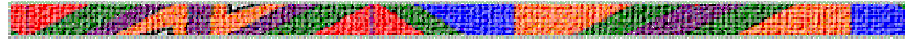


THE OPINION OF CONTRACT MEDICAL DOCTORS REGARDING THEIR RETENTION IN BOTSWANA

Kim K Mashimango, Eric Buch
University of Pretoria, Faculty of Health Sciences

ACKNOWLEDGEMENT



- **Ministry of Health – Botswana**
- **Ministry of Local Government- Botswana**
- **All Contract Medical doctors in Botswana**

INTRODUCTION



- Botswana **depends heavily on foreign doctors** coming mostly from other African countries
- Employment terms: **24-36 month renewable contracts**
- Wants to retain doctors, but **migration** is a challenge
- April 2008 : an **attraction and retention strategy** including a **scarce skills allowance** is implemented
- This study sought the opinion of contract doctors on the retention strategy in Botswana

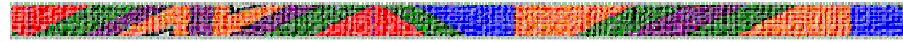
METHODS



- A cross-sectional descriptive survey using a carefully constructed questionnaire distributed to a randomly selected sample of **expatriate doctors**
- Inclusion criteria:
 - **Contract doctor** in the Botswana **public service**
 - Working for **at least 1 year** in the country
- **143** responses received (**Resp. rate: 64.2 %**)



PROFILE

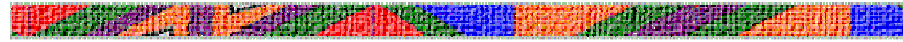


AGE: Mean: 39.5; Range: 28-59; Mode: 35

PROFILE	DESCRIPTION	PROPORTION
GENDER	MALE	87 %
	FEMALE	13%
MARITAL STATUS	MARRIED	88%
	SINGLE	11%
COUNTRY OF ORIGIN	SADC COUNTRIES	81%
	OTHER AFRICAN C.	16%
	BEYOND AFRICA	2%
QUALIFICATION	GEN. PRACTITIONER	90%
	SPECIALIST	8%
PLACE OF APPPOINTMENT	MoH (HOSPITALS)	49%
	M Local Gov (CLINICS)	47%

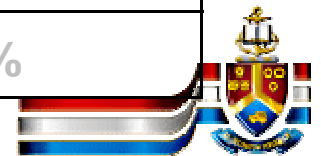


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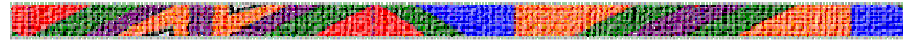


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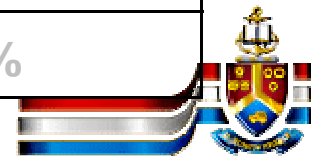


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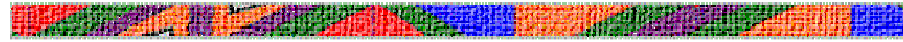


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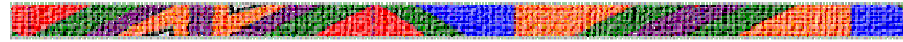


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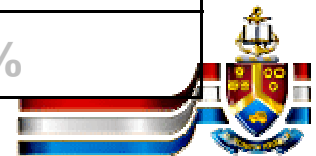


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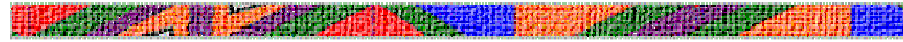


