



MOTIVATION SURVEY

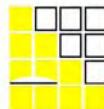
JORDAN HUMAN RESOURCE ASSESSMENT

JULY 2005

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JORDAN MINISTRY OF HEALTH



CDG engineering + management associates



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The information contained in this report is the product of an evaluation conducted by Community Development Group for Initiatives Inc. The report was prepared under the auspices of the Technical Assistance and Support Contract (TASC2 Global Health), implemented by Initiatives Inc. under Task Order No. GHS-I-800-03-00040-00 issued by the U.S. Agency for International Development. The opinions expressed in this report are those of the individual authors and do not necessarily represent the views of USAID or of Initiatives Inc.

Initiatives Inc.
376 Boylston Street, Suite 4C
Boston MA 02116 USA
TEL (617) 262-0293
FAX (617) 262-2514
www.initiativesinc.com

المجموعة الاستشارية للتنمية والاعمار
CDG engineering + management associates /
Community Development Group
P.O.BOX 850994
Amman 11185 – JORDAN
TEL 9626-5652108
FAX 9626-5639377

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CONTENTS

EXECUTIVE SUMMARY	1
I. BACKGROUND AND INTRODUCTION	3
Introduction	3
Present MOH Staff Survey Sample	3
Trainees In Health Profession Survey Sample.....	3
MOH Leavers Survey Sample	4
School Students (Leavers) Sample.....	4
Survey Methodology	6
Data Collection Process	6
Data Coding, Entry and Validation	6
II. FINDINGS FROM CURRENT MOH STAFF	8
Characteristics of Staff Respondents	8
Encouraging Factors and Obstacles in Joining the MOH	9
Likes and Dislikes about Working for the MOH.....	12
Nature of Work at MOH and Job Satisfaction.....	14
Ratings of Special Motivational Factors at Work.....	18
Views on Why Staff Leave the MOH.....	23
Staff Recommendations for Improving Retention in the MOH.....	24
III. FINDINGS FROM HEALTH TRAINEES	29
Characteristics of Staff Respondents	29
Factors Considered Important in Choosing a Career.....	30
Difficulties Experienced in Joining the Specialization	31
Trainees' Likes and Dislikes about the Health Professions	31
Whether Training Meets Expectations.....	32
Trainees' Knowledge about the MOH	33
Trainees' Plans Following Their Training.....	34
Trainees' Recommendations for Improving the Training Program	35
IV. FINDINGS FROM MINISTRY OF HEALTH LEAVERS.....	36
Characteristics of Leaver Respondents.....	36
Responses on Reasons for Leaving.....	36
Changes in Remuneration since Leaving MOH	37
Non-Monetary Changes since Leaving MOH	38
Suggestions for Improving Work Environment at MOH	38
IV. FINDINGS FROM SCHOOL LEAVERS	40
Focus Group Sessions.....	40
Factors Considered Important in Choosing a Career.....	40
Influencing Factors in Choosing Future Profession	41
Knowledge about the MOH.....	42

ANNEXES

- A. DETAILED STATISTICS FOR THE MOH STAFF SURVEY
- B. DETAILED STATISTICS FOR THE TRAINEES IN HEALTH PROFESSIONS SURVEY
- C. DETAILED STATISTICS FOR THE MOH LEAVERS SURVEY
- D. SURVEY INSTRUMENTS

TABLES

Table 1.	Place of work.....	9
Table 2.	Age range.....	9
Table 3.	Education.	9
Table 4.	Reasons for leaving previous job and joining MOH.	10
Table 5.	Factors that led to joining the MOH to work in the health profession.	11
Table 6.	Obstacles and difficulties faced in getting a place at the MOH.	11
Table 7.	Comments on work area.	15
Table 8.	Comments on job satisfaction.....	15
Table 9.	Comments on job security.....	16
Table 10.	Comments on appreciation and recognition by superiors.	16
Table 11-	Appreciation by clients/patients.....	17
Table 12.	Overall staff ratings of motivational factors at work.	18
Table 13.	Explanations given for feeling of doing a worthwhile job.....	19
Table 14.	Explanations given for relations with co-workers at current location.....	19
Table 15.	Explanations given for job titles.	20
Table 16.	Explanations given for merit increases.	20
Table 17.	Explanations given for professional allowances/ incentives.....	21
Table 18.	Explanations given for salary.....	21
Table 19.	Explanations given for promotion opportunities at work.	22
Table 20.	Explanations given for opportunity for further training.....	22
Table 21.	Explanations given for career path development adopted by MOH.....	23
Table 22.	Explanations given for attendance to professional meetings.....	23
Table 23.	Explanations given for reasons why people leave the MOH.....	24
Table 24.	Explanations given for reason for thinking of leaving MOH.....	24
Table 25.	Salary recommendations.....	25
Table 26.	Promotion recommendations.....	26
Table 27.	Further training recommendations.....	26
Table 28.	Working hours recommendations.	27
Table 29.	Accommodation recommendations.....	27
Table 30.	Infection allowance recommendations.	27
Table 31.	Night duty allowance recommendations.	28
Table 32.	Factors influencing decision to join the health training program.....	30
Table 33.	Constraints faced in gaining a place in this training program.....	31

Table 34.	Training meeting expectations of trainees.....	33
Table 35.	Trainees' knowledge about the Ministry of Health.	33
Table 36.	Trainees' plans for employment following their training.....	34
Table 37.	Trainees' recommendations for improving training in health profession.	35
Table 38.	Category of leavers covered.....	36
Table 39.	Reasons for leaving MOH.....	37
Table 40.	Changes in remuneration since leaving MOH.	37
Table 41.	Non-monetary changes since leaving MOH.....	38
Table 42.	Suggestions for improving work environment and retention of staff.	39
Table 43.	Factors considered important in choosing a career.....	40

EXECUTIVE SUMMARY

CDG conducted this study for Initiatives Inc. as part of the Ministry of Health's Human Resources Assessment and Development Plan. The study examined the factors that motivate health staff to remain in or leave their employment with the MoH, the reasons people apply for training in the health professions and why graduates of this training may not continue on as health workers in the public service. The respondents for the study included present MoH staff in a variety of positions, recent leavers from the MoH (in the last 24 months), students in pre-service training programs in the health professions and school aged youth about to make decisions regarding their future careers.

Information was collected through a combination of face to face interviews with trainees, telephone interviews with recent leavers and written questionnaires in the case of MoH staff who were too busy for face to face interviews. Comments from school aged students were gathered in the form of focus group discussions around specific topics. 61 students from Amman, Irbid and Karak participated in the focus groups. 180 trainees from 5 universities, 153 staff from ten MoH medical centers around the kingdom and 32 recent leavers of MoH positions took part in the survey. Validated data from the surveys was coded, inputted and analyzed using SPSS software. What follows is a summary of the survey results and recommendations cited by respondents:

Regarding current MoH staff, they referred to their strong relationships with their colleagues and the satisfaction they feel from doing a worthwhile job as reasons for liking their jobs. However, their numerous reasons for frustration on the job, their recommendations for improving their work conditions and environment and the reasons they think people leave service with the MoH were by and large the same reasons recent MoH leavers cited when explaining their decisions to resign from their jobs. These included long hours,

overwork, and lack of accommodation and child care. Regarding facilities, many respondents complained of sub-par equipment and lack of access to needed information. There was also a general feeling of lack of appreciation and support from superiors and lack of involvement in the job, from lack of autonomy to the absence of participation in decision making. However, by far the most prevalent issue staff and leavers mentioned was related to low salaries and allowances combined with the absence of opportunities for promotion, raises, or training needed for promotion. Hence, the main recommendations for improvement from MoH staff and recent leavers are:

- Raise staff salaries and allowances (for infection¹ and night duty specifically) so that total remuneration increases and matches salaries in the private sector and region.
- Develop simple, fair and transparent rules for promotion devoid of favoritism and nepotism which will motivate staff and make them feel appreciated for hard work.
- Make staff training available both for career development and refreshing information.
- Give staff opportunities to raise their concerns and interaction with administration and supervisors should be more motivational.
- Provide accommodation for staff who live far from their workplaces or are on duty and provide MoH assistance in housing.

The survey of recent leavers faced many obstacles including inability to find respondents or their refusal to participate in the study. However, it was found that leavers resigned

¹ "Infection allowance" is the allowance given to staff who run the risk of being exposed to infectious disease through their work, whether by working on an infectious disease ward, in a laboratory setting, etc.

from MoH positions because of frustration with job conditions including low salaries and lack of opportunity for promotions or training and heavy workload, combined with knowledge of better job opportunities outside the public sector. Most leavers who moved on to new jobs cited increased wages and more comfortable work environments in their new workplaces. Their recommendations were similar to the above, but focused on salary issues and interaction with administration.

Among the trainees interviewed, most had entered medical training because their Tawjihi scores allowed them to do so. Other motivations for entering the training include the strong labor market for the profession, trainees' personal interest in the health sector and the incomes they expect to accrue. They look forward to helping those in need, opportunities for higher study and a strong job market, although among their reservations regarding the health sector was the low social regard of individuals in health related professions, especially nurses and X-Ray technicians.

In general, the training met trainees' expectations, with some finding it more difficult than they had expected. The overriding recommendation was that there be more practical training included in the syllabus. However, with regard to the MoH the information held by trainees was conflicting and disparate, belying a shortcoming in the MoH's dissemination of information about its job opportunities. Moreover, only 14% of trainees expressed a desire to work for the MoH upon completing their studies.

Finally, students who participated in focus groups were mainly focused on passing their Tawjihi exams before thinking about their careers. However their positive perceptions regarding the health profession included prestige, the broad base of knowledge one acquires through work in the health sector, the human side of the profession and the availability of job opportunities. Among their negative perceptions of the profession were the long and expensive study period, the commercialization

of the health sector and the inappropriate social perceptions surrounding professions such as nursing and technician work for men.

Many students gained information about the MoH through TV spots and advertising campaigns, but perceptions of MoH work conditions were shaped through direct experience with the MoH or relatives employed by the Ministry. Although some were aware of the recent progressions of the MoH, opportunities for training and the MoH's role in serving the poor, there were also negative reports of working conditions from relatives. Again, the lack of information among this vital social sector, students about to enter the work force, hinders the dissipation of widespread negative perceptions regarding working conditions within the MoH.

I. BACKGROUND AND INTRODUCTION

INTRODUCTION

Initiatives Inc. is providing technical assistance to the Ministry of Health on the conduct of a Human Resources Assessment and Development Plan. As part of this project, Initiatives has contracted Community Development Group to conduct a study which will examine factors that motivate people to seek training and employment in the health professions and to remain in service with the Ministry of Health. While salary is an important factor in attracting and retaining staff, other less tangible factors are known to influence staff decisions to stay or to find other employment.

The study is a qualitative analysis of the views of potential recruits to the MOH, of those currently in training for the health professions, of present staff and of recent leavers from the MOH. Initiatives has conducted similar surveys in other countries and the instruments previously used for data collection have been made available to use, with adaptation to make them more appropriate to the situation in Jordan.

Objectives of the study:

1. To provide the MOH with qualitative information about the main motivators (salaries, incentives, conditions of service, etc. for health staff to remain in their positions or to leave employment with the MOH.
2. To provide the MOH with information on the reasons people apply for training as health workers and why graduates of pre-service training in the health professions may not remain as health workers in the public service.

3. SAMPLE FRAME

4. The Motivation Study was to be conducted with four (4) groups of respondents:
5. Youth presently in school and about to make decisions about their future career.
6. Students presently in a pre-service training program in the health professions.
7. Present MOH staff.
8. Recent leavers from the MOH (in the last 12 months) later modified to last 24 months due to lack of information about such leavers.

Initiatives supplied the sample frame in terms of types of professions/positions targeted, locations of survey, and numbers of interviews to be conducted.

Following are the targeted and actually interviewed samples (tables showing details follow on the next page).

PRESENT MOH STAFF SURVEY SAMPLE

A total of 153 interviews were conducted in below shown medical centers exceeding targeted sample size in most profession categories.

TRAINEES IN HEALTH PROFESSION SURVEY SAMPLE

A total of 180 interviews were conducted with trainees in the different health programs and from the different medical educational centers shown in the below table. Actual sample distribution matched the targeted sample distribution.

MOH LEAVERS SURVEY SAMPLE

Initiatives provided the names and contact information of persons that have resigned from their service in the MOH in 2003 and 2004. Around 51 names were provided, while only 32 were successfully interviewed. The targeted sample was to interview 30 leavers, which was achieved in number but not with the intended distribution of professions. This was due to the difficulties encountered in getting the names of those leavers and most of their contact information to conduct the telephone interviews.

In fact contact information could not be specified for 6 persons, the interview was refused by 7 persons, and 6 persons are working outside Jordan.

SCHOOL STUDENTS (LEAVERS) SAMPLE

In coordination with the Ministry of Education Directorates in Irbid, Karak and Amman, 6 schools were selected to conduct focus group sessions with the Grade 12 students (Tawjihi class). About 10 students were selected for each Focus Group session.

PRESENT MOH STAFF ACTUAL VERSUS TARGETED SAMPLE

Profession	Distribution of Actual Sample Reached											Targeted Sample	
	Princess Basma H/C (Irbid)	Al Sareih CHC	Ibn Sina Center	Princess Basma CHC Amman	Rihab CHC, East Mafraq	Karak CHC	Karak Hospital	Nadeem Hospital (Madaba)	Al-Mafraq Primary H/C, East Mafraq	Al-Basheer Hospital	Total	Min.	Max.
Medical specialist		3		4		2	7	2	3	4	25	14	25
Registered nurse	14			1	1	1	3	7	1	14	42	23	27
Associate nurse	9				1		7	10	1	5	33	20	29
GP		2		3	2	2		1	5	2	17	10	14
Pharmacist						1	3	2		1	7	6	8
Assistant pharmacist		1	1		1		2	1	2	2	10	5	9
X-Ray technician	5			1			4				10	7	11
Health Inspector					1						1	-	-
Midwife				1	1	1				5	8	3	3
Total	28	6	1	10	7	7	26	23	12	33	153	88	126

TRAINEES ACTUAL VERSUS TARGETED SAMPLE

Health Program	Distribution of Actually Sample Reached											Targeted Sample
	Jordan University	Yajooz Institute	Al-Qadisiyyah	Zaytouna University	JUST	Muta University	Nusaibah Al-Maziniah	Hashimiyah University	Rufaidah College	Princess Muna College -RMS	Total	
Nurse	10			9	10					10	39	40
Associate nurse			10				10		10		30	30
Doctor	10				10	10					30	30
Pharmacist	10				10						20	20
Assistant pharmacist		10									10	10
X-Ray technician		10									10	10
Health Inspector		10									10	10
Physiotherapy		11						10			21	20
Lab Technician								10			10	40
Total											180	180

MOH LEAVERS ACTUAL VERSUS TARGETED SAMPLE

Category	Actual Sample Reached	Targeted Sample
Medical Specialists	15	5
GPs	1	5
Pharmacists	5	5
Registered Nurses	6	5
Associate Nurses	-	5
X-Ray Technicians	5	5
Total	32	30

SCHOOL STUDENT LEAVERS ACTUAL VERSUS TARGETED SAMPLE

School Name/Location	No. Boys	No. Girls	Total
Al Hussein Secondary College for Boys/ Amman	10		10
Irbid Secondary School for Boys/ Irbid	10		10
Al-Hassan Secondary School for Boys/ Karak	10		10
Sukaina Secondary School for Girls / Amman		10	10
Irbid Secondary School for girls/ Irbid		10	10
Karak Secondary School for Girls/ Karak		10	10
Total	30	30	60

SURVEY METHODOLOGY

The study incorporated three methods for data collection: Face-to-face structured interviewing, Telephone based structured interviewing, and Focus Group Sessions.

The survey tools of questionnaires and focus group protocols were provided by Initiatives but were adapted to the Jordanian case and translated to Arabic by the senior research specialist in coordination with Initiative.

A team of 5 researchers conducted the surveys, 4 senior surveyors and 1 research specialist. The surveyors were properly trained by the research specialist on the questionnaires before going to the field. Medical centers were contacted and informed of the survey by the Initiatives team and scheduling was conducted by CDG throughout the field work. Focus group sessions were coordinated with the Ministry of Education and schools' administration.

DATA COLLECTION PROCESS

The data collection process was built around one main pillar: constant communication with the surveyors and follow up on the progress of work especially when away from Amman. The following is the methodology adopted for each type of survey.

1) Present MOH Staff Survey

Due to lack of time available for the MOH staff in the above mentioned medical centers, it was quite a challenge to conduct the interviews by the researchers. Different methods were devised to complete the data gathering and at the same time accommodate the lack of time of the participants. A prepared questionnaire was used. In some cases interviews were conducted with the a group of interviewees where they were responsible for writing their answers with the guidance of the researcher, in other cases one interview at a time was completed with the researcher who recorded the answers verbatim. When time was not available at all for interviewees to complete the survey right there

and then, such as in the Al-Basheer Hospital, questionnaires were self-administered by the known interviewees to the researcher at a later time. Researchers personally picked up the filled questionnaires and made sure that questions were correctly filled out.

