MOTIVATION AND RETENTION OF MIDWIVES IN HARD-TO-REACH RURAL AREAS OF SIX SELECTED TOWNSHIPS

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Abstract

The aims of the study were to *describe* Midwives' career expectations, perception on their job, motivation and intention to stay and to *identify* factors affecting motivation and intention to stay. A cross-sectional descriptive study design and mix methods of data collection, mainly of qualitative methods were used in this study. It was carried out in hard-to-reach (HTR) RHCs of six selected Global Alliance for Vaccine and Immunization Health System Strengthening (GAVI HSS) Program townships of Myanmar (i.e. Hakah, Htelin, Tharyawaddy, Ye-U, Yetar-shay and Maungdaw townships) during 2011 to 2012. Study populations were: (1) Midwives (MWs), (2) township health team supervisors, (3) community members, and (4) responsible person from Department of Health (DOH) and Department of Medical Sciences (DMS). Four categories of data collection methods were used in this study. They were: *in-depth interview (IDI)* and s*elf administered questionnaire* with MWs, *Focus Group Discussion (FGD)* with community members, *Key Informant Interview (KII)* with township health team supervisors, and responsible person from DOH and DMS. Altogether (60) IDIs, (15) KIIs and (12) FGDs were carried out.

Main reason for choosing midwifery career is *passion on MW career*, and most expected to take care of peoples' health as well as their family members' health, so their career goals and their organization's goals are similar. The career structure of MW is *modest* and career prospect is not very attractive for MW because it is *not very straight forward.* Most MWs expected to work in rural areas but were not prepared to work in such a challenging working condition of HTR areas. Regarding to perception on their job, MWs perceive it is a noble as well as challenging job. Most of them do not have intention to leave the service and perceive the social status or public esteem as a government staff. The majority were motivated by the perception that they could provide effective health care services to the community to a certain extent and their community valued their service. But nearly half of them were dissatisfied with the current health facility infrastructure and the majority were not satisfied with the drugs and equipments provided. The majority perceived that their workload is *heavy*. The travelling expenses in HTR areas are very high and almost all the travel expenses were

borne by MWs. There were some competitions between MWs and Auxiliary Midwives for delivery cases as well as practicing general practice (GP) in the community. But there are good examples of teamwork approach like "AN mobile team approach" and it is very similar to GAVI integrated service delivery approach.

There were a few special exemption cases for recruitment of young women from special development areas and deploy them again in that areas. Although some believed that the pre-service training was adequate for performing the MWs's tasks but some did not. Some MWs finished the midwifery training without having any chance of delivering a baby by herself. Although the in-service trainings provided new skills and qualifications, they did not count as merits of promotions.

There was no regular performance assessment system and no formal method in place to show appreciation and rewards. Implementation of the supervision system was hampered by difficult terrain, poor transportation system, high travel cost, lack of funding and inadequate training for supervision activities, and shortage of supervisors. Use of checklist and proper documentation of supervision findings and feedback system are areas to be strengthened. The majority of MWs mentioned that community members are the only person who recognized and appreciated their hard work. Telephone communication makes the lonely MW in HTR areas feel connected to the *RHC* and township level supervisors. The most common problem of referral system is not *affordable for* patients to travel to the township hospital, and high costs of hospitalization. They perceived that their salary is not adequate for basic needs of the whole family. Most of the MWs realized that the role of Township Medical Officer (TMO) in transfer and promotion of MW is very low. Eight MWs i.e. 13 percent of MWs do not stay in their assigned villages because there is no or very deteriorated Sub-center building.

Township level supervisors' perception on characteristics of MWs who are prone to leave HTR areas are: (1) MW who is away from their family, (2) MW who do not have good relationship with the community, (3) MW who has to take care of a large family, and (4) newly deployed MW being posted to HTR areas. They indicated that GAVI HSS integrated package activities made MWs' activities more visible in the

community and provision of transportation cost by GAVI HSS program helps the MWs overcome the transportation barrier and makes them motivated at their work. All the township level supervisors have interest in giving incentives to MWs for good performance but they have concern on their ability to measure MWs' performance objectively. Some townships are still not using checklists for supervision and as the supervisory visit findings are not recorded systematically it is difficult to develop performance appraisal system and reward system effectively.

Their perception on constraints in supervision systems are: vacancies of supervisors, overburdening of township level supervisors and inadequate travel allowances for supervisory visits. Some were very eager to extend the implementation of “locality specific recruitment” and some suggested to revive mandatory rural service for preferential admission to midwifery training policy. Also suggested that a new MW should be deployed to a particular HTR area only when there were appropriate infrastructure (i.e. Sub-center building, drugs and instruments should be ready for her). Some perceived that "job vacancies" cause by MWs who are attending long term trainings is the important cause of overburdening of work for MWs.

Workplace motivation of MWs was measured in this study through direct questioning about their perceived motivation state and through motivation outcome construct questionnaire. In direct questioning, 22% of MWs stated their motivational status as “fair”, 59% as “good” and only 19% as “very good”. “Mean motivational score” of motivation outcome construct questionnaire was used to compare motivation status among the study townships and reasons for better mean motivational score were explored through qualitative analysis. These were: no language, cultural and religion differences between MWs and the community; active implementation of Millennium Development goal 4 and 5 reduction activities; interest and active leadership of TMO, effective supervision system, receiving of supplementary salary and hardship allowance, receiving of support to MWs from some International Non-governmental Organizations, and getting momentum in implementation of GAVI HSS activities.

Characteristics of *motivated MWs* were explored through *qualitative analysis* and these were; those MWs who perceived the importance of her job, could live

together with family; assigned to work in her own home town or village; received trust and respect from the community, achieved community participation and support, and obtained supportive supervision. Requirements to have motivation were *asked directly* from MWs and these were: adequate drugs and equipments (78%); support from community (67%); trust and appreciation from community (56%); to solve transport difficulties including provision of motorcycle (51%), appreciation and support form supervisors/superiors (44%); increased pay (35%) and travel allowances (30%).

Three fourth of MWs reported being *fairly satisfied* with their jobs and nine percent being very satisfied with their jobs. Regarding *intention to stay*, 48% were waiting to be transferred from the current post, 24% were waiting to enter for competitive selection examination for LHV/ nursing training so that they could escape from the HTR posts, only 28% had intention to continue working at the current HTR post. Among those who have intention to stay at current post, only half would work till retirement. Major reasons for intention to be transferred from the current post were: to be able to stay together with the family (50%), to be able to stay in a place convenient for her children's education and family (13%). It was found that among MWs with urban upbringing, 23% expressed their intention to stay whereas among MWs from rural upbringing 41% have intention to stay at HTR areas. Perceived requirements for job satisfaction were: adequate drugs and equipment (72%), good housing/sub-center building (65%), to solve difficulties with transportation including provision of motorcycles (61%), community participation and support (56%), travel allowances (44%), and increased pay (30%).

Recommended strategies to improve motivation and retention are to: provide adequate essential drugs, equipments and travel allowance, provide support particularly to newly deployed MWs, replace vacant posts especially those posts who are attending long term career progression training, strengthen supervision system, develop township level performance assessment system, implement *locality specific recruitment and deployment* mechanism, strengthen midwifery training institutions and scale up implementation of integrated service delivery approach and Hospital equity fund of GAVI HSS program.