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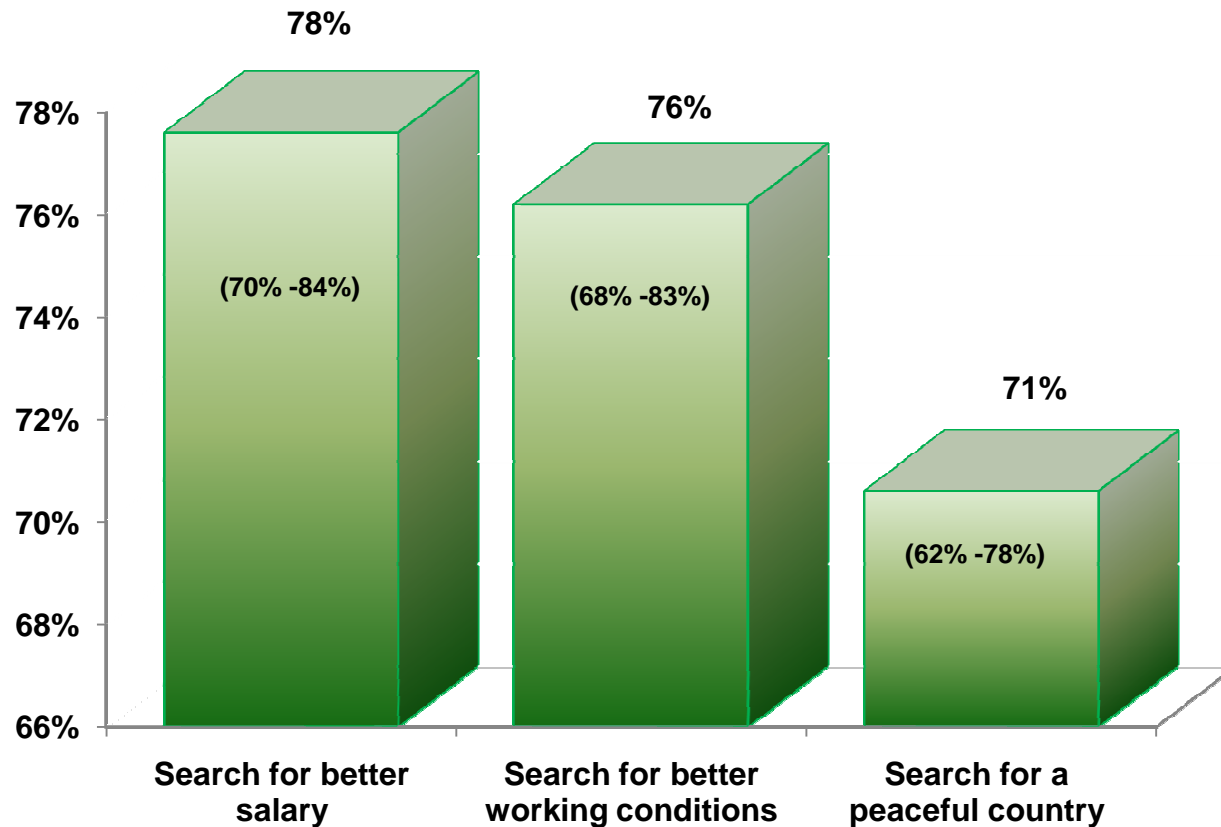
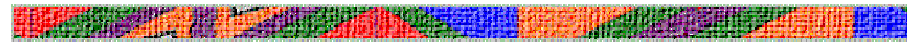


