

Strengthening Professional Associations for Health Workers

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Introduction

Strong health professional associations have the potential to foster commitment to quality care, reduce staff turnover and forge connections among patients, providers and policy-makers (McQuide et al., 2007). Associations also provide female-dominated professions, such as nursing, with mechanisms to develop and strengthen leadership roles (Zuyderduin et al., 2009). As one component of the Capacity Project's efforts to strengthen human resources for health (HRH), the Project worked to support professional associations in Ukraine, Kenya and Uganda.

Approaches and Activities

The goals of the Capacity Project's Strengthening Health Professional Associations Initiative were: 1) to promote high standards of practice; 2) to help provide the skills for associations to advocate more effectively for the needs of clients and providers; and 3) to form networks among professionals and professional associations. The Project used three different models to support these goals:

- 1. Association strengthening in support of specific health care goals:** In Ukraine, the Capacity Project worked through the Society of Obstetricians and Gynecologists of Canada (SOGC) to support the Ukrainian Association of Obstetricians and Gynecologists (UAOG). The support focused on improving maternal and neonatal health care by implementing SOGC's ALARM International Plus Program¹ through continuing medical education (CME). This effort included activities to strengthen UAOG organizationally so that it could continue to provide CME in the future.
- 2. Intensive support for a single association:** In Uganda, the Project worked extensively with one professional association—the Uganda National Association for Nurses and Midwives (UNANM)²—to strengthen its capacity to improve or establish communication skills with the community, media, policy-makers and peers; leadership and management skills; ethical standards of professional practice; and standards for continuing professional development (CPD).
- 3. Support for multiple associations to forge links among health care professionals:** In Kenya, the Project supported seven associations (see sidebar) to strengthen their

strategic planning and management; improve communications within and across associations as well as with policy-makers and the media; and improve ethical standards of practice.

Setting the Stage

The Project carried out needs assessments in Uganda and Kenya. The assessment in Kenya, which included a literature review and interviews with association managers, informed a comprehensive management and communications strategy for professional associations and regulatory bodies. In Uganda, a quantitative survey provided data on members' and nonmembers' attitudes toward UNANM and ways to improve its image. Three hundred self-completion questionnaires were distributed; 217 (72%) were returned. The results influenced the development of activities to address weaknesses highlighted by UNANM management and members. Discussions between SOGC and UAOG in Ukraine identified objectives that included strengthening UAOG's organizational capacity to promote and conduct CME, use self-assessment tools and integrate a rights-based approach to reproductive health in the ALARM Plus program.

Association Management

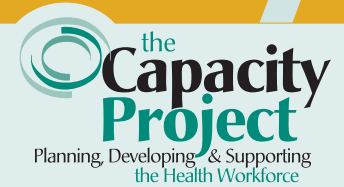
The Ugandan and Kenyan assessments revealed the need to strengthen associations' management capacity, especially in planning, outreach and finances. The Project supported a set of activities in each country to address these issues.

Kenya:

- Provided technical assistance to seven associations to support strategic planning processes
- Developed membership guidelines that include ethical standards of professional practice
- Supported the professional associations to develop and disseminate promotional brochures
- Helped create an associations' council to address issues of mutual concern.

Uganda:

- Supported the first UNANM organizational brochure and nurses' guide, including the ethical code of professional conduct
- Developed a UNANM web page to improve communication to members and share new continuing education materials



Kenyan Professional Associations Supported by the Capacity Project

AKMLSO	Association of Kenya Medical Laboratory Scientific Officers
KCOA	Kenya Clinical Officers Association
KDA	Kenya Dentists Association
KPA	Kenya Pharmaceutical Association
KMA	Kenya Medical Association
PSK	Pharmaceutical Society of Kenya
KPNA	Kenya Progressive Nurses Association
NNAK	National Nurses Association of Kenya

"From the strategic plan, the members now know how to approach issues, and members are positive about this, they know what they have approved is in the plan...The impact is already on what we see on board, and now we are practicing it."

—KCOA leader, evaluation focus group discussion

- Supported UNANM leadership to complete the International Council of Nurses Leadership for Change Workshop.

Ukraine: SOGC included organizational development as part of its formal discussions with UAOG and introduced its Organizational Capacity Building Model and Self-Assessment Tool, which was later used to facilitate management discussions with the UAOG's regional representatives. SOGC also provided examples of its own bylaws, strategic plan and terms of reference for committees that UAOG could draw from in the future.

