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(Rabat: 26-29 September 2016)

Using the Workload Indicators of Staffing Needs method in setting the National Staffing Norms for Primary Health Care settings

Case of the Sultanate of Oman

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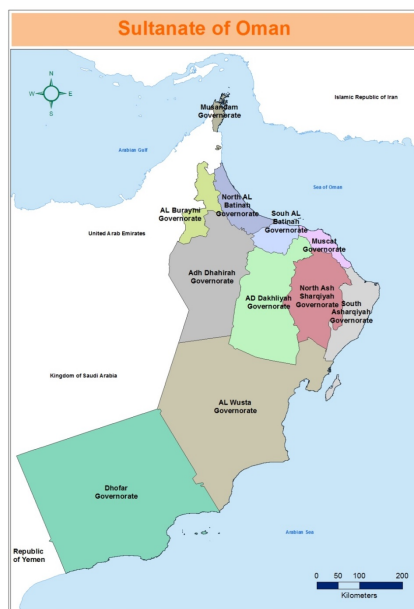
Introduction

Goal of HRH Development:

- Right number of people
- With the right skills
- In the right place
- At the right time
- With the right attitude
- Doing the right work
- At the right cost
- With the right work output

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The Sultanate of Oman

- Approximately 309,500 square kilometers
- 4 million pop. (43.6% non-Omani)
- Life expectancy: 76.4 yrs
- UFM: 11.4/1000 live birth
- MMR: 17.5/100,000 live birth
- Doctors: 21.4/10,000 pop.
- Nurses: 46.3/10,000 pop.
- Computerized health information system

Sultanate of Oman

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Introduction

MOH in the Sultanate of Oman recognized the importance of ensuring that all health facilities at all levels of health care have the right number and skill-mix of health workers to deliver quality of health care to the population served.

(Oman Health Vision 2050)

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Objectives

The Directorate General of Planning and Studies and the Directorate General of Primary Health Care worked jointly, using the WISN method with some modifications to:

- **Develop the national staffing norms for primary health care settings**
- **Assist health planners and mangers to appropriately recruit and distribute the health workers across various geographical locations and PHC facilities.**

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Methods

- **The PHC services provided were listed and categorized into three packages of services based on the location and catchment population served.**
- **The three services are:**
  - **Core services (basic),**
  - **Supplementary services, and**
  - **Complementary services.**

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Health care services provided at PHC Institutions

Core (Basic)	Supplementary	Complementary
- Outpatient clinic	- Acute care	- Delivery services
- Child health/Vaccination	- Infertility	- Training facilities
- Antenatal and postnatal care	- Speciality clinic	
- Birth spacing	- Dermatology	
- Nutrition and growth monitoring	- Internal medicine	
- Care of elderly	- Obstetrics and Gynaecology	
- Counseling and health education	- General surgery	
- Community outreach services & activities	- Orthopaedic	
- School health services	- Nephrology	
- Mental health care	- Eye care	
- NCDs:	- ENT	
- Diabetes and endocrinology	- Screening services	
- Cardiac diseases	- Ultrasonography	
- Asthma and chronic respiratory diseases	- Physiotherapy	
- Dental care	- Environmental health	
- Laboratory investigations		
- Radiology (X-ray)		
- Dispensing of drugs		
- Medical records		
- Triage		
- Observational beds		
- Ambulance service		

WISN method

Analytical planning tool to:

- **Determine how many health workers are required to cope with actual workload in a given facility**
- **Estimate staffing required to deliver expected services of a facility based on workload**
- **Calculate workload and time required to accomplish tasks of individual staff categories**
- **Compare staffing between health facilities and administrative areas**

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Why use WISN?

- **Determine how best to improve current staffing**

- **Plan future staffing**

- **Assess where performance is currently low**

- **Examine impact of different employment conditions on staffing**

- **Assess workload pressure**

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Methods

- **The main workload components of doctors, nurses, dentists, pharmacists, assistant pharmacists and laboratory technicians were listed, determined and the activity standards were defined and eventually the national norms were formulated.**

- **The same method of calculation was applied to the health centers in Muscat governorate (the capital) which has 32% of the total population and encompassed the large number of health facilities compared to the remaining 10 governorates.**

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Findings

- A comparison of the national staffing norms for doctors and nurses with the existing staffing levels in Muscat governorate was made.
- Overall, it showed shortage in the number of nurses and slight surplus of doctors, however with some variations between the health centers.
- The WISN ratio showed that doctors were less workload stressed (1.02) compared to nurses (0.66) although there were some variations between health centers (doctors range 0.6 – 2.3, while nurses range 0.4 – 1.6).

