



**FACTORS ASSOCIATED WITH RETENTION
OF MEDICAL OFFICERS IN THE DISTRICT
HEALTH SERVICES OF THE
WESTERN CAPE, SOUTH AFRICA.**

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INTRODUCTION

Globally there is a move to revitalise primary health care as the cornerstone of effective health systems

Health care worker distribution, recruitment and retention is skewed towards urban and affluent areas leaving rural communities underserved

The intended implementation of NHI both accentuates the urgent need and creates the opportunity for a more centrally, coordinated approach to workforce planning

Several factors that can improve retention in rural practice have been studied in the developed world, transferability of these results in South Africa are unknown

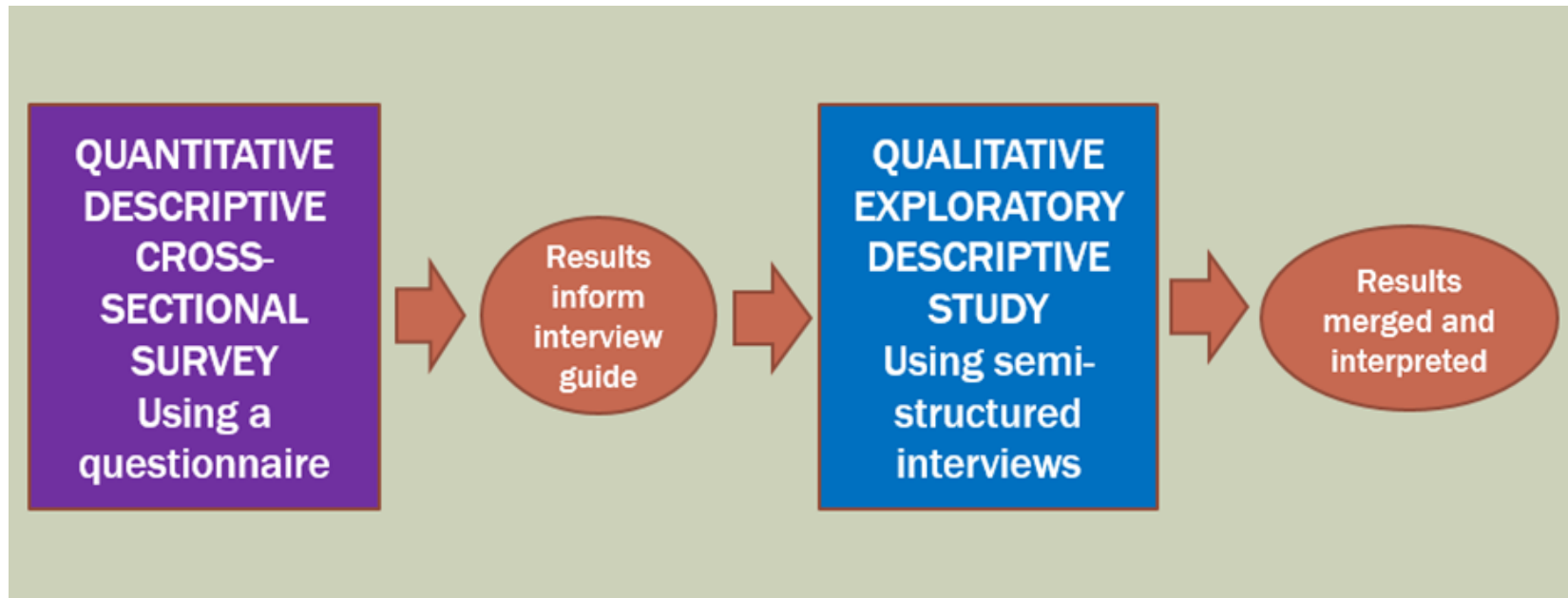
AIM AND OBJECTIVES

The aim is to evaluate and explore the factors that influence the retention of medical officers in public sector district health services in the Western Cape, South Africa.

