Women’s Enrollment in the Health Workforce Literature Review

HRH2030: Human Resources for Health in 2030
Cooperative Agreement No. AID-OAA-A-15-00046

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Acronyms

ANCC  American Nurses Credentialing Center
CSB   Civil Service Bureau
GOJ   Government of Jordan
HHC   High Health Council
HR    Human Resources
HRH   Human Resources for Health
HRH2030 Human Resources for Health in 2030
JDA   Jordanian Dental Association
JFRBA Jordan Fiscal Reform Bridge Activity
JMA   Jordan Medical Association
JMC   Jordan Medical Council
JNC   Jordanian Nursing Council
JNMA  Jordan Nurses and Midwives Association
JOD   Jordan Dinars
JPA   Jordan Pharmaceuticals Association
JU    Jordan University
JUST  Jordan University of Science and Technology
MENA  Middle East and North Africa
MOH   Ministry of Health
NGO   Non-Governmental Organization
RMS   Royal Medical Services
UNRWA United Nations Relief and Works Agency
USAID United States Agency for International Development
WHO   World Health Organization
Executive Summary

The Government of Jordan (GOJ) has recognized the critical importance of having an accessible and high-performing health workforce in order to achieve its universal health coverage objectives. One of the Human Resources for Health (HRH) challenges identified by the Ministry of Health (MOH) in Jordan is the underrepresentation of female health workers in specific sectors/disciplines and certain geographical regions. Future HRH interventions may take into account the gender gap in enrollment in the medical sector, if a cause of the geographic gender imbalance. In order to do so, it is important to understand the factors underlying female enrollment in nursing and medical education, the challenges of female graduates to enter the labor market, and the specific challenges female workers encounter in their workplaces.

The purpose of this literature review is to provide an understanding of the nature, scope, depth, and breadth of existing policy documents, relevant studies, reports, academic articles, and data sources on women’s enrollment in the MOH health workforce. This report also summarizes the available knowledge on women’s enrollment in the MOH health workforce and existing knowledge gaps. The gaps will guide further discussions on the need for additional empirical research that, if needed, will ultimately illuminate new mechanisms for how enrollment of women in the health workforce can be improved and how the number, distribution, and retention of female health workers can be enhanced.

Forty-three documents were reviewed as part of this analysis, including:
- Gender-related national legislations and legal frameworks
- Gender-related national policies and strategies in public health sector
- Selective academic research/reports/articles on gender in the health sector
- Stakeholder’s recent annual reports

The review of literature revealed gaps in existing literature: 1) a lack or contradiction of basic (gender disaggregated) statistics, 2) a lack of gender-disaggregated analysis of research data and a limited number of studies focusing on the female health workforce, 3) a lack of explanatory studies on the education-practice gap, and 4) a lack of studies on other non-nursing disciplines. However, based on the large number of studies on the subject of women in the workforce, including recent and relevant studies with the MOH, the conclusion is that these gaps could be addressed through existing resources (including the United States Agency for International Development (USAID)-developed gender audit team within the MOH) or added on to other research on gender or women’s participation in the health workforce.

Through this review, themes also emerged that indicated that women’s enrollment (in terms of actual numbers) was not an issue at the MOH; rather, papers provided insights into non-enrollment factors (i.e. ‘participation’ and ‘leadership’) that affected women’s experience in the MOH health workforce. These papers are compared MOH experiences and resources against that of other Ministries, and recommended actions related to gender equality in public service, which could feed into future policy and strategy work. These factors influenced HRH2030’s decision to refocus its future research topics on women’s participation and leadership within the health workforce.
Introduction

The Human Resources for Health in 2030 Activity (HRH2030) in Jordan is a five-year activity that will support the MOH and other national stakeholders in strengthening the health workforce to improve health services. The project has three objectives:

1. Optimizing the performance, productivity, and efficiency of the health workforce
2. Increasing the competency, distribution, and number of health workers
3. Improving public sector stewardship and leadership
4. Increasing sustainability of investment in the health workforce

The GOJ has recognized the critical importance of having an accessible and high-performing health workforce in order to achieve its universal health coverage objectives. One of the HRH challenges identified by the GOJ is the underrepresentation of female health workers in specific sectors/disciplines and certain regions in Jordan. Through HRH2030’s Result 2.3 (“strengthened strategies to motivate the enrollment of providers, including women, in the workforce implemented”) in its Year 1 work plan, the activity is seeking to better understand the gender balance of the health workforce.

In future years, HRH2030 will focus on implementing national policy solutions and developing national strategies to improve Jordan’s health workforce. These policies and strategies will have to take into account the gender gaps in the health workforce, including but not limited to differences in enrollment, promotion, and leadership opportunities. In order to do so, it is important to understand the factors underlying female enrollment in nursing and medical education, the challenges of female graduates to enter the labor market, and the specific challenges female workers encounter in their workplaces that may lead to attrition of female workers as well as decisions of young women not to opt for a medical or nursing career.

The purpose of this literature review is to provide an understanding of the nature, scope, depth, and breadth of existing policy documents, relevant studies, reports, academic articles, and data sources on women’s enrollment in the MOH health workforce. It particularly aimed at collecting existing data on women in medical education and their post-graduate trajectories as well as socio-cultural and economic factors and health service/workplace-related factors influencing women’s enrollment in the MOH workforce.

This report also summarizes the available knowledge on women’s enrollment in the MOH health workforce and existing knowledge gaps. The gaps will guide further discussions on the need for additional empirical research on exploring strategies to increase women’s participation in the health workforce, including strategies related to enrollment, retention, progression, and leadership.
# Methodology

The following table describes in detail the methods used in preparing the women’s enrollment literature review report.

<table>
<thead>
<tr>
<th>No.</th>
<th>Step</th>
<th>Methods Used</th>
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</table>
| 1. | Literature and Search | Collect the necessary documents/information, either at national level or institutional level that are related to health professions manpower in the public sector from gender perspective¹:  
- Legislative documents  
- Standing policies/strategies  
- Recent annual reports  
- Any available studies or material relevant to HRH from gender perspective  
Check with stakeholders on the availability and accessibility of statistical data relevant to HRH activity from gender perspective. Such data are concerned mainly with numbers of health employees working in the MOH classified by profession, distribution across governorates, age categories of health professions, and annual development in personnel numbers by different health profession category.²  

1.1 | Literature and data search in relevant institutions in Jordan | Meet/contact the following major stakeholders:  
- High Health Council  
- Jordanian Nursing Council  
- Jordan Medical Council  
- Ministry of Health  
- Civil Service Bureau  
- Department of Statistics  
- Health professions associations (medical, pharmacists, dental, nurses & midwives)  
- Takamol Gender Project (USAID)  
- Jordanian National Commission for Women  
- General Budget Department  
Collect the necessary documents/information, either at national level or institutional level that are related to health professions manpower in the public sector from gender perspective¹:  
- Legislative documents  
- Standing policies/strategies  
- Recent annual reports  
- Any available studies or material relevant to HRH from gender perspective  

1.2 | Systematic search for grey and academic literature | Search for relevant studies, reports, academic research, and periodical articles. Search criteria:  
- Arabic and English  
- Publication period: January 2007 – May 2016  
- Keywords: Jordan, gender, women, female, motherhood, policy, health, medical, human resources, staff, public sector, enrollment, profession, worker, violence, work-balance, work stress, education, experience, rural, remote, nurse, hospital, social  
Relevant institutional websites: Annex 2 lists the visited institutional official websites and types of e-documents and data available online. Relevant academic and reports databases: Annex 3 lists the visited onsite and on-line sites indicating type of captured academic research/articles, studies, or reports.  

2. | Selection of Literature and Data | The implemented selection criteria for inclusion/exclusion in the review process was based on title, components, public/private health sector professions, relevant legislation and policies, and stakeholders’ reports components within both sectors:  
Inclusion criteria:  
- National legislation that governs, organizes, and supervises health professional workers in the public sector  
- National strategies and policies related to HRH in the public sector  
- Documents, studies, and reports related to health professions working in the public sector (MOH)  
- Documents/studies/reports applicable to the case of health professions in general (public & private health sector) and at the same time cover the case of MOH professional staff  

¹ Documents and information could be either hard copies or electronic copies, English or Arabic only.  
² Statistical data could be available and accessible through stakeholders’ websites, annual reports, while others could be accessible by special requests.
3. Data Extraction

3.1 **Categorization of all relevant documents**

Data extraction process to capture the related material that addressed women and gender enrollment in the public health sector. The reviewed documents are categorized within the following types:

- Legislative documents: the Jordanian Constitution, General Budget Law-MOH Chapter, Civil Service By-Law, Health Council laws, and Health Professional Association acts
- Standing policies and strategies: the National Strategy for Health Sector in Jordan, MOH Strategic Plan, Jordan Medical Council mandate, Jordanian Nursing Council Policy and action plan, Civil Service Bureau (CBS) Strategic Plan
- Studies, reports, academic research, and periodical articles in both Arabic and English related to HRH from gender perspective

3.2 **Data extraction for the documents**

The relevant material in each bibliography that matches the topic and sub-topic from each document into a sub-topic of each sheet. Doing so reflects the findings of each bibliography. Sorting those findings within each sub-topic will allow capturing the gaps in each particular area.

4. Reporting

4.1 **Annotated bibliography**

Prepared a complete annotated bibliography with a short summary of each source. Section 5 of this report includes the complete relevant bibliography as per the document type mentioned above.

Forty-three documents have been reviewed and summarized in this section.

4.2 **Synthesis of findings**

Using the secondary data collection tool, the findings of each source have been extracted and sorted according to different topics based on Excel data extraction sheet. (Excel file attached with this report).

4.3 **Topical synthesis that provides overview of knowledge gaps**

Synthesis of knowledge gaps in existing literature based on Excel data extraction sheet.

**Overview of Health Sector in Jordan**

**Health Service Providers**
Health service providers in Jordan are employed in the following organizations:

- MOH, responsible for managing the public health sector and supervising the whole health sector in the country
- Royal Medical Services (RMS), responsible for managing armed forces health sector, also considered public
- University hospitals (King Abdullah Hospital and Jordan University Hospital), also considered public
- Private sector
- United Nations Relief and Works Agency (UNRWA), international organizations, and NGOs

Health Educational Institutions

Medical Faculties

Jordan has five medical faculties:

1. University of Jordan (JU)
2. Jordan University of Science and Technology (JUST)
3. Hashemite University
4. Mutah University
5. Al-Yarmouk University (newly opened)

High Health Council (HHC) data indicates that, in 2015, about 56% of graduates from medical faculties were males compared to 44% females.

Dental Faculties

Jordan has two dental faculties in two public universities — JU and JUST. Data from 2015 showed that two thirds (66%) of graduates from dental faculties were females compared to one third (34%) males.

Pharmacy Faculties

There are 12 pharmacy faculties in Jordan (three at public universities [JU, Al-Yarmouk, and JUST] and nine at private universities). 2015 data showed that about 73% of graduates from the pharmacy faculties in Jordan are females compared to 27% males.

Nursing Faculties

Five public universities and nine private universities are now offering a bachelor’s of science in nursing. Data showed that 71% of graduates from the nursing faculties in Jordan are females compared to 29% males.

