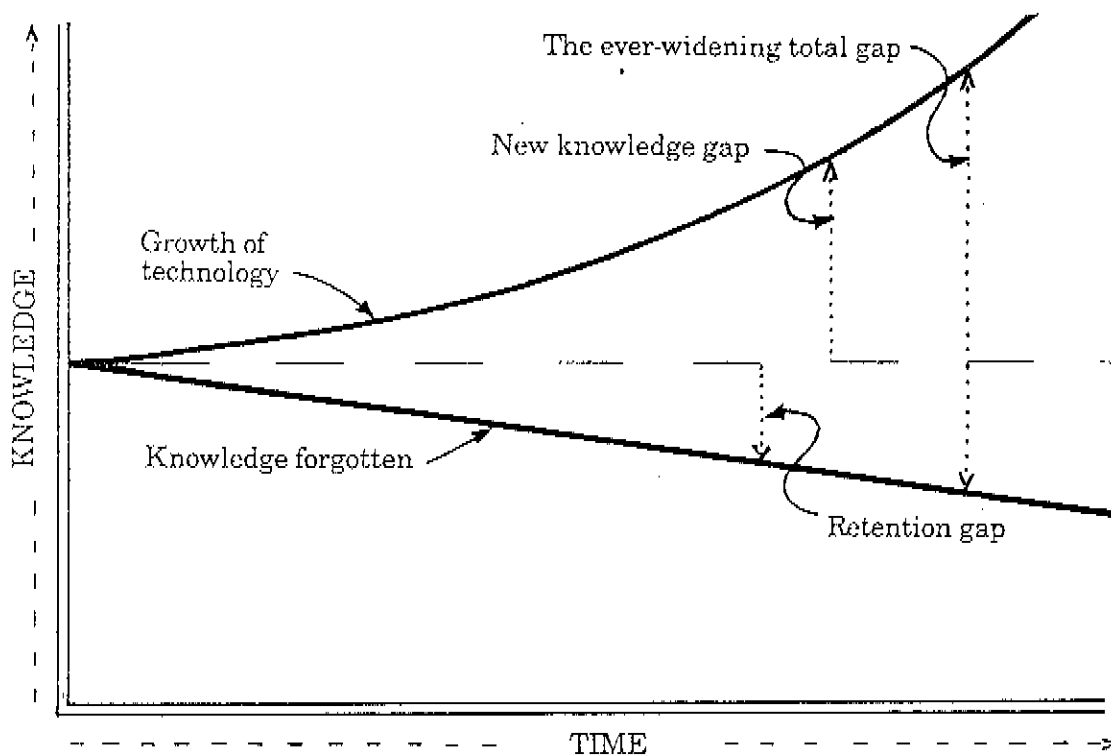


FIGURE 1: Why We Need Continuing Education for All Health Workers

Here we have a simplified model of what happens to professionally and technically trained people (such as health workers) during the course of their careers (often of 30 to 40 years) if there is no continuing education to counter the two main trends, or forces, portrayed. As time passes (from left to right):

1. the change and growth of required knowledge in our particular technology (medicine, nursing, management etc.) leaves us needing to know more and more compared with what we first knew when we completed our basic training: this is a 'new knowledge gap' - growing at a strikingly faster rate in recent years - which can only be closed by upgrading what we once knew to what we now need to know.
2. but what we once knew is itself steadily reducing, by forgetting or failing to use all of that initial stock of knowledge in which we were originally trained: this is a retention gap which can only be closed by updating, or revising and reinforcing, what we once learned.

Adding these two forces together we are faced with an ever-widening total gap which is not only of knowledge, as illustrated in the diagram, but frequently of skills and sometimes of attitudes: in other words the whole of the learned ability of health workers to perform well in the demanding and changing area of health care.

And the gap that must be closed has both technical and managerial aspects. Upgraded and updated abilities are required not only to match, for example, medical advances and new technology, new methods of disease prevention or family spacing, new drugs and new nursing techniques; they are needed also to take the opportunities provided by new information and financial control systems, better methods of storage and distribution of materials, concern to assess

and respond to rising community expectations, and greater understanding of how to motivate and manage health manpower — which is the central purpose of the HMM Training Manual.

Behind all this there is the Great Gap to be closed between how health is currently achieved and health care currently organised around the world and how this needs to be achieved and organised for accessible, affordable, appropriate and acceptable Health for All. This challenge requires radical transformations, of which greatly improved Health Manpower Management is a pre-requisite.