2) Trainees in Health Programs Survey

The survey was conducted through individual interviewing with each trainee on his or her own and using a prepared questionnaire. The researcher conducted the interview and recorded the answers verbatim.

3) Leavers of MOH Survey

The survey was conducted using the telephone. Individuals were interviewed using a prepared questionnaire. The researcher conducted the interview and recorded the answers verbatim.

4) School Students (Leavers) Survey

For this survey focus groups were conducted with 10-11 students of grade 12 of each school. All sessions adopted the same focus group protocol and discussed the same themes. Responses were counted wherever possible and needed. Gathered answers were then thematically reported.

Please refer to Annex D for questionnaires and Focus Group Protocol.

DATA CODING, ENTRY AND VALIDATION

On a daily basis, filled questionnaires were handed in by the field surveyors for checking and acceptance of work. Incomplete or improperly filled questionnaires were discarded and alternatives taken. This process involved coding of nearly all questionnaire fields since most were open-ended questions in all used instruments, and the actual physical data entry and checking.

Coding of Questionnaire Fields. Apart from the standard coding for the questions in the different sections of survey instrument, specific coding was done for each open ended question.

Data Entry and Quality Control. The accepted and coded questionnaires were then entered into Excel spreadsheets. After completing data entry, office survey team validated the entered data through re-checking it one questionnaire at a time.

After validating the entered data, it was inputted into SPSS, the statistical software package used for analyzing the data. Logical data checking was then conducted to ensure consistency of information.

Data Analysis. Based on the sample report provided by Initiative, an analysis plan was prepared for the each survey information. SPSS code was then written to perform the analysis of data accordingly. Results were then produced into frequency tables and crosstabulations using SPSS.

Data Reporting. Report of each survey was then developed.

II. FINDINGS FROM CURRENT MOH STAFF

CHARACTERISTICS OF STAFF RESPONDENTS

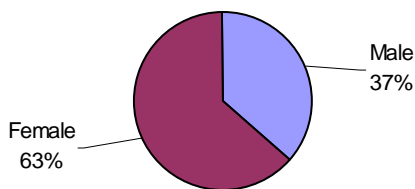
The following Tables 1 through 3 describe the salient features of the MOH staff respondents with respect to education, gender, age, and profession.

A total of 153 staff participated in the study from 10 different MOH medical centers found in Amman, Irbid, Mafraq, Karak, and Madaba. Participating staff hold different professions as shown in the pie chart below, with nearly half

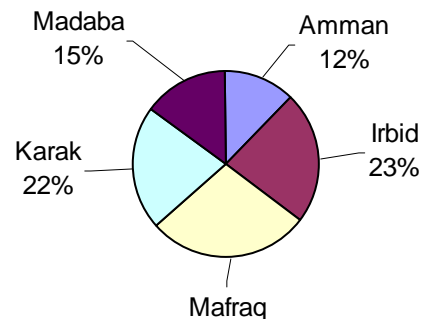
being in the nursing profession. Consequently and as expected most of the respondents are females since nursing still remains a female-dominated profession in Jordan, moreover the sampling was not based on gender distribution but rather on profession, hence the imbalance of the sexes among the respondents.

Around 56% of the respondents were 22-35 years old. In addition, around 56% hold an Intermediate college diploma. This is due to the fact that the MOH minimum educational requirement for the Associate nurses, X-ray technicians, Associate Pharmacist, and Midwives is an Intermediate Diploma. Those represent around 41% of the respondents.

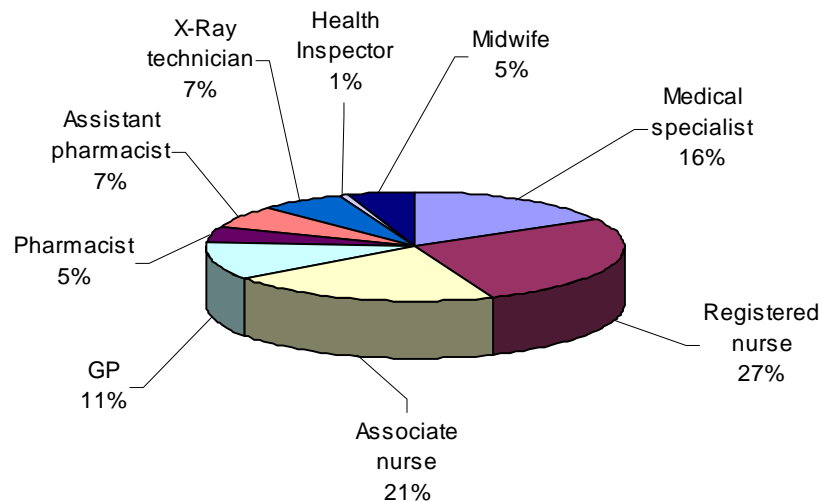
Gender Distribution



Location Distribution



Profession Distribution



	No.	Percent
Al-Basheer Hospital	33	21.6
sdPrincess Basma H/C (Irbid)	28	18.3
Karak Hospital	26	17.0
Nadeem Hospital (Madaba)	23	15.0
Al-Mafraq Primary H/C, East Mafraq	12	7.8
Princess Basma Comprehensive H/C (Amman)	10	6.5
Rihab Comprehensive H/C, East Mafraq	7	4.6
Karak Comprehensive H/C	7	4.6
Al Sareih Comprehensive H/C	6	3.9
Ibn Sina Center	1	.7
Total respondents	153	100.0

	No.	Percent
22-26 years	11	7.2
26-35 years	75	49.0
36-45 years	40	26.1
45-59 years	16	10.5
Undefined	11	7.2

	No.	Percent
Intermediate college diploma	86	56.2
Bachelors degree	31	20.3
Masters degree	6	3.9
PhD degree	1	.7
Bachelor in Medicine	12	7.8
Masters in Medicine	3	2.0
Jordanian Medical Board	14	9.2

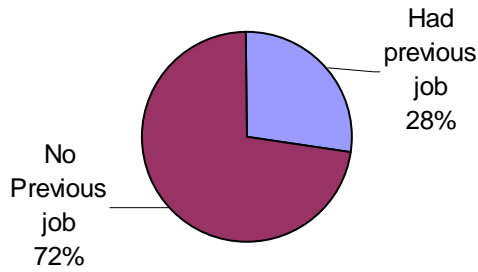
ENCOURAGING FACTORS AND OBSTACLES IN JOINING THE MOH

The following chart shows that slightly more than a quarter of the respondents had a previous job before joining the MOH. The most reported aspects that made them leave their previous job to join the MOH were the perceived job security and good benefits including medical insurance offered by the public sector such as the MOH, followed by

being able to study while at the same time working within a secure-job environment. Table-4 below details the reasons for joining the MOH.

When generally investigating the factors that led the respondents to join the MOH to work in their health career, several factors were noted and are shown in Table-5. Around 14% considered job security with the public sector at the MOH as the main factor behind their

Had previous job before joining MOH



decision, and 22% stated that they were either under obligation to join the MOH due to their educational conditions or viewed MOH as another job opportunity to better their income especially when such job opportunities are lacking. Only 11% joined MOH due to a desire to help Jordan and Jordanians, and as few as

2.6% joined the MOH to gain experience and prepare themselves for work in the private sector.

From another perspective, respondents stated the difficulties and constraints that they have faced when getting a place with the MOH, the reported obstacles referred to the starting period of work at the MOH as well as to the process of gaining a place with the MOH. As such, around 40% reported facing no difficulty at all in gaining a place with the MOH, and 10% reported having to wait for a long time before getting assigned. On the other hand more than a quarter reported being taken aback by the heavy work load and stressful work conditions, as well as being assigned to a medical center away from their place of residence and the ensuing difficulty of getting to work. Table-6 below details the reported obstacles.

Table 4. Reasons for leaving previous job and joining MOH.

Reason	Percent
Perceived job security and good benefits including medical insurance	28.6
No answer	21.4
Job security and possibility of continuing education and/or specialization	11.9
Better income	9.5
At MOH working hours are less	9.5
Lack of job satisfaction /wanted specialization in a health career	4.8
Fate; Personal reasons	4.8
MOH location of work is nearer to home	4.8
Work environment	2.4
Want to leave private work in the private sector	2.4
National duty	0.7
Total	100.0

	No.	Percent
No answer	29	19.0
Job security, secure job with the public sector	21	13.8
Desire to help Jordan and Jordanians	17	11.1
Enhance income level	17	11.1
Work obligation with MOH; Job opportunity; Profession available only at MOH	17	11.1
My type of study	11	7.2
Potential for training/career development and specialization while working	10	6.5
Family influence; Friends influence	7	4.6
Conditions of service; Acceptable working hours	6	3.9
Medical insurance	5	3.3
No alternative exists	5	3.3
Long-term potential for private practice; gaining experience	4	2.6
Convenient location of work place (near home)	2	1.3
Status-respect/dignity	1	.7
Work with the private sector is stressful	1	.7

	No.	Percent
No difficulties	62	40.5
Difficult to get a post near to family; had to change place of residence; Assigned work place is far from home; inappropriate location of work place; Continuous transfer between places of work; Lack of transportation to work place location	24	15.7
Heavy work load and staff shortage; Dealing with many patients; Stressful work/ Long work shifts; Night shifts	16	10.5
No answer	14	9.2
Long wait before being assigned	14	9.2
Red tape or bureaucracy in getting a place; red tape in assigning process; complicated work procedures of assignment process	5	3.3
Low salary; low incentives and allowances	4	2.6
Distribution of assignments at different sections or places; Assigned to sections/Centers I do not like;	3	2.0
Nepotism and favoritism (wasta)	3	2.0
No proper orientation & information about center's policy etc. ; One's duties and rights are not clear.	2	1.3
Work routine and lack of equipment; Different work environment than private sector	2	1.3
Uncooperative staff (colleagues)	1	.7
No proper recognition for nursing profession	1	.7
Competition for employment at MOH	1	.7
No proper job description, duties and responsibilities no position	1	.7
	153	100.0

LIKES AND DISLIKES ABOUT WORKING FOR THE MOH

The most well liked aspect of work at the MOH is feeling of doing a worthwhile and humane job in helping and caring for the sick and needy and performing the work that succeeds in providing needed medicines and lab tests for the poor and in educating the community and servicing it. Job security is the next aspect that MOH staff like about their work. This security is usually defined as constant salary, near to impossible lay-offs (employment for life) and stable employer (MOH). The third aspect is working with their colleagues especially when having spent a long time together and built a comfortable and congenial relationship.

The following chart details further likes about employment with the MOH.

On the other hand around 15% reported liking nothing at all in their work. More specifically,

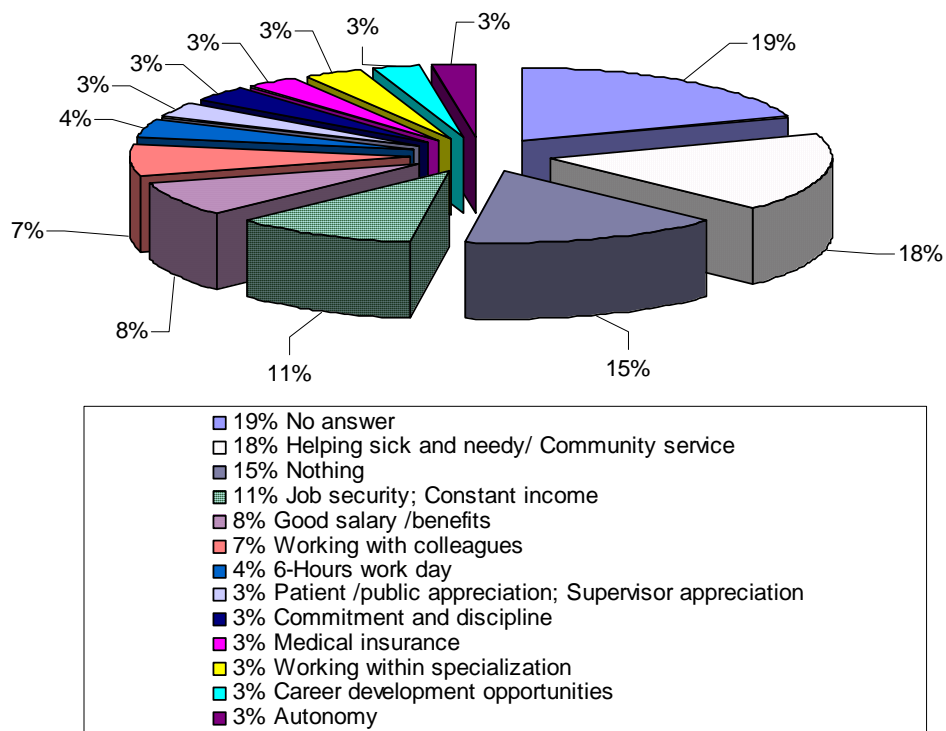
around 20% of medical specialists, 23% of GPs, and 9% of registered nurses reported liking nothing at MOH .

What is interesting to note is that only the nursing professions reported positive response as to the incentives and benefits they receive from their job. Around 21% of the associate nurses and 12% of registered nurses reported this fact mostly due to the recent offerings of new incentives to the nursing profession at the MOH.

Also, medical specialists mostly like the humane aspect of their work and the appreciation they receive from their patients together with the fact that they have the chance to be performing in their field of specialization.

GPs in addition to what was mentioned above like the commitment and discipline of work at MOH and the available career development training.

Staff likes about employment with MOH



Looking at differences among males and females it is interesting to note that more males than females reported liking the security of their jobs and more females than males reported liking the benefits and salaries they receive.

Supplementary data is available in Annex A.

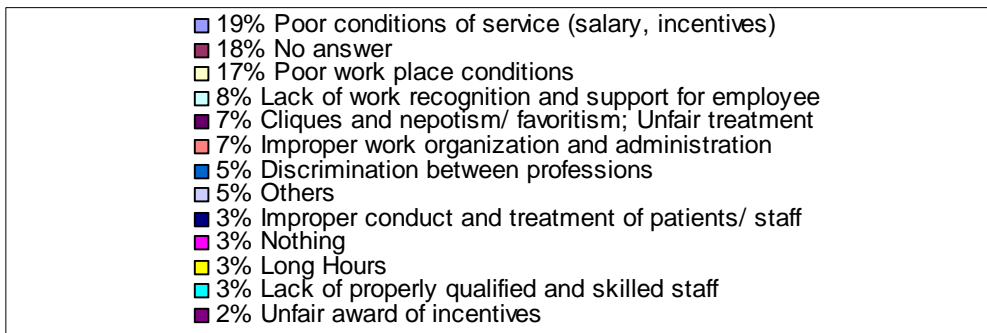
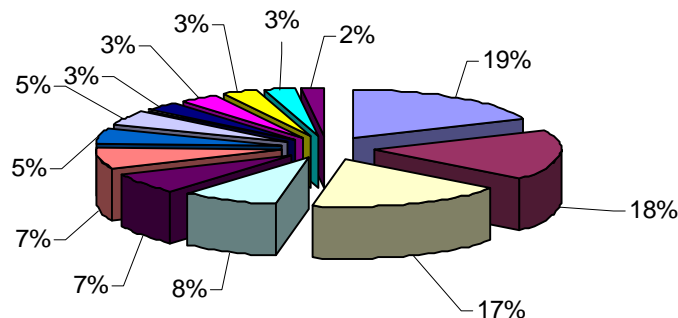
Furthermore, staff at MOH reported what they dislike most and find dissatisfying about their work at the MOH. In particular, 18% of them quoted the poor conditions of service in terms of poor salary especially when compared to work load and when compared to what others in the same profession obtain in other medical centers, in addition to poor incentives. Many stated that their salaries barely cover their basic family needs.

A nearly equal proportion reported the poor situation of their work place whether in terms

of old equipment and shortage of medicines or to the ever increasing number of patients and heavier work load and shortage in staff. Apparently over-work is what most staff suffer from regardless of their profession, having to serve so many patients in a day combined with lack of proper administration and organization of work reflects poorly on the service, increases the stress level at work and causes patients to complain and be unappreciative of the people serving them.

Around 7% also reported being affected by the unfair treatment in relation to promotions, incentives awards, and training opportunities. They view nepotism, and favoritism to be prevalent and that most work affairs depend heavily on personal relationships with persons in charge.

Staff dislikes about working for the MOH



Around a third of the medical specialists felt most dissatisfied with their compensation, many reported that their salary is not even fit for their social status as Doctors. The currently offered point system incentive is not well thought of and is weak and offers poor financial

compensation. In addition medical specialists complained about improper administration and organization of work as well as the prevalence of cliques and unclear criteria for promotion, transfer, and selection of Supervisors.

