Policy implementation: the influence of frontline staff, the nature and meaning of policy, and the organisational environment

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Delivering Effective Health Care for All
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The research

- Case study work in two SA district hospitals
  - 5 months in each hospital
  - In-depth interviews from facility and community perspectives
  - Observation of staff and patient interactions
  - Surveys of organisational trust and culture
- The implementation of two equity-oriented policies:

<table>
<thead>
<tr>
<th>User fee/exemption system</th>
<th>Patients’ Rights Charter</th>
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<td>Governs payment for services, including granting exemptions</td>
<td>Statement of expected common standards of service and treatment</td>
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<td>Uses means test to divide patients into payment categories</td>
<td>Gives patients certain rights and responsibilities</td>
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- Understand the influences over implementation, particularly institutional influences and power
The central argument

- Policy-specific features: nature and meaning
- Organisational environment
- Frontline providers and managers

The need for active and strategic local implementation management that negotiates these influences and engages actors.
The influence of frontline staff

Expectations

Clerks will categorise patients as stipulated in the user fee/exemption policy document

Exemptions will be explained to patients

Staff will follow organisational directives which aim to improve fee collection

Reality

Patients are sometimes placed in the higher, more expensive, categories to pressurise them into bringing documents required by the policy

Very little, if any, explanation of payment categories and exemption system

Health workers resist the completion of forms to document services received by patients
User fee/exemption implementation

Overall story
- Management interest and support
- Much time and resources devoted across hospital
- Geared to revenue generation, not exemptions

Policy nature and meaning
- Payment is default
- Clear statement of patient categories and amounts payable
- Exemptions more complicated
- Association with revenue target = view of success as revenue generation

Organisational environment
- Organisational culture: goal-oriented, emphasises goal achievement, winning
- High organisational trust in Hospital A: goals widely and deeply shared
Patients’ Rights Charter implementation

Overall story
- Hospital A: clear signs of engagement and implementation, e.g. posters, translation of English posters into local languages
- Hospital B: no visible signs of policy engagement and implementation
- Provider criticism across hospitals

Policy nature and meaning
- Diffuse policy
- Potentially threatening policy
- Management support in Hospital A VS. strong management scepticism and preference for another, similar policy in Hospital B

Organisational environment
- Hospital B: policy defies the order, control and stability it so values
- Hospital A: its greater flexibility and tolerance for ambiguity is a better fit for policy
Implications for policy and practice

Many factors influence implementation >> need for active management >> not simply through orders or trickle down

How are change processes likely to develop and what are realistic timeframes?

More than “hardware”. Also the need to manage “soft” elements such as policy meaning, e.g. through performance metrics or tone set by management

Need for managers to be mentored in navigating implementation obstacles, not just trained

Need for management training that is strategic, not just operational

Need for managers to be able to engage constructively with others’ understandings and interpretations
Research partners

Centre for Health Policy, University of the Witwatersrand

Health Economics Unit, University of Cape Town

London School of Hygiene and Tropical Medicine