Institutional Framework of HRH Stakeholders within the Public Health Sector

The institutional framework that is responsible for planning, recruiting, and building the capacities of human resources within the public health sector consist of, but are not limited to, the following stakeholders:

- MOH
- RMS
- University hospitals
- HHC
- Jordan Medical Council (JMC)
- Jordanian Nursing Council (JNC)
- CSB

Health Professional Associations in Jordan

Health professional associations are entities that organize the health workforce in the labor market. Those associations are concerned with improving and protecting the full interests of the profession, collaboration with MOH and other stakeholders to improve the profession performance and provide good quality of services, maintaining professional ethics between the members of the association, and registering health professionals as members of the concerned association. Licensed health professional associations in Jordan include:
- Jordan Medical Association (JMA)
- Jordan Pharmaceuticals Association (JPA)
- Jordanian Dental Association (JDA)
- Jordan Nurses and Midwives Association (JNMA)
Summaries of Complete Relevant Gender-Related Bibliography

This section abstracts each source of related bibliography. The sources of this complete annotated bibliography have been categorized as follows:

- Relevant gender-related national legislations (legal framework)
- Relevant gender-related national policies and strategies in the public health sector
- Relevant gender-related academic research, reports, and articles in the health sector
- Relevant stakeholders’ recent annual reports

Relevant Gender-Related National Legislations

Amended Jordanian Constitution (2011)

The Jordanian Constitution reflects gender equity, the right for equal job opportunities, and interest in women’s issues through the following relevant legislative provisions:

- Article (6/1): Jordanians shall be equal before the law with no discrimination between them in rights and duties even if they differ in race, language, or religion.
- Article (6/3): The State shall ensure work and education within the limits of its possibilities, and shall ensure tranquility and equal opportunities to all Jordanians.
- Article (6/5): The law shall protect motherhood, childhood, and the old-aged; and shall avail care for the youngsters and those with disabilities and protect them against abuse and exploitation.
- Article (22/1): Every Jordanian shall be entitled to hold public offices under the conditions prescribed in law or regulations.
- Article (22/2): Appointment to public offices, whether permanent or temporary, in the State and the departments attached thereto and the municipalities shall be on the basis of merits and qualifications.
- Article (23/1): Work is the right of all citizens, and the State shall avail it to Jordanians by directing and improving the national economy.
- Article (23/2): The State shall protect labor and enact legislation therefore based on the following principles:
  a- Giving the worker a wage commensurate with the quantity and quality of his work.
  b- Defining weekly work hours and granting workers weekly and annual paid rest days.
  c- Specifying special compensation to workers supporting families and in the cases of dismissal, illness, disability, and emergencies arising out of work.
  d- Establishing special conditions for the work of women and juveniles.

Civil Service Bylaw no. 82 (2013)

This Bylaw addresses gender equality, motherhood, and women’s rights in the public sector workforce through the following provisions:

- Article (4): Civil service is based on the following principles and values:
  a- Equity and equal opportunity
  b- Merit, eligibility, and competitiveness
- Article (25/b): The family allowance shall be paid to the female employee if her husband is deceased or handicapped, or if she is taking care of her children.
- Article (66/a): When appointed, the employee shall swear the following oath: "I swear by God to work faithfully and sincerely, and to conserve the State’s properties and its dignity and to do my job tasks and its duties in impartiality and neutrality without any discrimination".
- Article (67/h): An officer must behave in a companionship spirit, cooperation, exchange of knowledge, respect the partnership between man and woman, strengthening the affiliation to the department and boasting its achievements.
- Article (97): The employee can have the leaves stated in this Bylaw upon its rules and procedures, in every case the work interest shall be considered while giving approval for leaves except for motherhood leaves, emergency, and Al-Hajj leaves.
- Article (105): Maternity leave and paternity leave
- The pregnant employee shall have a maternity leave with a duration amounting 90 continuous days before and after delivery with the salary and all the allowances according to the medical report from the doctor or the midwife, and such leave shall not affect the employee’s annual vacation.
- The male employee shall have a paternity paid leave for two days upon his wife is delivery according to the medical report from the doctor or the midwife.
- After the termination of her maternity leave, and for nine continuous months, the female employee shall have a breast-feeding leave for one hour/day to feed her newborn baby, and such leave shall not affect the employee's annual vacation either her salary or allowances.
- **Article (108): Without Salary and Allowances Leave**
  - Excluding the contract employee, the employee may be given a vacation without a salary nor allowances upon his/her request in any of the below stated situations, but he/she shall submit the supporting documents for his application to take this leave:
    - (108/a/1): To accompany the husband or the wife if one of them is studying, working, seconded or delegated outside the Kingdom.
    - (108/a/5): The female employee after the expiry of maternity leave for a period not exceeding two years to care for her infant minus the time that she was at the work after the date of expiry of maternity leave.
    - (108/a/6): The female employee for the purpose of the religious period specified after the death of her husband for a time not exceeding four months and ten days.

**High Health Council Law no. 9 (1999)**

Article (4/C) of this law indicates that the Council will participate in formulating health educational policies, while article (4/J) reflects the council role in developing the health sector and improving the profession capabilities in the public sector and providing the employees with proper incentives.

**Jordan Medical Council Law (2005)**

Article (5) of this law is intended to improve the academic and professional qualification of health professions in all medical specializations in collaboration with concerned educational institutions and ensure high level of technical support by continuous training.

**Jordanian Nursing Council Law no. 53 (2006)**

Article (4/b) aims to develop nursing human resources and improve their performance. Article (6/a/1) addressed the council role in organizing and developing the nursing profession by implementing a nursing national strategy, while article (6/a/2) indicates the council responsibilities in proposing the nursing education policy and specifying the national priorities in line with higher education policy.

**Jordan Medical Association Law no.13 and its Amendments (1972)**

Article (7) of this law addressed the JMA objectives and role in improving and protecting the full interests of the profession and organizing the workforce in labor market. The law calls for collaboration with the MOH and other stakeholders to improve the profession’s performance and ability to provide good quality of services, and maintaining professional ethics between the members of the association. The law also specifies the role in registering medical professions as members of the association and protecting their rights.

**Jordan Pharmaceuticals Association Law no. 51 and its Amendments (1972)**

Article (5) of this law addressed the JPA objectives and role in improving and protecting the full interests of the profession and organizing the workforce in labor market. The law calls for collaboration with the MOH and other stakeholders to improve the profession’s performance and ability to provide good quality of services, and maintaining professional ethics between the members of the association. The law also specifies the role in registering medical professions as members of the association and protecting their rights.

**Jordanian Dental Association Law no. 17 (1972)**

Article (6) of this law addressed the JDA objectives and role in improving and protecting the full interests of the profession and organizing the workforce in labor market. The law calls for collaboration with the MOH and other stakeholders to improve the profession’s performance and ability to provide good quality of services,
and maintaining professional ethics between the members of the association. The law also specifies the role in registering medical professions as members of the association and protecting their rights.

**Jordan Nurses and Midwives Association Law no. 18 (1972)**

Article (6) of this law addressed the JNMA objectives and role in improving and protecting the full interests of the profession and organizing the workforce in the labor market. The law calls for collaboration with the MOH and other stakeholders to improve the profession’s performance and ability to provide good quality of services, and maintaining professional ethics between the members of the association. The law also specifies the role in registering medical professions as members of the association and protecting their rights.

**Relevant Gender-Related National Policies and Strategies in the Public Health Sector**

**Jordanian Budget Law no. (3) of 2016/Ministry of Health Chapter**

The approved MOH 2016 budget reflects the following major relevant components:

- **MOH Strategic Objectives:**
  - Efficient and effective knowledge, organizational, and legislative management that achieves optimal utilization of the financial resources.
  - Efficient and effective management of human resources. The performance indicators of this objective are: the number of specialized physicians in the MOH, and percentage of pediatricians to total specialist physicians in the MOH.3
  - Improve the quality of health services and ensure their sustainability according to the international standards.
  - Contribute to achieving Universal Health Coverage.

- **Number of health professions at the MOH distributed by gender and by job type for the years 2014, 2015, and 2016.** In this regard, the table below reflects the numbers of jobs at the MOH.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Physician</td>
<td>4,717</td>
<td>1,132</td>
<td>5,849</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>292</td>
<td>508</td>
<td>800</td>
</tr>
<tr>
<td>Health technician and medical</td>
<td>2,791</td>
<td>2,747</td>
<td>5,538</td>
</tr>
<tr>
<td>occupations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General duty &amp; midwife nurse</td>
<td>3,977</td>
<td>7,805</td>
<td>11,782</td>
</tr>
<tr>
<td><strong>Total of health jobs</strong></td>
<td><strong>11,777</strong></td>
<td><strong>12,192</strong></td>
<td><strong>23,969</strong></td>
</tr>
</tbody>
</table>

- **Manpower Development Program within the MOH:** The objective of this program is to attract qualified and trained administrative and technical cadres to work in the ministry, maintain these cadres, upgrade the efficiency of the ministry's existing cadre, improve and supervise the management of university colleges affiliated to the ministry, and provide the ministry and the local market with specialized technical cadres.

- **The services provided by this program are as follows:**
  - Plan for human resources in the ministry
  - Train and qualify the staff through internal and external scholarships; the total number of students on scholarships for training purposes or scientific conferences reached around 4,229 in 2013
  - Manage the nursing colleges and medical profession support institutes
  - Manage personnel in terms of appointment, termination, promotion, motivation, transfers, vacations, and other issues related to personnel
  - Manage residency programs for specialist physicians’ graduation

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3 MOH human resources Objectives are not gender-based objectives.
Key performance indicators for this program are:  
- Ratio of graduates of the ministry’s colleges and institutes who passed the comprehensive exam to total graduates of these colleges and institutes  
- Ratio of employees who were trained to total employees in the ministry  
- Ratio of technical cadres (physicians) leaving the ministry annually to total number of physicians  
- Ratio of technical cadres (nurses) leaving the ministry annually to total number of nurses  
- The total expenditures of this program was about 5.3 million Jordanian Dinar (JOD) in 2016, of which 3.2 million JOD are for current expenditures versus 2.1 million JOD for capital expenditures.  

Jordan 2025, National Vision and Strategy  
“Jordan 2025” charts a path for the future and determines the integrated economic and social framework that will govern the economic and social policies based on providing opportunities for all. Its basic principles include promoting the rule of law and equal opportunities, increasing participatory policymaking, achieving fiscal sustainability, and strengthening institutions. To achieve this, it is necessary to improve infrastructure, enhance education and health, and strengthen the role of the private sector and civil society institutions to contribute to the development process. Based on these principles, the vision proposes a roadmap for the future that requires consensus among broad segments of society on the roadmap and the roles of all concerned authorities and stakeholders, led by the private sector, which should play a prominent role in achieving the desired objectives. The government should also provide an enabling environment to achieve this goal. In addition, the success in achieving the vision and implementing policies contained therein requires a commitment by citizens, the government, the private sector, and the civil society, reflecting the ideology of active citizenship referred to in His Majesty’s discussion papers.

Low employment rates are a source of concern, given their social and political implications. The document highlights the main challenges facing the labor sector in Jordan, mainly the low economic participation, especially by women, the decline in the size of the labor force relative to the working age population, and high unemployment rates, especially among women, youths, and university graduates as well as differences in the unemployment rates between governorates. The challenges also include the increased flow of foreign workers into the kingdom who crowd out Jordanian workers in certain professions and discipline because of the great disparity in wages.

