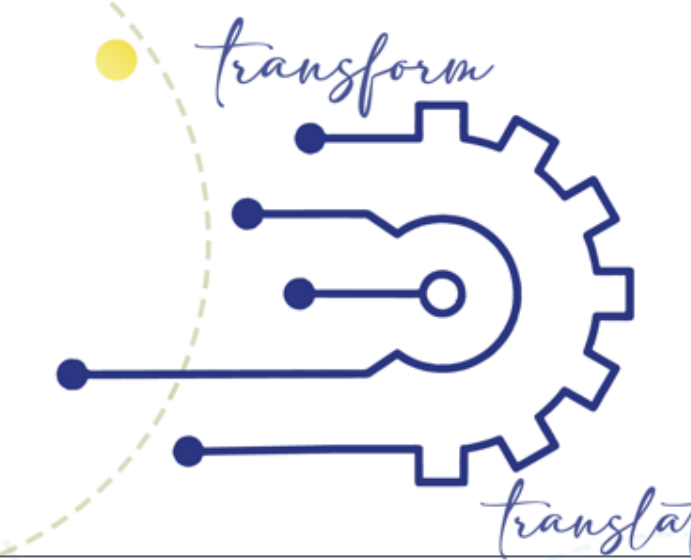


Exploring Clinical Associates' work experiences and perceptions regarding their roles and responsibilities on their scope of practice in two districts in the Free State Province

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PHASA 2023
TRANSFORMING RESEARCH
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PUBLIC HEALTH EVIDENCE,
POLICIES, AND PRACTICE



Background

- The introduction of Clinical Associates (CAs) as mid-level health workers in South Africa post-1994 was an innovative strategy for addressing the human resource challenges to achieve universal health coverage, especially in rural areas with limited health resources.
- The pioneer group of CAs were trained in three universities in South Africa in 2008 and entered the job market in 2011.
- Post-graduation CAs were employed mainly in rural district health facilities, including district hospitals and primary healthcare facilities, to increase access to health care in rural settings.

Aim

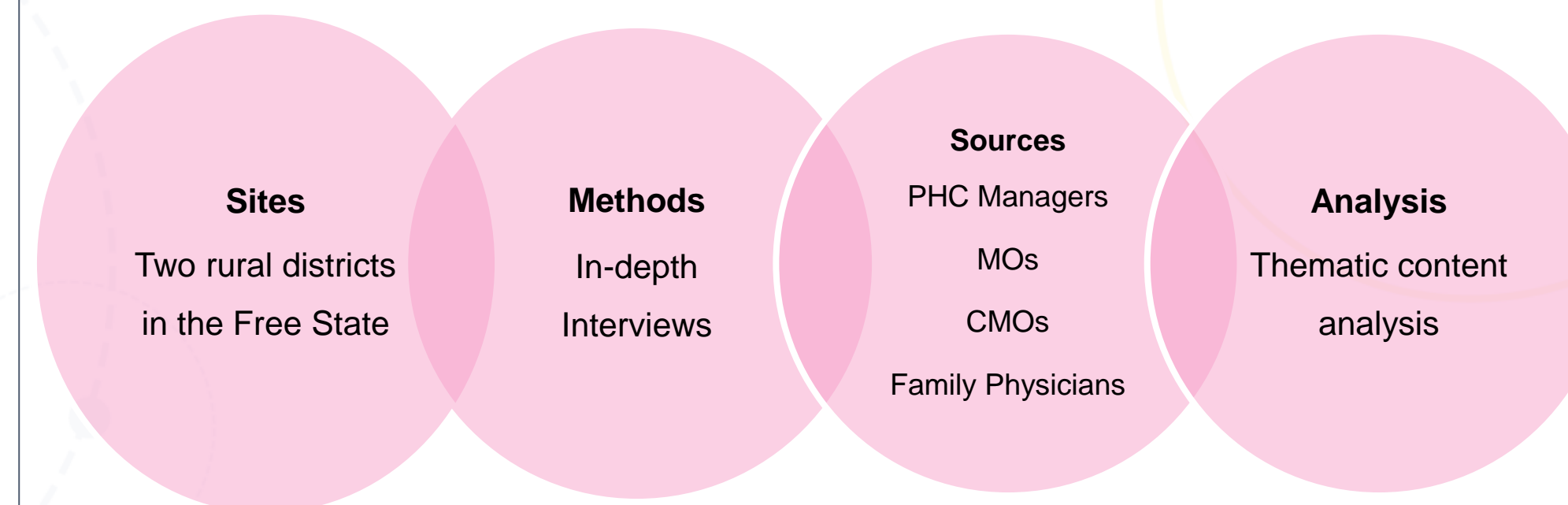
Research aim and objectives

The study aimed to understand the perceptions of clinical associates on their roles, responsibilities, and work experiences in line with their scope of practice in district hospitals and PHC facilities in two districts in the Free State province.

Objectives

- To examine the work experiences of clinical associates in providing services in district hospitals and primary healthcare facilities in two districts in the Free State
- To explore the perceptions of CAs regarding their roles and responsibilities in line with their scope of practice in district hospitals and PHC facilities in the two districts.
- To explore perceptions of other health professionals (medical officers (MOs), Chief Medical Officers (CMOs), PHC managers) regarding the roles of clinical associates in district hospitals and PHC facilities in the two districts.
- To understand the factors that enable and constrain the clinical associates from executing their roles in district hospitals and PHC facilities in the two districts.

Methods



Results

○ Scope of Practice

Lack of knowledge about CAs' scope of work

○ *"Most of the healthcare workers don't know our scope of practice. Maybe if they knew our scope of practice, they would have a better understanding of what we do and our limits; they don't know our limits because they think we are doctors" ...CA 4*

○ Limitations of scope of practice

The issue of a dispute of scope of practice, if you take, let's say, you employ a CA to go to a district hospital, and in this district hospital there are two, three doctors, and he's there, and if he can assist in theatre, he can also go and deliver a woman (sic). He can work with either the midwife or the doctor in this circumstance, so they should not restrict them" ...Supervisor 9

○ Work Experience

District Hospital vs Primary health care facilities

"Primary health care, that's where I prefer to work because there is a greater need for our presence there because of the need, it makes us valuable to patients and the community." ...CA 5

○ Constraining factors

Poor remuneration

"So really, their salary, their overtime is not there, the rural allowance is not there, not even offering them accommodation". ...Supervisor 10

○ Future aspirations

"I'm currently doing my post-grad diploma in public health. So I am hoping that that will actually help me put Clinical Associates on the map and also give me more opportunities in terms of employment and in terms of growth" ...CA 6

Conclusions

- CAs seem to have been an important part of human health resources at the district level and have provided a much-needed contribution to service delivery and improving health outcomes at district level in various programmes such as TB/MDR TB, HIV, maternal health and VMMC.
- The scope of practice of CAs is almost similar to that of medical officers, therefore health workers should be educated about their limitations in clinical practice.
- In light of shortages of doctors in rural settings, the revision of scope practice, may be required to allow CAs to perform lifesaving procedures in maternity and emergency units, through post-graduate training programmes and task shifting as their African counterparts.
- Administrative challenges regarding their conditions of employment, remuneration and lack of promotion and career growth, seemed to hinder future aspirations to stay in field of clinical associate.

Advocacy message

In order to improve the role of CAs in strengthening PHC, policy makers need to revise the programme of CAs as mid-level healthcare workers regarding training programmes, their scope of practice and remuneration packages.

Acknowledgements

CAs and managers who participated in the study



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