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A comparison of the national staffing norms for doctors and nurses with the existing staffing levels in Muscat governorate

Health Center	Type	Population		Doctors	Nurses
	PHC Norms	Up to 5000	13,500	3	7
Mutrah HC	Current Situation	19,798	47,482	15	15
	PHC Norms	Up to 20000	54,000	12	26
Ash Shaadi HC	Current Situation	37,540	92,734	14	24
	PHC Norms	Up to 40000	108,000	23	50
Al Amrat HC	Current Situation	19,325	77,002	15	20
	PHC Norms	Up to 20000	54,000	12	26
Al Mazari HC	Current Situation	2,865	14,153	5	7
	PHC Norms	Up to 5000	13,500	3	7
Yiti HC	Current Situation	4,429	23,203	5	11
	PHC Norms	Up to 5000	13,500	3	7
Al Khawd HC	Current Situation	41,145	101,934	15	27
	PHC Norms	Up to 45000	121,500	26	57
Wadi Al Arbiyin HC	Current Situation	560	1,118	3	3
	PHC Norms	Up to 5000	13,500	3	7
As Sifah HC	Current Situation	1,969	9,390	3	6
	PHC Norms	Up to 5000	13,500	3	7
Bamah HC	Current Situation	3,416	11,265	4	6
	PHC Norms	Up to 5000	13,500	3	7
Al Wadi Al Kabeer HC	Current Situation	17,474	42,747	13	17
	PHC Norms	Up to 20000	54,000	12	26
Al Mabeela HC	Current Situation	30,274	99,929	16	19
	PHC Norms	Up to 35000	94,500	20	44
Ruwi HC	Current Situation	18,398	47,186	14	19
	PHC Norms	Up to 20000	54,000	12	26
As Seeb HC	Current Situation	19,473	70,243	13	22
	PHC Norms	Up to 20000	54,000	12	26
Al Ghoubra HC	Current Situation	31,036	59,965	16	18
	PHC Norms	Up to 35000	94,500	20	44
Al Azaiba HC	Current Situation	16,086	50,107	14	23
	PHC Norms	Up to 20000	54,000	12	26
Al Wattyah HC	Current Situation	27,918	58,139	14	17
	PHC Norms	Up to 30000	81,000	18	40
Al Khuwayr HC	Current Situation	34,055	73,448	16	24
	PHC Norms	Up to 35000	94,500	20	44
An Nahdah HC	Current Situation	18,895	94,522	16	21
	PHC Norms	Up to 20000	54,000	12	26
South Al Mabeela HC	Current Situation	20,244	98,106	18	22
	PHC Norms	Up to 25000	67,500	15	33
Al Mawaleh HC	Current Situation	23,106	91,245	19	19
	PHC Norms	Up to 25000	67,500	15	33
Al Ansab HC	Current Situation	9,593	70,729	14	21
	PHC Norms	Up to 10000	27,000	6	13
Hai Al Mina HC	Current Situation	6,167	26,542	13	21
	PHC Norms	Up to 10000	27,000	6	13
Al Hail HC	Current Situation	19,136	72,329	13	24
	PHC Norms	Up to 20000	54,000	12	26
Muscat HC	Current Situation	21,698	67,880	14	17
	PHC Norms	Up to 25000	67,500	15	33
North Al Mawaleh HC	Current Situation	21,412	61,315	13	24
	PHC Norms	Up to 25000	67,500	15	33
Al Hajer HC	Current Situation	9,047	51,103	10	18
	PHC Norms	Up to 10000	27,000	6	13
Total	**Current Situation**	**469,691**	**1,479,188**	**318**	**453**
	PHC Norms			**313**	**687**

Conclusion

The WISN tool, after being adapted, proved to be useful in:

- setting the national norms,
- comparing the existing situation in the PHC health facilities against the national norms,
- knowing the equity and distribution of health workers across the governorate and within the facilities,
- identifying the workload pressure
- better utilization of the existing database
- highlighting the information gaps.

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Limitation

- **The estimates that were used to calculate the required staffing were linked mainly with the package and pattern of health services provided to current population (which might not be applicable to the future population).**

- **Thus the estimates need to be frequently adjusted based on the new developments.**

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Recommendations

Additional parameters could be added in the future to re-adjust the calculation method:

– **Health workforce growth**
– **Age characteristics and gender-specific productivity of health providers.**
– **Trends in health services utilization pattern by different population groups.**
– **Optimal level of skill-mix of health workers per qualification and per type of health facility and its internal settings.**
– **Local diseases profile, demographic characteristics and health needs of population served.**
– **Changes in health policies.**
– **Advance health technology and new therapies.**

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Thank You