Around a quarter of the registered nurses stated heavy work load and staff shortage on their list of dislikes, similarly 43% of the GPs.

Many of the associate nurses stated the lack of recognition of the importance of their work and of their position as assistant nurses. They view themselves to be blamed for wrong things while they are asked to perform jobs that are not within their job description.

Supplementary detailed data is available in Annex A.

NATURE OF WORK AT MOH AND JOB SATISFACTION

The staff at the various medical centers of the MOH share very similar problems and experience similar work environment, job satisfaction as well as job frustrations. The most common situation at the medical centers is that of large number of patients, staff shortage and over-worked staff.

Most staff, of different professions, consider working hours at MOH as being fair if not good with the exception of nearly 42% of the nursing staff who consider them as poor. Complaints refer in general to the long hours especially when compared to the low salary, uncomfortable shift system and need for Saturday to be non-working day. On the other hand, most also acknowledged the possibility of taking time off when needed, yet around 25% of nurses seem to have a problem in obtaining such leave due to the heavy work load, shortage of staff, and being subject to availability of staff replacement before being granted.

Another indicator of the nature of work at the medical centers is the ability to have at minimum a lunch break during the day. What is evident is that such breaks are not prevalent. More than half of the respondents complained of not being able to take the shortest of breaks during their day due to heavy work load and lack of an organized system for breaks, besides not having a place to have a break in. Moreover, recreational facilities at medical

centers are often missing. Around 75% of the respondents reported such facilities as non-existent and in some cases not allowed.

In terms of accommodation and child care facilities, more than 60% of staff reported both as being poor. Accommodation is mostly unavailable, and if it exists is either not in good condition or far away from the center with no transportation service available. In most cases accommodation is only available for females. Child care facilities are often unavailable also, and when they are available, their opening hours do not include afternoon and night shifts (B and C shifts) and do not have enough capacity.

In general, the work area is reported as being poor by only 20% of the staff. Some referred to the physical aspect of the work area as being an old building lacking office and waiting space, heating and air conditioning, and good beds, while others referred to the mechanism of work where the center is always congested with patients and improper organization of work just adds to the dilemma. Others stated heavy work load and complaining patients as features of their work environment.

Equipment and material at centers are reported as poor by more than a third. In fact those stated that most equipment is old, not modern and not working properly and always in maintenance. Shortage of equipment, medicines and material is prevalent in centers as well as shortage of skills to operate equipment which in turn causes equipment to be stored and not put to use. Many stated that equipment is not of good quality since most often price determines which machine to procure.

As for access to needed information, around 40% of the staff stated their dissatisfaction and rated accessibility as poor. Many stated the lack of computerized information systems, internet connections, lack of library, and lack of the information sharing in addition to absence of the information sources themselves whether they be experienced staff people that may answer questions or medical references.

Table 7. Comments on work area.

	No.	Percent
No Answer	100	65.8
Old building / old equipment / old beds / no heating or condition / no place for breaks / bad furniture / small patients waiting space / lack of office space	17	11.2
Lack of rules that organize patients & employees to achieve better work distribution and handling of patients; Need fair administration; No proper job description that may organize responsibilities;	11	7.2
Heavy work load due to shortage of staff & large no of patients; To many complaining patients	8	5.3
No team work and cooperative staff; Staff vary in level of culture and education; work place not conducive to productive work	5	3.3
Very noisy environment/ location	4	2.6
The unit is isolated from outside world	2	1.3
Old and un acceptable equipment	2	1.3
No clear distinction between bad employee and good employee	1	.7
Congestion of people due to lack of storage space and having things laying around taking up space	1	.7
Recreational places are needed	1	.7

Nevertheless, staff at the different visited sites reported having good relations with their co-workers due to the sense of team work and strong bonds that were formed during the long time periods they have been working together. Also, 67% of the respondents reported having a fair to very good sense of job satisfaction, and nearly 80% felt the same regarding their job security. Any dissatisfaction is stemming from a

sense of imbalance between received compensation and work performed. Around 20% of medical specialists, 15% of nursing and 23% of GPs stated dissatisfaction at work due to little compensation in comparison to workload and absence of benefits. The Table-8 below lists insightful comments given about job satisfaction.

Table 8. Comments on job satisfaction.

	No.	Percent
No answer	96	62.7
Too much work for too little pay ; little satisfaction; No incentives given; No training; Rules are not applied; No caring for employees needs; Nothing ,no rights and no dues are given in return to work/ No one cares about good performance/ no recognition/ no rewards	24	15.7
Not good due to feeling of unfair treatment and discrimination and injustice; I deserve better; No support for staff in problems with patients	8	5.2
Good job satisfaction / good due to my colleagues; Job security; new incentives; Position comparable to my experience and education	7	4.6
Too heavy workload	5	3.3
Not good due to too few resources; to old equipment and old facilities	2	1.3
Not having the right person in the right position; not being in a place you like to work at	2	1.3
Routine work , no incentives , poor technical work condition; poor organization of work	2	1.3
Have to do certain jobs not within our description of work; No clear job description	2	1.3
Have higher qualification than needed for position	1	.7
Not satisfied with my job description	1	.7
Annual leave depends on replacement at work	1	.7
No autonomy in work	1	.7
No respect for doctors; No understanding of doctor's job by the MOH and no rapport	1	.7
	153	100.0

The feeling of job security is mostly affected by nepotism, low salaries, and stressful work conditions. Table-9 below details received comments.

Furthermore, most stated having the feelings of doing a worthwhile job where they are using their capacity to the fullest. The feeling of serving many patients who are in need of them, performing work that affects the community and helps to educate people as well as considering their profession as very important to community and Jordan were some of the reported reasons behind their satisfaction.

Yet, around 40% of the respondents complained of the lack of appreciation and recognition by

their superiors. Specifically, staff of different professions reported appreciation as being rarely given and good performance is seldom remarked upon, supervisors do not even know their subordinates in order to appreciate them, and some went even further to mention that supervisors consider staff as slaves. This is felt mostly by the associate nurses being reported by nearly 45% of them. In addition, some felt that such appreciation is subject to personal relationships and mood of supervisor, in fact this was stated by nearly 30% of the GPs. Likewise, commendations are reported as rare and near to non-existent by nearly 70% with a most telling comment of: 'one must not even dream of them'.

Table 9. Comments on job security

	No.	Percent
No answer	119	78.3
Job security is negatively influenced by nepotism and moods of directors/ by low salary and lack of incentives	9	5.9
No job security due to frequent transfers among centers/ sections	7	4.6
Suffering from staff shortage and stressful work	7	4.6
Not comfortable; Can be motivated further; No feeling of progress	4	2.6
No fixed job conditions and no job description	2	1.3
Will quit work if better opportunity comes my way; No work alternative exist	1	.7
Center is far and transportation is not good	1	.7
Unfair shifts system	1	.7

Note: the 'No answer' category is mainly connected with those who gave a 'Very good' and 'Fair' rating to the factor.

Table 10. Comments on appreciation and recognition by superiors.

	No.	Percent
No Answer	89	58.9
No appreciation at all /very few/very rare; Supervisors do not know their subordinates to appreciate them/ Consider staff as a slave	30	19.9
Subject to personal relationship/ to mood of supervisor;	14	9.3
Good performance seldom remarked upon , no one notices, only mistakes are noted; No one recognizes your role	6	4.0
Is good; Is fair; Is good sometimes	7	4.0
No distinction between good or bad employee/ appreciation is wrongly placed and given to non-deserving persons	5	3.3

Note: the 'No answer' category is mainly connected with those who gave a 'Very good' and 'Fair' rating to the factor.

Around 28% of the staff also stated that they do not feel appreciated by the patients themselves, and 43% rated such appreciation as fair. Nearly 37% of GPs, 30% of assistant pharmacists, registered and associate nurses and 22% of medical specialists complained about patients having the wrong ideas about their jobs and not quite understanding how the staff can service them. In addition they complained that patients are hostile, always complaining and quarreling with them with most considering staff as servants. This non-appreciation is also attributed to the lack of education among patients, their large numbers asking for service, and unavailability of needed services and medicines.

Related to lack of patients appreciation is the feeling of lack of support to staff and most specifically in the nursing profession. Around 20% of associate nurses reported as always being blamed in any dispute with patients, they have no support against such injustice. Some

staff even protested against the harsh punishment procedures adopted. Also, staff of one center complained of the “complaint box” mechanism available for patients and the unfair response they receive from their supervisors in solving such problems with patients.

Where job enlargement, assignment of special tasks, or opportunity to do preferred tasks is concerned, nearly half of the staff reported poor potentiality. Actually most reported no opportunities are given for any of those since there is no time due to staff shortage and heavy workload, and usually it is controlled by the supervisor and consequently depends on his/her mood, and sometimes it is affected by favoritism (wasta) and given to certain persons. Moreover incentive for one to take on tasks other than the routine ones is totally absent. Job rotation and relief from tedious work are also not common at the medical centers of MOH, in fact there are no adopted mechanisms for them.

Table II- Appreciation by clients/patients.

	No.	Percent
No answer	84	56.4
Very few patients appreciate /hostile patients / Patients have wrong ideas about our work/ uneducated patients/ Always complaining and quarreling/ consider staff as servants	39	26.2
Patients appreciate the staff who is loyal to his work and treat them well	11	7.4
OK, Some patients appreciate	11	7.4
Depend on time available for patient and availability of services and medicine; Large number of patients affect proper services consequently their appreciation	3	2.0
No appreciation due to lack of respect for MOH doctors from MOH and citizens alike	1	.7

Note: the 'No answer' category is mainly connected with those who gave a 'Very good' and 'Fair' rating to the factor.

As for the ability to obtain transfer to other medical centers when needed, staff reported it as near to impossible being subject to availability of staff replacement and with the shortage of staff condition, it becomes near to impossible. Actually transfer mechanism is stated as being unclear, with non-transparent criteria and prone to nepotism (wasta) and most often it is mandated with no choice given to staff.

Greater autonomy over ones work is felt as being fair or good by 77% of the staff. Those who felt as lacking autonomy at work included nearly 20% of the nursing staff, 28% of pharmacists and 37% of the GPs. The rest of the professions felt that they have enough autonomy over their work environment.

More detailed data is available in Annex A for all of above mentioned issues.

RATINGS OF SPECIAL MOTIVATIONAL FACTORS AT WORK

Respondents were asked to rate and comment on specific employment factors. A summary of those and their ratings are given in Table-12 listed in order of the 'Very Good' rating.

The top ranking motivational factors among staff are the feeling of satisfaction they derive

from doing a worthwhile job and their family-like relationship with their colleagues.

The top ranking motivational factors among staff are the feeling of satisfaction they derive from doing a worthwhile job and their family-like relationship with their colleagues.

Table-13 details the explanations given by the staff for their ranking of doing a worthwhile job.

	Very good%	Fair%	Poor%
Feeling of doing a worthwhile job	78.4	15.7	5.9
Relations with co-workers at current location	71.9	24.2	3.9
Using one's ability to the fullest	58.8	30.7	10.5
Title	44.1	30.3	25.0
Job security	29.6	48.7	21.7
Appreciation by clients/patients	28.9	43.0	28.2
Working hours at MOH	27.5	45.1	27.5
Appreciation and recognition by superiors	24.5	33.1	42.4
Greater autonomy over ones work	24.3	52.7	23.0
Time off when needed	23.7	59.9	15.8
Status symbols (uniforms etc)	22.1	36.9	40.9
Work area	21.1	58.6	20.4
Job satisfaction	20.9	46.4	32.7
Equipment and Material	18.7	47.3	34.0
Mentorship opportunities	15.2	53.1	31.7
Assignment of special tasks to you	14.6	38.0	47.4
Job enlargement	14.6	37.5	47.9
Access to information needed at work	13.9	49.0	37.1
Policies and procedures adopted by MOH	13.1	51.7	35.2
Job transfer to another post	13.0	31.5	55.6
Career path development adopted by MOH	12.0	34.0	54.0
Child care facilities	11.8	22.2	66.0
Job rotation	11.5	41.6	46.9
Involvement in meetings or presentations	11.1	40.3	48.6
Opportunities to train others	10.6	51.4	38.0
Opportunity to do preferred tasks	10.4	29.9	59.7
Accommodation	10.1	28.1	61.9
Breaks, lunches	9.9	38.2	51.3
Commendations	9.6	21.9	68.5
Opportunities to influence goals	9.0	38.2	52.8
Relief from repetitive/ undesirable tasks	7.4	24.8	67.8
Opportunity for further training	6.9	31.0	62.1
Recreational facilities	6.6	19.2	73.5
Attendance to professional meetings	6.2	24.7	69.2

Table 12. Overall staff ratings of motivational factors at work.

	Very good%	Fair%	Poor%
Promotion opportunities at work	6.1	29.3	64.6
Participation in decision making	5.0	35.0	60.0
Merit increases	4.7	20.9	74.3
Salary	4.6	40.8	54.6
Professional allowances/ incentives	3.4	26.4	70.3

Note: Factors are sorted by their very-good percentage.

Table 13. Explanations given for feeling of doing a worthwhile job.

	No.	Percent
No answer	69	45.1
Profession is very important to community and Jordan; Helps educate people	41	26.8
Serving many patients who are in need of us; Work affects the community	33	21.6
Work conditions affects feeling of doing good / the way profession is unfavorably perceived and not recognized affects feeling of importance / no recognition	5	3.3
Feeling is affected by the unfair remuneration and compensation; nepotism; unfair transfers	2	1.3
Lack of equipment needed for work	2	1.3
No team work	1	.7
	153	100.0

Note: the 'No answer' category is connected with those who gave a 'Very good' and 'Fair' rating to the factor.

With respect to relationships with colleagues, Table 14 details the explanations given for the rating.

The feeling of giving one's best at work is also prevalent among the staff of all professions. The few who reported not using all their abilities at work attributed this to lack of proper tools and medicines, unorganized work, heavy and

stressful work conditions, and lack of appreciation and recognition.

Although Job Titles received a good satisfaction ranking, yet some, and mostly from the nursing profession, stated that their given job title is inconsistent with their duties and that titles are the same regardless of responsibilities so they do not reflect any job distinctions and are not clear titles.

Table 14. Explanations given for relations with co-workers at current location.

	No.	Percent
Good rapport/team work/ spent long time together; All share importance of work	70	45.8
No answer	67	43.8
Sensitivity and Fatigue, frustration and staff shortages lead to poor relations	7	4.6
There are problem between cadres ; lack of understanding of others cadres' roles ; No proper organization of work	5	3.3
Formal relationship only; No team spirit at MOH	4	2.6
	153	100.0

Note: the 'No answer' category is connected with those who gave a 'very good' and 'Fair' rating to the factor.

Table 15. Explanations given for job titles.

	No.	Percent
No answer	99	65.1
Duties inconsistent with job title (eg.nurse)	14	9.2
No distinction in job title regardless of responsibilities (same title for all); No clear titles; One title exists	13	8.6
It is the title I trained for/feel good about my title /no complaints /comfortable	11	7.2
No job description	5	3.3
Title change according to educational level; Title does not change with years of experience	4	2.6
Not suitable to my education level	3	2.0
Title is OK	2	1.3
Title (associate nurse) is not recognized	1	.7

Note: the 'No answer' category is connected with those who gave a 'Very good' and 'Fair' rating to the factor.

Similarly status symbols are not as clear either, in fact many consider them as non-existent. More information is available in Annex A.

The motivational factors rated lowest by all staff related to the monetary rewards, involvement in work, and career development and training. There is a tremendous dissatisfaction with merit increases, professional allowances and incentives, attendance to professional meetings, commendations, promotion opportunities at work, opportunity for further training, and participation in decision making. Salary, and career development as well as opportunities to influence goals are other low ranking factors.

Recreational facilities, child care facilities, and accommodations are also focal points of dissatisfactions as have been previously discussed.

In relation to monetary awards, most of the staff indicated as a whole the absence of merit increases as well as recognition for excellent work. Many stated unfair award of merit increases especially since they are awarded not based on competence but rather on years of experience and are subject to nepotism and favoritism. The Table-16 below details the responses given in relation to merit increases.

Table 16. Explanations given for merit increases.

	No.	Percent
None exist/ Extremely little	63	42.6
No answer	50	33.8
Not given fairly/nepotism (wasta); Discrimination; Depending on personal relations; No clear criteria	16	10.8
Not given according to competence; Given according to years of service/given to those not capable of giving anymore; Excellent work is not recognized	13	8.8
Only available for doctors /heads of sections/ for certain staff	5	3.4
Insufficient supervisors to notice work done/not done	1	.7

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor.

