# Human Resource Management at primary care

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## Discussion topics:

- Primary care
- Character of HR for PC
- Issues of management at this level
  - Concept & Attitude
  - Number and distribution
  - Multifunctional skill, skill for integration
- Human Resource Development
  - Networking to share tacit knowledge and moral support

# Type of Medical Care

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**Tertiary Care**

1. Uncommon Disease
2. Need intensive & close monitoring
3. Disease Specialists

**Secondary Care**

1. Short stay in hospital
2. MD consulting

**Primary Care**

1. First Contact
2. Continuing Care
3. Comprehensive Care
4. Coordinating Care

# Primary Care

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1. First Contact : Undifferentiated & unselected health problems ; High degree of uncertainty
2. Continuous care for individual
3. Wide range of comprehensive health care : Health promotion →Dis. prevention → Curative care→Rehabilitation→Palliative care
4. Coordinated care

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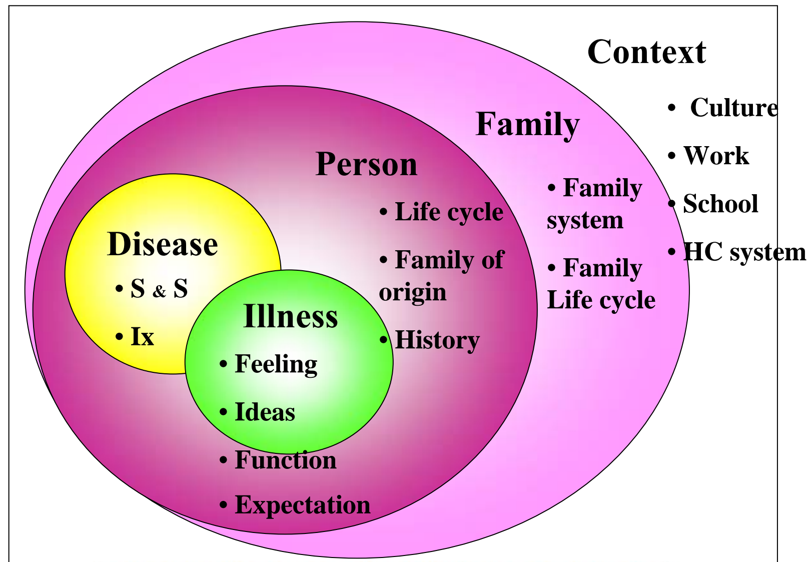
# Understand the Whole Person



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# Character of HR for PC

- Concept & Attitude: Holistic, empathy
- Multifunctional skill & integration
  - Psycho-social and medical
  - Curative, promotion, prevention and rehab.
- team work

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# Strategies

- Introducing new discipline
- Networking among PC
- Community involvement



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# Human Resource Development

- Beside the normal training, the networking among PCUs to share experiences and moral support is another one good strategy to build up capacity of PC personnel.

## Glossary:
## Primary Health Care

- **Essential health care accessible to individuals and families in the community provided at affordable cost with community participation**
  - Provision of individual PC
  - Nutrition
  - Clean water
  - Sanitation
  - Maternal/child care
  - Family planning
  - Immunization
  - Mental health services
  - Essential drugs





# Glossary: Family Medicine

- **Specialty of medicine concerned with**

1. **providing comprehensive care to individuals & families**
2. **Integrating bio-psycho-social-behavioural sciences**

- **Academic medical discipline which includes comprehensive health care services, education, & research**

## Glossary: Community Medicine

- Specialty of medicine concerned with the health of specific populations or groups
- Focus on health of the community as a whole rather than individual
- Include *epidemiology, screening, environmental health & comprehensive care through collective social actions*



## Glossary: Family Practice

- Health care services provided by family doctors
- Composes of : *comprehensive, continuous, coordinated, collaborative, personal, family and community-oriented services*
- Comprehensive medical care with a particular emphasis on family unit

# Glossary: Family Doctor

- **Specialist physician trained to :**

1. **Provide health care services for all individuals regardless of age, sex, type of health problems**
2. **Provide primary & continuous care for entire families within their communities**
3. **Address bio-psycho-social problems**
4. **Coordinate comprehensive health care services with other specialists as needed**





# Teamwork:
## Major Structural Determinants

1. Size of a team
2. Team composition and task distribution
3. Duration, stability of the team
4. Co-ordination mechanisms
5. Hierarchical lines and (de)centralisation

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## 1. Size: Teams As "Primary Groups"

- A team = a small group of persons
- Characteristics of primary groups:
  - Based on face-to-face interactions
  - Members know or get to know each other
  - Implication: small size
- Optimal size varies with the nature of the task and the context



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## 1. Size : How Small ?

