

INTEGRATION AND RETENTION OF CLINICIANS WORKING IN HOSPITALS OF PESHAWAR: A QUALITATIVE STUDY

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ABSTRACT

Background: Health policy makers in low income countries are considering policy strategies to retain home and overseas-trained health professionals. Little evidence is available so as to how the hospitals would retain the skilled health professionals integrating them into the existing system. The aim of this study was to explore the retention and integration experiences of skilled health professionals working as assistants/associates in tertiary care hospitals.

Methods: A qualitative study was conducted from July 2021 to January 2022. A semi-structured interview was undertaken. Thematic analysis was used to code and analyze the data. The study was framed within a theoretical model of role development.

Results: At time point one Eighteen clinicians working as assistant and associate professors participated in interviews, and sixteen at time point two, across three tertiary care hospitals of Peshawar. Themes identified in the process of retention and integration were four in number as experienced by participants: inspirations and opportunities, seeking professional identity, recognition and integration, and motivation. Proper supervision of the doctors has a pivotal role in creating opportunities through recognition of training and system adjustment, facilitating the development of role models, contributing to an effective match between the skills of the participant along with their interests, and the organizational needs of the surgical team. Whether or not they had a niche role influenced the decision of participants to remain or leave.

Conclusion: Retention of skilled health professionals requires integration. The approach that maximizes the value of the medical and surgical team and leads to their retention by optimizing their roles requires resources and time.

Keywords: Retention, skilled health professionals, Integration and retention.

INTRODUCTION

Shortage of health care workers is a major global issue. Implementation of strong policy action at multiple points is the need of the day. Deployment, demand and supply are the market model advocated strongly by the World Health organization. To address the shortage of medical staff and unequal distribution, United Kingdom has adopted one such model.

In Pakistan clinical practitioner senior registrars (SR) play such role. During their postgraduate training they are trained to work as surgical, medical and allied teams^{1,2}.

SRs acquire advanced education to be employed in various medical and surgical teams, where they carry out tasks such as obtaining medical histories, conducting physical examinations, making diagnoses, and providing treatment within the boundaries of their authorized practice. They work under the guidance of Professors and in compliance with Pakistan Medical and Dental council (PMDC) regulations ^{4,5}. In contrast to their UK counterparts, where physician assistants (PAs) are not allowed to prescribe medications or request ionizing radiation ⁴. However, following a public consultation in 2018, the UK Government proclaimed its intention to regulate the practice of physician assistants PAs ⁶. While PAs have been part of the healthcare system in the United States for fifty years and are gradually being introduced in several other countries they are still relatively new in the UK^{4,7}.

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Increasing demand of clinicians along with growing uncertainty and non-uniform health policy in Pakistan, the out flux of trained health professionals is too high according to latest statistics. The recruitment of healthcare professionals from overseas has been widely implemented as a policy to address gaps in the healthcare workforce. High income countries pay well to the health care providers from low-income countries. Australia, New Zealand, and the UK have consistently had more than 20% of their doctors and 13% of their nurses from overseas.⁷

The current literature comprehensively examines the motivational factors that influence the movement of experienced health professionals between high-income countries, identifying a complex range of personal and professional push-pull factors at the individual, organizational, and societal levels. Furthermore, there is evidence on the personal and professional issues that affect the integration and retention of these professionals in hospitals. Pull factors include improvements in working conditions, better training and career opportunities, increased patient interaction, and an attractive lifestyle.^{7,8,9} On the other hand, push factors include diminished professional status, professional isolation, and limited opportunities for skill-sharing and career development. However, there is a lack of evidence on the organizational factors that influence the integration and retention of these skilled overseas employees, particularly in terms of how hospitals can successfully integrate them into relevant and appealing roles.

Lack of empirical evidence exists regarding the organizational factors that affect the assimilation and preservation of health professionals, particularly in relation to how hospitals can effectively incorporate them into suitable and attractive positions. Our investigation endeavors to fill this void by presenting the accounts of experienced healthcare professionals, specifically the clinicians who work as health care providers and a teacher. More precisely, our study discusses the experiences of integration and retention in work roles of assistant professor and associate professor.^{6,8,9}

To gain a deeper understanding of the processes involved in integrating and retaining the health care providers in work roles, Toffler's role development theory was used as a conceptual framework for this study. The traditional perspective on role development emphasizes the active role of new employees

in shaping their work environment as they define their roles. Toffler characterized role development as a gradual and dynamic process in which new employees establish consensus with other members of the organization regarding their specific role within the job and the organization's requirements. The objectives of this study were to investigate the experiences of assistant and associate professors working in tertiary care hospitals of Peshawar, in terms of their integration into medical and surgical team roles, and their retention by the hospital.^{11,12}

METHODS

Study design: In this study a qualitative design was used in the explanatory tradition to enable insights into the experiences of the clinicians (Assistant and associate professor). Semi-structured interviews were taken over at two different time-points. Open ended questions were asked in the interviews. A few prompts were supplemented to explore the key issues not specific to the content and direction. The following key points were explored at point one of interview; expectations related to migration, working environment and the enablers and hurdles within the teams of surgical and medical departments. Whereas at point two of the interviews the work experiences over a period, role changing and integration within the teams of medical / surgical departments and their facilitators and barriers, views about future employment and role development. After recording and transcription of the interviews, the recordings were checked.

