

# HEALTH PERSONNEL EDUCATION IN SOUTH AFRICA



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## ABSTRACT

The education of South African health personnel should be reality-based and therefore focused on the real needs of the country. This article focuses on the results of the National Human Resource Committee deliberations for health care services and describes some principles of a strategy for health personnel education in South Africa. A multi-professional education model is recommended and the education process should focus on a problem- and community based learning strategy to ensure reality-based education. Primary Health Care should be the core focus of the curriculum of any professional education in health services, with life-long continuing education to facilitate the rendering of quality health care services. Several problems face the education of health professionals in South Africa today and performance challenges need to be met. There is a need for a national human resource strategy based on research to ensure adequate education of health professionals - both in quality and quantity.

## OPSOMMING

Die opleiding van Suid-Afrikaanse gesondheidspersoneel behoort op die realiteit gebaseer te word en derhalwe op die behoeftes van die land. Hierdie artikel fokus op die resultate van die Nasionale Menslike Hulpbronne-komitee se werksaamhede vir gesondheidsdienste en beskryf enkele beginsels vir 'n nasionale strategie vir die opleiding van gesondheidspersoneel in Suid-Afrika. 'n Multi-professionele opleidingsmodel word aanbeveel en die onderrigproses behoort te fokus op probleem/gemeenskapsgebaseerde onderrigstrategieë. Die kurrikula behoort op Primêre Gesondheidsorg te fokus met lewenslange voortgesette onderwys om gehalte-gesondheidsdienslewering te fasiliteer. Verskeie probleme uitdagings in die opleiding van gesondheidspersoneel moet die hoof gebied word. Daar is 'n behoefte aan 'n nasionale menslike hulpbronstrategie wat op navorsing gebaseer is om die toereikende opleiding van professionele gesondheidspersoneel te verseker - beide ten opsigte van gehalte en hoeveelheid.

## INTRODUCTION

This article is based on a paper presented at the Nursing Department of the Rand Afrikaans University's international conference: Excellence in health care for the next millennium. Health is an essential objective of the development of a nation and health as a process presents a crucial contribution to the economic development of a country. World-wide research has shown that protection and improvement of health are conditions for development. This should be fundamental to the process of policy-making in any country. The integration of health care goals in the macro-developmental goals of a country is an integral component of socio-economic development. Excellence in health care for the next millennium is a challenge to researchers, health planners, funders and providers of health care - human resource development forms the pillar for the realisation of this ideology despite the given constraints.

The education of all health professionals in South Africa should be reality-based: the curricula should be needs-based and the outcomes of the education system should reflect the competencies of the professionals, based on the comprehensive model of health care delivery. The education process should accommodate participatory education to promote critical thinking and problem-solving. The purpose of education is to set free and develop the capacities of human individuals equipping them with skills of problem-solving. Health personnel education is aimed at maximising the development of individual potential. The fundamental premise of this education system is multi-professional within the ambit of education for service or excellence in education for service, as highlighted by the Zambians. A multi-disciplinary approach in the education and training of health professionals is imperative to facili-

tate teamwork for the efficient and effective delivery of health care services. This process of education prepares the professionals for teamwork, as each professional group functions independently, yet interdependently.

The purpose of this article is to describe the principles of health professional education to meet the health needs of the South African population, in line with the National Department of Health policy guidelines: multi-professional education, the educational process making provision for problem-based and community-based learning.

The Minister of Health appointed a National Committee on Human Resource Development in September 1994. This committee had several international, national, provincial and grassroot consultations. This resulted in the guidelines for health personnel education and development, as described in this article.

## RESEARCH DESIGN AND METHOD

The content of this paper is based on the democratic process of developing a national human resource strategy for health services in South Africa. A ministerial Human Resource Development Committee, with representation from the various major professional stakeholders in health service delivery, was appointed in July 1994. The terms of reference was delineated and clarified at the first meeting in September 1994, with a brief to present a formal strategy by December 1994. A process of representational consultation was followed, ensuring the inputs of various stakeholders (all professional and non-professional organisations representing health professionals and health workers, as well as the regulatory bodies, health consumer representatives, provincial delegates and those who requested the opportunity to give input). Two international consultants (an Africa representative of the World Health Organization and a World Bank representative) were also utilised to ensure the necessary external validation and trustworthiness of the report and strategy. The committee developed a consultation strategy resulting in consultations every two weeks, from Friday to Saturday during September, October and November of 1994. A Human Resource Development Report (1994 and 1995) for South African Health Services was compiled with certain realities, challenges and recommendations. The Human Resource Development Committee continues to exist and this article is therefore based on the refined framework initially derived from the consultations, as well as the continuous feedback received during quarterly meetings. Some aspects within this report related to multi-professional education, the education process with emphasis on problem- and community-based learning, curricula development, continuing education, problems related to health professional education and meeting performance challenges are described in this article.

