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Policy Brief 30

Increasing the Retention of the Health Workforce in Egypt: Improving Work Environments

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Executive Summary:

Egypt faces an urgent public health crisis which is a shortage in its health workforce capacity. A main reason for the lack of the health workforce retention is the working environment. The Ministry of Health has multiple options to improve the quality of the working environment for health workers. Three interrelated policy options are proposed in this brief:

1. **Enhancing organizational trust**
2. **Providing financial and non-financial incentives**
3. **Developing a digital human resource sys- providing multiple services**

Acknowledging the economic constraints, the suggested options are tailored to be cost effective. Policymakers can start immediately with their trust repair and trust building initiatives (by revising norms and practices). In parallel, they may gradually build a digital system for HR management in the MoHP. The electronic system would provide services like facilitating administrative procedures for staff and providing trainings as non-financial incentives.

Problem Statement

Egypt faces an urgent public health crisis which is a **shortage in its health workforce retention capacity.** The number of working physicians in the Egyptian public sector of health represented in the Ministry of Health and Population (MoHP) is almost 108,000 physicians[1,2], which would hardly respond to the needs of a hundred million citizens according to international guidelines[3]. This deficit leaves the Egyptian public health sector unable to achieve the Sustainable Development Goals and Egypt's Vision for Health in 2030. Understanding the push and pull factors for the health workforce is crucial. Four reasons, all related to the working environment, explain why the health workforce leaves the public health sector:

1. A lack of trust of healthcare workers towards their establishment
2. The need for better incentives (Financial and Non-financial)
3. The administrative complexities of the Egyptian health sector
4. A lack of systematic capacity building of health workforce

Policy Options:

Three interrelated policy options may address the problem:

1. Enhancing the healthcare workers' trust in the MoHP
2. Providing financial and non-financial incentives
3. Creating a unified electronic system for human resource management

Policy Option 1: Enhancing healthcare workers' organizational trust within the MoHP

Organizational trust is a belief held by an individual or a group that their organization will make real efforts to abide by implicit or stated commitments[4]. Trust in organizations is associated with improved performance, job satisfaction, and intent to stay.[5,6,7,8]

While interventions enhancing trust can be cost-effective, neglecting trust can be extremely costly, especially in a crisis like COVID-19[9]. Trust can be built on a sense of shared identity, sound rules, defined roles, and solid leadership.[10]

Decision makers are invited to seriously consider enhancing the health workforce in the MoHP as an improvement of work environments and a method of retention. They can do so in **two major steps:**

1. **Trust Repair:** Solving existing problems of trust across staff
2. **Trust Building:** Proactively promoting a culture of trust in and across the MoHP

[1] World Integrated Trades Solutions. (2020). Egypt, Arab rep. Trade statistics | WITS. World Integrated Trade Solution (WITS) | Data on Export, Import, Tariff, NTM. Retrieved January 2021 ,23, from https://wits.worldbank.org/CountryProfile/en/EGY

[2] EDHS. (2014). Chapter 2 Overview of the Health System in Egypt. The DHS Program - Quality information to plan, monitor and improve population, health, and nutrition programs. https://dhsprogram.com/pubs/pdf/SPA02/5chapter02.pdf

[3] World Health Organization. (2016). Health workforce requirements for universal health coverage and the Sustainable Development Goals. https://apps.who.int/iris/bitstream/handle/-9789241511407/250330/10665eng.pdf

[4] Cummings L, Bromiley P. The organizational trust inventory (OTI). In R Kramer & T Tyler (Eds.), Trust in organizations: Frontiers of theory and research. Thousand Oaks: Sage Publishers; 1996:302-330.

[5] Gider, Ö., Akdere, M., & Top, M. (2019). Organizational trust, employee commitment and job satisfaction in Turkish hospitals: implications for public policy and health. Eastern Mediterranean Health Journal, 25(9).

