Assessing Ghanaian Health Care Workers' Practice through Task Analysis

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Background and Objective

In Ghana, MCSP collaborates with the Ministry of Health (MOH) and the Ghana Health Service (GHS) to provide high-quality pre-service education (PSE) and community-based health care delivery (CHPS).

Community-based Health Planning and Services is a strategy to provide primary health care services to people in Ghana's rural and remote areas where 45% of the population lives.[1] CHPS manages the relocation and reorientation of primary health care to facilities in convenient locations for the population. Ghana has been implementing CHPS for almost 2 decades and has scaled up the approach to most rural areas, but the extent to which rural populations are fully covered by functional CHPS zones or compounds is not well documented. Over the years, interest has increased in building the capacity of CHPS workers to deliver packages of lifesaving maternal, newborn, and reproductive health interventions to strengthen Ghana's health care system. In response, the GHS requires all CHPS workers to take a 2-week, 12-module training on management of the CHPS zone and some clinical services at the CHPS level in addition to the standard curriculum. MCSP conducted a task analysis study[2] to: 1) examine the quality and relevance of PSE and in-service education of CHPS workers, and 2) better understand which services they actually provide daily to clients for which they may or may not have received PSE. Evidence-based findings from the analysis led to recommendations to GHS to make changes to tasks, capacity-building, and management of CHPS staff to improve CHPS health care services, PSE, and in-service training.

A community health officer at a CHPS compound attending to a patient. *Photo by Karen Kasmauski for MCSP.*

[1] World Bank estimates, 2017.

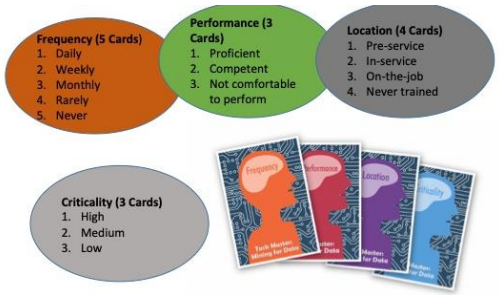
[2] Task analysis will be used to provide information about the actual practice of CHPS providers in the field. This information can be used to help ensure that curricula, training, licensing, deployment, and continued professional development are based in the reality of local practice and are logically linked to national needs. Though task analysis is regularly used in the US to validate licensing examinations of health professionals (NCSBN 2012), it recently was used in low-resource settings to inform planning for health systems strengthening (Dgedge 2014; Smith 2014; Udaya 2011).

Methods

A list of 87 tasks required to be performed by CHPS staff was developed using the community health nurse (CHN) training curriculum, community health officer (CHO) training package, and CHPS staff job descriptions. The task list was validated by key diverse stakeholders from Ghana's policy, regulation, and education fields and by CHPS workers. A total of 401 participants were purposively selected from one urban and two rural districts in each of the five MCSP focal regions: Ashanti, Brong-Ahafo, Eastern, Upper East, and Upper West.

All CHNs, CHOs, enrolled nurses, and midwives who had worked in the selected districts between 6 months to 4 years were invited to participate in the study (see Box 1). Participants used the Jhpiego-developed Task Master: Mining for Data© card game to sort and classify each of the 87 tasks according to four variables: frequency, criticality (i.e., how critical is timely and effective performance of the task for patient outcomes), performance quality, and location where they learned the task. Trained data collectors captured data using Android tablets. The results were tabulated and disaggregated by variable and task.

