



# Unravelling Unintended Consequences in Health Policy Through the 2007 Occupation-Specific Dispensation Strategy

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## INTRODUCTION

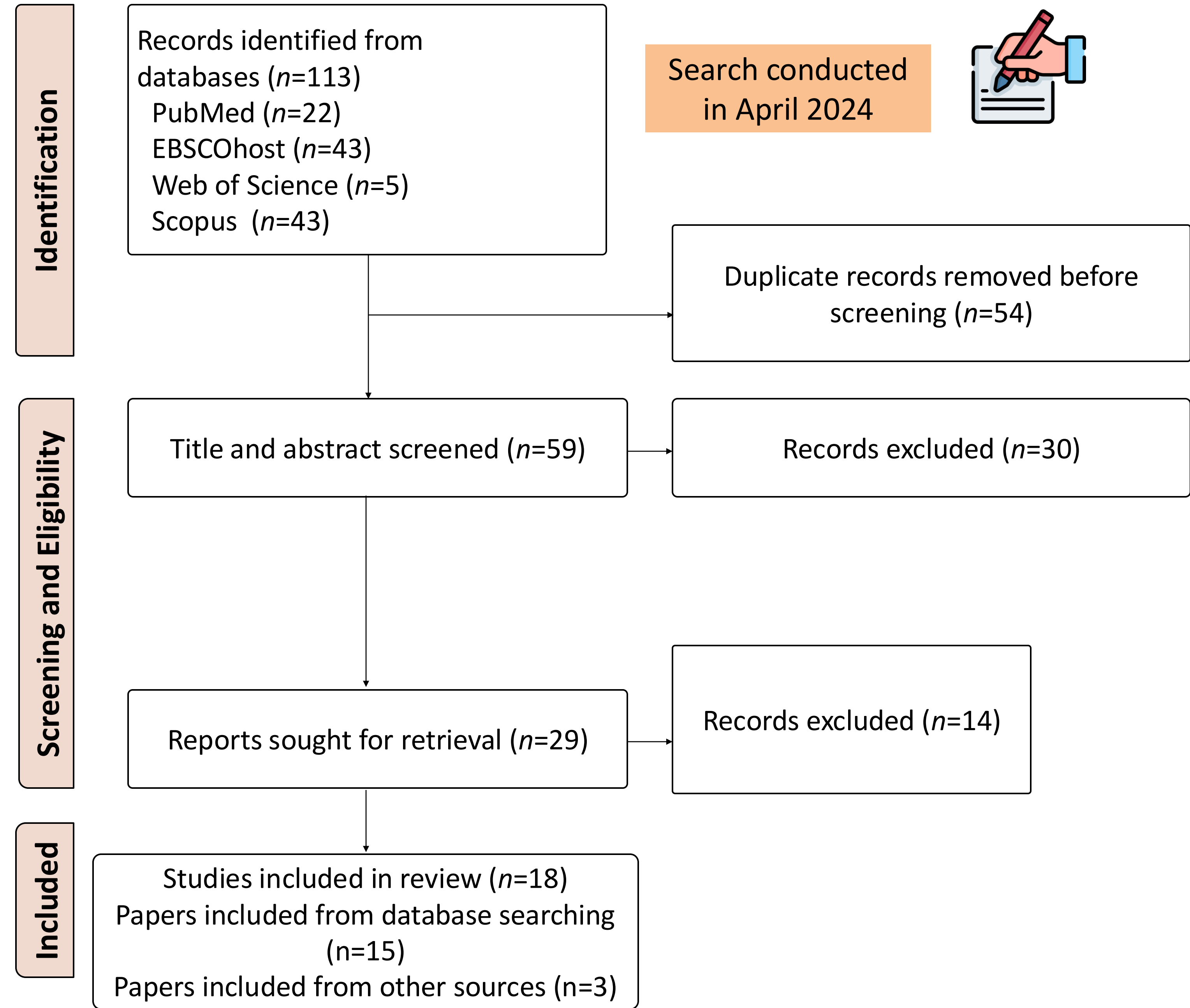
- Health policies produce unintended consequences in health systems
- Unintended consequences= unintentional + unforeseen adverse impacts of a policy intervention (eg. a policy to improve working conditions creates resource constraints and/or impacts wider health system financing mechanisms)
- These consequences can be linked to policy process factors during it's development and implementation
- Improved understanding of unintended consequences aids in efforts to mitigate the unforeseen impact of policy

**Main objective:** To explore unintended consequences in relation to policy process factors using the 2007 Occupation-Specific Dispensation (OSD) in South Africa for the public nursing sector

## METHODS

- A qualitative systematic review following the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines
- A longitudinal retrospective lens was also utilized to assess the policy process of the OSD from 1994 onwards

Inclusion	Exclusion
Articles: <ul style="list-style-type: none"><li>• In English</li><li>• Have full access through the University of Cape Town (UCT) Library</li><li>• Largely qualitative in nature</li><li>• Related to human resources for health (HRH) policies/strategies looking at workforce retention (specifically in nursing)</li><li>• Looking at the OSD frontline experiences</li></ul>	Articles: <ul style="list-style-type: none"><li>• That examine other financial incentive packages unrelated to the OSD</li><li>• Relating to the private health sector</li></ul>



## RESULTS

The reviewed resources revealed four main unintended consequences within the nursing sector caused by the OSD:

1	2	3	4
Demoralization	Division	Breakdown of relationships	Worsening maldistribution
<b>Demoralization</b>	<b>Division</b>	<b>Breakdown of relationships</b>	<b>Worsening maldistribution</b>
Nursing demoralization due to lack of inclusion in policy development and implementation (Ditlopo et al. 2014; Labonté et al. 2015; Mcur & Mulaudzi 2015; Motsosi & Rispel 2012)	Disunity between the different nursing cadres caused by varying policy benefits (Ditlopo et al. 2014; Ditlopo et al. 2013; Motsosi & Rispel 2012)	Policy content factors caused a breakdown in relationships between nursing manager and frontline worker actor groups (Ditlopo et al. 2014; Mcur & Mulaudzi 2015; Motsosi & Rispel 2012; Munyewende et al. 2014)	Nurses moved into positions where they could benefit more from the policy (Bidwell et al. 2014; Ditlopo et al. 2013; George & Rhodes 2012; Khunou & Davhana-Maselesele 2016; Mcur & Mulaudzi 2015; Motsosi & Rispel 2012; Munyewende et al. 2014)

## DISCUSSION

Exploring unintended consequences in international/domestic contexts can reveal unaddressed or unrecognized dynamics of a health system

Historical contextual factors—such as social and political climates—contributes to unintended consequences

Unintended consequences can often be traced back to frontline-level issues that were unaddressed or poorly understood by policymakers

## CONCLUSION

Policymakers should be more inclusive of frontline-level voices that have greater historical insight into the realities policies are introduced within

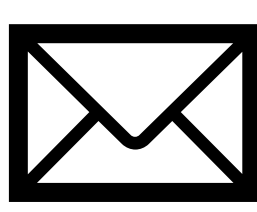
Future research should explore how frontline-level actor knowledge and inclusion can be used to help mitigate the severity and/or number of unintended consequences

## CONTACT INFO

### References



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