

Factors impact on turnover of Jordanian rural physicians

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Abstract

Aim: The high turnover of physicians in rural areas of Jordan has adversely affected the provision of primary health care services. This study was undertaken to understand the reasons for this high turnover and to inform health policy makers to formulate more effective strategies to counter this problem.

Methods: A qualitative design was chosen for this study using focus group discussions. Four focus group discussions were conducted involving currently posted rural physicians, previously posted rural physicians, health directors, and consumers of health services from rural communities respectively.

Results: A large number of personal, organizational, work related and socio-cultural factors were identified and found to be associated with turnover of rural physicians. These factors included poor financial incentives, lack of professional development, rural background of medical practitioners and rural exposure during training, transportation issues, social isolation of rural physicians, lack of treatment facilities, poor general services, lack of resources, and lack of opportunities for spouses' career.

Conclusion: Physicians in rural Jordan are dissatisfied with a large range of organizational, social and personal factors. These factors could impede the quality of health services offered to rural communities. It is important to provide monetary and other professional incentives to rural physicians, in addition to selecting physicians with rural background or rural exposure to practice in rural areas.

Keywords: Jordan, physician, rural, turnover

Introduction

In spite of many public programs developed to recruit and retain physicians in rural areas around the world, physicians' turnover continues to threaten the quality of the offered health services in many rural communities around the world such as the case of Australia (Buykx et al. 2010), Japan (Inoue, Matsumoto, & Sawada 2007),

Zimbabwe (Chikanda 2006), the United States (Pathman et al. 2004), and China (Wang 2002).

High turnover of qualified staff can lead to lost productivity associated with orientation of the new replacing staff (Duffield & O'Brien-Pallas 2003). Turnover of physicians can lead to unmet expectations of the patients caused by the dissatisfaction

with inexperienced new physicians. In addition, health care organizations can experience financial and managerial problems from unpredictable turnover consequences (Kim & Lee 2009).

In Jordan, turnover of physicians in rural areas is particularly high, leading to loss and shortage of experienced and skilled health team members which threaten the quality of care patients receive (Jordanian Ministry of Health 2009). It has been reported that about 34% of Jordanian physicians who are registered in the Jordanian Medical Association are working overseas (Tamimi & Tamimi 2010). In fact, this statistic can be resulting in a decreased physician/population ratio announced by the Ministry of Health (MoH). Therefore, rural areas, as they are served by primary services, would be expected to be adversely affected by such turnover as they have less options and access than urban people to both public and private health services. However, literature and research about the magnitude of physicians' turnover and exact statistics are scanty. Therefore, this study has aimed at investigating factors impacting on turnover of physicians in rural Jordan.

Materials and methods

Focus group discussion was the preferred mode to collect data as there was little information about the problem being investigated and to better explore and discover the phenomenon (Tashakkori & Teddlie, 1998). Therefore, participants in the focus groups were purposively sampled. The advantage of purposive sampling lies in selecting participants who are able to provide rich information about an issue enabling an in-depth investigation of the problem (Patton, 2001). Four focus group discussions were conducted involving currently posted rural physicians, previously posted rural physicians, health directors, and consumers of health services from rural communities.

For each of the focus groups, participants had to meet certain inclusion criteria. All participants in the focus groups had to be Jordanian citizens. In case of the group of current rural physicians, participants had to be (1) employed as a physician (2) working in governmental health sector (3) working in a rural area for a minimum of 6 months. The same inclusion criteria were applied for the group of previous rural physicians, however; they should have practiced in rural areas in the last two years. Health directors had to be on their positions for at least 1 year. In the case of group of Jordanian rural community, participants had to be residing in the rural area for the last 2 years and using health services offered by Ministry of Health (MoH).

Thematic analysis as described by Braun & Clarke (2006, P. 87) was used to refine relevant data and categorized into themes and sub-themes.

Permission to conduct the study was obtained from the Research Ethics Committee at Ministry of Health in Amman, Jordan (Approval number: DT 434). At the time of commencement the interviews, participants were given a brief verbal explanation about the research and its purposes. All participants were provided with an information sheet explaining the aim and objectives of the study.