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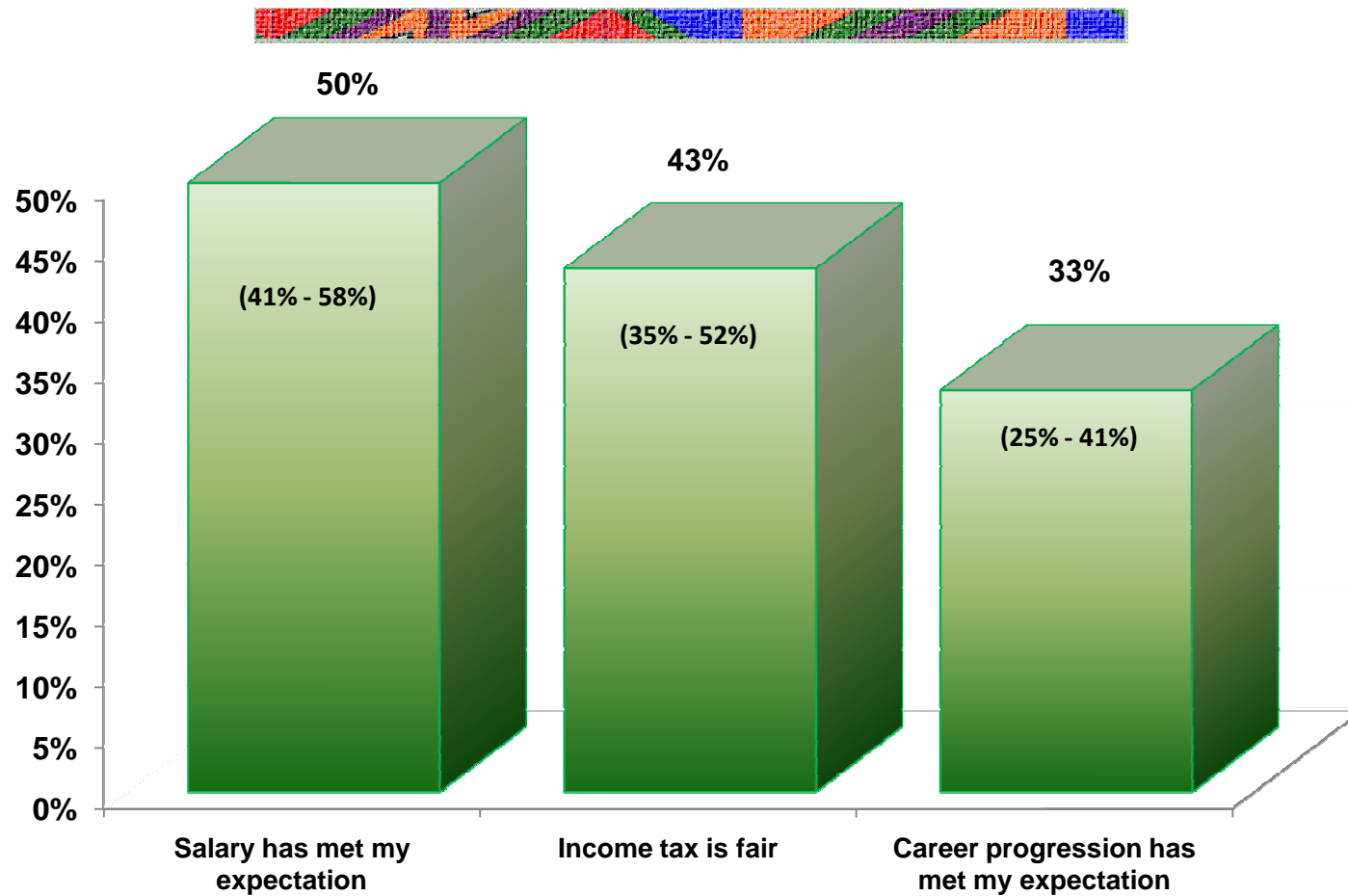


