



Gamification & coaching : team commitment in and with Quality Management case study of “championship of quality” (“Concours Qualité”) in Burundi



Award ceremony – Mwaro health district – « Concours Qualité » 2018

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Hypothesis and Aims



Context

Project: improvement of quality and accessibility of SRHR services

Hierarchical, authoritarian system

Strong regulation

High donor dependency

**Strong constraints
& poor autonomy**

Low skill levels

Poor local capacities in financing

Dominant PBF

Hypothesis

The introduction of game elements (**gamification**) in a **light approach** ("simple" model of QM, soft indicators & requirement...), allows **field actors** to engage, progress and be rewarded in a QI process.

Aims

- **Introduce QM** in HC by using "simple" model (Deming wheel)
- Encourage the **commitment and empowerment** of teams in and with QI.
- **capacity building of teams**
- **Use synergies** with existing: PBF, felt needs... => not something extra, but answer

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Burundi is a context with strong constraints and poor autonomy.

The introduction of game elements in a light approach rely on satisfaction at work, freedom and autonomy in order to:

Introduce "simple" approach of quality management

Commit and empower the whole teams

Build capacities

Find local solutions to external requirements, as PBF, by using synergies with existing (not create something "extra")

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Intervention

- **“Concours Qualité”**: ranking = process, team commitment and progression
⇒ non-financial awards for HC + recognition of efforts for all participants
- **Dimensions** were limited: 2-5 axes
- **Criteria** were inspired by PBF indicators
- Teams were **free** to: join/ quit CQ, choose and plan the changes
- **Role of coaches** :
 - Encourage team spirit
 - explain criteria and QI process
 - go through each step

Phase 1 (2013-15): 62 HC in 2x2 groups during 2x9 months, 2 coaches (doctors/project => HC)

Phase 2 (2016-18): 68 HC (5 health districts), 12 months, 2 coaches (doctors/project=> 15 supervisors => HC team (integration)).

CQ cycle
(adapted version of Deming wheel)

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The championship ranking was based on process, team commitment and progress.
The awards were non-financial and for all participants.

Dimensions of quality were limited.

Criteria were inspired by PBF indicators.

Teams were free to decide (to join or not, to choose changes...)

The role of coaches as to encourage team spirit, explain criteria and process, go through each step of Deming wheel: initial auto-evaluation, identification of challenges, improvement plan, implementation of changes, final auto-evaluation.








Achievements

- Introduction of QM = challenge
⇒ **close coaching** : mutual confidence & respect of specific needs & progress.
- Team and professional knowledges compartmentalized.
⇒ **develop dialogue** between occupational categories, strengthen the team spirit
- Reception and hygiene = **culturally meaningful**
⇒ team commitment easier (despite “complicated” concept of QM).
- **Double synergies with PBF:**
 - (1) CQ : help to understand indicators => have better performance and financing
 - (2) PBF : \$ to invest in changes for CQ.
- Phase 2: supervisors provide coaching
=> to start and **change their supervision style**

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The introduction of quality management is always a challenge. The close coaching was based on mutual confidence and respect to help teams to progress.

Team and professional knowledge were compartmentalized. The intervention helps to develop dialogue between occupational categories and strengthen the team spirit. The main dimensions (reception and hygiene) are culturally meaningful and make the team commitment easier, especially for staff with low qualification.

The synergy with PBF was double: one the one hand, the “concours qualité” help teams to understand the PBF’s indicators and then to have better performance so financing. One the other hand, the PBF allows to invest in changes for the “concours qualité”.

At least, in the phase 2, the supervisors provided the coaching and strat to change their supervision style.








Challenges and Questions

- Medium term: obvious and easy changes will be achieved.
⇒ **Support to team's commitment** in QI despite difficulties
- Long term: risk of wearing off the positive effect of competition (low ranking!)
⇒ **Gamification strategy** needs to diversify over time to keep its attractiveness.
- Changes in processes and habits : long & difficult path
⇒ need **strong support** not easy to implement in a large scale.
- Synergy with PBF = strong **lever**.
⇒ What changes without any financing (and extrinsic motivation) in HC?
⇒ BUT adverse effects of PBF on professional values/norms/representations counteract by CQ
- Fragility and political crisis => intervention focus on operational level.
⇒ not facilitate **the integration** in health system.

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Some challenges and questions remains:

First, in a medium term, the obvious and easy changes will be achieved and team's commitment need to be supported to address more complicated.

In a long term, there is a risk of wearing off the positive effect of competition, especially for the health centers with low ranking.

Changes in work processes and habits are long and need a strong support that is not easy to implement in a large scale.

Synergy with PBF was a strong lever. Changes could be different without any financing or extrinsic motivation. But, on the other hand, the "concours qualité" counteract the adverse effects of PBF on professional values, norms and representation.

At least, fragility and political crisis have led the intervention to focus on operational level. That is not facilitate the integration nor the strengthening on health system.