

TRAINING HUMAN RESOURCE FOR 21ST CENTURY NIGERIAN HEALTH SECTOR

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ABSTRACT: *The health sector is labour intensive, requires diverse professionals and precise application of knowledge to deliver quality service. Health training institutions are critical in the health system and affect the lives of people because quality of training affects performance of health workers. Training curricula for most professions in Nigeria are clinical and curative oriented, training institutions are therefore, partly responsible for failure of the health system. Changes in the health environment necessitate training institutions to integrate additional critical competencies, required to bridge the knowledge and skill gaps, since professionals take on management and leadership responsibilities at different levels soon after graduation. This paper examines additional competencies that Nigerian health professionals require in order to function effectively in the 21st century health sector: skills in health policy analysis, health planning, organising, and leadership, quality assurance, managing human resource, teamwork, effective communication skills, and holistic thinking.*

KEYWORDS: Health Human Resource; Training health human resource; 21st century health human resource.

INTRODUCTION

The health sector subsystems are interconnected and work in synergy to achieve results. Understanding poor health situations in Nigeria requires shift from proclivity of examining different parts in isolation to a holistic approach, understanding the connections and synergies necessary for system's performance. Health sectors around the world are typically labour intensive depending on diverse workers to provide services and to support system operation. The premium on life makes precise application of knowledge and skills imperative, thus extending training of health care professionals. Health training institutions are therefore critical part of the health system, affect lives of individuals, and national development; and are part of the social and economic development system, success, or failure spills to the general population. The quality of training affects performance of health workers, health of people, and health of the nation. Training institutions are hence, partly responsible for failures of health systems, particularly in Africa. Marsden, Caffrey and McCaffery (2013) suggest human resource management is the integrated use of systems, policies, and practices that provide a range of functions needed to plan, produce, deploy,

manage, train, support and sustain the health workforce. Health training institutions prepare health workers to perform these functions. However, countries with critical shortages and imbalance of health workers often lack the technical capacity to identify and assess crucial policy issues of the health work force (WHO, 2009). Health professionals function as clinicians and managers, yet training in health services management missing in curricula is critical to bridging the knowledge gap for health professionals to perform management functions effectively.

This paper examines additional competencies that Nigerian health professionals require in order to function effectively in the 21st century health sector: skills in health policy analysis, health planning, organising, and leadership; quality assurance, managing human resource, teamwork, effective communication skills, and holistic thinking.

Health Workforce Situation in Nigeria

World Health Organisation suggests health work are the technical skills and expertise responsible for creating and sustaining health and skills for supporting systems and linkages that facilitate application of technical skills (WHO, 2006). Human resources for health (HRH) are the diverse highly trained health professionals who provide direct health services and other workers who support delivery of services. Health systems require large numbers of health workers to address health needs; and HRH challenges continue to constrain delivery of services in Africa. Human resources for health have significant impact on the health sector: staff cost could reach 50 to 75% of recurrent health budget in many countries; health workers facilitate utilisation of other resources (WHO, 2003). Performance of health systems partly depends on internal parts and related sectors; performance of the Nigeria health system is due to multiple connected factors of the various components.

Federal Ministry of Health (FMOH) argues major challenge for Nigeria is to ensure availability and retention of adequate pool of competent human resources. However, shortage of health workers was widespread, health professionals and other service providers inadequate, uneven distribution of competent health workers deprives many of services, and migration of health workers exacerbates the health situation (FMOH, 2007). Furthermore, FMOH (2009) reports Nigeria has large stock of human resource for health 58, 325 medical doctors, conservative estimate of those in good standing of 28,530 translates to 19.3 medical doctors for 100,000 populations, above the sub-Saharan average of 15 per 100,000 populations. Nigeria also had large numbers of other health professionals' pharmacist 14,353, nurses 137,198, midwives 93,743, dentists 2,426, medical laboratory scientists 14, 887, radiographers 924, optometrists 2,131 and community health officers 40,491. Those in good standing are actively providing services, unlikely to die, emigrate, or retire (table 1). However, the work force density of 1.9 per 1,000 populations was less than the World Health Organisation's estimated 2.28 required for adequate delivery of essential services.