REASONS FOR SEEKING EMPLOYMENT IN BOTSWANA



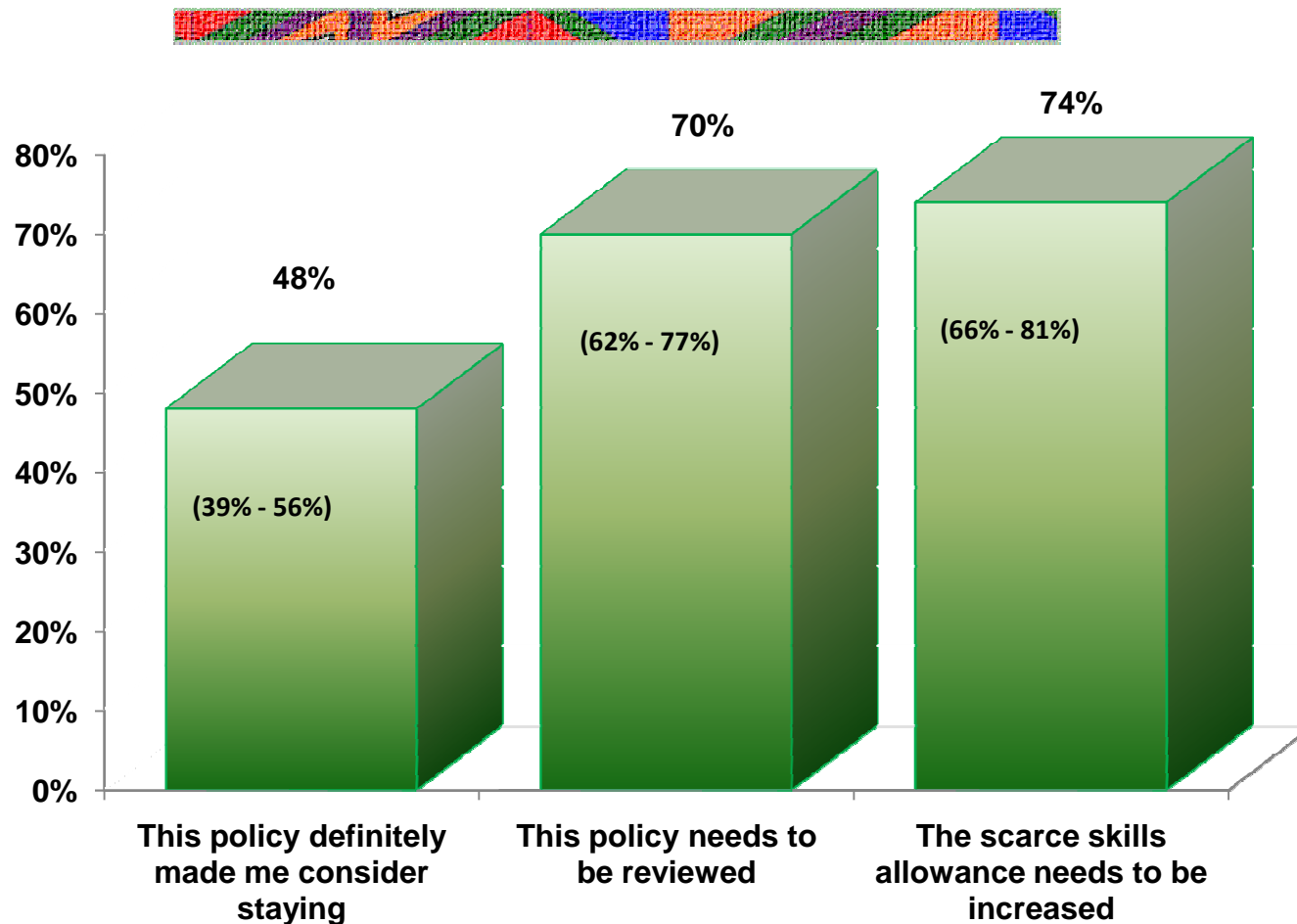
Numbers in brackets represent 95% Confidence interval

