

Strengthening health systems from the bottom up: example from Lesotho

Elizabeth Limakatso Nkabane-Nkholongo and colleagues highlight how training can empower health workers to solve everyday problems

Demand for nurses and other health workers in Africa is often overwhelming. Health settings are plagued with overcrowding, shortages of supplies, and lack of administrative oversight. These challenges can lead to low morale and motivation among health workers, who may experience psychological injuries referred to as "insufficient resource trauma".¹ Such trauma affects the quality of care delivered and leads to professional "burn-out",² a phenomenon of increasing importance in the wake of the SARS-CoV-2 pandemic.³

Providing health workers in Africa with problem-solving training can empower them to solve clinical and management issues within the scope of their authority. Skill building of this nature can improve a health worker's sense of "self-efficacy" and ability to execute actions to succeed in their work. These resilience factors are critically important in sub-Saharan Africa, where nurses and other health workers are largely responsible for patient care.⁴

Problem-solving training in Lesotho

The Kingdom of Lesotho is a country of 2.1 million people in southern Africa with a high prevalence of HIV and tuberculosis.⁵ There is no medical school and 0.9 physicians and 10.2 nurses per 10,000 population, both about one-third the African average.⁶ There is therefore, significant task shifting from physicians to nurses and other health workers.⁷

In 2004, Lesotho and the faculty from Boston University created the Lesotho-Boston Health Alliance (LeBoHA) to work in Lesotho on programs to address the human resource challenges unleashed by the HIV/AIDS epidemic.⁸ Since then, LeBoHA has collaborated with the Lesotho Ministry of Health (MoH) to conduct programmes to strengthen healthcare management and human-resource capacity.⁹

LeBoHA partnered with the Dreyfus Health Foundation to train health workers on quality improvement using a methodology called Problem Solving for Better Health ® (PSBH). Over 30 years, more than 70,000 people have participated in PSBH workshops, generating over 50,000 quality-improvement projects in 32 countries.¹⁰

The goal of PSBH in Lesotho is to develop a health

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worker's problem-solving skills by encouraging the participant to identify and solve a problem within the scope of their day-to-day work and authority.¹¹ The problems addressed are not solely clinical but include administrative issues that impact the functioning of the health system.

In the two-and-a-half-day workshops, participants define a problem, identify solutions and determine measures for assessing effectiveness. Participants write a plan to address their identified problem, using minimal-to-no monetary support, and make a commitment to implement their solution over six months. Local PSBH staff follow-up on a participants' progress at three and six months, while providing guidance to overcome challenges and facilitate project completion.

From 2004-09, LeBoHA trained over 250 health workers from government-run hospitals and District Health Management Teams in PSBH. Initially, PSBH was a way to address problems resulting from the HIV/AIDS crisis, but the programme soon expanded to address a variety of other issues faced by health workers.

Nurses were specifically the focus of two workshops (Problem Solving for Better Health-Nursing TM (PSBH-NTM))¹² in partnership with the Lesotho Nursing Council and the Lesotho Nursing Association. These workshops occurred at a time of low morale in the fight against HIV/AIDS. The programme fostered a sense of energy and engagement among the nurses that was noticeable to leaders throughout the health system. PSBH-N provided a way for nurses to assume a leadership role and fostered team work as they worked towards project completion.

From 2018-19, LeBoHA trained another 86 health workers, including 11 of its postgraduate family-medicine trainees. In focus groups after the workshops, these participants reported that they were encouraged by an increased number of quality improvement initiatives led by health workers under their supervision as a downstream effect of their own successful problem-solving efforts.¹³

Partnering with government

In 2019, during routine supervisory visits to the Districts, the Lesotho MoH Quality Assurance Unit (QAU) staff learned about PSBH from health workers carrying out their PSBH projects. The QAU staff observed the enthusiasm and confidence exhibited by these project leaders and recognised that the QAU could provide mentorship and technical assistance on the front lines to ensure success. The QAU staff believed that PSBH could be integrated into the national and district quality improvement strategic plans by fulfilling



their legislative responsibility “to support establishment of quality improvement projects and conduct onsite coaching and mentorship at all health service levels.”¹⁴

Accordingly, the QAU requested that LeBoHA conduct a series of courses designed to train their staff in the PSBH methodology. Workshops were held to train MoH Clinical Directorate leaders, Departmental Heads, QAU staff, National Quality Assurance Technical Working Group members and District Health Management Team members. Integration of PSBH into the QAU’s quality-assurance implementation strategy is now under way.

National dissemination to all nurses

By 2019, one of the nurses trained in PSBH-N in 2006 was elevated to the role of MoH Nursing Director. When she heard of the new PSBH training of MoH QAU staff, she reflected on her own experience, stating, “The nurses trained in PSBH are among the best nurses in the country today.” The Director asked that LeBoHA organise PSBH-N workshops with the goal of training all 877 RNs and 373 LPNs in the country over the next three-to-five years. The training and evaluation of the national rollout is under way.

Involving HCWs in problem-solving

Centralised “top-down” approaches for local problem-solving can lead to priority setting not always relevant to the district.¹⁵ A survey of health workers in South African hospitals showed that hospital managers with a leadership style encouraging a participation and problem-solving were perceived as good leaders.¹⁶ A national quality assurance strategy that includes PSBH emphasises a commitment to a decentralised and egalitarian (equity-fostering) approach, where problem-solving is the responsibility of all health workers.

If not addressed, the problems that health workers confront in healthcare facilities can become maladaptive patterns that adversely affect patient care and staff morale. The power to solve a wide range of problems lies within the health workers themselves, and this has long been overlooked. The Lesotho experience

suggests that PSBH holds the promise to be a low-cost, problem-solving methodology that can be used in other low- and middle-income countries.

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