

# WISN

## a workforce planning tool with unexpected motivational benefits

In Indonesia, a 'bottom-up' workforce planning tool used with health workers directly has changed practice, realigned health workers' roles, and increased motivation among staff. It shows how effective empowerment can be in the workplace. Workload Indicators of Staffing Need, or WISN, is straightforward and easily applied. Colleagues involved in implementing WISN tell us more.

**W**orkload Indicators of Staffing Need (WISN) is a facility-based workforce planning methodology, initially developed with support from the World Health Organization (WHO). WISN provides a straightforward method to calculate the required workforce for individual health facilities, based on their workloads.

The approach to applying WISN has traditionally been 'top down,' resulting in poor uptake. A possible reason for this is that managers made the calculations of the workloads with only limited involvement of the health staff who actually carry out the functions. In Indonesia, which has had a decentralised health system since 2001, the central Human Resource Development (HRD) Board trained various provincial staff, including administrative staff, on WISN, but with limited uptake at the decentralised level.

The German Development Agency (GTZ) and EPOS (a German consulting company) HRD project works in two provinces, Nusa Tenggara Timur (NTT) and Nusa Tenggara Barat (NTB), in eastern Indonesia. Project staff noted a number of problems when supporting centrally trained provincial Human Resource (HR) staff to implement WISN. An international expert on WISN was hired to work with these two

provinces. The new approach to WISN introduction was 'bottom up.' In NTT, WISN development started with health centre midwives.

The first step in the WISN process was orienting decision-makers to WISN and gaining their support. Next, a group of experienced health centre midwives was trained on the WISN methodology and its application to their workloads. A surprising finding from WISN calculations was that the midwives in NTT health centres spent more than 60 per cent of their working time on nursing tasks that they had not been trained for.

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Subsequently, other health centre staff categories, e.g. nurses, midwives, sanitarians and nutritionists, were brought together to apply WISN to their categories. They identified duplication of work and clarified understanding of each others' roles. Re-allocation of roles and functions to the appropriate staff category and re-application of WISN provided a clear picture of shortages and surpluses of each staff category within a facility.

The use of WISN proved highly motivational for the health staff.

For the first time, facility managers were able to provide evidence to realign roles and functions. They used this evidence to advocate to decision-makers for more appropriate staffing. The majority of decision makers, having understood the WISN methodology from their orientation, acted positively on the results. Clinical staff were motivated by the sense of empowerment from their role in presenting evidence and having it accepted and acted on. Relieving the midwives of duties for which they had not been trained was also highly motivating. They could now concentrate on midwifery tasks.

In health centres where a high workload prevented staff from providing the highest quality services, the staff were stressed, unhappy with the service they were able to provide and demotivated. Their sense of empowerment, when decision-makers acted on the evidence they produced, was extremely high. The project's HRD team was surprised by the high rise in staff motivation from the application of WISN. To capitalise on this wave of motivation, the team used WISN as a foundation for building a performance motivation system in several health centres of one NTT district. The health centre staff, highly motivated by the realignment of staff numbers, roles and functions, started to improve the performance in their health centres. Due to the revised



Health workers being trained in WISN Photo: Pardjono Kromoredjo

staffing they are now able to work on previously unaddressed issues including making facilities more welcoming, cleaner and more efficient; initiating clean water and hand-washing campaigns in the community; and improved compliance with health service standards. They also display their mission and goals in their centre.

Other health centres in the district are now asking to join the initiative. The only support provided by the HRD project is some regular supportive supervision; no financial incentives are given.

Many of the motivated staff, who effected change in staffing through the use of WISN were later trained as WISN trainers. They continue enthusiastically to train staff in other health facilities, including hospitals, to implement WISN.

#### Lessons Learned:

- WISN is much more than just a workforce planning tool: it is a strong basis for building motivational systems.
- The empowerment of facility-based workers to influence their staffing levels positively based on their workloads, has proved to be a more potent motivational tool for improving performance than financial incentives alone.

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#### Development of the WISN Toolkit

The HRD team developed a WISN toolkit for the decentralised level, based on experiences of introducing WISN through a 'bottom up' approach. This toolkit can also be used at other health service levels.

#### Components of the toolkit include:

- A guide to using the toolkit
- Documentary film
- Case study on WISN implementation in NTT province
- Steering Committee orientation presentation
- User's manual for developing Workload Indicators of Staffing Need (WISN) to improve health workforce planning and management
- Outline of training of WISN trainers

This WISN Toolkit can be accessed at <http://www.epos.de/Workload-Indicators-of-Staffing-Needs-W.1161.0.html?&L=1>