

# Job satisfaction among staff in a rural hospital in Burundi

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# Key issue & Factors of Satisfaction

- Performance and quality of care are linked with staff satisfaction
- Factors of motivation are linked to
  - individual perception
  - internal factors
  - external factors

# Buhiga hospital: context

- Karuzi: one of the poorest provinces of Burundi,
  - Rural province, with +/- 300.000 inhabitants
  - 12 years of crisis
  - 90% population living on <\$1/ week
- Objective of MSF project: improve access and quality of care in the province, supporting public health centres and the only hospital in the province (100 beds)
- In 2002 a 3-year convention between MOH and MSF formalised decentralisation;
  - management and health committees in health structures
  - in 2003 Statutes of the Hospital Management Committee (HMC) legally recognised, Internal Regulations and Medical committee implemented

# Staff complaints prior to the study

- Since 2002, several complaints among public health workers
  - Translated into absenteeism, improper behaviour at work, stealing, negative reactions, signs of negligence,...
  - With clear impact on patient care
- Demand for minimal adequate working conditions:
  - Sufficient staff number (30 nurses in 2000, at least 10 extra posts needed acc.workload; increase total staff to 90 in 2005),
  - HR management: internal rules, job profiles,...
  - Safety measures; sufficient material / equipment
  - Increase existing incentives (to compensate for low MoH salary)
  - Improve working environment
  - Establish communication platforms between MSF and hospital staff

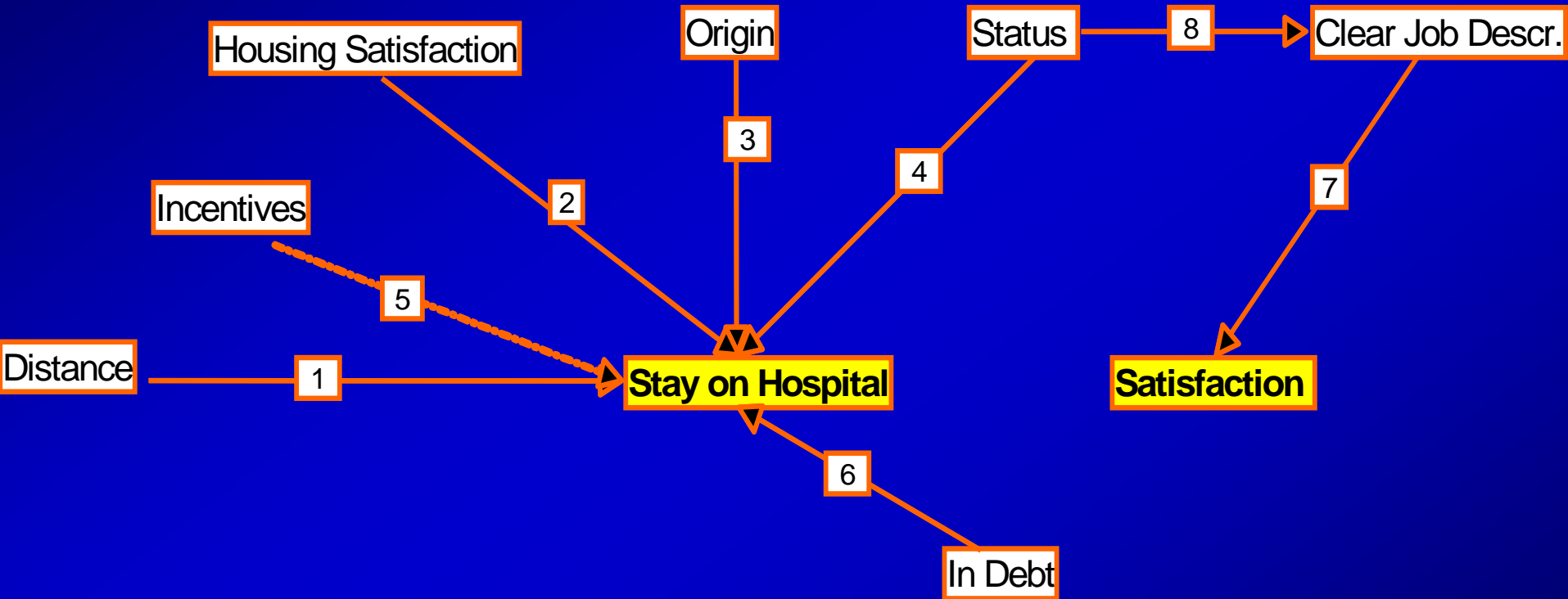
# HRH under different status (2005)

MOH payroll	contract by HMC
Civil servant	Not recognised by MOH (cf. technicians, guards,...), private status
Job security	No job security
Free health care in all public structures	Free health care in the hospital
Arbitrary posting	No possibility for other posting via MOH
Arbitrary career path	No career path
Training possibility	No training outside MSF
No administrative individual file	No administrative individual file
Regular (low) salary	Salary from MSF
MSF incentives	MSF Incentives
Job description: standardised, not adapted to the structure	Precise Job description, adapted

