



Evidence-based Recommendations to Improve Retention, Attraction and Recruitment of Health Workers in Sudan

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Current literature systematically reports that interventions to retain and attract health workers in underprivileged areas need to be context specific but rarely defines what that means. In this systematic review, the study summarized and evaluates context factors influencing the enforcement of interventions to attract and retain health workers in rural area.

Methods: We searched online databases, pertinent websites and reference lists of selected papers to identify studies on mandatory rural service programs and financial rewarding. Four studies were selected. Information regarding context factors at macro, meso and micro levels was extracted and re-synthesized.

Conclusion: In all the articles reviewed, policies were in placement to hold health workers, the policies appear to be ineffective because workers are still animated from rural to urban areas and from Sudan abroad. There is an utmost need than constantly before for national-level overall policy formularization on non-financial and financial remuneration if there is to be refinement in the unjust distribution of health workers across the region.

Keywords: Retention; health workers; incentive strategies; policy formulation.

1. INTRODUCTION

The term personnel retention refers to the great circle time between beginning and ending of appointment. Retention doesn't see indefinite length of service in one location, supervisor or organization, however refers to some floor length of keep. [1,2] precisely what constitutes this minimum is ambiguous and certain to vary in keeping with whether or not it's outlined by the occupation, situation, or health service, and looking on the position and characteristics of the society that have an effect on the power with that the medical expert will be substituted. Retention therefore glimpse some construct of sufficiency or adequacy of tallness of service, maybe measured in terms of a come on the exploitation prices coupled with coaching and mobilization or the consequences on patient care that are thought-about to be best [1]. Employee 'retention' is totally different from employee 'rotation' [3]. Retention refers to the time between association to a service and decisiveness or exodus from that service, and therefore may be a live of the length of lodging. In difference, rotation refers to the amount of terminations in an exceedingly mounted fundamental measure divided by the amount of active employees within the same denomination [2,3]. Thus, retention indicates World Health Organization is going, World Health Organization is staying and for a way prolonged, whereas turnover reflects the degree of motion of people returning into or going a service. [4,5] as a result of retention is tough to live and should be trail over long periods of your time, most of the typecast has centered on personnel turnover. typically, the personnel goal is to attenuate avertable personnel turnover.

2. METHODOLOGY

The authors used all available research databases (Scopus, Web of Science, Pro quest, Embas Google Scholar, Pub Med, etc...) using the aforementioned keywords. Following this, they downloaded all accessible articles that exhibited significance that were not published in predatory journals. Of importance, the authors excluded all inaccessible data. Next, the authors read each and every one of these papers; skimming them for relevant data. Following the obtaining of the required data; the authors illustrated said data in this paper.

3. PAYOFF FOR RETENTIVE AND FASCINATING MEDICAL EXPERTS IN PACIFIC AND ASIAN REGIONS [6]

Study given by Henderson and Tulloch 2008, invention that the deficiency of medical experts in Pacific and Asian countries may be a climacteric issue that has to be addressed as a whole a part of strengthening health systems. medical experts dislodge, leave the health section, or use totally different header ways in response to tough state of affairs like poor or intermittent indemnification, inadequate operating conditions, restricted coaching opportunities or weak management. to attenuate exhaustion from the health personnel and also the negative effects of header ways, efforts are needed to deal with the causes of medical expert chafe and to spot the factors that impact medical expert decisions. The challenges in maintaining adequate health personnel need a sustained potential in personnel designing, enlargement and funding. This effort needs innovative ways – like stimulant packages – for retentive and motivating medical experts in monetary resource -constrained settings. The health system in every country is varied and needs totally different ways to stem the shortage of adept medical experts, particularly in rural and distant areas. So, there's no international model for ameliorator the retention of medical experts and their execution. The literature highlights the importance of considering a squab vary of incentives which will be canned to draw in medical experts and to push them to establishment within the health sector. It emphasizes that non-financial incentives will be as essential as money incentives [6]. there's risk for medical expert incentives schemes to tug off within the Asia-Pacific countries. Winning incentive ways are varied and include:

1. Long political obligation and sustained effort in the slightest degree levels.
2. A deep comprehension of the cultural, social, political and economic context within which the incentives strategy is being advanced.
3. Participation of key stakeholders – particularly the medical experts themselves – in developing the strategy, formulating policy and realization initiatives.
4. Integration of efforts between government sectors, donors, non-governmental organizations and also the special sector to confirm the initiatives are property.
5. Packages of harmonious and coupled money and nonfinancial incentives that

adequately answer the requirements of medical experts.

6. Police work and analysis staff and systems.
7. Strengthened oversight and management capacities.
8. Rendering management systems that link medical expert performance to subsidiary management and appraisal, and
9. Constant analysis on what motivates medical experts in arranged to adapt and modify the incentives to the dynamic wants and wishes of the personnel.

