

PART II

Working with people, or the health-team approach

"People are the most important resource of any country. . ." (*Primary Health Care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978.* Geneva, World Health Organization, 1978.)

Introduction

People may be cooks, teachers, engineers, nurses or medical assistants, but at some time during the course of their work they will also be *managers*.

The quality of what is produced — a tasty meal, an interesting lesson, a safe machine, or a successful health programme — depends on a person or group of people. In other words, *only people make things happen*. There may be money, equipment, materials and techniques, but none of these can perform a task, either simple or complex, without a person or group of people to initiate action.

A health worker with management responsibilities deals with people and things. Both are important, but since 80% of health budgets is spent on salaries and staff benefits, and people matter more than things, effective supervisors will give much more attention to the people with whom they work than to the things they handle.

Managing people is more complex than managing things. Things cannot think or answer back; above all, they cannot feel, they are insensitive. But to work harmoniously with people demands understanding and skill. People like to feel useful and appreciated and may become discouraged when they are ignored or unjustly criticized. When people are helped and their work problems are understood, the quality of their work improves.

Efficient ways of working and regular pay are not enough to keep people satisfied at work. The work must also be interesting and stimulating; working conditions, the environment, relations among team members and between the community and the health team are major factors in determining work satisfaction. The person in charge of a health team has an important responsibility to be sympathetic and helpful to the other health workers and to try to maintain a relaxed and happy working atmosphere.

The following chapters discuss different aspects of working with people as a colleague, as a leader or as a member of the community. Better health care depends largely on efficient management, i.e. making the best use of available resources. But management depends on people, and good management can help a team to work together harmoniously and efficiently. Five ways of achieving this are described in the chapters that follow:

- by setting and sharing objectives (Chapter 2, Section 2.1);
- by encouraging good personal relations (Chapter 2, Sections 2.4 and 4.4);

- by distributing tasks (Chapter 3);
- by coordinating the activities of the team (Chapter 3, Section 3.2); and
- by applying sound organization principles (Chapter 3, Section 3.2).

CHAPTER 1

The health team and its work in the community

Learning objectives

After studying this chapter and doing Exercises 8–13 on pages 117–123, the health worker should be able to:

- define “health team”
- create a work team, using principles of interpersonal relations
- establish relations with the community.

The health team has been defined as a group of people who share a common health goal and common objectives, determined by community needs, to the achievement of which each member of the team contributes, in accordance with his or her competence and skill and in coordination with the functions of others.¹ The manner and degree of such cooperation will vary and has to be determined by each society according to its own needs and resources. There can be no universally applicable composition of a health team.

The members of a health team include *all* those working together; for example, the supporting staff — clerks, drivers, cleaners — are all part of the team. It is important that their work and contributions be recognized as well as those of the technical staff (medical assistants, nurses and community health workers).

There are many different kinds of health team, depending on the type of health work that teams undertake. Some are specialist health teams, such

¹ *Glossary of terms used in the “Health for all” Series No. 1–8.* Geneva, World Health Organization, 1984 (“Health for all Series”, No. 9), p. 13.

as mobile teams — that travel from place to place dealing with one disease (such as leprosy or tuberculosis) — or surgical teams in hospitals. In this guide the health team refers mainly to a group of health workers serving a population that may consist of many communities spread over a large area. The team works with the communities in providing essential health care.

A health team usually has a base: team members may work together in one building, such as a health centre, where equipment is kept and some clinics are held. From this base they visit communities to deal with health problems, undertake school health work, hold clinics, or follow up patients in their homes. Sometimes the team may have no such base but may operate as a mobile team in various communities, or individuals may work in separate villages but within the framework of an area programme. A health team may also include a village health worker chosen by the village people and based in the village.

The principles of interdependence and teamwork are the same in all cases but their applications will be different.

1.1 The health team, primary health care and community participation

The health team exists for the community. The community has health needs and it is the function of the health team to respond to those needs. No one person can acquire all the necessary skills, or have enough time, to do everything that must be done to satisfy the health needs of even a small community. Therefore, people have to work in teams to get the work done.

The aim of a community health team, working from a base (called a health centre or a clinic) must be to help communities attain and maintain health by means of essential or primary health care. Too often, the health team is concerned only with those in the community who come to the health centre or with those whom they meet in the field. However, community health care must also be concerned with the health problems of those people who do not or cannot come to the health centre and do not therefore benefit from the services available there.

Primary health care is essential health care made universally available to individuals and families. It includes those services that promote health such as keeping a clean environment, a good water supply, care of women during pregnancy and childbirth, nutrition of children, immunization, and early treatment of disease. Such services depend for their success on the

active participation or involvement of the communities and individuals concerned. The health team has an essential role in such services but cannot alone ensure their success.

To achieve its aim a health team must be able to encourage, stimulate and support community participation, i.e. help people to rely as much as possible on their own efforts and resources to meet their health needs. One important way in which a community takes responsibility for its health is by appointing its own primary health care workers, and it then becomes a duty of the health team from the health centre to train and support these workers.

The members of the team should also work closely with workers from other sectors concerned with community welfare and development, such as teachers, agriculture extension workers, community development workers, and religious leaders.

To work well as a team, and to be able to stimulate and encourage community action and support village-level primary health care workers, the leader and other members of the health team need the skills of leadership and organization. These skills can be learned. People can learn to work well and together as a group, but the health team must use the skills of leadership and organization in cooperating with the community in its health and developmental activities. It is here that these skills are most usefully applied.

