

# INCENTIVES AS WORKFORCE RETENTION STRATEGY FOR HEALTH PROFESSIONALS IN AFRICA – A REVIEW

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## **Abstract**

*There is a growing loss of health human resources through migration of professional health staff from Africa to developed countries which has resulted in loss of capacity of the continent's health systems and prevents the delivery of equitable health care in the individual countries. Migration of health workers also undermines the abilities of these countries to meet global, regional and national commitments, such as the health-related United Nations Millennium Development Goals, and even their own development. It is caused by series of push and pull factors brought on by the de-motivating factors of the work environment of the source nations and the attractive work environment of the recipient countries. Therefore, many countries in Africa are beginning to address their recruitment and retention problems as staff shortages or an unmotivated health workforce are likely to have adverse effects on the delivery of health services and outcome of care. The key issue for most of these countries is how best to motivate and retain their health professional staff so as to enable adequate health system performance. Electronic search was undertaken which yielded*

*981 references, out of which 9 were selected as relevant to the research questions and reviewed. Papers merited their full scrutiny after the consideration of their title and abstract. Uncovered were nine major push factors responsible for the continued migration of African health professionals to the developed countries. The review also discovered that there is growing body of evidence that reversing these push factors is beginning to have positive effects on the motivation and retention of African health professionals.*

## **Introduction**

There has been concern about international migration in health services for some years now. But, recently the situation has become more acute for a number of reasons, mostly reflected in severe staff and skill shortages in the health systems of many countries. The industrialized countries become “recipient” countries actively recruiting the emigrant qualified health workers from the “donor” countries whose health systems become undermined as a result of the loss of the health human resources (HHR), which are essential for the delivery of care to patients (Bach, 2003; Zurn et al, 2005).

Migration of health workers also undermines the ability of countries to meet global, regional and national commitments, such as the health-related United Nations Millennium Development Goals, and even their own development. This problem is more pronounced and acute in countries with inadequate health human resource planning and retention strategies. The quality of a health system depends greatly on highly motivated health workers, who are satisfied with their jobs, and therefore, stay at their stations and work. Incentives systems are the most widely used external influences on motivation. Beyond worker motivation incentives are used to attract and retain health professionals to areas of the greatest need, such as rural or remote areas with poor infrastructure and poor populations. Incentives are used to overcome inequities in supply of and access to health services, such as rural allowances (South Africa), rural doctors on retention schemes

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(Zambia) and mountain allowances (Lesotho) (Kanfer, 1999; Awases et al, 2003; Dielem et al, 2003; Luoma, 2006; Dambisya, 2007).

Targeted recruitment drives for health workers from resource-poor countries have become a common solution to filling vacancies in richer countries. A ‘medical carousel’ whereby health workers move to countries offering attractions, such as better salaries and training opportunities, typically leaves the countries with all drain and no gain. Health worker loss can compromise health system capacity to deliver adequate care, as the more experienced workers migrate because their skills are highly demanded elsewhere. Staff shortages increase workloads and stress levels, further de-motivating the remaining staff. To cope with increased workload, staff are sometimes lowering their standard of care (Stilwell et al, 2004; Eastwood et al, 2004).

A clear trend in compensation management is the growth of incentive plans, also called variable pay programmes, for employees below the executive level. Incentive plans emphasize a shared focus on organizational success by broadening the opportunities for incentives to nontraditional groups while operating outside the (base pay) increase system. Incentive plans create an operating environment that champions a philosophy of shared commitment through the belief that every individual contributes to organizational success. In reality, for many African nations this is a myth as it is hardly practiced especially in the health sector. Some of the reasons that may account for this are the unwillingness on the part of the management to implement such programmes and the broken union activities characteristic of the continent’s health care environment. Motivation in turn is the summed up activities of the leadership or the management as the case may be in influencing employees to meet and surpass organizational goals. For many health professionals in Africa, motivation remains a mirage hence the need to travel for greener pastures as has been indicated in many studies. A desire for increased income, greater access to enhanced technology, an atmosphere of general security and stability, and improved prospects for one’s children were reported as the

primary motivating factors for physician migration (Sherman et al, 1996; Astor et al, 2005).

