What do health professionals think about working in rural areas? Evidence from South Africa, Kenya and Thailand

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Delivering Effective Health Care for All
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The many facets of HRH

Stages of health workforce development

ENTRY
Preparing the workforce
- Planning
- Education
- Recruitment

EXIT
Managing attrition
- Migration
- Career choice
- Health and safety
- Retirement

Enabling effective regulation of the educational system and the job market towards an equitable distribution of health workers

Achieving an appropriate mix of health workers responsible to population needs

Developing national workforce plans and strategies

WORKFORCE
Enhancing worker performance
- Supervision
- Compensation
- Systems supports
- Lifelong learning

WORKFORCE PERFORMANCE
Availability
Competence
Responsiveness
Productivity

Improving the management of the health workforce and the environment in which it works

World Health Organization, 2006
Why focus on availability

• Stepping stone to address all other HR issues in disadvantaged areas
  ▫ Positive correlation between health worker presence and delivery of care

• Inequalities in availability of staff (maldistribution) creates inequalities in health systems
  ▫ Inequalities in access to care: medically under-served areas are often populated by disadvantaged people
  ▫ Inequalities of public funding if greater presence of public health workers in urban/wealthy areas
Research gaps

• Understanding individual behaviours and preferences
  ▫ Attitudes towards living and working in rural areas
  ▫ Important to identify diversity in preferences

• Designing adequate policies
  ▫ Policies responsive to individual preferences
  ▫ Relative cost-effectiveness of strategies
Study design

• Study population
  ▫ Three countries: Thailand, South Africa, Kenya
  ▫ Approx. 350 nursing students in each country, about to graduate and enter the labour market
  ▫ Rural and urban data collection regions

• Research tools
  ▫ Survey questionnaire
    • Socio-demographic characteristics
    • Attitudes towards working/living in rural areas
  ▫ Focus Group Discussions
  ▫ Discrete Choice Experiment
Four main findings
1. Working in rural areas is difficult everywhere

• Professional difficulties

“…when you stay in rural community as a health worker, you might end up missing some of the privileges that people in town do enjoy […] when you are in rural area, you just stagnate there, there is no advancement”
Nursing student, Kenya

• Difficult living conditions

“…you know our country how it is, infrastructure is bad, if you take me to a remote area, there is no accessibility, there is no infrastructure, there are no telephones, and there are no roads, it rains……”
Nursing student, Kenya
2. Yet, there is also a reservoir of goodwill towards rural areas everywhere

- Positive attitude towards rural areas

- Some positive professional aspects

“... in the villages you will be performing your managerial functions, you will manage yourself, the drugs…” Nursing student, Kenya

“My experience is when we went to the rural areas the people actually kind of trust you and they like you because you are the nurse and you are helping them” Nursing student, Johannesburg
3. Diversity of individual attitudes

- People from rural areas have a more positive attitude towards rural areas

- Individuals face different obstacles in rural areas

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“I think even before they post you, they should consider the community where they are taking you, because if I am taken to a community where I know I will be rejected, I cannot accept that one”

Nursing student, Kenya

“And there is a language barrier because we have 11 languages and I only speak 2.”

Nursing student, Johannesburg
4. The importance of training centres in rural areas

- Rural training attracts rural students
- Rural exposure means less prejudice...

"I haven’t been in a rural area so I might stand corrected, I am sorry but I’m scared to go there." “Nursing student, Johannesburg

...and less difficult to settle there

"I wouldn’t work [in a rural area]. It’s not that I don’t want to but I’ve got so much of my life built here so it’s not easy for me to make that transition from this side to the other.” Nursing student, Pretoria

- In South Africa, 67% of students who trained in rural colleges chose a rural area as their 1st placement (vs. 6.5% in urban colleges)
Implications for policy and practice

1. Encourage positive attitudes towards rural areas
   ▫ Understand who is more positive/willing to like rural areas
   ▫ Capitalise on this reservoir of goodwill:
     • Selecting people from rural areas more (quotas)
     • Mentoring

2. Set up HR management system to match the needs to the goodwill
   ▫ Avoid “one size fits all” approaches
   ▫ Be responsive to health workers’ preferences
Implications for policy and practice

3. Decentralise nursing/medical training centres
   - Expose students to life in rural areas
   - Attract more students of rural origins

4. Compensate health workers in rural posts
   - Compensate for difficult living conditions
     - Financial help to educate children further away
   - Compensate for difficult working conditions
     - Ensure they have work opportunities (training, promotion, support)
Partners

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Thank you