

Job Description of Public Health Officials in Nepal

Sudarshan Subedi,^{1,2} Colin MacDougall²

¹School of Health and Allied Sciences, Pokhara University, Nepal, ²College of Medicine and Public Health, Flinders University, Australia.

ABSTRACT

Background: Job description of public health officials in Nepal has been prepared for assigning the definite role, responsibilities and authorities to exercise in different positions and circumstances. The purpose of this study was to analyse the job description of public health officials emphasizing the perspective of leadership and management.

Methods: Document analysis method was used following the sequential process of skimming, reading and interpretation, and the themes were extracted by content analysis.

Results: Job description of public health officials is mostly process and/or function oriented. Most of the officials are responsible for managing program and people rather than leading. Staff inspiration, motivation and encouragement, being one of the most important aspects of leadership, has been ignored in job description. District level officials are specifically assigned to manage programs and staff. As the position increases, the extent of practicing leadership increases and management decreases. Public health administrators have more leadership role as compared to public health officers; however, the proportion of management outweighs the leadership. Regional Directors have more leadership roles than other officials do.

Conclusions: Role of public health officials vary from being a manager to a leader. Junior officials are predominantly the managers, mid-level officials are leadership-oriented managers, and top-level officials are leaders having managerial roles. In revising the job description (e.g., for the federal context), emphasis should be given to remove job duplication and role conflict, and should ensure role clarity, functions' precision and output.

Keywords: Document analysis; job description; leadership; Nepal; public health.

INTRODUCTION

The legitimate context of preparing the job description of public health officials in Nepal belongs with the byelaw of Government of Nepal (GoN) namely Civil Service Act (1993), Health Service Act (1997), and Health Service Rules (1999).¹⁻³ It has been prepared to assign definite roles, responsibilities and authorities to act in different positions and circumstances. No evidences were found that shows the analysis and/or update of job description (JD), which is being important in recent days when the health system of country changes significantly due to federalism. The revision in positions and roles of public health officials in federal context may require new job description for them. Analysis of existing JD would be a better option before construction of the new one. The purpose of this study was to analyse the job description of different public health officials in Nepal with special

focus in leadership and management, and to recommend for its further improvement.

METHODS

Document analysis method was used to analyse the job description of public health officials in Nepal, defined as those officials who, with their academic qualifications and experiences defined by Health Service Rules, were working under different positions of 'public health administration' and 'health inspection' group (Table 1). Process of analysis included skimming (superficial examination), reading (thorough examination), and interpretation as stated by Bowen, 2009.⁴ Themes were created based on predefined categories that the documents already had (Table 2), based on which, the JD of each official was analysed. Each statement of duties and responsibilities was categorized into either

Correspondence: Sudarshan Subedi, School of Health and Allied Sciences, Pokhara University, Nepal and College of Medicine and Public Health, Flinders University, Australia. Email: subedisudarshan@gmail.com, Phone: +9779851138118.

'leadership' or 'management' perspectives that was identified based on the theoretical differences between leadership and management (table 3), and the action verbs used in the documents (table 4). Comparing and contrasting was done within and between the pre-defined categories and their contents of public health officials. To triangulate and discuss the findings from document analysis, four governmental officials (retired and designated) from MoH were interviewed who were

involved in construction of specified documents. These officials were identified as the key informants from MoH for the research and agreed to share their experiences on specified subject matter.

This study (as a part of research project), was ethically approved by ethics committee at Flinders University, South Australia and Pokhara University, Nepal in May and June 2018.

Table 1. Public health officials in Nepal.^{2,3}

Positions	Group	Level	Minimum Qualification
Public Health Officer (PHO)	Health Inspection	7 th	Bachelor in Public Health
Senior Public Health Officer (SPHO)	Health Inspection	8 th	Promotion after 3 years' experience in related 7 th level
Public Health Administrator (PHA)	Health Inspection	9 th	Master in Public Health (MPH)
Deputy Health Administrator (DHA)	Public Health Administration	9 th	MPH with MBBS
Senior Public Health Administrator (SPHA)	Health Inspection	10 th	Promotion after 2 years' experience in related 9 th level
Senior Health Administrator (SHA)	Public Health Administration	10 th	Promotion after 2 years' experience in related 9 th level
Chief Public Health Administrator (CPHA)	Health Inspection/ Public Health Administration	11 th	MPH for Health Inspection, MPH with MBBS for Public Health Administration
Regional Health Director (RHD)	Public Health Administration	11 th	MPH with MBBS
Director (Divisions and Centres)	Health Inspection/ Public Health Administration	11 th	MPH for Health Inspection, MPH with MBBS for Public Health Administration

RESULTS

Total six documents were analysed. The findings are presented and discussed based on the structure and content/description of documents, and perspectives of leadership and management.