The performance management framework for implementing this national strategy addressed the whole economy sectors; accordingly the public health sector is a relevant party of this national strategy. The priority initiatives that are related to human resources in public health sector could be summarized as follows:  

Public sector in general:  
- Continue to build institutional capacity in human resources management and planning and improve the capacity of human resource units in the government.  
- Build institutional capacity in the field of strategic planning in accordance with the circulated and adopted participatory approach to strategic planning.  
- Prepare and circulate a charter that includes the rights and duties of service providers and recipients and the consequences of non-compliance with the rights and duties of both providers and recipients.  
- Develop and review election and appointment standards and the incentive and reward system to enhance the government’s ability to attract and maintain required qualified personnel.  
- Develop a national plan for training and rehabilitation for the coming years, based on actual needs and human resources development priorities in accordance with the best practices in the civil service, and conduct studies to evaluate the impact of training on individual and institutional performance.  
- Support capacity building in ministries and enable employees to design their own job description, which shows employees’ training track in line with the department’s needs and in accordance with the instruction for job description and classification in the civil service.

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4 No gender-sensitive indicators included; the indicators cover all health service providers (male & female).  
5 This strategy (2015-2025) was formulated by the government of Jordan in collaboration with concerned stakeholders. It is still not performed yet — those initiatives should be achieved by phases till the end of 2025 — so those initiatives reflect the vision of the strategy.
• Align human resources with institutional roles and tasks; analyzing the roles and tasks performed by departments, determine real needs of human resources and compare them with the current reality of human resources, and identify and address deficiencies and surplus through redistribution and government job formation tables.
• Build leadership capacities to enable executive leaders in the government at the level of assistant secretary general and directors of departments and directorates to lead their future tasks.

Gender relevant issues:
• Review and amend national legislation that promotes female participation in the labor market.
• Phase out early retirement by raising it to 55 by 2016 and then up to the national retirement age of 60 for men and 55 for women by 2020.

Health sector in general:
• Develop a national strategy for health human resources. 6
• Adopt an integrated national medical education program.
• Encourage nursing studies through grants, scholarships, advertising, and promotional activities.
• Launch all-female nursing programs to increase female participation in the workforce.
• Motivate health workers to work in rural areas.
• Mandatory continuous vocational training and education programs in health sector.
• Increase investment in education and information about genetic diseases.

The National Strategy for Health Sector in Jordan 2015 – 2019
This strategy is ruled by the HHC. Through this document, a description and analysis of the health sector in Jordan was completed, and priorities and objectives were identified to ensure the advancement of the whole sector and enhance its capacity to provide efficient health services for all citizens in Jordan, and maintain Jordan’s leading position in this field. The document addressed particular issues related to HR including:
• Current patterns of Human Resources for Health
• Governance of Human Resources for Health
• Production, education, and training
• Management and employment of health human resources
• Information and studies related to health human resources

The strategy describes few indicators related to health professions employed by the health sector, indicating that women constitute about 44% of the total workers in the health sector in Jordan. Most of these health workers in Jordan are aged less than 50 years (85%). The youth (30 years or less) constitute about 40% of the total health workforce in Jordan.

The health workforce of all categories is concentrated in the Central Region, with a geographic disparity in the distribution of health workers between the governorates of the Kingdom, especially in the category of doctor. There are also imbalances in the distribution of health personnel between different health sectors, between primary and secondary health care levels, and between different governorates. 7

The non-governmental sector (private and civil organization sector) is the main employer of health cadres in Jordan (especially medical doctors, dentists, and pharmacists). The private sector attracts experienced professionals from the public sector due to high financial returns, noting that it is prohibited for public sector doctors and other health personnel to work in the private sector. The MOH has recently contracted some private doctors in certain medical sub-specialities to cover the shortage in these disciplines in the public sector. There is continuous increase in the external migration of health personnel and technicians especially to the Gulf States.

6 This strategy is not developed yet; it is still an initiative that reflects the vision of Jordan 2025 strategy.
7 Data not available within the document, but could be obtained upon request.
In addition, there is poor distribution management and a high rate of turnover among medical and nursing staff, especially in the MOH, which leads to a shortage in the number of health care providers. This is due to the lack of a fair system of incentives, the low wages and salaries compared with those in the university hospitals, the RMS, and the private sector, and to the availability of attractive job opportunities in the Gulf States.

The strategy also considered the most important challenges facing HRH:
- The lack of a national comprehensive plan for the promotion and development of health staffing
- Centralized decisions for the recruitment, appointment, compensation, and termination of employees in the health sector
- Weakness in the training process in the field of management and strategic planning
- Difficulty attracting new talent, and the attrition of highly qualified professionals (both internal and external migration)
- The absence of the Higher Health Council role in drawing up health education policy
- The great disparity in wages and incentives for cadres working in the public sector institutions
- Lack of fairness in the distribution of health human resources among the governorates of the Kingdom, especially in remote areas
- Weak information systems on human health cadres, especially in the private sector

The strategy also addressed the impact of the Syrian refugees on the health sector.

**Ministry of Health Strategic Plan 2013-2017**

As long as deploying and managing human resources efficiently and effectively is one of the major institutional objectives of the MOH, the ministry strategy addressed the theme of human resources management, and designed a specific indicators’ matrix for this purpose. Those indicators are linked with the following HR-specific objectives:
- Improve the process of attracting qualified and trained technical and administrative cadres to work in the Ministry of Health and keep them in the ministry
- Raise the efficiency of the technical and administrative staff in the MOH
- Raise the efficiency of nursing and paramedical services college
- Contribute to the development of a national plan for the development of HRH

The MOH will improve both the process of attracting qualified and trained technical and administrative personnel to work in the Ministry of Health, and also retaining them, thus raising the efficiency of the management and technical staff at the Ministry of Health. The annual turnover of physicians will decrease from 2.7 to 2.0% through the activation of the performance appraisal system and the Distinguished Employee Award for staff working in the Ministry of Health, and will raise the efficiency of colleges of nursing and allied medical professions. In addition, the MOH will develop a national plan for human resources for health.

The main challenges facing MOH HRH according to the MOH Strategy 2013 – 2017 include:
- Weak investment in management of human resources (HR) for health development due to limited financial resources available
- The need to review job descriptions to include all positions and services and share them with all related stakeholders
- Lack of clear career path for most professions in MOH
- Bad distribution of the HR workforce
- Promoting and institutionalizing supportive supervision
- Linking incentive to performance
- Weak succession planning and needs assessment
- Brain drain of qualified and trained health professionals and difficulty in attracting and retaining new professionals
- The need to Institutionalizing CME/CNE

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8 Gender difference in this area not covered.
9 Gender differences have not been addressed as a challenge.
- Inadequate training plans in HR (and the need to have training plans linked to training needs assessments)

The MOH lacks a particular HR strategy that would include gender-sensitive indicators.

**National Climate Change Health Adaptation Strategy and Action Plan of Jordan (2012)**

The National Climate Change Health Adaptation Strategy and Plan of Action was developed by the MOH in collaboration with the other relevant sectors in the country. The general goal is to plan climate-change adaptation measures for the health system to prevent existing and future risks, respond promptly, and increase resilience and preparedness.

The health sector can respond to the adverse impacts of climate change in a number of ways: by preparing for extreme events (e.g., heat waves), surveillance, monitoring, responding to infectious disease, increasing awareness, and providing extra support for the communities. The adaptation actions, measures, and interventions for each of these climate-sensitive health issues can be classified into seven major categories: regulatory/legislative, capacity building, public education and communication, surveillance and monitoring, medical intervention, infrastructure development, and research and further information.

**Jordan Medical Council**

The JMC is dedicated to the training of doctors, rehabilitation specialists, and general practitioners through the planning, implementation, and supervision of the scientific programs, plans, and academic curricula for various medical specialties accredited by the Medical Council. It is also mandated to lead to obtain a certificate of competence Supreme (Jordanian Board) in various medical and dental disciplines. Certificate of Specialization (Board), which the Jordanian Medical Council issues, is the highest medical vocational certificate in Jordan.

**Jordanian Nursing Council**

The previous national nursing strategy covered the period 2011 – 2015 and its major concerns were education and quality of performance and practice. The JNC Action Plan 2014 – 2016 addressed the following issues:

- Nursing Council national goals are dedicated to developing human resources in the nursing sector, improving profession performance, and participating in formulating national health strategies in collaboration with other stakeholders.
- JNC made the following decisions to reformulate national nursing policy in Jordan:
  - Abolition of high school nursing specialization
  - Modify the percentage of gender enrollment at nursing collages in Jordanian universities to be 70% for females and 30% for males in order to overcome the increasing numbers of male nurses in the labor market
  - Set the minimum average score for universities’ nursing schools attendance at 70%
- Development of human resources: in order to qualify competent nursing cadres, since its establishment the Council has endeavored to network with local, regional, and international institutions, the most important being the Jordanian Ministry of Health, World Health Organization (WHO), the International Council of Nurses, USAID-SABEQ program, and the American Nurses Credentialing Center (ANCC).

The Council has:

- Developed an annual plan for continuous nursing education based on the implementation of specialized and qualitative courses
- Obtained accreditation for the Jordanian Nursing Council to provide continuous nursing education from the ANCC for the purpose of maintaining specific and qualitative standards for the courses held by the Council
- Obtained accreditation from the International Council of Nurses in order to implement the project of leadership for change held by JNC, in cooperation with the MOH, to build nursing capacities at the intermediate level in order to be able to lead based on theoretical and practical knowledge
- Applied the best practice project in 15 hospitals in the Kingdom with the purpose of bridging the gap between the theoretical and the applied, and built the capacities of nurses in scientific research and scientific structure-based practice
- Enhanced the capacities of workers in the field of mental health care by holding specialized courses in mental health care, and rehabilitation courses of the health team in cooperation with the MOH and WHO, and established the ideal unit for mental health patients under the umbrella of the JNC and the MOH

The Strategic Plan for the Civil Service Bureau (2014 – 2016)

The CSB strategic plan (2014 – 2016) concentrates on recruiting and developing the capacities of human resources in the larger public sector. Thus the MOH is a key stakeholder in CSB policies due to its nature of work as major public health service provider in Jordan. The mandate and objectives of the CSB, as documented by its strategic plan, are:

- Vision: leadership and excellence in HR management and the public civil service
- Mission: organizing and managing the public service affairs; improving it at its human, procedural, legal, and regulatory levels in cooperation with partners and directorates concerned with the civil service, through the methodology of initiative and creativity; and promoting the principles of integrity, justice, and equal opportunities in the implementation of legislation, aiming at improving the performance and excellence of service delivery

Through national, sectorial, and institutional objectives, CSB contributes to achieving:

- National objectives
  - Improving Jordanian citizens’ quality of life, improving living standards, and the promotion of social well-being and safety
  - Promoting the principles of social justice and equal opportunities

Sectorial objectives:
- Improving the government performance apparatus and promoting control, accountability, and performance measurement
- Developing resources in the public sector and creating distinct leadership
- Establishing the culture of excellence
- Completing the network of e-government services
- Establishing a participatory approach between institutions of the public sector and the private sector at the local and regional levels

Institutional objectives:
- Strengthening staff capabilities of HR units in civil service bodies, and providing them with technical support
- Developing the criteria for evaluating the performance of civil service staff by setting performance indicators for the functions of the actual standard civil service
- Upgrading the status of human resources in the civil service
- Promoting creativity, excellence, and innovation in civil service
- Utilization and investment of information technology in civil service's human resources management to ensure all services are provided according to quality, efficiency, and transparency standards, and to ensure provision of technical support for departments in this field
- Promoting the participatory approach among related governmental departments in the management of the public and civil service, and developing it at the local and regional levels in order to improve CSB's societal role
- Development of CSB's organizational and human working environment in order to strengthen its staff's capacities

Relevant Gender Academic Research/Reports/Articles in Health Sector

<table>
<thead>
<tr>
<th>Article Title: Developing a Policy for Workplace Violence against Nurses and Health Care Professionals in Jordan: A Plan of Action</th>
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</thead>
<tbody>
<tr>
<td><strong>Summary:</strong></td>
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<tr>
<td>The prevalence of workplace violence in the Middle East, including Jordan, is very high although governmental policies and legislation exists to prevent it. Tackling and preventing such issues necessitates reinforcing and reviving existing policies. The researchers recommended adopting a</td>
</tr>
</tbody>
</table>

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10 No specific gender strategy implemented by CSB.
A plan of action using a systematic method to establish and implement specific strategies and policies to prevent workplace violence against health care professionals in Jordan.

