



## Welcome from the Director

### The search for effective incentives



The growing gap between the supply of health care professionals and the demand for their services is recognised as a key issue for health and development worldwide. The World Health Organization reports a global shortage of 4.3 million health

workers, including approximately 3 million health professionals. Many countries are affected by the shortage, and 57 have been identified as ‘in crisis.’ Health human resources are now a high priority on the political agenda.

An effective health workforce strategy addresses three core challenges - improving recruitment, enhancing the performance of the existing workforce, and reducing the attrition rate of health sector workers. Incentives can play a role in all three of these areas. They provide a means by which health systems can attract and retain essential and highly sought-after health care professionals. Effective incentive schemes help build a better motivated, more satisfied and better performing workforce.

Incentives can be positive, negative (as in disincentives), financial or non-financial, tangible or intangible. They have generally been defined as explicit or implicit financial or non-financial rewards for performing a particular act. More broadly, incentives can be viewed as the factors and/or conditions within health professionals’ work environments that enable, encourage and motivate them to stay in their jobs, in their profession and in their countries.

Financial incentives involve direct monetary payment from employer to employee, such as wages, provision bonuses, loans, etc. Non-financial incentives include

of work autonomy, flexibility in working time, and recognition of work.

Literature on the application of incentives schemes in health care is almost universal in acknowledging that financial incentives alone are not sufficient to retain and motivate staff. A range of empirical research projects involving both staff surveys and qualitative focus group discussions have confirmed that non-financial incentives play an equally crucial role. This is the case both in well-resourced countries where staff are able to maintain a high standard of living, as well as in relatively poorly resourced nations.

While the importance and potential of non-financial incentives is widely recognised, it is important to note that there are limitations to what can be achieved when basic financial needs are not met.

There is no template package of incentives that can be easily applied to a given situation. Similarly there can be no “one size fits all” approach to the development of a package that will meet the needs of a particular organisation or a particular group of health professionals. The health professions in their *Guidelines on Incentives* effective financial and non-financial incentive packages that promote excellence in health care (see article below).

If you have examples of effective incentive packages, please share your knowledge and experiences with us.

Dr Mireille Kingma  
Director, ICHRN  
International Council of Nurses

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## What's New at the ICHRN

### Highlights from the GHWA Global Forum on Human Resources for Health, Kampala, Uganda, 2-7 March 2008

#### *Health professions host Uganda pilot on positive practice environments*

The International Council of Nurses, the International Hospital Federation, the International Pharmaceutical Federation, the World Confederation for Physical Therapy, the World Dental Federation and the World Medical Association, with the support of the Global Health Workforce Alliance (GHWA), hosted a workshop with Ugandan colleagues on positive practice environments (PPEs).

This one-day, invitational meeting provided local representatives with an opportunity to:

- Learn about the goals and objectives of the Positive Practice Environment Campaign.
- Obtain information about the importance of PPEs and the key elements that comprise quality and healthy workplaces.
- Participate in group work to identify strengths, weaknesses, opportunities and threats (SWOT) as they apply to health organisations/agencies/institutions.
- Identify priorities and effective strategies to address identified weaknesses.
- Develop a national plan of action to help ensure positive practice environments are the norm across Uganda.

Poor quality workplaces are a feature of many health systems around the world. Such environments weaken an employer's ability to attract, motivate and retain staff. Unrealistic workloads, poorly equipped facilities, unsafe working conditions and unfair compensation feature among the many factors affecting the work life and performance of health care workers.

There are key elements in the workplace that strengthen and support the workforce and in turn have a positive impact on patient outcomes and organisational performance. These factors, when in place and supported by appropriate resources (both financial and human), go a long way in ensuring the recruitment and retention of health care professionals and ultimately the overall cost-effectiveness of health systems.

## Professional Recognition

- √ Recognise the full range of competencies provided by health care professionals and provide the autonomy for these competencies to be fully utilised.
- √ Promote professional autonomy and control over practice and pace of work.
- √ Recognise and reward employee contribution/performance.
- √ Regularly assess employee satisfaction and act on outcomes.