[6] Wang, L., Tao, H., Ellenbecker, C. H., & Liu, X. (2012). Job satisfaction, occupational commitment and intent to stay among Chinese nurses: a cross□sectional questionnaire survey. Journal of Advanced Nursing, 68(3), 539-549.

[7] Altuntas, S., & Baykal, U. (2010). Relationship between nurses' organizational trust levels and their organizational citizenship behaviors. Journal of Nursing Scholarship, 42(2), 186-194.

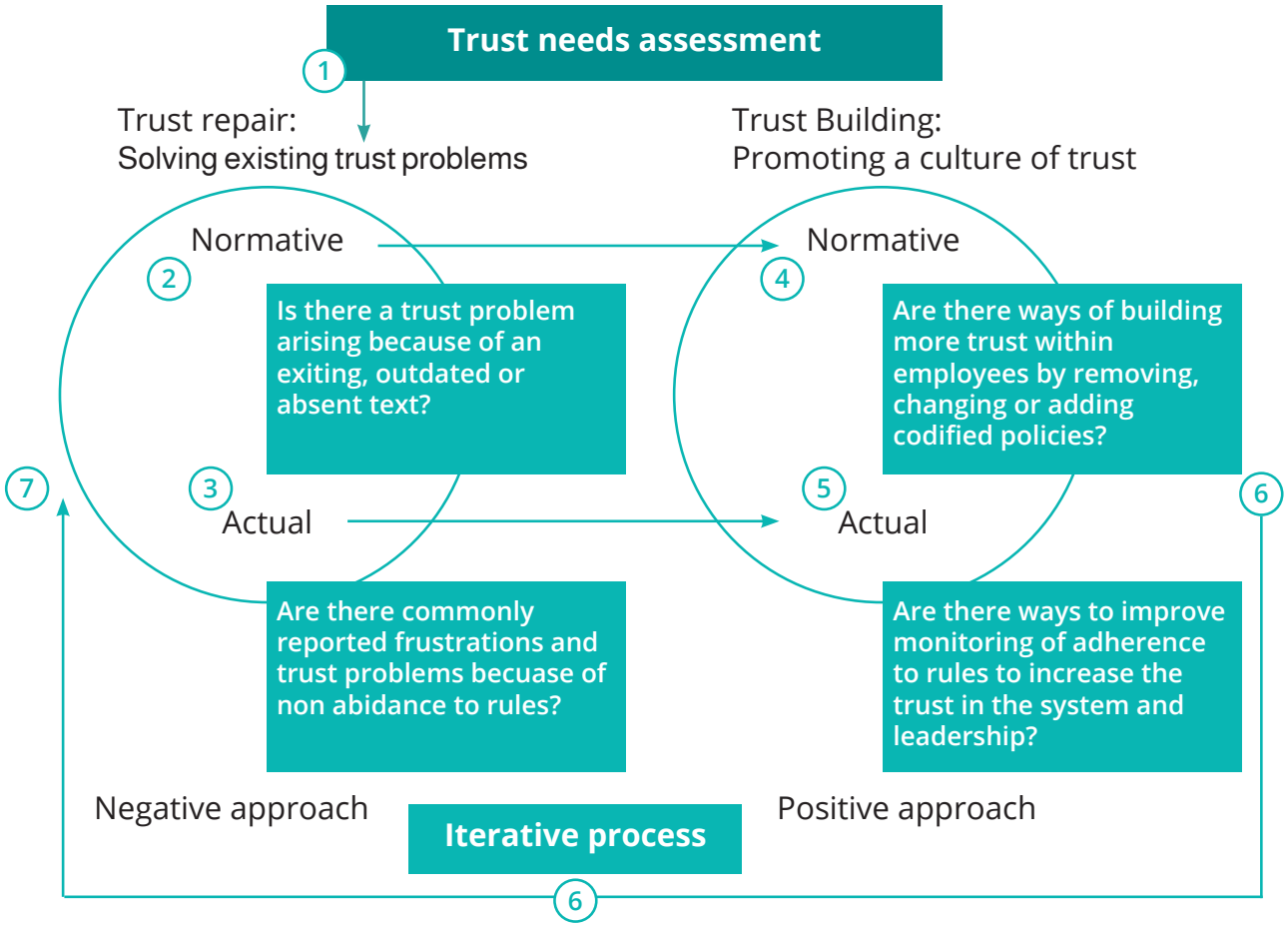
[8] Atiyeh, H. M., & AbuAlRub, R. F. (2017, October). The relationship of trust and intent to stay among registered nurses at Jordanian hospitals. In Nursing forum (Vol. 52, No. 4, pp. 266-277).

