

Understanding factors that can promote resilience during and after economic crises: how to retain and motivate health workers at rural health facilities in Zimbabwe

Authors: Wilson Mashange, Yotamu Chirwa, Malvern Munjoma, Pamela Chandiwana, Shungu Munyati & Sophie Witter

Background

- There is serious human resources for health (HRH) crisis in developing countries, particularly in Africa
- Zimbabwe's socio-economic and political crisis between 1997-2008 resulted in dilapidation of health infrastructure, loss of experienced health professionals, shortage of drugs and increased burden of disease
- The crisis period witnessed high vacancy rates among doctors, nurses, midwives and environmental health practitioners (EHPs)
- Freezing of posts after the socio-economic crisis worsened the situation
- Health service delivery has been hampered by HRH shortages, especially in rural areas as facilities are often serviced by unqualified or under-qualified staff

Aim

Our research aimed to explore health worker perceptions and experiences of their working environment and factors which would encourage or discourage them to stay in post in rural areas

Methods

A document review, survey, key informant interviews and in-depth interviews with job histories were conducted with managers, nurses and EHPs at selected health facilities in three study areas in the southern region of the country.

Method	Number
Documents reviewed	76
Key informant interviews	28
Career histories	35
Health worker survey	227

Results

Nearly 62% of the workers reported that they would accept a new contract working in public facilities in a rural setting. The most prominent motivating factor for working in a rural setting was accommodation, mentioned by about half of the respondents while about 31% mentioned transport and good roads. Accommodation was pointed as one of the major incentives of working in rural areas whether at government, mission and local authority health institutions. Good phone networks and improved structures at rural health facilities were also cited as motivating factors.

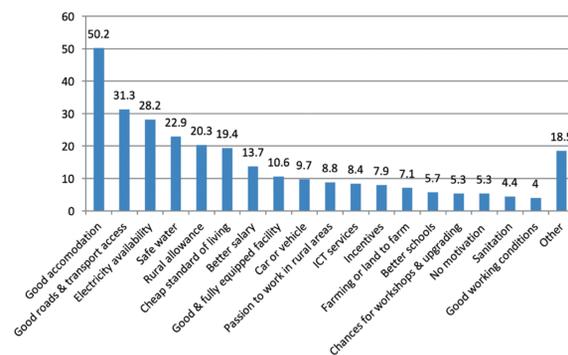


Figure 1: Main phrases as to what would motivate them to work in rural areas

"Government should put in place things that attract health workers like; good accommodation, electricity, good road networks, phone networks, transport and improved clinic structures." IDI 022 Male Nurse district 3

Electricity (28%), water (23%) and rural allowance (20%) were also mentioned as important factors - especially a rural allowance to cover hard to reach or the remotest areas. Health workers resorted to using candles when delivering pregnant mothers at facilities with no electricity

"Government should increase the incentives, build schools within reach and make the schools better. The salaries of those who work in rural areas should be 25% or 50% more than those in urban areas." IDI 005 Female nurse private sector district 1

"Allowances should be given e.g. rural allowance, health centres should be well renovated, there must be electricity at the rural facilities, and the government must improve the environment and have a constant water supply at the centre." ID 007 Male Nurse district 2

Passion to work in the rural areas was mentioned by 23% of the health workers while 23% mentioned the opportunity to serve the community. More females expressed that passion to work in rural areas motivated them to work there.



Bindura Hospital, Zimbabwe

Credit: Sophie Witter

"I don't know of any policy, as for me, I just prefer to work in the community where I grew up in." ID 020 female nurse Rural hospital District 3

Conclusions

Attracting and retaining HRH continues to pose serious challenges to the health sector in post-crisis Zimbabwe. Availability of accommodation; good roads and transport access; availability of electricity, safe water; rural allowance and cheap standard of living were the most prominent motivating factors to retain health workers at rural areas facilities.

Resilience was shown by the many health workers who did not leave during the crisis, despite the very difficult conditions. They coped by adopting a variety of economic strategies and also by informal adaptations within teams. The resilience of system and staff are again being tested in tough economic times.

Creativity of managers and staff and external support remain critical to maintain the functioning of the system.

References

- Chirwa, Y. et al (2015) Understanding health worker incentives in post-crisis settings: policies to attract and retain public health workers in Zimbabwe: key informant interviews. ReBUILD RPC research report. Available at: www.rebuildconsortium.com
- Chirwa, Y. et al (2015) Understanding health worker incentives in post-crisis settings: lessons from health worker in-depth interviews and life histories in Zimbabwe. ReBUILD RPC Working Paper. Available at: www.rebuildconsortium.com
- Chirwa, Y. et al (2015) Understanding health worker incentives in post-crisis settings: document review. ReBUILD RPC Working Paper. Available at: www.rebuildconsortium.com
- Chirwa, Y. et al (2016) Understanding health worker incentives in post-crisis settings: survey report. ReBUILD RPC Working Paper. Available at: www.rebuildconsortium.com
- For a full list of ReBUILD's resources from its research on human resources for health in post-conflict and post-crisis settings, see: www.rebuildconsortium.com/themes/human-resources-for-health/resources-from-rebuild-work-on-human-resources-for-health/