The specific objectives are to:

1. Determine factors that influence retention of medical officers in district hospitals or primary care facilities
2. Explore the medical officer's perceptions of how these factors influence their decision to remain working in the district health services.

METHODS



METHODS

Study Population

- Inclusion: All Medical officers working at district level hospitals or primary care facilities covered by SUFPREN
- Exclusion: MO temporary and deployed by national government
- Facilities: Community Health Centres: Worcester CHC, Kraaifontein CHC, Elsie's River CHC, Michael Mapongwana CHC, Khayelitsha CHC, Bishop Lavis CHC. District hospitals include Ceres, Stellenbosch, Eerste River, Helderberg, Mossel Bay, Knysna, Swartland and Hermanus.
- 125 eligible medical officers, provided by Family Physicians in SUFPREN

Data Collection

- Data was collected through a questionnaire that was supplied to medical officers through REDCAP
- The questionnaire was broadly categorised personal, professional, social and financial categories
- It included two validated tools:
 - The Satisfaction of Employees in Health Care (SEHC)
 - The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

RESULTS

	N	%
Number of participants	95	
Gender		
Female	52	54.7
Male	43	45.3
Age		
25-29	19	20.0
30-39	55	57.9
40-49	11	11.6
50-59	5	5.3
60-65	5	5.3
Home language		
Afrikaans	50	52.6
English	42	44.2
Zulu	1	1.1
Xhosa	0	0.0
Other	2	2.1
Religion		
Christian	66	69.5
Muslim	11	11.6
Non-Religious	18	18.9
Place of origin		
Rural	28	29.5
Metropolitan	48	50.5
Mixed	19	20.0
Marital status		
Married/long term relationship	69	72.6
Divorced/separated	6	6.3
Widow(ed)	1	1.1
Single	19	20.0
Partner staying in same place		
Yes	64	92.8
No	5	7.2

RESULTS

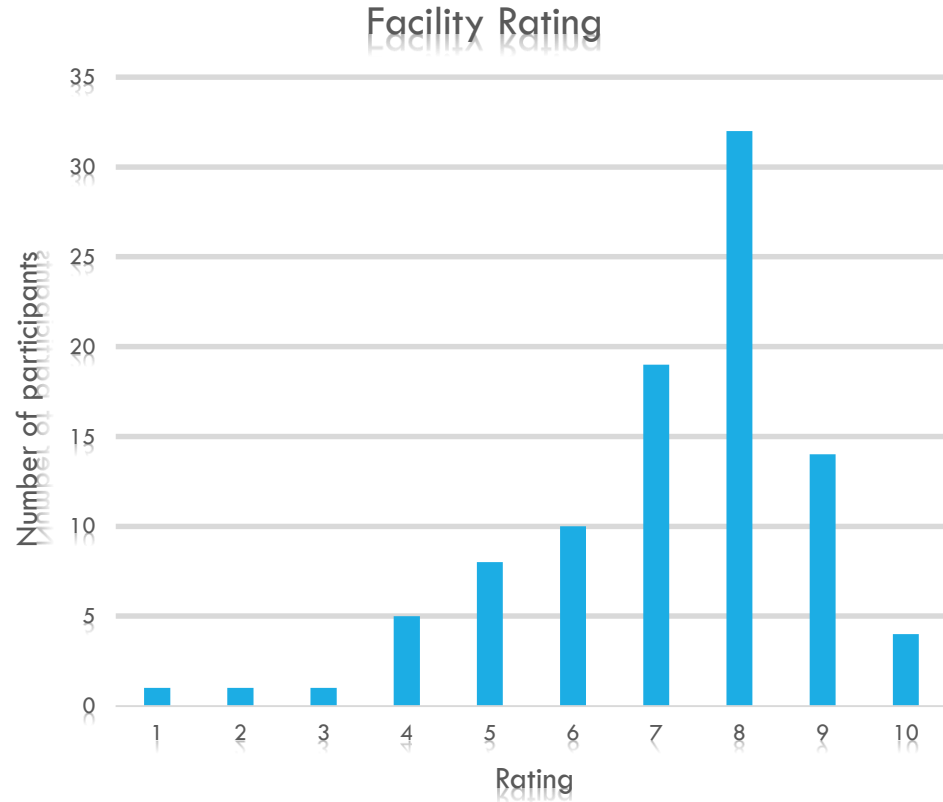
District	N	Percentage
Metro	47	49.5
CWD	21	22.1
GR	12	12.6
WC	6	6.3
OB	9	9.5
MHS	47	49.5
RHS	48	50.5