## MULTI-PROFESSIONAL EDUCATION

Education programmes should accentuate ways to enable health team members to learn comprehension of the principles of multi-professional teamwork and how to efficiently work together. The following principles should be emphasised:

- \* the responsibility of the team as a group;
- \* the role of each member in carrying out the team's responsibilities;
- \* the extent to which roles of team members overlap;
- \* the processes needed for working together; and
- \* the part played by the team in the overall delivery system.

This mode of education was supported at the Cape Town Conference in April 1995. The theme of the conference was a doctor for Africa for the 21st century, who should be globally competent and functional within the multi-disciplinary team. In May 1995 the World Health Assembly in Geneva addressed this education system which was adopted in May 1996 by the international experts at the 1996 World Assembly as per recommendation of the Expert Committees on Human Resource Development for different groups, for example: medicine, health allied groups and nursing. The principles of multi-professional education in health care is therefore highly recommended to facilitate multi-professional teamwork and understanding, as well as cost efficiency in the training and education of personnel.

## THE EDUCATION PROCESS

Education in the 90's is seen as an active process rather than a passive process. This active process is called the Baking System by Paulo-Tiere: the ideology sees the student neophyte as an active participant and co-decisionmaker in the process. This is realised by utilising the principles of problem-based and community-based learning.

### Problem-based learning

Many international universities, such as McMaster University in Canada, Michigan State University, New Mexico, Australian universities and many other, have successfully implemented the principle of problem-based learning as an educational strategy. This teaching strategy supports the principle of student accountability, based on the notion of respect and dignity of every neophyte with the ultimate outcome of competent, critical-thinking practitioners. The principles of problem-based learning are as follows:

- \* active state and participation by the student;
- \* reality-based teaching (problem-focused) in a practice context;
- \* interactive and collaborative learning and teaching;
- \* a process driven activity;

- \* learner centredness;
- \* the integration of expertise;
- \* a facilitating approach by the educator.

### **Community-based education**

Community-based education is a process of education supporting the ideology of reality-based education within the ambit of participatory education. The following principles were suggested by the various national and international experts during consultation:

- \* activities should relate to planned educational goals and objectives, focusing on capacity-based education;
- \* activities should be introduced very early in the educational experience during the first year of education;
- \* this principle should be applied throughout the educational programme, and consist of between 30-70% of the programme;
- \* this should be viewed not as peripheral or casual experiences, but as a standard, integral and continuing part of the educational process;
- \* the students work during training should be "real work" with active participation by the student within the multi-professional team context.

The advantages of community-based education are as follows:

- \* it promotes a sense of social responsibility with both student and educator;
- \* the student relates theoretical knowledge to practical training for competencies;
- \* it helps to break down barriers between trained professionals as students are seen as partners in the process of health care delivery;
- \* it helps to keep the educational process up to date in the real life situation with reality focused education;
- \* it is a powerful means of improving the quality of the community health services within the model of targeted health care.

It is therefore recommended that the principles of problem/community-based learning be an integral part of the educational strategy in all the training institutions.

### **CURRICULA DEVELOPMENT**

For the basic and post-basic educational programmes, students should be equipped with essential elements of the necessary skills. The acquisition of these skills are in accordance with the educational objectives of each health professional's educational programme which will meet the health needs of the nation. The following aspects of the core curriculum can be included in all the health professionals' educational programmes, as emphasised by international and

national research findings, and during consultation sessions:

- \* primary health care as the main focus in the curriculae;
- \* research as a fundamental competency;
- \* the principles of change management by all health practitioners;
- \* specific clinical skills required, based on the needs of the community;
- \* the principles of epidemiology;
- \* health education and promotion;
- \* the development and utilisation of information systems;
- \* women and child health, mental health and other annually determined priorities.

The process of curriculae review should be done annually to accommodate the changing needs of the students and the community. An urgent transformation of all the health education programmes is therefore necessary.