Closely related is the second low ranking factor, professional allowances and incentives. Most staff reported them as unfair and non-existent overall, in particular many, especially from the nursing profession, pointed out the absence of

allowances for emergency and night duty. The only given allowances are the overtime allowance, and a very weak and financially unfair incentive point system. What is interesting to note is that nursing staff and midwives were the

few that rated this factor as very good. This may be due to the recent allowance given to nurses (as stated by respondents). The Table-17 below details the responses given in relation to professional allowances.

Salaries were reported as being totally unacceptable by most staff. Around 40% of medical specialists, and X-ray technicians, as well as 30% of GPs, 70% of assistant pharmacists, and 25% of associate nurses stated that their salaries are barely covering their daily

life basics and protested them being not fit for their position and years of experience. Also nearly a third of registered nurses, X-ray technicians and pharmacists as well as 20% of associate nurses and half of the midwives reported receiving salaries that are not comparable to the effort they are putting into their work. Consequently, salaries are an issue that MOH staff feel should be reviewed at least to be comparable to those offered in the private sector or at the Royal Medical Services.

Table 17. Explanations given for professional allowances/ incentives.

	No.	Percent
None existing; Only overtime allowance/Only weak point system/ No allowance for emergency or night duty	66	44.6
No answer	48	32.4
Not good compared to work effort; Extremely little value	18	12.2
Unfair; The points system is unfair financially/not properly set up	12	8.1
It is fine/ Nursing recently got raises;	3	2.0
Large difference between centers and hospitals	1	.7

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor.

Table 18. Explanations given for salary.

	No.	Percent
No answer	60	39.5
Not comparable to living conditions and inflation/ Needs review; Not fit for my position, my grade, my years of experience	38	25.0
Unacceptable especially when compared to risks and effort at work	33	21.7
Unacceptable compared to Royal Medical services, other departments, regions, private sector	15	9.9
OK, it is better than others with same qualifications, OK due to specialization allowance	4	2.6
Incentive review is needed/ Review of point-based incentive system	2	1.3

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor

In terms of career development factors, nearly 65% of all staff rated the opportunity they have for promotion at work as poor. Specifically nearly 80% of assistant pharmacists and registered nurses, more than 60% of associate nurses and medical specialists and more than 50% of pharmacists, X-ray technicians and GPs. Most stated that criteria for promotion are not clear and in most cases promotion is unfairly awarded being guided by nepotism and favoritism and unfair evaluations of staff.

Promotion is very slow and one stays in same grade for many years especially since any opportunity for promotion is only possible when vacancy in higher positions becomes available. Then, promotion is granted based on years of service and not competence.

Training is one of the reasons stated by respondents, especially doctors, for joining the MOH. Yet it seems that such opportunities are not common and almost 60% of staff rated the

factor as poor. In fact, around 47% of GPs and 52% of medical specialists gave this rating in addition to all X-ray technicians and more than 60% of the rest of the professions. Overall, staff mentioned that there are no training opportunities, sometimes due to shortage of staff and insufficient time and sometimes due to nepotism and unfair selection of staff.

Furthermore, staff feel that there is no career path or associated internal or external training to develop career. Table-21 presents associated comments regarding career path development at MOH.

In terms of feelings of involvement in work and participation in decision making, around 70% of staff ranked poorly attendance at professional meetings, and nearly 60% similarly ranked participation in decision making. All stated that meetings are a rare activity, and there is no sharing in decision making. In fact, decisions are usually taken by supervisors and staff are simply requested to implement. Below Table-22 details comments relating to attendance to professional meetings.

More detailed information about other above mentioned factors are found in Annex A.

Table 19. Explanations given for promotion opportunities at work.

	No.	Percent
No answer	59	39.9
Criteria for promotion not clear /nepotism /favoritism / unfair evaluations of staff/ depends on relationship with person in charge; depends on mood of supervisor	31	20.9
Not available; extremely low	24	16.2
Promotion takes a long time; Depends on available vacancies; Stay long in same grade	20	13.5
No clear career /promotion structure/no distinction in position titles; no proper follow up on due promotions	6	4.1
Promotion based on length of services or qualifications-not performance	6	4.1
Few or no post available /no prospects /only when old /when boss leaves	1	.7
Available for doctors and heads of sections	1	.7

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor.

Table 20. Explanations given for opportunity for further training.

	No.	Percent
No answer	52	35.6
No training exist; No opportunities at all/ no time for training; No opportunities due to shortage of staff	52	35.6
Opportunities are few; only available for doctors, head of sections or certain staff; nepotism; Not available for all	29	19.9
Opportunities exist in terms of obtaining new experience on the job and information refreshing training; Center is a training center; exist but limited by staff shortage and work load	8	5.5
Depends on relationship with person in charge/ Does not consider needs and qualification of person/ Depending more on personal connections	5	3.4

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor.

	No.	Percent
No answer	69	46.3
No internal or external training to develop career; No possibility to bridge to university education; No continuous training available; Training for Amman centers only	27	18.1
Very slow promotion progress; Nearly standing still	13	8.7
No program for development; Lack of career path; Priorities for promotion and training is not properly set	13	8.7
Promotion not based on competence / does not discern between good and bad work; No proper incentives; Promotion based on years of experience and not competence	9	6.0
Unclear criteria for advancement and promotion; Nepotism (Wasta) and unfair; Given to certain groups	8	5.4
Few opportunities exist for promotion and incentives	4	2.7
OK: Opportunities exist; good since promotion is given according to educational level; Continuous training is offered	3	2.0
Positions are set as per educational level and not experience; Promotion not in tune with years of experience	2	1.3
Promotion is tied to training courses while not all staff get training opportunities	1	.7

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor.

	No.	Percent
No answer	50	34.2
Not available at all; Very limited; Not allowed	47	32.2
Not offered since it may require leaving place of work center/ No time; Depends of staff replacement availability	15	10.3
Offered only to doctors and head of sections	12	8.2
Offered to certain persons / nepotism / favoritism; Depends on personal relationship	10	6.8
Do not know about it except after it happens / very few and at section level only/	9	6.2
Routine action and does not consider actual needs	3	2.1

Note: the 'No answer' category is mainly connected with those who gave a 'Poor' and 'Fair' rating to the factor.

VIEWS ON WHY STAFF LEAVE THE MOH

Staff respondents were asked their views on why staff leave the MOH. The most common reason given is the poor salary that is not comparable to workload or effort done, barely sufficient to cover daily needs let alone saving, and results in poor pension, lack of promotions and allowances, and lack of incentives. Others stated other crucial reasons such as stressful

work and feelings of frustration and depression, and the fact that an employee cannot have a clear vision of his/her future. Table-23 details other reasons.

Respondents were also asked if they had ever considered leaving MOH; 68% said they had. The frequency of their reasons for doing so is detailed in Table-24, the most reported reason is looking for better financial situation.

Table 23. Explanations given for reasons why people leave the MOH.

	No.	Valid Percent
Poor salary, lack of promotions and allowances/ lack of incentives/ salary not comparable to work load or effort done; poor pension salary	100	53.2
Better opportunity in region; outside MOH in Jordan	21	11.2
No answer	20	10.6
Overwork / long hours	14	7.4
Physiological pressure; Stress; No appreciation nor respect	13	6.9
Poor working conditions (hours, workplace, equipment, no nursery); uncomfortable working environment; depression status	5	2.7
Place of work far away from home	4	2.1
Nepotism; No accountability; cliques	4	2.1
Lack of career advancement possibilities/ Unfair advancement possibilities	4	2.1
Obstacles placed by MOH	1	.5
Lack of leave without pay chance	1	.5
Retirement	1	.5

Table 24. Explanations given for reason for thinking of leaving MOH.

	No.	Percent
No answer	54	36.0
Existing of Better opportunities/Better income / Better salary/ Better incentives/ Better training opportunities outside MOH	52	34.7
Due to Long hours; Heavy workload; Stressful work; No recognition; Continuous disappointments; State of depression	23	15.3
No job satisfaction; Routine	4	2.7
Injustice and inequality; Nepotism	4	2.7
Secure Job, Never thought of leaving; Social security	3	2.0
Far location of center from home; Transfer to location near residence not allowed	3	2.0
Would like to but can't due to income situation; Cannot travel	2	1.3
Night shifts	2	1.3
No nursery	2	1.3
Due to bad and old equipment	1	.7

STAFF RECOMMENDATIONS FOR IMPROVING RETENTION IN THE MOH

Respondents were probed for their recommendations to improve salary, career advancement prospects, further training, accommodations and allowances relating to infection² and night duty allowances as well as

working hours, all for the purpose of improving retention and productivity of MOH staff.

In relation to salary, most of the respondents recommended a review of the base salary and of the allowances and incentives that go with it, all towards the aim of increasing the total remuneration package. Around 65% of the staff recommended increasing the base salary in

² "Infection allowance" is the allowance given to staff who run the risk of begin exposed to infectious disease through their work,

whether by working on an infectious disease ward, in a laboratory setting, etc.

order for the staff to live comfortably, also to match the offers that can be obtained by the staff in the private sector or in the region. In addition staff of MOH feel that they receive less compensation than their colleagues working with the Royal Medical Service yet they share the same work load but within a less appealing work environment.

Staff also recommended a review of the current incentive scheme based on the point system and a review of the actual increases in incentives and allowances in order to match the total remuneration with the years of experience, competence, workload and risks. This recommendation is related to frequently expressed need of offering night duty allowance as well as infection allowance. Table-25 details the given suggestions.

	No.	Percent
Increase salary to match living condition and inflation/ those offered in private sector/ offered in region/ offered at Royal Medical services or king Abdullah Hospital etc.	99	65.5
Increase salary and incentives to match work load and risks/education and competence/ years of service	17	11.3
No answer	15	9.9
Increase allowance and incentives; give annual raise fairly; Review incentive schemes	15	9.9
Review Pension salary	3	2.0
Salary is OK	2	1.3

Promotion at MOH is an issue that affects the job satisfaction of the staff. Currently they do not appreciate what is being offered in return for their work and some are convinced that the no one cares about good performance, In fact some remarked that those who work hard and those who just put in hours are treated in the same way and actually receive similar reward. The feeling of “standing still” with no progress is negatively affecting job satisfaction and security especially when this is combined with the feeling that nepotism and personal relationships play an important role in someone’s promotion instead of competence and hard work.

Consequently, the main recommendations were to develop simple, fair and clear rules for promotion; enhance the employee evaluation methodology such that promotion will be based on performance versus length of service and educational level as is currently the case. Career paths should be developed with clear job descriptions and duties that are in tune with experience which will in turn reflect on job titles and scale, institute the feeling of progress

and speed up promotion on the career path. The other recommendation is to offer training to further one’s career.

Table 26 details the given suggestions and insights regarding promotion activities.

Most of the staff request training that is tied to a career path as well as repeatedly offered training to refresh one’s information. In addition, staff wanted MOH to create opportunities to bridge to university education and to ensure that competent and deserving staff get rewarded by giving them the opportunity to train and get exposed to international developments.

It should be noted that the current dilemma is that promotion is tied to educational level, yet training opportunities and bridging to university degrees are hard to get and they are not offered to all, therefore promotion is not possible either.

Table 27 details the given suggestions and insights regarding training.

	No.	Percent
Offer training to further one's career/ opportunity to bridge to university education; offer training outside Jordan/ Seminars	46	30.3
No answer	41	27.0
Develop simple, fair and clear rules for promotion; Better evaluation methodology; Develop a career path with clear duties in tune with length of experience; Create vacancies to allow promotion through moving those with long experience to other bigger health centers	18	13.8
None existing/ Reverse is true / Very slow promotion	16	10.5
Remove the influenced of nepotism/ Personal relationship is the base for promotion and not Competence	13	8.6
Change of position/title as per years of experience and length of service/ Speed up promotion on career path	7	4.6
Develop job classification / titles for registered nurses	3	2.0
Offer incentives (point systems)	3	2.0
Allow for position change upon obtaining education degree in a different specialization	2	1.3

	No.	Percent
Training in tune with career path should be available; Repeatedly offer information refreshing training / further one's studies	46	31.1
No answer	47	30.9
No training exist / more training in tune with international development is needed	45	29.6
Offer training to deserving individuals/ based on performance	6	4
Improve fairness in selection	6	3.9
Offer training on equipment	3	2.0

Although most believe that work hours are fair, complaints came from nearly half of the nursing profession respondents. The most frequent recommendations are related to their length calling for reduction of work hours and redistribution of workload. Most of those offering this recommendation were staff working at the Al-Basheer hospital (32%), Princess Basma Health Center in Irbid (29%), Al Nadeem Hospital (16%) and Karak hospital (13%).

Also, apparently not every employee in MOH gets paid for overtime work (above 6 hours) and some recommended this payment. Table-28 below lists the recommendations related to working hours at MOH.

Overall, accommodation is not offered at the medical centers of MOH, and as mentioned previously, if it exists then it is in dire need of maintenance and upgrading of its services. Staff recommended that the MOH starts offering accommodations especially to on-duty staff and those living far away from the center. The other recommendation is that MOH creates a housing fund or offers a housing allowance to help staff when they need to relocate. Some even suggested MOH gives housing loans!

Another interesting remark is that MOH should consider the location of staff residence and assign staff to a medical center near his/her home.

Table-29 below lists the recommendations related to accommodation of MOH.

Infection allowance is an issue that almost all feel should be tackled, reviewed and offered to concerned staff. Also, apparently night duty allowance is not satisfactory either. Recommendations for monetary compensation

or sleep-days in lieu of night shifts were recommended, in particular by 67% of staff working at the Al-Basheer hospital, 71% of staff of Princess Basma Health Center in Irbid and 73% of Karak hospital staff. In general, more than half of the staff requested that night duty allowance should be given.

Table 28. Working hours recommendations.

	No.	Percent
No answer	48	31.6
Are fair	48	31.6
Reduce hours & distribute work load fairly/ long need review	31	20.4
Pay fairly for overtime; Offer overtime work	8	5.3
Have Saturdays off	7	4.6
Work for 6 hours; Less than 8 hours	4	2.6
Have 4 shifts instead of 3 shifts; shifts to be either Day or Night;	3	2.0
Unfair shift hours that overlap between shifts A and C	2	1.3
Make hours appropriate for individual professions/cadre	1	.7

Table 29. Accommodation recommendations.

	No.	Percent
No answer	74	48.7
Ministry to offer accommodation especially for on-duty staff & those living far away from center/ offer accommodation near center	35	23.0
Offer housing allowance ; Offer housing fund; Housing loans; housing projects	13	8.6
Offer transportation service	10	6.6
Consider location of residence upon posting to a center	9	5.9
Improve maintenance of MOH accommodation; Improve recreational spaces; Offer better meals	7	4.6
Offer accommodations for males also; separate accommodations for doctors only	4	2.6

Table 30. Infection allowance recommendations.

	No.	Percent
Should be offered/increased / it is very important /none exist now; important for physiological feeling of safety; should be re-offered for X-ray technicians	88	57.9
No answer	59	38.8
Insufficient / even if you die nobody care	2	1.3
Protection should be provided first then allowance	2	1.3
Should be comparable to X-ray technician	1	.7

Table 31. Night duty allowance recommendations.

	No.	Percent
Offer monetary compensation or sleep-days in lieu of night shifts/ offer incentives	79	52.0
No answer	58	38.2
No night duty is currently offered	13	8.6
Off days are offered	2	1.3

Moreover, staff pointed out that policies and procedures at MOH are unclear and they keep changing with the changes of Ministers and persons in charge. They are not made available to staff neither are they followed up or properly implemented. There are no policies for fair evaluation of staff, fair award of promotions and incentives or for equal treatment of staff regardless of position and profession. MOH suffers from red tape and weak administration policies.

- “MOH should have fair policies that are non discriminate and unaffected by nepotism.”
- “There is no team work at MOH”
- “MOH is a very fragile institutions laden with corruption reaching the highest hierarchy.”

The following are closing remarks and recommendations by staff respondents.

- “As long as doctors are being considered in a special way no progress will happen in others professions”
- “Have special nursing for quarantine cases to reduce interaction with other patients and stay”
- “Shortage of medicines is a continuous problem at MOH”
- “Review training opportunities”
- “I hope this time someone will listen and action is taken”.
- “Abolish MOH and establish a Hospital Commission responsible for running medical centers in Jordan”.
- “Salaries should be reviewed to be in tune with the work load at the medical centers, which differs between primary centers and hospitals”.

