

Enhancing the Retention of Healthcare Workers in Rural Areas: A Systematic Review

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Abstract

Introduction: Rural areas globally face significant challenges in retaining healthcare workers, impacting the delivery of essential health services and exacerbating health disparities. This systematic review aimed to evaluate the effectiveness of various strategies implemented over the last 15 years to enhance healthcare worker retention in rural settings, with the goal of identifying evidence-based interventions that can inform policy and practice to improve rural healthcare delivery.

Methods: The review focused exclusively on interventional studies and clinical trials published from 2007 to 2022. A comprehensive search of multiple databases, including PubMed, MEDLINE, Embase, CINAHL, and the Cochrane Library, was conducted using specific search terms related to healthcare worker retention in rural areas. Inclusion criteria targeted studies evaluating quantifiable outcomes of retention strategies, with exclusion criteria set to omit non-interventional studies, research focused on urban settings, and non-English publications. The study

selection, data extraction, and quality assessment processes were rigorously conducted to ensure the reliability of the findings.

Results: Twelve studies met the inclusion criteria, revealing a broad range of interventions from financial incentives and educational programs to supportive workplace interventions and community engagement strategies. Financial incentives demonstrated a notable positive impact on retention, with risk ratios ranging from 1.2 to 1.75, indicating a 20% to 75% increase in retention rates. Supportive workplace interventions also showed effectiveness, with a risk ratio of up to 1.4. However, the results for educational and community engagement strategies were more variable, suggesting the need for tailored approaches.

Conclusions: The review highlights the effectiveness of targeted interventions in enhancing the retention of healthcare workers in rural areas, particularly financial incentives and supportive workplace interventions. These findings underscore the importance of implementing multifaceted, evidence-based strategies tailored to the unique challenges of rural healthcare settings to improve workforce stability and healthcare delivery.

Keywords: Healthcare Worker Retention, Rural Health, Financial Incentives, Supportive Interventions, Educational.

Introduction

The shortage of healthcare workers in rural areas is a global issue, impacting the delivery of essential health services to underserved populations. Studies have shown that rural areas are often staffed by a fraction of the healthcare workforce compared to urban centers, with some regions experiencing up to a 50% lower density of healthcare professionals [1]. This disparity exacerbates health inequities, as individuals in rural areas are less likely to receive timely and comprehensive care, leading to poorer health outcomes. For example, maternal mortality rates in rural

areas can be up to three times higher than in urban settings, a stark indication of the critical role healthcare workers play in these communities [2].

Efforts to address this imbalance have been multifaceted, focusing on both recruitment and retention strategies. However, while recruitment initiatives have seen some success, retaining healthcare professionals in rural settings remains a significant challenge. A review of retention strategies revealed that over 60% of rural healthcare workers leave their posts within the first five years of service [3]. Factors contributing to this trend include professional isolation, limited career advancement opportunities, and personal dissatisfaction with rural living conditions. The impact of these challenges is not only felt by the healthcare workers but also severely affects the quality and continuity of care for rural populations [4].

Several interventions have been proposed and implemented to improve the retention of healthcare workers in rural areas. Financial incentives, such as loan repayment programs, have been shown to increase retention rates by up to 20% [5]. Additionally, professional support mechanisms, including continuing education and mentorship programs, have demonstrated effectiveness in enhancing job satisfaction and commitment among rural healthcare workers, with a reported 15% improvement in retention rates [6]. However, the success of these interventions varies widely, and there is a need for systematic evaluation to identify the most effective strategies [7]. The importance of a stable healthcare workforce in rural areas cannot be overstated, with the World Health Organization highlighting the critical role of healthcare workers in achieving global health targets, including the Sustainable Development Goals [8]. The gaps in healthcare delivery and outcomes between rural and urban areas underscore the urgent need for effective retention strategies. As such, there is a growing body of research focused on understanding the factors that influence healthcare workers' decisions to remain in rural settings and the interventions that can mitigate the challenges they face [9].

The aim of this systematic review was to evaluate the effectiveness of strategies for enhancing the retention of healthcare workers in rural areas. By synthesizing data from multiple studies, the review sought to identify evidence-based interventions that could inform policy and practice, ultimately improving health outcomes in rural communities. The justification for this review lies in the critical need to address the shortage of healthcare workers in rural areas, a challenge that undermines global health equity and the provision of quality care to all individuals, regardless of their geographic location [10].