Task Master: Mining for data® Care Game



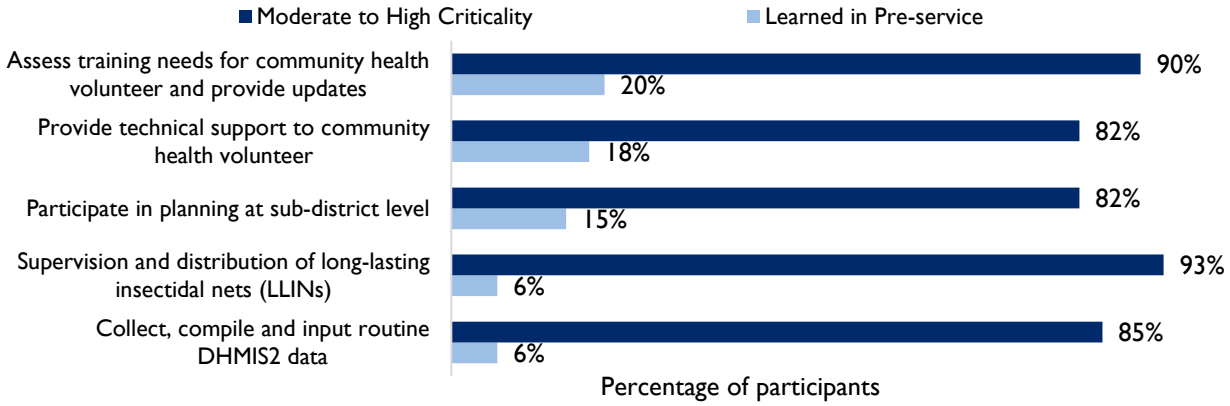
Results

Of the 401 total participants, 298 (74%) were female, and the majority (89%) were 25–34 years old. CHNs formed the majority of the participants, followed by enrolled nurses, and then midwives. Participants learned close to 80% of the 87 tasks during PSE, and they learned the remaining tasks during in-service training or on-the-job in CHPS facilities. Respondents classified all 87 tasks as moderately or highly critical, meaning failure to complete the tasks correctly or in a timely manner could lead to patient death, permanent or temporary disability, serious patient discomfort, or serious impacts on public health. Some non-clinical tasks, including community outreach and involvement, that respondents identified as critical were not included in pre-service education (Figure 1), but were being performed at the CHPS zones. The current curriculum focused solely on knowledge and clinical skills competency and did not focus on developing critical soft skills that were important for this cadre to engage and build a strong rapport with the community.

Box 1: Health care worker cadre participants in the Task Analysis

- Community Health Nurse (300)
- Midwife (22)
- Enrolled Nurse (79)

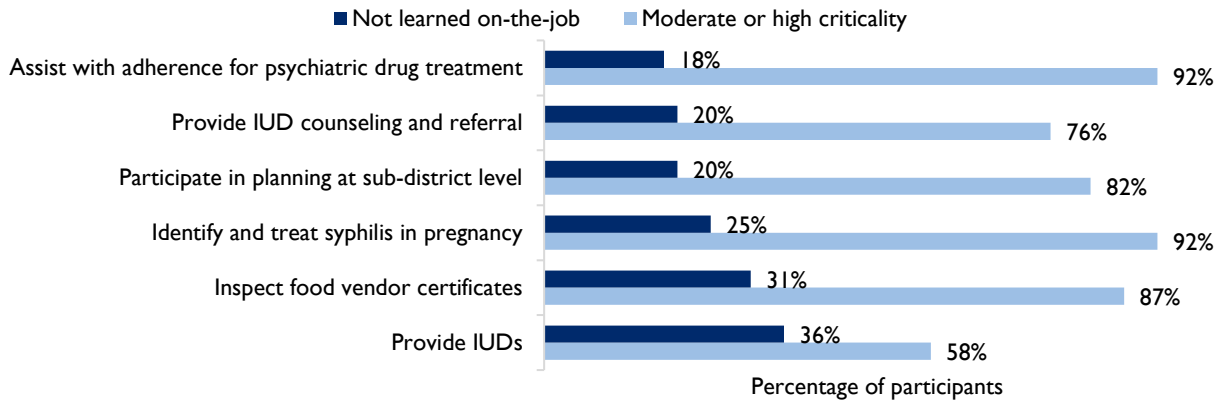
Figure 1. Critical tasks rarely learned in pre-service education



Conversely, staff performed some critical tasks on which they had not received any on-the-job training (Figure 2). These tasks included assistance with adherence for psychiatric drug treatment, provision of