- "Small team" ~ roughly 3 to 12 persons
  Optimal synergy : 6 to 9
- Small enough
  - To make communication easy
  - To ensure unity of action
- Large enough
  - To accomplish the required tasks
  - To allow for diversification of competencies
- Splitting of a team into sub-teams may be useful when the size of a team is / becomes too large

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## 2. Composition : Diversity of Competencies

- Diversity of *professional* competencies to fill the basic functions in primary care:
  - Clinical
  - Nursing
  - Administrative
  - Community approach
- Diversity of *personal* competencies: past experience, knowledge of context, gender, communication skills, personality, interests, etc



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## Professional competencies required at level of first line /primary care

**A. Industrialised Countries**

| | nurses | medical doctors |
|---|---|---|
| Clinical | **+/-** | **+++** |
| nursing | **+++** | **-** |
| Administration | **+/-** | **-** |

## Professional competencies required at level of first line/primary care

### B. Developing Countries

| | nurses | NP | medical doctors | junior sanitarian |
|---|---|---|---|---|
| clinical | +/- | ++ | +++ | + |
| nursing | ++ | - | - | + |
| Administration | +/- | + | ++ | ++ |
| **Health promotion** | **+** | **+/-** | **+** | **++** |
| **Community app.** | **++** | | **+** | **+++** |





## Professional competencies required at level of first line/primary care

| field of competence | type of staff |
|---|---|
| diagnosis-treatment<br>(curative care)<br>preventive care | medical doctor<br>medical assistant<br>nurse practitioner |
| nursing | nurse |

midwife
nurse-aids

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## Delegation of tasks to auxiliary staff

conditions for delegation of tasks to succeed

» standardisation

» supervision

supervision: need for *gradient* in competence(s)