As a major function within HMM, Staff Development is a potentially very powerful set of principles and techniques to raise the performance of the workforce available to lead the thrust towards HFA. That is the significance and contribution of Staff Development to HMM.

The Module's Scope

Staff development of the kind discussed above is not widespread in the world's health systems:

- In many places training and development for a better tomorrow gets little attention compared with the crises and pressures of shortage and survival today.
- Where there is specific financial provision for continuing education it is highly vulnerable to cuts.
- The performance of staff is not always appraised (assessed) in an open and constructive way so that steps can be agreed for its improvement.
- Sometimes post-qualification training opportunities are provided to meet individuals' own preferences rather than the needs of their parent organisation, or largely confined to the medical profession leaving other health workers underdeveloped.
- Quite often staff development is seen as an optional non-essential luxury, rather than as a major resource for improved competence and organisational improvement.
- Some senior healthmanagers see staff development as only for the few with potential for future promotion, rather than also to improve the daily performance of the many in their present jobs.
- And staff development evidently has a low priority in health systems where skilled doctors or nurses or pharmacists are expected to take major responsibilities in the management of a PHC programme or health centre or hospital without any training at all for such work.

Of the typical problems in HMM which are identified in table 2 of the General Introduction, page(iii) above, items 8 to 11 represent the neglected HMM responsibility of Staff Development. The scope of this module in responding to such problems has therefore to cover both organisational and individual development needs in offering Section 2's learning materials on:

- . policies and plans for staff development
- . methods of identifying training needs
- . appraisal of staff and organisational performance
- . options for staff development on the job

Particular attention is given to practising the appraisal of performance because that is the starting-point for realistic staff development. It is, however, a function which is performed in many different ways around the world, sometimes reflecting strong cultural differences in the way staff view their relationship with their seniors.

Each healthmanager is seen in the module as responsible for his own continuing development and that of his staff. This extends to both the professional/technical and managerial/supervisory aspects of present and possible future work; but the examples selected for use in the module are predominantly from management, which is seen as an essential and inseparable part of professional activity in health care.

It follows from this that staff development policy should be the responsibility of the most senior manager, or management team, in the organisation. It is for him to set objectives in the field of staff development to ensure that there is a plan, well understood by other managers and staff generally, for monitoring and achieving those objectives.

The Module's objectives are therefore that, by the end of a 2½ to 3-day workshop based on this module, participants should have developed their knowledge and skills in:

1. creating and implementing a staff development policy
2. making use of training needs surveys
3. performance appraisal and counselling as part of staff development
4. selecting between the options for developing staff

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
Functional Module 4:
MANAGEMENT/STAFF RELATIONS IN HMM

Section 1: Introduction

The contribution of management/staff relations to HMM; the module's scope and objectives

Section 2: The Learning Materials

A variety of lecture notes/handouts and case studies/exercises

FOR TUTORS ONLY

Section 3: Notes for Organisers and Tutors

Preparation for a 3 to 3½ day workshop using this module; step-by-step timetable and session plan

FOR TUTORS ONLY

Section 4: Evaluation of the Module

End-of-module and follow-up questionnaires; viewfoils

Notes on this Module

For background and notes affecting the complete HMM Training Manual please see the preceding pages.

This module, which concerns the quality of relations between management and staff in health organisations, could be used at any convenient time in the sequence of 4 functional modules: but would most logically come after the Leadership module has introduced the basic ideas of using human resources to achieve objectives; and the Employment Practices module has covered recruiting and selecting of these staff into the organisation.

Throughout the module 'he' and 'him' should be taken to include 'she' and 'her'.

MANAGEMENT/STAFF RELATIONS IN HMM

Section 1: INTRODUCTION

The Contribution of Management/Staff Relations to HMM

Because health organisations can only function through their staff, the quality of that work depends vitally on the nature of the relationship between management and staff - the interaction between the managers and the managed, both individually and collectively. Where this relationship is good, there will be high morale, which has been defined as:

'a general attitude of workers based upon their faith in the fairness of employer's policies and behaviours, the adequacy of immediate leadership, a sense of participation in the organisation, and an overall belief that the organisation is worth working for' (Pestonjee)

In such an atmosphere people (management and staff alike) work willingly and well. Where the quality of their relationship is bad there is a noticeable lowering of morale with an adverse effect on standards of work and therefore on the quality of health care.

