

Community engagement for quality, people-centred health services

"Quality, people-centred health services are within reach, but health systems need a fundamental shift to reach this goal. They must work holistically, communities must be valued and investments must be made in community engagement."

– Dr Rudi Eggers, Director, Integrated Health Services Department, World Health Organization

Communities and health services interact at multiple levels of the health system.

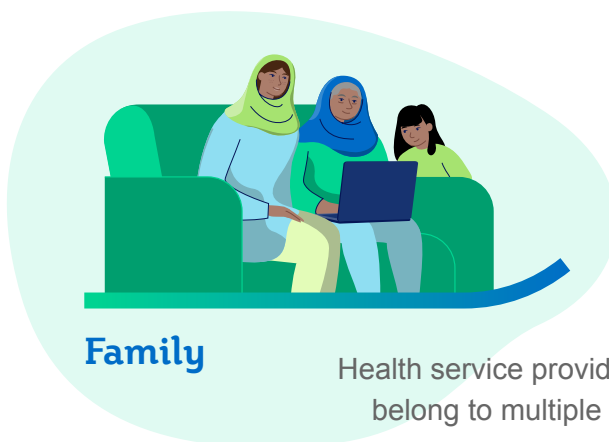
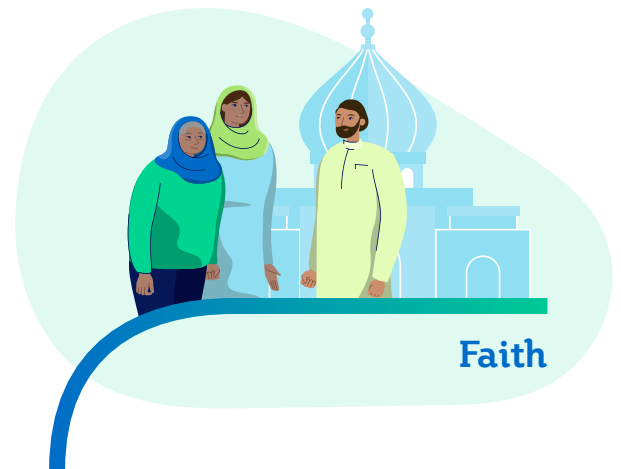
People live in constant relationship and in continuous interaction with each other.



The quality of relationships greatly affect how health services are designed and experienced. Interdisciplinary science is increasingly helping us understand the ways that these relationships shape behaviours, practices, and health outcomes and impact the resilience of people and systems.

Communities have traditionally been viewed by health systems as groups of people living in the same geographical location or having cultural commonality. They have also largely been considered only as recipients of health services.

However, the concept of "community" should not be constrained by geographical and cultural boundaries. Individuals belong to many different kinds of communities - all at the same time! Membership of these communities may or may not be voluntary and often changes during a person's life. Here are some of the communities that Yasmin, a midwife, belongs to.



Health service providers, including the health and care workforce, belong to multiple types of communities that cross professional and personal boundaries.

The challenge facing health planners, policy-makers and clinicians is knowing when, how and with whom to engage and why.

Recognizing the central role of communities and the importance of building trusting relationships, the World Health Organization (WHO) has been working with stakeholders and selected countries to develop a conceptual framing for community engagement.

The conceptual framing builds on WHO's definition of community engagement (see below) and describes the theoretical foundations and scope of community engagement. The conceptual framing provides a lens through which community engagement processes can be examined and understood in order to achieve high quality, people-centred health services.

What is community engagement for quality, people-centred health services?

The WHO definition of community engagement is a process of developing and maintaining relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.

These relationships work through a process founded in empowerment, health promotion, health equity, gender equality, human rights and planetary health.

The process of working together is built on:

- compatible values, vision and purpose;
- interactions that are based on compassion, respect and dignity;
- widespread, active and inclusive participation;
- equitable, conjoint decision-making;
- equitable dynamic flow of power, control and resources.

These span the micro (individual/interpersonal), meso (group) and macro (institutional levels) of human systems (1).

The conceptual framing is based on scientific evidence and comprises of three interconnected concepts: “we live in ongoing systemic processes with one another”, where “every interaction is an intervention” and “communication is bioactive” (1).

Both the definition and conceptual framing make explicit the visible and invisible forces that influence the myriad decisions and actions taken by people operating in a web of formal and informal social networks. Subsequently, the quality of these relationships and their dynamics of interaction in health care settings have far-reaching consequences, impacting clinical care, public health activities, policy making, health governance, planning, priority-setting and implementation, and also influence health outcomes.

What is meant by quality health services?

Quality of care is the extent to which health services increase the likelihood of desired health outcomes for individuals and populations and are consistent with current professional knowledge (2).

