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## Identifying needs for optimizing the health workforce in Ethiopia

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## **Chapter 8: Summary**

The aim of this thesis work was to identify needs for optimizing the health workforce in Ethiopia with focus on the SRMNH service providers. Four of the five studies are linked to implementation of the USAID-funded Strengthening Human Resources for Health Project (2012-2018), which sought to support efforts of the Government of Ethiopia to improve human resources for health status.

**Chapter 1** is a general introduction. It provided country context and explained why it is important to strengthen the health workforce, including its linkage to attaining the Sustainable Development Goals. It reviewed the state of the health workforce in Ethiopia and globally from availability, accessibility, acceptability and quality perspectives. It indicated that Ethiopia is investing on its health workforce but still faces multiple challenges, including, but not limited to, shortage of health workers, poor quality of pre-service education, gaps in performance and quality of healthcare, and low motivation and high turnover of staff. It also emphasized the need for more and better research evidence to inform HRH policies and programs. It ended by describing the conceptual framework and components of the thesis (Figure 1).

**Chapter 2** presented results of an assessment of quality of pre-service midwifery education at public higher education institutions (universities and regional health science colleges). A cross-sectional study conducted in June 2013 with 484 graduating midwifery students from 25 universities and regional health science colleges found major gaps in the causal chain of educational inputs, processes, outputs, and outcomes. The majority of students rated the learning environment unfavorably on eight out of ten questions. Only 32% of students attended 20 or more births under supervision. The mean competence score of students in a 10-station

objective structured clinical examination was found to be 51.8%. Male gender, perceived sufficiency of clinical experience and higher number of attended births predicted a better competence score.

**Chapter 3** described results of a midwifery task analysis study. A cross-sectional study involving 138 midwives with 6 months to 4 years' experience was conducted in 2013 in seven regions to identify needs for strengthening midwifery education, practice and regulation. The study showed that practising midwives lacked competencies in gynecology, public health, emergency obstetric care, and prevention of mother to child transmission of HIV. These competencies were less likely to be learned during pre-service education and less likely to be performed frequently. Results of this study were used to design a blueprint for a national licensing examination.

**Chapter 4** presented findings of an intrapartum quality of care study. A cross-sectional study was conducted in Amhara Regional State in 2015 involving 150 midwives and 56 health facilities. Direct observation of care found that 16.5% and 9% of midwives were not competent in routine and emergency intrapartum care, respectively. Inventory of resources revealed major gaps in drugs, equipment and supplies. For instance, only 32.6% of facilities had more than 75% of the essential drugs. Learning and performance improvement opportunities were also found inadequate; less than half of respondents received basic emergency obstetric and newborn care training, and frequent supportive supervision.

**Chapter 5** described results of a cultural competence study. A cross-sectional study was conducted in 2012 in Bahir Dar City, northwest Ethiopia, involving 274 maternal healthcare providers. The mean cultural competence of maternal healthcare providers was found to be

57.3%. In-depth interviews with women receiving maternity care corroborated the gaps in cultural competence of providers.

**Chapter 6** presented findings of physicians' and associate clinicians' job satisfaction, motivation and turnover intention in Ethiopia's public health sector. A cross-sectional comparative study involving 375 physicians and 127 associate clinicians was conducted in 2014. The results demonstrated that the majority of physicians (60.8%) and associate clinicians (51.2%) were unsatisfied with their job; and 47.5% and 61.4%, respectively, were planning to leave their facility within one year. Salary, and allowances for duty, professional risk, and housing, were rated highly important to stay committed in a facility. Low pay, poor access to higher education, and limited opportunities for promotion were the top three reasons for a decision to leave. Furthermore, satisfaction with salary and benefits, human resource management and work climate, and recognition and appreciation independently influenced overall job satisfaction. Lack of job satisfaction increased the odds of turnover intention by two-fold. However, there was no difference in satisfaction and turnover intentions between physicians and associate clinicians when confounders were controlled for.

**Chapter 7** is the general discussion. It presented key findings, implications, comparisons with results of other studies, and reflections on the study methods. It concluded that there are: 1) important gaps in pre-service midwifery education; 2) substantial weaknesses in performance of SRMNH workforce, availability of physical resources, and learning and quality improvement systems; and 3) low levels of satisfaction and motivation and high turnover intention among physicians and associate clinicians alike. The discussion also reflected on how the different studies informed HRH policies/programs and validity of the findings in the thesis.