## Management Practices

- √ Commit to equal opportunity and fair treatment.
- √ Provide adequate and timely compensation commensurate with education, experience and professional responsibilities.
- √ Maintain effective performance management systems.
- √ Offer decent and flexible benefit packages.
- √ Involve employees in planning and decision making affecting their practice, work environment and patient care.
- √ Encourage open communication, collegiality, team work and supportive relationships.
- √ Foster a culture of mutual trust, fairness and respect.
- √ Adopt policies and procedures that positively encourage the reporting of professional misconduct or violation of laws/regulations.
- √ Provide clear and comprehensive job descriptions/specifications.
- √ Promote transparency in decision making processes (where applicable).
- √ Ensure effective grievance/complaints procedures are in place.
- √ Demonstrate effective management and leadership practices.

## Support Structures

- √ Invest in health and work environments.
- √ Foster strong employment relationships between and among employer/employee/co-workers/patient.
- √ Adhere to regulatory frameworks that ensure safe working conditions.
- √ Provide access to adequate equipment, supplies and support staff.
- √ Engage employees in continuous assessment and improvement of work design and work organisation.

- √ Promote healthy work-life balance through policies and programmes that support fair and manageable workloads and job demands/stress, and flexible work arrangements.
- √ Offer employment security and work predictability.
- √ Ensure employees practice under an overarching code of ethics.
- √ Communicate clearly and uphold standards of practice.
- √ Regularly review scopes of practice and competencies.

### **Education**

- √ Support opportunities for professional training, development and career advancement.
- √ Offer thorough orientation programmes for new hires.
- √ Foster effective supervisory, mentoring and peer coaching programmes.

### **Occupational Health and Safety**

- √ Adhere to safe staffing levels.
- √ Adopt occupational health, safety and wellness policies and programmes that address workplace hazards, discrimination, physical and psychological violence and issues pertaining to personal security.

Establishing PPEs across health sectors of all countries is of paramount importance if patient safety and workers' wellbeing are to be guaranteed.

### ***Guidelines on incentives for health professionals launched***

The International Council of Nurses, the International Hospital Federation, the International Pharmaceutical Federation, the World Confederation for Physical Therapy, the World Dental Federation and the World Medical Association launched a pre-publication version of *Guidelines on Incentives for Health Professionals* which was commissioned by the GHWA. The guidelines provide an overview of the use of incentives for health care professionals, describe some of the different approaches taken and present some of the characteristics shared by

effective incentive schemes. It also suggests some implementation strategies.

The final version of the guidelines will be made available shortly through the ICHRN website.

### ***Workplace violence in the health sector***

Francis Supparayen, representing the International Council of Nurses (ICN), facilitated a workshop on Workplace Violence in the Health Sector to raise awareness of the incidence and implications of workplace violence and to promote effective strategies that reduce workplace violence and mitigate its impact. The event was attended by more than 40 health sector professionals.

Workplace violence is a widespread and growing phenomenon that impacts negatively on workers' well-being, performance and productivity. Health care organisations and health systems as a whole are at particular risk. The threat to personal safety contributes to the difficulty in recruiting and retaining staff, ultimately resulting in a decline in the quality of patient care. Research supports the cost-effectiveness of introducing violence-reduction strategies as an occupational health and quality assurance measure.

Violence in the workplace is a top concern for ICN and action is underway to address it in health care settings in five African countries. ICN and the Norwegian Nurses Organization are working with the SADC AIDS Network of Nurses and Midwives (SANNAM) and national nurses associations in Botswana, Lesotho, Mauritius, Swaziland and Zanzibar over the next three years. The project aims to increase awareness about workplace violence and equip nurses with the tools they need to reduce its incidence. It utilises the guidelines developed by the Joint ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector for which a training manual is available on the ICN website.

To learn more about ICN's activities targeting workplace violence in the health sector, visit, <http://www.icn.ch/sewworkplace.htm>

## Fact sheet on the ageing nursing workforce released



Fact Sheet

### An Ageing Nursing Workforce

By 2022 there will be more than one billion people aged 60 years and older in the world. This demographic trend has many implications, both for the demand for care and the demand for workers. It has effects on segments of society.