Quality health services should be: effective, safe, people-centred, timely, equitable, integrated and efficient (3).

Community engagement for quality contributes to all of the above dimensions.

Let's consider each of the three concepts contained in the conceptual framing in turn.

We live in ongoing systemic processes

Biological and social systems are inherently complex and dynamic. In social systems, systemic processes refer to the structured patterns of relationships and dynamics of interactions within family units, places of work and education, neighbourhoods and societies. These processes are interconnected and include communication patterns, social norms, roles, relationships and power dynamics.

Lived experience is also a powerful determinant of how individuals relate and navigate their social worlds. How people form relationships and interact with each other is often based on templates and patterns from early childhood, during adolescence and later through professional training and work and familial roles.

For example, research studies show connections between each of the following:

- past and present traumatic stress and all aspects of physical, mental and social health;
- the social environment and the incidence of depression and anxiety; and
- mental health and immune system function.

Yasmin is a senior midwife working in a busy hospital. The hospital is facing problems with staff retention and years of chronic underinvestment. Staff shortages and staff sickness have resulted in multiple cases of burnout while incidents of medical errors and patient harm have been increasing.



Realizing the need for an integrated approach that addressed the needs of both staff and patients, the hospital adopted a co-developed programme focused on well-being.

First, they ran a series of surveys and interviews to understand the experiences of staff and patients. Hospital leadership, which included patient and staff representatives, took this data and consulted widely on the findings, asking for inputs and solutions.

From the outset, the hospital focused on improving the quality of relationships. Leaders and managers received compassion training, improving how they relate to patients, colleagues and building a respectful workplace. Interprofessional reflective practices allowed staff to gain insight from their own experiences and post-incident reviews brought people together to review negative incidents and work out how to prevent these from happening again. Arts-based and movement therapy classes for both patients and staff were rolled out to enhance well-being.

Quality improvement projects were initiated across the entire hospital, and staff were tasked with developing benchmarks for assessing relational competence and cultural safety.



These initiatives, among others, have been a breath of fresh air for Yasmin's team. Yasmin has noticed that things have started feeling lighter and she enjoys her interactions with patients more. She also loves that colleagues in her unit and in others seem less stressed and are joking and smiling more.

Every interaction is an intervention

Health care interventions do not always have to be clinical, pharmaceutical or technological. Social interactions (including verbal and nonverbal communication) and even simply listening (silence), can produce physiological effects that change how people feel and react - meaning every interaction between a health worker and patient is potentially a therapeutic intervention. Nothing happens in isolation - every interaction in a system (e.g. between two or more people) can have positive or negative ripple effects. Some of these effects may loop back to influence the system's response and direction.

Yasmin's friend Jaime works part-time at the same hospital as Yasmin, and part-time as a community care nurse visiting patients at home. Today he is visiting Arthur, an elderly patient with a terminal illness. Following staff training and thanks to positive interactions with colleagues during the week, Jaime approaches his visit with patience and compassion.



Recognizing that Arthur is the expert of his own body, Jaime asks questions in a soft and receptive manner. The resulting meaningful conversation builds rapport, improves trust and leads to Arthur describing how he feels and sharing his worries. Jaime can now liaise with Arthur's primary care physician and the healthcare team to review and adjust Arthur's care plan. Meanwhile, Arthur feels reassured that Jaime has listened to his concerns; this brings Arthur so much comfort that it helps him cope through the evening until his daughter, Maya, arrives home from work.

It is clear from this example that social aspects of health care are central to holistic person-centered care. More empirical evidence is needed to identify and evaluate the impact of relational interventions through, for example, social prescribing in primary and secondary care, and relational interventions that can be integrated and mainstreamed within routine health service planning and delivery.

Communication is bioactive

The concept of bioactivity in human communication is fundamental for health care. Bioactivity refers to the effect of an action on living organisms. In the context of human communication, it implies that the way in which people communicate can have a direct effect on the biological processes of individuals (e.g. affecting immune responses and gene expression).

Arthur's daughter Maya manages the local hospital where Yasmin and Jaime work. Her job is stressful and she often struggles with high blood pressure. Her feelings of stress and exhaustion are exacerbated by the fact that she has to care for her father after a long day at work.

