

MOTIVATION AND RETENTION OF HEALTH WORKERS IN MINISTRY OF HEALTH FACILITIES IN FOUR GOVERNORATES IN JORDAN

Findings from a Mixed Methods Study

CHALLENGE: MOTIVATING AND RETAINING CRITICAL HEALTH WORKERS

The Jordan Ministry of Health's (MOH) Strategic Plan 2013-2017 lists both attracting new talent into the public health system and retaining staff as two of its biggest challenges. Because about 3.78 million people in Jordan — including refugees and marginalized populations — rely on services provided by the MOH, a full, committed staff is critical. In response to the Strategic Plan's findings, USAID's HRH2030 (Human Resources for Health in 2030) activity in Jordan performed a national level research study to identify factors influencing retention and job satisfaction and examine motivation among doctors, nurses, and midwives within MOH facilities. The study, which took place February to December 2016, provided evidence-based recommendations to support the ministry in formulating policies to improve staff recruitment and retention.



STRENGTHENING THE HEALTH WORKFORCE FOR BETTER HEALTH SERVICES

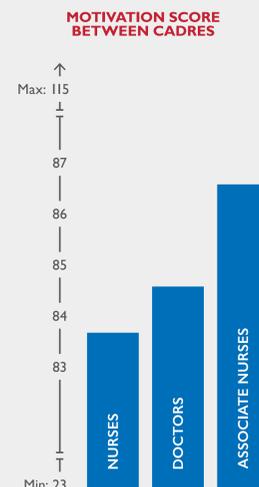
HRH2030 strengthens Jordan's health workforce in a variety of ways. Primarily, it assists the MOH to enhance its human resources practices, facility management, and leadership. HRH2030 also collaborates with the High Health Council to strengthen national human resources for health (HRH) governance and HRH data for use in decision-making. Finally, the Jordan activity works with other national health stakeholders to improve health workers' competencies by institutionalizing continuing professional development. The activity directly supports the MOH's Institutional Objective 5 of the Strategic Plan, which aims to "deploy and manage human resources efficiently and effectively." All of these efforts steer the country closer to the Jordan Vision 2025 goal of universal health coverage for all citizens.

A MIXED METHODS RESEARCH APPROACH

The HRH2030 research used a mixed methods design that combined quantitative survey and qualitative data collection techniques. The survey sample included 1,032 health workers and 67 managers in the Amman, Zarqa, Irbid, and Ma'an governorates. Research tools included questionnaires, semi-structured interviews, and focus group discussions. For the quantitative data, researchers described and analyzed responses to individual questions by means of frequency distributions, mean and median scores, and multivariable regression analysis. For the qualitative data, researchers used a framework approach based on the questions and main issues in the topic guides. They analyzed responses per group of respondents and by research question.

FINDINGS ON TURNOVER, MOTIVATION, AND SATISFACTION OF HEALTH WORKERS

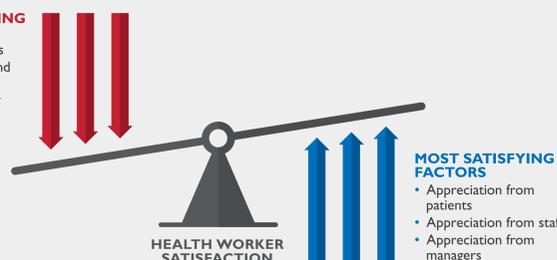
Overall, there is relatively high retention in the MOH, with relatively low turnover rate (between 3.7 and 8.5 percent) and a low number of vacancies reported in sampled facilities (average of 1.2 vacancies per facility). These findings conflict with the MOH's general perception of the health workforce, which identifies the distribution of doctors and nurses, combined with high turnover and poor retention, as a key challenge. Two-thirds of all health workers intend to stay within the MOH sector for the next two years, with one-third reporting that they are actively seeking a position outside of the MOH. Additionally, the study found that health workers' motivation is neutral to slightly positive. Doctors, men, younger employees, and less experienced health workers are less motivated and have stronger intentions to leave.



Health workers are most satisfied by interpersonal relations, team work, some working arrangements (including flexible working hours, short working day, and early finishing hours), and the value their work brings to society. Their biggest sources of dissatisfaction included lack of financial incentives, supplies and infrastructure, opportunities for professional and career development, and some working arrangements (including high work load and organization of health facility).

MOST DISSATISFYING FACTORS

- No financial incentives
- Inadequate supplies and infrastructure
- Few opportunities for continuous education



HUMAN RESOURCES MANAGEMENT PRACTICES: CRITICAL TO MOTIVATION

Data indicated that health facility managers implemented human resources management (HRM) activities, but did so incompletely. For example, 85 percent of employees had performance appraisals in the past 12 months, but only 31 percent discussed the results of the appraisal with their managers. This is important, because findings also showed that HRM practices — including job descriptions, coaching and support, performance appraisals, and participation in decision-making — have a statistically significant effect on motivation.



KEY RECOMMENDATIONS

Clear recommendations for improving motivation and retention of the MOH health workforce resulted from the study. These recommendations are linked to motivation and retention factors identified in the results and are as follows:

- Critically assessing the actual workload, facility staffing, and efficiency in relation to current requirements at facility level
- Reviewing and reforming, if needed, the deployment and transfer process jointly with the MOH and Civil Service Bureau (CSB)
- Reviewing options for improving retention of younger staff, including the possibility of more defined career paths (offering specialization) or performance-related bonuses
- Improving implementation of human resources management (HRM) practices, including leadership, team building, coaching, support and supervision, and communication
- Supporting decentralizing decision-making, particularly as it relates to HRM practices, at the directorate and facility levels
- Providing frequent and equitable opportunities for continuing professional development so staff can regularly update their knowledge and skills
- Introducing systematic and productive channels for patient feedback and appreciation

The above recommendations will serve as an evidence base for HRH activities in Jordan and, as appropriate, will be incorporated into HRH2030 and/or MOH planning for HRH activities.

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