Data collection: Assistant and Associate Professors working in tertiary care hospitals of Peshawar were included in the study after inviting them to be a part of the study. An information sheet along with a consent form was sent to the participants after noting the contact details. At time point one Eighteen physicians/surgeons working as assistant and associate professors participated in interviews, and sixteen at time point two, across three tertiary care hospitals of Peshawar. The time duration of the interview at point one was 20-49 minutes and at time point two it was 42-66 minutes. Following the ethical principles the consent form was filled.

Data analysis: Thematic analysis was done on the data sets. Line-by-line coding was done by breaking the data. Based on the themes the codes were clustered manually to identify the preliminary groups. After analyzing the data two frameworks were established,

along with the code books and structuring verbatim responses on the spread sheets. Codes and themes were refined. Some of the data was refined, condensed and some was removed using NVIVO V.11. to describe and interpret the findings synthesis was done. Triangulation of themes, patterns and possible explanations across the data sets was undertaken.

RESULTS

The participants were working as associate and assistant professors in different specialties in tertiary care setup of Peshawar. (Table 1). Out of total of eighteen participants fifteen were male participants and three were female surgeon working in neurosurgery and general surgery departments. Five out of fifteen male participants were working in neurosurgery department, ten in general surgery. After analyzing the data four themes were identified, inspirations and opportunities, seeking professional identity, recognition and integration, and motivation.

Inspirations and opportunities: The participants reported that they wanted to avail themselves of different opportunities wanting to work abroad. The inspiration of most of the participants was to experience a health care system different from their own setup.

Majority of surgeons showed attraction towards the United States and UK as surgeons are very well paid there. For most of the surgeons travelling was an attraction yet few showed interest in seeking change from the busy schedule and long working hours. Moving abroad seems to be an interesting opportunity.... adding a lot to my experience and opening new venues for me to learn and teach my juniors." (Participant 1) Three senior surgeons spoke about the inspiration of introducing innovative programs for newly inducted trainees leading to development of workforce in relation to better skilled health care professionals. They were strong advocates towards learning professionalism. Two surgeons emphasized the role of leadership and its challenges. A few amongst the participants considered themselves as pioneers in their respective departments. For them the most important role they played was as a teacher and mentor to their junior and students. "To be a role model for the subordinates and teaching new skills . . . teaching not only the clinical skills but also to be a role model for the humanity." (Participant 11) One female participant expressed her views related to the changing dynamics of

work environment and expectations from seniors and juniors.

Seeking professional identity: Majority of participants found difficulty in seeking their professional identity during their early time period. There were problems related to the clarity of job. Some of the participants did complain about being on call for long hours leading to unnecessary stress. A few said that they were filling the gaps created by the lack of staff. The hospital which implement very clear job description of the staff lead to better outcome in terms of having positive impact on working experience."My department head [.] had a very haphazard outline of my job description leading to waste of energy and time but atleast it gave me an idea what was expected of me as a part of hospital team and I took it positively to help me redefine my identity." (Participant 13) Female surgeons mostly mentioned about the insecurities juniors have regarding role identity and professional boundries.

One participant narrated how addressing misconceptions required both a practical demonstration of their role and discussions with junior doctors in their team. "Ensuring that I do not infringe upon the responsibilities of junior doctors can be a delicate matter... It is reassuring that my consultant doctor is aware of this and has outlined my job plans to ensure that my work does not directly interfere with the learning of junior doctors" (Participant 9). All participants expressed their disappointment in not having the same legal authority in Pakistan as it is given to clinicians in other countries. This limitation had negative consequences for their identity as health care provider, resulting in restrictions on the work assigned to them and the skills they were able to utilize. "The expectation was that I would start seeing more urgent referrals from GPs... However, the problem is that I need a consultant or a registrar available if I need to request scans or prescribe anything. So, that is the one downfall" (Participant 15).