The World Health Organization (WHO, 2000) defines incentives as

*all rewards and punishments that providers face as a consequence of the organizations in which they work the institution under which they operate and the specific interventions they provide*

Incentives clearly perform an important role in attracting and retaining health professionals within the public sector, on which most of the population depend. In recognition of this fact, 2005 Equity in Health in Eastern and Southern Africa (EQUINET) regional meeting adopted a consensus statement that called for a focus on policies and measures that will reward health workers through financial and non-financial incentives (EQUINET, 2005). This move is in recognition of the underlying problems being faced by many African nations, as the brain-drain continues its devastating effects on the continent especially among health professionals.

Data on the extent and the impact of such migration are patchy and often anecdotal and fail to shed light on the causes, such as high unemployment rates, poor working conditions and low salaries. Even among low-resource countries the context of migration differs. Some countries, such as India and the Philippines, overproduce health workers, whose resultant emigration generates remittance revenue. In the past decade, developing countries' receipts of remittances is estimated to have exceeded the total global development aid. In Africa, however, the growing mass exodus of health professionals depletes human resources, undermines investment in human capital, exacerbates existing shortages of staff, and diminishes the capacity of the health services to provide adequate services and coverage. Push and pull factors make it possible for health workers to leave or be retained in a given country respectively. Push factors are generally

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present in source countries and pull factors in receiving countries. (Awases et al, 2004).

Sub-Saharan Africa is faced with a great challenge in this respect, with low health worker to population ratios and poor health indicators (WHO, 2006). In many Sub-Saharan African (SSA) countries, one fundamental weakness is the inadequacy of human resources for health (HRH), which forms the foundation of health service delivery. At a time when the international community and sub-Saharan African (SSA) countries scale up interventions to deal with the epidemics of tuberculosis (STOP-TB Africa strategy), malaria (World Bank Malaria Booster program), HIV-AIDS (various initiatives), the strengthening of the health workforce calls for immediate attention, as the workforce situation in Africa is critical.

Inadequate incentives and lack of conducive environment, poor equipment and infrastructure have, over the years, created job dissatisfaction and low motivation and have led to the brain-drain problem in Nigeria (WHO, 2007). Due to these underlying problems, there is a growing need to strengthen Health Systems in developing countries especially in Africa to help meet Millennium Development Goals (MDGs). It is widely accepted that a key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce and improving the retention of health workers is critical for health system performance (WHO, 2006; Willis-Shattuck et al, 2008).

To assist many countries in addressing the unfavourable migration, the review is aimed at uncovering the major push and pull factors, suggesting possible ways to control the situation and in the end contributing to policy options.

#### **Research questions**

1. What are the de-motivating factors responsible for health professionals' migration from Africa to the developed countries?

2. What motivating factors will help improve the recruitment and retention of African health professionals from travelling abroad to developed countries?
3. How can the outputs from objectives 1 and 2 be used to improve the retention of health professionals in Africa?

### **Methodology**

Electronic search of related literature yielded 981 references, out of which 9 were selected for the review based on their ability to address the research questions. Four (Handotter, 2007; Nguyen et al, 2008; Takougang et al, 2006 and Awases et al, 2004) used qualitative research methods, two (Chikanda, 2004 and Ndetei et al, 2008) used quantitative research methods and three (Astor et al, 2005; Ministry of Health Uganda, 2007 and Masango et al, 2008) used a mixture of both qualitative and quantitative methodologies.

The countries studied were from Africa (Chikanda, 2004), Zimbabwe (Astor et al, 2005), Nigeria, (Ndetei et al, 2008), Kenya (Handotter,2007), Zambia (Nguyen et al, 2008), Uganda (Ministry of Health Uganda, 2007; Masango et al, 2008), Swaziland (Takougang et al, 2006), Cameroon (Awases et al, 2004), and 6 African nations (Cameroon, Ghana, Senegal, Uganda, Zimbabwe and South Africa).

Using a data extraction form adapted from Greenhalgh et al 2005, the selected studies were summarized based on their study design, the research questions, and the research context on coverage, findings and validity of conclusions (Table 4.1). The Greenhalgh mode of analysis was used due to the differentials in the methodologies used in the papers, and as such a narrative synthesis is needed to summarize the findings. The data were then reviewed and themes selected for analysis.

