

**THE RECRUITMENT AND RETENTION OF MEDICAL PROFESSIONALS IN
RURAL AREAS AT THE LIMPOPO DEPARTMENT OF HEALTH, SOUTH AFRICA**

By

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DECLARATION

I, **Simon Matome Nkgapele**, declare that the dissertation titled: “**The Recruitment and Retention of Medical Professionals in Rural Areas at the Limpopo Department of Health, South Africa**” submitted to the University of Limpopo to obtain a Master's degree in Public Administration and Management has not previously been submitted by me to this university or any other university, that it is my design and implementation work, and that all materials contained therein have been accepted.

S Nkgapele

10/05/2025

SIGNATURE

DATE

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DEDICATION

This dissertation is dedicated to all medical professionals serving the rural communities in Limpopo, South Africa. Your dedication to providing quality healthcare amidst difficulties inspires respect. You stay committed to your goals even in the face of challenges. Your presence in public hospitals enables them to meet their constitutional responsibility to deliver health services to all, as the Constitution guarantees. This dissertation recognises and honours your invaluable contribution to ensuring access to healthcare, particularly for individuals living in rural communities. Please continue your lifesaving work and remember your impact on our society's well-being.

ABSTRACT

The shortage and retention of medical professionals is a serious international conundrum in the health sector. It remains a key issue in South Africa, impacting society's access to healthcare services, especially in rural areas. The demand for recruiting and retaining medical professionals to meet the health needs of South Africans is demonstrated by the National Development Plan (NDP): Vision for 2030. This points out the importance of recruiting and retaining medical professionals, as the sector depends on these professionals to deliver healthcare services to the community. Previous studies examined the conundrums of recruiting and retaining medical professionals across the health sector. However, they have not explicitly focused on the public health sector, including rural and urban hospitals. Less attention has been given to the rural areas of Limpopo province. In addition to the above, the available studies have not thoroughly examined the factors contributing to turnover. They also have not evaluated the effectiveness of incentive programs, support structures, and recruitment and retention strategies implemented by the Limpopo Department of Health (DoH) in rural public hospitals. Thus, this current research exists to examine the recruitment and retention of medical professionals in rural areas and suggest strategies for the Limpopo DoH to attract and retain these professionals effectively. This research employed a qualitative method of research. The research had semi-structured interviews and paper-based questionnaires. The findings were analysed using thematic content analysis. Thus, themes were identified and presented.

The research found that the poor appeal of rural areas, caused by infrastructure deficits, social isolation, limited career growth, and misaligned recruitment, makes attracting and retaining professionals difficult. Medical professionals often leave rural posts due to poor conditions, high workloads, burnout, and better opportunities elsewhere. Generic incentive programs like allowances and overtime are only partially effective. The study calls for localised retention strategies, including decentralised recruitment, infrastructure improvement, permanent posts, career development, and better interdepartmental collaboration. The study recommends including rural-focused bursaries, enhancing living conditions, succession planning, and family-friendly workplaces to tackle systemic challenges and enhance healthcare in rural areas of the Limpopo province. These recommendations align with national priorities and

constitutional obligations to ensure every South African has access to equitable and quality health services. The research contributes to public administration practices in public health and public sector Human Resource Management (HRM) and provides a theoretical contribution to the HRM sub-field in Public Administration.

Keywords: Recruitment, Retention, Medical Professional, Rural Areas, Turnover

ACRONYMS

DoH - Department of Health

DPSA - Department of Public Service and Administration

EAPs - Employee Assistance Programmes

HIV - Human Immunodeficiency Virus

HR- Human Resource

HRM - Human Resource Management

MEC - Member of the Executive Council

NCA - National Health Act

NDoH - National Department of Health

NDP - National Development Plan

NGE - Non-Governmental Establishments

NHI - National Health Insurance Scheme

NHIS - National Health Insurance Systems

NHS - National Health System

OSD - Occupational Specific Dispensation

PHC - Primary Health Care

PHSC - President Health Summit Compact

PSA - Public Service Act

PSA - Public Service Commission

SDGs - Sustainable Development Goals

TB - Tuberculosis

TREC - Turfloop's Research Ethics Committee

UHC - Universal Health Coverage

WHO - World Health Organization

LIST OF TABLES

Table 1.1: Turnover Rates at the Limpopo DoH for the period 1 April 2021 and 31 March 2022

Table 1.2: Vacancy Rates at the Limpopo DoH for the period 1 April 2021 and 31 March 2022

