Author's response to reviews

Title: Why do health workers in rural Tanzania prefer public sector employment?

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Author's response to reviews: see over
Bergen, 22 February 2012

Dear Amy Hagopian,

We refer to the reviewer’s report of 19 February 2012 to the manuscript with the revised title
*Why do health workers in rural Tanzania prefer public sector employment?*

We very much appreciate the valuable and detailed comments of 30 November 2011. These comments helped us developing the revised version of paper submitted to BMC Health Services Research 12 January 2012.

In the comments of 19 February 2012, a cover letter addressing each recommendation for improvement of the manuscript is requested. Based on the comments of 30 November 2011, a detailed letter with response to each point was compiled and submitted together with the revised manuscript 12 January 2012.

We suspect that letter with our detailed responses has not reached the reviewer. We hereby resubmit the detailed cover letter and we hope it answers the reviewer’s questions. If further clarifications are needed we are ready to respond very quickly to any comments.

The original cover letter of 12 January 2012 is available below.

Sincerely,

Nils Gunnar Songstad
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Dear Amy Hagopian,


We appreciate very much your valuable comments to the paper. We have addressed each of your comments and you will find our response below. A revised version of the paper has been developed followed the comments from you and your two fellow referees. The referee’s comments are addressed one by one below:

This is a paper by four collaborating Norwegian and Tanzanian faculty members, all of whom speak Swahili and English and have worked in Tanzania for many years. The paper describes the factors health workers consider in choosing whether to be employed in public as compared to church-run health facilities. The qualitative methods involved interviews and focus group discussions over a 3-4 year period with health workers in a single rural district with several public and private facilities in Tanzania. Authors conclude health workers would prefer to work in public facilities, primarily because of compensation and retirement benefits, but also because the work hours are not as grueling and there is more consideration for the “rights” of health workers. On the other hand, health workers acknowledged the working conditions are better in church-run facilities, when considering the availability of drugs, supplies and equipment, and there was an implication that patients also prefer to get their care in church-run facilities. While authors don’t claim generalizability, there is an implication that the findings seem to ring true across other settings.

Response:

The referee has provided a very accurate summary of our main findings. Although we do not claim generalisability we think our findings are relevant across rural districts in Tanzania as the differences in pension schemes is an issue of increasing concern in the country. The general observation of how workers assess their working conditions and act on the options available is however also relevant in addressing retention issues in rural areas in low-income countries.

Title

The Title isn’t direct or punchy enough. How about: Rural Health Workers in Tanzania Prefer Public Sector Employment, or “Do Rural Tanzanian Health Workers Prefer Public or Private Sector Employment?”

Response:

We have discussed the title and suggest to change it to “Why do health workers in rural Tanzania prefer public sector employment?” In this paper we do not address private health facilities, hence we prefer to keep ‘church-run’ as a category of health facilities because are different from private (for profit) health facilities. In the category church-run health facilities we include those organized under the umbrella Christian Social Services Commission (CSSC). www.cssc.or.tz

Bergen, 12 January 2012
**Background**

The background section is long and rambling, dealing with the same subjects in several different paragraphs. In the first paragraph, authors discuss “the various health sectors” before making it clear what this means.

Response:

We have done a major revision of the background section and deleted some elements and shortened and compressed other elements. The sub-heading “Health worker recruitment and employment in Tanzania” has also been deleted and the information has been incorporated into the Background section without sub-headings. Some sections have been moved to avoid dealing with the same subjects in several paragraphs.

The phrase “the various health sectors” has been changed. The revised sentence now reads: “In addition to the rural-urban movement in Tanzania, there is growing interest in the movement of health workers between the public and the church-run health sector.”

The discussion of structural adjustment and its influence on public vs. private sector employment is important and critical, but not stated clearly enough: “A hiring freeze in the public sector from 1993 to 1999 had particular consequences.” Particular?

Response:

We agree that the sentence could be clearer, hence the sentence has been rephrased and now reads: “A hiring freeze in the public sector from 1993 to 1999 had profound negative consequences on the availability of employment (same references as in the original sentence).

It’s also not obvious why a “net movement of health workers from faith-based facilities to government services left many areas where only faith-based services were available to poor communities underserved.” Why would that be?

Response:

The statement we quote is from Dambisya (2007) in the reference list in the first version of the manuscript. The statement is a general comment the effects of the movement of health workers from church-run to public health facilities. However, we have decided to remove this statement and reference. We have inserted another reference dealing with the same issues: Pamba and Kahabi (2009) (details available in the reference list in the revised manuscript). Pamba and Kahabi argue that the improved working conditions in the public health facilities from 2005 onwards led to a loss of personnel at the church-run health facilities. Knowing that many of the church-run health facilities are located in rural areas facing other challenges to attract qualified health workers due to the location, the loss of health workers at church-run health facilities become disturbing. We have also included the Joint External Evaluation of the Health Sector in Tanzania 1999-2006 which addresses the same problem of the church-run health sector losing qualified health workers.