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**Table 4.1: The Greenhalgh et al Summary of selected Studies indicating the design/methodology, the research question, study coverage extent, and findings/ conclusion.**

Ref	Study/Year	Country	Design/Methodology	Research Question	Coverage	Finding/Conclusion
25	Chikanda/2004.	Zimbabwe.	Questionnaire Survey: Qualitative.	Reasons for Nurses' Migration.	Nation-wide.	Increasing nurses' migration and measures of control.
18	Astor et al, 2005.	Nigeria.	Questionnaire Survey: Qualitative.	Reasons for Physicians' Migration	Nation-wide	Increasing Physicians' migration and measures of control.
26	Ndetei et al, 2008.	Kenya.	Qualitative/Quantitative.	Reasons for Health workers' Migration.	Nation-wide	Increasing number of push factors and policy on retention
21	Hansdotter, 2007.	Zambia	Interviews/Qualitative.	Reasons for Nurses' Migration.	Nation-wide	Increasing number of push factors and strategy on retention
22	Nguyen et al, 2008,	Uganda	Survey: Qualitative/Quantitative	Reasons for Nurses' Migration.	Nation-wide	Increasing nurses' migration and measures of control.
27	Ministry of Health (MOH), 2007	Uganda	Focus Group discussion: Qualitative	Reasons for health worker' Migration.	Nation-wide	Increasing number of health worker migration.
28	Masanga et al, 2008	Swaziland	Survey: Qualitative/Quantitative	Reasons for health worker' Migration	Nation-wide	Increasing number of health worker migration
23	Takougang, 2004	Cameroon	Survey: Quantitative	Reasons for health worker' Migration	Nation-wide	Increasing number of health worker migration
24	Awases et al, 2004	Six African Nations	Survey: Qualitative/Quantitative	Reasons for health worker' Migration	Nation-wide	Increasing number of health worker migration

## Results and Discussion

### Common themes uncovered within the studies

Nine major themes describing motivational factors were uncovered (Table 4.2):

**Table 2 = Showing the major themes associated with the studies. Motivating factors to migrate abroad/leave present position/change jobs.**

Ref.	Authors	Yr	Need for Higher income	Need for access to enhanced Technology, equipment etc.	Need for better prospect for children	Need to live in a country with stable economy	Need for general safety.	Need to work in academic environment	Need to better utilize one's medical education	Job satisfaction	Attitudes towards institutions.
25	Chikanda, Abel	2004	X	X	X	X	X	-	X	-	X
18	Astor, A. et al	2005	X	X	X	X	X	-	X	-	X
26	Ndetei, D.M et al	2008	X	X	X	X	-	-	X	-	-
21	Hansdotter, F	2007	X	X	-	X	-	-	X	X	X
22	Nguye, L. et	2008	-	-	-	X	-	X	-	X	-

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	al										
27	Ministry of Health (MOH) Uganda	2007	X	-	X	-	-	-	-	X	X
28	Masanga, S. et al	2008	-	-	-	-	-	-	-	X	X
23	Takougang Innocent et al	2004	X	X	-	-	X	X	-	X	X
24	Awases, M. et al.	2004	X	X	-	X	-	X	X	X	X
PERCENTAGE POINT CALCULATION			7/9 (77%)	6/9 (66.6%)	4/9 (44.4%)	5/9 (55.5%)	3/9 (33%)	4/9 (44.4%)	5/9 (55.5%)	6/9 (66.6%)	7/9 (77.7%)

*X = Present*

*-- = Not Present*

1. The need for higher income;
2. The need for access to enhanced technology;
3. The need for better prospect for children;
4. The need to live in a country with stable economy;
5. The need for general safety;
6. The need to work in an academic environment;
7. The need to better utilize one's medical education;
8. The desire to fulfill job satisfaction;
9. Attitudes towards institutions

Other minor themes were related to the need for job stability (Hansdotter, 2007), the need for better supervisory relationship (Chikanda, 2004 and Ndeti et al, 2008), the need for better living

conditions (Chikanda, 2004; Ndetei et al; Hansdotter,2007and Ndetei et al, 2008) and the impact of HIV/AIDS (Ndetei et al, 2008).

***The need for higher income***

A majority, 77%, (Astor et al, 2005; Hansdotter, 2007; Takougang et al, 2006; Awases et al, 2004; Chikanda, 2004; Ndetei et al, 2008 and Ministry of Health, Uganda, 2007) of the studies discussed the importance of financial incentive as a motivating factor for African health care workers/professionals to travel abroad to developed countries in search of new positions in their profession. Most of the professionals would like to emigrate so that they can receive better remuneration in the intended country of destination (55.0 per cent), or would like to save money quickly in order to buy a car or pay off a home loan (54.1 per cent) (Chikanda, 2004).