Planned employment in current post	N	Percentage	
<1 year	5	5.3	Not Retained
1-2 years	29	30.5	
3-4 years	22	23.2	
>4 years	39	41.1	Retained

RESULTS

Employment	N	%
Medical officer grade		
Grade 1	47	49.5
Grade 2	26	27.4
Grade 3	22	23.2
Contractual commuted overtime group		
Group 2 (5-12 hours)	17	17.9
Group 3 (13-20 hours)	44	46.3
Group 4 (>20hours)	13	13.7
Not applicable/no overtime	21	22.1
Years of employment in current post		
Median (IQR)	4 (2-8)	
Type of employment		
Permanent Full-time	87	91.6
Permanent Part-time/Sessional	3	3.2
Contract Part-time/Sessional	5	5.3
Type of facility		
District hospital	57	60.0
Primary care facility	38	40.0
Planned continued employment in post		
< 1 year	5	5.3
1-2 years	29	30.5
3-4years	22	23.2
>4years	39	41.1
Long term career plan		
Permanent medical officer	42	44.2
Specialist Family Physician	7	7.4
Other type of specialist	32	33.7
Other career	14	14.7
5 year plan		
South African Public Sector	68	71.6
South African Private Sector	10	10.5
Another country	7	7.4
Other	10	10.5

RESULTS



Recommend facility	N	Percentage
Definitely no	2	2.1
Maybe no	10	10.5
Maybe yes	42	44.2
Definitely yes	41	43.1

RESULTS

Variable	Mean	Standard Deviation	Percentage Satisfied
Satisfaction with management	2.89	2.38-3.41	82.4
Satisfaction with job content	2.74	2.31-3.17	79.3
Satisfaction with coworkers	3.24	2.70-3.78	95.7
	Mean	Standard Deviation	Percentage High well being => 21
SWEMWBS out of 35	24.52	20.01-28.53	75.0

ANALYSIS

Variable	Retained Median i (95% CI)	Not retained Median (95% CI)	Mean difference	p value
Age in years	37 (35-41)	32 (32-34)	5	0.004

Variable	N	Retained %	Not-retained %	p value
Area of HS				
Metro	47	34.0	66.0	0.169
Rural	48	47.9	52.1	
Facility employed				
District Health	57	43.9	56.1	0.49
Primary Care	38	36.8	63.2	

ANALYSIS

Variable	N	Retained %	Not retained %	p value
Gender				
Male	43	39.5	60.5	0.78
Female	55	42.3	57.7	
Religion				
Christian	66	54.5	45.5	0.16
Muslim	11	43.9	43.9	
Non-Religious	18	22.2	77.8	
Home Language				
Afrikaans	50	31.0	69.0	0.09
English	42	46.0	54.0	
Zulu	1	100.0	0.0	
Other	2	100.0	0.0	
Marital Status				
Married/longterm	69	44.9	55.1	0.39
Divorced/seperated	6	50.0	50.0	
Widow(ed)	1	0.0	100.0	
Single	19	26.3	73.7	
Partner staying with				
Yes	64	48.4	51.6	0.036
No	5	0.0	100.0	

