

Book Reviews

Towards a Global Health Workforce Strategy

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The newly released book *Towards a Global Health Workforce Strategy* comes at the right time and is an important addition to the literature. A meeting on human resources for health in 2000 with participation of the World Health Organization, support from the Belgian Directorate General for Development Cooperation, and the ITG Press has resulted in this comprehensive book on the issue of health manpower. Resulting from the collaboration of several authors from diverse backgrounds and countries, the book covers an impressive array of issues regarding the concepts, application and research on health manpower. The chapters have been arranged around three main themes: human resources management; evidence-based interventions for human resources development; and towards a global health workforce strategy. A preface by Orvill Adams (WHO) and Gilles Dussault, contributions by a multidisciplinary team and the spectrum of issues relevant to both developing and developed countries make this book unique. Considering the labor-intensive nature of the health sector and its demand for a multitude of skills, the subject of health personnel development and utilization deserves serious attention. The multi-faceted topic gets that attention in this volume that presents a wide-ranging variety of perspectives.

First, in the early years after World War II when many developing countries gained independence, their interest centered on increasing the numbers of doctors, nurses, and other health personnel to meet the overwhelming health needs of their populations. As the number of training institutions increased and more personnel actually became available and had to be supported, national concerns shifted to the work content of those employed – considered the second phase of workforce considerations. The question was whether the increased health budgets required to support a larger workforce were being used most effectively and efficiently. Were priority needs being addressed? Was the preventive–curative balance appropriate? Were resources being employed in urban hospitals rather than in meeting basic health needs in rural areas where the bulk of the population resided? Coverage questions were addressed through changes in the number, mix and distribution of health personnel, but improvements in health indicators were disappointing. This led to the third phase of manpower concern that focused on quality. Especially as less-well-trained workers were employed to meet basic health needs, the question was whether these personnel were as effective as they could be.

The contribution of this work could be clearer if the volume was better organized. We must proceed through the entire text before we encounter a table of contents, which for some strange reason is placed at the end. The Preface does not provide an adequate explanation of the overall rationale for the volume and the organization of its individual segments. It gives the impression that the conference that generated the papers and other recent events has triggered an overdue interest in health manpower planning. In fact, of course, the topic is one of long-standing concern that has evolved over time.

As we work our way through the readings, we find that they are organized into three parts, but the scope of each section is not made clear nor is their intended interrelationship. To illustrate, the first section titled "Human Resources Management" is quite broad and vague. Many of the papers in this section deal with determination of numbers of personnel required and the need for better planning and policy making in this regard, whereas the title suggests concern for better utilization of personnel already in place. Many of the papers in Part I deal with the quantitative aspect of manpower planning (Phase 1 above) as if we were dealing with a static system. Considerations of shortcomings in methods of planning and policy formulation to meet defined needs are addressed without consideration for the redefinition of those needs in a changed environment; or for specific methods for improving the planning capabilities. Only in Part III, "Towards a Global Health Workforce Strategy", is the reality of a changed environment given explicit recognition.

Our concerns are recognized and best expressed in the subject volume by Van Lerberghe *et al.* at the beginning of their article on p. 423: "For decades, discussions on human resources in health have ended with a ritual call for more and better manpower planning. But this traditional wisdom has been discredited by unrealistic or vague targets, based all too often on inaccurate and outdated information and unrelated to the policy agenda. Nevertheless, in as labor-intensive a domain as delivering health care, reform does entail far-reaching adjustments in the workforce and a new definition of the roles of health workers. Meanwhile, globalization adds impetus to the migration of health workers with its destabilizing effect on health care delivery."

Recent literature has taken an interest in this issue, and the World Health Organization (WHO) has launched a global strategy for human resources for health (WHO, 2001). International agencies and donors have critical influence, especially in the developing world, over national policies for human resources and yet this issue does not feature in national development or poverty reduction plans (Marchal, 2004). Human resources are now considered one of the major road blocks for disease reduction strategies at the global level (Kober, 2004; Mock, 2004). Calls for assistance to generate better quality health professionals in the least developed regions have also appeared in the literature (Beveridge, 2004).

The topics presented are appropriately wide-ranging, and many of the presentations make thoughtful and substantive contributions to our under-

standing of the subject. It is unfortunate, however, that the reader is not given a better rationale to guide the reading. As might be expected from a series of papers presented at a conference, the presentations are of varying quality, but overall the volume makes a meaningful contribution to our understanding of the field of human resources for health.

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Fostering Reflection and Promoting Feedback

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This delightfully concise book is an excellent, practical guide to help teachers at all levels promote reflective learning. Over a series of short, snappy chapters it first makes a compelling case for fostering reflection and addresses the barriers to promoting effective reflection. It then goes on to provide practical tips to help teachers foster reflection, provide effective feedback, and facilitate peer learning and learning from patients.

Throughout the style is perhaps best described as “augmented Powerpoint”. Each chapter consists of a group of very concise bullet points followed by a paragraph or two of text. Even when topped and tailed with a brief introduction and discussion, each chapter is little more than 10 pages, making the whole extremely digestible.

There is always a risk that this approach would turn into the worst sort of “pocket guide to surgery” or “intern’s survival manual”, which is about as far

from reflective practice as it is possible to get. The experience of the authors, however, rings through the text, giving a tangible authority to statements that might otherwise be considered overly didactic, thus providing a stimulus to think rather than just follow a recipe. A good list of references also enables the interested reader to delve further.

In the early chapters the authors first address the question “Why foster reflection?” and explain the benefit to both patients and practitioners of developing and maintaining the capacity for critical self-reflection. They stress the evidence that reflection can be learned. They go on to consider “Why is constructive feedback important?” explaining how the perceptions of learners can be changed by accurate, timely and appropriate feedback, in ways which they cannot achieve on their own. The arguments are well referenced, despite their brevity, so that interested readers can follow the ideas up in more detail.

The next chapter considers why reflection and feedback may be avoided. The introduction is a little repetitive, and the case not quite so well referenced, but the argument is convincingly made that teachers themselves may have had limited opportunity to develop reflective skills and may have been traumatised by inappropriate feedback in their own learning. So when the inevitable logistic barriers get in the way of feedback and reflection, there is not the will to overcome them.

The following chapters provide a detailed guide on preparing for and facilitating reflection and feedback. A checklist, where readers can revisit the bullet points and reflect on whether they have achieved them, follows each chapter. This is a useful illustration of the very techniques promoted in the text. There is a little more repetition than desirable across these chapters, as many of the points addressed in the preparation chapter arise again in the following sections. It might have been better to combine the chapters in a different way. They are also less comprehensively referenced than others, and seem to be missing some key literature (Pendleton’s rules for example). Overall, however, they do provide an effective practical guide obviously rooted in the experience of the authors.

The last chapters consider the promotion of reflection and feedback within groups of learners and from patients. These are less comprehensive, particularly the consideration of feedback from patients, but nevertheless worthwhile.

Overall this book would be a valuable addition to any teacher’s shelf, and its easy to digest format will ensure that it is consulted regularly. If I had a staff development workshop to do, then I would not look any further than the ready made presentations it contains. I am sure that my efforts would be all the better for it.

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