Human Resource Training Institutions

In 2009 Nigeria had 27 accredited medical schools, 7 dental schools, 89 approved schools of nursing, 76 schools approved schools of midwifery, 10 schools of pharmacy, 19 schools of pharmacy technology, 15 medical laboratory schools, 41 medical laboratory technicians schools. Others are 8 physiotherapy schools, 3 schools of optometry, 6 radiography schools, 44 health record officers' schools, 14 community health officers schools, 50 community health extension officers schools (table 2). FMOH (2009) reports training institutions are unevenly distributed, 75% of medical schools were in southern part of the country, and 17 states did not have any medical school (table 3).

Table 1: Number of Some Health Professionals in 2009

Profession	Total	In good standing	Female	Male	Public	Private
Doctors (Nigerian)	58,325	20,531	7,883	12,648	14,371	6,160
Doctors (Alien)	811	467	321	146	402	55
Dentists (Nigerian)	2,426	1,239	350	889	480	759
Dentists (Alien)	38	18	14	4	16	2
Pharmacists	14,353	6,713	4,583	9,770	1,662	4,271
General Nurses	137,198	NA	NA	NA	NA	NA
Midwives	93,743	NA	NA	NA	NA	NA
Medical Laboratory Scientists	14, 887	8, 966	2,959	6,007	5, 379	2,241
Radiographers	924	398	327	586	382	318
Optometrists	2,131	1,531	1118	1018	280	1,851
Community Health Officers	40,491	NA	24, 808	15, 735	38, 666	879
Physiotherapists	1, 974	Na	775	1113	1129	161
Health Record Officers	4, 953	Na	2236	2717	2654	1368

Source: Federal Ministry of Health (2009) Health Workforce Country Profile for Nigeria. Abuja, Nigeria.

Table 2: Health Workforce Training Institutions 2008 and 2009

Type of Training Institution	Year	
	2008	2009
Accredited medical schools	27	27
Dental schools	NA	7
Approved schools of nursing	76	89
Schools approved schools of midwifery,	77	76
Schools of pharmacy	9	10
Schools of pharmacy technology	NA	19
Medical laboratory schools,	12	15
Medical laboratory technicians schools,	NA	41
Physiotherapy schools	NA	8
Schools of optometry	3	3
Radiography schools	5	6
Health record officers schools	40	44
Community health officers schools,	13	14
Community health extension officers schools	43	50

Source: Federal Ministry of Health (2008, 2009) Health Workforce Country Profile for Nigeria. Abuja, Nigeria.

Table 3: 2008 Distribution of Health Training Institutions by Geopolitical Zone

Training Schools	South East	South South	South West	North Central	North East	North West	Total
Accredited Medical Schools	7	7	6	2	1	3	26
Approved Schools of Nursing	19	18	20	10	7	2	76
Approved Schools of Midwifery	17	17	17	10	6	10	77
Medical Laboratory Schools	4	5	1	0	1	1	12
Schools of Pharmacy	1	2	4	1	0	1	9
Radiography Schools	2	1	1	0	1	0	5
Schools of Optometry	2	1	0	0	0	0	3
Health Record Officers Schools	3	10	10	7	2	8	40
Community Health Officers Schools	1	3	3	2	1	3	13
Community Health Extension Officers Schools	6	5	7	9	6	10	43

Source: Federal Ministry of Health (2008) Health Workforce Country Profile for Nigeria. Abuja, Nigeria.

Pre-service Training for Doctors and Nurses

Entry requirements for the degree of Bachelor of Medicine and Surgery (MBBS) are general certificate of education (GCE) in chemistry, physics, and zoology, ordinary level in English, Mathematics; candidates with the West African Senior Secondary School Certificate Examination with pass in Mathematics, English, Chemistry, Physics, and Biology. Candidates with GCE ordinary level Mathematics and English could complete qualification at one-year preliminary course in sciences, and then proceed to part one MBBS. Candidates must pass Chemistry, Biology, Physics, Mathematics, and general courses the university prescribes. Typically, the six-year MBBS training covers Anatomy, Biochemistry, Physiology, Microbiology, Biostatistics, Community Health, Pathology, Pharmacology, Paediatrics, Obstetrics and

