



Workload Indicator Staff Need (WISN) as Workload Management Strategies for Health Workers: Literature Review

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ABSTRACT

Introduction: Health workers are at a high risk of experiencing severe distress, burnout, and both mental and physical illness. This could affect hospital outcomes, such as the quality and patient safety. Burnout among health care workers, mainly medical staff, was becoming an occupational hazard, with its rate reaching between 25% and 75% in some clinical specialties. Health managers need an effective, systematic way to make staffing decisions if they are to manage their valuable human resources well. The workload indicators of staffing need is such a method. This study aims to analyze theoretically workload indicator staff need (WISN) as workload management strategy for health workers.

Research Methods: The research method uses a literature study, by carrying out several steps, such as collecting data sources, reducing data and drawing conclusions. Data collection was carried out through secondary data from previously conducted research.

Finding/Results: The WISN method can be applied for all types of healthcare facilities in all sectors – government, nongovernmental organization (NGO) and private – and for all personnel categories, including nonmedical ones. The WISN method is based on a health worker's workload, with activity time standards applied for each workload component. WISN is an effective tool as a workload management strategy in healthcare facilities. However, there are challenges and unforeseen factors that can affect WISN results.

Keywords: WISN, management strategy, health workers

JEL Code: I18, J81, J88, L23, M54

INTRODUCTION

Effective health workforce management is crucial for ensuring the quality and accessibility of healthcare services, particularly in resource-constrained settings. One method increasingly used to assess healthcare staffing requirements is the **Workload Indicators of Staffing Need (WISN)** method, developed by the **World Health Organization (WHO)**. The WISN method provides a systematic approach to determining the optimal number of staff required to meet patient needs, based on the actual workload within a healthcare facility.

This method allows healthcare managers to make evidence-based decisions by comparing staff availability to the demands of healthcare services. It accounts for variables such as the time taken to complete various clinical and non-clinical tasks, available working hours, and additional activities outside direct patient care. By identifying staffing shortages or surpluses, the WISN method enables better allocation of human resources and helps mitigate the inefficiencies common in healthcare systems worldwide.

This study aims to analyze the application of the WISN method in a healthcare setting, focusing on its effectiveness in balancing workloads and improving staff distribution in different departments. We will explore both theoretical frameworks and practical applications of the method across various healthcare settings.

LITERATURE REVIEW

Health systems rely on health workers to operate effectively. Enhancing health service coverage and ensuring the right to achieve the highest possible standard of health depend on the availability, accessibility, acceptability, and quality of these services. When health workers are fairly distributed and accessible to the community, and possess the necessary skills, they feel motivated and empowered to provide high-quality care that meets the needs and preferences of patients. A solid and effective health workforce that can adapt to evolving health needs is built

on the assessment of the supply and skills of health workers in relation to the current and future needs of the population, utilizing evidence-based planning.

Countries that have relied on basic population ratios and health worker density benchmarks for workforce planning are finding that these traditional methods alone are insufficient to address the complexities of population health needs and emergency situations. Health policy planners must be equipped to make informed decisions regarding the recruitment and deployment of health workers across primary, secondary, and tertiary healthcare facilities, taking into account the changing models of health delivery and the demands of the population. Effective and efficient planning can only occur with robust data and evidence. The WHO Workload Indicators of Staffing Need (WISN) tool is designed specifically for this purpose. Unlike many other health workforce planning tools that focus solely on headcount, the WISN methodology incorporates service data and the actual available working time (AWT) of health workers to manage both health-related and administrative tasks. The WISN tool effectively addresses diverse needs and provides the necessary evidence for making policy decisions related to appropriate staffing levels, role distribution policies, updating national staffing standards, enhancing health facilities, assessing staffing requirements for specific health interventions, and prioritizing staffing needs and skill-mix.