III. FINDINGS FROM HEALTH TRAINEES

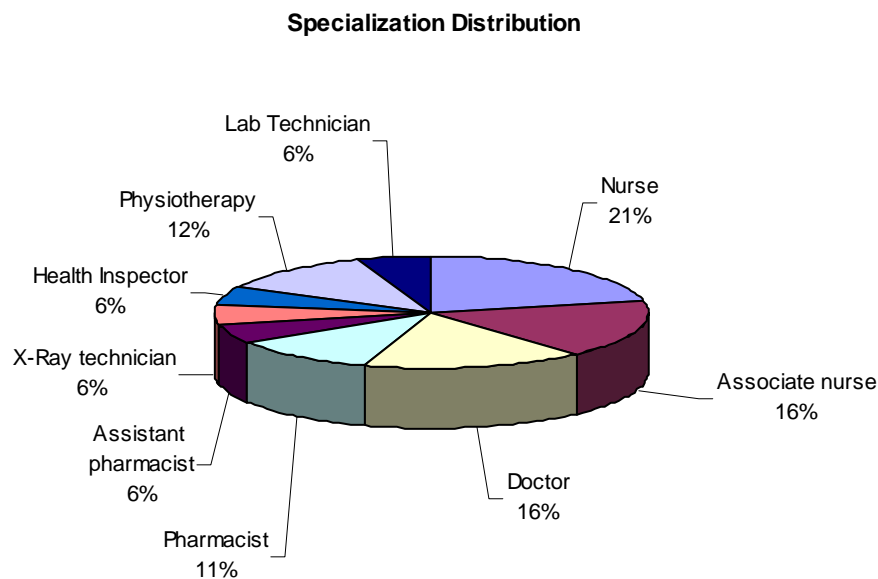
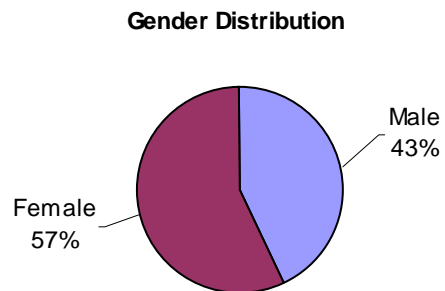
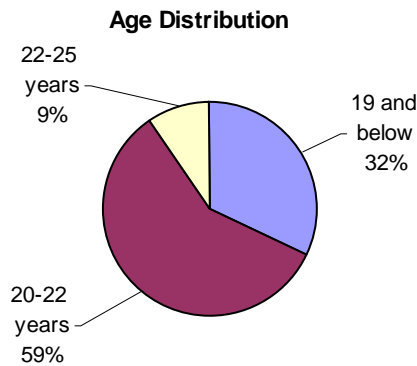
CHARACTERISTICS OF STAFF RESPONDENTS

The following pie charts describe the salient features of the health trainees respondents with respect to gender, age, and specialization.

A total of 180 trainees participated in the study from 5 universities (Jordan University, Jordan University for Science and Technology, Mo'ta University, Zaytuna University, Hashemieh

University) and 5 intermediate colleges (Yajouz Institute, Nusaibah Almazeniah College, Rufaidah College, Al Qadissieh College, Princess Muna College -RMS) found in the surrounding areas of Amman, Irbid, and Karak. Participating trainees are in different health specializations as shown in the pie chart below, with nearly 37% studying and training in nursing. Nearly 60% are 20-22 years old and rather balanced in gender distribution given that nursing specialization was the most covered.

Please refer to Annex B for more details.



FACTORS CONSIDERED IMPORTANT IN CHOOSING A CAREER

Health trainees identified three major factors that a person should consider when choosing his or her future professional career. Those are the demand for the profession in the labor market, one's abilities and interest in the profession, and the expected income that the profession can secure.

Trainees also indicated those factors that were influential in taking the decision to join the health profession they are training for. The most frequently cited factor was the grade they

have achieved in the secondary school government exam (Tawjihi). Around a quarter of participants reported that their Tawjihi results were what guided them to the health training they are attending with the lower grade achievers joining the intermediate colleges and the higher achievers joining the universities. Please refer to Annex B for more details.

The following influential factors are one's interest in the field of work, and the available job opportunities for it in the labor market. Desire to obey family's wishes ranked fourth.

Factors to be considered when choosing a career

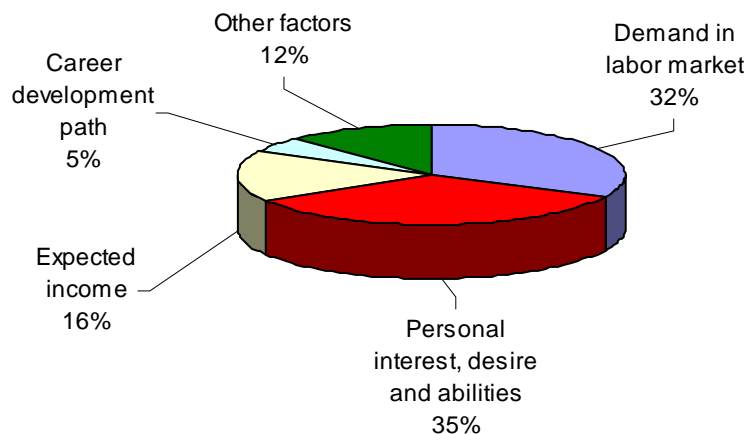


Table 32. Factors influencing decision to join the health training program.

	No. of Answers	Percent
Secondary certificate (Tawjihi) achievement average	96	25.3
Own desire and love for profession	74	19.5
Increasing interest in profession by labor market (internal and external to Jordan); available job opportunities	64	16.9
Family's desire	57	15.0
Competition	16	4.2
Financial situation	15	4.0
Prestige of profession	14	3.7
Expected Good salary	10	2.6
Fate	10	2.6
Humane and compassionate profession	6	1.6
A role model	4	1.1
Potential for future promotion and advancement in profession	4	1.1
Autonomy of work in this profession	4	1.1
Near location of university/college to residence	3	.8
Gender mixing is at its minimum in this specialization	2	.5

DIFFICULTIES EXPERIENCED IN JOINING THE SPECIALIZATION

Around 44% of trainees in the health professions stated that they faced no difficulties in gaining a place in their training program, while 37% stated that competition for seats, especially for those offered under scholarship or subsidy, was one of the obstacles they have

faced. Competition as an obstacle was faced by nurses (19% of nurses), doctors (18%) and pharmacists (16%). In addition 11% cited their family's financial situation and expensive fees as an impediment to joining their current training courses. This was cited by quarter of nurses and 20% of doctors and pharmacists. Table-33 shows more details.

Table 33. Constraints faced in gaining a place in this training program.

	No. of Answers	Percent
Nothing	237	43.9
Competition for place; Competition to get a scholarship	201	37.2
Financial situation; High credit hour charges	60	11.1
Lack of family's support and acceptance	18	3.3
English language	6	1.1
Red tape in the procedures for obtaining a place	6	1.1
Favoritism/Nepotism	3	.6
Low achievement average in Tawjihi (secondary certificate)	3	.6
Lack of respect for the specialization; Lack of social acceptance of specialization	3	.6
Specialization offered only in this university/ college	3	.6

TRAINEES' LIKES AND DISLIKES ABOUT THE HEALTH PROFESSIONS

Around 45% of trainees stated that their greatest like about their training was the fact that they would be caring for those that are sick and helping any person in need. Potential for continuous learning and enlarging one's knowledge as well as their belief that many available job opportunities exist in their field of work were additional issues they like about their future profession. Then again, around 21% stated that they liked nothing at all about the health professions; 51% of those are in nursing (31% nurses, 20% associate nurses).

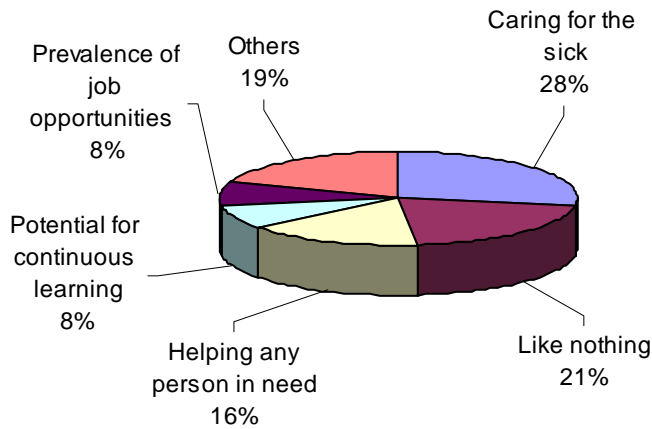
On the other hand, the main dislike about the health profession for trainees is related to social

aspects; in particular 20% of trainees do not like the society's low regard of the health professions they are training for. Most of those expressing this dislike are training as nurses (32%) or associate nurses (31%) as well as X-ray technicians.

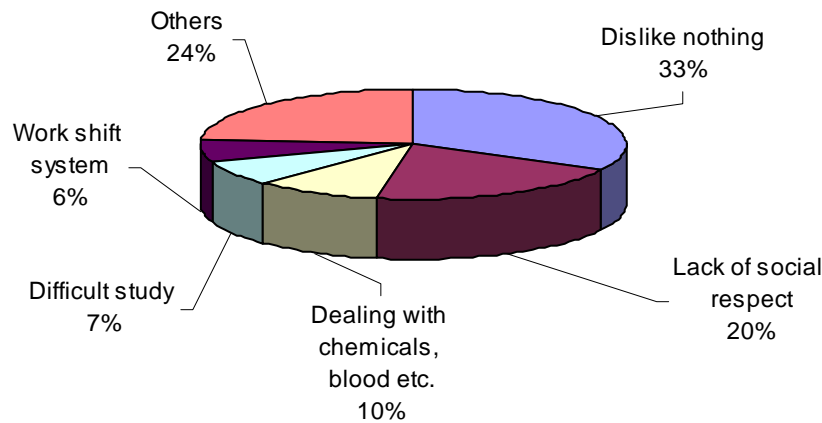
Other cited dislikes are the nature of the profession where one has to deal with medicines, blood, and chemicals among other issues (one third of those being nurses and 22% pharmacists), and the difficulties in its study. Still a third of the respondents indicated that they dislike nothing about the health professions.

Please refer to Annex B for further details of likes and dislikes of trainees.

Trainees likes about health professions



Trainees dislikes about health professions



WHETHER TRAINING MEETS EXPECTATIONS

The majority (40%) of trainees indicated that the training that they are attending is in fact meeting their expectations, while the rest feel that their training program is not meeting their expectations in terms of the anticipated content and method of training. Around a quarter stated that the training program and study material is much harder than what they expected it to be, especially since a good command of the English language is needed. Some mentioned that they expected to learn more than what is offered in

a more modern manner and have more practical training using modern equipment.

As expected, most of those indicating that the program is hard are training to be medical students (30%), pharmacists (20%) and associate nurses (13%).

What is interesting to note is that 23% of trainees had no prior expectations about their training program mainly because they knew nothing about it.

Table 34 shows more details.

Table 34. Training meeting expectations of trainees.

	No. of Answers	Percent
Yes	219	40.6
No; Harder than I expected; courses and syllabus are very hard; Needs lots of time; English language is hard	132	24.4
I had no prior expectations what so ever	123	22.8
I do not know	27	5.0
No I expected to get to learn more things under this specialization; expected a lot more of practical hands on training; expected courses to be taught in a more up-to-date and modern manner and use modern equipment	24	4.4
Somehow	6	1.1
There is a lot of gender mixing	6	1.1

TRAINEES' KNOWLEDGE ABOUT THE MOH

Almost 22% of trainees indicated that they know nothing about the MOH. The rest have conflicting knowledge of the ministry's job related offerings, training, salaries, and services. Some are positive such as MOH being a main employer of health professions that offers training and incentives for its employees and

good services for citizens, while others are rather negative perceptions of MOH contributing nothing to Jordan, offering lower remuneration, and being poor in financial and human resources.

These diverse and conflicting perceptions and knowledge of MOH, shown in Table-35 below, indicate a shortage of proper information dissemination on the part of the MOH.

Table 35. Trainees' knowledge about the Ministry of Health.

	No. of Answers	Percent
I know nothing about MOH; MOH is a complete unknown to me; MOH is not doing a good job in promoting itself	54	21.8
Low salaries	24	9.7
Avails good job opportunities for health related specializations	20	8.1
MOH offers nothing	19	7.7
Offers workshops, and training that serves in exposure to modern aspects of health specializations	18	7.3
Offers increasing incentives and allowances	16	6.5
Very poor in financial resources/ human resources/ administration and managerial resource; old non-modern equipment	15	6.0
Excellent salaries	13	5.2
MOH medical centers are spread all over Jordan	12	4.8
MOH is just another Ministry that is ruled with the same rules and offers same compensation as any government organization	10	4.0
Unavailability of workshops, conferences or training at MOH	8	3.2
Offers good health services using modern equipment; MOH is doing a good job	7	2.8
Generally good in terms of offered health services	5	2.0
Nepotism is prevalent	4	1.6
MOH is doing well in promoting and advertising its services ; carries out awareness campaigns;	4	1.6

Table 35. Trainees' knowledge about the Ministry of Health.

	No. of Answers	Percent
MOH offers very bad services	4	1.6
MOH does not treat its employees fairly	3	1.2
MOH does not motivate its employees enough for them to give more	2	.8
MOH does not offer enough job opportunities in the health professions	2	.8
MOH suffers from shortage of staff in health professions	2	.8
Patient is always right even though if on the expense of the MOH employee	1	.4
MOH works in silence	1	.4
MOH work hours are easy and comfortable	1	.4
MOH boasts a very qualified cadre	1	.4
MOH offers training but its cadre are lazy and do not seek progress	1	.4
MOH is not efficient	1	.4

TRAINEES' PLANS FOLLOWING THEIR TRAINING

Nearly a quarter of the trainee respondents stated that they plan to continue with their study and attain higher degrees and specializations in their health profession, specifically most (42%) of those are medical students, pharmacists (17%) and associate nurses (17%) wishing to bridge to their university degrees.

Also around 14% are planning to work for the MOH, those mostly being nurses, associate nurses and health inspectors, while 7% for the Royal Medical Services with 57% of those being doctors, 29% nurses and 14% pharmacists.

Nearly 13% are planning to have their own business or work in the private sector, while 17% are planning to get a job but not necessarily in the field of their training. Table-36 below offers more details.

Table 36. Trainees' plans for employment following their training.

	No. of Answers	Percent
Will continue education; Get specialized; Bridge to university degree	88	23.0
I will get a job, any job	64	16.8
Work with the MOH	55	14.4
Start my own business (Pharmacy; clinic; medical center, etc.)	42	11.0
Getting married and staying at home	36	9.4
I do not know yet what to do	36	9.4
Work with the Royal Medical Services	28	7.3
I will work outside Jordan	20	5.2
I will work in the private sector	9	2.4
I will sell peanuts	2	.5
Start my own business in something not related to my specialization	2	.5

TRAINEES' RECOMMENDATIONS FOR IMPROVING THE TRAINING PROGRAM

In general, trainees recommended that more practical training be offered in the syllabus. This recommendation came from 23% of nurses, 26% of associate nurses, around 45% of x-ray

technicians, health inspectors and associate pharmacists, and 29% of physiotherapists; or in other words more than 58% of those recommending more practical training are intermediate college trainees while 18% are university nursing trainees. Table-37 gives more detailed recommendations.

Table 37. Trainees' recommendations for improving training in health profession.

	No. of Answers	Percent
Increase practical hands-on training	96	26.3
Nothing	76	20.8
I do not know	34	9.3
Expose students to what is new in the health world, have conferences at university, provide medical articles, etc.; connect University to other international universities to share knowledge and information; invite well-known doctors for lecturing and sharing of their achievements	27	7.3
Making available up-to-date medical equipment and material to students in training	22	6.0
Reduce number of courses and study material; Reduce number of study years	20	5.5
Send students to colleges/schools outside Jordan to get exposed to modern teaching and studies; Scholarship outside Jordan	17	4.6
Better care for the psychological and financial needs of students in health related training	8	2.2
Change and improve the communities respect for the profession through awareness raising; improve the social respect for profession;	8	2.2
Help in finding job opportunities	6	1.6
Assigning of trainees to colleges/universities near their residence	6	1.6
Abolish the Comprehensive Exam	6	1.6
Offer a motivational salary to those in training	6	1.6
Offer deeper course material	5	1.4
Reduce fees for course credit hours	4	1.1
Change teachers who are unqualified and do not respect the profession	4	1.1
Arabize study material	4	1.1
Remove nepotism (wasta) from the scene	2	.5
Better organization of time for student	2	.5
Offer English language courses before actual health course work and be considered as part of the syllabus credit hours	2	.5
I do not care, I just want to finish and get it over with	2	.5
Have practical training at the Hussein Medical City which is known for its medical experience and proficiency	2	.5
All program of study and curriculum needs to be revamped	2	.5
Have a more flexible practical training	2	.5
Ensure that test questions for Comprehensive Exam is in tune with studied material	2	.5

IV. FINDINGS FROM MINISTRY OF HEALTH LEAVERS

CHARACTERISTICS OF LEAVER RESPONDENTS

We were originally asked to locate those who had left the MOH within the last year. However, due to difficulties in covering a representative sample, the period was extended to those who had left in the last two years (2003 and 2004). Even then, the team could only contact 32 persons out of a list of 51 persons. This was mostly due to unavailability of any contact information (6 persons), respondents (all medical specialists) being out of the country (6 persons), and refusal by the interviewee to participate (7 persons).