Results

Each focus group had 5 participants. A summary of the demographic characteristics of the focus group participants is presented in Table 1 below.

The findings indicated that the major reasons for turnover were poor financial incentives, poor rural infrastructure and lack of general services, lack of opportunities for professional development, socio-cultural characteristics of the rural communities, and the impact of the general policies of MoH on turnover. These factors were categorized into themes and sub-themes. The themes are

presented separately, complemented by quotes from the participants. The names

used in the quotes were pseudonyms.

Table 1. Focus group participants' characteristics

Variable	Currently posted rural physicians	Previously posted rural physicians	Health directors	General population	Total
Gender					
Male	5	2	5	5	17
Female	0	3	0	0	3
Age group/year					
26-34	4	3	0	1	8
35-43	1	2	0	2	5
44-52	0	0	4	1	5
≥ 53	0	0	1	1	2
Experience / year					
1-5	5	3	0	N/A*	8
6-10	0	1	0	N/A	1
≥ 11	0	1	5	N/A	6
Education					
Diploma	0	0	0	1	1
Bachelor	4	3	2	2	11
Master	1	2	3	2	8
Total	5	5	5	5	20

* Not Applicable. The experience variable was not applicable to general population group.

Poor rural infrastructure

Participants identified lack of general services, poor transportation, and lack of opportunities for spouses as crucial elements of infrastructure influencing turnover.

Availability of general services in rural areas

As most of the participants had moved from an urban area, they needed to adjust to a diminished range of general facilities and cope with a new situation. Many of the participants did not have a wide range of general facilities to choose from in terms of private schools, cafes, restaurants, theatres, shopping centres, the availability of internet connections, and recreational facilities.

The previously posted rural physicians group reported the need for private schools in rural areas as an important requirement for their children. The government schools in Jordan especially in the rural areas are not

of a good quality while there are very few if any good private schools in such areas, unlike urban areas which are well covered by private schools. In many rural areas, there is only one school, and that is a government school. A current rural physician highlighted the importance of internet connections in rural areas as an important consideration:

“This time is the era of internet and speed, internet is very important in my professional and social life”.

Lack of opportunities for spouse career

Some participants reported lack of opportunity and jobs for their partners in rural areas as an important issue related to turnover. They mentioned that when the physician's spouse gets a job in a rural area, the possibility of turnover decreases as it will be more difficult for the physician and the spouse to get two new job opportunities

for both of them in another place at the same time. However, it is difficult to get jobs in rural areas for both spouses due to limited opportunities as there are usually no hospitals, banks, factories, or universities in rural areas.

Inadequate transport services

Jordan does not have an organized transport system. There are no trains, only buses, taxis and vans for public transport, with some places having poor access to such transport. While many people use their own cars, petrol is very expensive relative to incomes. This sub theme was highlighted by all groups as having a direct influence on turnover from rural areas. It has been stated that “Using poor transportation to and from rural areas is time consuming and wastes my efforts” (Ali: A current rural physician).

This issue becomes more important when participants live far away from their work. Public buses, when available in rural areas, usually start out on their trip only when the bus is full regardless of any timetable. Moreover, in most rural areas, trips to the city after working hours are not available.

Another aspect highlighted by previous physicians was the costs of travelling to and from rural areas: “The farther away one is from their job, the more costly is daily transport. As you know, petrol is expensive compared to my income which adds extra burden on our expenses” (Mustafa: A previous rural physician).

Another crucially important factor leading to turnover is the sense of isolation that most physicians experience in rural areas due to far distance and poor transportation, as they are away from their urban-based families who they miss on a daily basis. A member of the rural community said:

“I think some physicians will refuse rural employment because of the distance. I know a physician who works at the health center in our village and he lives in (urban area) which is 90 km from his work, so (imagine) at what time this physician leaves his home

in the morning and at what time he returns. Do you think this man (the physician) will have the time to spend with his family?” (Ibrahim: A rural community member).

