



USAID
FROM THE AMERICAN PEOPLE

ASSIST



The Tanzania Health Worker Engagement Study:

Exploring the Relationship Between Engagement and Performance

Authors: Joseph Kundy¹; Tana Wuliji¹; Anna Nswila²; Paul Magesa³,
Davis Rumisha¹;

Affiliations: ¹USAID Health Care Improvement Project and USAID Applying Science to Strengthen and Improve Systems Project, URC; ² Ministry of Health and Social welfare, Tanzania; ³ Muhimbili University of Health Alliance Sciences, Tanzania

Overview

- **What we mean by health worker engagement**
- **Why study health worker engagement?**
- **Study objectives**
- **Methods**
- **Findings**
- **Conclusions and lessons learnt**
- **Implications for practice**

What we mean by an engaged health worker:
working definition from Tanzania stakeholder
consensus group

***“health worker who proactively self-improves
and applies their competencies to provide
quality services with commitment, ethics and
care to achieve organizational goals”***

Why study health worker engagement?

Low salaries, harsh working conditions, inadequate supplies and training



Demoralized, high turnover, disengaged at work, low productivity

Limited impact of traditional financial and non-financial incentives on improving performance and retention



Employee engagement shown in health and other sectors to be related to performance, productivity and retention



Develop better interventions for health worker retention, performance and productivity

Research shows that “engaged” health workers associated with improved clinical measures, higher morale and retention (Harter et al., 2002 Wellins et al., 2007).

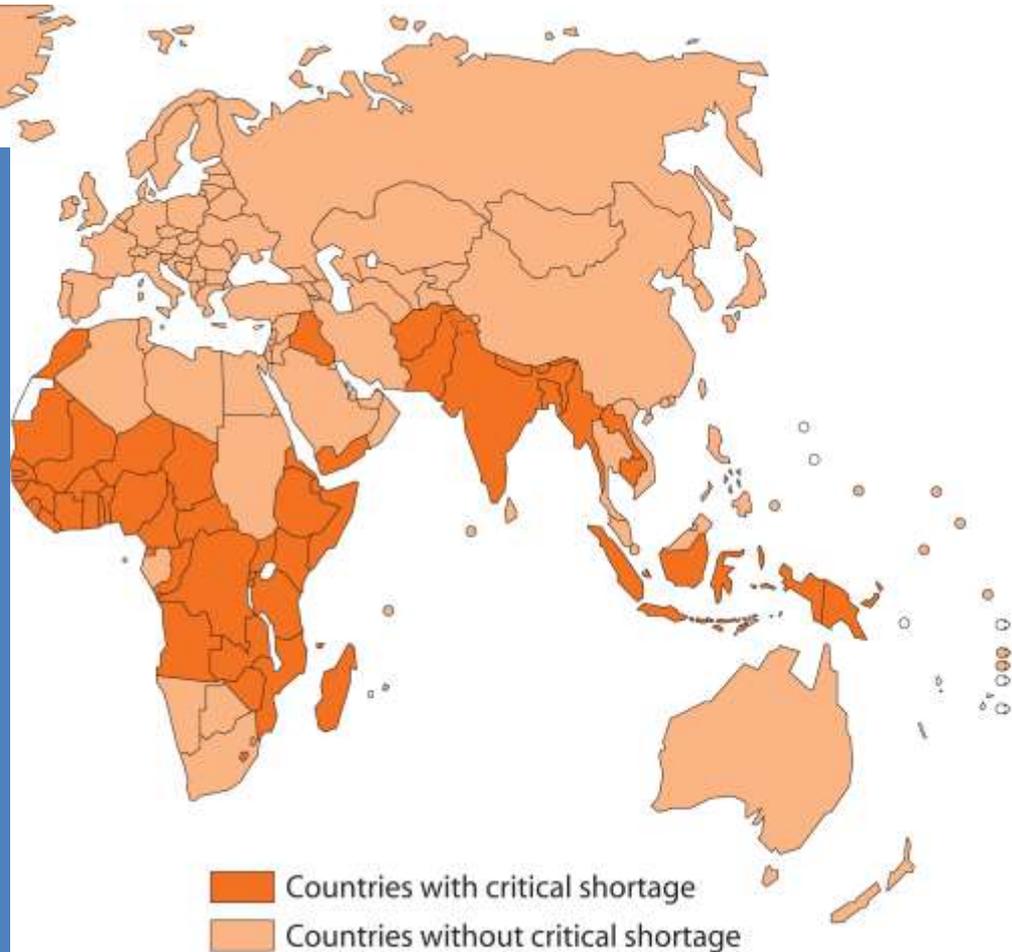
Health Workforce Crisis: 57 Countries

Tanzania:

Nurses: 64 nurses and midwife per 100,000 pop)2007 MOH data

Physicians: 3.5 per 100,000 population (2006MOH data)

2.7 pharmacists and pharmacy technician per 100,000 pop 2009MOH data



2006 World Health Report

Prevalence of HIV



Study objectives

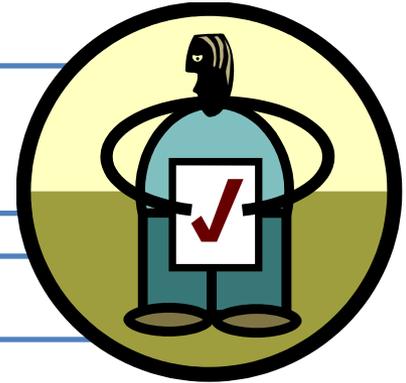
- To develop a validated tool to measure health worker engagement
- To explore the relationship between engagement and health worker performance
- To explore the relationship between engagement and retention

Health worker engagement characteristics

Health worker retention

Health worker, work environment and socio-economic Influencing factors

Health facility performance



Methods: Study design

Quantitative analysis:

- Descriptive
- Principal Components Analysis
- Two-step cluster analysis
- Comparative analysis

- Structured qualitative interviews
- Self-completed survey

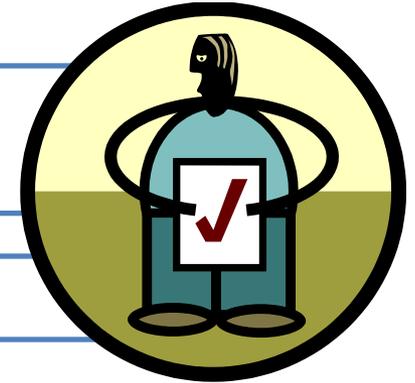
- Facility level survey and record review

Health worker engagement characteristics

Health worker retention

Health worker, work environment and socio-economic Influencing factors

Health facility performance



Factors influencing engagement

Health worker:

- Attitudes to change
- Knowledge and skills (competency)
- Values and beliefs
- Expectations
- Recognition and reward
- Career advancement
- Remuneration (adequacy, timeliness, fairness)
- Pension
- Job security
- Workload
- Work-life balance
- Language barriers
- Empowerment
- Positive attitudes

