Factors Influencing Health Workers’ Employment Decisions and Interventions to Address Geographical Imbalances

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Global issue: Low, middle, and high income countries

Attracting and retaining health workers depends on factors affecting decision to accept and stay in rural post & government strategies to respond to these factors

(Lehmann et. al. 2008)
Factors Influencing Employment in Rural and Remote Areas

**Individual/personal characteristics**
Origin, gender, age, marital status, ethnicity, values and beliefs

**Local environment/living conditions**
Infrastructure, schools, safety and security, accommodation

Community support and appreciation
Factors Influencing Employment in Rural and Remote Areas (2)

Organizational environment
- Working conditions, staffing, scope of practice, support
- Equipment, medicines and supplies
- HR management

Career and financial incentives
- Professional development and continuing education
- Career progression
- Compensation
Factors Influencing Employment in Rural and Remote Areas (3)

Education system
Training (how and where) ⇒ practice choices and location
Stock, cadres, specialization

National/international context
Health financing and regulation
Socioeconomic environment ⇒ migration
Addressing Rural Recruitment and Retention

• Complex social, professional, economic factors influence workers’ motivation

• A “bundle” of well-selected incentives or interventions*

• Range of policy options and interventions to address maldistribution and shortages in rural and remote areas

*WHO 2010 global policy recommendations for rural retention
<table>
<thead>
<tr>
<th>Category of intervention</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **A. Education**         | A1 Students from rural backgrounds  
|                          | A2 Health professional schools outside of major cities  
|                          | A3 Clinical rotations in rural areas during studies  
|                          | A4 Curricula that reflect rural health issues  
|                          | A5 Continuous professional development for rural health workers |
| **B. Regulatory**        | B1 Enhanced scope of practice  
|                          | B2 Different types of health workers  
|                          | B3 Compulsory service  
|                          | B4 Subsidized education for return of service |
| **C. Financial incentives** | C1 Appropriate financial incentives |
| **D. Professional and personal support** | D1 Better living conditions  
|                        | D2 Safe and supportive working environment  
|                        | D3 Outreach support  
|                        | D4 Career development programmes  
|                        | D5 Professional networks  
|                        | D6 Public recognition measures |

Source: WHO, 2010
Developing Recruitment and Retention Strategies

**Situation analysis**
- Identify health service needs
- Labor market analysis
- Understanding health worker preferences and needs

**Criteria to select interventions**
- Effectiveness: does it work?
- Relevance: time to impact, enforcement capacity, regulatory framework
- Acceptability: stakeholder engagement
- Affordability: sources of funds, sustainability
- Complementarities with other interventions

**Monitoring and evaluation**
- Plan for it from the beginning
- Indicators: outcomes of interest, impact
- Methods and tools: capacity of information systems
- Roles of stakeholders and partners

How to Elicit Health Worker Preferences?

- Discrete choice experiment (DCE): A **quantitative** method for **valuing different factors** that influence job choices
- **Predict** how particular groups of health workers are likely to react to different bundles of policy
- Identifies **trade-offs** workers are willing to make between factors

### Which of these two job postings do you prefer?

<table>
<thead>
<tr>
<th>Quality of the facility</th>
<th>Job Posting A: Insufficient staff type and number and equipment NOT always available for facility type/level</th>
<th>Job Posting B: Sufficient staff type and number and equipment always available for facility type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career promotion</td>
<td>Directly promoted to permanent staff upon posting in rural facility</td>
<td>Promoted to permanent staff after one year</td>
</tr>
<tr>
<td>Housing</td>
<td>Housing allowance provided</td>
<td>No housing provided</td>
</tr>
<tr>
<td>Salary</td>
<td>50% additional salary</td>
<td>40% additional salary</td>
</tr>
<tr>
<td>Continued education</td>
<td>Qualify for further study and financial support after three years in rural facility</td>
<td>Qualify for further study and financial support after one year in rural facility</td>
</tr>
<tr>
<td>Transport</td>
<td>No transport provided</td>
<td>Transport provided for official activity</td>
</tr>
</tbody>
</table>

Laos DCE, 2010
Expanding Access in Rural Areas: Laos

**Regulatory:** Compulsory 3-year rural service for license; position in civil service

**Financial incentives:** Increased salary, transportation allowance

**Education:** Eligible for continued education

**Personal support:** Housing

✓ 400 new health workers posted in 1/3 of country’s rural districts
Expanding Access in Rural Areas: Mali

**Education**
Rural medicine, training with a mentor, continuous professional development

**Financial incentives**
Pay for service

**Living and working conditions**
Installation kit, drugs, small library

**Professional support**
Rural Health Doctors Association (supported by a French NGO): research network, quarterly regional meetings, mentoring

- Over 100 rural doctors over a 10-year period
- 4 years on average in rural positions

www.who.int/hrh/resources/dceguide/en/index.html


www.capacityplus.org/rapid-retention-survey-toolkit

http://retain.ihris.org/retain
The CapacityPlus Partnership

IntraHealth International, Inc. (lead partner)
Abt Associates
IMA World Health
Liverpool Associates In Tropical Health (LATH)
Training Resources Group, Inc. (TRG)