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What is required to retain registered nurses in the public health sector in Malawi?

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Summary

Western recruiting agencies and countries have been blamed for the 'brain drain' of medical doctors and nurses from developing countries. The increasing demand for skilled human resources and better remuneration of the developed countries coupled with the poor work environment and low remuneration of the developing countries militate against the retention of skilled human resources in the developing countries. Health professionals in the developing countries are also leaving the public sector in search for better remuneration in the private sector including non-governmental organizations within their countries. The massive loss of health professionals from the developing countries to developed countries has sometimes resulted in the developed countries of the world being blamed for the phenomenon. This questionnaire study was carried out in order to determine factors that may facilitate the poor retention of registered nurses in the Malawian public health sector. The results indicate that poor salaries, heavy workloads, lack of promotional opportunities and poorly resourced and equipped health facilities are a de-motivating factor for registered nurses and could result in loss from the public sector. We argue that while western nations have a role to play in ensuring retention of skilled health workers in developing countries, developing country governments also have a part to play in improving the work environment and remuneration of their employees.

Introduction

Healthcare human resources are a crucial ingredient in the delivery of health care services. Many countries in the world currently do not have adequate health human resources to meet domestic demand. The reasons for such lack of human resources include; inadequate numbers of young people taking up the health professions as a career, the growing demand of health care from the ageing population in western European countries and the escalating HIV/AIDS scourge in the developing world especially sub-Saharan Africa. [1,2] HIV/AIDS has resulted in the loss of health human resources due to death, absenteeism because of ill-health in the health worker or family member and resignations for fear of contracting the virus occupationally. [2] Southern Africa is also losing its medical doctors and nurses to Europe, Canada and Australia. [3] Part of the brain drain is also occurring internally from the public sector to private sector where monetary remuneration is usually much better than the public sector. This has obvious equity implications as the majority of the population especially in rural areas cannot access the public sector health facilities, as health facilities may be closed for lack of health personnel. For those health facilities still operational, the quality of care provided is compromised. Furthermore, those health workers that remain in the public sector have an increasing burden of work.

The developed countries have been blamed for the loss of health human resources from Africa to service their requirements while some authors have put the blame on developing countries themselves. [4] Obviously there are many reasons while health care professionals leave the public sector of developing countries. This has been described as developing countries subsidizing health care delivery of the developed nations and as a form of reverse donations. [2,5] Brain drain of health professionals from Southern Africa has attained particular importance within the Regional Network for Equity in Health in Southern Africa (EQUINET) resulting in publication of a discussion paper for international debate.6 The reasons why registered nurses (RNs) may leave Malawi have not been documented. This study was therefore carried out to determine the de-motivating factors for RNs that could influence them into leaving the country.

Materials and methods

The present study was carried out in 13 health districts of Malawi out of the 27 district health zones in the country. The purpose was to determine the registered nurse: population ratio for the districts, identify possible factors that may encourage the drain of nurses to leave the public sector and also determine the nurses' perception of what could be done in order to remedy the situation.

The RN being interviewed was asked questions to solicit the following information; qualifications of RNs, number of days on and off duty, what they like in public service, what they do not like within the public sector and what they thought could be done in the public sector to make nurses stay. In order to have a record of all the nurses available within the public sector in the district, the matron at district health office was interviewed to obtain data about other registered nurses not present on day of interview. For these nurses not available on the day of interview only data regarding employment history and educational and professional qualifications were obtained from the matron. Data was analysed to obtain proportions and open-ended responses were analysed based on themes.

