

Quality Improvement and the Hierarchy of Needs in Low Resource Settings- Perspective of a District Health Officer

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Abstract:

Organizations, like individuals, have a hierarchy of needs (basic funding, freedom from civil strife, manageability, esteem & self-confidence, actualization) wherein basic needs must be met before higher-level initiatives can be addressed. District health services in low-resource settings are beset by multiple challenges that create frequent system break-downs. Most struggle to meet the need for manageability. Because of the interdependence of multiple units within a district health service, an input and process-focused, whole-system approach to quality improvement, and one that emphasizes internal capacity for quality measuring, monitoring and response (rather than external accreditation) is most appropriate for district health services that are struggling with manageability. Quality improvement initiatives aimed at improving outcomes for specific clinical issues require manageable systems to succeed and are best applied after the need for manageability has been met.

The job of the district health officer, the running of the district hospital, clinics and public health programs at the level of service delivery, is a difficult one. For the district health officer in a low resource setting, it seems that things are always going wrong. In most developing countries, district health departments are the most complex organizations within their communities. No other organization has the combination of such a broad range of specialized staff functions, such a wide variety of services produced, and such dire consequences in case of error.

The delivery of even apparently straightforward services requires the contributions of a variety of participants. The control of tuberculosis, for example, demands expertise in case finding, functional transport, financial and procurement systems, proper storage of a variety of lab supplies and medications, competent and motivated medical care providers and outreach workers, maintenance of functional equipment which may include microscopes, incubators and radiography units, competent technicians to operate these instruments, and meticulous record keeping. The flow of information through the system must be smooth, so that the various components of the system are working in concert. If any one of these components fails, then the others will also fail to be effective. Keeping the system components operating smoothly requires inputs and processes to be monitored, so that problems can be corrected before they come to crisis.

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In addition to being complexity most district health officers must contend with having a very meager pool of fully trained health workers on which to draw. Staff members who lack formal training must be made to perform highly technical functions. Such on-the-job trained health workers lack the “big-picture” view of where their function fits into the work of the health department and so are less perceptive of minor problems that can grow to crisis and slower to recognize opportunities for maintaining smooth operations and improving outcomes. Often these health workers have limited literacy levels. This makes written policies and procedures a much less effective tool and precludes the use of written reference materials by front-line staff for self-regulation of performance.

Finally, the milieu in which the district health officer must manage is unfavorable. The power grids, transportation infrastructure, and government finance and procurement systems upon which the district health service depends all tend to be unreliable.

Together, the factors above add to a “burden of manageability” that can be overwhelming. With things going wrong so regularly, district health officers have little time to devote to developing and implementing strategic initiatives. Most initiatives launched at the district level are handed down by higher levels in the ministries of health and/or by funding agencies promoting programs focused upon categorical health issues. Although such initiatives have often been proven in pilot studies to improve outcomes for the targeted condition, they add complexity, distract attention from other health service priorities, and add to the burden of manageability. As a result they often fail to live up to their promise and tend to dissipate once enthusiasm and financial support from funding agencies decline.