The modified policy should increase the minimum duration of imprisonment for persons who attack health care professionals from six months to one year, include both private and governmental nurses under the penal code based on Jordanian law number 187, and consider any type of abuse against nurses whether physical, verbal, or psychological, as a crime rather than dispute. In addition, conducting violence toward health care professionals by any person should be considered abuse directed at the entire organization in which health care professional is working.

At the same time, health care professionals should respect their patients and satisfy their healthcare needs using the available resources. It is the responsibility of managers to provide adequate staffing. Safety team and security personnel should be available in critical areas such as emergency departments. Each hospital should have a specific policy regarding workplace violence. Violence assessments and early interventions should be conducted. Health care professionals should be trained in how to deal with violent behaviors. Annual reviews should be conducted to determine the positive and negative aspects of the current policy.

**Date of Publication:** 2016, American Journal of Public Health Research, Vol. 4, No. 2, 47-55

**Language:** English

**Authors:** Ahmad Rayan, Ali Qurneh, Rana Elayyan, Omar Baker

**Article Title:** [Draft] Study of Gender Distribution of Employees of the Ministry of Health

**Summary:**
The goal of this study was to understand the gender distribution of employees of the Ministry of Health in order to identify any gender differences and any factors that may contribute to widening the gender gap. The research question is: "Does sex affect the decisions and staff mobility or promotions at the Ministry of Health; and, how does this relate to managing and empowering human resources at the Ministry of Health?"

Findings included:
- The female representation rate is 51.8% of the cadre, which is higher than the male representation rate of 48.2%, from January 2012 until the end of 2015.
- The female representation rate rose to 53% of the incumbent cadre at the end of 2015.

Recommendations from the study include:
1. Despite the absence of negative indicators related to gender at the Ministry of Health, the team believes it is necessary to include clauses that contribute to improving the ministry's situation in this domain in the strategic plans and financial budgets.
2. Organize and institutionalize training and awareness programs on gender for the various administrative levels and personnel, in addition to the training of trainers in this field.
3. Develop databases, information technology, and software applications for human resources in order to collect data and generate statistics for indicators that reveal gender sensitive readings.
4. The senior management at the ministry needs to build on the positive statistics related to gender at the MOH, sustain it and develop it in order to improve human resources management, and increase the effectiveness of its performance, which will be positively reflected on the ministry's institutional performance.

**Date of Publication:** Draft, to be published 2016

**Language:** English

**Authors:** USAID-funded Takamol Project

Summary: This report implemented a results-oriented evaluation approach to the second pillar of the Senior Citizens Strategy for health care of the elderly. It analyzed the situation of geriatric health in Jordan and the achievements and shortcomings of concerned stakeholders, including the HHC, Jordanian Nursing Council, and the MOH. The major challenge that faces the health care of the elderly is the absence of medical specializations that cater to the needs of senior citizens such as geriatric medicine and nursing. The lack of specialized home-care services within the government body was flagged as an issue.

The report addressed the major recommendation in this area: the need to provide scholarships for physicians and nurses to pursue new medical disciplines such as geriatric medicine and nursing to meet current and future health care requirements of senior citizens, to rehabilitate all health centers to be elderly friendly, and to create specialized programs on home nursing services that grant nursing licenses and diplomas to be officially accredited by the Jordanian Nursing Council.

The report finds that there are no geriatric physicians currently employed by the MOH. The only female geriatric physician in Jordan works at the Hospital of Jordan University.

Date of Publication: 2015, National Council for Family Affairs
Language: Full Report (Arabic), Policy Brief (English & Arabic)
Author: Arwa Al-Najdawi

**Academic Research Title:** The Obstacles that Hinder the Nurses in Madaba’s Hospitals

Summary: The study investigated female nurses’ social, economic, and demographic circumstances. It examined the reasons behind nurses’ dissatisfaction with their work at Al-Nadeem public hospital and Al-Mahaba private hospital. Moreover, it shed light on the social and economic difficulties and hindrances that also pertain to the working environment. It highlights the relationship between the social, economic, and demographic changes on one hand, and the difficulties that the nurses in Madaba’s hospitals endure on the other.

Methodologically, the study adopted a descriptive-analytical approach, and conducted a questionnaire with a group of 136 female nurses who work in Madaba governorate for Al-Nadeem and Al-Mahaba hospitals.

The study recommended increasing incentives to motivate the nurses who work in shifts; decreasing the burden on married nurses; establishing nurseries in working institutions; facilitating transportation, especially for workers on night shifts; creating healthy environments such as offices, toilets, praying and resting places inside hospitals; offering part-time working options; and applying the laws that are concerned with maternity vacation, breast-feeding, and yearly vacation.

Date of Publication: 2015, University of Jordan
Language: Arabic
Author: Malak Al-Mai’iah

**Report Title:** Jordan Fiscal Reform Bridge Activity (JFRBA) Gender Analysis

USAID Project

Summary: Section 3 of the report described the gender equality context in the Jordanian labor market, indicating that Jordan has one of the lowest female economic participation rates in the world at 22%, compared to 87% for men. The majority of employed women are clustered in low-growth and low-productivity sectors, with 44% of working women employed in the public sector, especially in
education and health. The reasons provided for the low level of women’s economic participation vary, but mostly point to cultural explanations.

Section 4 of the report covered gender equality in the public service, indicating that while women represent approximately 50% of civil servants, they hold only about 10% of leadership positions. The Ministries of Health, Education, and Social Development employ the highest percentage of female civil servants. These ministries are considered to be “more appropriate” for women’s employment than, for example, the Ministry of Transportation or the Ministry of Finance. The report addressed issues that support gender discrimination in the public sector, including monthly family allowance, retirement age, pension benefits, promotions, salary pay gap, work-life balance, and sexual harassment.

The report recommended that the GOJ should develop a Gender Equality Policy and Annual Gender Action Plan, and create an official gender equality mechanism. This may be accomplished by strengthening Jordanian National Commission for Women’s current role and mandate, or creating a new government agency, such as the Office for Gender Equality. The paper also calls on the GOJ to develop a mechanism for monitoring and evaluation of its gender-equality commitments. This function can be performed by committees in legislative bodies or ombudsman offices.

**Date of Publication:** November 2014  
**Language:** English  
**Author:** Danka Rapic

| Publication Title | Women in Public Life, Gender, Law and Policy in the Middle East and North Africa  
| Summary: | Chapter 6 of the report describes female participation in the labor force across the MENA region, with comparative analysis across aspects including: women’s employment trends in the MENA region, barriers to workforce participation (legal, institutional, economic, social, and political), night work provisions, work-life balance measures including maternity and child-related leave, and pay gaps. Jordan was one of the countries addressed in the report.  
| | Chapter 6 also addresses employment-equity initiatives in OECD countries as good practices. For example, Morocco’s initiatives to close the gender pay gap in public sector have been described as a model.  
| | The report proposed a general framework for female participation in the labor force, but did not address specific sectors such as health. The report covered the issue of night work in the MENA region in general and addressed specific countries as Jordan, indicating that in line with the Employment Law No. 8 of 1996, women cannot be employed between 8 p.m. and 6 a.m., with some exceptions. The actual working hours for women must not exceed 10 hours/day.  
| | The report recommended that work-life balance should be improved, and points to the need to strengthen HRM institutions, processes, and employment conditions in the public sector.  
| **Date of Publication:** November 2014  
| **Language:** English  
| **Author:** OECD

| Article Title | The Challenges of Working in Underserved Areas: A Qualitative Exploratory Study of Views of Policymakers and Professionals  
| Summary: |
The inadequate number of health care providers, particularly nurses, in underserved areas is one of the biggest challenges for health policymakers. There is a scarcity of research in Jordan about factors that affect nurse staffing and retention in underserved areas.

The report found that nursing shortages in underserved areas in Jordan are exacerbated by a lack of financial incentives, poor transportation, remoteness, poor working conditions, and lack of health education institutions, as well as by opportunities for internal and external migration. Young Jordanian male nurses usually avail themselves of an opportunity to migrate and work outside the country to improve their financial conditions, whereas female nurses are more restricted and not encouraged to travel abroad to work. Several strategies are suggested to enhance retention in these areas, such as promoting financial incentives for staff to work there, enhancing the transportation system, and promoting continuous and academic education.

The report recommended that nurses’ administrators and health care policymakers should design and implement comprehensive interventions to enhance retention of staff in underserved areas. In this regard, the study findings confirm the need to design comprehensive and multi-pronged interventions to enhance retention in underserved areas in Jordan. Current deficits seem to have an enormous negative effect on the morale of nurses, and seem to play an important effect on their intention to leave these areas. The study addressed several strategies to enhance retention in these areas such as, enhancing financial incentives for staff in these areas, provision of transportation, promoting professional development, and enhancing work and living conditions of the staff.

**Date of Publication:** 2013, International Journal of Nursing Studies 50, 73–82

**Authors:** Raeda F. AbuAlRub, Fadi El-Jardali, Diana Jamal, Abdulkareem S. Iblasi, Susan F. Murray

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**Article Title:** Workplace Violence Against Nurses in Emergency Departments in Jordan

**Summary:**
The study assessed the incidence, characteristics, and contributing factors of workplace violence committed against nurses in hospital emergency departments in Jordan. It surveyed 227 participants, more than three-quarters of whom (75.8%) were exposed to at least one type of violence. The number of incidents of verbal violence was approximately five-fold that of the number of incidents of physical violence. Patients were the primary perpetrators of verbal violence.

The study found that physical and verbal violence is a serious problem experienced by all nurses in Jordanian hospitals. It recommended that policies and legislation targeting violence and aggressive acts should be developed and instituted, and that emergency nurses receive training in violence management. Focus group discussion and large-scale studies investigating the consequences of violence on nursing satisfaction and the quality and quantity of care administered to the community in the healthcare sector are also recommended.