In response to effective workforce policies, education and retention to ageing of the workforce have increased markedly in the last decade. For example, in the European Union, countries have the opportunity of increasing their workforce and to have older adults in the workforce. It is a policy process and implementation to promote the health and working capacity of workers as they age by extending the skills and employment of older workers. It is a process that is being implemented in many countries. It is a process that is being implemented in many countries. It is a process that is being implemented in many countries.

When nursing, the situation in many industrialized countries is that the nursing workforce is ageing. Over the next 10 to 20 years, however, countries will experience a large influx of nurses from their workforce as nurses who are at an advanced age are expected to remain in the workforce. It is a process that is being implemented in many countries.

The trend, if not addressed, is set to deepen. The current shortage of qualified nurses, particularly in countries where there is a shortage of new nurses entering the labor market. It will also have a knock-on effect on countries that are not able to attract new nurses. It is a process that is being implemented in many countries.

ICHRN has published the third in a series of fact sheets covering key HR related themes. *An Ageing Nursing Workforce* takes a look at some key facts, figures and trends and offers strategies to attract and retain older,

experienced nurses in active practice.

Watch for the next fact sheet – Incentives – to be released shortly.

Fact sheets can be downloaded at <http://www.ichrn.org>

## International symposium on the health workforce – Lisbon, Portugal 10-12 October 2007

Mireille Kingma, International Council of Nurses (ICN) Consultant, Nursing and Health Policy, presented a paper entitled *Incentives and the Recruitment/Retention of Nurses* on behalf of the ICN International Centre for Human Resources in Nursing. The paper presents an overview of financial and non-financial incentives and their link to recruitment, motivation, performance and retention. It examines factors in nurses' work environments that contribute to issues of retention and recruitment and highlights the need to strengthen the evidence base on incentive systems.

Kingma also presented a paper entitled *Self-Sufficient or Self-Sustainable Nurse Workforces?* on behalf of the International Centre on Nurse Migration (<http://www.intlnursemigration.org/>).

These, and other papers presented at the symposium are available at: <http://www.rhs-portugal.org/index.php?lop=conteudo&op=a87ff679a2f3e71d9181a67b7542122c&id=c4ca4238a0b923820dcc509a6f75849b>

## Eric Buch – ICHRN's spotlight interview

Eric Buch is Professor of Health Policy and Management in the School of Health Systems and Public Health at the University of Pretoria and is Health Adviser to the New Partnership for Africa's Development (NEPAD). He is a member of the ICHRN Strategic Advisory Group and currently sits on the board of the Global Health Workforce Alliance.



In an interview with ICHRN, Eric Buch describes the most pressing challenges confronting health human resource policy makers in the African region and what the Global Health Workforce Alliance is doing to address this key set of challenges.

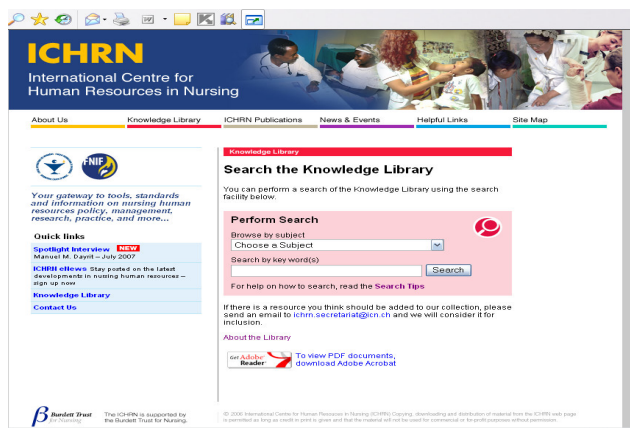
*Spotlight Interview* is a regular feature on the ICHRN website bringing you the latest word in health human resources from experts in the field. To read this interview and past ones, visit the website <http://www.ichrn.org>