Communications Training and Media Activities

In Uganda and Kenya, the assessments highlighted specific weaknesses in communicating effectively with the media, including a lack of understanding about how the news media works. The low opinion of health professionals expressed in the news media was a particular concern. Communications improvements were needed between association management and members; providers and clients; health care professionals and policy-makers and journalists; and among professionals themselves. The Capacity Project supported workshops to address improvements at all of these levels.

Kenya:

- Held a three-day communications workshop with participants from the seven associations to outline good communication techniques for different audiences and support communications strategy development
- Facilitated a course on media relations in conjunction with Internews International, including a follow-on media event and multiple media interviews.

Uganda:

- Held five regional workshops to improve communication among members, with their peers at work, media, communities and policy-makers
- Supported media activities such as a press conference to communicate prevention messages about an Ebola outbreak.

CME/CPD

Much of the Capacity Project's work in Ukraine was designed to ensure that UAOG supported the ALARM International Plus Program and had the skills and resources to train and mentor two Ukrainian teams to roll out the ALARM CME course in selected districts. The ALARM team held several meetings with UAOG to identify aspects of the training that needed to be adjusted to the Ukrainian context. The curriculum was then translated, equipment needed for the training provided and a group of Ukrainian doctors and midwives trained as trainers.

In Uganda, the Project invested significant resources to support a collaborative effort to

develop CPD guidelines for all health professionals that would help maintain and deepen professional skills and commitment to quality of care.

This highly participatory process included 1) workshops for multisectoral stakeholders to review existing regulatory requirements in order to harmonize processes and standards across the four professional councils and MOH, and to examine CPD standards from other countries; 2) development by these stakeholders of a framework for CPD standards in Uganda; 3) production of draft guidelines by a subset of this group; and 4) a meeting of the four councils to agree upon the final standards.

Results

In Kenya and Uganda, the Capacity Project conducted a qualitative evaluation (May–July 2009) of the work with professional associations, collecting data from association management, members and other stakeholders. In Ukraine, SOGC conducted internal audits to monitor the program's progress and outcomes.

Association Management

Strategic planning: The evaluation in Kenya suggests that the concept of strategic planning has genuinely taken hold. Respondents noted that the Project's support for strategic planning brought into focus the need to articulate issues in a systematic and realistic way. At the time of the interviews, most of the associations had draft plans that needed to be finalized and implemented. While associations' leaders seem to have embraced a new way of doing things, they also recommended in the evaluation that they need extended support for rollout, implementation and monitoring of their strategic plans. The five-year Capacity Project Associate Award that began in July 2009 offers a promising opportunity for continued support.

Organizational capacity and membership: During the evaluation interviews in Uganda, the UNANM leadership rated the organizational development activities highly—leadership training helped them be more forceful advocates for their members, and they implied this led to an increase from 6,000 to 8,000 registered members. Respondents in Kenya expressed commitment to moving forward by working together as a set of associations—the idea that health professionals across a broad spectrum can advocate collectively for improvements to the health care system. Stronger associations saw power in numbers, while weaker associations seemed eager to learn from the stronger ones. One particular area identified for collaboration is strengthening interprofessional linkages through the associations in order to present a common front when advising the Ministry of Health.

In Ukraine, a review of the outputs and outcomes achieved highlighted that UAOG had strengthened certain components of its organizational capacity. Most noticeable was the association's action to open its membership to other allied health

professionals (midwives); review and modify its structure; and build capacity to sustain the ALARM International Plus Program as one of its flagship programs. SOGC's experience in other countries has shown that it takes at least five to ten years of consistent investment to enable professional associations with weak organizational capacity to realize their objectives.

Accountability, transparency and member support:

The Kenya evaluation suggests management better appreciates the need to involve members and to be transparent with regard to how funds are used and how people are chosen to participate in trainings. For the more established associations, such as KMA, the interaction with the Project helped them to streamline management processes, including procurement procedures related to their building investments that enabled them to assure accountability to their members. However, less-established groups, like KDA, expressed more ongoing concerns related to management, membership, fee collection and inertia among members.

Interviews with Kenyan associations' members highlighted some differences between their views and those of the leaders. Some respondents' cited dissatisfaction with the management, attributing this to lack of management training. They were particularly concerned about the allocation and use of membership fees. The Ugandan nurses who were interviewed (UNANM members and nonmembers), while very positive about association-provided services such as education support, a mobile library and legal representation, also felt more improvements were needed in the association's management and outreach—for example, in involving younger nurses and being more transparent about selection criteria for training. A recommendation from the Uganda interviews is for UNANM to ensure more equitable distribution of opportunities for nurses, including rural, lower-level facility personnel.