**Date of Publication:** 2013, International Nursing Review 60, 550–555

**Language:** English

**Author:** M. ALBashtawy RN, MPH, PhD
Publication Title: Gender Equality and Women’s Empowerment in Public Administration, Jordan Case Study

Summary:
This report addressed many key issues in achieving equal participation in public administration decision-making. It described the gaps in the recruitment process, the gender pay gap, the gender gap in length of service and retirement age, the work environment, promotion, capacity building, incentives, training, and perceptions of female employees.

The MOH was a major concern of this report due to large female workforce within the ministry — about 58% of the total employees. This proportion is explained by the following:
- MOH jobs (nurses mainly) are highly acceptable for women in society.
- Men tend to prefer job opportunities in the private sector and other government sectors because of more attractive salaries and benefits, while women, being financially dependent, tend to favor the public sector as working hours are shorter and the civil services offers some job security.

In line with Jordan’s international commitments, the report recommends the following:
- Make the constitution and national legislation gender-responsive.
- Incorporate high-level gender equality targets in the National Agenda.
- Amend the Civil Service Bylaws to include a gender-equality principle in all matters related to recruitment, promotion, retirement, and training.
- Consider gender targets in recruitment and representation in leadership positions, backed up by recruitment drives, gender balance and gender training for appointing officers, and similar measures.
- Ensure that sex-disaggregated data and analysis are available for all areas of the public agency.
- Ensure equal legal rights for women and men in promotion of equal treatment, and ban gender discrimination in employment opportunities, working conditions, and access to training.
- Ensure that ministries and other public departments make their internal gender policies explicit and make sure that all staff in the central and local governance are aware of such policies.

Date of Publication: 2012
Language: English
Author: United Nations Development Programme (UNDP)

Research Paper Title: Jordanian Perspectives on Advanced Nursing Practice: An Ethnography

Summary:
The study explored how different groups of participants perceived the concept of advanced nursing practice in Jordan. Post-graduate educational programs do offer a master’s degree in clinical nursing for registered nurses. Intended to prepare nurses to practice at an advanced level as potential clinical nurse specialists in critical care, community health nursing, and maternal newborn nursing, little was known prior to this study about the development of advanced nursing roles for nurses in Jordan and the drivers behind their establishment.

Four themes emerged from the data: core competencies, specific practice area vs. generic practice, beneficiaries of advanced nursing practice, and drivers for educational change. The findings are similar to those found in other countries, and highlight the need for a consensual understanding between nurse educators, professional bodies, and employers about what advanced nursing practice in Jordan should be, so that a common framework can be identified.

Overlap and tension between M-level education and advanced nursing practice were evidenced in the difficulties that many participants experienced in talking specifically about advanced nursing
practice without talking about M-level education. This lack of consensus on what constitutes advanced nursing practice is universal; each country sets its own legal and professional boundaries for such roles. It was evident from the outset that there is no clear notion of what advanced nursing practice is, although participants described a number of different elements that constitute advanced practice.

In relation to education, further research is recommended to explore M-level nurses’ experiences of their course of study and their experiences of research. Evaluation research could be undertaken for this purpose and also to measure educational outcomes from M-level education.

**Date of Publication:** 2012, International Nursing Review 59, 222–229

**Language:** English

**Authors:** Z. Zahran, P. Curtis, M. Lloyd-Jones, and T. Blackett

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**Article Title:** The Provision of Accessible, Acceptable Health Care in Rural Remote Areas and the Right to Health: Bedouin in the Northeast Region of Jordan

**Summary:**
This paper explores to what extent the right to health as set out in UN General Comment 14 (Article 12 and 12.2 of the International Covenant on Social Economic and Cultural Rights on the right to health) can provide a framework for considering the availability, accessibility, and acceptability of current provision in a rural setting in Jordan. Health care is provided in the public sector by the Ministry of Health and the RMS to a dispersed population living in encampments and villages over a large rural area. There are issues of accessibility in terms of distance, and of acceptability in relation to the lack of local and female staff, lack of cultural competencies, and poor communication. Authors found that these providers of health care have a developing partnership that could potentially address the challenge of provision to this rural area. The policymakers have an overview that is in line with applying the concept of health care justice for a more equitable distribution of resources and adjustment of differential access and availability. Health providers are less aware of the right to accessible and acceptable health care in their day-to-day work, while the Bedouin population is quite aware of this. This case study of Bedouins in northeast Jordan has particular relevance to the needs of populations, both pastoralists and non-pastoralists, living in remote and rural areas.

This paper recommended that training on lifestyle, culture, and health issues for urban health staff working in rural areas or with indigenous and minority groups should be developed through a Bedouin health training module. Other initiatives could include financial incentives, management support, and training opportunities for local nurses, midwives and physicians.

**Date of Publication:** 2012, Social Science & Medicine Journal 74, 36-43

**Language:** English

**Authors:** Gillian Lewando Hundt, Salah Alzaroo, Fadia Hasna, Mohammed Alsmeiran

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**Feature Article Title:** Mental Health Nursing in Jordan: An Investigation into Experience, Work Stress and Organizational Support

**Summary:**
This study examined Jordanian mental health nurses’ experiences in providing mental health care, their work-related stress, and the organizational support they received. A descriptive correlation design was used. Data were collected using self-reporting questionnaires from 92 mental health nurses in Jordan.

The findings add support to the existing evidence that mental health nurses experience stress and low organizational support from their supervisors. The results should provide valuable insight, and have clinical/practical implications in terms of reducing stress within mental health nursing. Managers and other health-care providers, such as psychiatrists, social workers, and counsellors, should
increase their understanding of mental health nurses’ experiences, offer appropriate support, and improve collaborative work conditions.

**Date of Publication:** 2011, *International Journal of Mental Health Nursing* 20, 86–94

**Language:** English

**Authors:** Ayman M. Hamdan-Mansour, Ekhlas Al-Gamal, Kathryn Puskar, Mohammad Yacoub, and Anita Marini

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**Publication Title:** Gender Auditing in the Public Sector in Jordan

**Summary:**
The purpose of the study was to:

- Identify the status of gender mainstreaming from the perspective of a gender-auditing methodology in the public sector in various Jordanian institutions, including the MOH.
- Define the percentage of male and female employment in the public sector and the gaps in recruitment and promotion between them according to: administrative levels (senior, middle, and operational management), leadership and non-leadership positions, the positions and various job titles, and the categories of the study sample.
- Define the impact of the organizations’ size and the number of the male and female staff in formal institution on the ratio of female representation in the cadre and in the leadership positions of the public sector.
- Identify the impact of female representation in senior management positions on the percentage of female representation in the staff cadre and in the leadership positions in various institutions of the public sector.
- Compare the proportion of women in the cadre and leadership positions at formal institutions that have gender units or women’s units as one group, and the percent of their representation in other government institutions that do not have such units.
- Identify the organizational and institutional framework related to women or gender at the national level, and the level of various government institutions representing the public sector and identifying the effectiveness of this framework and its key achievements.
- Identify the extent of targeting women in the public sector workforce in general and MOH in particular.

The report showed that the workforce in the MOH was about 52% female while female leadership positions stood at 21%.

**Date of Publication:** 2010

**Language:** Arabic

**Author:** The Jordanian National Commission for Women

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**Article Title:** Support, Satisfaction, and Retention among Jordanian Nurses in Private and Public Hospitals

**Summary:**
This article investigated the relationships between social support, job satisfaction, and intent to stay among Jordanian hospital nurses, and compared the findings between private and public hospitals.

The surveys included 288 nurses in Jordanian public hospitals and 195 in private hospitals. The results indicated that when the levels of social support and job satisfaction increased, intent to stay at work increased as well. Nurses with high levels of social support indicated high levels of job satisfaction. Nurses in private hospitals reported higher levels of satisfaction and intent to stay than nurses in public hospitals.
The authors recommended that nurse administrators and managers need to 1) investigate the contributors to satisfaction on a regular basis, and 2) incorporate support systems as one of the strategies to promote satisfaction and thus enhance retention in their organizations.

**Date of Publication**: 2009, International Nursing Review 56, 326–332

**Language**: English

**Authors**: R.F. AbuAlRub RN, PhD; F.H. Omari RN, DNS; and M. Al-Zaru RN, PhD

**Academic Research Title**: The Impact of Role Conflict on Marital Adjustment, Psychological Stress, and Job Satisfaction in Female Workers at Nursing Domain in Jerash Governorate

**Summary**: This research studied the effects of role conflict on marital adjustment, psychological stress, and job satisfaction on married nurses working at the public hospital in Jerash.

The data were collected by administering four scales assessing role conflict, marital adjustment, job satisfaction, and psychological stress. Seventy-one female married nurses were included in this study, and their responses to the four assessment tools were used to address the first three questions regarding the effects of role conflict on marital adjustment, psychological stress, and job satisfaction.

The study findings showed that psychological stress and job dissatisfaction for nurses working in Jerash have an adverse effect on marital adjustment. Nurses sometimes tend to leave their children in the care of other parties, which can lead to certain conflicts, particularly with relatives (less with neighbors). The findings did not show any correlation between the number of children or marriage duration on the level of role conflict of those nurses.

**Date of Publication**: July 2008, University of Jordan

**Language**: Arabic

**Author**: Sana’ Al-Khawaldeh

**Research Paper Title**: Patients’ Preferences for Nurses’ Gender in Jordan

**Summary**: This study examined patients’ preferences for nurses’ gender in Jordan. Public, private, and university hospitals are all represented by selecting one major hospital from each health sector. Data were collected by a questionnaire through standardized individual interviews with 919 patients. The findings indicate that gender preferences are stronger among female patients than among male patients. Two-thirds of female patients preferred female nurses, whereas only 3.4% preferred male nurses to care for them. In contrast, one-third of male patients’ preferred male nurses, and only 10% preferred female nurses. The authors recommend that the high percentage of male nursing students need to be reconsidered by health policymakers in Jordan.

**Date of Publication**: February 2007, International Journal of Nursing Practice, pp 237-242

**Language**: English

**Authors**: Dr. Muayyad M Ahmad and Dr. Jafar A Alasad, Faculty of Nursing, University of Jordan

**Academic Research Title**: Work-Place Violence Against Working Women in the Health Sector: A Field Study on the Hospitals in the Governorate of Amman

**Summary**: This report studied the work-place violence against working women in both private and public hospitals in the governorate of Amman. The research focused on physical, psychological, verbal violence as well as bullying, sexual harassment, discrimination, and violation of law at the workplace.
A questionnaire was distributed to a random sample of 265 interviewees. There were also face-to-face interviews with female health professionals. The study concluded that psychological verbal violence is the most frequent, followed by bullying, sexual harassment, violation of the law, and discrimination against working women. These types of violence are not reported, and are considered costly cases due to their adverse effects on the productivity of the victims and subsequently the health institution.