## Forthcoming publications from ICHRN

ICHRN will release a series of policy papers and case studies over the course of 2008, the first being a case study on Ireland which examines the composition of the nursing workforce, recent trends and dynamics. The paper also explores the broader policy context of health sector reform, Ireland's re-configuration of nurse education and the role of the main nurses association, the Irish Nurses Organisation. The emerging trends in international nurse migration are also highlighted – going from an exporting country to an importing country has had interesting consequences. Other papers planned for release in 2008 include: *The impact of turnover and the benefit of stability in the nursing workforce*; *Scaling-up the health workforce*; *Managing the multi-generational nursing workforce* and *Skill mix in nursing*.

Check the ICHRN Publications web page often for updates <http://www.ichrn.org>

## Latest additions to ICHRN's Knowledge Library



The ICHRN Knowledge Library continues to expand and now contains over 400 resources. We encourage you to contribute reference materials and documents that you have found useful in your work and workplace for our consideration by contacting the ICHRN Secretariat ([ichrn.secretariat@icn.ch](mailto:ichrn.secretariat@icn.ch)).

Some of the latest additions include:

*A Review of Non-financial Incentives for Health Worker Retention in East and Southern Africa*

*Addressing Africa's Health Workforce Crisis*

*Electronic Rostering: Helping to Improve Workforce Productivity - A Guide to Implementing Electronic Rostering in Your Workplace*

*Glueing it Together: Nurses, Their Work Environment and Patient Safety*

*Mandatory Hospital Nurse to Patient Staffing Ratios: Time to Take a Different Approach*

*New data on African health professionals abroad*

*Nurses' experiences of recruitment and migration from developing countries: a phenomenological approach*

*South Africa: Improve Facility Management to Increase Nurse Retention*

*The Impact of Nurse Staffing on Hospital Costs and Patient Length of Stay: A Systematic Review*

*Work Attitudes of Older RNs*

These resources, and many more, are available on the ICHRN website.

## Featured News

### Global forum adopts Agenda for Global Action and Kampala Declaration

The Global Health Workforce Alliance (GHWA) released an Agenda for Global Action during the First Global Forum on Human Resources for Health (HRH) held 2-7 March 2008 in Kampala, Uganda. The purpose of the Agenda is to “guide the initial steps in a coordinated global, regional and national response to the worldwide shortage and maldistribution of health workers, moving towards universal access to quality health care and improved health outcomes.” It calls for action around six interrelated strategies. These include:

1. Building coherent national and global leadership for health workforce solutions.
2. Ensuring capacity for an informed response based on evidence and joint learning.
3. Scaling up health worker education and training.
4. Retaining an effective, responsive and equitably distributed health workforce.
5. Managing the pressures of the international health workforce market and its impact on migration.
6. Securing additional and more productive investment in the health workforce.

The agenda sets out a selection of priority actions for each of the six strategies presented. The role of the GHWA is also highlighted.

The full Agenda for Global Action can be viewed at [http://www.who.int/workforcealliance/forum/1\\_agenda4GAction\\_final.pdf](http://www.who.int/workforcealliance/forum/1_agenda4GAction_final.pdf)

The Kampala Declaration was also adopted by participants at the Forum. The declaration calls for urgent action on a number of fronts. To view the full Declaration, visit [http://www.who.int/workforcealliance/forum/2\\_declaration\\_final.pdf](http://www.who.int/workforcealliance/forum/2_declaration_final.pdf)

## China announces regulations to help protect its nurses

China has announced regulations to help protect its nurses from violent attacks by patients and their families. Such attacks are a common – and very worrisome – occurrence in China. According to state media, the ministry of health documented approximately 10,000 attacks on hospital staff in 2006.

The new regulations take effect on 12 May 2008 and stress that “anyone who impedes nurses from performing their duties or who insults, threatens or assaults them, must be punished according to the law”.

An official from the cabinet’s legal affairs office was reported as saying, “Nurses are an important component of the medical force and their work is closely tied to medical security and people’s health ...it is very important to attract qualified staff to this sector.”