Results

A total of 101 registered nurse (RN) records were made. The highest levels of professional and academic qualifications of the RNs recorded were that 64 (63.4%) had university degrees, 26 (25.7%) diplomas and 11 (10.9%) certificate level registered nurse qualifications. The period of service as a nurse in the public sector ranged from less than one year to 32 years. However, 22 (21.8%) were in administrative roles that did not involve direct nursing care such as being a matron or a district nursing officer at the district health office, while 79 (78.2%) were ward sister in-charge, in some cases being in charge of more than one ward. There were 41 nurses personally interviewed and for these nurses 25 RNs (51.2%) had never worked as a nurse outside the public sector, while 15 (36.6%) had worked outside the public sector before, 13 of those having worked at a mission hospital and one each for a private hospital and an NGO. 30 respondents

indicated they worked 5 days each week, 5 worked 6 days each week and one RN all days of the week.

Table 1 indicates what the RNs reported as things they did not like with their work.

Table 1: What registered nurses do not like about their jobs

What the nurses do not like	Number (expressed as %)
High work load	30 (73.1)
Low salaries	25 (61.0)
Inadequate equipment and supplies	23 (56.1)
Lack of promotion	19 (46.3)
Low opportunity for further training	4 (9.8)

Other issues mentioned that the RNs did not like included; a working environment that was hazardous and could result in injuries and infections, no consultation of local staff when staff is being transferred, bad attitude of patients and of senior staff and lack of transparency in promotions. Nurses also complained of lack of replacement of staff on study leave and reliance on centrally-made decisions when these could have been made at the local level.

In order to determine what factors were responsible for the retention of RNs within the public sector despite the problems mentioned, participants were asked to list down the reasons for their retention in the service. The desire to serve one's country and that one was working in a humanitarian field were mentioned by 20 of the 41 respondents (48.8%), opportunity to gain nursing experience 12 (29.3%), opportunity for training 8 (19.5%) just waiting for retirement and obtaining terminal benefits 7 (17.1%) and a favourable work environment 4 (9.8%).

Other reasons for maintaining employment within the public health sector but mentioned less frequently were; hoping that one day things will work out for better, sense of independence at the work place, following spouse, paying off one's education loan obtained from government, job security which included understanding by employer and continuance of when one got sick. Eleven respondents reported that the reason they got employed by the public sector was that there were not many job opportunities outside the public sector when they qualified as nurses and two respondents who graduated in the past three years were just waiting for opportunity to leave.

Nurse-population ratios in each of the districts

We aimed to determine the population : RN ratio for the surveyed districts in order to set baseline for future monitoring of the human resources situation in the districts. Population data was obtained from the National Statistical Office [7] Reference) and the RN population was obtained from the study.

Table 2: The population: RN ratio for the districts surveyed

Name of district	Total population 2003 (Midyear Population estimate)	Number of registered nurses	Population per registered nurse
Zomba	632, 595	18	35,144
Balaka and Machinga	409, 298	18	22,738
Mwanza	157, 740	11	14,340
Mulanje	490, 920	9	54,546
Thyolo	523, 162	9	58,129
Nkhatabay	183, 885	9	20,431
Mzimba	562, 541	7	80,363
Mangochi	690, 644	7	98,663
Ntcheu	428, 387	6	71,397
Mchinji	381, 335	6	63,555
Rumphi	142, 738	5	28,547
Chikwawa	412,800	4	103,200
Dedza	562, 823	2	291, 145

We also aimed to determine the nurses opinions regarding the possible solutions to the current state of problems within the public health sector that impact on their work. The majority, 23 (56.1%) indicated that salaries were important, 19 (46.3%) expressed desire for monetary allowances, which included rural posting hardship allowance and overtime remuneration 3 (7.3%), training more nurses 14 (34.1%), increased opportunities for further training 11 (26.8%) and increased resource allocation to the Ministry of Health, 10 (24.4%). Other suggestions were: introduce compulsory public service for nurses after graduation from nursing schools, introduce user-fees for patients, regular supervision, and introduction of free anti-retrovirals for nurses in public sector and increased access to loans for health workers.

Discussion

The present study shows that registered nurses in Malawi report low salaries, lack of promotional opportunity and general poor resourcing of health facilities as demotivating factors within their work in the public health sector. These reasons have been documented by other authors elsewhere. [5,6,8] as documented by several other authors.