**Date of Publication:** January 2007, University of Jordan

**Language:** Arabic

**Author:** Dr. Amal Al-Awawdeh

### Relevant Stakeholders’ Recent Annual/Statistical Reports

**Ministry of Health Annual Statistical Report 2014**

The Human Resources Chapter (6) presents data on health professions statistics in the public and private sectors. Those statistics include multiple indicators. The relevant data cover the number of each health profession distributed by sectors, development in health profession employees at the Ministry of Health for the last five years, number of health professions at the Ministry of Health by profession and directorate at governorates level, number of health professionals distributed by health-center categories (comprehensive, primary, subsidiary), and the number of employees at the ministry of health hospitals by hospital name and profession. Such statistics present total numbers of employees (male and female), while gender-based statistics could be available upon request.

**National Human Resources for Health Observatory Annual Report for 2015**

This report is being prepared by the HHC in Jordan, and is not yet published. The components and information embedded in this report are valuable and reflect recent developments in HRH. The following main subjects are covered:

- Health policy in Jordan
- The healthcare system in Jordan
- HRH stakeholders in Jordan
- The situation of health workforce in Jordan
- Objectives of National HRH Observatory in Jordan
- Health workforce in the public sector
- Health workforce in the private sector

The tables in the report reflect the following data and information:

- Table (1): Trend of human resource/population ratio 2010 – 2014
- Table (2): Distribution of the health workforce in the public sector by category, 2015
- Table (3): Health workforce at the MOH by category and gender, 2015
- Table (4): Health workforce at the MOH by category and work place, 2015
- Table (5): Health workforce at RMS by category and gender, 2015
- Table (6): Health workforce at RMS by category and governorate, 2015
- Table (7): Health workforce at Jordan University Hospital by category and gender, 2015
- Table (8): Health workforce at King Abdullah University Hospital by category and gender, 2015
- Table (9): Health workforce at Jordan Food and Drug Administration by category and gender, 2015
- Table (10): Health workforce at the Joint Procurement Department by category and gender, 2015
- Table (11): Health workforce at National Center for Diabetes, Endocrinology, and Genetics by category and gender, 2015
- Table (12): Health workforce at HHC by category and gender, 2015
- Table (13): Health workforce in the private sector, 2015
- Table (14): Health workforce at UNRWA by gender, 2015
- Table (15): Health workforce at the Jordanian Association for Family Planning and Protection by category and gender, 2015
- Table (16): Health workforce at Jordanian Association for Family Planning and Protection by category and governorate, 2015
- Table (17): Health workforce at King Hussein Cancer Center by category and gender, 2015
- Table (18): Ratio of health workforce/10,000 population at the national level, 2015

The report annexes include enrollees and graduates by profession and gender from each health educational institution as follows:

**Civil Service Bureau Annual Report 2014, and Main Job Competition Statistics for 2015**

CSB statistics showed that the MOH accounted for 27% of the total appointees in the public sector in 2015, the second largest ministry after the MOE (which accounted for 38% of total appointees). Most CSB data are categorized on a gender basis, while gender data of particular public entity across governorates could be available upon request. The 2014 CSB annual report elaborates on the HR activities, which include recruitment, internal and external capacity building workshops/programs, scholarships, retirement, resignation, unpaid vacations, employees mandating, career promotions. All these data are available on a gender basis for the MOH and for total medical professions in the public sector as well. Gender-Age categories data and gender years of experience for the MOH medical professions is available upon request either through the CSB or MOH.

Most CSB gender statistics and indicators of medical professions at the MOH showed that it is gender sensitive toward women, so this is a general phenomenon of public sector workforce.

**Department of Statistics Year Book 2014**

The health chapter, 14, presents data on health statistics in the public and private sectors. Health statistics include multiple indicators, the relevant data cover the number of employees at the Ministry of Health by profession and directorate at governorates level, number of employees at the Ministry of Health hospitals by hospital name and profession, and development in medical and related profession employees at the Ministry of Health for the last six years. Such statistics are not broken down by gender, presenting total numbers of employees (male and female).

**Jordanian Nursing Council Annual Report 2015**

The annual report of the JNC has reflected the accomplishments made throughout last year regarding the nursing profession and the qualification of human cadres. The report refers to the following:
- The Council has received the approval of the CSB for the formations list of 2015 for employing the nursing competencies at the specialized technical directorates, through appointments based on comprehensive contracts for all allowances for three nursing jobs including the job of director of the specialization directorate.
- The JNC continued to give specialization degrees in nursing by virtue of the professional levels licensing regulation, holding three courses for the degree during the year 2015.
- The council continuously endeavors to develop nursing education in Jordan in line with the international educational institution standards. In 2015, the council established a forum for the deans of the nursing colleges in Jordan. It also reviews and updates the accreditation standards and quality assurance for the nursing programs at the Jordanian universities, in cooperation with the Higher Education Accreditation and Quality Assurance Commission. It also started reviewing and developing the nursing curricula to be in line with competency-based education.
- In the field of professional development, the council implements leadership-for-change programs in cooperation with sponsors from WHO and the International Council of Nurses. The third cadre of the program graduated in 2015, comprised of 17 nurses from the MOH and RMS.

WOMEN'S ENROLLMENT IN THE HEALTH WORKFORCE LITERATURE REVIEW | 29
- The nursing council has also developed a general framework for continuous nursing education through the national committee for continuous education. A national workshop was held to discuss this framework, and the participants have recommended that the nursing council should prepare regulations for continuous nursing education. The council is currently working on developing regulations for continuous education for both nursing and midwifery.
- As an accredited center for providing continuous nursing education and out of commitment to the requirements of U.S. center standards, a training course was held for 14 nurses of the MOH cadres.

**JMA Annual Report 2015**

The 2015 JMA annual report referred to the fact that the MOH physicians' committee has held several meetings to discuss relations between MOH-employed physicians and of the Ministry of Health. The committee held several meetings with the Doctors' Association Council to identify the status quo at the MOH as a result of the migration of 450 physicians during the last two years, resulting in an increased burden for remaining doctors. Financial considerations and the shortage of basic and secondary specializations are the main reason for physicians' migration.

Regarding the physical assaults on doctors, the head of the Medical Association, in cooperation with the council and the committee, succeeded in imposing strict punishments. Assaults declined from 88 to 28 assaults last year.

**JPA Annual Report 2014**

The JPA annual report for 2014 has indicated that several meetings were held with the minister of health and the secretary general of the Ministry of Health, the Ministry of Finance, and the head of the Health Committee in both Chambers to ensure that the pharmacists working in the public sector obtain their rights as follows:
- Granting incentives to public-sector pharmacists as of the first year and not after one year from the date of their appointment, similarly to their peers in the other medical professions.
- Reconsidering the technical allowance granted to pharmacists and equating them with their colleagues, physicians and dentists.
- Requesting reconsideration of the investigation committees that are formed to investigate pharmacists of the public hospitals and pharmaceutical warehouses affiliated with the Ministry, regarding expired medicines.
- Requesting that pharmacists working in the public sector be given a monthly bonus of 35% of their total base salary.
- Requesting that the pharmacists working in the public sector be included in the raise of the pensioners' living allowance, similarly to their peers, physicians and dentists.

**JDA Annual Report 2015**

The JDA 2015 annual report reported that the Dentists’ Association has carried out the following:
- Signing of a memorandum of understanding with the Ministry of Labor to train 250 newly unemployed dentists in the MOH centers for 450 JOD per month for one year, subject to social security. The arrangement will be reviewed annually.
- Continuous communication with the CSB and the MOH; vacancies were made available and a number of dentists were appointed in the MOH.
- Increasing the number of dentists accepted to the residency and specialization programs, and appointing dentists at the MOH and RMS.
- Meeting with the committee of dentists working at the MOH to discuss relevant issues and to discuss the current and pending cases that have been worked on with the MOH.
- Meeting between the head of the association, minister of health, and other concerned officials to discuss all issues related to the dentists working in the MOH.

**JNMA Annual Report 2015**

The JNMA annual report for 2015 reported that the association, in coordination with the Ministry of Health, addressed several obstacles that nurses and midwives face. These included obtaining leave...
without pay, organizing the appointments process with the MOH and the CSB, paving the way for the appointment of more members, posting the position of a night nursing supervisor on the organizational structure and granting that person the allowance entitled accordingly, organizing the disbursement of supervision and transportation allowances, organizing the transfer of nurses subject to their place of residence, replacing those staff members on leave, organizing the administrative structure for nursing at the MOH, developing the legislation of the nursing profession, and proposing new instructions for incentives.
Results

Fourteen papers reported on gender differences within the three themes (inclusion criteria 4), of which four reported on gender issues across the three themes. Four reported on education, and six on retention. No papers were found that specifically address women’s enrollment in the labor market after graduation. Study designs included cross-sectional descriptive designs (n=8), qualitative designs (n=2) and literature reviews combined with stakeholder interviews (n=4). No intervention studies were found. Out of the 10 primary research papers, seven were conducted in public health facilities and three in both public and private facilities. The public sector studies (USAID and UNDP) focused on public administration in general. Most papers (9 of 14) focused on the discipline of nursing, two focused on medicine, and the other three on all professions. Other disciplines seem less documented; we found papers on disciplines such as mental healthcare, elderly care, and on nurse practitioners and continued education, but none of them addressed the three themes in relation to gender issues.

Seven additional papers were included in the analysis; they are gender neutral (do not report on gender differences or factors related to the female health workforce specifically) or report on male health professionals. They were included to support the identification of knowledge gaps.

One additional paper was discovered after the completion of the original literature review, a draft study completed by the USAID-funded Takamol program on gender distribution in the MOH. Because of its immediacy and relevance to the literature review, the study was included before its formal publication.

Of the papers reviewed, the following provided additional insight into additional empirical research opportunities:

- [Draft] Study of Gender Distribution of Employees of the Ministry of Health, USAID-funded Takamol activity – indicated that women’s enrollment (in terms of actual numbers) was not an issue at the MOH; rather, this paper provided insights into non-enrollment factors (i.e. ‘participation’) that affected women’s experience in the MOH health workforce.
- JFRBA Gender Analysis – compares MOH experiences against that of other Ministries, and recommended actions related to gender equality in public service, which could feed into future policy and strategy work.
- Gender Equality and Women’s Empowerment in Public Administration, Jordan Case Study – notes gender-specific factors that impact enrollment and retention in the health workforce and options for address said factors.
- Gender Auditing in the Public Sector in Jordan – reviews status of gender mainstreaming and recommended next steps, which can affect how work on improving women’s participation in the health workforce is done with in the MOH.

In the next section, results from reviewing all papers are presented according to the three themes.

Production: Medical and Nursing Education

Jordan has five medical faculties, two dental faculties, and eleven pharmacy faculties. There are about 29 colleges offering an associate level degree in nursing and 13 public and private universities offering BSc qualifications [10]. There are three master’s degree programs that offer advanced nursing. Service providers are increasingly interested in offering opportunities for their staff for this education [11]. The government has initiated a program to allow nursing students to obtain their Ph.D. abroad but the program is underutilized by women. It was problematic to allow single women to travel abroad alone, so very few were able to do so. For married women, it was difficult to leave their family for three to four years, and scholarships did not support family expenses. Studying abroad was socially and financially unviable for women [9].

Numbers in [brackets] indicate the number of the study, listed in References.
We did not find studies that explored the motivations of women to enter medical education. Instead, one paper explores specialty preferences among female and male medical students. Female students prefer obstetrics & gynecology and pediatrics; male students prefer surgery. Both genders show limited interest in other specialties. Furthermore, female students were more influenced by ideals of contribution to community health and less by the prospect of good income or prestige [12].