The 32 participants are between 27 and 49 years old with 70% below 40. Nine out of the 32 respondents are females. Around 46% (15) have been acting as medical specialists at MOH. Of those 9 are now in the private sector either running a clinic of their own or employed. The Table 38 details movement of MOH leavers.

Position at MOH	No.	Percent
Medical Specialist	15	46.9
Registered Nurse	6	18.8
X-ray Technician	5	15.6
Pharmacist	5	15.6
GP	1	3.1
Total	32	100.0

Table 38. Category of leavers covered.

Current position	Previous Position at MOH					Total
	Medical Specialist	Registered Nurse	X-ray Tech.	Pharmacist	GP	
	<i>No. of responses</i>					
Specialist-Own clinic	6					6
Registered Nurse with RMS		1				1
Housewife	1	3		1		5
X-ray Technician Private sector			2			2
Pharmacist Own business				2		2
Registered Nurse in Private sector		1				1
Pharmacist in Private sector				1		1
Teaching Nurse with RMS		1				1
X-ray Technician Outside Jordan			2			2
GP with RMS			1		1	2
Specialist Outside Jordan	2					2
Specialist with RMS	1					1
Member of Parliament	2					2
Specialist-Private sector	3					3
Government employee				1		1
Total	15	6	5	5	1	32

RESPONSES ON REASONS FOR LEAVING

In general poor conditions of service (uncomfortable job conditions, few

opportunities for promotion and progress, lack of material and non-material incentives, and heavy workload) were the reasons reported by more than 35% of respondents for resigning from MOH service. Specifically, low salary was

cited by around 20%. Closely related of course is the availability of job opportunities that they considered as being better and more rewarding in terms of salary, position, and overall professional conduct. Also among the frequent reasons for leaving was the wish to start one's own clinic/business, cited mainly by medical specialists and pharmacists.

It is worth noting that the above same reasons were also reported by the current MOH staff

when asked to give their opinion as to why staff leave the MOH.

Personal reasons also play a role exemplified in pressure from the family to leave MOH, getting married and wishing to become a housewife, or leaving Jordan with family. Table 39 details more reasons.

Supplementary information regarding reasons for leaving categorized by profession is found in Annex C.

	No. of Answers	Percent
Low salary	8	19.5
Having a better job opportunity with better salary and position	7	17.1
To start own business	6	14.6
Marriage	4	9.8
Far location of work from residence	4	9.8
To run for Parliamentarian elections	2	4.9
Uncomfortable job conditions; Bad treatment of cadre by the MOH administration	2	4.9
Employees of MOH lack/have few opportunities for promotion, progress, gaining of varied experiences	2	4.9
Refusal of leave without pay to work outside Jordan-had to resign	1	2.4
Lack of material and non-material incentives at MOH	1	2.4
Failure to adjust position and salary after obtaining higher education degree	1	2.4
Too much work load	1	2.4
Family (Husband, parents, etc.) pressure to leave	1	2.4
Join family outside Jordan	1	2.4

CHANGES IN REMUNERATION SINCE LEAVING MOH

The material changes that are experienced by leavers since leaving the MOH are listed in Table-40 below. Almost 82% of leavers

reported better material returns and remuneration, with some stating 'Definite and fundamental change to the better'; and 'Now I am self-sufficient re salary; situation was not as such at the MOH'.

Experienced change	No. of Answers	Percent
Much better material returns; incomparable to material situation at MOH; Increase in income/ Salary/ allowances/ incentives	44	81.5
No change in material situation	4	7.4
MOH is far better than current situation	4	7.4
Material income is somewhat better	2	3.7

NON-MONETARY CHANGES SINCE LEAVING MOH

Leavers were asked to comment on changes other than financial, which they have found in their work since leaving the MOH. Their responses are detailed in Table 41.

Apparently, better working environment is the main positive difference that is felt by leavers of MOH. Nearly 60% (or 21 out of 32 leavers) cited being in a more comfortable environment, less stressful, less workload, being able to provide better service, and dealing with professional administration that makes them feel appreciated, among others.

Table 41. Non-monetary changes since leaving MOH.

	No. of Answers	Percent
I own my business, make my own decisions; am no longer an employee	4	11.4
Better psychological situation, less stressful	3	8.6
Dealing with an understanding and professional administration	3	8.6
Less work load	3	8.6
Now I am gaining experience	3	8.6
Availability of ample training opportunities provided by employer	3	8.6
In my current position I am providing better service to the citizen	2	5.7
Less pressure and stress imposed by bad administration	2	5.7
Now I have better status (more prestigious position)	2	5.7
More comfortable working environment; no shortage of materials, medicines, beds, equipment etc.)	1	2.9
Less working hours	1	2.9
There is respect for the employee	1	2.9
Assigned work is easier and more comfortable	1	2.9
Now have better status as a doctor; better prestige; better reputation	1	2.9
Now I have better employment position	1	2.9
Have free of charge accommodation for me and family	1	2.9
Free schooling for my children	1	2.9
Worse, no job security	1	2.9
Nothing	1	2.9

SUGGESTIONS FOR IMPROVING WORK ENVIRONMENT AT MOH

Leavers were outspoken when prompted to provide recommendations and suggestions that may improve the working environment at MOH and consequently its staff retention.

More than one third of leavers (20 out of 32 leavers) stated that improving salaries, allowances and incentives was one of the important things that the MOH should undertake to keep its staff.

'The MOH offers nothing to its staff, I have spent 9 years receiving same salary and same benefits. Also all over the world, work shifts have special way of compensation schemes except in Jordan'

These recommendations are comparable to those given by the current MOH staff when their opinion was asked for as reported in Section I of this report.

The other overall issue deals with MOH administration and the interaction it has with the staff. Around 25% (14 out of 32) stated that the MOH administration and supervisors have to treat the staff in a better motivating

manner, be closer to them and support their sense of job security by giving them more autonomy and opportunities to voice their opinions and discuss their issues. Also, nepotism is something that should be killed from the roots.

'MOH has to enhance its dealings with the cadre and become more professional, respectful, courteous and interactive in its dealings with the staff'

'MOH has to appreciate its staff and cosset its staff in order to motivate them and get the best out of them'

Suggestions for MOH to upgrade its services were also given. Seven participants stated the need for better scheduling of patients, better treatment of patients, and keeping up-to-date with the medical innovations.

'MOH has to be careful as to how medicines are given in treatment, and they should not be the only method of treatment. Quality of medicines should also be controlled'

'Provide better equipment, and facilities'

Working environment was also touched upon. Less working hours, and less work load distributed over a larger cadre were suggested.

Training is another concern. More training should be made available to staff in a fair manner. Also, MOH should send staff to foreign countries to further their education.

'Training courses should be offered fairly with no influence of nepotism and cliques'

Table 42 details the given suggestions.

Table 42. Suggestions for improving work environment and retention of staff.

	No. of Answers	Percent
Should offer staff better salaries; offer better allowances and incentives for staff to give more	18	31.6
Offer more training to staff	6	10.5
MOH should ensure better dealings and treatment with its staff encompassing all material and non-material factors to motivate them to use their full capabilities	5	8.8
MOH should upgrade its medical services including use and type of medicines, better equipment etc.	4	7.0
MOH to have larger cadre; lessen the work load by employing more staff	3	5.3
Remove nepotism (wasta) and cliques	3	5.3
I do not know	3	5.3
MOH wants no one to speak out and discuss nor to work	2	3.5
MOH will never develop and be better; actually it is regressing due its bad administration	2	3.5
MOH administration should interact more closely with its staff to know their concerns	1	1.8
MOH should keep abreast with the new medical developments to ensure te best service	1	1.8
Should re-offer infection risk allowance	1	1.8
Better service scheduling for patients	1	1.8
Less work hours	1	1.8
Nothing, MOH is excellent as is	1	1.8
MOH should support job security and satisfaction of staff by giving staff more control over their work	1	1.8
MOH should ensure better treatment of citizen and patients by its cadre	1	1.8
MOH offers nothing to its staff, neither promotion nor salary increases or night shift allowances	1	1.8
Offer training outside Jordan; sponsor the graduate education of its staff in universities outside Jordan	1	1.8
Assignments should consider place of staff's residence	1	1.8

IV. FINDINGS FROM SCHOOL LEAVERS

FOCUS GROUP SESSIONS

A total of 61 male and female students from Amman, Irbid and Karak boys and girls public high schools participated in 6 focus group discussions, 3 for girls and 3 for boys. Students were randomly selected from Grade 12 (Tawjihi classes). Sessions were held at each school, separately for boys and girls. The discussion below presents the combined results of all 6 sessions.

The topics discussed in the focus group sessions were as follows:

1. What were the factors that the students were considering in choosing a career
2. What were the factors influencing them in choosing their future career especially if in the health sector
3. Their likes and dislikes regarding health professions
4. What knowledge did they have about the MOH

5. What were their perceptions about the MOH as an employer

FACTORS CONSIDERED IMPORTANT IN CHOOSING A CAREER

The factors that school students reported as important to consider when choosing a career are given in Table 43.

Personal feelings regarding profession, and available job opportunities were the top two factors that students considered as important when choosing a career. Other factors that were commonly considered are the personal capability of the person to study and lead a career in the profession of choice, as well as the prestige and social recognition and good perception of profession. The future career path of the profession in and outside Jordan was also mentioned. Tied to the job opportunity factor is the attractive salary and income of the profession yet the ability to find a job and start a career was more important than the salary it would offer.

Service to community was never mentioned as an instrumental factor in choosing a career.

Factor	No. of responses
Personal feelings regarding the career	38
Job opportunities	38
Personal ability	32
Prestige and recognition, social perception of profession	27
Potential career path of profession	19
Salary and income of profession	15
Job security	9
Potential for creativity in profession	4
Future career path of profession outside Jordan	2

INFLUENCING FACTORS IN CHOOSING FUTURE PROFESSION

Pupils stated that the most important influence in choosing any career is the average grade that they will achieve in their Tawjihi examination. This result actually determines the training that the student can join in undergraduate studies and consequently their future career.

Interest in the profession ranked second in terms of influencing factors, followed by the

social perception of the career and the prestige of the profession. The available job opportunities and the financial situation of the family and their ability to pay for the education of their children were other influencing factors on the pupils in choosing their career.

Many also stated being influenced by a role model in certain professions and motivating them to join the same career. Table 44 below offers more details.

	No. of responses
Tawjihi examination results	61
Interest in the work	43
Prestige and recognition, social perception of profession	37
Required expenses to continue studies	33
Job opportunities	33
Family (Father, mother, brother...) influence and desire	32
Role models - Somebody you want to be like her/him	24
Traditions and culture (certain jobs for females others for males, working hours in a certain career is not acceptable for females, ...)	10
Required effort in studies, special training	9
College/University that you can attend	9
Conditions of employment (training, incentives, promotions)	8
Religious factors	3
Ability to have my own business	3

In general, most of the students have not thought at all about the career that they would like to join. Their main focus is on passing the Tawjihi. Many made comments to the effect as to what is the use of thinking about a career that they might not be able to join if the needed grade threshold is not achieved.

Yet and with regards to the health professions, medicine is perceived as a prestigious profession while nursing is perceived as being in demand everywhere and more suited for females. Physiotherapy, Laboratory and X-ray technicians are not really on the radar screen of the participants. In fact 19 out of the 61 pupils were aiming to study a health profession,

specifically 9 want to study medicine, 8 nursing, 1 pharmacology, and 1 dentistry; yet all is dependant on their examination results.

What seems attractive to pupils in the health professions are:

- Prestige of being a doctor
- The huge amount of knowledge that one will get studying the health related topics
- The humane side of the professions, caring for the sick and helping people

- ~ Ability to shine in those professions (e.g. become a famous doctor)
- The profession in itself is interesting
- Availability of job opportunities in the health professions in and outside Jordan

And what seems unattractive in the health professions are:

- Long study period. Considered by many as a waste of lifetime
- The wrong practice of health professions becoming like any other business, and is no more a humane profession.
- Very expensive study
- Inappropriate social perception towards nursing profession especially for a man, technicians, etc.
- Dealing with blood, illness and sick people all the time, which is very stressful
- Profession no longer being special with so many becoming doctors
- Very tough professions and require hard work
- The arrogance of people in this profession

KNOWLEDGE ABOUT THE MOH

Some pupils were able to point out several general things they know about the MOH. They stated that it has medical centers all over Jordan

reaching almost all citizens, and especially servicing the poor. The mother and child care centers are also widespread. Most have seen different TV spots of health advertisements issued by the MOH and are aware that the Ministry plays a big role in educating and raising health awareness among the people. Pupils also know that the MOH carries out frequent vaccination campaigns at schools. Besides these general remarks most knew nothing of the Ministry of Health and stated their ignorance clearly.

Very few knew of employment conditions within the Ministry, and those who did, knew because they either have a relative working with the MOH or from first hand interaction. Almost all pupils were ignorant of what the Ministry offers in terms of training, available careers and services other than those mentioned above. In fact some mentioned that the MOH is falling behind in educating the citizen of its role, policies and procedures.

On the other hand pupils elaborated on their perceptions of the MOH including it being an employer. Negative and positive perceptions are shown in Table 45.

On the positive side, school students recognize that the MOH is progressing, has staff exchange programs with other countries and offers training. Yet unfortunately the negative perceptions are more common and they stem from personal experiences with the MOH centers, from family members working with the ministry, and from hearsay. Lack of proper and accurate information from the MOH is not helping in dissipating the negative perceptions among this young generation.

Table 45. School students' perceptions about the MOH.	
Positive	Negative
1. Trying to upgrade and develop its services	1. MOH has no or few job opportunities available
2. Offers pension and health insurance	2. Negligent nurses with bad attitude
3. There are many sick cases from outside Jordan attending MOH hospitals – indication of its good service	3. Salaries are very low and there are no incentives or benefits; far lower than salaries in private sector
4. Offers good salary and incentives	4. Medicines are always in shortage
5. MOH salaries are OK compared to work hours	5. Patients are not treated well at MOH centers
6. Nursing profession at MOH is well taken care of	6. Doctors in rural clinics have little experience
7. Appreciates capabilities and experience of its staff	7. Nepotism and 'Wasta' is widespread
8. Offers seminars and workshops to staff; Offers training outside Jordan	8. There is no discipline and proper administration at MOH centers contrary to the RMS
9. Provides tremendous experience that one can keep and use anywhere	9. Most of the experienced doctors have left the MOH and went out of Jordan
	10. MOH does not allow staff to further their studies while working
	11. No promotion or progress is available to excelling staff
	12. Heavy work load causing low quality service

ANNEXES

- A. DETAILED STATISTICS FOR THE MOH STAFF SURVEY**
- B. DETAILED STATISTICS FOR THE TRAINEES IN HEALTH PROFESSIONS SURVEY**
- C. DETAILED STATISTICS FOR THE MOH LEAVERS SURVEY**
- D. SURVEY INSTRUMENTS**

ANNEX A

DETAILED STATISTICS FOR THE MOH STAFF SURVEY

What do you like most (find most satisfying) about your current work with MOH

	No.	Percent
No answer	29	19.0
Helping /caring for the sick and needy; Performing my work; Providing medicine and lab tests for needy patients; Community service	27	17.6
Nothing	23	15.0
Job security; Constant income	16	10.5
Good salary /benefits (recent increase in allowances); Good position	12	7.8
Working with colleagues (cooperatively)/ Work place	11	7.2
Combining of work shifts; 6-Hours work day	6	3.9
Patient /public appreciation; Supervisor appreciation	5	3.3
Commitment and discipline	5	3.3
Medical insurance	5	3.3
Working within my field of specialization	5	3.3
Career development opportunities / Training opportunities	4	2.6
More autonomy (for individuals/districts)	2	1.3
The independent administration of the nursing section	2	1.3
Missing	1	.7
Total	153	100.0

What do you like most (find most satisfying) about your current work with MOH vs. Profession