Gynaecology, Medicine, Surgery, Psychiatry, Radiology, and a great time on clinical training. Similarly, entry requirements for Bachelor of Nursing are five credits in the West African School Certificate Examinations, or equivalent, including English and one science subject. Typically, the four year programme covers Anatomy, Physiology, Nutrition, Sociology, Public Health, Principles of teaching and Administration, Psychiatric Nursing, Community Health Nursing, Clinical Nursing, Nursing Research, Nursing Education, and extensive clinical training. Training of doctors, nurses and other professionals are highly clinical and curative oriented. Recently, the National Universities Commission mandated universities to integrate entrepreneurship courses in every training programme including those of health professionals, a departure from the clinical orthodoxy.

Furthermore, most state ministries and federal ministry lacked structures and capacities to facilitate development and implementation of integrated HRH plan, few had evidence of routinely planning for HRH, and intakes into training institutions not based on health workforce requirements. Many HRH training institutions produce too many of some categories not absorbed within the environment and under produce, others critically needed (FMOH, 2007). Hence, the first HRH policy in 2007 to address poor HRH management and development practices; training with curricula that are not based on needs; inadequate skills and numbers of health workers; and poor motivation among others. Nigeria HRH policy thrusts include:

- i. institutionalise rational human resource planning, periodic need assessment and recruitment on the basis of projected requirement, rationalise the use of pre-service training facilities in the country, and ensure institutions have appropriate systems for quality training;
- ii. in collaboration with regulatory agencies periodically restructure health training programmes to reflect global health trends and prevailing health priorities of the country;
- iii. track record of managerial competence and training to guide appointment into management positions, and health workers receive training update to enhance performance; and
- iv. establish HRH information system and HRH research as part of workforce management.

The FMOH went further to develop HRH strategic plan, urging states to use such as guide to develop state HRH policies and plans in view of prevailing health situation, resources, and human resource needs. Objective two of the National HRH strategic plan is to rationalise and align supply of health workforce to priorities of the health sector; and strategies are training health workforce based on requirements and assuring quality of pre-service training institutions and programmes (FMOH, 2008).

HRH TRAINING ENVIRONMENT IN NIGERIA FACES SOME CHALLENGES

Health systems and services depend on the size, skills, and commitment of the health workforce, and increasing numbers are required in low and middle-income countries

to achieve the millennium development goals (Anand and Barnighausen, 2004). The national HRH policy demonstrates training institutions must respond to changing needs and equip health workers with relevant competencies and attitudes appropriate to function effectively in the 21st century health system. Indeed, WHO (2012) argues that preparing the health workforce towards the country's health objectives represents a critical challenge for health systems.

1. Inevitable changes in the Nigerian health care environment and seemingly intractable poor health situation require institutions training the health workforce to assess effectiveness and consider integrating other training to build skills beyond clinical competencies. Global knowledge explosion is unprecedented, fostering individual and collective potentials, pushing changes in technologies, and enhancing approaches to service delivery. It is easier for health-training institutions to equip members of different professions with additional skills to help them navigate, grow, and survive in a rapidly changing and complex health environment.

2. Clinical orthodoxy, approaches, and orientation of technologically developed countries dominate pre-service training in Nigeria and perhaps other African countries; often disconnected from social, cultural realities, and health needs of the people. Furthermore, training institutions rarely develop curricula based on need assessment, course contents, and mode of delivery unchanged even when topics are obsolete. Insistence on international standards inconsistent with health needs in traditional resource deprived communities is irrational and impediment to effectively addressing health needs. Invariably, quality of training and contents of curricula affect performance of health professionals during practise, this further affects performance of health organisations and health of the people.

3. Departments training health professionals even within the same college of medical sciences are often at cross-purposes and rarely collectively examine curricula, areas of duplication, and potentials for convergence, cooperation, and sharing limited resources. Each discipline fights for supremacy; students indoctrinated and graduate with similar notion, rendering health organisations dysfunctional. Training institutions are therefore largely responsible for the lack of teamwork in the Nigerian health system today; quality of care continues to suffer placing health clients in peril. Hence, adequate numbers of health workers with the right clinical skills are necessary; and require the right orientation, attitude, and skills suitable for 21st century health system.