Remuneration and wages

Remuneration and wages was the second major theme identified by the focus groups. This issue came up in different sub-themes such as salaries, new job opportunities, and additional incentives for rural employment. All groups agreed that salary and financial incentives were both associated with organizational and professional commitments necessary for staying in or leaving any work place

Socio-cultural characteristics of Jordanian community

The third theme that emerged from the discussions of focus groups was the impact of socio-cultural characteristics. In this study, participants reported that socio-cultural factors played an important role in the turnover of rural physicians in Jordan. Socio-cultural characteristics identified in the focus group discussions could be further categorized into (1) religious factors, (2) public image of rural physicians, and (3) level of education of rural communities. Each of these sub-themes will now be presented and supported by participant quotes.

Religious factors

Islam is the main religion of Jordanian population. It affects all aspects of Muslims’ life, and Mohammad the final messenger showed Muslims how to live according to Islam rules. Despite the fact that Islam maintains equity between males and females it sets strict rules on some activities of females’ lives (Badawi, 1996). For example, it is not allowed for females to travel alone for long distances or to sleep outside the home unless for work purposes and under strict regulations. Mixing between the

genders is not allowed, except with very close relatives.

A previously posted rural female physician has reported her experience and said:

“My husband kept insisting on me to leave (rural location), I think because both of us are committed to the Islamic instructions. As you know it is prohibited for me to travel alone every day for long distance without my husband being with me. In fact, I felt comfortable there because it was a small village....no stress; you are the manager of yourself, and we (health team members) were like a family.....but finally, I had to leave” (Raeda: A previous female rural physician).

Public image of rural physicians

In Jordan, there is a popular perception that physicians working in primary health care centres in rural areas are not as qualified as their counterparts in urban areas or large hospitals. This image was supported by the general community group stating that:

“In my opinion, at my place I have never seen a skilled physician since 8 years when x (name of previous physician) left our health care centre” (Ahmad: A rural community member).

This public perception was also echoed by a previously posted rural physician: “People trust physicians in hospitals more than physicians in small rural health centers” (Mustafa: A previous rural physician).

Due to the low public image of rural physicians, conflicts can arise between physicians and the public which may take the form of verbal abuse, even physical fights. This can lead to a heightened sense of insecurity among some physicians, further encouraging turnover.

Level of education of rural communities

People in rural areas tend to trust traditional ways of treatment over modern medicine. It has been reported that:

“I learnt from my parents that chemical substances may adversely affect my health, so I believe in traditional methods to treat many of my health complains rather than using these substances”(Saleh: A rural community member)

The generally lower levels of education among rural people can lead to poor compliance in some patients with treatment plans – a factor that can lead to physician dissatisfaction. A previous rural physician said:

“Sometimes, patients in rural areas are not cooperative in adherence to our medical ways of treatment. They always prefer traditional treatment ways. This may create an internal feeling of physicians that their treatment and guidance are useless, which in turn encourages turnover intentions” (Raeda: A previous rural physician).

Lack of resources

Participants defined lack of resources as the limited availability of resources needed for the success of offering quality health care services in terms of both physical and workforce factors. They also viewed work load as a crucial factor in rural practice. This theme could be further categorised into four sub themes including: lack of medicines and diagnostic options, lack of health team members, lack of experience of health team members, and lack of amenities.

Administrative policies of MoH

Discussions in the focus groups revealed an association between nature of management and policies in the organizations and satisfaction levels of the employees. Policies formulated by the MoH are intended to support health team members in offering the best quality of care they can provide. However, some participants reported that some of these policies in rural areas encourage turnover from these areas. This theme could be further categorized into: decentralization, lack of opportunities for

professional growth, and rural background of physicians in rural areas.

Decentralization

A currently posted rural physician has reported that one of the most advantageous features of rural practice is the independence they have in making decisions. He opined that this helps promote the self-confidence of physicians and lead to a positive experience about their roles. However, a member from the rural community group commented that decentralization was good for physicians but not for patients. He thought that independence was good for physicians as they would be less stressed from interventions and monitoring by managers and directors. However, this lack of monitoring can adversely affect the quality of health services offered to people. He stated: "I feel that rural physicians are fortunate as they are free to take decisions and nobody monitors them" (Saleh: A rural community member).