Consequently the development and maintenance of good management/staff relations is a major responsibility of Health Manpower Management. And, although there are always at least two parties to a relationship, the primary responsibility for its quality belong to manpower managers, because the atmosphere (or 'climate') in which the organisation works is largely determined by their attitudes and actions. Their day-to-day interaction with staff, individually and collectively, has a major motivating (or demotivating) impact.

The Scope of the Module

is therefore wide-ranging in the operational techniques of achieving a positive, constructive management/staff relationship in the areas of

- . staff supervision
- . styles of management
- . motivational methods
- . delegation
- . participation
- . achieving discipline
- . managing conflict
- . negotiating

We have already, particularly in the Leadership module, briefly introduced some of these concepts in relation to securing the willing support of other people in achieving worthwhile goals (vision); but here we shall be analysing such techniques in greater detail and depth, giving the opportunity to practise the specific skills involved.

Moreover we continue to assume that management is not so much a level in the hierarchy as a process - of achieving results through people - which needs to permeate the whole of the organisation. It follows from this that the staff directly managed by senior officers are themselves likely to be the managers of other, more junior, staff. We are therefore concerned with the management process at all levels of the health organisation, and 'supervision' (oversight, setting and monitoring the achievement of objectives and standards of work) is simply one of the key managerial processes required at all levels.

The Objectives of the Module

in the light of these assumptions about its scope, are therefore that, by the end of a 3 to 3½-day workshop based on this module, participants should have

1. increased their understanding of management styles
2. explored theories of motivation/incentives and their application
3. developed their skills in delegation and discipline
4. raised their understanding of participative management
5. improved their skills of managing conflict and negotiations.

MANAGEMENT/STAFF RELATIONS IN HMM

Section 2: THE LEARNING MATERIALS

1. Problems in Management/Staff Relations - exercise
2. Work Organisation - exercise
3. Elements of Staff Supervision - lecture notes
4. Assumptions about Management - exercise
5. Assumptions about the Management of People - lecture notes
6. Management Styles: the Managerial Grid - lecture notes
7. Applying the Managerial Grid Approach - exercise
8. *Motivation: Job Enrichment and Expectancy Theory - lecture notes
9. *Applying Expectancy Theory - exercise
10. *Payment Systems and Job Evaluation - lecture notes
11. Delegation - exercise
12. Supervision and Delegation - lecture notes
13. Participation - lecture notes
14. The Supervisor and Discipline - lecture notes
15. Rules and Procedures for each Organisation - exercise
16. The Supervisor and the Management of Conflict - lecture notes
17. AB/XY - exercise
18. Nature of Conflict - lecture notes
19. Conflict Styles - exercise
20. Conflict Management Styles - lecture notes
21. Management of Conflict: A Systematic Approach - lecture notes
22. Conflict Problem Solving - exercise

Notes

The materials marked with an asterisk are relatively advanced/specialised and could be omitted without seriously affecting the main theme if there is good reason to reduce the workshop from 3½ to 3 days.

Depending on the tutor's way of working the 'lecture notes' may be used as 'handouts' before or after the tutor has presented the key learning points, often with the help of transparencies/viewfoils.

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
General Management Module A:
PROBLEM-SOLVING

Section 1: Introduction

The contribution of problem-solving to HMM; typical problems; the module's objectives, design and scope

Section 2: The Learning Materials

A framework for group problem-solving; additional notes; case studies/exercises

FOR TUTORS ONLY

Section 3: Notes for Organisers and Tutors

Preparation for a 1½ to 2-day workshop using this module; visual aids; use of case studies; timetable and session plan

FOR TUTORS ONLY

Section 4: Evaluation of the Module

Design features; end-of-module and follow-up questionnaires

Notes

This module is intended to facilitate specific training in a general problem-solving framework applied to HMM problems and is therefore recommended for use first in the series of seven modules. It also provides material for selective use at the beginning of each of the four functional modules - on Leadership, Employment, Staff Development and Employee Relations - so as to focus on the real problems which participants have in HMM.

Throughout the module 'he' and 'him' should be taken to include 'she and 'her'.