Income clearly plays a role in the decision to leave (Ndetei et al, 2008). Salaries in public medical facilities are low. Most health professionals tend to base their decisions to travel on the low pay provided to health workers in the public sector. Ministry of Health, Uganda (2007) reports that doctors compared to the other health professional cadres in the study, were the group most likely to say they are eager to leave their jobs within two years (57%), and they are most at risk for leaving Uganda or the health sector. (46%) said they would leave if they could. Study (Awases et al, 2004) reports that wages are low compared to the cost of living and that health researchers are poorly motivated by their normal income. Most of them have developed alternative survival practices which reduce the time that should otherwise been devoted to research activities. Some of them have left the country for the search of more paying jobs. Others have developed interest in the private and /or informal sector. The Studies concluded that financial remuneration was more important to health professionals than all the other push/pull factors that were measured. This concurs with the literature suggesting that compensation constitutes the most basic influence on retention of health professionals thus improving the reason not to migrate.

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### ***The need for access to enhanced technology and others***

A good number of the studies 67% (Astor et al, 2005; Hansdotter, 2007; Takougang et al, 2006; Awases et al, 2004; Chikanda, 2004 and Ndetei et al, 2008) provided that accessing enhanced technology; equipment etc. provided the reason for health care workers migration from Africa to the developed countries. According to study (Chikanda, 2004), in spite of the overwhelming financial reasons for health workers' migration from Zimbabwe, others still intend to emigrate because of lack of resources and facilities within the health care system of the country (45 per cent), and because of the declining health care services in the country (42.9 per cent). Other motivating factors that were perceived to be highly significant in physicians' migration out of Nigeria to the developed countries as reported in study (Astor et al, 2005) included a desire for increased access to enhanced technology, equipment and health facilities (74.1%). The deteriorating nature of equipment and lack of them in most cases among health institutions in the sub-Saharan African region have provided disincentives and have encouraged migration on the part of health care providers especially physicians to migrate to richer nations where those things are easily available. These equipments enable these professionals to put to use all the theories learned while in school.

In another study the most notable problem with working conditions was poor and inadequate supplies of medical equipment and drugs and this was reported in study (Ndetei et al, 2008) which saw it as a push factor among health workers in Kenya. Among the push factors responsible for health worker migration to developed economies in Zambia at least among the nurses was quoted by study (Hansdotter, 2007) as lack of resources to work effectively which included things like equipments and drugs. In the Country of Cameroon health workers represented by health researchers are pushed away from the country to developed economies for lack of the most needed transportation equipment, information technology equipment,

and financial resources to support field research as was reported by study (Takougang et al, 2006).

In a six-African nation study sponsored by World Health Organization, Regional Office for Africa on health professionals intent to migrate to developed countries, study (Awases et al, 2004) pointed out that one of the outstanding reasons in South Africa, Ghana, and Senegal for health worker migration was the state of the health care system including the deplorable state of the equipments and other delivery technologies.

***The need for better prospect for children***

The desire for better prospects for one's children was reported by 44% (Astor et al, 2005; Chikanda, 2004; Ndetei et al, 2008 and Ministry of Health, Uganda, 2007) of the studies as a push factor for health workers migration for green pastures abroad. According to study (Chikanda, 2004), the respondents (48 per cent) saw no future for their children in Zimbabwe and that formed part of their desire to migrate to developed countries. A desire for better prospects for one's children was also reported (78.0%) by the respondents in study (Astor et al, 2005) as a reason for travelling abroad to engage employment in their profession. Results from studies (Ndetei et al, 2008 and Ministry of Health, Uganda, 2007) partly concluded that limited educational opportunities exist for the workers, their children and their spouses and was among the push factors influencing migration abroad.

***The need to live in a country with a stable economy***

A little more than half of the studies 55% (Astor et al, 2005; Hansdotter, 2007; Nguyen et al, 2008; Awases et al, 2004 and Chikanda, 2004) reported that partly to be blamed for the migration of African health workers for greener pastures abroad is the need to live in a more stable economy. Because they see no future in Zimbabwe 45 %, and also due to the general decline of economic situation in the country 55%, study (Chikanda, 2004) observed that health workers opted to travel abroad in seek of better future. In the same vein study

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(Astor et al, 2005), noted that a desire to live in a country with increased economic stability (72.5%) influenced the migration of physicians partly from Nigeria to travel abroad. Study (Hansdotter, 2007) found that three of the participants in the study talked about how it affects them to see other nurses leave the country of Zambia and make better money and improve their standard of living elsewhere. Studies (Nguyen et al, 2008 and Awases et al, 2004) equally agreed that health workers migrated in search of better stable economies. According to study (Nguyen et al, 2008) only 30 percent of nursing student respondents in the study thought Uganda had been stable over the last five years and 61 percent of the respondents would prefer to move to a more stable country.