Ex: medical doctor supervising nurse-practitioner

" " " midwife

" " " laboratory technician

" " " junior sanitarians



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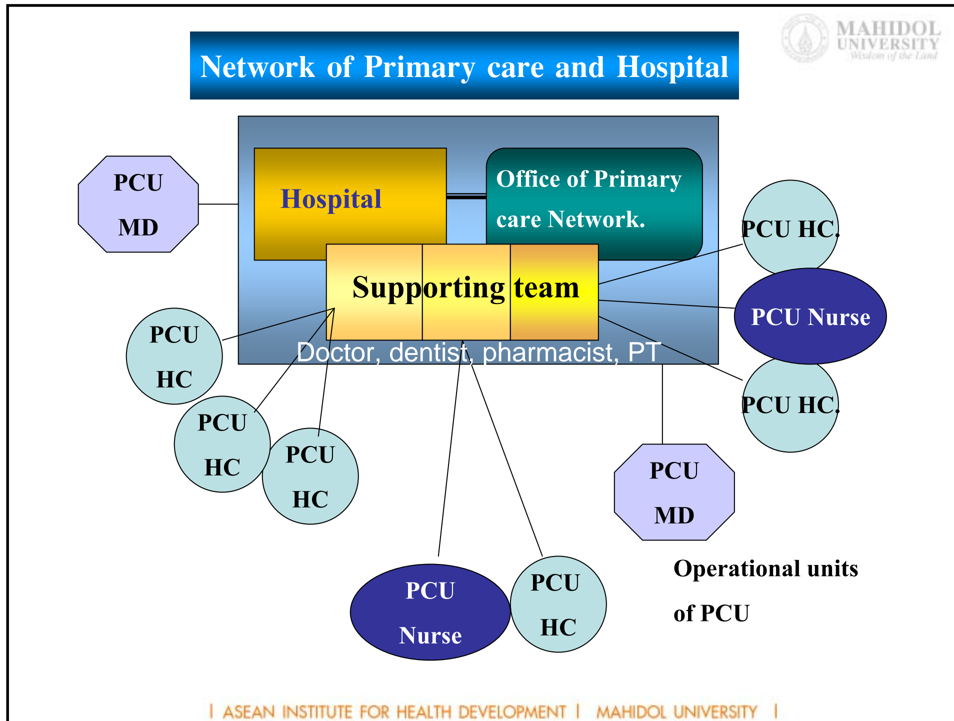
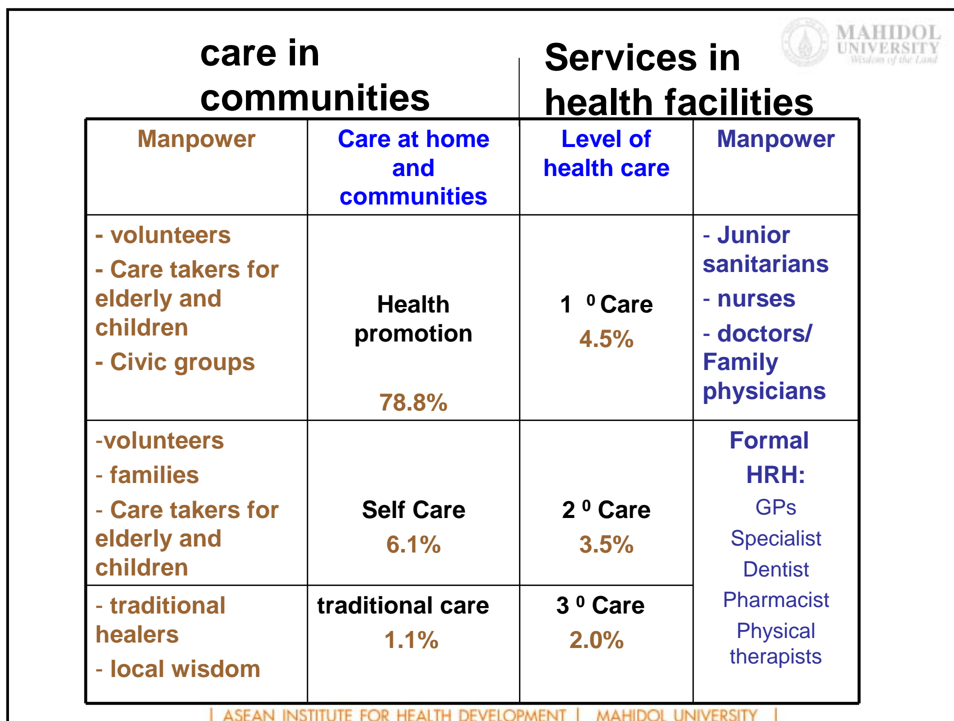
## Thailand situation: HR at Primary care

- Inadequate compare to workload : number and quality
  - Average number:1 HC = 2.9
  - Half less than the NHSO standard
  - Half of PCU have increased no.of health personnel. The other half is the same
- The trend of number of HR has not increased much for the last 5 years, but there more professionals working in PC: FP, phycial therapy, dentists
- Distribution is still the problem



care in communities | Services in health facilities

| Manpower | Care at home and communities | Level of health care | Manpower |
|---|---|---|---|
| - volunteers<br>- Care takers for elderly and children<br>- Civic groups | Health promotion<br>78.8% | 1 ⁰ Care<br>4.5% | - Junior sanitarians<br>- nurses<br>- doctors/ Family physicians |
| -volunteers<br>- families<br>- Care takers for elderly and children | Self Care<br>6.1% | 2 ⁰ Care<br>3.5% | Formal HRH:<br>GPs<br>Specialist<br>Dentist<br>Pharmacist<br>Physical therapists |
| - traditional healers<br>- local wisdom | traditional care<br>1.1% | 3 ⁰ Care<br>2.0% | |