Appendix A: Data extraction template

| **Information extracted** | **Comments** |
| --- | --- |
| Main focus of study | Description |
| Year of publication |  |
| Country |  |
| Main Findings | Description |
| Sample size | The number of healthworkers data has been gathered from in the course of the study |
| Setting  | Primary / secondary care Urban / rural |
| Population  | The type of healthworkers being asked, e.g. doctors, nurses, clinical officers. |
| Methodology | Description of the methodology used: e.g. Qualitative interviews, surveys, DCEs. |
| 36 Factors identified: factors identified as potentially influencing motivation / satisfaction / retention. | A detailed list of potential categories was developed from the literature, and then expanded to incorporate key themes from all papers as necessary.Categories: * Availability of health care
* Ability to generate income
* Appreciation of managers
* Availability of equipment and supplies
* Career intent
* Community engagement
* Decentralisation of decision making
* Demographic characteristics: age, sex, marital status
* Education opportunities for children
* Further qualifications
* Housing
* Informal payment
* Motivational job properties: allows for challenge
* Pay level
* Payment for performance
* Patient relationship
* Perception of safety
* Peer relationships
* Physical Infrastructure
* Place of work - city vs town / links to area
* Pride in organisation
* Promotion opportunities
* Quality of management / leadership
* Roads and transport
* Rural background
* Rural background of spouse
* Rural content in training
* Sector
* Stable job and / or pension
* Supervision, including feedback
* Training
* Vocation / intrinsic satisfaction from work
* Workload / staffing
* Working conditions
* Work-life balance
* Other
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| Factors identified: interventions | A detailed list of potential categories was developed from the literature, and then expanded to incorporate key themes from all papers as necessary.Categories: * Compulsory service,
* Improving pay,
* Payment for performance,
* Improving living conditions,
* Targeted recruitment,
* Continuous training,
* Professional support,
* Initial training emphasises rural issues or includes a rural component,
* Rural medical schools or specialties,
* Political drive & will,
* Supervision & audit with feedback.
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