On the other hand, one of the health directors viewed decentralization as a disadvantage and a factor in turnover in certain situations. According to him, some physicians have limited experience and lack the knowledge and skill to take decisions independently or perform certain procedures as they are new graduates. He explained: "In such scenarios, physicians feel stressed as they are not capable of taking decisions and afraid of undertaking medical errors. So, they start looking to move out to hospitals where young medical decisions can be guided by specialists and senior physicians" (A health director: Karak governorate).

Professional development

Participants in the focus groups emphasized the importance of their professional development in terms of being promoted to specialists. They viewed professional development in terms of training sessions and residency programs.

This theme was emphasized by focus groups. Previously posted rural physicians have demonstrated the importance of this theme stating that:

"The most important factor in the turnover process for most physicians is professional development to most physicians. Obtaining a specialty degree is the most important factor that leads to turnover" (Abed: A previous rural physician).

Another member of the same group said: "In the medical profession, it is considered a failure if I remain a general practitioner.....I will do my best to be a specialist" (Mustafa: A previous rural physician).

Rural background

All groups agreed that rural background was a key player in the turnover process. A physician with a rural background was more likely to serve in rural areas than one with no such background or experience. Participants reported that physicians with rural background were better able to understand rural communities and adapt to different rural cultures and norms. One currently posted rural physician went so far as to say: "I think rural exposure of medical students during their study is the critical element for solving turnover problem".

Participants also discussed about the relatively low numbers of students with rural backgrounds who gain admission to medical schools in Jordan. A participant of the rural community group suggested that the government could encourage rural students to study medicine by offering special scholarships for rural students.

Discussion

The results revealed by this study indicate that many of the factors associated with turnover are inter-related. A wide range of factors were reported as impacting on turnover intentions. These factors were diverse with complex and interrelated associations. For example, poor

transportation can lead to low number of female physicians which increases workload on male physicians and impedes the quality of services. Poor quality services can cause patient dissatisfaction which can provoke conflicts with physicians. On the other hand, the long commuting time due to poor transportation takes away valuable time which could have been devoted to professional development and training.

With regards to poor infrastructure, difficulties with transportation were associated with social restrictions on the mobility of female physicians in rural areas. Additionally, due to religious and cultural reasons, females could not spend overnight for work outside their homes without being accompanied by one of their close family members or relatives. Professional growth was also affected by the routine and repetitive range of clinical conditions observed in rural areas.

In another example, participants reported that the lack of time and opportunities for professional development including reading and studying affected the quality of health services offered to rural people who in turn sometimes led to conflicts between physicians and patients. These conflicts caused stress and job dissatisfaction and led to turnover.

In conclusion, factors believed to be associated with turnover of rural physicians are diverse and multifaceted. This trend of complexity of factors associated with turnover was also reported by several studies (Butterworth et al., 2008; Cheney et al., 2004; Chikanda, 2006; Hays et al., 1997; Lehmann et al., 2008).

Conclusion

A large number of personal, organizational, work related and socio-cultural factors were identified and found to be associated with turnover of rural physicians. Rural background seems to be an important factor that we can employ in policy and practice that should lead to an increased number of

rural physicians (Laven, Gillian & Wilkinson 2003; Chan et al. 2005). Therefore, the MoH, in collaboration with medical schools and controlling authorities of higher education, could initiate rural medical schools and enhance rural exposure for medical students.

Moreover, it is crucially important to provide monetary and other professional incentives to rural physicians to encourage their retention and reduce turnover rates. In fact, similar results were reported from several developing countries such as Viet Nam (Martineau 2003), Nepal (Butterworth et al. 2008), South Africa (Kotzee&Couper 2006), Tanzania (Leshabari, Muhondwa, Mwangu & Mbembati 2008), and Uganda (Gonzaga et al. 2010). Another important strategy to retain rural physicians would be to provide training and professional development opportunities for them (Katrak 2008; Stenger et al. 2008). Finally, improving work conditions of rural physicians and orientation and socialisation of the newly appointed physicians are important factors also in the retention process.

Further qualitative and quantitative researches are needed to assess the role of contextual factors in driving turnover behaviour among physicians in rural Jordan. Moreover, longitudinal studies on actual turnover can better measure an accurate turnover rate than predicting this behaviour on the basis of intention to leave.

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