Work environment

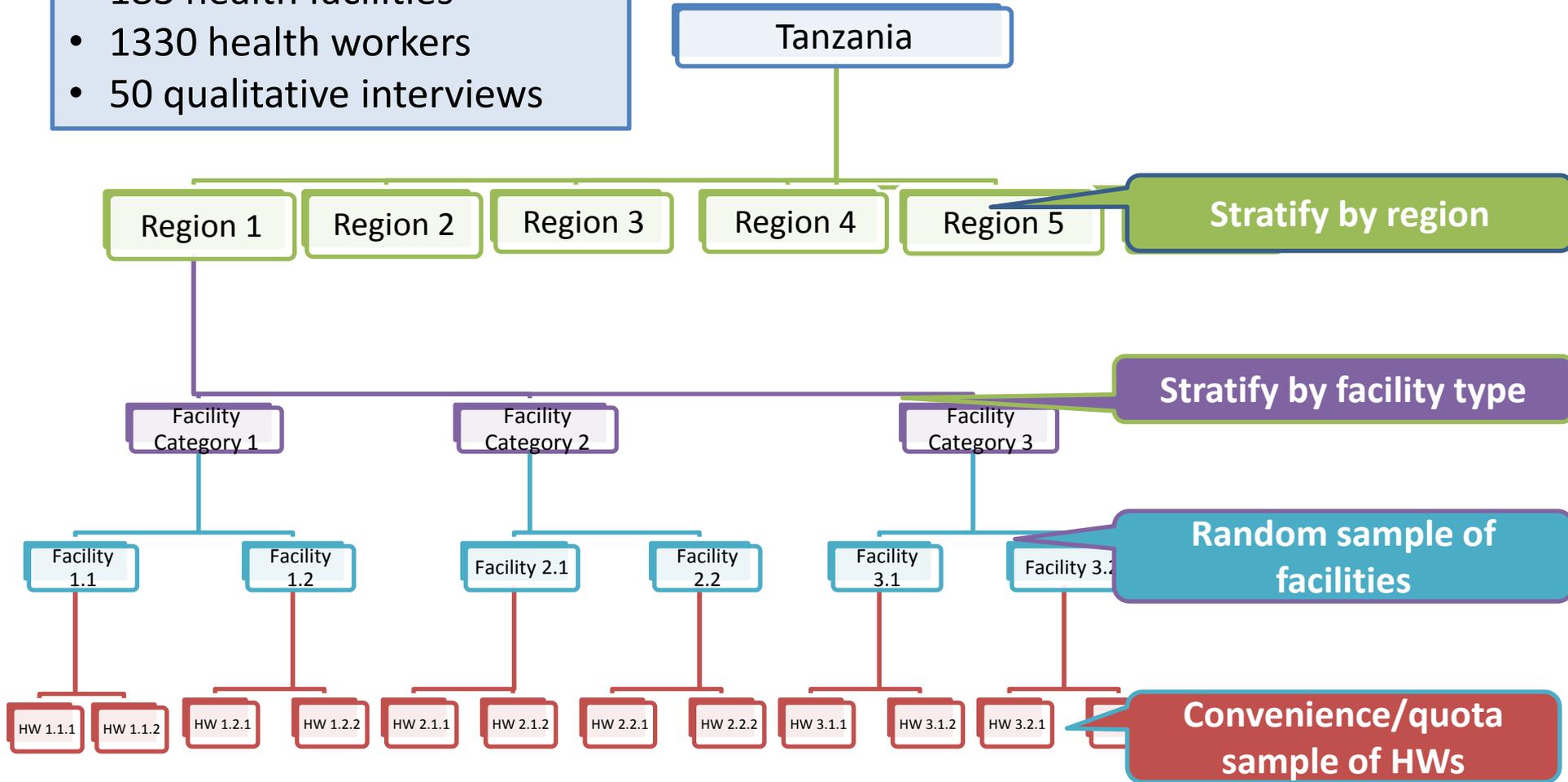
- Supervision, coaching and mentoring
- Presence of role models
- Changes in leadership, reporting structures and organizational processes
- Adequacy of resources: HR, equipment, supplies
- Infrastructure
- Management style
- Management effectiveness
- Commitment of decision makers
- Existence of policies and procedures
- Culture of continuous quality improvement

Socio-economic environment

- Social environment
- Accommodation
- Enforcement of rules, regulations and ethical codes
- Cultural norms

Methods: Sampling

- 6 regions (27 districts)
- 183 health facilities
- 1330 health workers
- 50 qualitative interviews



Findings: What makes a health worker engaged? What influences it?

Engaged health worker characteristics

Change agent (α 0.799)

Proactive, focused on improvements, team player, facilitate learning, shared information

Job satisfaction (α 0.715)

Pride in work, satisfied with work, employee trust, relationships and work environment

Accountable (α 0.678)

Answerable to responsibilities, clear understanding of job expectations, practice self-reflection

Equitable and client centered (α 0.580)

Quality of care does not vary by client characteristics, treat clients respectfully