A health team must:

- understand and communicate with the community;
- encourage community participation in identifying problems and seeking solutions; and
- work in the community, i.e. in health centres, community meeting-places, work-places, schools and people's homes.

To establish relations with the community a health team does not tell the people what to do or give them orders; rather it works *with* people. To establish good relations with the community a health worker or health team follows four steps:

- listen, learn and understand;
- talk, discuss and decide;
- encourage, organize and participate; and
- inform.

Listen, learn and understand

Every community is different. Even in the same country, there are differences between local communities. To work with people and help them it is essential to understand their way of life.

There are many details to learn about the way people live, and they can be learned only by living among the people, listening and watching. It is not good to ask too many questions; this annoys people.

Health workers may observe and learn about communities under the following headings:

- work and living standards (community resources)
- family life
- social and political structure
- population structure
- values, beliefs and customs
- health attitudes.

Work and living standards

How do people get food? How do they earn money? Are they farm workers, fishermen, cattle-farmers, estate workers, factory workers? How do they spend their free time? Do they work at night?

Who works, the men or the women or both? Do children work? How many of the children attend school?

Is the community poor? Is it becoming less poor or more poor? Is its standard of living higher or lower than the average for the country? Are there good markets, good roads? Is there a clean water supply? Is there electricity, a telephone service, a bus service?

How do families live? What are the houses like? Do they have a system of sanitation? Are the houses infested?

Family life

What are the qualities of the relationships within the family? Who makes decisions? Is the family system an extended one? How many children are there in the average family? How are the children fed and how are they taught?



Listening to the community

Social and political structure

Who are the community leaders? How do they become leaders? Who makes the decisions? Is the political structure authoritarian (power from above) or democratic (the people are consulted)? (See Chapter 2, Section 2.4, on styles of supervision.)

Do people meet in the market, at water-supply points, in clubs, at religious ceremonies, in their houses?

Population structure

Are there many old people? How many children are being born? Are there many women of childbearing age? Are there very few young adults because most have left the village to work in the towns?

Values, beliefs and customs

In every community there are sets of beliefs about life, which come from tradition and religion. There are customs that regulate how people behave towards one another, such as giving respect to elders, demanding obedience from children. Customs also determine behaviour in marriage and childbirth and at death.

Values show what people think are most important. For example, some people place very high value on clothes and personal appearance, some on dancing and social occasions, and others on polite forms and manners in social relations. Health workers need to understand very fully the beliefs, customs and values of the people.

Health attitudes

What are the common beliefs about the causes of sickness? What treatments are used within the family? Are there herbal remedies? Are there traditional healers? What traditional methods are used? Are there special beliefs about childbirth, breast-feeding and weaning? Are there food taboos during pregnancy? What is the attitude to child-spacing or family planning?

Talk, discuss and decide

The next step for the health worker is to lead the community towards recognizing its health problems and putting them in order of priority. Discussions can be both informal and formal. Informal discussions with

families and people in the markets and shops will show what concerns people most. Informal discussions with political and religious leaders and with other government agencies will produce further ideas. After many informal talks it should be possible to make a list of the main problems that concern the community.

At this stage, a formal meeting convened by a community leader could be held to try to decide which are the most serious problems and what can be done about them. This could be difficult and several meetings might be needed before any clear decision can be reached. In this way the people are encouraged to participate in solving their own health problems. However, health staff should be cautious in such meetings, as community leaders are likely to try to persuade the people to agree with them about which problems should be given priority. Not everyone in a community has a say, and some important health problems may be forgotten, rejected or neglected by the leaders, particularly when they concern only certain people in the community, whose views might be seen as questioning the priorities of the leaders. It is common for matters related to young people or women, such as contraception or maternal mortality, to receive less priority than they deserve.

Encourage, organize and participate

It is easy to talk about what is wrong. It is much more difficult to put things right. When the people have decided what the main health problems are, and agreed on their order of importance, a plan of action must be prepared. (See Part IV.)

It is in preparing a plan of action that health workers can help most. From their knowledge and training, they can explain to the people the causes of some problems and how to solve them. For example, if the people are concerned about sickness among children, a health worker can explain various ways of preventing it, such as by protecting water sources, immunizing the children, and improving weaning foods.

The health worker or health team works with the community to put the plan into action, to make changes that will lead to improvement over a period of time.

Inform

Once a plan of action has been proposed, discussed and accepted, the community should be informed of its objectives and of any decisions taken.

It is only when members of the community as well as the health team are aware of these objectives and decisions that their active participation can be sought. If people do not know what is intended, or do not understand why one objective has been proposed instead of another, they are unlikely to do anything to help in achieving it.

The health centre can be one of the various places where team members convey information to the community. It is also a place where the team should use posters, easily understandable graphs, or any other suitable means for informing the public. For instance, it is better to inform the community about practical problems such as garbage and its collection, or latrines, or water supply, than about numbers of gynaecological examinations or urine tests performed.

Summary

- **The purpose of a health team is to work with the community.**
- **Working with the community needs deep understanding of its beliefs, opinions and way of life.**
- **Working with the community means:**
 - **observing, listening and learning**
 - **discussing and deciding**
 - **organizing and participating**
 - **informing.**