VIEWS ON THE FINANCIAL INCENTIVES



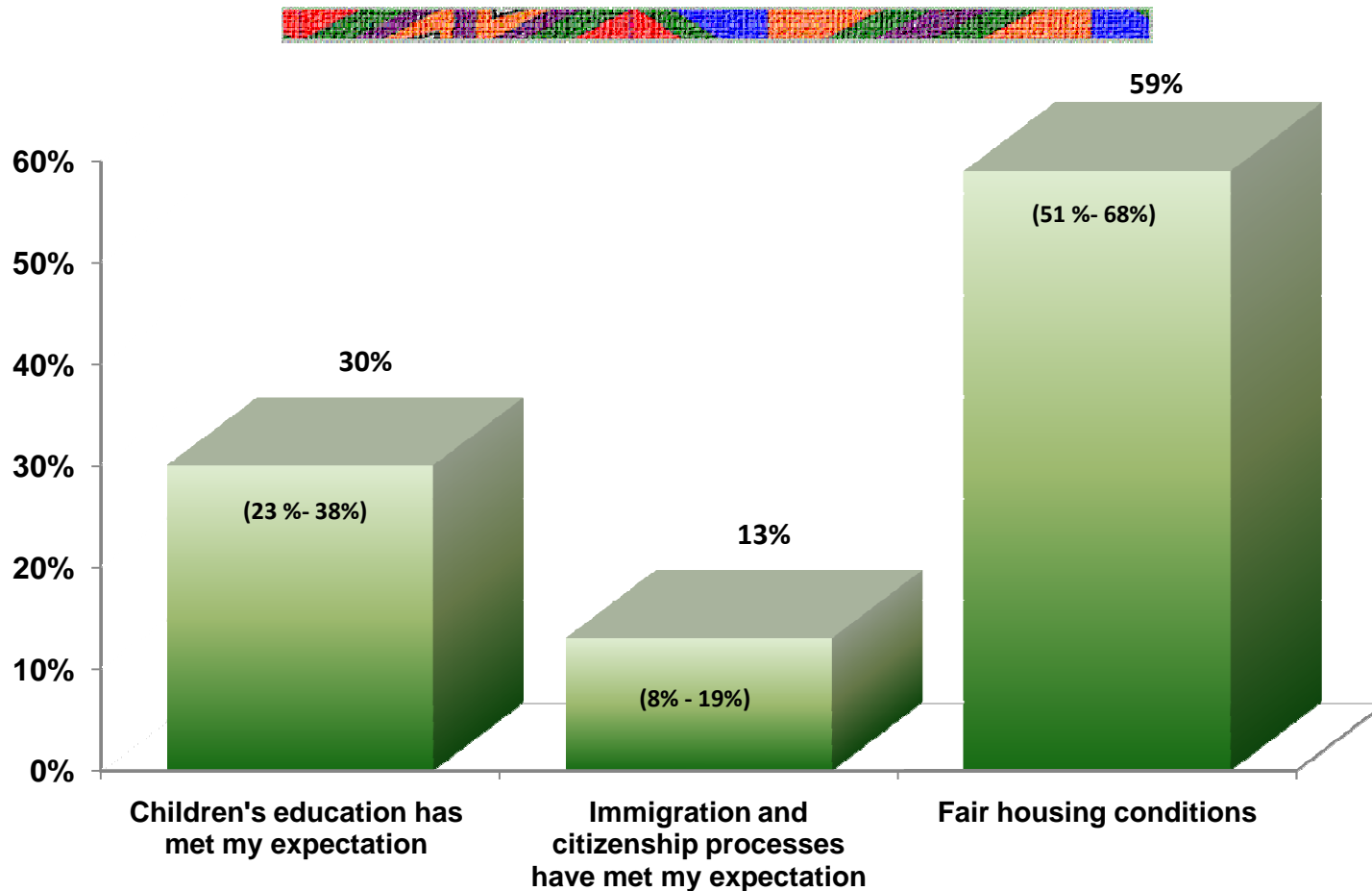
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VIEWS ON THE SCARCE SKILLS ALLOWANCE