The State Council also insisted “hospitals hire enough full-time nurses instead of relying on part-time staff, and that local governments improve their salaries and working conditions.”

Source: Jason Subler, Embattled nurses get a bill of rights. *Reuters*, 4 February 2008. Available: <http://www.reuters.com/article/oddlyEnoughNews/idUSN0456361120080204>

## Task shifting

A Global Conference on Task Shifting was held in Addis Ababa, Ethiopia on 8 -10 January 2008. The first of its kind, the conference brought together ministers of health, multilateral and bilateral agencies, United Nations organisations, professional associations, etc. from industrialised and developing countries to address the health human resource crisis threatening achievement of the health related Millennium Development Goals.

The World Health Organization (WHO) defines task shifting as “a process of delegation whereby tasks are moved, where appropriate, to less specialized health workers.” According to WHO, “by reorganizing the workforce in this way, task shifting can make more efficient use of the human resources currently available.” Task shifting is already operational in a number a

countries aiming to improve access to HIV/AIDS treatment and care.

The conference saw the official launch of international guidelines for task shifting jointly developed by WHO, the US President Emergency Plan For AIDS Relief and the Joint United Nations Programme (see [http://www.who.int/healthsystems/task\\_shifting/Addis\\_Declaration\\_EN.pdf](http://www.who.int/healthsystems/task_shifting/Addis_Declaration_EN.pdf))

The meeting resulted in the adoption of the Addis Ababa Declaration on Task Shifting (see [http://www.who.int/healthsystems/task\\_shifting/Addis\\_Declaration\\_EN.pdf](http://www.who.int/healthsystems/task_shifting/Addis_Declaration_EN.pdf)).

Six health professions representing dentists, midwives, nurses, physiotherapists, pharmacists and physicians, have released a set of 12 principles to guide task shifting which call for country specific decisions on skill mix, competency based career frameworks and sufficient health professionals for supervision and training of new cadres of personnel. The organisations, representing more than 25 million health professionals, say they understand the need to tackle the human resource crisis in health care, but express concern that adding new cadres of health workers might result in inefficient and confusing services affecting patient care. The guidelines and associated press release can be viewed at [www.icn.ch/PR03\\_08.htm](http://www.icn.ch/PR03_08.htm)

Source: World Health Organization (2008). First Global Conference on Task Shifting. Available: [http://www.who.int/healthsystems/task\\_shifting/en/](http://www.who.int/healthsystems/task_shifting/en/)

## Wellness Centre for health care workers opens in Lesotho

A Comprehensive Wellness Centre for Health Care Workers and their families has opened its doors in Lesotho. The Centre provides a range of services, including testing, counselling and treatment for HIV and TB, stress management, a knowledge resource and training centre for continuous professional development, antenatal expertise, and occupational health and safety services. This is the second Centre established in sub-Saharan Africa, with Swaziland being the first in September 2006. The Centre is a joint initiative of the International Council of Nurses (ICN), the Lesotho Nurses Association and the Swedish Association of Health Professionals, in

collaboration with the Ministry of Health, the Stephen Lewis Foundation and Becton, Dickinson and Company.

The Centre concept is based on the principles that attending to the health and well being of health care workers and their families will strengthen health systems, stem the tide of migration and provide for a healthy, motivated workforce, better able to care for their patients and communities. Such Centres are seen as a key retention strategy and have been welcomed by WHO and donor organisations.

Similar centres are planned for Zambia and Malawi. ICN is committed to seeing Wellness Centres initiated across sub-Saharan Africa.

Source: International Nursing Review (2007). Wellness centre for health workers opens in Lesotho. *INR* 54 (4), 312–313. Available: [http://www.blackwell-synergy.com/doi/full/10.1111/j.1466-7657.2007.00612\\_3.x](http://www.blackwell-synergy.com/doi/full/10.1111/j.1466-7657.2007.00612_3.x)

## **WHO launches fact files on health workforce statistics**

The World Health Organization Department of Human Resources for Health has published the first in a series of fact files on health workforce statistics. Inadequate workforce data is an issue faced by many countries throughout the world. The paucity of data makes the formation of effective policies and plans virtually impossible. According to WHO, “improved analysis and use of data lead to better health workforce policy and programme decision making, strengthened health systems and, ultimately, improved health outcomes.” Forthcoming issues will focus on themes ranging from data collection and processing analysis to dissemination.