PROBLEM-SOLVING MODULE

Section 1: INTRODUCTION

The Contribution of Problem-Solving to HMM

This module consists of materials for use in a 1½ to 2-day workshop to encourage better Health Manpower Management through improved problem-solving. We hope that you and your colleagues will find it useful for that purpose, and enjoy it as well.

How can we expect better problem-solving to help HMM?

1. 'Problems' are the unintended and unsatisfactory situations - something going wrong, some deviation from the expected standard - which prevent the achievement of objectives.
2. All of us who work in or for health services, however senior or junior, are very well aware of such problems. The objectives we are together trying to achieve - a healthy community, prevention of illness, relief of suffering, proper support of those who cure and care - are very worthwhile but also very often difficult, complex and stressful, requiring carefully co-ordinated effort and resources which are often scarce. Consequently problems - things that go wrong or fail to go right - are always with us, hindering us in achieving the desirable objectives and standards of health care and its management.
3. Solving problems is therefore likely to be the most typical and continuing function of the health manager whose first responsibility is to keep the organisation* working as well as possible. This type of management is sometimes described as 'Maintenance' management because it tries to maintain the organisation in continuous functioning. Other types of management are also relevant:
 - . good planning ('Adaptive' Management) can reduce or avoid future problems
 - . good monitoring ('Evaluative' Management) can identify problems before they become severe
 - . good co-ordination ('Integrative' Management) can secure the help of others in solving the problem

But it is the 'Maintenance' manager, directly responsible for keeping services functioning, who has most need of skills in solving problems. This includes the ability to prevent problems arising if possible, and to alleviate them (to ease or reduce their consequences) if they cannot be adequately solved.

* 'The organisation' itself may be small or large: for example a village health post, a vaccination programme, a ward or department, a general practice, a health centre or hospital, a district or regional health service, a provincial or central ministry headquarters.

4. Of all the problems which health managers face, those involved in managing people are generally regarded as the most difficult to solve. This is probably due to a variety of factors including:
 - health services are labour-intensive - they require a high proportion of people in relation to buildings and equipment, reflected in many countries by staff costs totalling 60 to 80% of the health budget - so 'people problems' are very likely to be numerous.
 - within those staff are many different health professions whose members have been trained to use independent judgement and strive for excellence, sometimes leading to competition and conflict.
 - human behaviour and personal relationships are often unpredictable and irrational, leading to additional kinds of problems that would not arise in the management of material things such as stores or records.
5. Consequently it is to be expected that Health Manpower Management, which we define as

| the mobilisation, motivation, development and ful- |
| filment of human beings in and through work in the |
| achievement of health goals |

will involve solving many difficult problems. As an illustration of their range and complexity, Table 2 shows a list of problems selected from those referred to by participants in the First Inter-Regional Consultation on Strengthening Health Manpower Management (at Bangalore, India, in 1983) where the need for a Training Manual in HMM was first identified.

Summarising, the skill of solving problems is a fundamental ability of all managers, especially those who have responsibility to maintain the functioning of services. In particular the pressures involved in managing health services produce numerous problems, illustrated in Table 2, of which many of the most difficult arise in managing health workers at all levels, in other words Health Manpower Management. It is therefore to be expected that improved problem-solving ability amongst health managers will contribute a great deal to better HMM.

The Learning Objectives

Against this background of problem-solving's significance to HMM, the learning objectives are that, by the end of a 1½ to 2-day workshop based on this module, participants should have:

1. learned a systematic general framework for the analysis and solution of problems typical of HMM.
2. practised creative group methods to generate a wide range of alternative options in search of the best solution.
3. applied the general framework to one or more specific HMM problems relevant to their own work.
4. discussed the implications of this learning for better HMM.

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
General Management Module B:
ORGANIZATIONAL CHANGE

Section 1: Introduction

The contribution of organizational change to HMM; the module's objectives and use

Section 2: The Learning Materials

A variety of exercises and lecture notes/handouts

FOR TUTORS ONLY

Section 3: Notes for Organizers and Tutors

Preparation for a 2 1/2 to 3-day workshop using this module; step-by-step timetable and session plan for conducting the workshop; viewfoils

FOR TUTORS ONLY

Section 4: Evaluation of the Module

End-of-module and follow-up questionnaires

Notes on the Module

For background and notes affecting the complete HMM Training Manual please see the preceding pages.