TRAINING HUMAN RESOURCES FOR 21ST CENTURY NIGERIAN HEALTH SECTOR

Clinical competencies are no longer enough; every health professional require from training institutions additional knowledge, skills and attitude to creative and logical thinking, flexibility, and teamwork. Itam and Adindu (2012) argue that African health managers in the 21st century must demonstrate flexibility in learning from different groups and commitment to change, quality culture, and working with health workers to build learning organisations. Poor management and leadership are major constraints, and hence poor performance of Nigerian health system at every level. Effective health managers and leaders facilitate optimum application of human and

other resources to achieve results. Every health care professional graduating from a training institution is potentially a manager and leader, and must therefore receive the necessary training. An effective leader works with people regardless of clinical background fostering commitment, shared vision, active involvement of team members, clear sense of purpose, mutual respect and support achieving maximum results for individuals and the organisation.

Most doctors, nurses, pharmacists, laboratory scientist, community health workers, and others within short periods after graduation become operational level health managers in public and private facilities without requisite training. Health workers grow in the organisation they become departmental health managers, and a few responsible for managing the entire organisation. Clinical training does not prepare these professionals to manage and lead in a complex health care environment, yet the three levels of health managers operational, tactical, and strategic carry out management functions and lead health teams (figure 1).

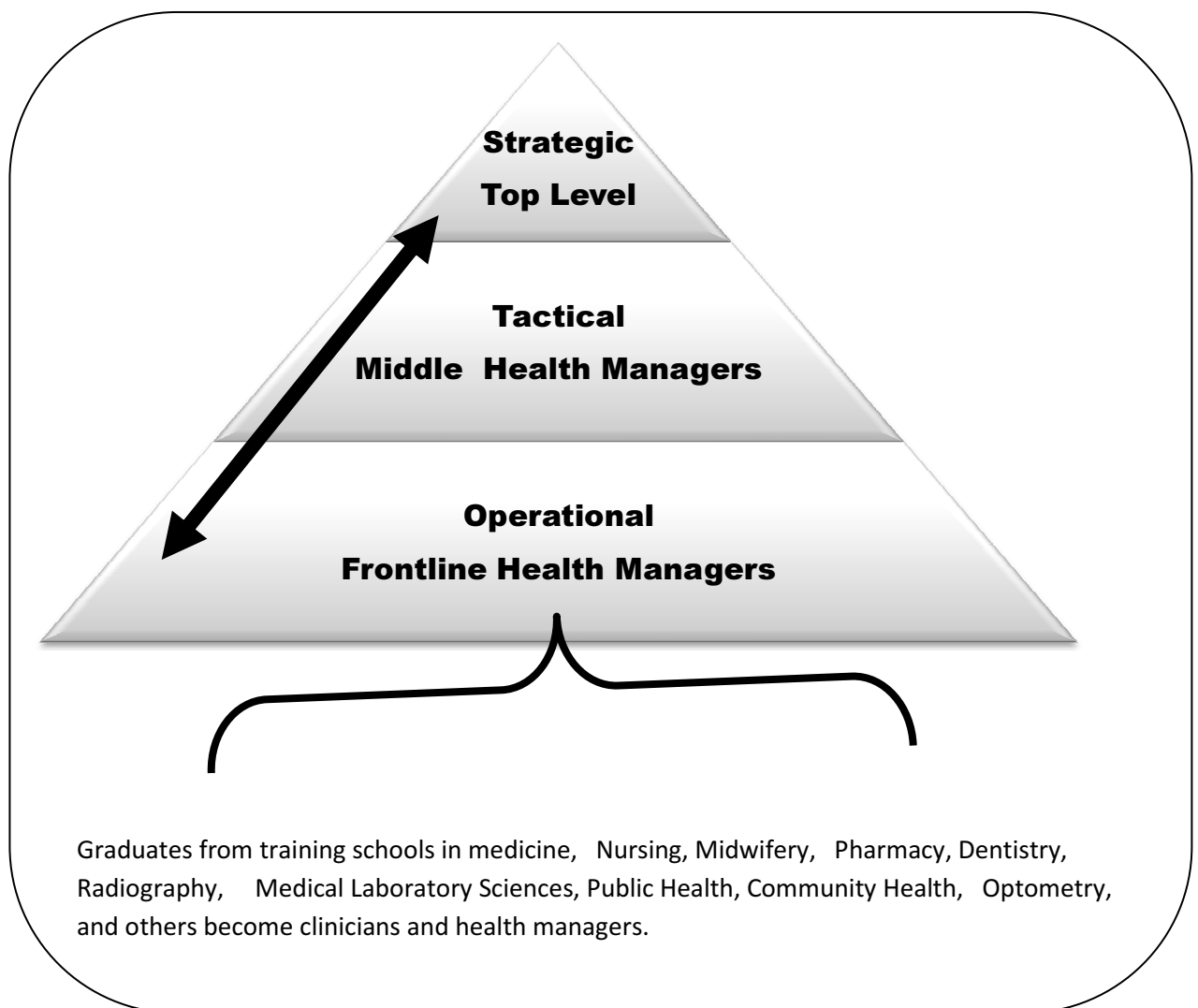


Figure 1: Three Levels of Health Managers

Levels of Health Managers

Health management involves technical and social processes that managers carry out to achieve organisational objectives through effective and efficient use of health resources, within, social, cultural, political, and economic realities of the context. However, regardless of context, application of effective management principles and leadership are necessary, which depend on skills and competencies, orientation and attitude of health professionals who become managers at different levels. Health care management is unique, producers and consumers of services are people, and the product is typically promotion of good health with ethical and moral implications.