The JD had three sections. First section included the position title and details (name of the position, service, group, level, salary, working hours and institution), job specification (needed qualification and experience), and hierarchical relationship (chain of command and organizational coordination). Second section illustrated the summary of job description, and the third section describes the duties and responsibilities. The duties, roles and responsibilities of each position was grouped based on the components of management and/or administration such as planning, organizing, staffing, directing, controlling, coordinating, budgeting, recording/reporting and supervision/monitoring/evaluation. Besides, the technical aspects of health service management mentioned in JD are information management and implementation, research, training and education, assistance and advice, and quality of service. There were also some specific and distinct roles and responsibilities targeted for specific positions that

are individually categorize in management, leadership and administrative activities. The overall contents of job description of each public health officials is summarized in table 2.

PHO (7th/8th level) usually assist the chief of District Health/Public Health Office (DHO/DPHO) in proper function of the programs conducted at district level. The job description of PHO reflects that s/he should predominantly act as an assistant of the chief along with some independent role in supervision/monitoring and coordination with staffs at district and below district level. DHO and DPHO Chief predominantly involve themselves in different aspects of program and personnel management at district level. Public Health Administrator (PHA) and Deputy Health Administrator (DHA) as a chief of specific section at regional and central level significantly involves in various managerial functions including facilitation/coordination with different health and non-health sector at central, regional and district level. Differ from other positions, these positions are assigned to perform specific activities on research, training and educational activities. Regional Directors more specifically focused in providing direction and guidance for all other public health officials and staffs regarding various administrative activities by adopting

Table 2. Duties and responsibilities of public health officials in Nepal.

Public Health Officer (PHO)	District Public/ Health Chief (DHO/DPHO)	Public Health Administrator (PHA/ SPHA)	Health Administrator (DHA/SHA)	Regional Director (RD)
Planning and program	Planning and program	Planning and administration	Planning and administration	Planning
Organization	Organization	--	--	Administrative activities
Staff administration	Staff administration	--	--	Human Resource Management
Direction and control	Direction and control	--	--	Management, Leadership
Coordination	Coordination	Coordination	Coordination	Coordination
--	--	Recording and reporting	Recording and reporting	Reporting
Financial management	Financial management	--	--	Financial management
Monitoring, supervision and evaluation	Monitoring, supervision and evaluation	Monitoring, supervision and evaluation	Monitoring, supervision and evaluation	Monitoring, supervision and evaluation
Information management	Information management	--	--	--
--	--	Research related activities	Research related activities	--
--	--	Assistance and advice	Assistance and advice	--
--	--	Training and educational activities	Training and educational activities	--
--	--	--	Quality of service	--

strategic leadership.

Table 3. Basis of differentiating management and leadership functions.

Management	Leadership
Management produces Order and Consistency	Leadership produces Changes and Movement
Planning and Budgeting	Establishing Direction
- Establish agendas	- Create a vision
- Set timetables	- Clarify big pictures
- Allocate resources	- Set strategies
Organizing and staffing	Aligning people
- Provide structure	- Communicate goals
- Make job placement	- Seek commitment
- Establish rules and procedures	- Build teams and coalitions
Controlling and problem solving	Motivating and Inspiring
- Develop incentives	- Inspire and energize
- Generate creative solutions	- Empower followers
- Take corrective actions	- Satisfy unmet needs

Source: Adapted from *Leadership Theory and Practice* (pp. 14), by Peter G Northouse, 2016, Sage Publishing. Originally adapted from *A Force for Change: How Leadership Differs From Management* (pp. 3-8), by J.P. Kotter, 1990, New York: Free Press

Leadership involves similar process as management does but is also different from management.⁵ Although there are some overriding functions between leadership and management, both of these have some peculiar activities played out differently.⁶ Based on and the widely accepted differences between leadership and management (table 3), the duties and responsibilities of each public health official was analysed to identify the extent of leading and managing (figure 1).

PHO and Chief of DHO/DPHO mostly have managerial role in managing the district health programs and day-to-day administrative activities. These officials generally do not have leadership role and are not expected to make any changes in the district health system. Providing direction and guidance to district level focal person is one of the parts of leadership but does not emphasize staff inspiration and motivation.

PHA/SPHA and DHA/SHA involve in program planning and implementation with regular monitoring/supervision, and coordination to strengthen the public health services at regional level. As compared to PHO, these officials have slightly more leadership role in program planning, research, training and educational activities. They provide strategic leadership in health programs' quality and effective implementation by playing role in formulation of policies and strategies such as regional and district level annual and long term strategic plans. Encouragement of staffs by providing necessary suggestion and assistance is an important assigned responsibility for them.