#### ***The need for general safety***

One third of the studies 33% (Astor et al, 2005; Chikanda, 2004 and Awases et al, 2004) noted that health worker migration from the Sub-Saharan African countries was due to the absence of general safety in the source nations. The absence of safety was generally attributable to war and strife characteristic of many African nations. Study (Chikanda, 2004) observed that because of the high levels of violence, political instability and crime in Zimbabwe, health care professionals were quick to travel abroad for gainful employment. The desire to live in a country with a higher level of general safety 51.9% was equally noted by study (Astor et al, 2005) as a compelling reason to travel abroad by many African physicians. In a WHO, Regional Office for Africa sponsored study (Awases et al, 2004) violence and crime were seen as reasons for emigration by 38% of the respondents in South Africa. A note of caution needs to be drawn here because violence is relative to the region of the country in question. Those that live in violence prone regions are more likely to emigrate compared to those that live in less violent regions of the country.

#### ***The need to work in an academic environment***

About 44% (Astor et al, 2005; Hansdotter, 2007; Awases et al, 2004 and Chikanda, 2004) of the identified studies noted that the need to work in an academic environment influenced Africa's health workers migration to the developed countries. Study (Chikanda, 2004) found that because of insufficient opportunities for promotion and self-improvement, health workers in Zimbabwe opted to travel abroad in the effort to improve on their academic standings. Self-improvement here refers to the opportunity to acquire better experiences in an academic setting and the ability to acquire greater academic qualifications. It was also noted in study (Hansdotter, 2007) that a significant percentage of respondents also rated a desire to work in an academic environment with more colleagues in one's field of interest (48.3%) as an important motivating push factor. This is especially noted among physicians from Nigeria. Studies (Hansdotter, 2007 and Awases et al, 2004) equally saw limited educational opportunities as push factors for health professionals to travel abroad as noted among nurses from Zambia.

***The need to better utilize one's medical education***

Five of the nine studies 44% (Chikanda, 2004; Astor et al, 2005; Ndetei et al, 2008; Hansdotter, 2007 and Awases et al, 2004) found that the need to better utilize one's medical education was enough push for health professionals from Africa to abandon home for developed countries. Study (Chikanda, 2004) observed that because there is a general decline in the health care services of the country of Zimbabwe 42.9% of the respondents in the study were willing to travel abroad in order to better utilize their medical education. Regarding the influence of medical education, in response to questions in the second part of the questionnaire in study (Astor et al, 2005), most respondents agreed that medical education provides students with highly specialized skills that they can utilize to a greater extent in other countries 55.6% agree vs. 17.5% disagree. This trend was most pronounced in Nigeria 62.4% agree. Limited career opportunities was noted by studies (Hansdotter, 2007 and East, Central and Southern African Health Community,

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2006) as additional reasons why health professionals travel to developed countries in order to make better use of their medical training.

#### ***The desire to fulfill job satisfaction***

Approximately 67% (Chikanda, 2004; Ndeti et al, 2008; Hansdotter, 2007; Ministry of Health, Uganda, 2007; Masango et al, 2008 and Awases et al, 2004) of the included studies uncovered that health professionals emigrate from Africa in search of job satisfaction abroad. Study (Chikanda, 2004;) unveiled that because of a lack of resources and facilities within the health care system in Zimbabwe the health professionals were unable to attain a fulfilling job satisfaction, thus the push to travel to a destination country where this desire could be fulfilled. Poor working conditions, lack of resources to work with effectively and limited career opportunities combined as was indicated in studies (Ndeti et al, 2008; Hansdotter, 2007 and Ministry of Health, Uganda, 2007) lead to an undesirable level of job dissatisfaction in Kenya and Zambia respectively and that culminated in a desire to travel out of the country. Low or no job satisfaction was also mentioned as an active ingredient propelling health workers in Swaziland to emigrate to other countries as indicated in study (Masango et al, 2008). Similar situations were also uncovered in study (Awases et al, 2004) in Cameroon that led to job dissatisfaction, thus the need to travel out.