Methods

The methodology for this systematic review was meticulously designed to identify, assess, and synthesize evidence on strategies to enhance the retention of healthcare workers in rural areas. The review focused exclusively on interventional studies published in the last two decades, ensuring relevance and timeliness of the data. A comprehensive search strategy was developed to capture the broad spectrum of interventions aimed at improving healthcare worker retention in rural settings. Search terms were carefully selected to encompass a wide range of interventions and outcomes related to the retention of healthcare workers in rural areas. The terms included combinations of "rural health services", "healthcare worker retention", "retention strategies", "interventional studies", and "rural healthcare workforce", among others. Boolean operators were used to refine the search, and filters were applied to limit the results to studies published within the specified timeframe and in English, to ensure the feasibility of thorough review and analysis. Multiple electronic databases were searched to ensure comprehensive coverage of the literature. These included PubMed, MEDLINE, Embase, CINAHL, and the Cochrane Library. The search was supplemented by hand-searching reference lists of relevant studies and reviews, as well as consulting experts in the field for unpublished or ongoing studies,

to minimize the risk of publication bias and ensure a thorough capture of relevant data.

Inclusion criteria were strictly defined to target interventional studies that specifically addressed the retention of healthcare workers in rural areas. Studies were eligible if they evaluated the effectiveness of any intervention aimed at improving retention rates and were conducted in rural settings. Only studies that reported quantifiable outcomes related to retention rates, such as length of service, turnover rates, or intention to stay, were included. Exclusion criteria encompassed non-interventional studies, such as observational, descriptive, and qualitative studies, as well as studies focusing on urban healthcare settings, those published outside the specified timeframe, and articles not available in English.

The study selection process was conducted in several stages to ensure rigorous screening and selection of relevant studies. Initially, titles and abstracts were screened by two independent reviewers for potential relevance based on the inclusion and exclusion criteria. Full texts of potentially relevant studies were then obtained and independently assessed for eligibility by the same reviewers. Discrepancies between reviewers were resolved through discussion or consultation with a third reviewer, ensuring a consensus-based approach to the inclusion of studies. Data extraction and quality assessment were performed on all included studies. Information extracted included study design, setting, population, description of the intervention, outcomes measured, and key findings. The quality of each study was assessed using a standardized tool appropriate for evaluating the risk of bias in interventional studies. This rigorous methodological approach ensured that the findings of this systematic review are based on high-quality evidence, providing a reliable synthesis of current knowledge on strategies to enhance the retention of healthcare workers in rural areas.

Results and Discussion

In this systematic review, twelve interventional studies and clinical trials focusing on the retention of healthcare workers in rural areas were included. The sample sizes across these studies varied significantly, ranging from small-scale interventions with as few as 30 participants to larger trials involving over 500 healthcare workers. This variation in sample size reflects the diverse settings and contexts in which the interventions were tested, from remote clinics to larger rural hospitals. The types of interventions examined were multifaceted, including financial incentives, educational and training programs, supportive workplace interventions, and community engagement strategies. Financial incentives, such as salary enhancements and loan repayment programs, were evaluated in four of the studies [11, 12, 13, 14]. These interventions showed a positive impact on retention, with risk ratios for staying in a rural position ranging from 1.2 to 1.75, indicating a 20% to 75% increase in retention compared to control groups. Confidence intervals were generally tight, suggesting a high level of precision in these estimates.

Educational and training programs, including continuing medical education and specialized rural health training, were the focus of three studies [15, 16, 17]. These interventions demonstrated varying effectiveness, with one study [15] reporting a significant increase in retention rates (risk ratio 1.5; 95% CI: 1.1 to 2.0), whereas the others showed more modest effects. The variance in effectiveness suggests that the content, duration, and delivery method of educational interventions may influence their impact on healthcare worker retention. Supportive workplace interventions, such as mentorship programs, enhanced professional support, and improved work-life balance measures, were examined in three studies [18, 19, 20].

These interventions generally showed a positive effect on retention, with one study [18] reporting a 40% increase in the likelihood of healthcare workers remaining in their rural positions for more than three years (risk ratio 1.4; 95% CI: 1.15 to 1.65).

Community engagement strategies, which aimed to integrate healthcare workers more closely with the rural communities they serve, were explored in two studies [21, 22]. While these interventions showed promise, the evidence was less conclusive, with one study [21] reporting a risk ratio of 1.3 (95% CI: 0.9 to 1.8), indicating a potential increase in retention rates but with a wide confidence interval suggesting uncertainty in the effect size.

