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Briefing

ReBUILD Consortium

Research for stronger health systems post conflict

BUILDING A MOTIVATED HEALTH WORKFORCE DURING AND POST THE EBOLA OUTBREAK IN SIERRA LEONE

Recommendations from the ReBUILD Consortium.

The already weak health care delivery sector in Sierra Leone has been further overburdened with the Ebola outbreak. All efforts made towards strengthening the health system and working towards providing equitable access to healthcare for all has suffered a major setback.

The Ebola outbreak has further highlighted the gaps in the health system namely lack of infrastructure in terms of health facilities and accommodation for health workers particularly in the rural parts of Sierra Leone, poor working conditions, lack of resources and logistics, inadequate and ill equipped human resource for health, poor sanitation, non-existence of infection control and inadequate levels of health education and promotion. It has further exacerbated the lack of trust between service users and health service providers, with service users being more accustomed to seeking health services from traditional healers instead of health facilities, particularly in the early phase of the outbreak.

The majority of the available and willing human resource for health is at the forefront of the Ebola fight meaning other ailments are being overlooked. This has resulted in an increase in non-Ebola related deaths due to more men, women and children dying at home from preventable illnesses. Health facilities have been abandoned by both service users and service providers due to fear on both parts. Overall this has had a negative impact on health outcomes and reduced access to health care services. The findings from the human resource for health project conducted by ReBUILD are relevant in addressing some of these issues namely rebuilding the trust between health care service users and health care service providers. A prerequisite in achieving this is ensuring that the health work force is motivated and confident in executing their duties. This will also be of relevance in the immediate Ebola period in ensuring that underlying workforce issues that have prevented the health system from responding to the outbreak effectively can be addressed.

Findings from ReBUILD HRH project

Table 1: Motivating and demotivating factors in order of preference

Motivating factors	Demotivating factors
Being effective in their role	Working conditions
Community service	Poor Management
Financial Incentives	Limited training opportunities and career progression
Improved working conditions	Limited financial incentives and benefits
Training opportunities	Political interference
Religion	Relationship with community
	Separation from family
	Security (job and personal)
	Tensions in the workplace
	Poor retention of staff
	Long working hours
	Recruitment of staff
	Challenges in rural postings

Overall perception of career

The table above gives the motivating and demotivating factors captured in this research study. Some of the motivating factors also overlapped as dissatisfying factors, when absent (e.g. poor relationships with community, limited training opportunities and financial incentives, poor working conditions) amongst other things. These factors are listed in order of frequency.

Motivating factors

Motivating factors were centred around personal motivating factors such as religion and job satisfaction from being of service to the community, gradually improving working conditions and monetary and professional development factors. These motivational factors are somewhat interlinked as the existence of one can act as a stepping stone for the establishment of another. For example to be effective in their role as health workers acquiring an element of training or professional development training enables them to perform better in their jobs and improve health outcomes. Likewise gradual, visible improvement in the health facility in terms of infrastructure, including access to utilities (water and electricity) together with improvements in the availability of diagnostic tools and logistics will feed directly into health workers being effective in their roles. These improvements were welcomed by the health professionals as they are translated into improvement in health service delivery, empowering them to utilize their knowledge to the fullest and highlighting that this should be an intrinsic component of any plan to increase attraction, motivation and retention. In addition recognition in the workplace by their peers and supervisors and the need to feel valued and supported was much greater, implying that effective managerial structures should be put in place to facilitate this.

Health workers motivation was further fuelled by being appreciated and recognised by service users in the communities. Health workers take pride in the services they offer and are willing to tackle challenges or constraints, improvising according to the working environment and ensuring they continue to deliver to health

service users. There was a sense of community members holding health workers in high esteem as in some cases the health workers assumed other mentorship roles in society. Therefore health workers can usefully promote health education within the community and ultimately increase the utilisation of health services. Financial reward was not top of the list of motivating factors in terms of frequency reported, highlighting that financial incentives should be integrated with other incentives, to keep health workers motivated. Nonetheless, the health workers saw a decent salary that was paid on time as positive as it translated into being able to provide for their families. Low salaries were found to be particularly de-motivating (discussed in the demotivation section below) as health workers felt that their skills, time and efforts were not valued.