### **CONTINUING EDUCATION**

Continuing education is an integral part of Human Resource Development as it focuses on the acquisition of necessary skills, knowledge and competencies to improve the productivity of the health professionals. The following steps are cited by national and international educationists:

- \* analysing health problems by a range of methods;
- \* establishing acceptable standards for the performance of health care tasks;
- \* analysing the performance of health tasks by comparing actual performance with previously agreed standards or established criteria;
- \* deciding why performance has sometimes failed to match the agreed standards or criteria;
- \* organising appropriate education programmes or other training and learning activities to remedy inadequate performance;
- \* evaluating the education activity after an agreed interval and in accordance with agreed criteria;
- \* repeating the process if the objective has not been achieved;
- \* a life-long commitment to continuing education by all health professionals.

### **PROBLEMS RELATED TO HEALTH PERSONNEL EDUCATION**

According to the World Health Organization study group results in 1990 (Human Resource Development Report, 1994), there are certain problems relating to personnel education within health services. These problems are listed as follows:

- \* Decision-making as a process includes the values of individuals and institutions and collective tailor-made decision-making models need to be developed.



- \* Political and financial support is inadequate: low priority is given to Human Resource Development in some countries, but in South Africa the Reconstruction and Development Programme stresses the importance of Human Resource Development for the improvement of the socio-economic status of the 43 million South Africans.
- \* Strategic planning capability: the lack of strategic manpower planning in South African health services has resulted in an over and under supply of skills/competencies in different areas, with over specialisation in especially medical services and inadequate training and education in primary health care services. The need for skills for long-term personnel planning aspects should include also quality rather than just quantity. This process should have opened communication channels at both horizontal and vertical levels with regards to all stakeholders in health care delivery.
- \* The lack of reliable and easily accessible data systems for the supply and distribution of skills mix, training/education, regulation, remuneration in health service delivery results in maldistribution of health manpower.
- \* There is inadequate training/education in both content and numbers related to health service management, with specific reference to participative and change management, as well as leadership development at strategic and grassroot levels.
- \* There is inadequate research on human resource development in health care services - only crisis related research is available as opposed to proactive research, with special reference to a multi-disciplinary team approach and labour peace.

There could be numerous other problems encountered by the educational institutions impacting on the outcome of health personnel education in South Africa. There are, however, many problems that need to be identified and adequately addressed.

## MEETING PERFORMANCE CHALLENGES

Excellence in health care poses several challenges, especially in terms of human resource education, training and development. The education process should prepare the neophytes for the provision of health care based on the satisfaction of the consumer's needs and expectations. The preparation of health professionals should equip students with specific competencies to enable them to meet these performance challenges, viz:

- \* providing higher-quality goods and services;
- \* serving customers more quickly and efficiently;
- \* ensuring quality and cost efficiency through performing tasks, duties and responsibilities right the first time;
- \* reducing the costs of supervision and establishing total quality management systems;

- \* management efficiency and continuous change in policies and processes;
- \* reaching proficient performance within a set time frame and then maintaining them;
- \* being proficient in multiple product/service areas;
- \* maintaining productivity with a smaller workforce;
- \* coping with the information deluge and overload.

These challenges need to be met by all those involved in the education and training of health professionals in South Africa today.

## CONCLUDING REMARKS

Countries have been challenged to review their human resource development efforts to accommodate the ideology of comprehensive, capacity-based education within the ambit of the multi-disciplinary team. Aspects of curricula review, participatory education, multi-professional model and life-long continuing education should form the fundamentals of an Education Reform strategy in the South African health services. Currently South Africa has 320 000 health professionals as reflected in the professional groupings providing health care. The ideology of the educational system should be based on the Primary Health Care model. The vision of the South African Government is the provision of an integrated health care delivery system with referral systems from primary to secondary, tertiary and quaternary levels of health care.

According to the National Human Resources Research in 1994 and 1995, the following are an integral component for Human Resource Development in the South African health services:

- \* a need for participatory education based on problem-solving and reality;
- \* the caring and compassionate model of health care;
- \* transformation of health service management to accommodate the principles of change and participatory management;
- \* Multi-professional education with specific competencies for safe practice;
- \* research-oriented education to promote critical thinking;
- \* capacity-building for educational institutions and professionals for competence;
- \* health professional education is a pillar for socio-economic development hence we have to strive for excellence despite diversities in South Africa.

## RECOMMENDATIONS

The following recommendations are made:

- \* the development and implementation of a national strategy for human resource development in South African health services. This implies research, which is based on this strategic, provisional framework, in all areas where knowledge and skills are required;
- \* a focus on Primary Health Care knowledge, skills/competencies implying a review of all curricula;
- \* an investigation into a multi-disciplinary educational approach and all the implications thereof;
- \* a focus towards problem/community-based education in health care.

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