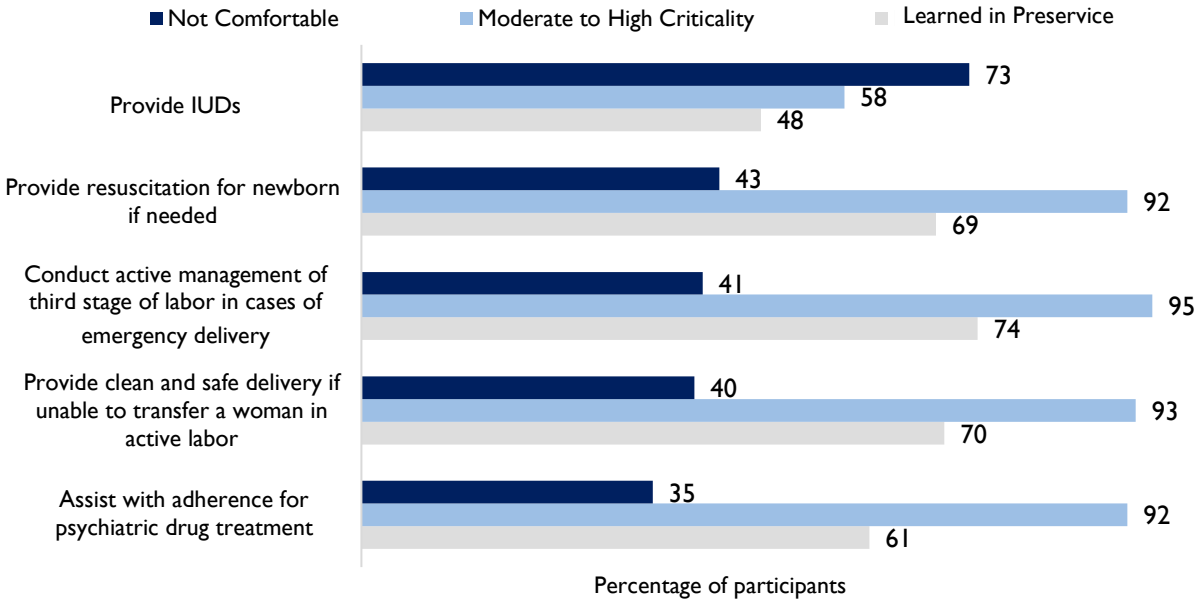
intrauterine contraceptive devices (IUDs) and IUD counseling and referrals, participation in planning at the sub-district level, and identification and treatment of syphilis in pregnancy.

Figure 2. Staff performing tasks rarely included in on-the-job training



Although respondents received pre-service training on some tasks they deemed as critical, few felt confident or comfortable to provide those services (Figure 3). These tasks included providing IUDs, providing resuscitation for a newborn if needed, conducting active management of the third stage of labor in cases of emergency delivery, and providing clean and safe delivery if unable to transfer a woman in active labor. Respondents attributed the perceived inability to perform critical tasks to the complexity of the task, low frequency of task performance, and lack of educational preparation to perform the task.

Figure 3. Critical tasks learned in pre-service education but not comfortable to perform



Additionally, over one-half of all respondents rarely performed 30 of the tasks in their job description, including identifying and treating syphilis in pregnancy, providing IUDs, and identifying and referring mental health problems. Reported reasons for rare performance of these 30 tasks included lack of opportunity to perform the task, lack of relevance to CHO work (i.e., the task is not within the CHO scope of practice and is performed by another cadre), and low level of comfort with task performance.

Recommendations

The following recommendations were made to GHS, Ministry of Health, implementing partners, and other stakeholders after this extensive task analysis. MCSP supported the Ministry of Health and GHS to implement some of the recommendations when they were relevant to the MCSP project.

- Ensure that all tasks identified to be within the CHO scope of practice are adequately covered in training materials, including PSE curriculum.
- The district and subdistrict management teams should carry out effective supportive supervision on the 87 tasks and provide feedback and periodic on-the-job training to CHOs.
- Assign peer mentors to various CHPS zones to reinforce best practices and ensure that 87 tasks are delivered with quality and proficiency.
- Regularly update trainers and preceptors to ensure that they impart current knowledge and best practices in health service delivery to their students.
- The GHS should prioritize either in-service or on-the-job training to improve the proficiency of frontline CHPS service providers.
- The GHS should periodically perform similar task analyses to guide the review and revision of CHN and CHO curriculum and inform in-service training.

Conclusion

The task analysis highlighted a need for ongoing education and refresher training to maintain CHPS workers' capacity to deliver highly critical, high-frequency tasks with proficiency. This study prompted discussion among educators and stakeholders about revising the PSE curriculum and amending the CHO scope of practice. The results have already informed a review and update of the CHO curriculum, with emphasis on highly critical tasks and tasks that CHPS workers were not able to perform safely. This update will strengthen teaching and assessment methods to enabling students to become competent in all needed skills before they graduate and, ultimately, to improve the quality of health care in Ghana. MCSP supported GHS to develop harmonized training materials for CHOs that are included in the national CHPS implementation guidelines. This has promoted CHOs pre-service training to be based on the reality of current practice and ensured practice that is safe, effective, and relevant to Ghana's health needs. Task analysis is a recommended standardized tool for strengthening community-based health service delivery in that it provides evidence for any existing discrepancies between job preparation of community health providers, expected job duties, and realities on the ground.

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