RESEARCH METHODOLOGY

This literature review on the WISN employed a qualitative methodology focusing on secondary data collected from existing research studies. By synthesizing information from peer-reviewed articles, academic journals, and other scholarly publications, this review aimed to provide an exhaustive understanding of how WISN is utilized in healthcare settings worldwide. The primary sources included case studies, empirical investigations, and theoretical frameworks related to workforce planning and management within the healthcare sector.

RESULT AND DISCUSSION

The WISN approach, developed by the World Health Organization, serves as a systematic tool for assessing and determining staffing requirements based on actual workload rather than demographic ratios, which often lead to imbalances in workforce distribution. A comprehensive analysis of various studies indicates that WISN has been effectively implemented in multiple countries, including Vietnam, Uganda, and Indonesia, providing a framework for evidence-based staffing decisions tailored to specific healthcare settings.

The results from studies utilizing the WISN method highlight common findings regarding staffing shortages and workload distribution. For instance, a study conducted across 22 clinical departments in Vietnam found that 10 departments faced a shortage of 1 to 2 nurses, with WISN ratios ranging from 0.88 to 0.95, indicating a pressing need for additional staff in these areas. Furthermore, administrative tasks accounted for a significant portion of nurses' time—ranging from 20% to 40%—suggesting that optimizing administrative processes could alleviate some workload pressures. Such findings underscore the importance of accurately measuring workload components and service delivery times to ensure appropriate staffing levels.

According to the study in Kyrgyzstan, 182 doctors, 136 nurses, and 32 health technicians are necessary to manage the workload at the health center. The Workload Indicators of Staffing Need (WISN) method is utilized to estimate these workforce requirements. WISN serves as a valuable tool for making evidence-based decisions and enhancing human resource planning. Its user-friendly nature and widespread application make it suitable for various healthcare facilities, including those at primary, secondary, and tertiary levels. Additionally, the study highlights that WISN can be employed to compute labor expenses.

The WISN approach calculates the required number of health workers to handle the workload in a facility. However, it assumes that health workers are present and not absent, behave appropriately, and that the healthcare services follow established standards, among other conditions. Even with an adequate number of staff, factors that limit workforce productivity and performance can still impact the quality of service delivery. Analysing and interpreting WISN

results is essential to ensure that they represent the staffing situation with an acceptable level of accuracy. Otherwise, the decisions made on the basis of the results may not be the right ones. Using WISN results in this manner illustrates how concrete evidence can guide decision-making and enhance health workforce planning. Determining the required number and types of health workers for each facility can also improve the processes of organization, planning, and budgeting. Health facilities can estimate the costs associated with hiring additional staff for the upcoming year and allocate their budgets accordingly.

it would not be appropriate to immediately increase the staff based solely on the initial WISN results. A manager should first investigate why the additional tasks have fallen under the responsibility of the WISN cadre. Once the reasons are understood, the tasks can either remain as they are or be reassigned to a more suitable category. If the additional tasks stay within the current cadre's workload, staff should be trained in the required skills, and staffing levels adjusted accordingly. However, if the tasks are reassigned to a different staff category, it is advisable to calculate the WISN for the new cadre, factoring in the extra workload from the transferred tasks. The discussion surrounding WISN emphasizes its strengths and limitations. One notable advantage is its reliance on objective data derived from actual work performed by healthcare staff, making it a robust tool for identifying staffing needs based on real-world conditions. Additionally, WISN facilitates better resource allocation by allowing healthcare managers to evaluate workload pressures and make informed decisions about task shifting or reallocating responsibilities when necessary. However, challenges remain, particularly regarding data accuracy and the need for context-specific adjustments to reflect local health demands and workforce capabilities.

CONCLUSION

The WISN method is an effective and versatile tool that provides reliable workload-based guidance to national, regional, and local policy-makers, as well as facility managers, aiming to enhance the fair distribution of health workers within a region or across similar facilities

nationwide. Additionally, it enables policy-makers to assess the potential impact of staffing decisions before they are implemented. Consistent and large-scale application of the WISN approach could help support evidence-based decisions in Human Resources for Health, leading to improved staffing and workload management across the country's health facilities and workforce.

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