	Profession									Total
	Medical specialist	Registered nurse	Associate nurse	GP	Pharmacist	Assistant pharmacist	X-Ray technician	Health Inspector	Midwife	
No answer	16.0%	14.3%	27.3%	23.5%		10.0%	22.2%		37.5%	19.1%
Patient /public appreciation; Supervisor appreciation	4.0%	7.1%	3.0%							3.3%
Career development opportunities / Training opportunities	4.0%	4.8%		5.9%						2.6%
Good salary /benefits (recent increase in allowances); Good position		11.9%	21.2%							7.9%
More autonomy (for individuals/districts)		4.8%								1.3%
Commitment and discipline		2.4%		17.6%				100.0%		3.3%
Working with colleagues (cooperatively)/ Work place	8.0%	4.8%	9.1%			20.0%	11.1%		12.5%	7.2%
Nothing	20.0%	19.0%	12.1%	23.5%	14.3%				12.5%	15.1%
Helping /caring for the sick and needy; Performing my work; Providing medicine and lab tests for needy patients; Community service	20.0%	11.9%	18.2%	17.6%	28.6%	30.0%	22.2%		12.5%	17.8%
Combining of work shifts; 6-Hours work day		4.8%	3.0%			10.0%	22.2%			3.9%
The independent administration of the nursing section		2.4%	3.0%							1.3%
Job security; Constant income	4.0%	11.9%	3.0%	5.9%	57.1%	30.0%			12.5%	10.5%
Medical insurance	4.0%			5.9%			22.2%		12.5%	3.3%
Working within my field of specialization	20.0%									3.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

What do you like most (find most satisfying) about your current work with MOH vs. Gender

	Gender		Total
	Male	Female	
No answer	17.9%	19.8%	19.1%
Patient /public appreciation; Supervisor appreciation	3.6%	3.1%	3.3%
Career development opportunities / Training opportunities	1.8%	3.1%	2.6%
Good salary /benefits (recent increase in allowances); Good position	1.8%	11.5%	7.9%
More autonomy (for individuals/districts)	3.6%		1.3%
Commitment and discipline	5.4%	2.1%	3.3%
Working with colleagues (cooperatively)/ Work place	3.6%	9.4%	7.2%
Nothing	10.7%	17.7%	15.1%
Helping /caring for the sick and needy; Performing my work; Providing medicine and lab tests for needy patients; Community service	19.6%	16.7%	17.8%
Combining of work shifts; 6-Hours work day	1.8%	5.2%	3.9%
The independent administration of the nursing section	1.8%	1.0%	1.3%
Job security; Constant income	14.3%	8.3%	10.5%
Medical insurance	5.4%	2.1%	3.3%
Working within my field of specialization	8.9%		3.3%
Total	100.0%	100.0%	100.0%

What do you dislike most (find most dissatisfying) about the MOH

	No.	Percent
No answer	27	17.6
Poor working conditions: lack of modern and important tools and equipment and material; Heavy work load and stressful work; Deadly routine; No breaks; Staff shortage	26	17.0
Poor communication of orders and resolutions; Poor access to information	2	1.3
Improper conduct at Center: Bad treatment of patients and not giving them their dues/ Moodiness of supervisors and bad treatment of staff; Patients problems	5	3.3
Low morale among staff, no job satisfaction	1	.7
Incentives awarded unfairly	3	2.0
Lack of career structure; promotion is hard to get	1	.7
Poor conditions of service: poor salary compared to work load/compared to other centers; poor incentives	28	18.3
Lack of recognition of nurses and nursing importance/ of work done/ of assistant nurse position by the association/ Lack of employee support; Discriminate treatment of registered nursing in Centers vs. Hospitals; Lack of support to nursing; Always blaming nursing	13	8.5
Unfair dealing and discriminating between doctors and other health professions; Not all staff are equal in duties and rewards; No respect by supervisors; No privacy; No clear mechanism for dealing with staff and performance evaluation	8	5.2
Loss of expertise leaving MOH & poor allocation of replacement /lack of properly qualified and skilled staff	4	2.6
Lack of transportation service	2	1.3
Cliques and nepotism/ favoritism; Unfair treatment; Same appreciation for productive and unproductive employee; Unfair award of incentives and allowances; Unfair training opportunities ; Unclear criteria for promotion, transfer, supervisors selection	11	7.2
Nothing	5	3.3
Long Hours; Long work shifts; Shift System; Night shifts	5	3.3
Improper work organization and administration; Staff just put in hours but no work; Supervisors are not assigned based on competence; Staff uncontrolled absence	11	7.2
Transfer of Doctors for no reason or explanation	1	.7
	153	100.0

What do you dislike most (find most dissatisfying) about the MOH vs. Profession

	Profession									Total
	Medical specialist	Registered nurse	Associate nurse	GP	Pharmacist	Assistant pharmacist	X-Ray technician	Health Inspector	Midwife	
No answer	16.0%	14.3%	30.3%	23.5%		20.0%			12.5%	17.6%
Poor working conditions: lack of modern and important tools and equipment and material; Heavy work load and stressful work; Deadly routine; No breaks; Staff shortage	8.0%	23.8%	9.1%	23.5%	42.9%	10.0%	20.0%		12.5%	17.0%
Poor communication of orders and resolutions; Poor access to information		2.4%					10.0%			1.3%
Improper conduct at Center: Bad treatment of patients and not giving them their dues/ Moodiness of supervisors and bad treatment of staff; Patients problems	4.0%	2.4%	6.1%	5.9%						3.3%
Low morale among staff, no job satisfaction		2.4%								.7%
Incentives awarded unfairly					14.3%		10.0%		12.5%	2.0%
Lack of career structure; promotion is hard to get		2.4%								.7%
Poor conditions of service: poor salary compared to work load/compared to other centers; poor incentives	32.0%	16.7%	12.1%	11.8%		10.0%	20.0%	100.0 %	37.5%	18.3%
Lack of recognition of nurses and nursing importance/ of work done/ of assistant nurse position by the association/ Lack of employee support; Discriminate treatment of registered nursing in Centers vs. Hospitals; Lack of support to nursing; Always blaming nursing		7.1%	21.2%	5.9%		10.0%	10.0%			8.5%
Unfair dealing and discriminating between doctors and other health professions; Not all staff are equal in duties and rewards; No respect by supervisors; No privacy; No clear mechanism for dealing with staff and performance evaluation		4.8%	3.0%	5.9%		20.0%	20.0%			5.2%
Loss of expertise leaving MOH & poor allocation of replacement /lack of properly qualified and skilled staff		7.1%	3.0%							2.6%
Lack of transportation service		2.4%		5.9%						1.3%
Cliques and nepotism/ favoritism; Unfair treatment; Same appreciation for productive and unproductive employee; Unfair award of incentives and allowances; Unfair training opportunities ; Unclear criteria for promotion, transfer, supervisors selection	20.0%	4.8%		5.9%	14.3%	10.0%	10.0%			7.2%
Nothing	4.0%		3.0%		14.3%	20.0%				3.3%
Long Hours; Long work shifts; Shift System; Night shifts		4.8%	6.1%						12.5%	3.3%
Improper work organization and administration; Staff just put in hours but no work; Supervisors are not assigned based on competence; Staff uncontrolled absence	16.0%	4.8%	6.1%	5.9%	14.3%				12.5%	7.2%
Transfer of Doctors for no reason or explanation				5.9%						.7%
Total	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%

What do you dislike most (find most dissatisfying) about the MOH vs. Gender

	Gender		Total
	Male	Female	
No answer	19.6%	16.5%	17.6%
Poor working conditions: lack of modern and important tools and equipment and material; Heavy work load and stressful work; Deadly routine; No breaks; Staff shortage	14.3%	18.6%	17.0%
Poor communication of orders and resolutions; Poor access to information		2.1%	1.3%
Improper conduct at Center: Bad treatment of patients and not giving them their dues/ Moodiness of supervisors and bad treatment of staff; Patients problems	1.8%	4.1%	3.3%
Low morale among staff, no job satisfaction		1.0%	.7%
Incentives awarded unfairly		3.1%	2.0%
Lack of career structure; promotion is hard to get		1.0%	.7%
Poor conditions of service: poor salary compared to work load/compared to other centers; poor incentives	23.2%	15.5%	18.3%
Lack of recognition of nurses and nursing importance/ of work done/ of assistant nurse position by the association/ Lack of employee support; Discriminate treatment of registered nursing in Centers vs. Hospitals; Lack of support to nursing; Always blaming nursing	5.4%	10.3%	8.5%
Unfair dealing and discriminating between doctors and other health professions; Not all staff are equal in duties and rewards; No respect by supervisors; No privacy; No clear mechanism for dealing with staff and performance evaluation	7.1%	4.1%	5.2%
Loss of expertise leaving MOH & poor allocation of replacement /lack of properly qualified and skilled staff		4.1%	2.6%
Lack of transportation service	1.8%	1.0%	1.3%
Cliques and nepotism/ favoritism; Unfair treatment; Same appreciation for productive and unproductive employee; Unfair award of incentives and allowances; Unfair training opportunities ; Unclear criteria for promotion, transfer, supervisors selection	12.5%	4.1%	7.2%
Nothing	3.6%	3.1%	3.3%
Long Hours; Long work shifts; Shift System; Night shifts		5.2%	3.3%
Improper work organization and administration; Staff just put in hours but no work; Supervisors are not assigned based on competence; Staff uncontrolled absence	8.9%	6.2%	7.2%
Transfer of Doctors for no reason or explanation	1.8%		.7%
Total	100.0%	100.0%	100.0%

Working hours at MOH

	No.	Percent
No answer	71	46.4
Should be less to achieve better efficiency of employee	3	2.0
Very long hours; Too much work too many patients; Long shifts; Tiring shift system	20	13.1
Fairly OK; According to law; Overtime is offered for those wanting it; Good for females; Ok , are in tune with working hours of other departments; One shift allows more time	37	24.2
Not fair; Long when compared to salary/ to other Gov't departments; Unpaid overtime; 24-hours on call	11	7.2
Long, should have Saturday off as other government organizations	7	4.6
Night duty is not offered so no additional income	1	.7
Time for transportation and work hours combined become too long	2	1.3
Review work hours into 4-shifts each of 6-hours	1	.7
	153	100.0

Feeling of doing a worthwhile job

	No.	Percent
No answer	69	45.1
Serving many patients who are in need of us; Work affects the community	33	21.6
Profession is very important to community and Jordan; Helps educate people	41	26.8
Work conditions affects feeling of doing good / the way profession is perceived and not recognized affects feeling of importance / no recognition	5	3.3
Unfair remuneration and compensation; nepotism; unfair transfers	2	1.3
Lack of equipment need for work	2	1.3
No team work	1	.7
	153	100.0

Using one's ability to the full

	No.	Percent
No answer	115	75.2
Used to the full of my experience	4	2.6
Due to lack of proper tools and medicines; Due to unorganized work conditions/ heavy work load; Stressful work; Lack of appreciation	27	17.6
Have higher qualifications than is required for my position	1	.7
No incentives available	4	2.6
Traffic and transportation problems	1	.7
Very good, work provides varied experience	1	.7
	153	100.0

Job enlargement

	No.	Percent
No answer	74	51.7
Work is just routine; shortage of staff prohibits; limited opportunities	1	.7
Little support for those wishing to expand their capabilities and learn; No training offered	4	2.8
No opportunities given; Not our decision; Depends on mood of Supervisor	27	18.9
Impossible due to favoritism / Wasta; Allowed for certain persons	9	6.3
No clear policies	3	2.1
No incentive to do that (take on tasks); not allowed to further one's training for higher educational levels	10	7.0
No time / Not possible/ too much work/ Staff shortage	11	7.7
Lack of proper criteria that measures competence and performance according to which job enlargement and added responsibilities can be obtained and achieved; Depends on years in service and not competence	4	2.8

Assignment of special tasks to you

	No.	Percent
No answer	73	53.3
Sometimes given; based on work load	5	3.6
Assigned to do things one is not trained for or specialized in	2	1.5
Shortage of staff interferes /only time for routine work; work load does not allow it	16	11.7
only given to those with degrees and experience; Given to certain staff	4	2.9
Cadre not thought to be capable	1	.7
Due to staff shortage of staff Everybody gets a chance to do new things	3	2.2
Based on supervisor's personal gain	1	.7
No Time/ too much work	6	4.4
Opportunity not offered	14	10.2
No clear plan for taking on special tasks/ no incentives for that	12	8.8
	137	100.0
Missing	16	
Total	153	

Job satisfaction

	No.	Percent
No answer	96	62.7
Too much work for too little pay ; little satisfaction; No incentives given; No training; Rules are not applied; No caring for employees needs; Nothing ,no rights and no dues are given in return to work/ No one cares about good performance/ no recognition/ no rewards	24	15.7
Too heavy workload	5	3.3
Not good due to too few resources; to old equipment and old facilities	2	1.3
Good job satisfaction / good due to my colleagues; Job security; new incentives; Position comparable to my experience and education	7	4.6
Not having the right person in the right position; not being in a place you like to work at	2	1.3
Not good due to feeling of unfair treatment and discrimination and injustice; I deserve better; No support for staff in problems with patients	8	5.2
Have higher qualification than needed for position	1	.7
Not satisfied with my job description	1	.7
Routine work , no incentives , poor technical work condition; poor organization of work	2	1.3
Annual leave depends on replacement at work	1	.7
No autonomy in work	1	.7
Have to do certain jobs not within our description of work; No clear job description	2	1.3
No respect for doctors; No understanding of doctor's job by the MOH and no rapport	1	.7
	153	100.0

Job security

	No.	Percent
No answer	119	78.3
Job security is negatively influenced by nepotism and moods of directors/ by low salary and lack of incentives	9	5.9
No fixed job conditions and no job description	2	1.3
Will quit work if better opportunity comes my way; No work alternative exist	1	.7
Not comfortable; Can be motivated further; No feeling of progress	4	2.6
No job security due to frequent transfers among centers/ sections	7	4.6
Suffering from staff shortage and stressful work	7	4.6
Center is far and transportation is not good	1	.7
Unfair shifts system	1	.7
	1	.7
	152	100.0
Missing	1	
Total	153	

Opportunity to do preferred tasks

	No.	Percent
No answer	65	44.8
No opportunities given; not our decision; No time; no variety of jobs	52	35.9
Can't substitute job responsibilities with	1	.7
Very good due to large no. of patients and varied cases	25	17.2
Depends on relationship with person charge	2	1.4
	145	100.0
	Missing	8
	Total	153

Relations with co-workers at current location

	No.	Percent
No answer	67	43.8
Sensitivity and Fatigue, frustration and staff shortages lead to poor relations	7	4.6
There are problem between cadres ; lack of understanding of others cadres' roles ; No proper organization of work	5	3.3
Formal relationship only; No team spirit at MOH	4	2.6
Good rapport/team work/ spent long time together; All share importance of work	70	45.8
	153	100.0

Appreciation and recognition by superiors

	No.	Percent
No answer	89	58.9
Good performance seldom remarked upon , no one notices, only mistakes are noted; No one recognizes your role	6	4.0
No appreciation at all /very few/very rare; Supervisors do not know their subordinates to appreciate them/ Consider staff as a slave	30	19.9
Is good; Is fair; Is good sometimes	6	4.0
Subject to personal relationship/ to mood of supervisor;	14	9.3
No distinction between good or bad employee/ appreciation is wrongly placed and given to non-deserving persons	5	3.3
	150	100.0
	Missing	2
	Total	153

Appreciation by clients/patients

	No.	Percent
No answer	84	56.4
Very few patients appreciate /hostile patients / Patients have wrong ideas about our work/ uneducated patients/ Always complaining and quarreling/ consider staff as servants	39	26.2
Patients appreciate the staff who is loyal to his work and treat them well	11	7.4
OK, Some patients appreciate	11	7.4
Depend on time available for patient and availability of services and medicine; Large number of patients affect proper services consequently their appreciation	3	2.0
No appreciation due to lack of respect for MOH doctors from MOH and citizens alike	1	.7
	149	100.0
Missing	4	
Total	153	

Commendations

	No.	Percent
No answer	59	40.1
Offered only to Doctors or head of section heads/ offered to non-deserving persons ; according to Supervisor's mood	7	4.8
None existent / never; Don't even dream about it	75	51.0
Sometimes it is offered	5	3.4
Offered by professional sources outside MOH	1	.7
	147	100.0
Missing	6	
Total	153	

Breaks, lunches

	No.	Percent
No answer	78	51.3
No time due to work load	21	13.8
Very hard to get a break; Only short lunch breaks; Hard due to work load	22	14.5
No breaks; Very few; No organized system for breaks exist; No place for breaks	31	20.4
	152	100.0
Missing	1	
Total	153	

Time off when needed

	No.	Percent
No answer	93	61.2
Hard to get due to heavy work load / shortage of staff; subject to staff replacement availability	30	19.7
Allowed sometimes and when badly needed and conditions at work allows	26	17.1
OK due to cooperation of staff; depends on personal relationship	3	2.0
	152	100.0
Missing	1	
Total	153	

Greater autonomy over ones work

	No.	Percent
No answer	97	65.5
Have to act independently due to shortage of staff/ due to my supervisory position	15	10.1
None existing/ no total independence; Administration interference	29	19.6
Depends on mood of supervisor	3	2.0
Depends on work conditions/ available facilities and equipment	4	2.7
	148	100.0
Missing	5	
Total	153	