Factors influencing engagement

Perceived support from immediate supervisor

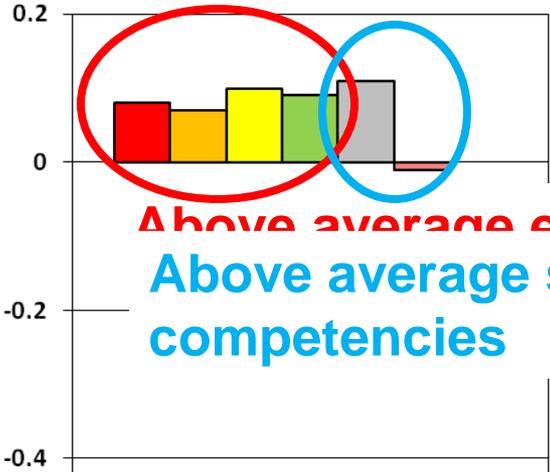
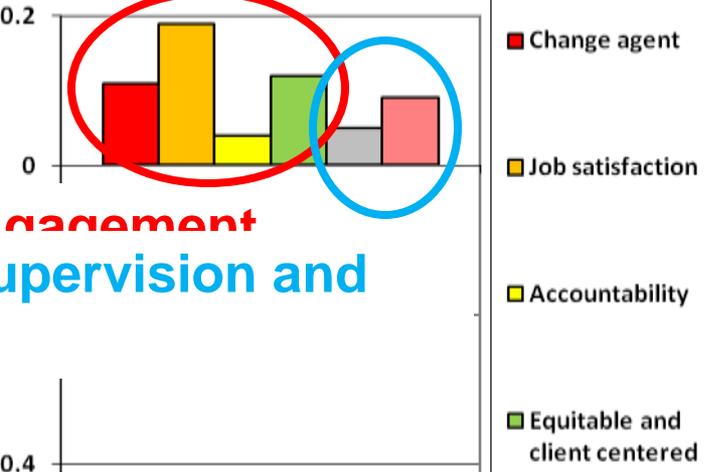
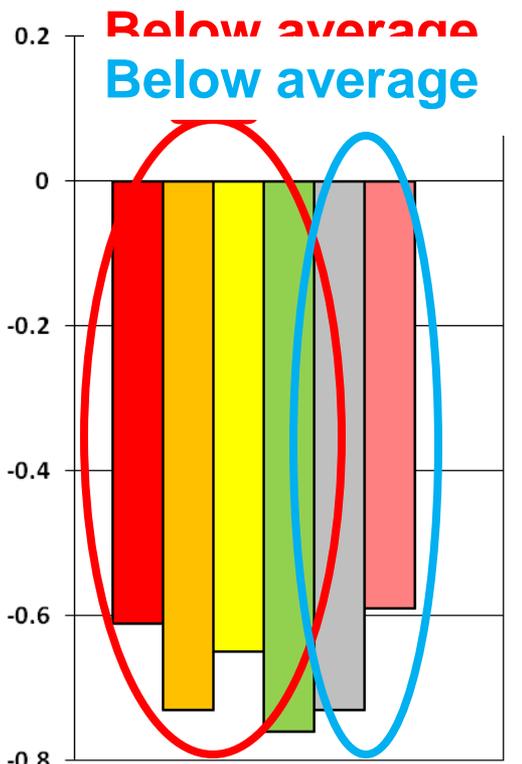
Perceived adequacy of competencies to perform

Perceived adequacy of resources to perform



Explains 50% variance

Findings: Do facilities with more engaged health workers perform better?

Group 1 (n= 52)	Group 2 (n=79)	Group 3 (n=18)
Improvement team presence		
Yes	No	No
Scores for engagement characteristics and influencing factors (z-scores)		
 <p data-bbox="183 699 1004 856"> Above average engagement Above average supervision and competencies </p> <p data-bbox="28 992 1081 1206" style="color: blue; font-size: 1.2em;"> Facilities with engaged health workers have 1/3 the ART patients lost to follow up </p>	 <p data-bbox="1130 521 1333 1220"> Change agent Job satisfaction Accountability Equitable and client centered Competency Supportive supervision </p>	 <p data-bbox="1477 506 1864 606" style="color: red; font-size: 1.2em;"> Below average Below average </p>
% of ART patients loss to follow up		
10.78%	13.6%	35.1%

Relationship between engagement and performance: facility level cluster analysis

- **Health facilities with more engaged health workers perform better in complex tasks:**
 - Higher average % of children born to HIV infected mothers who were started on co-trimoxazole within the first 2 months (76 % vs 44%)
 - Lower average % of HIV infected patients on ART who are lost to follow up (35.1% vs 11-13.6%)
- **No relationship between health worker engagement and performance in simpler tasks:**
 - % of pregnant women attending ANC that were tested and found to be positive and registered to attend CTC
 - % HIV patients screened for TB at clinic visits
 - % HIV patients from CTC getting CD4 tests at least once every 6 months
 - % HIV patients initiated within 6 months with CD4 count results
 - % exposed children that attended clinic last month recorded to continue co-trimoxazole

Conclusions and lessons learnt

- Health worker engagement is a complex construct that is influenced in the Tanzanian context by the perceived adequacy of competencies and support from immediate supervisors.
- Whilst it is commonly assumed that adequacy of resources may influence engagement this was not found to be the case.
- Engagement was associated with performance in complex tasks that require additional effort, such as reducing loss to follow up.

Implications for practice

- Engagement was not associated with the perceived adequacy of resources
- Engagement was associated with performance in complex tasks requiring problem solving, team work and multiple processes that need to work together
- Towards the improvement of health worker engagement, performance and better HIV care, there is a need to:
 - Strengthen relationship between staff and their immediate supervisors
 - Consider strategies to strengthen peer-based strategies to build on-the-job competence and confidence