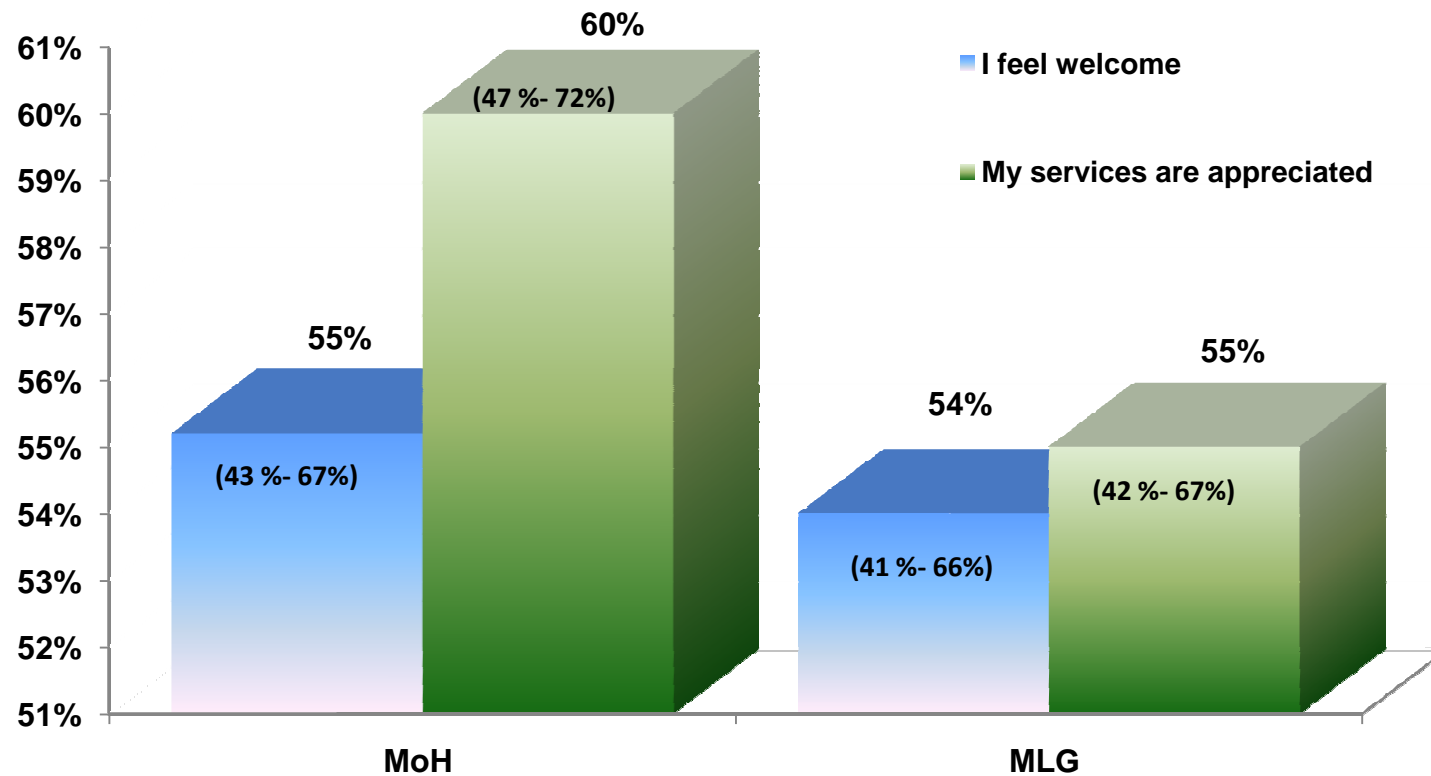
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VIEWS ON THE NON-FINANCIAL INCENTIVES



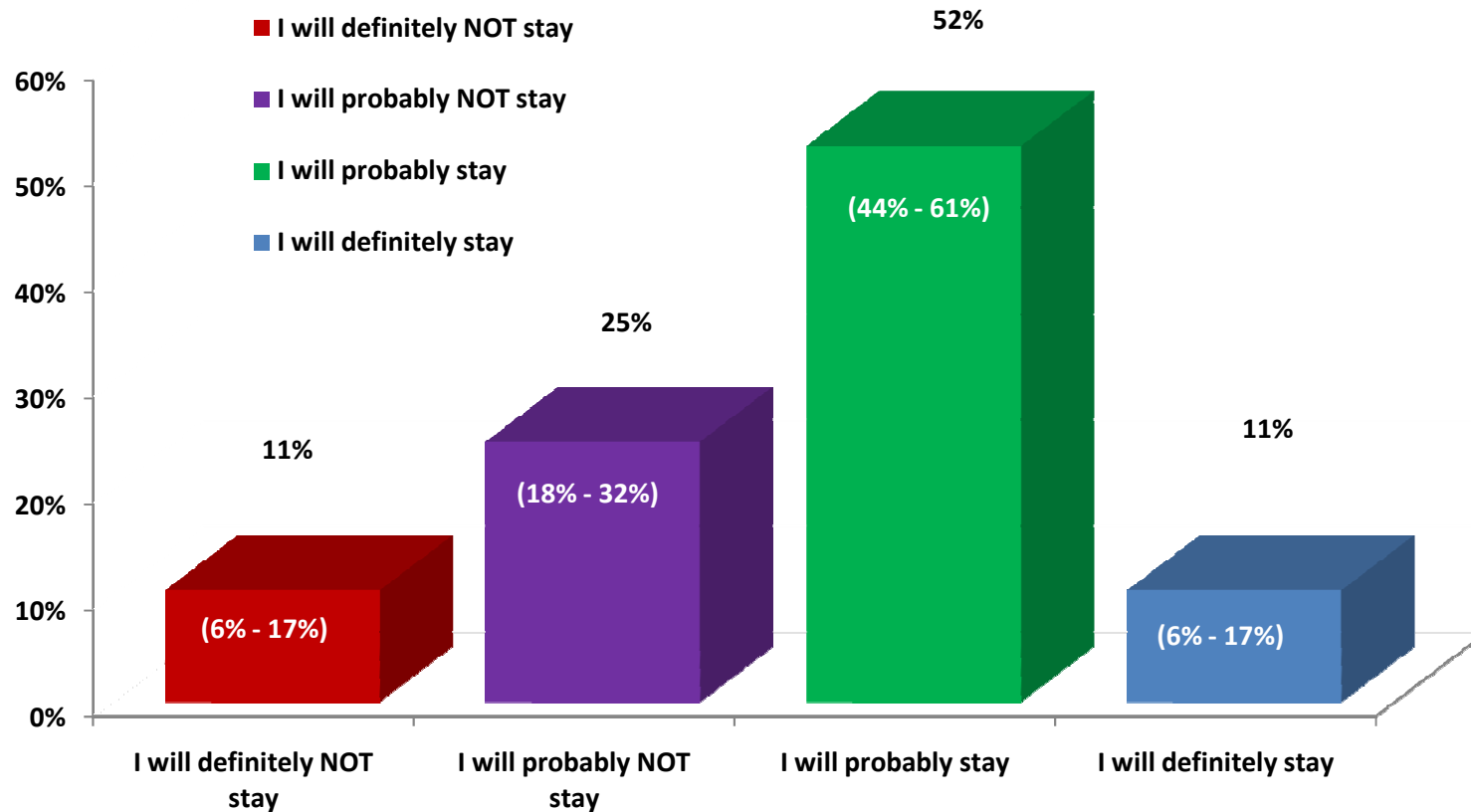
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PERCEPTION OF POPULATION ATTITUDE