Operational level, first line, or supervisory health managers are the young doctor responsible for a clinic, or unit, the nurse in charge of a unit, supervisors of laboratory, laundry, pharmacy, housekeeping, security, transport, and kitchen. These managers lead teams and supervise the work of others; responsible for operational plans; organising, coordinating, and controlling work at unit level. These health managers ensure other workers adhere to standards, policies, and procedures; promote teamwork, cohesion, and synergy, motivating and pulling the energies of team members for effective service delivery. They forge collaborative partnerships with other units and teams necessary for effectiveness and efficiency in contemporary health systems. Frontline managers make or break the organisation because effective service delivery depends on them. Indeed, health care organisations in Nigeria are failing partly due to lack of leadership and management skills at this level and training institutions focus narrowly on clinical competencies.

After a few years of post qualification many health professionals become heads of department, expected to manage large numbers of health workers, and resources. Tactical, middle level or department heads are often responsible for departments with many units, planning, organising, coordinating, controlling, monitoring, and evaluating performance of units and health workers. Typically, middle managers translate strategic health objectives and plans of the organisation to develop departmental plan; ensure materials and equipment are available for workers to perform tasks; promote cohesion and synergy among units for efficient use of scarce health resource. Preparation for such huge responsibility starts with training institutions.

On the other hand, strategic health managers at the highest level are typically few, the Chief Medical Director (CMD) of the Teaching Hospital, the Hospital Director at the General Hospital, the Primary Health Care Coordinator, Commissioner for Health and Minister for Health. These managers are responsible for managing the health organisation, developing broad policies, strategic health plan, structuring the organisation, bringing in human and material resources, initiating broad organisational change and promoting synergy between the organisation and the external environment.

Bergström (2004) argues that often-problematic gap exists between the people's perceived health service needs in low-income countries and consciousness of needs from training faculties of medicine and health sciences. Poor leadership and management are critical issues affecting the Nigerian health system at every level. Health professionals even early after graduation take on management and leadership

responsibilities, without requisite training in rudiments of health services management covering policy analysis, planning, organising services, coordinating, controlling, leading the health team, assuring quality of services, managing human resource, managing health information, monitoring and evaluating performance. In addition, teamwork, effective communication skills, computer skills, data analysis skills, creative, and systems thinking are necessary in the 21st century health sector.

