The Tanzania Health Worker Engagement Study: Exploring the Relationship Between Engagement and Performance

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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?

Demoralized, high turnover, disengaged at work, low productivity

Low salaries, harsh working conditions, inadequate supplies and training

Develop better interventions for health worker retention, performance and productivity

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

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

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

www.worldmapper.org Data: WHO 2003
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
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
6 regions (27 districts)
183 health facilities
1330 health workers
50 qualitative interviews

Methods: Sampling

- Stratify by region
- Stratify by facility type
- Random sample of facilities
- Convenience/quota sample of HWs
Findings: What makes a health worker engaged? What influences it?

<table>
<thead>
<tr>
<th>Engaged health worker characteristics</th>
<th>Factors influencing engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change agent (α 0.799)</strong>&lt;br&gt;Proactive, focused on improvements, team player, facilitate learning, shared information</td>
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<tr>
<td><strong>Job satisfaction (α 0.715)</strong>&lt;br&gt;Pride in work, satisfied with work, employee trust, relationships and work environment</td>
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<tr>
<td><strong>Accountable (α 0.678)</strong>&lt;br&gt;Answerable to responsibilities, clear understanding of job expectations, practice self-reflection</td>
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<tr>
<td><strong>Equitable and client centered (α 0.580)</strong>&lt;br&gt;Quality of care does not vary by client characteristics, treat clients respectfully</td>
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Explains 50% variance
Findings: Do facilities with more engaged health workers perform better?

<table>
<thead>
<tr>
<th>Group 1 (n=52)</th>
<th>Group 2 (n=79)</th>
<th>Group 3 (n=18)</th>
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<tbody>
<tr>
<td><strong>Improvement team presence</strong></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Scores for engagement characteristics and influencing factors (z-scores)</strong></td>
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<tr>
<td><img src="chart1.png" alt="Bar chart" /></td>
<td><img src="chart2.png" alt="Bar chart" /></td>
<td><img src="chart3.png" alt="Bar chart" /></td>
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<tr>
<td><strong>Above average engagement</strong></td>
<td><strong>Above average supervision and competencies</strong></td>
<td><strong>Below average</strong></td>
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<tr>
<td><strong>Facilities with engaged health workers have 1/3 the ART patients lost to follow up</strong></td>
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<tr>
<td>% of ART patients lost to follow up</td>
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<tr>
<td>10.78%</td>
<td>13.6%</td>
<td>35.1%</td>
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</table>
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:
  o Strengthen relationship between staff and their immediate supervisors.
  o Consider strategies to strengthen peer-based strategies to build on-the-job competence and confidence.