[9] The Egyptian Center for Economic Studies identified shortage of health service providers, resulting from a migration of around 7000 physicians only after the first wave of COVID-19. "Monitoring COVID-19 impacts on the Egyptian Economy: The Health Sector" (2021)

[10] Kramer, R. M., & Lewicki, R. J. (2010). Repairing and enhancing trust: Approaches to reducing organizational trust deficits. Academy of Management annals, 4(1), 245-277.

These steps can be implemented on two levels:

1. **Normative:** Tackling norms, regulations, standard operating procedures (existing, absent, outdated).
2. **Actual:** Addressing the level of abidance to the rules and assessing frustrations and trust deficits resulting from non-compliance.



A Trust Needs Assessment is required to identify key issues that need action. Once done, policymakers can design interventions for trust repair or building. Following design, implementation and evaluation can take place. The solution is feasible given economic constraints, even though it can have unintended and counterproductive consequences if wrongly implemented or without real commitment and will.

Policy Option 2: Providing a combination of non-financial and financial incentives

Financial and non-financial incentives are both critical to enhance the healthcare working environment. For the **financial incentives,** increasing the salaries of physicians has spurred attention over the past years. While the Ministry is already introducing incremental increases in the pay structure, the policy option draws attention to other payment policies that could also improve the working environment and upgrade the quality-of-service delivery. For example, **performance-linked payments** can be designed in public sector hospitals that do not fall under the new Universal Health Care insurance law. This arrangement requires structural changes in the healthcare information system to monitor the performance of physicians and ensure that quality measures are in place[11].

The careful design of **non-financial incentives** is equally important as the introduction of financial incentives[12]. The policy option calls policy makers to design **supervision and recognition schemes.** Supervisory schemes are a cornerstone of effective monitoring, and the evaluation while recognition schemes acknowledge a work well done. These schemes would reinforce

[11] Cashin C, Charchi C, Pervin A. JLN/GIZ Case Studies on Payment Innovation for Primary Health Care: Indonesian Capitation Payment for Primary Health Care with Performance Benchmarks. Washington, DC: Joint Learning Network. 2017.
[12] Mathauer I, Imhoff I. Health worker motivation in Africa: the role of non-financial incentives and human resource management tools. Hum Resour Health. 2006;4:24. pmid:16939644.

a two-way communication between physicians and would ensure that their voices are heard and that their work is appreciated. Non-financial incentives also include **training and development.**

Policy Option 3: Creating a unified electronic system for human resource management