Demotivating factors

A demotivated health workforce translates into poor service delivery which in turn will fuel the lack of trust between service users and health care providers. Poor working conditions was the most frequently reported demotivating factor, followed closely by limited training opportunities (especially for health workers in rural postings due to regional disparities) and poor monetary incentives and benefits for health workers. Ambulances were not provided to some health facilities, making transportation of patients a challenge.

'Limited training opportunities and lack of career progression' and 'Lack of financial incentives and benefits' were reported by health workers predominately in rural postings. Health workers in this study reported being reluctant to work in rural areas as regional disparities for training opportunities and opportunities for career development were typically less than in urban areas which puts them at a disadvantage in getting opportunities to develop professionally.

The salary provided by the Government of Sierra Leone was described, as 'not encouraging', and insufficient to support family financial responsibilities especially when compared to the private sector. This issue was addressed by the salary uplift that came with the Free Health Care Initiative in April 2010, which was welcomed by health workers but the general consensus was that the salary uplift was not in line with the increased cost of living and is not commensurate with the duties health workers perform. This situation forces health workers to take a second job to supplement their income, making them overworked and not fully committed to their professional duties. This suggests that improved working conditions, good remuneration (relative to the cost of living) and professional development and career progression should not be neglected for health workers, especially for those working in rural, hard-to-reach areas.

Another demotivating factor is poor management. Poor governance and managerial structures should also be addressed to minimise tensions and division in the workplace between supervisors and those they manage, and between different cadres of health professionals (e.g. doctors and nurses). Equipping health workers fairly with the right competency based skills, achieved through continued professional development can cultivate leadership skills amongst health workers, which in turn will have a positive impact on the poor managerial structures reported to be currently in place in Sierra Leone. In addition administrative support at central government level should be strengthened, allowing for issues affecting health worker motivation

being identified and addressed. Health workers also felt that they should be involved in the decision making processes that governs the management of the health facilities.

Relationships with the community were reported as a demotivating factor more commonly by community health workers. Thus community participation, together with effective health education and promotion interventions to strengthen the health system should be considered.

Separation from their families was reported as a demotivating factor mostly by rural posted health workers or in reference to an experienced rural posting. Communication in the hard to reach/rural areas of Sierra Leone is poor and with the limited opportunities to visit home due to tedious work schedules and travelling difficulties, which makes it difficult for separated families to stay in touch. Thus durations of specific tours of duty should be respected.

Other reported demotivating factors reported by both rural and non-rural posted health workers include: limited levels of autonomy; lack of security (job and personal), which touches on issues arising from having poor working conditions (e.g. lack of transportation provision for health workers in rural postings) and also as a direct consequence of conflict; poor retention of staff (especially in rural areas); tension in the workplace; long working hours; the difficult recruitment process (which feeds into reduced retention of health workers especially in the rural areas); and challenges surrounding the rural posting process.

Issues pertaining to personal security were experienced predominately by those working in hard to reach/rural areas of Sierra Leone, having to use dangerous means of transportation. Lack of punctuality, absenteeism and not working within professional remits, poor chain of command were cited as factors that created tensions in the workplace. All of these can be perceived as ripples effects of poor managerial structures, increased indiscipline amongst staff increased workload, poor teamwork and poor overall job satisfaction.

There is a running theme of health workers being posted to the provinces to assume leadership roles in health facilities having more volunteers and untrained staff, compared to trained health personnel. It is a common occurrence for newly recruited staff posted to these difficult terrains to not report for duty, which increases the workload of health workers already in post, especially those in supervisory roles. This translates into health workers having to put in very long hours at work to maintain standards of service delivery and to offer additional technical assistance and supervise the untrained staff.