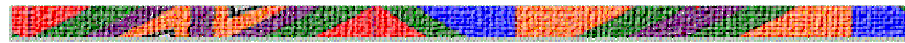
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EXPECTED DECISION AT THE END OF CONTRACT



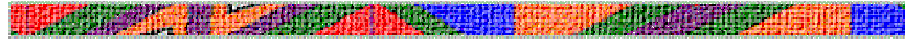
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STATISTICALLY SIGNIFICANT DIFFERENCES BY EMPLOYMENT



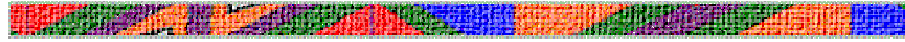
- Doctors working in hospitals (MoH) were more likely to stay in Botswana than those in clinics (MLG) **p= 0.0099**
- Doctors working in hospitals perceived community attitudes more positively than those working in the clinics. **p= 0.0235**
- Doctors working in LG were more satisfied with the process of contract renewal than those under the MoH **p=0.0498**

CONCLUSION



- The **financial incentives** of the current strategy seem to have been **well received**, but most still suggest further improvement to beat the “competition”
- **Non-financial aspects have not received the deserved attention** in the strategy, although they seem to have a strong influence on the choice of whether to stay or not

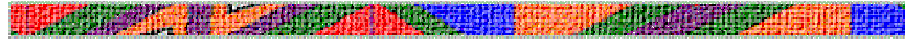
RECOMMENDATIONS



IMPROVE FINANCIAL INCENTIVES

- **Income tax reduction**
- **Regular benchmarking with other countries (especially in Southern Africa)**
- **Subsidy of doctors' children's education**
- **Career progression for deserving doctors**

RECOMMENDATIONS



IMPROVE NON-FINANCIAL INCENTIVES

- **Longer and renewable contracts (≥ 5 years) or just permanent employment**
- **More flexible immigration laws in favour of integration of skilled workers**
- **Decentralize financial & HR contract doctor management to District Health Teams (DHMT)**

RECOMMENDATIONS



IMPROVE NON-FINANCIAL INCENTIVES

- **Rotate doctors between hospitals and clinics**
- **Foster continued education: distance, leave**
- **Promote positive image of Contract doctors within the population**