Organizational change is required most often in taking action to remedy problem situations, or to achieve desirable planned improvements such as those arising from a study of the HMM functional modules. It is therefore concerned principally with the implementation, within the organization, of action found to be necessary and should consequently follow after one or more of the functional modules, just as problem-solving should normally precede them. In fact it is designed to be used many times to assist in taking effective action, using a different problem or plan each time.

Throughout the module 'he' and 'him' should be taken to include 'she' and 'her'.

ORGANIZATIONAL CHANGE MODULE

Section 1: INTRODUCTION

The overall aim of this module is to introduce health manpower managers to some ideas and techniques for effective organizational change, which may be generally defined as:

|| the process of planned transition from a present unsatisfactory situation ||
|| in the organization towards an improved future ||

There is a great deal of such change needing to be successfully managed in health organizations. Some changes make their impact from outside, such as trends in the age structure and health risks of the community served; or in the population's greater expectations of the health services; or in the health and financial policies of governments or aid agencies; or in the possibilities for treatment offered by new medical technology or computers. Other pressures for change arise from the aspirations of people within the organization itself, such as in hospital medical staff attitudes towards Primary Health Care or the desire of community health workers for greater recognition; or more generally from the efforts of health professionals and managers to find better ways of caring - and organizing that care - for patients and communities; or from plans in particular situations for new services or buildings or equipment or techniques. Other changes are required simply to solve the numerous problems that prevent the health organization from functioning properly and improving its standards. And there is the largest and most urgent pressure of all for change implied in the international community's commitment to Health for All.

Consequently the health manager, at any level, who cannot successfully manage change in his organization, or his portion of it, has no power to play his part in adapting it to meet changing needs and circumstances. Indeed many would say that the manager should be judged primarily by the value of the changes he has made, or helped to make, because that is his job more than it is anyone else's job.

For that kind of change-making contribution at the organizational level, where successful change is complex and challenging because many systems and people are involved, the health manager must acquire the concepts and skills of organizational change.

The Contribution of Organizational Change to HMM

Ultimately any organization - but particularly a human service organization such as a PHC programme or a health centre or a hospital - consists of people: the structure and procedures, the systems and task allocations, will only function properly through the people who do the work. So it is self-evident that organizational changes can only be achieved through the management of people (staff, manpower) which is the role of the health manpower managers using this module.

You have, we hope, identified many changes that you want to achieve in your organization's HMM as a result of using previous modules in this series. Organizational change abilities assist you in converting such general hopes and intentions into positive and permanent improvements in HMM; such changes themselves depend on your understanding, skill and judgement in managing people.

But the contribution of organizational change to HMM goes beyond specific improvements in local staff management. The whole movement for Health for All through Primary Health Care requires massive changes in the way health workers (as well as politicians and citizens generally) think and function. Such changes include their education and training, their objectives and tasks, their methods and place of working. This is the major challenge to all health manpower managers - to become more proficient in specific HMM functions but also in problem-solving and organizational change so that their HMM proficiency is successfully applied - and the commitment of their staff is fully achieved - in the total drive towards Health for All. If HFA cannot be reached by well-managed health manpower it cannot be reached at all.

The Learning Objectives

Within this wider context, the learning objectives are that, by the end of a 2 1/2 to 3-day workshop based on this module, participants should be able to demonstrate that they have:

- gained an understanding of organizational change based on two alternative approaches:
 - . a 'now-then' approach
 - . an 'open systems planning' approach
- learned and practised the skill of writing scenarios (word 'pictures' of alternative future situations);
- analyzed various models and techniques for creating effective change.

If these learning objectives are achieved, and followed by further practice, there should be a noticeable improvement in the ways in which participants subsequently manage organizational changes at their place of work, through a better defined vision of the future; improved planning of the change; a more realistic assessment of how people can be encouraged to change; and more confident use of the techniques involved in all this.

Although all the modules are inter-related, there are specially close links between those on Organizational Change and Problem-Solving (General Management Module A), where the 8-stage framework has already introduced in stage 6 (Action Planning) and stage 7 (Taking Action) some basic ideas about the management of change, which are being given much more detailed attention in this module, which concentrates on quite complex organizational changes.

The Use of this Module

This module links the classroom with the workplace by focusing attention on how to put into practice the organizational changes that participants have been considering whilst working through previous modules.