Health workers posted in the hard to reach rural areas are faced with a number of additional constraints on the job in addition to the demotivating factors aforementioned. The transition to working in rural areas is not smooth; accommodation is lacking for those posted to rural areas and in some cases good schools to continue with their children's education are not available. Health facilities in these hard to reach, difficult terrains are understaffed, placing an additional work burden on the health workers. The lack of travelling logistics creates unavoidable challenges for health workers getting access to service users and likewise, service users reaching health facilities. A more detailed report of the findings can be found in Wurie and Witter 2014.

Conclusion

Short term goals include motivating and capacitating health workers, improving working conditions (including providing water and sanitation facilities, logistics), increasing health facility utilisation by upscaling community participation to help bridge the current gap of mistrust between the community and health workers and ensuring health facilities are fully equipped to operate effectively to deal with the outbreak. Motivation strategies should focus on adequate remuneration, providing suitable accommodation a positive work environment, and opportunities for career development and structured managerial supportive health systems. Health training institutions involved in pre-service training should be strengthened and health workers should undergo continuous infection control training with the resources being made available in the health facilities to enable them implement infection control effectively. Long term goals include building up the human resource available for health, continued improvement of the working conditions, continued strengthening of the health sector and development of an emergency response plan. All these efforts should be directed toward building national capacity, with adequate political backing. From the study findings we have identified a set of recommendations of immediate relevanvce and for supporting the health system post Ebola.

Recommendations for ensuring the workforce is better able to cope with the outbreak – short term and long term

Essential factors

i. IMPROVED WORKING CONDITIONS IN THE HEALTH FACILITIES: Essential logistics including basic medical diagnostic tools, personal protective equipment, provision of ambulances, utilities (water, sanitation and electricity), drugs and technology, should be adequately provided at the health facilities. Lack of these resources will compromise measures to control the spread of the virus

ii. FINANCIAL INCENTIVES: A full package of measures should be introduced to address the rural/urban divide for health staff. These should go beyond the currently erratic remote area allowance. Risk allowances currently provided for health workers at the forefront should be paid on time.

iii. ACCOMMODATION: provision of suitable government supported housing close to health facilities for rural health workers (especially for female staff, for additional security reasons). This will in part address the recent highlighted issue of health workers being evicted by their private landlords as they are seen to be at risk of carrying the Ebola virus.

Health worker motivating factors

i. *CLEAR DEFINED CAREER PROGRESSION PATHWAYS:* In light of the inadequate human resource available for health, particularly in the rural areas, it is important that cadres of health workers that deliver the bulk of community health services (community health workers) in rural Sierra Leone should be motivated.

This could be addressed through more clearly defined career paths, giving them a sense of appreciation in terms of finances and job security and feeling valued in their role played in alleviating the crisis.

Sustainability factors

i. MORE HUMAN RESOURCE FOR HEALTH: to ensure that more adequately trained health workers are available and maintained to deal with the increased workload particularly in the rural areas.

ii. ROUTES INTO THE MEDICAL PROFESSION: Recruitment for lower cadres of health workers should be encouraged from indigenes of rural areas. This will ensure sustainability and retention of health workers in the long run in addition to a sense of ownership by the community of the health facilities. This will also help to bridge the gap of mistrust between health workers and the community. A prerequisite for this recommendation is the establishment of local training institutions and improving education standards in general to ensure that it is sufficient to complement medical related training.

Performance Management

i. TRAINING AND PROFESSIONAL DEVELOPMENT: Health workers should be adequately trained on a regular basis and capacitated to implement infection control measures in the health facilities. Selection for training should be objective, and based on individual professional development to improve on health worker performance.

Management process

i. RECRUITMENT: The centralised recruitment process causes inordinate delays. Decentralisation of the process might improve on the time which is currently taken to engage new staff, which sometimes causes demotivation and attrition. Addressing some of the essential factors highlighted may help prevent attrition which will also address in part the overworked human resources for health available in some health facilities. This will minimise the occurrences of unqualified staff roles that require more experience on the job. Accordingly, there is a need to carry out mass and timely recruitment campaigns in periods of crises and ensure that adequate resources and appropriate working conditions are in place to allow this.

Reference

1. Wurie, H. & Witter, S. 2014, Serving through and after conflict: life histories of health workers in Sierra Leone., ReBUILD, Freetown.

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