Training in Health Planning

Every health care professional requires skills to develop individual action plans, participate in operational, departmental, and strategic planning. Health planning is a technical process with methodical approach that happens within agreed time in the organisation. Effective health planning process helps the health team review past performance, current health situation and needs, available resources and think in advance about health objectives, strategies for action, human and material resources to achieve objectives; mechanisms for monitoring and measuring performance. Strategic health planning is crucial, provides direction for tactical and operational planning. The strategic health manager drives the process working with tactical managers with inputs from every unit and department in the health organisation. Once the strategic level gets it right, the process is more meaningful and easier for other levels to imbibe promoting continuous self assessment; encouraging team work; fostering collaboration,; promoting shared responsibility and accountability; and collective commitment to achieve individual and organisational growth. Adindu (2012) cautions that strategic health planning is not agglomeration of ideas but involves methodically gathering accurate information, reviewing and understanding direction of the health organisation, determining needs and demand for services; and mapping out effective ways of responding.

Training in Team Work

The Nigerian health sector is a paradox; health care professional continually work at cross-purposes. Professional supremacy seems the dominant force, medically qualified against the non-medically qualified; undermining teamwork and the forte of the health system. Teamwork is indispensable; by its nature, the health system thrives on teamwork because diverse experts must contribute to the caring of even an individual client. Training institutions and regulatory agencies for doctors, nurses, pharmacists, medical laboratory scientists, nutritionists, social worker, and others should urgently integrate teamwork in the curricula and organise workshops to change such destructive mindset.

No profession regardless of skills and number has expertise in every discipline; other professions come to help solve the least client problem. Teamwork thrives with good leadership that propels members toward common mission, learning team; mutual respect and valuing contributions of others, and everyone on the team achieves more working together. Greenberg and Baron (2003) argue that teams are more self-managed and autonomous than groups. Precisely, health care professionals spend many years acquiring necessary knowledge and skills, able to provide health care without undue supervision; this ought to enhance teamwork. However, Sanchez and Yurrebaso (2009) argue shared values and meanings explain the way organisations operate, help employees understand how the organisation functions and guide their

behaviour and work. Strategic health managers communicate the values, principles, ethics, vision, mission, and strategic direction of the health organisation to workers, departmental and operational health managers continually reinforce strategic efforts. This occurs only where health managers have the competencies.

Training in Leadership

Humans are complex and gregarious always needing each other, and difficult to manage because each is different. People come to the organisation from different cultural, economic, and social environments that mould values and beliefs. Furthermore, health care professionals by virtue of many years of training on complex issues about the human body are at vantage ground and sometimes with impetus at the vanward of protests and resistance to change. Leading and managing health workers are highly challenging, requiring the right skills and knowledge. Management and leadership skills are critical in the training of health care professionals. Jones and George (2008) define leadership as the process by which an individual exerts influence over other people and inspires, motivates and directs their activities to help achieve group and organisational goals. Effective leaders help team members achieve their potentials, which help the organisation to achieve its potentials. Health care organisations in Nigeria are in dire need of effective leaders and managers.

Training in Systems Thinking

Health professionals regardless of clinical training require skills to see beyond parochial professional affiliations, understand synergies required for teamwork. Activities in one part of the health system affect other parts and the nation at large because everything is connected, and workers require training on the effect of individual and group decisions and actions on general outcomes. Viewing events from systems perspective helps workers and managers link needs to services, contributions of the various parts in addressing health needs; and the forte of multidisciplinary and team approach. Each unit or department in a hospital for instance, has specific functions, yet none functions without inputs from other units and departments. Failure in one part or of one group affects all. System thinking enhances collaborative work, collective planning, teamwork, and mutual respect.

CONCLUSION

In conclusion, health workers graduating from training institutions in view of enormous responsibilities, changing and complex health environment of the 21st century require the usual clinical skills. Health services management and leadership training must also become part of professional training to bridge current skill gaps for effective and efficient management of complex health organisation, and resources. Rescuing the health system requires effective leadership and management skills, flexibility and holistic thinking, conceptual, human, and technical skills essential for 21st century health system. Above all, effective communication and motivation skills are critical in leading and building cohesive teams. Paradoxically, health workers deal with humans, application of human skills is weak in dealing with clients, and colleagues. Issues raised are perhaps applicable to other African health systems; the Global Health Workforce Alliance could advocate integration of health management

and leadership training in curricula of health professions in Africa as efforts to improve HRH management and quality of service.

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