As for bachelor’s degree and higher educational levels, the rate tends to favor males, reaching its highest for the educational qualifications of PhD and Medical Council, 94.5% for men and 80.7% for women [28].

With regard to trends in nursing education, all nursing colleges experienced increasing numbers of nursing graduates [10]. The number of males entering nursing education has increased: in 1982, males started to be accepted at university-based nursing programs where they constituted 20% of the students [7]. In 2015, 29% of the graduates were male (p.9). Due to the limited number of places in public universities and admission criteria (competition based on high school grades), men are particularly admitted to private institutions, for which enrollment statistics were not available [5, 10]. The overall increase in enrollment in nursing education is, according to Zahran (2012), due to the prospect of guaranteed employment and not due to the desire to be a nurse [9]. Safadi et al. confirm this by reporting from their research among nursing students, which shows that only 54% of students selected nursing as their first choice of education [13]. There may, however, be gender differences in education choices and ambitions. Motivations for women to choose a nursing career were hardly described in studies, except for a statement that women may have a stronger desire to find caring careers than men, which fits society’s expectations [13]. Preference for maternity care (and a focus on nursing education) is based on the fact that in many cases their families will not allow them to work with male patients [10]. Motivations for men to choose to study and seek a career in nursing include the available opportunities (including working abroad), easy recruitment processes, expected quick employment, and a decent salary [5]. The prospect of working abroad for better salaries is attractive for men who tend to be responsible for financial support of their parents and siblings [5, 11]. Also, single men have higher gender mobility than single women, for whom it is less socially and religiously acceptable to migrate to get money [5].

**From Graduation to Employment**

**Job Orientation/Intent**

Job orientation often happens during education for medical students. In nursing also, expectations and preferences for post-graduate positions are quickly developed during pre-graduation clinical placements (internships) during the second year of the program. Male students seeking employment abroad sometimes pro-actively seek practical internships in Intensive Care units because they are well recognized abroad. Sometimes internships also lead to demotivation to pursue a nursing career [8, 10].

One article states that nurses in Jordan prefer working in the public sector because of better salaries and working conditions [15]. The private sector is known for poor treatment of nurses, and the military sector is perceived as too rigid and controlling [10]. It is thus expected that the first preference of many nursing graduates is toward the public sector, but this is not confirmed by data from included studies.

**First Posting and Unemployment**

Information on unemployment rates or temporary employment gaps between graduation and practice were not found for any of the sectors. The increase in graduated nurses reduces students’ confidence in finding a (future) job [10] but we did not find strong evidence on job availability and enrollment timelines. One study did address the challenge for male nurses to find employment after graduation.

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12 Data on gender in graduation are contradictory. Ahmad (2007) stated that men constituted 65% of BsC nurse graduates in 2005. Data on midwifery are generally lacking.
due to the excess of male nurses. Several initiatives have been started to create employment opportunities for male nurses, such as providing six-month contracts to get sufficient experience in order to work abroad, or by providing jobs in school or occupational health [5]. Data on post-graduate unemployment of medical graduates were not found.

**Emigration**

Emigration of the health workforce after graduation is discussed in a number of papers, but data on recently graduated health workers is lacking. [16]. It is estimated that 34% of Jordanian physicians are working overseas, but the moment of migration within a career is not specified [17]. For example, for Lebanon, evidence exists that one in five university trained nurses emigrate within two years of receiving their degree. This information is not available for Jordan.

**Urban versus Rural**

Graduated nurses who are not from rural communities are reluctant to work in rural areas because they are far from the central regions and the capital and have limited access to housing and other amenities [5]. But geographic mal-distribution may be an indirect outcome of the concentration of medical and nursing schools in urban areas [16]. The lack of educational institutions offering nursing in rural areas reinforces the low rate of enrollment of students with rural backgrounds. This in turn contributes to a shortage of staff in these areas. The lack of policies to encourage girls to become nurses in these areas is particularly criticized [5].

**Retention, Turnover, Satisfaction**

**Turnover and Mobility**

Between 2003 and 2007, the nursing turnover rate in Jordan was estimated at 23.1% [5]. According to a 2009 study, registered nursing turnover in Jordan was established at 36.6% per year [15]. Turnover rates were higher in urban than in rural hospitals and higher in private than in public hospitals, but there was no significant difference between men and women [15]. The available data on turnover of physicians in the public sector is measured in one study as intention to leave, which was estimated at 29.3% among 307 rural physicians [17].

Comparisons between the public and private sectors often created contradictory results. For example, one study reporting on turnover finds that nurses are more likely to leave public facilities [18] while another study reports that the turnover rate in private facilities is higher [15].

The mobility of health workers is considered a challenge; movements from one workplace to another is unorganized and not regulated [5]. Studies on retention and job satisfaction rarely report on gender differences, and hence little is known about factors for retention/turnover that specifically apply to the female health workforce. Several authors suggest more research is needed on career choices and personal reasons to stay or leave in the health workforce [9, 10]. From the included studies, we were able to distill a few challenges for the female health workforce and two themes of relevance for the attraction and retention of both male and female health workers: a) working in underserved areas, and b) workplace violence.

**Specific Workplace Challenges for Female Workers**

Reports from USAID (2014) and UNDP (2012) provide a relevant gender analysis of the public sector in Jordan. Although the reports do not focus on the health sector, the findings provide input for the identification of knowledge gaps and further research. In sum, they indicate that the majority of women, regardless of their positions, face issues that point to discrimination on the job. For example, female workers (as opposed to male workers) are criticized for staying late at work; they are expected to work extra hard to continue proving that they can do the job; female workers requesting vacation are required to give a more detailed justification than men; and women depend on the goodwill of

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13 Turnover is defined by this author as “voluntarily terminating one’s position in one setting and moving to another, changing employment status in the same setting, or completely leaving the profession to another” (p. 303).
their supervisors to be granted leave to take care of sick children, to take time to breastfeed (even though this is regulated by the law), or to transfer to another department if they are being harassed. Furthermore, female supervisors are hesitant to assign tasks to their male employees, which puts extra pressure on the female supervisor (p. 13 – 15). According to the report, discrimination is reflected both in the laws and policies regulating the public service, and the social norms reflected in daily interactions between men and women [4]. So even if policies provide equal employment and benefit opportunities for men and women, in practice opportunities and benefits are not equally enjoyed. Women face multiple obstacles realizing their rights [2].

Two studies on workplace challenges in the health sector reflect some of the challenges identified for the public sector in general. These two studies included only female workers as participants [19] [20]. The first study focused on female nurses in both private and public facilities. It found that female nurses are particularly dissatisfied with disputes among work colleagues, the disrespectful treatment of patients towards female nurses, the weakness in social relationships, and their exclusion from decision-making. Women are furthermore faced with a lack of nurseries for their children; long working hours; working routine; the denial of their right for an hour of infant’s breast-feeding; the rigidity of applying the vacation system; inappropriate offices and praying and resting places; and a secure and healthy facility for their children while they are on duty [19]. It is not known whether these factors apply to both public and private facilities. The latter aspect is also addressed in another study among female nurses in a public hospital, which finds that arrangements for the care of children highly affect marital role conflict, stress, and job satisfaction [20]. Contradictory information is reported on whether or not, and why, marriage is a factor that makes women leave the profession [21] or stay in the profession [15].

**Underserved Areas: Challenges for Both Male and Female Workers**

Four studies describe retention, intent to leave, and intent to stay data in underserved or difficult-to-staff areas; three of these studies were related to nursing [5, 16, 20] and one was related to physicians [17]. Three studies were conducted in public facilities [5, 20, 17] and one in both public and private facilities [16]. Areas described as difficult include Ma’an, Aqaba, Tafeela, and Mafraq governorates, where there is an acute shortage of health workers. In especially short supply are female registered health workers [5] that are substituted by locally trained associate and assistant nurses. Although each of the studies include equal numbers of male and female respondents, analysis is mostly not gender disaggregated, so most factors are presented as equally important for both genders. Challenges for health workers in underserved areas that prompt health workers to leave include a non-supportive work environment (e.g., lack of housing), lack of nursing schools, poor public transportation, lack of financial motivation [21], low salaries, and few opportunities for career advancement [16] and continued education [16]. Low intent to stay is also associated with the poor status of nursing [21], working in non-critical care (emergency care), and having an inadequate number of colleagues [16]. Receiving compensation for overwork was surprisingly negatively associated with intent to stay, being explained by the author as non-financial (personal and career) factors being the main reasons to stay [16]. Intent to stay is higher for staff who travel less than an hour to work, who prefer village life, who have access to child care and schools [16], and who have high levels of job satisfaction and abundant social support [18]. Khatatbeh (2015) confirms that transport and travel time of more than an hour is particularly difficult for female physicians since in most families it is not acceptable for a woman to travel alone or sleep outside their home [17]. Two authors note that, despite the challenges health workers face, the intention to leave is not high and turnover rates are relatively low in difficult and rural areas. Reasons given are that health workers are working in their region of origin or that they are from regions where they could not find a job [8]. They suggest, however, that more research should be done to explore this paradox [21].

**Workplace Violence**

A few papers address workplace violence (verbal and physical). One paper addresses violence faced by female professionals in private and public hospitals in Amman. Psychological verbal violence is the most frequent, followed by bullying, sexual harassment by men, violation of the law, and discrimination against working women [22]. A similar study in mainly public hospitals found that 52.8% of nurses
reported being physically attacked and 67.8% report being verbally attacked by patients or relatives of patients. Female nurses generally do not call for assistance when they are being attacked and rarely report cases of abuse [23]. Another report focuses on physical violence in emergency departments in public and private hospitals. It states that men and younger workers, in particular, are more vulnerable to physical violence than female nurses, because of their masculinity and the fact that they do not allow others to criticize their work; and because violence against women is culturally and religiously unacceptable behavior in Jordan [24]. An author suggests an impact of workplace violence on the health care system, including absenteeism, turnover, and reduced productivity [25], but whether and how this applies to female health workers is not documented. Violence is often not reported but is considered costly due to the adverse effects on the productivity of the victims and subsequently the health institution [22].

Factors Cutting Across Three Themes

One of the main obstacles preventing women from entering nursing education, or from being recruited and retained in nursing, are the underlying social and cultural barriers related to females having to work with males or in evening and night shifts [1, 2]. Working night shifts is a challenge generally recognized for female workers in the health sector; families disapprove of a nursing profession for their daughter because of the night shifts and there is even a legal provision that does not allow women to work between 8 p.m. and 6 a.m. [9, 14].
Knowledge Gaps

The gaps in the research identified in this review related to 1) a lack or contradiction of basic (gender disaggregated) statistics, 2) a lack of gender-disaggregated analysis of research data and a limited number of studies focusing on the female health workforce, 3) lack of explanatory studies on the education-practice gap, and 4) lack of studies on other non-nursing disciplines. A fifth gap was identified based on data on interventions and policies in some papers.

Lack of Basic Data

In terms of statistical data, there is some contradictory information in the statistics we found. There is a lack of basic gender-disaggregated data, especially longitudinal data that describe trends in education, deployment, employment, turnover and retention, and career paths along different disciplines. In addition, there is a lack of overview of the gender specific health labor market of the public sector.

