



Retention of Medical Officers of Health in the preventive health sector; Evidence from Sri Lanka

S.M Arnold¹, R.M.S.D Fernando², H.M.K Wickramanayake³, C.J Denawaka⁴
W.Y.J Fernando⁵

¹ Director Quarantine, Ministry of Health, ² Regional Director of Health Services, Puttlum, ³ Director, Medical Supplies Division, Ministry of Health, ⁴ Medical Officer of Health, Nugegoda, ⁵ Medical Officer, Base Hospital, Panadura.

Corresponding Author: S.M Arnold

Date of Submission: 02-11-2020

Date of Acceptance: 16-11-2020

ABSTRACT:Background: Human resources are the livelihood of all types of organizations. The biggest challenge that organizations are facing today is not only managing these resources but also retaining them. Securing and retaining skilled employees plays an important role in any organization, because employees' knowledge and skills are central to organizations ability to be competitive.

It has been observed that retention of Medical Officers of Health (MOH) in the preventive health sector has been difficult. Many Medical Officers of Health leave to the curative sector from the preventive sector. This study was carried out to investigate factors affecting retention of Medical Officers of Health in the preventive health sector. Factors; recognition, work schedule, remuneration and responsibility were identified through literature as factors influencing retention of medical officers.

Methods: The study was carried out among Medical Officers of Health in the Western Province, Sri Lanka. A self-administered questionnaire with five point Likert Scale questions was used to gather data from Medical Officers of Health. Data were analyzed using descriptive analysis and correlation analysis through Statistical Package for Social Sciences (SPSS)

Results: Correlation analysis showed that all four variables; recognition, work schedule, remuneration and responsibility are positively and significantly ($P < 0.001$) correlated with retention of Medical Officers of Health.

Conclusions: The factors recognition, work schedule, remuneration and responsibility have an impact on retention of Medical Officers of Health in the preventive health sector. The health authorities should take measures to address service related issues related to these factors to facilitate the retention of Medical Officers in the preventive sector.

KEY WORDS: Retention, Recognition, Work Schedule, Remuneration, Responsibility

I. INTRODUCTION

Employee retention refers to the length of time employees stay with the organization, as opposed to employee turnover, which is the percentage of employees who leave your organization [1]. Effective employee retention is a systematic effort by employers to create and foster an environment that encourages current employees to remain employed by having policies and practices in place that address their diverse needs [2, 3]

Retention of productive employees is a major concern of HR professionals and business executives. It is more efficient to retain a quality employee than to recruit, train and orient a replacement employee of the same quality [4]. Retention of Human Resources for Health (HRH), particularly doctors at district level is a big challenge facing the decentralized health systems in poorly resourced countries [5, 6].

Physicians retention is related to their perceptions of their autonomy, workload, work/private life conflict, pay, and community satisfaction unfavourable working conditions including poor working environment, lack of assurance of career progression, and a non-uniform financial incentive system across districts; unsupportive environment in the Community and lack of appreciation from the community low income and long working hours [7 -11].

Many factors have been recommended for retaining salaried health-workers such as improved working conditions, improved supervision and management, clarifying job descriptions, criteria for promotion, and career progression, increasing education, training and professional development opportunities, social recognition, increasing salaries,



benefits and allowances and performance-based non-financial incentives [12-14].

In Sri Lanka the preventive health services are mainly provided by the Medical Officer of Health Units (MOH Offices). Medical Officers of Health (MOH/AMOH) are the Medical Officers responsible for providing preventive health services for a defined population. In the Colombo district each MOH Office has a defined population ranging from approximately 70,000 to 150,000. Through discussion with officials of the central Ministry of Health who are responsible for appointments and transfers of Medical Officers, Officers of the Provincial Ministry of Health under whom the MOH Offices function and Medical Officers of Health (MOH) revealed that they were of the view that preventive health sector is less attractive among Medical Officers and Medical Officers in the preventive health sector tend to leave to the curative health sector. Further it was revealed that number of applicants for preventive health posts, Medical Officer of Health and Additional Medical Officer of Health are low compared to curative health sector posts. This is an important issue which would have a great impact on the healthcare system. Therefore, its important to scientifically explore the factors influencing the retention of Medical Officers in the preventive health sector.