Issue 1- *Monitoring the health workforce: measurement issues and selected tools* can be viewed at [www.who.int/hrh/statistics/spotlight\\_1.pdf](http://www.who.int/hrh/statistics/spotlight_1.pdf)

Source: WHO (2008). Spotlight on statistics - A fact file on health workforce statistics. Available: <http://www.who.int/hrh/statistics/spotlight/en/index.html>

## **Research Briefs**

### **Study links health care worker incentives to a decrease in malaria deaths**

Research suggests that mortality from malaria could be reduced in developing countries by offering health care workers small financial incentives.

According to a report, “Doctors and nurses in the children's wards of Guinea Bissau's national hospital — where poor conditions, no direct access to medication, and poorly paid, unmotivated workers are the norm — were trained in standard malaria treatment protocols. Half of the workers were given a small financial incentive to apply these protocols, US\$50 for nurses and US\$160 for doctors, while the other half received no extra money. After four weeks, death rates on the wards where financial incentives had been used were half that on the control wards.”

Patrick Moonasar, the manager of the South African government's malaria programme was reported as saying that “the study shows that Africa has the capacity to tackle malaria and that with robust training, financial incentives and follow up supervision, health care workers could make a big difference.”

Source: Campbell C (2007). *Paid malaria workers 'save more lives'*. Science and Development Network. Available: <http://www.scidev.net/News/index.cfm?fuseaction=readNews&itemid=4059&language=1>

### **Work Attitudes of Older RNs**

A U.S. study investigating the characteristics and work attitudes of older registered nurses (RNs) compared with those of nurses below the age 50 found that older nurses experienced “more distributive justice (fairness of rewards), work group cohesion, and supervisory support and less organizational constraint, and quantitative workload than younger RNs”. Older nurses also reported greater satisfaction and commitment to the organisation, and less desire to quit compared with younger nurses. According to the study no significant differences were found between the two age groups in the area of “autonomy, mentor support, or variety”. The study concluded that “strategic efforts by employers and government could be used to retain older workers, attract RNs working in non-

nursing settings back into nursing, and recruit retired RNs into the nursing workforce.”

Source: Kovner CT, Brewer CS, Cheng Y & Djukic M (2007). Work Attitudes of Older RNs. *Policy, Politics,*

& *Nursing Practice* 8:2, 107-119. Available: <http://www.ppn.sagepub.com/cgi/content/abstract/8/2/107>

## Announcements

### **Berkeley Conference on the Global Health Workforce** ***From Evidence and Research to Public and Health Care Industry Policy***

4-5 April 2008

Berkeley, California, USA

[http://www.who.int/hrh/call\\_abstracts/en/](http://www.who.int/hrh/call_abstracts/en/)

### **The World Health Professions Conference on Regulation** ***The Role and Future of Health Professions Regulation***

17-18 May 2008

Geneva, Switzerland

<http://www.whpa.org/reg/index.htm>

### **Sixty-First World Health Assembly**

19-24 May 2008

Geneva, Switzerland

<http://www.who.int/gb/>

### **Geneva Health Forum**

#### ***Strengthening Health Systems and the Global Health Workforce***

25-28 May 2008

Geneva, Switzerland

<http://www.genevahealthforum.hug-ge.ch/>

### **International Conference on Workplace Violence in the Health Sector**

22 – 24 October 2008

Amsterdam, The Netherlands

<http://www.oudconsultancy.nl/>

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The International Centre for Human Resources in Nursing was established in 2006 by the International Council of Nurses (ICN) and its premier foundation the Florence Nightingale International Foundation (FNIF). The Centre is dedicated to strengthening the nursing workforce globally through the development, ongoing monitoring and dissemination of comprehensive information and tools on nursing human resources policy, management, research and practice.



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