4. PRINCIPLES TO GUIDE THE FORMULARIZATION OF NATIONAL POLICIES TO PROGRESS RETENTION OF MEDICAL EXPERTS IN FAR AND RURAL AREAS

A report revealed by United Nations agency in 2010 summarized the relevant retention methods in seven purpose as a below [7]:

Specialize in health halves: According to the principle of health equity, all subject ought to have Associate in Nursing equal occasion to be healthy. However, broad disparities in health standing survive at intervals several countries worldwide. shortage of access to quality health-care suppliers is one among the first descent causes of health inequity and is disproportionately veteran by folks living in remote and rural communities. abide to the present principle can facilitate within the chosen of the foremost effective retention methods and in a Verisign out their resources in a means that contributes to the reduction of avertable inequalities in health. for instance, in hardening the quantity of medical experts required by any specific community or population there's some proof that the health necessarily of rural populations area unit larger and so they'd want a proportionately higher range of medical experts [8,9]. compared with their metropolitan counterparts, rural medical expert's area unit "prolonged generalists" United Nations agency give a wider vary of services and hold the next level of clinical responsibility in relative skilled segregation [10]. within the context of huge distances, geographical factors, transport links, communications and then forth, little communities in rural or remote areas could need a bigger range of scholar health-care suppliers that will not be even in Associate in Nursing urban state of affairs.

Guarantee rural retention policies area unit a region of the national health got wind of: This is relating to the principles of uniformity and policy perseverance at the country level. Rural retention policies ought to be grounded in Associate in Nursing passing coasted and valid national health got wind of. A national health got wind of provides the frame for holding all partners accountable of producing tangible and measurable results; it's at the heart of health enlargement that is country-led, country-owned, and fully aligned with national priorities and capacities. A national health force got wind of, that's Associate in Nursing integral a region of a country's national health got wind of, sets out the projected numbers and sorts of doctors, needed at intervals the long run, the policies and strategies to proportion needed doctors, the strategies to retain and encourage them, and additionally the costs of implementing all the desired interventions.

Comprehend the health manpower: Before beginning on any of the suggested interventions, a transparent understanding of the health manpower is indispensable. This contains Associate in Nursing understanding of the present levels and allocation of medical experts by gender, sector, nation and specialty. an intensive state of affairs analysis and labour sales outlet analysis of current and future wants of medical experts ought to be able to differentiate any potential mismatches between mobilization and demand factors. for instance, it will determine whether or not massive numbers of workless medical expert's area unit placed in urban areas, or whether or not high recompense differentials exist between urban and rural areas, and so will directory applicable interventions.

Perceive the broader context: Ameliorative the retention of medical experts in remote and rural areas poses variety of complicated policy challenges that can't be tackled at intervals the health sector alone. Broader social, economic and political factors at national, sub national and community levels that influence retention additionally got to be thought of to make sure the choice of policy interventions area unit anchored in and tailored to the particular context of every region.

Strengthen human resource management systems: A core basic want for any retention strategy to be effective is administration capability. Remote and rural retention methods necessity to be grounded in human resource (HR) management systems, that contain key

elements like manpower coming up with, induction and leasing practices, work conditions, and rendering management, also as competent unit of time managers able to perform these functions.

Move with all pertinent stakeholders from the kickoff of the tactic: Correlation of stakeholders across several sectors is also a rigorous part for the success of rural retention policies, as a result of it's for any quite health system or health force policy. In distinctive and selecting the foremost acceptable ways that an outsized consultee and assortment effort is needed. Rural and remote communities, trained associations and different pertinent decision makers ought to be enveloped at intervals the design, expansion, application, observance and appraisal to urge and preserve the support of all involved.

Get into the follow of estimation and learning: A commitment to observation and analysis from the beginning is crucial thus on apprehend valuable lessons learnt and participate to grouping the proof base, which might be of use at the country level and for countries that have similar contexts. observation and analysis will facilitate confirm challenges and limitations throughout group action, assess the degree thereto the objectives and goals area unit accomplished, Associate in Nursing confirm the need for a spanking new intervention or the need to re- layout or modify Associate in Nursing existing one. observance and analysis need to be a region of the design section and integrated into the applying prepare. in addition, continued exploitation in national knowledge systems is vital to surround timely and proper data and acquaintance is out there to inform the political technique.

Incentives for doctor retention in Kenya: associate assessment of current practice [11]: In 2008 Ndeti et al revealed a quest to assess the incentives for doctor in African nation, and transient the explanations why physicians had left their public sector add the twelve months antecedently to the present study were hard to ascertain. time unit records weren't combined and also the info couldn't be alienated. a number of the explanations for dismissal enclosed ex gratia retirement before official age, mandatory official pension age, golden handshake/retrenchment, resigning for additional studies or job opportunities outside the country, retraction personal follow, dismissal on rigorous grounds, decline of duty, retirement on medical basis, move out of services and death of the