II. METHODS

This study was carried out in the Medical Officer of Health Offices in the Western Province with the objective of assessing the factors associated with retention of Medical Officers of Health (MOH) in the preventive sector. Medical Officers of Health in the Western Province consisted of the study sample. Medical Officers of Health who have not completed six months of service period, Medical Officers of Health who are on maternity leave or long leave and Medical Officers in the Colombo Municipal Council which has a separate administrative structure were excluded.

Factors; recognition, work schedule, remuneration, and responsibility were selected as factors affecting the retention of medical officers in the preventive health sector. A self-administered questionnaire consisting of questions on sociodemographic and service data and a questionnaire consisting of five-point Likert Scale questions were used as the study instruments. Descriptive analysis was carried out. Correlation analysis was carried out to see the correlation between the work related factors and retention in preventive health sector.

III. RESULTS

Of the study sample a majority (64.6%) were females. A majority were in the age group between 31-40 years (46.1%) whereas there were only 16.8% in the age category 51-60 years. A majority (88.5%) were currently married. (Table 1)

A majority (28.3%) had a service period of 6-10 years. A Service period of 0- 5 years (18.6%) and 11.15 years (18.6%) was seen in a considerable proportion. Only 7% had a service period 26 years and above.(Table 2)

Table 1: Socio demographic characteristics

Description	No	Percentage
Gender		
Male	40	35.4
Female	73	64.6
Total	113	100.0
Age (years)		
20-30	00	0.0
31-40	52	46.1
41-50	42	37.1
51-60	19	16.8
Total	113	100.0
Marital status		
Currently married	100	88.5
Unmarried	13	11.5
Total	113	100.0

The correlation analysis was performed to assess the correlations between the independent and dependent variables. The correlation coefficients of Recognition, Work Schedule, Remuneration and Responsibility show positive relationships

Table 2: Distribution by service period

Period (years)	No	Percentage
0-5	21	18.6
6-10	32	28.3
11-15	21	18.6
16-20	16	14.2
21-25	15	13.3
26-30	06	5.3
>30	02	1.7
Total	113	100.0

and are statistically significant. The strongest positive significant association shows in between Recognition and Retention and its coefficient of correlation is 0.552 at a 0.001 significant level. ($r= 0.552, p< 0.001$). A positive



and statistically significant correlation exists between Responsibility and Retention ($r= 0.494$, $p< 0.001$), Remuneration and Retention ($r= 0.441$, $p<$

0.001), Work Schedule and Retention ($r= 0.432$, $p=0.001$). (Table 3)

Table 3: Correlation matrix between attitude scores with spearman correlation coefficient

	Recognition	Work schedule	Remuneration	Responsibility	Retention
Recognition	$r= 1.00$ $p= NA$	$r= 0.372^*$ $p= 0.003$	$r= 0.491^*$ $p<0.001$	$r= 0.621^*$ $p<0.001$	$r= 0.552^*$ $p<0.001$
Work schedule	$r= 0.372^*$ $p= 0.003$	$r= 1.00$ $p= NA$	$r= 0.569^*$ $p< 0.001$	$r= 0.314^*$ $p= 0.016$	$r= 0.432^*$ $p= 0.001$
Remuneration	$r= 0.491^*$ $p< 0.001$	$r= 0.569^*$ $p< 0.001$	$r= 1.00$ $p= NA$	$r= 0.311^*$ $p= 0.015$	$r= 0.441^*$ $p< 0.001$
Responsibility	$r= 0.621^*$ $p< 0.001$	$r= 0.314^*$ $p= 0.016$	$r= 0.311^*$ $p= 0.015$	$r= 1.00$ $p= NA$	$r= 0.494^*$ $p< 0.001$
Retention	$r= 0.552^*$ $p< 0.001$	$r= 0.432^*$ $p= 0.001$	$r= 0.441^*$ $p< 0.001$	$r= 0.494^*$ $p< 0.001$	$r= 1.00$ $p= NA$

*Correlation is significant at the 0.01 level (2-tailed).

IV. DISCUSSION

The objective of the current study was to investigate the impact of work-related factors on retention of Medical Officers in the preventive health sector in Sri Lanka. A quantitative research method was employed to determine the relationship between the predictor variables. An exploratory nature was used in order to investigate the extent to which the variance of one variable would exert an influence on the other variables. The use of a correlational design aided in the development of new knowledge and forming hypotheses that could be used to inform further research.