Work area

	No.	Percent
No answer	100	65.8
Old building / old equipment/ old beds/ no heating or condition/ no place for breaks/ bad furniture/ small patients waiting space/ lack of office space	17	11.2
Lack of rules that organize patients & employees to achieve better work distribution and handling of patients; Need fair administration; No proper job description that may organize responsibilities;	11	7.2
Heavy work load due to shortage of staff & large no of patients; To many complaining patients	8	5.3
No clear distinction between bad employee and good employee	1	.7
The unit is isolated from outside world	2	1.3
Very noisy environment/ location	4	2.6
No team work and cooperative staff; Staff vary in level of culture and education; work place not conducive to productive work	5	3.3
Old and un acceptable equipment	2	1.3
Congestion of people due to lack of storage	1	.7
Recreational places are needed	1	.7
	152	100.0
Missing	1	
Total	153	

Equipment and Material

	No.	Percent
No answer	67	44.1
Shortage of equipment and material / Shortage of skills to operate machines	39	25.7
Equipment not working properly / very old and not modern / needs maintenance/ always under maintenance/ in storage not used/ deteriorating	33	21.7
Most equipment is found/ some center have good materials leading to good work/ Getting better/ should be maintained	10	6.6
Equipment is not of good quality; Lowest price is base for procurement depends	2	1.3
No up-to-date and modern equipment	1	.7
	152	100.0
Missing	1	
Total	153	

Accommodation

	No.	Percent
No answer	67	47.9
None exist/ Not found; Not available for all	55	39.3
No transportation service and center is far	2	1.4
Available only for females	5	3.6
Accommodation is far from work, within a separate building/ Not appropriate	2	1.4
Favoritism (wasta) decides to whom accommodation is available	2	1.4
Accommodation is not in good condition	6	4.3
No family accommodation is offered	1	.7
	140	100.0
Missing	13	
Total	153	

Child care facilities

	No.	Percent
No answer	47	32.2
Newly established facility; Not enough capacity; Only for nurses	19	13.0
Nursery doesn't open during shifts B and C; Nursery operational hours not in accordance with shifts	7	4.8
None found	73	50.0
	146	100.0
Missing	7	
Total	153	

Recreational facilities

	No.	Percent
No answer	50	33.1
No facilities found; Not properly located; Not allowed; No space for it	98	64.9
Such facilities are considered as distracting to staff	3	2.0
	151	100.0
Missing	2	
Total	153	

Status symbols (uniforms etc)

	No.	Percent
No answer	105	70.0
Unclear status symbol; All jobs have same uniform	4	2.7
No real status symbol available	33	22.0
Uniform is ugly; Uniform is not provided, has to sew it; No cloth provided	4	2.7
Good; Uniform is distinctive; provided for free	3	2.0
	150	100.0
Missing	3	
Total	153	

Participation in decision making

	No.	Percent
No answer	74	53.2
Good at departmental/ward level	1	.7
Only for doctors ,certain cadres; no chance given , not offered to us	14	10.1
No one willing to share in power and decision making ; Centralized	12	8.6
In some issues only	10	7.2
Decisions are made and one is requested to implement; Decisions taken without consultation; Decisions made at the Directorate; Supervisor takes the decisions; No one shares in decision making	28	20.1
	139	100.0
Missing	14	
Total	153	

Involvement in meetings or presentations

	No.	Percent
No answer	73	50.7
	1	.7
Only for doctors/head of sections/ persons in charge	10	6.9
Difficult due to heavy work and staff shortage	12	8.3
None exist/ Not invited to participate/ never/ rarely happens	34	23.6
Sometimes; exchange of opinion only when work conditions allow	6	4.2
One knows upfront that nothing will change or get implemented after meeting; useless meetings; meeting treated as secrets	8	5.6
	144	100.0
Missing	9	
Total	153	

Opportunities to influence goals

	No.	Percent
No answer	92	63.9
Only available to doctors and head of sections	6	4.2
Subject to personal relationships	5	3.5
Not available / not allowed or asked to voice opinion or notes ; centralized; nobody listens	37	25.7
Can express opinion but its implementation is not possible; Can sometimes	4	2.8
	144	100.0
Missing	9	
Total	153	

Mentorship opportunities

	No.	Percent
No answer	105	72.4
No time due to heavy work load / shortage of staff	7	4.8
Not available; No opportunity; No interaction between employees	28	19.3
Mentored by Doctors; Opportunity exists since Center is for training	5	3.4
	145	100.0
Missing	8	
Total	153	

Involvement in meetings or presentations

	No.	Percent
No answer	73	50.7
Only for doctors/head of sections/ persons in charge	10	6.9
Difficult due to heavy work and staff shortage	12	8.3
Contribution of our profession not recognized	34	23.6
Part of my job/done frequently	6	4.2
None exist/ Not invited to participate/ never/ rarely happens	8	5.6
	144	100.0
Missing	9	
Total	153	

Opportunities to train others

	No.	Percent
No answer	78	54.9
	1	.7
Restricted due to work load /space of clinic; not properly organized	21	14.8
No chance given /rarely given chance; nobody to train; No mechanism for that	26	18.3
Not considered capable/experience not recognized	1	.7
Only for students at hospital; Center is a training center; for new employees	12	8.5
Opportunity available to heads of section	3	2.1
	142	100.0
Missing	11	
Total	153	

Policies and procedures adopted by MOH

	No.	Percent
No answer	64	44.1
Unclear policies; changing and not based on acceptable criteria; Changes with person in charge	11	7.6
Only rarely made available to staff	6	4.1
Are often outdated; Not in tune with modern work needs; Not comprehensive; Not effective	3	2.1
Too many and not always followed up or implemented/ Not properly implemented/ Implementation depend on person in charge	6	4.1
Good policies but terrible implementation; Suffer from lack of follow up; Some are easy others are complicated	7	4.8
Fair, good in terms of availing work locations near employee's home/ of providing medical insurance to people/ having 5-year planning; Now support better work administration at centers; Showing signs of improvement	12	8.3
Lack of policies for fair evaluation of staff/ for fair promotions and incentives/ for ensuring quicker promotion / for equal treatment of staff regardless of position	13	9.0
No policies to ensure assigning the right person in the right place; No policies for proper recruitment	3	2.1
None found/ No policies found	2	1.4
Lack of policies regarding offering transportation service to staff/ regarding internal and external training/ re transfers/ re Saturdays as off day/ for work load vs. location vs. differentiation in treatment	7	4.8
Red tape; Weak administration policies; Routine; Too many restructuring at MOH leads to poor planning	8	5.5
Very tough punishment measures	2	1.4

Motivation Factors (sorted by the Very-good rating)

	Very good%	Fair%	Poor%
Access to information needed at work	13.9	49.0	37.1
Accommodation	10.1	28.1	61.9
Appreciation and recognition by superiors	24.5	33.1	42.4
Appreciation by clients/patients	28.9	43.0	28.2
Assignment of special tasks to you	14.6	38.0	47.4
Attendance to professional meetings	6.2	24.7	69.2
Breaks, lunches	9.9	38.2	51.3
Career path development adopted by MOH	12.0	34.0	54.0
Child care facilities	11.8	22.2	66.0
Commendations	9.6	21.9	68.5
Equipment and Material	18.7	47.3	34.0
Feeling of doing a worthwhile job	78.4	15.7	5.9
Greater autonomy over ones work	24.3	52.7	23.0
Involvement in meetings or presentations	11.1	40.3	48.6
Job enlargement	14.6	37.5	47.9
Job rotation	11.5	41.6	46.9
Job satisfaction	20.9	46.4	32.7
Job security	29.6	48.7	21.7
Job transfer to another post	13.0	31.5	55.6
Mentorship opportunities	15.2	53.1	31.7
Merit increases	4.7	20.9	74.3
Opportunities to influence goals	9.0	38.2	52.8
Opportunities to train others	10.6	51.4	38.0
Opportunity for further training	6.9	31.0	62.1
Opportunity to do preferred tasks	10.4	29.9	59.7
Participation in decision making	5.0	35.0	60.0
Policies and procedures adopted by MOH	13.1	51.7	35.2
Professional allowances/ incentives	3.4	26.4	70.3
Promotion opportunities at work	6.1	29.3	64.6
Recreational facilities	6.6	19.2	73.5
Relations with co-workers at current location	71.9	24.2	3.9
Relief from repetitive/ undesirable tasks	7.4	24.8	67.8
Salary	4.6	40.8	54.6
Status symbols (uniforms etc)	22.1	36.9	40.9
Time off when needed	23.7	59.9	15.8
Title	44.1	30.3	25.0
Using one's ability to the full	58.8	30.7	10.5
Work area	21.1	58.6	20.4
Working hours at MOH	27.5	45.1	27.5

Motivation Factors (sorted by the Poor rating)

	Very good%	Fair%	Poor%
Merit increases	4.7	20.9	74.3
Recreational facilities	6.6	19.2	73.5
Professional allowances/ incentives	3.4	26.4	70.3
Attendance to professional meetings	6.2	24.7	69.2
Commendations	9.6	21.9	68.5
Relief from repetitive/ undesirable tasks	7.4	24.8	67.8
Child care facilities	11.8	22.2	66.0
Promotion opportunities at work	6.1	29.3	64.6
Opportunity for further training	6.9	31.0	62.1
Accommodation	10.1	28.1	61.9
Participation in decision making	5.0	35.0	60.0
Opportunity to do preferred tasks	10.4	29.9	59.7
Job transfer to another post	13.0	31.5	55.6
Salary	4.6	40.8	54.6
Career path development adopted by MOH	12.0	34.0	54.0
Opportunities to influence goals	9.0	38.2	52.8
Breaks, lunches	9.9	38.2	51.3
Involvement in meetings or presentations	11.1	40.3	48.6
Job enlargement	14.6	37.5	47.9
Assignment of special tasks to you	14.6	38.0	47.4
Job rotation	11.5	41.6	46.9
Appreciation and recognition by superiors	24.5	33.1	42.4
Status symbols (uniforms etc)	22.1	36.9	40.9
Opportunities to train others	10.6	51.4	38.0
Access to information needed at work	13.9	49.0	37.1
Policies and procedures adopted by MOH	13.1	51.7	35.2
Equipment and Material	18.7	47.3	34.0
Job satisfaction	20.9	46.4	32.7
Mentorship opportunities	15.2	53.1	31.7
Appreciation by clients/patients	28.9	43.0	28.2
Working hours at MOH	27.5	45.1	27.5
Title	44.1	30.3	25.0
Greater autonomy over ones work	24.3	52.7	23.0
Job security	29.6	48.7	21.7
Work area	21.1	58.6	20.4
Time off when needed	23.7	59.9	15.8
Using one's ability to the fullest	58.8	30.7	10.5
Feeling of doing a worthwhile job	78.4	15.7	5.9
Relations with co-workers at current location	71.9	24.2	3.9

ANNEX B

DETAILED STATISTICS FOR THE TRAINEES IN HEALTH PROFESSIONS SURVEY

Factors that should be considered when choosing a career

	No. of Answer	Percent
Labor market demand; job opportunities; demand for profession (internal or external to Jordan)	128	31.1
Personal Interest, Love for profession; Personal ambition and desire to accomplish things; ability to be successful through this profession; Own personal mental and physical abilities to carry out profession	136	35.8
Good income/salary; Available professional incentives	64	15.6
Possibility for promotions/ Career development path	21	5.1
Profession social status/ Prestige; Profession social reputation/ social acceptance/Social respect	15	4.1
Profession that is non-routine work	8	1.9
Suitability of profession to women	5	1.2
I do not know	4	1.0
Physiological Comfort in Profession	3	.7
Profession that is highly humane	3	.7
Tawjihi average is the detrimental factor for choosing any future profession	2	.5
Autonomy of work	2	.5
Working hours mandated by profession	2	.5
Future educational development potential	2	.5
Profession with potential to have own business	2	.5
Family's Acceptance of profession	1	.2

Trainees' likes about the health profession

	No. of Answer	Percent
Caring for the sick; Nursing is a humane profession	147	27.2
I like nothing	114	21.1
Helping any person in need	87	16.1
Potential for continuous increase in knowledge and education with this specialization	45	8.3
Prevalence of job opportunities for this specialization everywhere	42	7.8
High prestige; Nice title	24	4.4
Few working hours required under this specialization	18	3.3
Specialization generates very good income, benefits and allowances	15	2.8
I like dealing with chemicals, medicines, labs, biological issues, etc..	15	2.8
Potential for extra work in other jobs after duty in this profession	6	1.1
I like having very experienced and qualified teachers in this specialization	6	1.1
Dealing kindly with the sick patients	3	.6
I look forward to the 'tips' that I will get in this profession	3	.6
I DO NOT KNOW	3	.6
This specialization does not require mental and physical effort	3	.6
Personal preference	3	.6
Potential for having one's own business based on this specialization	3	.6
Needs few years of studies	3	.6

Trainees' dislikes about the health profession

	No. of Answer	Valid Percent
Nothing	122	32.8
Lack of social respect for this profession; the lowly way profession is considered	74	19.9
Dealing with blood, chemicals, epidemics, x-rays, etc.; Infection risks	37	9.9
Difficult to study specialization; Difficult study topics; long study years; difficult practical application for Specialization	26	7.0
The Work Shift system; night shifts	24	6.5
Low salary for this specialization; low and few incentives; low income generation	13	3.5
Physically tiring	13	3.5
Hate autopsies	10	2.7
Not to my liking; not my desire; Do not like it; Hate everything about it; nothing is nice	8	2.1
Routine	6	1.6
Gender mixing	6	1.6
Hate the way nurse is treated by patient and doctors	5	1.3
Do not like working in hospitals	5	1.3
Hate the discipline and needed commitment	4	1.1
Dealing with sales representatives	2	.5
Do not like Psychology related specialization/topics	2	.5
Expensive study; study requires lots of money	2	.5
Do not like the social status of the profession	2	.5
Would not like to have own pharmacy and only buy and sell medicines	2	.5
Specialization is now available for all to study even those with lower academic achievements	2	.5
Do not like dealing with old people	2	.5
English language	2	.5
No possibility for progress and promotion in this specialization	2	.5
Few available job opportunities for this specialization	1	.3

ANNEX C

DETAILED STATISTICS FOR THE MOH LEAVERS SURVEY

Reason for leaving MOH by Profession

Reason for Leaving	Previous Position at MOH					Total
	Medical Specialist	Registered Nurse	X-ray Tech.	Pharmacist	GP	
	No. of responses					
To start own business	4			2		6
To run for elections	2					2
For a better job opportunity with better salary and position	1	2	2	1	1	7
Marriage		3		1		4
Low salary	5	1	2			8
Refusal of leave without pay to work outside Jordan-had to resign	1					1
Lack of material and non-material incentives at MOH	1					1
Failure to adjust position and salary after obtaining higher education degree			1			1
Too much work load	1					1
Bad treatment of cadre by the MOH administration	1		1			2
Family (Husband, parents, etc.) pressure to leave	1					1
Far location of work from residence	2		1		1	4
Employees of MOH lack/have few opportunities for promotion, progress, gaining of varied experiences	1	1				2
Join family outside Jordan				1		1
Total	20	7	7	5	2	41

Suggestions for Improving work environment and staff retention at MOH

	No. of Answers	Percent
Should offer staff better salaries; offer better allowances and incentives for staff to give more	18.0	31.6
Should reoffer infection risk allowance	1.0	1.8
MOH offers nothing to its staff, neither promotion nor salary increases or night shift allowances	1.0	1.8
	20	35
MOH administration should interact more closely with its staff to know their concerns	1.0	1.8
MOH wants no one to speak out and discuss nor to work	2.0	3.5
MOH should ensure better dealings and treatment with its staff encompassing all material and non-material factors to motivate them to use their full capabilities	5.0	8.8
MOH should support job security and satisfaction of staff by giving staff more control over their work	1.0	1.8
Remove nepotism (wasta) and cliques	3.0	5.3
MOH will never develop and be better; actually it is regressing due its bad administration	2.0	3.5
	14.0	24.6
MOH should keep abreast with the new medical developments to ensure the best service	1.0	1.8
MOH should upgrade its medical services including use and type of medicines, better equipment etc.	4.0	7.0
Better service scheduling for patients	1.0	1.8
MOH should ensure better treatment of citizen and patients by its cadre	1.0	1.8
	7.0	12.3
Less work hours	1.0	1.8
MOH to have larger cadre; lessen the work load by employing more staff	3.0	5.3
Assignments should consider place of staff's residence	1.0	1.8
	5.0	8.8
Offer more training to staff	6.0	10.5
Offer training outside Jordan; Sponsor the graduate education of its staff in universities outside Jordan	1.0	1.8
Nothing, MOH is excellent as is	1.0	1.8
I do not know	3.0	5.3

ANNEX D

SURVEY INSTRUMENTS