# Methodology

- Pre-tested questionnaire (50 closed questions)
- Exhaustive sample (n= 92 staff, both MOH staff & under HMC contract)
- Anonymous, 1 week to answer
  
- Bi- and tri-variable analysis on the whole model
  - Bonfaroni correction factor used to select the more significant associations ( $p < 0.0005$ )
  - Adjusted p-value for the confounding factors
- Establish those links with significant impact

# Results linked to outcomes variables: retention & satisfaction



# Results (1)

## Variables linked to retention (stay on at Buhiga hospital)



1. Staff living in Karuzi province further than 30 min. from hospital have 2.2 higher chance to stay than those living closer by  
( $p = 0.00003$ )



2. Staff satisfied with housing have 2.1 higher chance to stay than those not satisfied  
( $p = 0.000004$ )



3. Staff from Karuzi province have 2.2 higher chance to stay than those from another province  
( $p = 0.00002$ )



4. Staff under HMC status have 2.2 higher chance to stay than those under MOH status  
( $p=0.000003$ )

# Results (2)

## Variables linked to staying on at Buhiga hospital



5. Staff with higher incentives ('imported' from elsewhere-MoH status; with mean incentive 33,259 FBU (26 €)) have higher chance to stay than those with lower incentives (mean 49,512 FBU (38 €)) (p=0.000002)



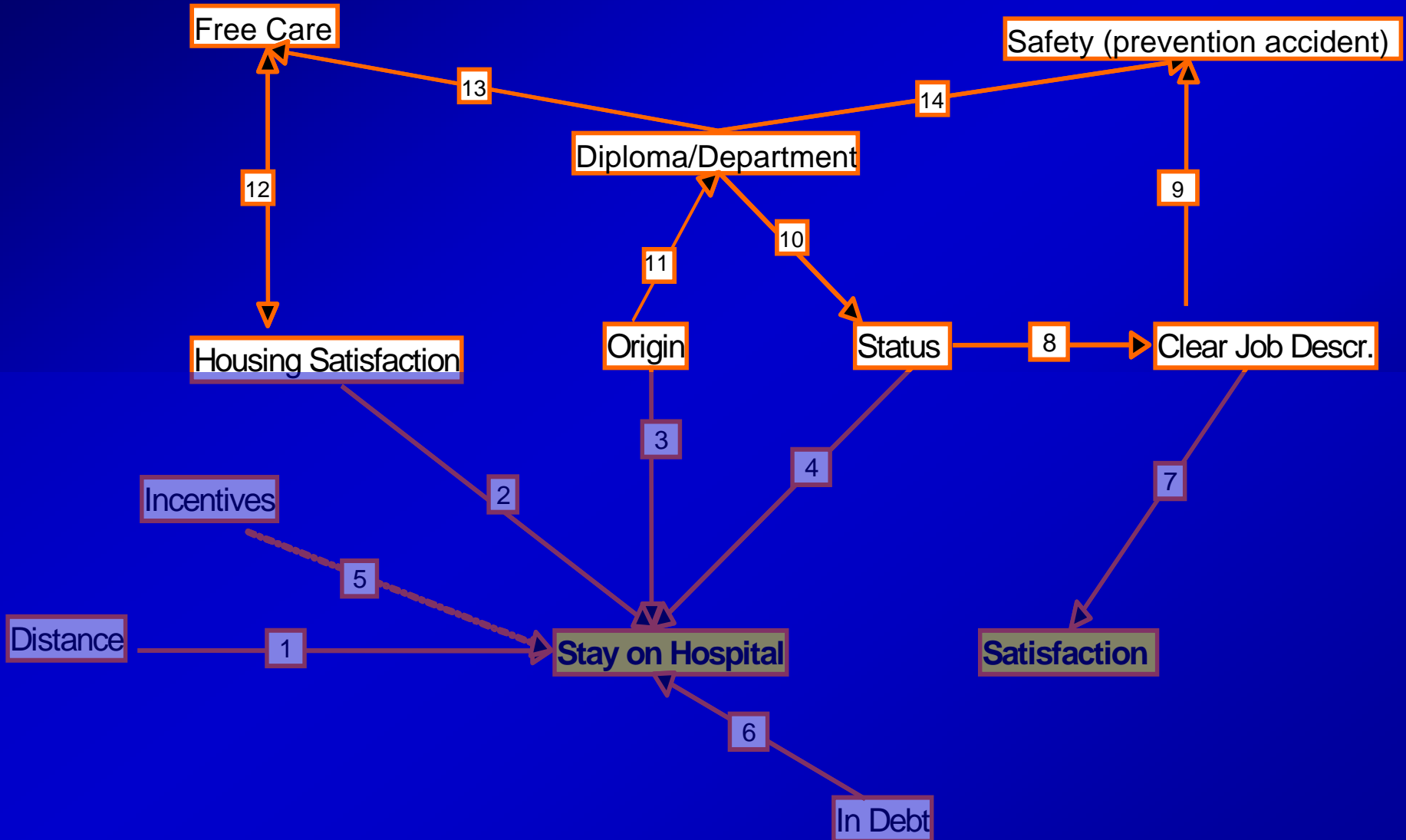
6. Staff with a positive balance (established as salary & incentives revenues minus expenses for food & housing) have 1.7 higher chance to stay than those having a negative difference (p = 0.003)