ANALYSIS

Variable	N	Retained %	Unretained %	p value
Partner employment				
Strongly agree	20	65.0	35.0	0.083
Agree	27	37.6	63.4	
Disagree	10	50.0	50.0	
Strongly disagree	7	14.3	85.4	
Local Support Partner				
Strongly agree	16	62.5	38.5	0.257
Agree	46	43.5	56.5	
Disagree	9	28.6	71.4	
Strongly disagree	0	-	-	
Local support MO				
Strongly agree	18	77.8	22.2	0.004
Agree	63	37.1	62.9	
Disagree	8	12.5	87.5	
Strongly disagree	1	0.0	100.0	
Education children				
Strongly agree	24	70.8	29.2	0.005
Agree	26	26.9	63.1	
Disagree	1	100.0	0.0	
Strongly disagree	0	-	-	

ANALYSIS

Variable	N	Retained %	Not Retained %	p value
Grade MO				
Grade 1	47	27.7	72.3	0.015
Grade 2	26	46.2	53.8	
Grade 3	22	63.6	36.4	
Type of employment				
Permanent Full-time	87	40.2	59.8	0.66
Permanent Sessional	8	50.0	50.0	
Overtime Contract				
Group 2	17	41.2	58.8	0.86
Group 3	44	38.6	61.4	
Group 4	13	38.5	61.5	
None	18	50.0	50.0	

ANALYSIS

Variable	N	Retained %	Not retained %	p value
Safe work environment				
Strongly agree	22	40.9	59.1	0.10
Agree	58	48.3	51.7	
Disagree	13	13.6	86.4	
Strongly disagree	2	0.0	100.0	
Remuneration Satisfaction				
Strongly agree	9	22.2	77.8	0.16
Agree	64	46.9	53.1	
Disagree	17	23.5	76.5	
Strongly disagree	5	60.0	40.0	
Rural allowance				
Yes	12	33.3	66.7	0.28
No - RHS	35	51.4	48.6	
No - MHS	48	35.4	64.6	

ANALYSIS

Variable	N	Retained %	Not retained %	p value
Long term Career plan				
Permanent medical officer	42	76.2	23.8	0.00
Specialist family physician	7	42.9	57.1	
Other type of specialist	32	3.1	96.9	
Other profession	14	21.4	78.6	
5 Year plan				
SA Public sector	68	55.9	44.1	0.00
SA Private sector	10	0.0	100.0	
Another country	7	0.0	100.0	
Other	10	10.0	90.0	

ANALYSIS

Variable	Mean Retained (95% CI)	Mean Not Retained (95% CI)	Mean difference	p value
Satisfaction with management (n=4)	3.00	2.80	0.20	0.067
Satisfaction with job content (n=4)	2.83	2.67	0.16	0.068
Satisfaction with coworkers (n=4)	3.36	3.15	0.21	0.112
SWEMWBS (n=35)	25.41	23.93	1.48	0.504

ANALYSIS

Variable	N	Retained %	Not retained %	p value
Recommend Facility				
Definitely no	2	0.0	100.0	0.057
Probably no	10	30.0	70.0	
Probably yes	42	31.0	69.0	
Definitely Yes	41	56.1	43.9	
	Median Retained (95% CI)	Median not retained (95% CI)	Median difference	p value
Facility rating	7 (7-8)		1	0.001

SIGNIFICANT FINDINGS

- Older MOs more likely to be retained
- Gr 3 Mos more likely to be retained
- If MO gives facility a higher rating ($=/ > 8$), more likely to be retained
- MOs whose partner is not staying in the same area are not likely to be retained
- MOs who feel they have a stronger support system more likely to be retained
- The availability of good educational opportunities for children, appears to improve retention rate
- Long term career plan, many MOs plan on specialising in a field outside primary care, unlikely to be retained
- 5 year plan – MOs planning to stay in Public sector more likely to be retained

LIMITATIONS

Response rate of 76%, difficulty in getting response to questionnaires

Facilities with poor response rates

Many findings trending towards significance, but unfortunately study lacking in power



DISCUSSION

Any questions about data?

What does this mean for us?

How will this influence Phase 2 of study?