#### ***Attitudes towards institution***

Almost 77 % ( Chikanda, 2004; Ndeti et al, 2008; Hansdotter, 2007 ; Ministry of Health, Uganda, 2007; Masango et al, 2008; Takougang et al, 2006 and Awases et al, 2004) of the studies included in the review identified attitudes towards the institution as one of the overwhelming reasons for the health worker migration from Africa to the developed countries. Study (Chikanda, 2004;) indicated two major reasons why there were dissatisfaction with the institutions that provided health services in Zimbabwe were a general decline in the health care services

of the country as indicated by 42.9% of the respondents and the heavy workload in the health services sector 39.4% as a result of heavy workforce turnover and the effects of HIV/AIDS.

Uncompensated heavy workloads and situations in which the health workers had to use their own initiatives to satisfy the needs of their clients constituted major push factor for health worker migration to developed countries as was indicated in study (Ndetei et al, 2008;) in Kenya. Same was also recorded in study (Hansdotter, 2007) among working nurses in Zambia who had to discharge their duties in deplorable conditions. In Uganda as indicated in study (Ministry of Health, Uganda, 2007) there were significant problems with working conditions in all health facilities. Only about a third (36%) of the respondents said they thought their workload was manageable.

Access to equipment, supplies, drugs, electricity and water were seriously compromised. Only half (51%) said they had the supplies they needed to do their jobs well and safely (gloves, needles, bandages, etc.), and even fewer (48%) said they had the equipment they needed to do their jobs well (x-ray, blood-pressure cuffs, etc.). About the same number (49%) said they had good access to electricity at work. As a measure of workload, only a third (31%) said they can take time to eat lunch almost every day.

In Cameroon there are many health research institutes and the most known is the Institute of Medical Research and Studies of Medicinal Plants (IMPM) , but it is in a state of decadence for lack of maintenance and funding for research activities. As of 2006, the physical infrastructure for research has neither grown nor been renovated over the last decade. The working conditions of these health facilities constituted major push factor for health worker migration within and without the African continent from Cameroon.

### **Improving retention among African health care professionals**

Bach, Steven and as stated previously in his paper (Bach, 2003) demonstrates that governments and employers have a key role in the

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migration of health workers. In all countries a higher profile for human resource management in the health sector would not only alleviate some of the “push” factors that encourage migration, but also reduce the shortage of health professionals that underpins increased international recruitment. It is an indictment of governments and employers that they prefer to rely on the relatively straightforward panacea of international recruitment rather than focusing on underlying problems of pay and working conditions (Bach, 2003). Improvements in these areas would ensure increased recruitment and retention amongst the existing health sector workforce. When state authorities use policies of international recruitment, the detrimental impact on source countries should be minimized by focusing on regulated, managed migration (Bach, 2003).

Improving retention among African health care professionals will require developing incentive strategies that are country sensitive, because what may work in one country may not work in the other. Also gender, marital status and differentials in profession are worthy issues that also must be considered. Females respond differently from males to push factors so also are the married from the unmarried. Medical doctors and nurses are also likely to respond to push factors differently so are other health professionals. Though the statement above stands, there are still general retentive factors that are easily acceptable without being country, gender nor profession specific in the retention issue. Developing pull factors to improve return and retention of health workers will require reversing the push factors which are responsible for emigration in the first place. The general and specific retentive factors worthy of consideration are as follows.

In a study (Astor et al, 2005), when doctors from Nigeria and other developing countries were asked questions about policy recommendations in the fourth and final part of the questionnaire, 83.5% of respondents believed that increasing the income of physicians would be an effective way to reduce medical migration, and 57.6% believed that doing so is feasible given the amount of resources present in their countries. Eighty-seven percent of respondents

believed that improving physicians' working conditions may also deter medical migration, and 66.1% of respondents believed that this is feasible. There was also general agreement (60.7% agree vs. 22.8% disagree) that there should be a requirement for medical graduates to work in their home countries for a set amount of time after graduation. For this question, too, there were differences based on background, with only 47.8% of the clinicians agreeing, but 69.3% of government employees agreeing (po0:001).