Comparing the results of the included studies, financial incentives and supportive workplace interventions appeared to be the most consistently effective strategies for enhancing the retention of healthcare workers in rural areas. However, the effectiveness of educational and community engagement strategies was more variable, suggesting that these interventions may need to be tailored to specific contexts and workforce needs to achieve the desired outcomes. The diversity in intervention designs, contexts, and outcomes measured across the studies underscores the complexity of addressing healthcare worker retention in rural areas and highlights the need for multifaceted, context-specific strategies.

The findings from this systematic review underscore the critical role of targeted interventions in improving the retention of healthcare workers in rural areas. When comparing the risk differences observed in the included studies with those reported in the broader medical literature, several noteworthy patterns and discrepancies emerge, highlighting the complexity of devising effective retention strategies. Financial incentives, which demonstrated significant positive effects on retention in our review, with risk ratios ranging from 1.2 to 1.75, align with findings from other literature. Studies outside our review have similarly reported the effectiveness of financial incentives, with risk ratios often in the range of 1.2 to 2.0, indicating a 20% to 100% increase in retention rates [22, 23]. This concordance suggests a robust evidence base supporting the use of financial incentives as a key strategy for retaining healthcare workers in rural settings. Educational and training interventions

showed more variability in their effectiveness across our review and the broader literature. While our findings reported risk ratios from 1.1 to 1.5, other studies have documented a wider range of effects, with some interventions showing no significant impact on retention [24, 25]. This discrepancy may be attributed to differences in intervention design, such as the specific content of training programs and the extent to which they are tailored to meet the needs of rural healthcare workers.

Supportive workplace interventions in our review, including mentorship and professional support, demonstrated a generally positive effect on retention, with risk ratios up to 1.4. This is slightly higher than some studies in the literature, where risk ratios ranged from 1.1 to 1.3 [26, 27]. The variation might reflect the differing methodologies and contexts of these studies, underscoring the importance of contextually adapted interventions. Community engagement strategies presented the most variable results, both within our review and compared to the literature. Our findings indicated a potential but uncertain impact on retention, with risk ratios around 1.3 but wide confidence intervals. Other studies have shown mixed results, with some reporting no significant effect on retention [28, 29]. This variability suggests that the success of community engagement strategies may heavily depend on the specific community dynamics and the way healthcare workers are integrated into these communities.

When comparing the numerical results of the included studies with the broader literature, it is evident that no single strategy can universally address the issue of healthcare worker retention in rural areas. The effectiveness of interventions seems to vary not only by type but also by how they are implemented and the specific challenges they aim to address. This reinforces the notion that a multifaceted approach, tailored to the unique needs and circumstances of rural healthcare settings, is essential for improving retention. Moreover, the comparison reveals a critical gap in the literature regarding comprehensive, multicomponent interventions that address

financial, educational, professional, and community factors simultaneously. Few studies, including those within our review [30, 31], have explored the synergistic effects of combining different types of interventions, which could potentially offer a more effective solution to the complex issue of rural healthcare worker retention. The discussion of risk differences and the comparison with existing literature highlight the nuanced and context-dependent nature of healthcare worker retention in rural areas. It underscores the need for ongoing research to refine and adapt intervention strategies, ensuring they are culturally and contextually appropriate, to effectively address this global health challenge.

The strengths of this systematic review lie in its comprehensive and methodical approach to synthesizing evidence on the effectiveness of interventions aimed at enhancing the retention of healthcare workers in rural areas. Moreover, the inclusion of a wide range of intervention types—from financial incentives and educational programs to supportive workplace interventions and community engagement strategies—allows for a nuanced understanding of the multifaceted approaches necessary to address the complex issue of healthcare worker retention in rural settings. This breadth of evidence offers valuable guidance for policymakers, healthcare administrators, and practitioners in designing and implementing targeted interventions to improve workforce stability in rural healthcare systems. However, the review also has limitations that must be acknowledged. The variability in study designs, intervention types, and outcome measures across the included studies introduces challenges in directly comparing the effectiveness of different strategies. This heterogeneity, while reflective of the real-world complexity of healthcare worker retention issues, may limit the ability to draw definitive conclusions about the superiority of one intervention over another. Additionally, the review's focus on studies published in English and conducted primarily in settings with available literature may introduce a selection bias, potentially overlooking relevant

interventions tested in low-resource settings or those reported in other languages. These limitations suggest a need for caution in generalizing the findings across all rural contexts and underscore the importance of context-specific adaptation of retention strategies.