Regional Directors are mostly involve in policy and strategic direction for overall programs at regional level. Facilitation and coordination of various administrative activities and management of human resources are the important duties. The distinct role of RD is to represent in policy level decision making with national/international level authorities and donor agencies. They have the responsibility of leadership role for the attainment of maximum output through organization's capacity strengthening, and enhancing capacity of staff through regular direction, encouragement, coaching and constructive feedback.



Figure 1. Proportion of leadership and management role of public health officials in Nepal.

DISCUSSION

GoN has 317 technical positions in health service which are categorized based on their nature and area of work such as general health services, public health administration, health inspection, health education, medicine, pharmacy, nursing, etc.³ Ministry of Health (MoH), for the first time in 1997, prepared the job description of district level employees of various level and group of health services,⁷ which describes the job description of public health officials working at district level only. After 16 years in 2013, the Department of

Health Services, Ministry of Health (MoH) published the job descriptions for all public health officials working from district to regional level.⁸ However, there was no defined job description of top-level public health officials who are designated as Director at different divisions and centres of MoH and DHS.

The structure of existing JD follows the predefined format stated in Nepal Health Service Rules. However, it missed to mention 'comparable positions' that helps the concerned staff to identify other similar positions (if any) and the similarities and differences between them. Principally, comparable positions need to be mention in JD to address the role conflict. Here, the entire JD between two positions (S/DHA and S/PHA) is same but there is no any formal information stated to let the officials know about this. JD of public health officials in Nepal adopted the POSDCORB model⁹ of management, which was included in different public health degrees since 1980s and still profound in Nepalese academia. Experts in preparation of JD seems to be influenced by this academic experience and culture.

The specific duties mentioned in JD under the key responsibilities mostly corroborate with each other. However, the application of those responsibilities varies. This was analysed based on the action verbs used in job description (table 3).The salience of action verbs used in the job description increased as the position increased. For example from 'assist' (7th level) to 'perform' (9th level) to 'direct' (11th level). The use of dual verbs like 'monitor and supervise', and 'direct and guidance' could not be contradictory in understanding the duties/responsibilities because these have similar and relative meanings. However, using the verbs like 'assist and direct' in a single sentence could create ambiguity, because the managerial intention of these two is quite different. Similarly, long sentence in JD making it somehow complex, which could be, made simpler to increase the understanding ability of its users.

Table 4. Most repetitively used action verbs in JD of public health officials.

Positions	Commonly used action verbs
S/PHO	Assist, advise, perform
DHO/DPHO Chief	Perform, act, conduct, provide
S/PHA	Perform, act, conduct, facilitate, coordinate
S/DHA	Perform, act, conduct, facilitate, coordinate
RD	Direct, guide

Duplication in JD exists among Chief of DHO and DPHO, and Health and Public Health Administrator. The lower level positions (PHO/7th level) and the top most position (Director/11th level) are distinct and secured in their job description because of not having adjacent positions and/or conflicting roles with other positions. Since there was a provision of either DHO or DPHO in each district, the duplication of JD between Chief of DHO and DPHO does have a sense. However, the duplication in JD between S/DHA and S/PHA seems to be an issue to be discussed. Despite of the distinct entry criteria (table 1), these two positions have the same JD. This condition indicates the interest of ‘academic and/or professional reservation’ in securing the positions of either group. If the academic background (e.g. Bachelor’s degree in medicine or public health) is important and supposed to have greater work efficiency than the core qualification (e.g. Master’s degree in public health), the job description should be different among the adjacent positions with varied academic background. Otherwise, the provision of two adjacent positions with same job description is just a wastage of resources and more importantly, one of the reasons for inter-positional role ambiguity and academic/philosophical conflict, which is more prevalent in Nepal. Principally, the philosophical norms should guide the formulation of positions in health services but in Nepal, once the positions are set, the health workers create their philosophical norms and consider themselves distinct than others despite of having the similar qualification and job description. Academic conflict for the sake of protecting one’s job and creating space for one’s position in health services has been an important issue in Nepal for a long time.

The public health officials at district level have some limited functions to guide and direct their staffs but those are not the core ingredients of leadership. They do not necessarily have to be a visionary leader but should have leadership qualities in implementing the plans and programs assigned from the upper level.¹⁰ S/DHA and S/PHA have more leadership role as compared to PHO and DHO/DPHO Chief but still the proportion of management outweighs the leadership. Among all the officials, RDs have more leadership roles and could be consider as public health leaders inside the governmental health service. The scenario of public health officials of Nepal is like “lower the position/level, more the managerial functions and less the leadership role” and “higher the position/level, less the managerial function and more the leadership role”.