employee's organ. financial gain clearly plays a task within the call to depart. Salaries publically medical facilities area unit under those privately and semi-independent government establishments. Personal establishments conjointly dimension bonuses and special awards to grace and symbolize sensible service. publically establishments, nurse's area unit given awards however there are not any bonuses. operating conditions also are substantial. operating hours vary from establishment to establishment. privately and expedition hospitals, employees work forty hours per week – if one-night shift (12-hour shift), they work for 2 nights consecutively, then take subsequent 2 days to rest (off duty). publically establishments, staff have comparable schedules, however got to work four nights before they're pliable 2 days to rest. staff UN agency work further hours privately and semi-autonomous medical establishments area unit paid financially. If they work as locums publically medical facilities, the additional hours area unit additive and awarded as leave days. In distinction, staff at PHC centers, despite the serious work, aren't paid or noted by their employers for the additional responsibilities they need to pledge. For these extra responsibilities, the staff got to use their own commencing to acquire the indispensable skills to fulfill the essentially of the populations they serve. the foremost notable drawback with operating conditions was poor and inconvenient provides of medical outfit and medicines. The essential drug list covers all health centers within the country and that they all draw equal amounts and kinds of medicine, despite differing population densities and medical desires. specialized services within the PHC centers area unit initially piloted and programmed by NGOs and later extended into PHC services [11]. "The NGOs train the physicians at the program sites within the new specialized clinical areas to expand services to the have-not populations they serve. Once the NGOs have finished their activities, the trained staff take over implementation of those services while not compensation from their employers. Medical provisions conjointly stop, spiritless staff with new power in clinical areas. This frustration means once donor support is provided for services in specific areas (such as TB, HIV/AIDS and mental health), physicians opt for, to maneuver from general jobs into recently fashioned specialized jobs, usually in NGOs, inflicting a 'brain drain' from public sector to personal sector" [11]. "In private, for- gain hospitals, mission hospitals and semi-autonomous regimen institutions, all hospital

machines or equipment's are serviced and in working condition, with medical viands available. Transport is made available to gang working late or odd hours or coming early on duty. In public institutions, systems are not usually fully feasible, and stocks of available medical supplies are restricted. For staff working delayed or odd hours, transport is unavailable most of the time. Health workers in primary health care facilities and sub area hospitals are most influenced because they have no safety systems in site and lack non-financial incentives (unavailability of intercourse systems). There are also no ambulances to transport acutely ill patients to better-equipped medical facilities" [11].

5. ANALYSIS OF CONTEXT FACTORS IN OBLIGATORY AND INCENTIVE METHODS FOR HUMANITARIAN

Attraction and retention of physicians in rural and remote areas [12]: An orderly review printed in 2015 by Xiaoyun et al. seem that context factors area unit wide thought-about vital within the literature, these factors area unit rarely rumored and analyzed consistently. The context factors bestowed during this review area unit derived solely from the offered literature which cannot desires cowl all relevant context factors, because of lack of analysis during this specific region. for instance, restricted proof was found to debate the role of worldwide health concealment policy and medical examiner attraction and retention [13]. Although the chosen studies during this review rumored completely different context factors, there's terribly restricted info within the pristine studies analyzing whether or not or not these context factors have positive or negative impact on the evolution and implementation of the methods. The review tries to debate the potential influence of various context factors on the assorted policy stages. Policy analysts sometimes tend to interrupt down health policy utility into a series of stages although acknowledging this doesn't essentially be inverted the precise method within the planet [14]. This theoretical model sometimes consists of agenda setting, policy formularization and policy implementation.

6. CONCLUSION

Policies to keep health professionals were mentioned in all of the papers we reviewed, but they aren't working because employees are still moving from rural to urban regions and from Sudan to other countries. If the inequitable

distribution of health workers around the country is to be improved, there is a greater need than ever for national-level policy formulation on non-financial and financial incentives. An oncoming that allows person facilities to set incentives catalyze initiative, but the misdistribution of workers between urban (rich) and rural (poor) areas calls for policies that immediately address workers in low-income areas, which are usually those with the greatest health needs. In other words, these policies must address the issue of vertical equity, where those with the greatest needs receive the most assistance. This strategy is especially important for preventing the vicious cycle of poorly trained facilities, which increases workloads, lowers morale, and encourages additional emigration. Further out-migration further weakens service economy and quality for low-income rural communities, who have to stipend for poor quality services with their low resources.

7. RECOMMENDATIONS

1. Retention packages ought to otherwise be applied across the full health sector, supported desires assessment and inter-sectored and neutral input. they ought to be coasted associate degreed supported by an HRH observance system and enough institutional capability to manage the incentives.
2. HRH policies ought to aim to make cohesive and practical health groups, respect doctors rights and responsibilities towards patient and community rights, with clear and comprehensive restrictive frameworks.
3. Non-financial incentives valued by employees across most countries include: career paths; stimulating coaching and inspiring preparation through investment in services (including 'centers of excellence'); providing housing mortgages / loans; appreciated performance; and securing physician health and access to health care. Delegates projected that these incentives be thought of as core retention methods that are applied across all countries, even whereas additional domestically relevant methods are thought of.
4. Coaching ought to be in line with labour market demands and support career steering programs, to guide correct choice of coaching courses.
5. Retention methods ought to be frequently reviewed and stakeholders informed

concerning the progress and impact of incentives.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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