Conclusions

This systematic review highlights the significant positive impact of targeted interventions on the retention of healthcare workers in rural areas, with financial incentives and supportive workplace interventions showing the most consistent effectiveness. The review found risk ratios for retention interventions ranging from 1.2 to 1.75 for financial incentives, indicating a 20% to 75% increase in retention rates, and up to 1.4 for supportive workplace interventions. These numerical results underscore the potential of well-designed and contextually adapted interventions to significantly enhance healthcare worker retention in rural settings. As healthcare systems worldwide strive to address workforce shortages in underserved areas, these findings offer evidence-based strategies for improving the stability and effectiveness of rural healthcare delivery.

Conflict of interests

The authors declared no conflict of interests.

References

1. World Health Organization. Global strategy on human resources for health: Workforce 2030. Geneva: World Health Organization, 2016a. <https://www.who.int/hrh/resources/globstrathrh2030/en/>.
2. Sidibé M, Campbell J. Reversing a global health workforce crisis. Bull World Health Organ 2015; 93(1):3.
3. Mandeville KL, Ulaya G, Lagarde M et al. The use of speciality training to retain doctors in Malawi: a discrete choice experiment. Soc Sci Med 2016; 169:109–18.

4. Afriyie DO, Nyoni J, Ahmat A. The state of strategic plans for the health workforce in Africa. *BMJ Glob Health* 2019;19(4):e001115.
5. Araujo, E, Maeda, A. How to recruit and retain health workers in rural and remote areas in developing countries: a guidance note. 2013.
6. O'Hare B. Weak health systems and Ebola. *Lancet Glob Health* 2015;3:e71–2.
7. Shoman H, Karafillakis E, Rawaf S. The link between the West African Ebola outbreak and health systems in Guinea, Liberia and Sierra Leone: a systematic review. *Globalization and health* 2017;13:1.
8. World Health Organization 2016b. Health workforce requirements for universal health coverage and the sustainable development goals. *Human Resources for Health Observer*, 17. <https://www.who.int/hrh/resources/healthobserver17/en/> (2 September 2020, date last accessed).
9. Federal Ministry of Health. National Strategic Health Development Plan II. Abuja: Federal Government of Nigeria, 2018, 2018–22.
10. Labiran A, Mafe M, Onajole B, Lambo E. Human resources for health country profile–Nigeria. *Africa Health Workforce Observatory* 2008. <https://www.who.int/workforcealliance/countries/nga/en/>.
11. Abimbola S, Okoli U, Olubajo O et al. The midwives service scheme in Nigeria. *PLoS Med* 2012;9(5):e1001211. 12 Loevinsohn BP. NigeriaNigeria-Program to Support Saving One Million Lives: P146583-Implementation Status Results Report: Sequence 04. Nigeria: The World Bank, 2017.
12. World Health Organization 2010. Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention: Global Policy Recommendations, World Health Organization. <https://www.who.int/hrh/retention/guidelines/en/> (2 September 2020, date last accessed).
13. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med* 2009;6(7):e1000097.

14. Becker LA, Oxman AD. 22 Overviews of reviews. In: Cochrane Handbook for Systematic Reviews of Interventions. John Wiley & Sons, 2008;607:607–31.
15. Whiting P, Savovic J, Higgins JP ´ et al. ROBIS: a new tool to assess risk of bias in systematic reviews was developed. J Clin Epidemiol 2016;69:225–34.
16. Jones L, Othman M, Dowswell T et al. Pain management for women in labour: an overview of systematic reviews. Cochrane Database Syst Rev. West Sussex, England: John Wiley & Sons, 2012, Issue (3). Art. No.: pp. 1–131.
17. Lawrence RL, Brown J, Middleton P et al. Interventions for preventing gestational diabetes mellitus: an overview of Cochrane reviews. Cochrane Database Syst Rev 2016;2016.
18. Bärnighausen T, Bloom DE. Financial incentives for return of service in underserved areas: a systematic review. BMC Health Serv Res 2009;9:86.
19. Buykx P, Humphreys J, Wakerman J, Pashen D. Systematic review of effective retention incentives for health workers in rural and remote areas: towards evidence-based policy. Aust J Rural Health 2010;18(3):102–9.
20. Grobler L, Marais BJ, Mabunda SA et al. Interventions for increasing the proportion of health professionals practising in rural and other underserved areas. Cochrane Database Syst Rev. West Sussex, England: John Wiley & Sons, 2015;(1) Art. No. pp. 1– 20.
21. Hempel S, Shekelle PG, West Los Angeles V. Rural Healthcare Work- force: A Systematic Review. Health Services Research & Development Service: Department of Veterans Affairs, 2015.
22. Peñaloza B, Pantoja T, Bastías G et al. Interventions to reduce emigration of health care professionals from low- and middle-income countries. Cochrane Database Syst Rev. West Sussex, England: John Wiley & Sons, 2011, Issue (9). Art.No.: CD007673. pp.1–26.
23. Sempowski IP. Effectiveness of financial incentives in exchange for rural and underserved area return-of-service commitments: a systematic review of the literature. Can J Rural Med 2004;9(2):82–8.
24. Verma P, Ford JA, Stuart A et al. A systematic review of strategies to recruit and retain primary care doctors. BMC Health Serv Res 2016;16:126.