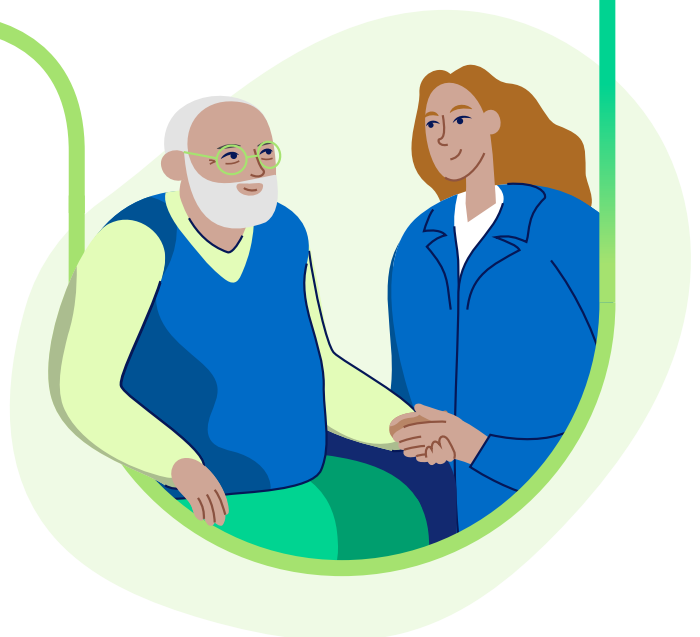


Today Maya is greeted with a big smile from her father; Jaime's visit has left Arthur in a good mood and for once he has the energy to ask how his daughter's day was and listen to her worries. This sense of connection is comforting for Maya, who is often worried about Arthur's mental health.

Arthur's positive mood leaves Maya less stressed and more energized. She will take that energy back into her meeting at the hospital's midwifery unit with Yasmin and colleagues the next day. This boost of positive energy will help Maya to listen more closely to their concerns and to develop more ways to reduce stress in the workplace.

This scenario highlights the bioactive effects of human communication and the significance of building positive relationships. Relationships in the health system include those between: patient and provider; supervisor and supervisee; team members and members of different professions (e.g. care providers, allied health professionals and policy-makers).

WHO's conceptual framing for community engagement describes how health systems can operate with a focus on people, and clarifies roles and responsibilities for engagement. It emphasizes how service providers, service users, their families, and the wider networks of stakeholders all play a role in person-centred health care.



People already have communication skills and form relationships with each other. The main challenge currently is to build awareness of the importance of these skills and their impact on how care is delivered and perceived, within and across these interconnected networks.

The way in which a health system operates can, in essence, be compared to how an orchestra works. It is made up of musicians who play their instruments individually or in sections, yet come together to make a harmonized, unified sound. That sound - music - in turn, evokes emotion.

Opportunities for meaningful engagement and building trust occurs in many settings and contexts.



Public health functions and activities



Neighbourhoods, wards, blocks, villages, towns, cities, boroughs, municipalities, provinces and states




National and local level health planning, governance and policy-making structures



Hospitals, health facilities and mobile clinics

Practitioners, scholars, health researchers, programme managers, policy-makers and funders need to recognize that community engagement can be transformative. WHO's definition and conceptual framing offer a common understanding of how gender, inequity, vulnerability, power and agency can also be addressed through relational approaches.



"A strong primary health care platform with integrated community engagement within the health system is the backbone of universal health coverage."

***– Dr Tedros Adhanom Ghebreyesus,
WHO Director-General***

Get involved with community engagement for quality, people-centred health services

Share

your experiences of good practice and successful engagement across different contexts through the WHO Global Learning Laboratory for Quality: <https://who-gll.ch.hivebrite.com/>

Innovate

by helping to advance community engagement practice, research and policy to accelerate impact at country level.

Generate evidence

by field-testing and validating the WHO community engagement definition and conceptual framing.

Further information

For further information on community engagement for quality, email: IHS-HQ@who.int



References

1. Evaluation of the WHO community engagement research initiative. Manila: World Health Organization Regional Office for the Western Pacific; 2023. Licence: CC BY-NC-SA 3.0 IGO. (https://cdn.who.int/media/docs/default-source/evaluation-office/evaluation-of-the-who-community-engagement-research-initiative-wpro.pdf?sfvrsn=91a7c476_3&download=true).
2. Institute of Medicine. Medicare: a strategy for quality assurance, volume I. Washington (DC): National Academies Press; 1990. (<https://nap.nationalacademies.org/catalog/1547/medicare-a-strategy-for-quality-assurance-volume-i>)
3. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank; 2018. Licence: CC BY-NC-SA 3.0 IGO. (<https://iris.who.int/bitstream/handle/10665/272465/9789241513906-eng.pdf?sequence=1>).

Resources

The role of community engagement in restoring trust and resilience in the aftermath of the COVID-19 pandemic and beyond. Geneva: World Health Organization; 2023. (<https://cdn.who.int/media/docs/default-source/universal-health-coverage/who-uhl-technical-brief-community-engagement.pdf?sfvrsn=20d6dbdc>).

What is quality of care? [video]. Geneva: World Health Organization; 2021 (<https://www.youtube.com/watch?v=erei6SZjckk>).