Recognition and integration: Many participants observed positive changes over time in the perception and acceptance of the role by their professor and surgical team members. The participants felt that their role provided continuity to the staff and patients, resulting in them being utilized as a valuable source for skill development and imparting knowledge. One participant revealed that junior doctors in a new rotation would seek their clinical guidance about patients in the ward. Another participant shared how their

senior relied on them to follow-up on patient procedures to ensure nothing was overlooked. Many participants showed satisfaction in being more involved into their teams, as they were approached first for various matters and considered a valuable resource.

Many participants felt acceptance within the surgical teams leads to better utilization of clinicians clinical judgments and decision-making skill, leading to an expansion of their role. Some participants did projects and research on quality improvement and tailored their expertise to meet the identified needs of the team. Others used a database having full record of the disease and treatment records of the patients, which helped to expedite their discharge. However, a few participants faced challenges in developing a conducive working environment due to constantly working with different doctors, creating hindrances in their ability to fully utilize their experience.

On a less positive note, a few participants voiced frustration due to lack of opportunities especially the difficult promotional criteria. They felt disappointed in their parent institute/hospital as they had expected such work to be a significant aspect of their role. Furthermore, some participants felt "let down" by the new health policy implemented in different setup. They expressed disappointment towards the lack of support for career development.

Motivation: With the formation of new health policy in the province of Khyber Pakhtunkhwa the role of Senior Registrar has been converted to SPR which is a contractual job lasting for three years. One of the factors leading to demotivation amongst the young doctor community is the lack of proper job security. Whereas many senior position holders Assistant professor and above expressed a feeling of pride in taking on a niche role leading their medical/surgical team. Examples of such roles include providing a pre-operative clinic for orthopedic surgeons.

As a result, participants feel like valued and integral members of their medical/surgical team. Participant 12 states,

"I feel like I'm making a difference...I feel like a valued member of my team and I think that the role really fits what I do...it's hard to leave something when you're happy."

A lot of participants emphasized on the importance of having a supportive staff. For many participants the key role of the supervisor especially being supportive and encouraging holds an important factor. Tailoring the skills according to the needs of the hospital can only be achieved by working on improvement of the skills along with the role modeling.

DISCUSSION

This study found the uncertainties faced by the clinicians in their organization. Proper role definition is of vital importance. The staff of majority hospitals didn't know about the hierarchy of positions and their proper role description. As mentioned by Toffler's about the perceptions of role ambiguity; and ill-defined boundaries set by the organization leads to lack of proper communication. Many participants worked really hard to fit in the role expected from them. While many study participants reportedly explained how they juggled between the expectations from them and to exhibit how their role might function. Many participants told how they worked hard to impress their seniors and juniors and demonstrate their skills. Majority of the clinicians were quite conscious of the fact not to do any kind of leg pulling¹².

Adaptation behaviour had been reported by female surgeons. A few of the participants amongst female surgeons felt imposter syndrome as they thought the field was dominated by males¹³.

This research study provides novel perceptions into the evolution and transformation of participants' roles over a period of time. Furthermore, it sheds light on the two crucial factors that significantly influence the integration and retention of participants. Specifically, these factors are the personal expectations and interests that individuals bring to their employment, as well as their adaptation and development of skills to meet the requirements of their medical/surgical teams and hospitals. This observation aligns with the theory proposed by Toffler, which suggests that role changes are a consequence of the actual work activities and the discrepancies between pre-job expectations and job realities.^{14,15} Our findings indicate that supervising doctors play a substantial role in shaping the development of participants' roles, either through positive or negative influence.

The importance of proper health workforce integration and retention programs is very crucial. The expectations of the young working force and the potential human resources for the development of an organization are pivotal. This lack of support is one of the prime contributory factors in the decision to leave the workplace. One of the key contributors towards such a situation is the lack of resources^{16,17}.

One of the key strengths of the study was to undertake the readings at two separate points making it easy to understand the longitudinal experiences at a time. The limitation of the study was that the study participants were volunteers. Non purposive sample selection might affect the study outcome.

As a qualitative study the findings cannot be easily generalised, although they offer insights and theoretical framing for future testing. There is value in future research considering the influence of role development on the integration and retention experiences of skilled overseas health professionals working in other new hospital roles as well as in more established roles^{18,19}.

CONCLUSION

Integration and retention of health care work force has become an empirical policy to be applied in health sector. This must be implemented in true spirit, to combat the shortage of the workforce. There are multiple models presented by WHO to retain healthcare workers all over the world. Skilled health care workers often move to high income countries, for better job opportunities, leading to a significant shortage in the health sector. The professional knowledge and experience of skilled health care physicians is usually lost due to poor policies made by the health ministry. For the retention of such a workforce, it is empirical to incorporate policies which support their interests also to create an environment where the workforce is more productive towards their institution.

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