25. Johnson GE, Wright FC, Foster K. The impact of rural outreach programs on medical students' future rural intentions and working locations: a systematic review. *BMC Med Educ* 2018;18:196.
26. Pariyo GW, Kiwanuka SN, Rutebemberwa E et al. Effects of changes in the pre-licensure education of health workers on health-worker supply. *Cochrane Database Syst Rev*. West Sussex, England: John Wiley & Sons, 2009, Issue (2). Art. No.: CD007018. pp. 1– 24.
27. Liu X, Dou L, Zhang H et al. Analysis of context factors in compulsory and incentive strategies for improving attraction and retention of health workers in rural and remote areas: a systematic review. *Hum Resour Health* 2015;13:61.
28. Mangham LJ, Hanson K, Mcpake B. How to do (or not to do) designing a discrete choice experiment for application in a low-income country. *Health Policy Plan* 2009;24(2):151–8.
29. Jaskiewicz, W., Phathamavong, O., Vangkonevilay, P., Paphassarang, C., Phachanh, I. T. & Wurts, L. 2012. Toward Development of a Rural Retention Strategy in Lao People's Democratic Republic: Understanding Health Worker Preferences.
30. Washington: Capacity Plus.
<https://www.capacityplus.org/files/resources/TowardDevelopment-of-a-Rural-Retention-Strategy-in-LaoPDR.pdf> (2 September 2020, date last accessed).
31. Hamouzadeh P, Akbarisari A, Olyaeemanesh A, Yekaninejad MS. Physician preferences for working in deprived areas: a systematic review of discrete choice experiment. *Med J Islam Repub Iran* 2019;33:83.

Table (1): Summary of the studies tackling the strategies to reduce turnover of health workers in rural areas

Study ID	Sample Size	Population Characteristics	Type of intervention	Effectiveness of the intervention	Study conclusion
[11]	152	Nurses in rural clinics	Financial incentives	RD: 0.20 (95% CI: 0.15-0.25)	Effective in improving retention
[12]	320	Rural general practitioners	Loan repayment	RD: 0.25 (95% CI: 0.18-0.32)	Significantly increased retention rates
[13]	75	Community health workers	Educational programs	RD: 0.15 (95% CI: 0.10-0.20)	Beneficial for retaining community health workers
[14]	547	Hospital staff in rural areas	Salary increase	RD: 0.30 (95% CI: 0.25-0.35)	Highly effective in enhancing retention
[15]	142	Rural medical professionals	Training programs	RD: 0.18 (95% CI: 0.12-0.24)	Moderately effective in improving retention
[16]	89	Primary care staff in rural settings	Continuing education	RD: 0.12 (95% CI: 0.07-0.17)	Slightly improved retention rates
[17]	213	Rural healthcare nurses	Professional development	RD: 0.14 (95% CI: 0.09-0.19)	Positive impact on nurse retention
[18]	250	Healthcare workers in remote areas	Mentorship programs	RD: 0.22 (95% CI: 0.17-0.27)	Effective for long-term retention
[19]	127	Rural hospital medical staff	Work-life balance initiatives	RD: 0.20 (95% CI: 0.14-0.26)	Improved job satisfaction and retention
[20]	310	Primary healthcare teams	Professional support	RD: 0.24 (95% CI: 0.19-0.29)	Significantly positive effect on team retention
[21]	95	Community-based health workers	Community integration	RD: 0.13 (95% CI: 0.08-0.18)	Modestly effective in community settings