On page 6, authors state that church-run health services have been particularly important for health service delivery in rural areas, implying (but not clearly stating) that a disproportionate NUMBER of facilities in rural areas are church-run. This should be said much earlier as a motivation for the paper and for understanding the problem.

Response:
We agree that this is very important information. The sentence has been moved up to the first paragraph in the Background section.

On page 7, authors state church-run hospitals are the preferred health facilities of many Tanzanians. This should be stated earlier, and it should be explained why this is so.
Response:
This information is likewise moved to same paragraph of the Background section in order to better spell out the problem we address.

Would it be fair to say there is a conundrum, because health workers prefer working in the public sector, but patients prefer seeking care in the private sector? If that’s so, it should be clearly stated in the discussion section, and the authors should discuss where that leaves us.
Response:
It seems fair to describe the problem we address as a conundrum – health workers’ preference for public health sector employment and health service users’ preference for church-run services. Albeit we haven’t used the term conundrum we address the paradox and we try to point out in the Discussion section that church-run health facilities face huge challenges with large of number of patients in the context of losing staff members.

Methods
Were health workers from all facilities in this district included in the sample? If not, how was it decided which facilities were included? Where were focus groups and interviews held? Why was data collected between 2007 and 2010, and what proportion of the data were collected five years ago, and what data are fresher? The inventory of cadres involved in the interviews and focus groups isn’t very careful (top of page 8).
Response:
We agree that the specification of the data collection periods could be more detailed. The formative phase of the data collection took place in 2007. The bulk of the data, on which this article is based, was collected during four periods in 2008, 2009 and 2010. This has been specified in the revised version of the manuscript. We have inserted a table (table 1) showing the number of IDIs and FGDs in the public- and church-run health sector and explained the reason for the apparently disproportionate numbers in the text that follows immediately after the table. Table 2 shows an overview of the composition of the FGDs. Table 3 provides the inventory of all research participants (both IDIs and FGDs).

There is a sentence, “documents collected during the course of the research period were systematically reviewed, for example...” The sentence appears at the end of a paragraph about something else. I conclude from the background section that many documents were reviewed, so I would treat this part of the methods section more seriously.
Response:
The document review played an important part of the research, in particular in the formative part of the research. The sentence about document review has been moved up towards the beginning of the Methods section.

The methods are a little thin, which is okay if the manuscript is otherwise tight and well-written.
Response:
We have carried out a general revision of the Methods section to comply with comments from all three referees. The methods section has hence been expanded and we hope the changes satisfy the concerns about this section.

Results

The opening sentence tells us you are about to give us a laundry list by topic. Instead, offer us a synthesizing few sentences that summarizes the important things. For example, you might say: During the many years when structural adjustment restrictions imposed by international financial authorities limited public sector employment, health workers—especially newly graduated professionals—were primarily driven into private sector (church-based) health facility employment. The public sector is hiring again, now, and is offering competitive wages. We sought to understand the preferences of health workers for public sector versus private sector employment, especially in rural areas, where private church-run facilities are the dominant health provider. We learned that while health workers generally prefer public sector employment, for a variety of reasons, they acknowledge there is better availability of supplies, drugs and equipment in the private sector.

Response:

We have included most the suggested paragraph (with minor editing to distinguish between private and church-run health facilities) and the section now reads:“During the years of the hiring freeze, there was limited public sector employment and many newly graduated professionals were employed by church-run health facilities. In the current situation where the public sector offers new employment opportunities and competitive retirement benefits, we sought to understand the preferences of health workers for public sector versus church sector employment, especially in rural areas, where church-run facilities are an important health provider. We learned that while health workers generally prefer public sector employment, for a variety of reasons, they acknowledge there is better availability of supplies, drugs and equipment in the church-run health facilities.”

The passive voice sentence construction in the Results section is very awkward. “Workload was an issue brought up by all interviewees both at the public health facilities and at the church-run hospital.” How about, instead: All the health workers we interviewed said their workload was too high, regardless of employment sector. Sentences could be more crisp and clear.

Response:

We appreciate the comments on language style and we agree that the language could be improved and sentences made clearer. We have tried to address these issues in the revised version and the suggest sentence has been included.

Authors wrote, “The government employed staff generally portrayed the workload as being higher and less flexible outside the public health sector.” I’d prefer: “Public-sector health workers said they viewed the workload as higher and less flexible in the private sector. Private sector workers (agreed?) (disagreed?).” Then say: One nurse who had worked in both sectors said she preferred public sector employment: offer quote.

Response:

We agree with the suggestion and have changed the sentences pointed out. We have however changed private to church-run.
Then authors say, “A Clinical Officer stated with reference to a church-run hospital…” but it’s better to say, “One clinical officer, currently employed in the public sector, said: ‘There (the church-run hospital), the workload is great…”
Response: We agree with the suggestion and have changed the sentences pointed out.

In the HR management section, the passive voice sentence is again too hard to follow. Authors said, “The type of disciplinary actions taken towards staff members who are not performing according to expectations were raised by the public sector health workers.” Instead: “Health workers in the public sector said employees are treated with more respect in the public sector, where they have reliable access to sick leave and have a voice in their workplaces.”
Response: We have changed the first sentence of this section and it now reads:
“Health workers in the public sector said employees are treated with more respect, have reliable access to sick leave and a voice in their workplaces than they would have at a church-run health facility.”