Leadership is mostly about bringing change and movement by establishing direction, aligning people,

and motivating and inspiring the staffs.⁶ Leading programs and/or people is more than simply managing them. Most of the public health officials are responsible for managing program and people rather than leading. Staff inspiration, motivation and encouragement, being one of the most important aspects of leadership, has been left out in the job description. Most of the officials are not assigned to bring changes in the health system. Those officials who have some authority to bring the changes are too busy in managing programs and people. Focus on micromanaging will reduce the creativity and spontaneity of managers (with leadership roles) by the cause they will not be able to exercise leadership effectively.¹¹

As stated earlier, the first JD of district level public health officials published in 1999 and the JD of other senior public health officials in 2013. It is a wonder how the senior officials worked in policy and program design/ implementation level for more than a decade without defined job description. Consultation with some retired and designated public health officials of GoN, it was explored that efforts had been made to prepare the job description for senior level officials soon after the formulation of JD for district level officials. However, due to some personal interest and working issues of some senior officials, it could not be endorsed and published (*July 18, 2018 Personal Communication with Ex-Director of DHS; unreferenced*). However, there should be an unofficial JD that was neither published nor accessed by concerned officials and/or academic sector but may have been used by Public Service Commission for recruitment and selection process of public health officials (*July 18, 2018 Personal Communication with Ex-Director of DHS; unreferenced*). In most of the cases, donor agencies support the MoH in preparing and publishing the strategic documents. These documents are then distribute on ad-hoc basis and could be access personally, but will be unavailable once the published copies get finished (*July 21, 2018 Personal Communication with MoH official; unreferenced*). Access to governmental documents (even they are not sensitive), and their publication and dissemination are the major issues in Nepal (*July 24, 2018 Personal Communication with MoH official; unreferenced*). Emphasizing the hard copy system, being slow in transforming and/or adopting the information technology and the culture of keeping the documents under the table are the major reasons for the unavailability and inaccessibility of governmental documents in Nepal.

This paper, from the analysis of job descriptions of each public health officials in Nepal, provides a way on how

the job description could be made in its revision. The results obtained from the analysis of these authentic and reliable documents will aid in contextualizing other relevant researches in this arena. However, the findings of this paper are limited on the data that the analysed documents contained and on the information retrieved from the interviewed experts. Findings could not be discussed with other research findings due to the absence of relevant published papers in Nepalese context, where the analysed documents are in practice. Literature review from other similar setting was absent because of the distinct nature of public health workforce in Nepal and the lack of relevant published papers. This paper will be more beneficial - practically in Nepalese context and theoretically for all the future researches in studying the job description of public health officials.

CONCLUSIONS

Public health officials in Nepal have varying roles from being a manager to a leader. Junior officials are predominantly the managers (Functional Managers), mid-level officials are leadership-oriented managers (Leading Managers), and the top-level officials are leaders having significant managerial roles (Managerial Leaders). Academic qualification, position and job description of public health officials are overwhelming issues, which may create role ambiguity in actual practice. The JD of public health officials needs to be prepared in such way that it would ensure the role clarity, functions' precision and output.

Concerning the recent changes in Nepalese health system due to federalism, JD of public health officials need to be revised based on their level and positions. Favouring the status quo in adjacent positions and similarities in JD will create a role conflict. Creation of positions in health services should follow the health demand/need of the country by considering the philosophical foundation of health services. Creating position with academic and professional interest would be a harm in long run for the developing countries like Nepal.

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REFERENCES

1. Government of Nepal. Civil Service Act. Kathmandu: Nepal Law Commission; 1993. [\[Link\]](#)
2. Government of Nepal. Nepal Health Service Act. Kathmandu: Nepal Law Commission; 1997. [\[Full Text\]](#)
3. Government of Nepal. Nepal Health Service Rules. Kathmandu: Nepal Law Commission; 1999. [\[Full Text\]](#)
4. Bowen GA. Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*. 2009;9(2):27-40. [\[Full Text\]](#)
5. Northouse PG. *Leadership Theory and Practice*. United States of America: Sage Publications Inc.; 2016.
6. Kotter JP. *A Force for Change: How Leadership Differs from Management*. New York: Free Press; 1990.
7. Department of Health Services. *Job Description of Employees*. Kathmandu: Ministry of Health; 1997.
8. Management Division. *Job Description of Staffs Employed at Regional Health Directorate and District Health/ Public Health Offices*. Kathmandu: Department of Health Services, Ministry of Health; 2013.
9. Gulick LH. Notes on the Theory of Organization. In: Gulick LH, Urwick L, editors. *Papers on the science of administration*. New York: Institute of Public Administration, Columbia University; 1937. p. 1-46.
10. K.C. S, Shrestha B, Khatri K. *Effective Management of District Health Services (Reference Materials for Modular Training Series)*. Kathmandu: World Health Organization/ Nepal; Management Division, Department of Health Services; Kathmandu University School of Management; 2005.
11. Lauer CS. Leading the way: Managers are important, but leaders really make things happen. *Modern Healthcare*. 2003;33(30).