It is therefore essential that participants bring to the workshop an organizational change problem. Such a problem should have the following characteristics:

- (1) It should relate to HMM.
- (2) It should require a change in the organization involving two or more organizational systems, that is, other units or departments or services are affected.
- (3) It should be possible for the participant to do something about the change.
- (4) The participant should be willing to share the problem with others.

There are many sources for problems requiring changes of this nature, including: participants' own experience and work situations; the HMM problems listed in Table 2 of the General Introduction as being typical of HMM; the four specific HMM case study/exercises presented in section 2 of the Problem-solving module A; and the personal action plans for improving HMM that participants have been forming as a result of their attendance at any of the HMM functional modules in this Manual. The organizational change problem chosen by each participant is likely to be most suitable if he has sufficient familiarity with it in order not to be delayed by the need for additional information.

The learning materials which follow in section 2 comprise a series of participative exercises to reinforce the ideas and information outlined in the handout/lecture notes, which will be supported by the tutor's viewfoils and discussed fully.

In the module section 3 (detailed step-by-step Notes for Tutors) and section 4 (questionnaires for evaluation) are for organizers and tutors only. They are advised to modify, substitute or remove particular learning materials, or parts of them, to make the module more helpful to the participants; and to arrange starting and finishing times to suit local preference. It follows from this that the duration of the workshop is flexible. It is therefore described as of 2 1/2 to 3 days, reflecting the possibility that the organizers may decide that time is required to work more slowly and have more practice in the vital skills of organizational change.

TRAINING MANUAL ON HEALTH MANPOWER MANAGEMENT
General Management Module C:
EVALUATION

Section 1: Introduction

The contribution of Evaluation to HMM;
the module's objectives, design and scope

Section 2: The Learning Materials

The concept of evaluation; a variety of
evaluation instruments with commentary

FOR TUTORS ONLY

Section 3: Notes for Organisers and Tutors

Preparation for a 1-day workshop using
this module; session plan and timetable

FOR TUTORS ONLY

Section 4: Evaluation of the Module

Notes

The short duration of the workshop proposed for this module suggests the possibility of organising it to take place immediately after another module (for example Problem-Solving or Organisation Change) rather than separately. It is also a source of material for the evaluation of the other modules in the series.

Throughout the module 'he' and 'him' should be taken to include 'she' and 'her'.

EVALUATION MODULE

Section 1: INTRODUCTION

The Contribution of Evaluation to HMM

This module consists of materials for use in two possible ways:

- to form the basis of a 1-day workshop on the role of evaluation itself as an activity of management, focussing on HMM training
- to provide a range of evaluation instruments for selective use in assessing the learning achieved in the other six modules of the series and its application in HMM work situations.

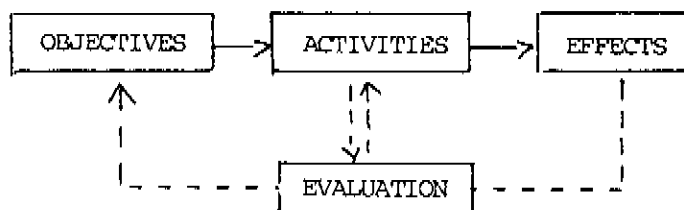
Both possibilities assume that evaluation has a contribution to make to better HMM. The reason is that evaluation can be defined most generally as

a systematic process of placing a value on the effects of some activity in the light of its objectives, as a guide to future action.

It involves the attempt to answer five basic questions:

1. What was intended to happen (objectives)?
2. What has actually been achieved so far (effects) compared with those objectives?
3. What worth (value) should be placed on the activities in the light of that comparison?
4. What use should now be made of the information (feedback) gained from questions 1, 2 and 3?
5. And what is this whole process showing us (learning) about managing future activities?

The valuing, feedback and learning functions of evaluation thus offer the means of checking, correcting and improving organisational activity, as well as our own performance, so they are an integral part of the managerial process. In its most basic form this process can be represented in this way:



with evaluation as the valuing/feedback/learning loop which can show the worth of what has been achieved and thus influence decisions about the objectives or the activities or both. (As an intermediate step the activities may also need to be monitored to check their consistency with the objectives).

Evaluation of any activity therefore involves the attempt to obtain information (feedback) about its effects, to assess its value by reference to the activity's objectives, to learn from this and then to take any appropriate corrective action. It is a major and essential function of professional and managerial activity without which we would have no means of answering the fundamental question 'How are we doing?' or the next one 'What shall we do about it?'