## Variable linked with Satisfaction



7. Staff with a clear Job description have 2.6 higher chance to be satisfied than those without (p = 0.00003)

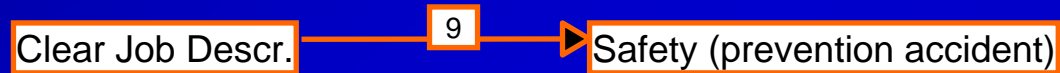
# Other significant but secondary variables



# Other secondary variables (1)



8. Staff under HMC status have 3.9 higher chance to receive a clear JD than those under MOH status (p = 0.00001)



9. Staff with a clear JD have 5.3 higher chance to feel safe at work than those without a clear JD (p = 0.0000001)



10. Staff working for a technical department have 3 higher chances to be under HMC Status than those working in medical department and staff who finished primary school have 2.7 higher chance to be under HMC status than those who finished secondary or high school (p = 0.00001)

# Other secondary variables (2)



11. Staff from Karuzi have 2.6 higher chance to work for a technical department than those coming from another province and staff coming from Karuzi have 2.6 higher chance to have finished primary school than those coming from another province (p=0.00002)



12. Staff satisfied with their entitlement to free care have 3.5 higher chance to be satisfied of their housing than those not satisfied (p = 0.000004)



13. Staff working in a technical department have 2.3 higher chance to be satisfied with their entitlement to free care than those working for a medical department and people with primary school have 2.6 higher chance to be satisfied with their entitlement to free care than those with secondary school (p = 0.00004)



14. Staff working for a technical department have 2.3 higher chance to feel safe at work than those working in a medical department (p=0.00003)

# Discussion

- Some factors are given
  - Origin of staff
  - Level of basic education
- Other factors cannot be solved at the level of an NGO such as MSF (or limited only):
  - Housing
  - Distance
- Some factors are definitely vulnerable
  - Clear Job description
  - Safety at work
  - Entitlement to free health care
  - Maintain incentives!

# Discussion (2)

- Vulnerable factors
  - Clear instructions help staff to understand their tasks and minimize the perceived risks related to their job. MOH staff having no proper job description claims not to feel safe at work
  - Safety at work is a major issue. It can be solved easily by providing protection material, personal protection equipment, by improving the environment (clean and spacious structure), by training staff on standard precautions, ...
  - Free health care can be provided easily in all structures with MSF support. Some adaptations needed to include care for immediate family members. In theory MOH staff is entitled to free health care in all public structures of Burundi, however they are not satisfied, some even claim they don't get it. Perhaps their medical background increases the perceived needs in other health responses (being probably given in private structure)

# What was done after the survey? 2006-2007

- Precise job descriptions for all staff
- Protective equipment / material given;
- Structure cleaned; Staff (refresher) training
- Arrangement for free health care for staff and direct family
- Only for medical doctors (hospital 3 y. without director):
  - House with staff
  - Transport to Bujumbura once a month
  - All doctors status 'specialist': 798 € instead of 69 €
  - 2005: 1 congolese MD; 2007: 3 MDs from which 2 Burundese
- Nursing staff
  - Increase incentives -equivalent complementary salary- to make sure they cover primary needs such as food, housing, education)
  - Introduction of incentives linked to performance

# Conclusion (1)

- Satisfaction & retention of staff are multifactorial
  - Not necessarily linked to the first expressed complaints
- In a rural hospital in Burundi, in presence of incentives, other measures beyond further increase of incentives important:
  - Working and living conditions
  - Clear job description (expectations)
  - Safety plan
- Incentives should ensure that 'vital needs' costs (housing, food, school, health) are covered by complementary salary

## Conclusion (2)

- Major differences among different categories of staff:
  - Strongly linked to level of training and home origin
  - Higher qualified staff more grievances, more difficult retention
  - Differentiation in retention strategies needed?
- Keep highly-trained staff in a rural location requires more than financial incentives
- More attention to working conditions is needed
- NGOs as MSF can act on some factors, others more difficult (housing, origin, ...) to solve at local level. Recommendations to MOH & national policy level?