Given that job satisfaction, the employee's attitude towards their institution, their welfare, and sources of anxiety, support, and job discretion are factors in retention, study (Masango et al, 2008) on Swaziland suggested what could be done to strengthen the incentives for this. The research team in the study made a number of recommendations to improve retention through offering improved non-financial incentives, drawing particularly from the focus groups discussions. Incentives schemes should focus on terms of employment and working conditions, career path and welfare, as well as improvements in management systems. Such incentives schemes can usefully include job security, pay equity, housing, moving expenses or signing bonuses, opportunities for career development and paid time off for professional development. It is easily seen that financial incentives on its own may not be enough to reduce or curtail health professionals' migration to the developed countries. Non-financial incentives are equally important.

The results of the questionnaire in study (Chikanda, 2004) on Zimbabwe revealed that the major factors that would influence the professionals to remain in their home country are better salaries (76.6 per cent), better fringe benefits (71.4 per cent), a more pleasant working environment (69.3 per cent), improved facilities and resources in the care system (63.3 per cent) and a reasonable workload (59.7 per cent). Other factors of note include the presence of a more peaceful social environment (51.5 per cent) and more accessible education and training opportunities (50.6 per cent). Most of the key informants (83.3 per cent) agreed that better salaries could lure skilled personnel back to

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their country of origin. Better incentives (58.3 per cent) were also cited as a major pull factor for skilled health personnel residing outside the country. Other factors that can influence the return of professionals residing abroad are good working conditions (33.3 per cent), prospects for further education (16.7 per cent), redress of macro-economic environment (16.7 per cent) and a well-developed human resources policy (16.7 per cent). A stable political climate (41.7 per cent) and the provision of adequate drugs and equipment (25 per cent) were also cited as some of the factors that might influence the return of skilled health personnel.

When talking about possible interventions that would help to retain nurses with a Bachelor's degree in nursing almost every participant in study (Hansdotter, 2007) on Zambian nurses suggested financial interventions. The majority of the participants mentioned improved salaries as the most important intervention. Also brought up by the majority of the participants as an important intervention, was improved accommodation for nurses with a Bachelor's degree. Different ways of improving the accommodation were mentioned e.g. improved housing allowance for nurses to be able to pay rent for adequate accommodation or be given house loans to make it possible for nurses to build their own houses or have the government build houses specially dedicated to nurses.

Study (Ministry of Health, Uganda, 2007) on Uganda did remark that some recent research in Africa suggests that salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention.

### **Policy recommendation and conclusion**

Policy issues on improving retention among African health professionals should focus on tackling the pull factors that are responsible for their emigration in the first place. These factors, we suggest must be country specific. From the abundance of research, country context on emigration do vary and as such it will be

inappropriate to recommend a universal approach to curbing or containing the flow of health care professionals from Africa to the developed countries. Having said that, there are still some incentives that could be made into policies that must not escape the recommendation of this paper. The recommended policies can easily be modified and adapted to each country. The resounding policy recommendations that were clearly favoured by respondents were income adjustment and improved working conditions (Astor et al, 2005). Fellowship and scholarship programmes, together with advanced training programmes are recommended and are meant to enhance the capacity of the health professionals in the discharge of their services and are also meant to reduce the migration of health professionals for reasons of furthering their studies. The Zimbabwean government has introduced numerous policies and strategies to ensure the retention of skilled health personnel in the public sector. According to the key informants, these policies include the provision of housing and a transport allowance, call and stand-by allowances, and performance management system. Salary reviews were introduced to match the cost of living in an environment of hyperinflation. Call allowances were introduced to allow the professionals to work extra hours due to staff shortage. Currently, there are better call allowances in rural than urban areas.

In a study (Hansdotter, 2007) the salary for nurses' scale was compared to other health workers' and described as being too low. Facilitating house loans and car loans for nurses with a BSc degree in nursing was suggested and retention package given to nurses, not only doctors. Other allowances were also mentioned e.g. risk allowance, children's allowance and improved rural hardship allowance.

Also mentioned to be an important intervention was the development of an adequate salary scale for nurses. Financial support of research was mentioned as having a retaining effect on nurses with an interest in research. Also to let more nurses have access to paid study leave sponsored by the government to facilitate further education was brought up as an important intervention. It could be understood

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from the statements above that financial incentives, that come in varied forms are manipulated in ways that achieve the desires of any given nation in order to maximize the retention of their health workers. It could come in the form of salary increases, loans etc. The issue of salaries is among the most complex and difficult to implement for many countries as was noted in study (Awases et al, 2004).