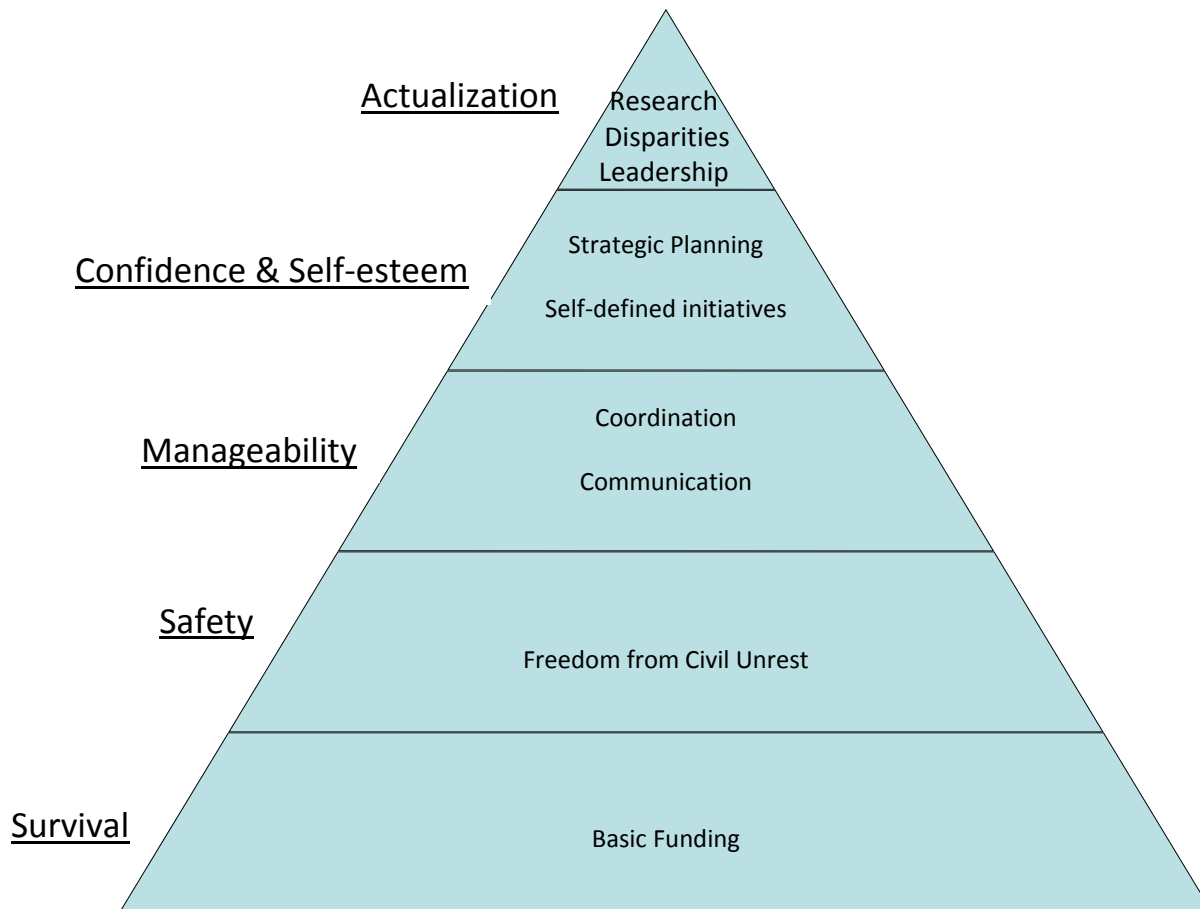
Abraham Maslow, in a classic 1943 paper, set forth the idea of a hierarchy of human needs.¹ In brief, Maslow’s idea is that humans have multiple levels of needs ranging from survival to safety to love & belonging, to esteem to self-actualization. We must satisfy our more basic needs before we are free to address ones that are less pressing. Thus, a man who is dying of hunger must address his need for food before he pursues his need for safety or for love or for belonging.

The concept of a hierarchy of needs also applies to the district health service. (Figure 1) At the most basic level, the organization’s survival must be secure and the people working within must feel safe. This requires a basic funding stream and freedom from civil strife. Once these needs are met, manageability, or freedom from the chaos of multiple system failures, becomes the most pressing issue. Only when the need for manageability is met can the organization be free to properly address higher levels of health service need such as belonging (collaborative relationships with outside entities), esteem (the organizational confidence to pursue a self-defined strategic agenda), and actualization (the addressing of social inequities, the pursuit of innovation through formal research, and the provision of leadership at national and international levels).

Most district health services in low-resource settings struggle to meet their need for manageability. Because of the pervasiveness of system problems and the high degree of interdependence of functional units, manageability must be addressed through a whole-system approach to monitoring and correcting problems.

improvement programs. Categorical initiatives which operate at higher levels of need find a much more favorable environment once the need for manageability is satisfied. Focused attempts to improve outcomes should be pursued- but not without first assuring that the more basic organizational needs of the district health service are being

Figure 1: A Hierarchy of Needs for the District Health Service



Note: The more basic needs are closer to the base of the pyramid

ⁱ Maslow AM. A theory of human motivation. Psychol Review 50(4)370-96, 1943.

ⁱⁱ Bukonda N, Tavrow P, Abdallah H, Hoffner K, and Tembo J. Implementing a national hospital accreditation program: the Zambian experience. Int J Qual Health Care 2003 14: 7-16; doi:10.1093/intqhc/14.suppl_1.7

ⁱⁱⁱ D. Greenfield and J. Braithwaite. Health sector accreditation research: a systematic review. Int. J. Qual. Health Care, June 1, 2008; 20(3): 172 - 183.

^{iv} Quality and Accreditation in Health Care Services, a Global Review. Evidence and Information for Policy

Department of Health Service Provision (OSD), World Health Organization, 1211 Geneva 27, Switzerland, 2003.
(WHO/EIP/OSD/2003.1)