Appendix A: Data extraction template

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