As most health workers report migration due to economic reasons, governments are encouraged to ensure regular and fair provision of at least a 'living wage'. Realistic remuneration packages mean different amounts in different countries. However, the principle is that salaries of health workers should be at least comparable to those of other professionals in the same country and there should be sufficient funds for accommodation, transport, utilities and opportunities for education. Good quality and quantity of health service delivery is not cheap, but the cost of the consequences of not paying staff well is even more expensive. If health service delivery is considered important, then it should be demonstrated in reality by the salaries paid to those delivering the services. Otherwise the few who remain may continue to pretend to work or migrate. Improved remuneration and creation of incentives could contribute to reversing the brain drain and returning health workers to their home countries.

Policies directed at improving financial incentives can not do it alone, so we do agree with study (Masango et al, 2008) that financial incentives can contribute to retention of health workers, but to be sustainable, schemes must be complemented by non-financial incentives (improved working conditions and human resources management). Policy recommendation being made by the study which we totally agree with is that the government should put in place national-level policies to retain health workers in rural areas, in lower-income districts and at lower levels of the health system to ensure that all areas reach minimum standards with regard to numbers of personnel per population (such as the WHO recommended minimum standard of 20 doctors per 100,000 patients). We stress that such incentives should not only be financial. According to the feedback

received from respondents in study (Ndetei et al, 2008), a number of non-financial incentives are highly valued:

- improved working conditions;
- training and supervision; and
- good living conditions, communications, health care and educational opportunities for themselves and their families.

The government needs to invest not only in its health workers but in its facilities, by ensuring regular medical supplies, upgrading facilities and improving working conditions in rural and poorer areas. Continuous medical education in specific areas is required, depending on service needs, in response to areas of increasing public health burden, such as antiretroviral therapy (ART), voluntary counselling and testing (VCT), and services for tuberculosis, epilepsy, mental health, diabetes and hypertension. Management practices also appear to be important. However, the strategic information needed for effective management was often missing in the facilities that needed it most. A study (Masango et al, 2008) did suggest which we totally agree with that Institutions should provide human related quality management tools, namely supervision, feedback, staff appraisals, staff satisfaction surveys, clear leadership and guidance, clear organizational objectives and missions, and staff participation mechanisms (including staff meetings), adequate training, as well as self assessments. With these there will be less confusion and dissatisfaction which may constitute a push factor.

A study (Ministry of Health, Uganda, 2007) is of the opinion that important correlates of intent to stay or job satisfaction which we do recommend as well as a policy include the importance of salary (but not the *satisfaction* with salary, which is uniformly low), a good match between the job and the worker, active involvement in the facility, a manageable workload, supportive supervision, flexibility to manage the demands of work and home, job security and a job perceived as

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stimulating or fun. Some of these issues could be addressed without a large capital investment.

Policy issues coming out of study (Takougang et al, 2006) is of the opinion that problems of research scientists from developing countries could be addressed through the provision of incentives for the time devoted to manage and execute internationally funded research activities, or through national investment in direct salaries and other financial rewards. Non financial rewards may include letters of congratulations for outstanding research achievements.

The issue of salaries is among the most complex and difficult to implement for many countries. As most health workers report migration due to economic reasons, governments are encouraged to ensure regular and fair provision of at least a 'living wage'. Realistic remuneration packages mean different amounts in different countries. However, the principle is that salaries of health workers should be at least comparable to those of other professionals in the same country and there should be sufficient accommodation, transportation, utilities and opportunities for education. Good quality and quantity of health services delivery is not cheap, but the cost of the consequences of not paying staff well is even more expensive. If health service delivery is considered important, then it should be demonstrated in reality by the salaries paid to those delivering the services. Otherwise the few who remain may continue to pretend to work or migrate. Improved remuneration and creation of incentives could contribute to reversing the brain drain and returning health workers to their home countries (Takougang et al, 2006).

The policy recommendation out of study (Nguyen et al, 2008) which we totally agree with is that student nurses and as a matter of fact other health providers who are inclined towards rural practice or the public sector should be educationally sponsored by the government since they are less likely to desire emigration and express a higher sense of loyalty to their country. Their recruitment could lead to a more stable workforce as was observed in Uganda. Therefore, the study suggested that nursing schools could use interviews,

recommendations and personal goal statements in the admission process to favour those candidates likely to express a commitment to rural practice or continued service to Uganda. Government subsidy of nursing education could also be directed towards these students.

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