Many of the registered nurses were in administrative positions including being matrons and ward sister in-charge, even when they had just graduated in the past few years. The majority of the nurses at their health units were likely to have been enrolled nurses with two years of professional training. We find the tendency to overload recent nursing graduates with administrative responsibilities quite disturbing. They may not have the requisite experience to deal with the pressures of such work and may experience burn out quickly and eventually leave the public sector prematurely. Of course we understand why this is done, i.e. to reward the many years of academic training that the registered nurse must go through, unlike the enrolled nurse. Registered nurse currently must undergo a 4–years university education and an extra year if they want to obtain an advanced midwifery certificate.

Improving on the low remuneration scales of nurses in the Malawian public sector is a complex issue. A general industrial strike in 2002 at the country's largest tertiary hospital did not achieve much despite many reported patients' deaths and public outcry.[9] Our experience at the Malawi Health Equity Network (MHEN) also indicates that raising the pay packages of public service employees is not solely in the domain of the government but would involve international finance lending agencies such as the World Bank and the International Monetary Fund (IMF).[10] These lending agencies have many times advised government to reduce or not increase public spending and public service workers' salaries are the easier option for the government.

Malawi and a few other African countries are recipients of the Global Fund Against Tuberculosis AIDS and Malaria (GFATM). 11 Much of the resources are aimed at preventing further spread of HIV/AIDS, treatment and care and support of persons infected by HIV. At the center of provision of these health services are nurses and their numbers have been dwindling. It is becoming obvious therefore that despite the noble intention of curbing HIV/AIDS in southern Africa, if the lack of adequate human resources is not given the attention it deserves, then these other investments are unlikely to bear much fruit. [5,6]

We believe some of the possible/suggested solutions to the current problems could be explored further and possibly tried. Increasing the remuneration of nurses will obviously increase the wage bill and may not be acceptable to international lending agencies. However, there should also be recognition that it is

rather difficult to maintain low salaries and expect highly committed staff in the public service. The lack of commitment and frustration in staff could in fact result in poor quality of service and higher health costs both at the individual patient and national level. Although we would not support the practice, the pilferage of hospital supplies is sometimes explained by the poor pay regimens of health professionals.

A respondent suggested introducing special antiretroviral schemes for health professionals as an incentive for nurses in the public sector. We believe such an approach could result in retention of some staff within the public health sector. There are equity and ethical challenges with this approach though. Firstly, preferentially selecting health workers for free or subsidized ARVs is likely to be met with public suggestions that health workers were expected to serve others first rather than attending to self interest. In any case, it may be argued that all citizens should have equal access to ARVs and not just health workers. On the other hand, the health workforce is an integral part of ARV provision in that if health workers are sick absent or die because of HIV/AIDS, the benefits that the community expected to receive from increased access of ARVs cannot be experienced.[5] Finally, if ARVs were to be available for free to health workers, there is a possibility to stigmatise health workers in the public sector as serving there because of HIV sero-positivity and the desire for ARVs.

The population: registered nurse ratios obtained in this study ranged from 1 RN to about 14,300 population in Mwanza to about 1 RN per 290,000 population in Dedza. This therefore means that while there are regional and global differences on the availability of nurses, intra-country differences need also to be studied. The population : registered nurse ratio in selected districts of Malawi presented here should serve as basis for future monitoring of the RN situation in the studied districts.

One of the limitations of the present study was the fact convenience recruitment of respondents was used and this could affect the generalisability of the findings. However, noting that there was spontaneous repletion of the factors as outlined above, we are convinced that the reports could represent perceptions of many other nurses.

The registered nurses' numbers in the districts of Malawi are low. There is need for the government, in partnership with the Nurses Association of Malawi, civil society groups and international agencies to encourage the implementation of policies that support nurse training and retention within the public health services of developing countries.

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