

Improving staff retention in Ghana

the National Catholic Health Service



Medical workers in the health facilities of the Diocese of Goaso Photo: CORDAID

In Ghana, faith-based organisations play an essential role in providing health care services, especially in rural areas. For a variety of reasons, it can be difficult to retain health care workers, putting essential services under threat. What should be done? The National Catholic Health Service carried out some vital research to find out how to address the problem. Now they are working to meet the specific needs of different categories of health workers, from pharmacists to nurses. George A. Adjei in Ghana shares what is happening.

The Ghanaian health sector faces challenges with retaining its health professionals, particularly doctors, pharmacists and nurses. Faith-based facilities provide an important part of Ghana's health care, especially in rural areas. They suffer severe retention problems because health workers migrate from rural areas to government facilities. This is because, among other factors, government incentive packages such as car loans, training opportunities, and an additional duty hours allowance, and the generally urban or semi-urban locations make these options more attractive to professional health workers.

The National Catholic Health Services [NCHS] is a faith-based network working mainly in rural and semi-urban communities in Ghana, with 32 hospitals, seven training schools and 66 clinics. It accounts for about 27 per cent of Ghanaian health care services. The staff shortage threatens availability, quality of service delivery and in some cases the continued existence of the NCHS clinics and hospitals in rural communities and in the northern parts of Ghana.

In the face of the health workforce shortage, the NCHS realised that inaction was not an option, as it operates

mainly where government services are not available. It commissioned a study which revealed that various factors were responsible for staff attrition and that these factors varied among different categories of staff. For example, doctors and pharmacists ranked training over financial incentives, but for nurses and other cadres, financial incentives were ranked higher than training. These findings and others informed a retention programme to improve the length of service and availability of staff and to avoid short-term interventions, such as engaging expensive part-time staff or paying for overtime.

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Nurses have been trained in subjects like infection prevention, continuous quality care improvement and counselling, among others.

It has also been necessary to strengthen management capacity to deal with staff concerns of unfair application of disciplinary actions, interference with professional work, poor management of promotions and benefits packages. All institutional managers have been trained in basic human resource management principles, team work and supervision. Additionally, policies and procedures manuals in general, financial, health information systems and human resources management have been developed to guide managers in the management process. This has been particularly useful to non-formally trained managers.

To ensure staff availability, pre-service sponsorship under a legally binding bond, for eight medical students in their clinical years, is being run at the medical school. Two doctors have graduated and have started work under this arrangement, in rural communities. A similar scheme exists for nurses identified by clinics and hospitals within their own communities. These students are given the opportunity to experience the settings in which they will work, through vacation internships which help them to build relationships and a rapport with the communities.

NCHS staff on the government payroll have benefited from the additional duty allowance and as a result the NCHS has also paid the same to those on its local payroll. Skills transfer or task shifting of non-medical



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duties has been done in areas where there are virtually no professionals, specifically using ward assistants to clean wards and make beds. To bring services to the doorsteps of the communities, the NCHS has been working to allow doctors, particularly specialists, to visit sister institutions on specified days. This is also done with foreign medical teams and specialists who visit periodically.

The service also ensures that new facilities or new services are matched by appropriate staffing levels. A case in point is the addition of dental services to Akwatia hospital with staffing provided by the Ministry of Health (MoH).

Recently the MoH has introduced new human resource policies which are expected to improve retention and ensure more equitable distribution of the health workforce. The faith-based sector has a Memorandum of Understanding with the MoH under which staff will be allocated to the faith-based sector as permanent staff. Implementation of this has been delayed, but discussions are underway to address this.

A mid-term review of the interventions is currently ongoing to provide further guidance to the NCHS on the way forward. So far, there is anecdotal evidence to show that staff retention has improved.

The study and implementation programme has revealed that staff are more likely to be retained when attempts are made, through a range of interventions, to solve different dimensions of the problem, at the same time. This is why the NCHS is continuously engaged in monitoring and reviewing its intervention approaches for a change in direction, if the need arises.

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