Based on the results from correlation analysis, it showed that there is a positive relationship between selected independent variables (Recognition, Work Schedule, Remuneration and Responsibility) and dependent variable Retention. Among four independent variables the strongest positive significant association was seen between Recognition and Retention with a coefficient of correlation of 0.552 at a 0.001 significant level. ($r= 0.552$, $p< 0.001$).

Apart from recognition other three factors had positive and significant relationship with retention. Work Schedule and Retention ($r= 0.432$, $p=0.001$), Remuneration and Retention ($r= 0.441$, $p< 0.001$) and Responsibility and Retention ($r= 0.494$, $p< 0.001$). In this context we can conclude that the impact of recognition, work schedule, remuneration and responsibility is positively affects retention of medical officers in the preventive sector. The studies by Mabaso [10] and Chaulagain [15] provided support on the positive and significant relationship between compensation and **job retention** in the current study.

V. CONCLUSIONS

Dependent variable retention in the preventive health sector had a statistically significant correlation with all four independent variables; recognition ($P<0.001$), work schedule ($P=0.001$), remuneration ($P<0.001$) and responsibility ($P<0.001$). The Ministry of Health should consider the factors affecting the retention of Medical Officers of Health in the preventive sector and address the service issues encountered by them.

REFERENCES

- [1]. Mayhew, R. nd, Employee Retention & Satisfaction. Available at <<https://work.chron.com/employee-retention-satisfaction-1307.html>>
- [2]. Mathimaran, K.B. Ananda Kumar A. 2017. Employee Retention Strategies – An Empirical Research, Global Journal of Management and Business Research: E Marketing, Volume 17 Issue 1
- [3]. Mathis, RL, Jackson, JH. 2008. Human Resource Management, 12th Edition, Thomson South-Western, USA
- [4]. Society for Human Resource Management. 2018, Managing for Employee Retention, Available at: <<https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/managingforemployee retention.aspx>>
- [5]. Syptak, JM, Marsland, DW, Ulmer, D. 1999. Job Satisfaction: putting theory into practice, Fam Pract Manag, vol 6, no 9, pp 26-30.
- [6]. Chaulagain, N, Khadka, DK. 2012. Factors influencing job satisfaction among healthcare professionals at Tilganga Eye Centre,



- Kathmandu, Nepal, International Journal Of Scientific & Technology Research, vol 1, no11.
- [7]. Kaplan, DP. 2009. Determinants of job satisfaction and turnover among Physicians, A thesis presented to The Faculty of the Department of Psychology San Jose State University in partial fulfillment of the requirements for the degree Master of Science. Available at: <https://scholarworks.sjsu.edu/cgi/viewcontent.cgi?referer=https://www.google.lk/&httpsredir=1&article=4345&context=etd_theses>
- [8]. Sirili, N. et al.2018. Retention of medical doctors at the district level: a qualitative study of experiences from Tanzania, BMC Health Services Research, vol 18, no 260.
- [9]. Wu, D, Wang, Y, Lam, KF, Hesketh, T. 2014. Health system reforms, violence against doctors and job satisfaction in the medical profession: a cross-sectional survey in Zhejiang Province, Eastern China', BMJ Open, vol;4.
- [10]. Mabaso, CM. Dlamini, BI. 2017. Impact of Compensation and Benefits on Job Satisfaction, Research Journal of Business Management, vol 11, no 2, pp 80-90.
- [11]. Barton, G. M. 2002. Recognition at work, Scottsdale: World at Work, pp. 51-55
- [12]. Henderson, L, Tulloch, J. 2008. Incentives for retaining and motivating health workers in Pacific and Asian countries, Human Resources for Health, vol 6, pp18.
- [13]. Rahman, S.M. 2010. Factors affecting recruitment and retention of community health workers in a newborn care intervention in Bangladesh, Human Resources for Health, vol 8, no12.
- [14]. Willis-Shattuck, M, Bidwell, P, Thomas, S, Wyness, L, Blaauw, D, Ditlopo, P. 2008. Motivation and retention of health workers in developing countries: a systematic review, BMC Health Serv Res, vol 8, no 247, pp10.
- [15]. Chaulagain, N, Khadka, DK. 2012. Factors influencing job satisfaction among healthcare professionals at Tilganga Eye Centre, Kathmandu, Nepal. International Journal of Scientific & Technology Research, vol 1, no11.