Communications Training and Media Activities

Outreach to members and the public: Kenyan interviewees noted clear improvements in their communication abilities and attributed these to Project support. For example, associations are using a wider range of channels to maintain links with branches and members. KCOA noted improvements in the level of communication they are now able to undertake with policy-makers. Associations generally reported an increase in membership. All associations mentioned the brochures as a good communication tool for members and nonmembers. E-mail and text messaging services were also popular. The more established associations are taking advantage of the Internet. For example, KMA has a website that offers materials and information to members and the public.

Several of the Kenyan interviews highlighted ongoing communication weaknesses. AKMLSO leaders mentioned that having no branch-level offices made communications difficult. Some interviewees felt that while the Project enhanced workshop participants' communication skills, they have not been able to share these skills with others to create the critical mass necessary to move forward the associations' agendas. For example, KCOA leaders worried that lack of equipment, such as a laptop computer and a projector, made disseminating skills gained during the workshop difficult.

In Uganda, evaluation respondents felt communication had improved at every level: nurses with patients, nurses with other nurses and UNANM leaders with the news media and policy-makers. The interviews showed that people who participated in the communication workshops were using better communication approaches, and members were positive about improved communication with patients. Interviewees recommended creating a forum to sustain associations' ability to talk more effectively to policy-makers about the concerns of nurses, such as terms and conditions of service.

Media activities: UNANM leaders have participated in radio talk shows about the concerns of the nursing profession. Interviewees noted that negative reports about nurses in the media had gone down. A recommendation offered is to reduce bureaucratic delays in accessing medical and other information so that issues concerning the profession can be expressed in time to have a greater impact. Kenyan interviewees pointed to the need for associations to be better supported in work with the news media—for example, by having a public relations officer/media officer to facilitate communication.

CME/CPD

CME: The CME initiative in Ukraine showed clear results. Both physicians and midwives participated in the training of trainers and in the ALARM International Plus Program. The health professionals who participated in the training exhibited improved knowledge:

- Overall average results of the participants' pre- and post-tests showed an increase in knowledge of 32%
- Pre- and post-tests confirmed a 23% increase in the final score on the objective structured clinical examination (OSCE) for postpartum hemorrhage (PPH)
- The average of follow-up PPH OSCE tests conducted with past participants six months after the course showed that the participants in Donetsk scored 89% and those in Vinnitsa 86%.

Midwives noted, however, a lack of cooperation from doctors during the training that they felt made their jobs more difficult. In particular,

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- Enhance professional development
- Save time.

doctors were observed to be resistant to receiving training from midwives.

CPD: The process for developing CPD guidelines in Uganda received a very positive evaluation during a focus group discussion in June 2009. Interviewees were happy with the product and the development process, as it was participatory and engaging and would be owned by the beneficiaries. However, the CPD guidelines have yet to be accredited and implemented.

Conclusions

Overall, the 2009 evaluations in Kenya and Uganda highlighted positive outcomes in a relatively short time frame from the Strengthening Health Professional Associations Initiative. The evaluations revealed promising signs of commitment to sustaining progress, especially in the areas of strategic planning and advocacy in Kenya and improved communications in Uganda. In Ukraine, the project also had positive outcomes, but the international implementing

agency, SOGC, expressed concern about the sustainability of the management changes given the short time frame. This is a concern for all of these interventions. Organizational capacity development takes time and resources to achieve sustainable results, and these associations will undoubtedly need additional support, especially given the nature of some of the interventions requiring major organizational change. We are optimistic the level of ownership established by this initiative's stakeholder-driven approach and early successes will serve as a motivator for the associations to continue to make progress and to advocate for future support.

On a more general level, it is important to stress that stronger professional associations can help address two critical HRH issues: attracting more people into the health professions in the future and—in a variety of ways like the ones described in this brief—supporting, sustaining and retaining those health workers who are already employed within the health sector.

1 The ALARM International Plus Program in the Ukraine is one of ten projects conducted under the umbrella of the International Federation of Obstetrics and Gynecology (FIGO) Saving Mothers and Newborn Project that partners medical associations in developed and less developed countries. The "plus" represents the addition of family planning and contraception by this program to the subjects routinely covered during the training offered under ALARM.

2 UNANM merged into the Uganda Nurses and Midwives Union in May 2009; however, as of August 2009 it is not clear whether this merger will last or whether UNANM will revert to its previous status as a professional association.



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The Capacity Project Partnership