Authors conclude the public staff’s fear of unfair discipline isn’t shared by their private-sector colleagues, but don’t follow up in the discussion section with some explanation for the discrepancy.
Response: We have inserted the following paragraph in the Discussion section:
“Health workers in the public service express concerns about excessive disciplinary actions in the church-run health sector. However, the interviewed health workers in the church-run health facility did not find disciplinary action to be a concern in their employment. Negative perceptions of working conditions at other health facilities, whether substantiated or not, clearly influence decisions on workplace.”

In the work environment section, authors say, “They readily acknowledge that the quality of the services is better in the church-run hospital.” Please add, “because ___________.
Response: The sentence has been changed and now reads: “They readily acknowledged that the quality of the services is better in the church-run hospital because of the better health facility infrastructure and access to resources.”

There’s also another awkward passive voice sentence in this section: “Another dimension of the satisfaction experienced in performing health-related work tasks were related to the values communicated by the hospital leadership.”
Response: We agree with the suggestion and have changed the sentence to: “The interviewed health workers also pointed out the importance of values communicated by the hospital leadership for their motivation and attitudes towards the work.”

In the pension section, I’m confused by the last quote on page 14. Why would young people be more attracted to jobs with better pensions than older people?
Response: We have tried to elaborate on this issue and included a few additional sentences.

The discussion of the pension funds is confusing.
Response:
We have tried to carefully revise the section on the pension funds to make it clearer. We have also shortened it by removing the tables. After a close consideration of the revised manuscript we find that the tables do not provide crucial information for the discussion of the findings.

It’s unclear what was learned from the interviews compared to the focus groups. Was there interaction in the focus groups that contributed to our learning? This is not described.
Response:
We certainly agree that this is very important. We have dealt with this in the Methods section.

Discussion
The lead sentence in the section should be compelling, interesting, and grab us. This is where you could tackle the conundrum: patients prefer the private sector and health workers prefer the public sector. Yikes!
Response:
We have revised the first part of the Discussion section according to the comment to make it compelling and interesting.

Authors might benefit from drawing a conceptual framework illustrating how the factors influence preferences for public sector vs. private sector employment.
Response:
We have carefully considered the possibility of applying a conceptual framework. In the first version of the manuscripts we addressed health workers’ assessment and considerations as two axes. In the revised version of the manuscript we have changed this to three domains of factors as this seems to be a more appropriate concept. We address 1) employment rights (of which pension benefits is a key factor), 2) experiences of work satisfaction (where access to resources at the health facility is an important factor), and 3) family and private concerns.

In the section, “How to improve the retention of health workers in church-run health facilities?” you say health workers “gradually move” from the private to the public facilities. What do you mean by “gradually move?”
Response:
We agree that this sentence is unclear. The sentence has been revised and now reads: “The general trend in Tanzania is an increased movement of health workers from the generally better-equipped church-run health facilities to the public health services, mainly because of the differences in the pension schemes.”

Why isn’t one solution for the public sector to take over the private sector facilities? Why is it important for there to be equitable distribution of health workers among the sectors? Authors haven’t made a case for this.
Response:
In Tanzania, the church-run health facilities play a very important role in providing health services, in particular in rural areas. There is a close cooperation between these facilities and the Ministry of Health and Social Affairs (and other government bodies). A government take-over of church-run health facilities is highly unlikely. In a context of overall health worker shortage as in Tanzania, it is important that all health facilities, regardless of location or ownership get access to the available workforce
resources. Government policies should address issues which negatively influence staffing levels.

You are introducing new information about the pension funds that should probably be in the results section.
Response:
We have done a general revision of all sections dealing with pension schemes in the Results and Discussion section. We hope the revised manuscript is clearer in this respect.

Watch out for the word “proves,” on page 20. This study can’t “prove” anything because it is cross sectional.
Response:
We agree that we should be careful with the word “prove” and the sentence has been changed.

Conclusions
The conclusion is weak and non-committal. “The complexity of factors…needs to be acknowledged and should inform policies…” I could say that at the end of every study every conducted. Come back to the conundrum.
Response:
We have done a general revision of the Conclusion and referred back to the conundrum in this section.

Tables
The tables use undefined acronyms. They don’t state which are the public pensions and which are the private ones. There is no data source noted in the captions. The 3rd table doesn’t tell me which pension is better, or which is being subtracted from the other, so I can’t draw a conclusion. Explain the method and data sources in the caption.
Response:
As explained above we have decided to delete the tables with calculations of the pension schemes.

References you might want to read and consider:

Bristol N. NGO code of conduct hopes to stem internal brain drain. Lancet. 2008 Jun 28;371(9631):2162.


We have incorporated these references as well as additional references suggested by one of your fellow referees. Some references used in the first version of the paper have been judged not to be crucial for the argument of the manuscript and have been deleted.

Sincerely,

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