Consequently evaluation has a great deal to contribute to HMM, if we really want to assess and to improve its quality in health organisations and systems, whether directly or through training. We must identify the consequences of our efforts (activities) to manage health manpower, or to train people to manage health manpower, in order to confirm those activities, to modify them or even to stop them, in the light of the judgement (value) that we place on those consequences (effects) in relation to the purpose (objectives) of the activities. The raw material for these judgements is information (feedback).

Understanding Evaluation

However, evaluation is not performed very well in HMM, or in training for HMM, for a variety of reasons which often include the following:

- the objectives of those who manage people, or train or learn to manage people, are not normally defined explicitly, and it is difficult therefore to assess progress towards an unspecified goal. Indeed objective-setting is specially elusive in the field of human resource management, for example in leadership and motivation, staff development and counselling - abilities on which the manager depends because he achieves his results chiefly through people.

Appropriate performance in the field of human behaviour varies from person to person, from situation to situation, from time to time; it cannot readily be defined in advance with very much precision. Frequently no attempt at all is made to do so.

- the effects of HMM, or of training for HMM, represent the outcome which evaluation needs to compare with the explicit or implicit objectives. Some of these effects may not show themselves for a very long time. But it is in any case fundamentally difficult to secure firm, comprehensive and undisputable evidence of those effects in terms of observed changes in performance; or to isolate the impact on performance of one particular intervention (such as a training event) from all the other influences on the manager's actions. Tracing cause and effect in this area of activity is therefore far from easy and, once again, may not even be attempted.

We must also accept the possibility of unexpected or unwanted effects. For example an inadequate management training course might offer more than it can in fact provide; or raise the expectations of participants beyond their capacity to use what they learn. In such circumstances the likely effects include frustration, disenchantment and lower rather than higher performance.

- the value given to the effects of management actions or training - the judgement of its worth - is equally difficult because standards of judgement vary widely between people, they relate to a variety of goals (for example some would value the quality of individual patient care above financial economy, others might do the opposite), and cannot all be expressed in financial or other quantifiable terms. Moreover, because man is so constituted that he cannot easily prevent himself from making judgements and evaluations about almost everything around him, there is a strong risk that HMM and its training will be valued too soon and on casual or inadequate evidence.

These problems are part of the challenge of evaluation in HMM. Understanding their nature is the first step towards an adequate assessment of the contribution of training to HMM performance. This module represents an opportunity to achieve such understanding and to apply it in the evaluation of the series of modules which form the HMM training manual, as well as subsequently at work.

The Learning Objectives

are therefore that, by the end of a 1-day workshop based on this module, participants should have

1. significantly increased their understanding of evaluation in the context of HMM
2. studied a range of instruments for future reference in evaluating the effects of off-the-job management training on performance in HMM
3. applied this understanding and range of instruments to the task of designing the evaluation of this workshop series

Design and Scope of the Module

The learning objectives set out above imply first of all the need to consider the concept of evaluation, with the help of models of its functioning in the field of training for management. The nature of evaluation has been introduced above and will be further examined through section 2's learning materials (objective 1).

These materials include a range of instruments to assist in the evaluation of the reactions and learning, the individual and organisational performance, of those who participate in HMM training of the kind represented by this Manual. Study of these materials before the workshop starts will enable the maximum amount of time to be devoted to discussion of their strengths, weaknesses and possible uses, with the help of tutorial advice (objective 2).

This analysis will in turn assist the final task of the module which is to apply what has been learned to the definition of an evaluation strategy, with appropriate instruments, for this workshop (or another real-life evaluation assignment) including the impact of such training on performance at work (objective 3).

Section 2: THE LEARNING MATERIALS

- LM 1. A Framework for Evaluating HMM Training
- LM 2. Selected Evaluation Instruments

Attachments

1. Checklists to help define Objectives for Management Development
2. Framework of Questions for Use In interviews with Senior Health Managers
3. Pre-Course Questionnaire 'How is the Middle Manager Managing?'
4. Learning Tests Before and After Training: Questions on Recruitment and Selection
5. Course Members' Reactions Questionnaire
6. Course Members' Elements of Team Work
7. Training Sessions- Assessment by Participants
8. Framework of Questions for Management Teachers
9. 'How has the Middle Manager being Managing since the Course?'
10. An Abbreviated Evaluation Questionnaire

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