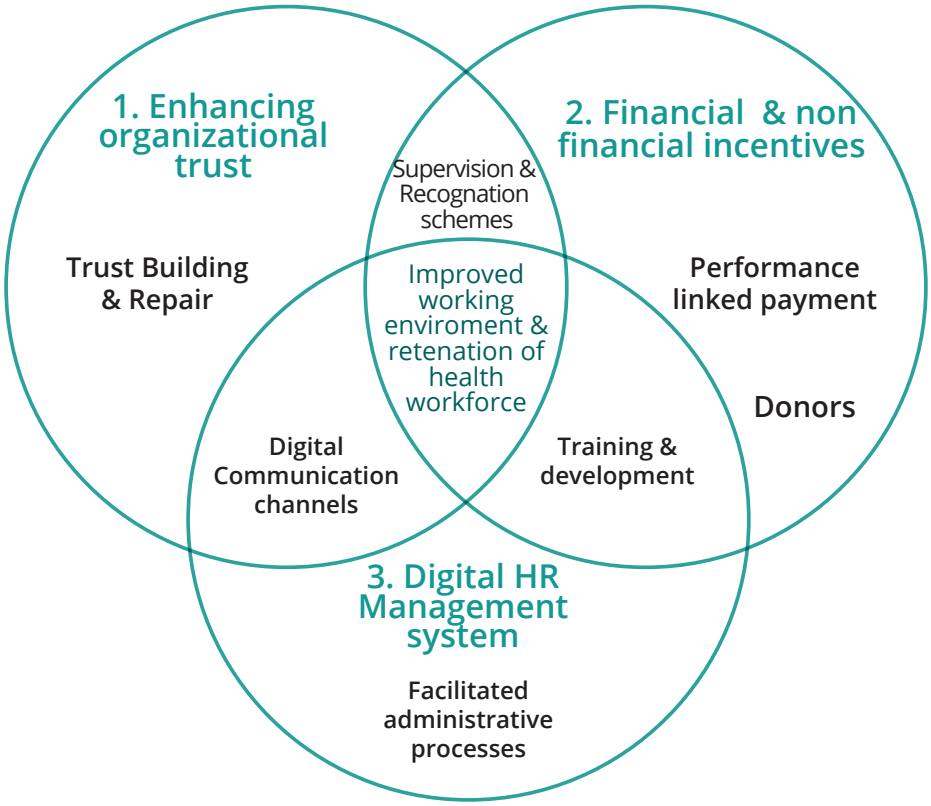
A unified electronic system for human resource management can have many advantages for both the health workforce and policymakers. It will:

1. Open new **communication channels** between medical service providers in the public sector of health and officials (a way of implementing the first alternative).
2. Facilitate **administrative processes** that consume the time and effort of the health workforce, enabling them to better perform their duties.
3. Provide common **trainings and learning opportunities** for all staff to continually build their skills and competencies (linked to non-financial incentives).
4. Inform the MoHP about the **satisfaction rates** of medical service providers and enable officials to make informed decisions.

These services have a significant contribution to the quality of the work environment of the health workforce. Investing in a comprehensive digital database that gradually provides these services is vital. It is also a tool to implement other suggested alternatives. Building an electronic system shows the willingness of the ministry to reduce bureaucracy (as the Egyptian government aims) and to lift the administrative burden from the health workforce. The digital tools will also allow officials to better receive feedback and to equip the health workforce with the skills they need. The policy option allows the Ministry of Health to become increasingly efficient in its inner functioning and will equitably result in an improved working environment.

Conclusion

To conclude, improving the work environments of the health workforce is of crucial importance to retain medical and paramedical staff, especially in the public sector. **In this policy brief, we propose three interrelated policy alternatives:**



Potential Challenges:

1. Measuring trust, if wrongly implemented, can cause unintended and counterproductive consequences among the staff.

2. Financial and non-financial incentives will require systemic interventions that require political endorsement.

3. Weak technical infrastructure (internet connection, hardware and software) & poor digital skills among staff may make relying on an online HR portal difficult.

Policymakers can start immediately with their trust repair and trust building initiatives (by revising norms and practices) as a cost-beneficial solution. In parallel, they may gradually build a digital system for HR management in the MoHP. The electronic system is a short-medium term solution. Decision makers would prioritize services based on needs assessments to ensure their choices of services are strategic and relevant to the needs and preferences of the health workforce. The digital system can be one tool, among others, to implement suggested alternatives (trust and non-financial incentives like training) while facilitating administrative processes for the MoHP staff. Performance-based payments require structural reforms and can be better considered as a long-term option to improve the working environment and the retention of the health workforce.

«All the academic references used in this brief are mentioned in the policy paper.»
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