This analysis needs to be conducted to have a clearer overview of enrollment trends and figures. The main interest is in trends in male/female ratios for students, graduates, employees, and leavers. This would be one of the first next steps required in future research. It should be noted that this review did not include an in-depth collection and analysis of statistics; it may be that the data are available but are not yet aggregated and analyzed from a gender perspective. The National Human Resources for Health Observatory Annual Report, 2015, provides gender disaggregated data on MOH staff by category and enrollees and graduates for medical and nursing faculties. The report was not yet published to date but it is expected that the data can be accessed soon in order to develop this overview.

Another potential need for data collection is related to differences between nationalities and higher and lower cadres within the health workforce. One paper reports that some immigrant nurses in Jordan experience more discrimination from patients and their relatives. Regarding factors for high turnover, another paper reports on the replacement of baccalaureate nurses by nurse assistants by hospital administrators [27]. Career choices may also differ between Jordanian students and foreign students; in the medical faculty, for example, one-quarter of the students may be foreign with career aspirations outside of Jordan [12]. The first step would be to collect data on the representation of immigrant and lower cadres within the MOH workforce.

Lack of Gender-Disaggregated Analysis of Data

Although many primary studies involved both male and female participants (explained in the methods section and participant characteristics), data analysis was often not gender-disaggregated in qualitative studies or not taken into account as a variable in quantitative studies. Only 3 out of the 14 studies focused specifically on female health workers. Hence, we know little about female health worker choices and preferences in education, the workplace, and in recruitment/deployment.

Lack of Explanatory Studies on Education-Practice Gap

Regarding the content of papers included in this review, there is a general lack of data on experiences of female health professionals in the public health workforce. While factors for career choice and challenges for retention and mobility are covered to some extent for both male and female workers (also in the ongoing USAID retention study), one of the most important gaps in existing literature is an explanation for the gap between women’s medical and nursing education and enrollment in the labor market.

- Education: no studies were found that explicitly assess the motivation of young females to start medical or nursing education (some data on motivations for men were found) and on how they perceive their studies and perspectives.

- Post-graduate employment options: no studies were found that assess the considerations and choices that female students or pre-graduates have prior to their employment. Factors to include are salary incentives, expected workload, expected family situation, geographical location,
expected support from colleagues and relatives, the availability of an orientation or coaching program, and the possibility to raise children. This type of knowledge is most likely generated through qualitative studies with recent graduates and different categories of female health professionals. The studies by Safadi and Shoqirat [5, 8, 10] may provide useful entry points.

- Employment/retention: this area is relatively well covered in existing literature, but few studies explicitly assessed factors related to career choice, job satisfaction, and retention of female health workers. Empirical research should assess levels of discrimination as identified in the study on the public sector in general to see where the health sector can innovate [4]. The ongoing study on health worker retention and motivation is addressing this gap.

Lack of Disaggregation Along Disciplines

Studies address a limited number of cadres, mostly nurses (mainly RNs), some on physicians, and none on the other cadres. Little is reported on differences among female workers; in practice some categories of staff might face different challenges than other categories. There may, for example, be a difference between RNs and associate nurses.

Lack of Knowledge on the Effect of Interventions on Female Enrollment

In the health sector, several initiatives have been undertaken to promote the enrollment of female students in nursing education [13] and in creating a supportive employment strategy for female graduates, in Jordan and beyond. A number of organizations have proposed gender-specific strategies (e.g., Jordan National Commission for Women and the National Strategy for Women). Jordan 2025 proposes a revision of national legislation to promote the participation of women in the labor market. It will also be important to conduct an analysis of gender neutral policies and systems (e.g., listed in Annex 1 E-I (stakeholder documents) to identify positive or discriminatory policies. It will be important to evaluate implementation progress and identify lessons learned for integration in the future HRH gender policy.
Proposed Research Questions

Most research questions are focused on addressing knowledge gap 3 related to women’s enrollment in the health labor market after graduation. Future research should also include perspectives from different disciplines (knowledge gap 4), so the questions therefore should cover health professionals from different disciplines.

However, based on the large number of studies on the subject of women in the workforce, including recent and relevant studies with the MOH, the conclusion is that these gaps could be addressed through existing resources (including the USAID-developed gender audit team within the MOH) or added on to other research on gender or women’s participation in the health workforce. The research topics below should be referenced and incorporated into future empirical research on women’s participation in the health workforce, including strategies related to enrollment, retention, progression, and leadership.

Basic Gender-Disaggregated Data

- Data on student enrollment in different faculties per year, per gender, over multiple years
- Data on number of graduates in different faculties per year, per gender, over multiple years
- Deployment and recruitment statistics and patterns of post-graduates in different disciplines (e.g., time gap, process of registration, (temporary) unemployment, types of contracts, types of employers)
- Data on health professionals leaving the sector after having been employed
- Data on health professionals never entering the Jordanian health sector (if not available, possibly through network analysis)

Experiences/Perspectives/Barriers of Female Health Workforce

- What are young females’ motivations to enroll in medical or nursing education?
- What is the relation between education choice, personal background (family, rural/urban), and job orientation?
- What are female students’ expectations with regard to post-graduate employment?
- What are recently graduated female health professionals’ (in MOH) experiences with regard to post-graduate employment, and what are their further career considerations (e.g., comparing women posted in rural and urban facilities)?
- What is the influence of student and graduate networks (family, relatives, friends, teachers, counselors) on career choice?
- How do female students perceive the opportunities and constraints of the health labor market?
- What are the short- and long-term considerations of female students when they explore the labor market?
- What are female students’ considerations for not pursuing a medical or nursing career (in urban areas, rural areas, or abroad)?
- What is the relationship between actual and expected marital situations and actual or expected career choice?
- How do female supervisors and managers perceive the obstacles to female enrollment?

Knowledge Gap Mapping and Evaluation of Interventions

- What interventions have been implemented so far to promote women’s enrollment in the MOH workforce?
- What works and why in strategies to support women’s enrollment in the MOH workforce?
References


Additional referenced works


# Annex 1: Relevant Institutional Official Websites and Data Available Online

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<tr>
<th>Official Institution</th>
<th>Name of Available Document/Report</th>
<th>Type of Online Available Data/Statistics</th>
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<tr>
<td><strong>Ministry of Health</strong></td>
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<td></td>
<td>Annual Statistical Report of 2014 (Arabic)</td>
<td>Staffing levels in MOH by each profession category across different organizational entities</td>
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<td>Ministry of Health Strategic Plan (2013–2017)</td>
<td>Health personnel by selected category and health sectors in Jordan</td>
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<td>Annual development in personnel numbers by different profession category</td>
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<td>Number of annual graduated nurses by sub-category (nursing, associate nursing, midwives)</td>
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<td><strong>Civil Service Bureau</strong></td>
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<td>Strategic Plan 2014–2016</td>
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<td>Competition report statistics of 2015</td>
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<td>Civil Service By-Law no 82 of 2013</td>
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<td>The annual report includes HR activities including: recruitment, internal and external capacity building workshops and programs, scholarships, retirement, resignation, non-paid vacations, job description, and career promotions. All these data are available on a gender basis for the MOH and for total medical professions in the public sector as well.</td>
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<td><strong>Jordanian High Health Council</strong></td>
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<td>National Strategy for Health Sector in Jordan 2015–2019</td>
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<td><strong>Jordan Medical Council</strong></td>
<td>JMC policy</td>
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<td>JNC action plan (2014–2016)</td>
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<td>JNC annual report 2015 (hard copy)</td>
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<td><strong>Jordan Medical Association</strong></td>
<td>Jordan Medical Association Law no.13 of 1972 and its amendments</td>
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<td>Annual Report 2015 (hard copy)</td>
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14 Hard copies documents (Arabic) collected by hand.

15 English or Arabic only.
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<th>Official Institution</th>
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<th>Type of Online Available Data/Statistics</th>
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<tr>
<td>Jordan Pharmacist Association</td>
<td>Jordan Pharmacist Association Law no. 51 of 1972 and its amendments, Annual Report 2014 (hard copy)</td>
<td></td>
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<tr>
<td>Jordanian Dental Association</td>
<td>Jordanian Dental Association Law no. 17 of 1972, Annual Report 2015 (hard copy)</td>
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<tr>
<td>Jordan Nurses and Midwives Association</td>
<td>Jordan Nurses and Midwives Association Law 18 of 1972, Annual Report 2015 (hard copy)</td>
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</tr>
<tr>
<td>Department of Statistics</td>
<td>Year book 2014</td>
<td>Gender disaggregated data per profession (national level), Gender disaggregated profession data per governorate</td>
</tr>
<tr>
<td>Ministry of Planning and International Cooperation</td>
<td>Jordan 2025: A National Vision and Strategy</td>
<td></td>
</tr>
<tr>
<td>General Budget Department</td>
<td>MOH Budget law for 2016</td>
<td>Number of health professions at the MOH distributed by gender and by job type for the years 2014-2016.</td>
</tr>
</tbody>
</table>

Annex 2: Type of Captured Academic Research Articles, Studies, and Reports

<table>
<thead>
<tr>
<th>Visited Onsite/On-Line Site</th>
<th>Type and Name of Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordanian National Commission for Women</td>
<td>Official Publication: Gender Auditing in the Public Sector in Jordan, 2010</td>
</tr>
<tr>
<td>Center for Women’s Studies (onsite visit)</td>
<td>Academic Research: Workplace Violence Against Working Women in the Health Sector, a field study on the hospitals in the governorate of Amman, 2007</td>
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<td></td>
<td>Academic research: The Obstacles that Hinder the Nurses in Madaba’s Hospitals, 2015</td>
</tr>
<tr>
<td>Jordan University Library (onsite visit)</td>
<td>Academic Research: The Impact of Role Conflict on Marital Adjustment, Psychological Stress and Job Satisfaction in Female Workers at Nursing Domain in Jerash Governorate, 2008</td>
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<td>Visited Onsite/On-Line Site</td>
<td>Type and Name of Document</td>
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<tr>
<td><strong>UNDP</strong></td>
<td>Report: Gender Equality and Women’s Empowerment In Public Administration, Jordan case study, 2012.</td>
</tr>
<tr>
<td><strong>USAID/Fiscal Reform Project</strong></td>
<td>Report: Jordan Fiscal Reform Bridge Activity (JFRBA), Gender Analysis, 2014</td>
</tr>
<tr>
<td><strong>International Journal of Nursing Practice</strong></td>
<td>Academic article: Patients’ preferences for nurses’ gender in Jordan, 2007</td>
</tr>
</tbody>
</table>
| **U.S. National Library of Medicine, National Institutes of Health** | Academic Articles:  
  - Jordanian Perspectives on Advanced Nursing Practice: an Ethnography, 2011  
  - Mental Health Nursing in Jordan: An Investigation into Experience, Work Stress and Organizational Support, 2010  
  - Support, Satisfaction, and Retention among Jordanian Nurses in Private and Public Hospitals, 2009  
  - The Challenges of Working in Underserved Areas: a Qualitative Exploratory Study of Views of Policymakers and Professionals, 2013  
  - Workplace Violence Against Nurses in Emergency Departments in Jordan, 2013 |