Table 4.1: Sample group and size

Table 4.2: The Inclusion as well as Exclusion Selection Criteria

Table 5.1: Interview Data

Table 5.2: Gender

Table 5.3: Designation

Table 5.4: Education

Table 5.5: Experience

Table 5.6: Questionnaires

Table 5.7: Theme and Subthemes for Objective 1 (First Question)

Table 5.8: Theme and Subthemes for Objective 1 (Second Question)

Table 5.9: Vacancy rates of the medical specialists

Table 5.10: Theme and Subthemes for Objective 1 (Third Question)

Table 5.11: Theme and Subthemes for Objective 2 (First Question)

Table 5.12: Theme and Subthemes for Objective 2 (Second Question)

Table 5.13: Theme and Subthemes for Objective 3 (Third Question)

Table 5.14: Theme and Subthemes for Objective 3 (First Question)

Table 5.15: The effectiveness of existing incentive programs

Table 5.16: Support Structures for Medical Professionals

Table 5.17: Retention Strategy Implemented by the Limpopo DoH

Table 5.18: Retention Strategies

Table 5.19: Theme and Subthemes for Objective 4 (First Question)

LIST OF FIGURES

Figure 1.1: Components of the Expectancy Theory of Motivation

Figure 2.1: Components of Employee Retention

Figure 3.1: The Structure of the South African Public Health System

Figure 3.2: Causes of Absenteeism in the Public Medical Sector

Figure 3.3: The Link Between Absenteeism and Personnel Turnover

Figure 4.1: Limpopo Province Map

TABLE OF CONTENTS

Table of contents

DECLARATION	I
ACKNOWLEDGMENTS	II
DEDICATION	IV
ABSTRACT	V
ACRONYMS	VII
LIST OF TABLES	IX
LIST OF FIGURES	XI
TABLE OF CONTENTS	XII
CHAPTER ONE	1
1. INTRODUCTION	1
1.1 Problem Statement	2
1.2 Aims, Objectives, and Questions of the Study	7
1.2.1 Aims of the Study	7
1.3 Research Objectives	7
1.4 Research Questions	7
1.5 Chapter Sequence	7
1.6 CONCLUSION	9
CHAPTER TWO	10
2. INTRODUCTION	10
2.1 Theoretical Statements on the Concepts: Recruitment and Retention	10
2.1.1 The Significance of Recruitment and Retention	13
2.1.2 Advantages of Recruitment and Retention	14
2.1.3 The Nexus Between Recruitment and Retention	15
2.1.4 Rural Areas in the Context of Recruitment and Retention	16
2.1.5 Turnover in the Health Sector	16

2.1.6 Medical Professionals as the Focus of Recruitment and Retention ..	16
2.2 Theoretical Framework.....	17
2.2.1 Expectancy Theory.....	17
2.2.2 Person Fit Environment Theory	20
2.3 South African Legislative Framework Regulating Public Health, Recruitment and Retention	21
2.4 CONCLUSION	37
CHAPTER THREE.....	38
3. INTRODUCTION.....	38
3.1 Global Perception of Rural Healthcare Recruitment and Retention	38
3.2 South African Perception in Rural Healthcare Recruitment and Retention of Medical Professionals	39
3.3 The South African Public Health Care Context	41
3.3.1 A Synopsis of the Public Health Care Services in South Africa	41
3.3.2 Human Resources for Medical Care in South Africa	43
3.3.3 The Rights of Patients and Batho Pele Principles	45
3.4 The Difficulties Experienced by the Public Medical Sector in South Africa	46
3.5 Factors Contributing to High Turnover	50
3.6 The Effectiveness of Current Rural Recruitment and Retention Strategies for Medical Professionals.....	55
3.6.1 Rural Allowance.....	55
3.6.2 Bursaries and Scholarships	56
3.6.3 Occupational Specific Dispensation (OSD).....	57
3.6.4 Career Advancement Opportunities.....	58
3.6.5 Efforts to Improve the Infrastructure, Equipment, and Working Conditions.....	59

3.6.6 The Recruitment of Foreign Medical Care Professionals as a Recruitment	59
3.7 The Impact of Medical Professionals' Shortfalls	60
3.8 CONCLUSION	61
CHAPTER FOUR	63
4. INTRODUCTION	63
4.1 Research Methodology	63
4.2 Research Design	63
4.2.1. Research Approach	64
4.2.2 The Study Area	64
4.2.3 Target Population	65
4.2.4 Sampling	66
4.3 Data Collection Techniques	67
4.3.1 Primary data	67
4.3.2 Secondary Data	69
4.4 Data Analysis	70
4.5 Validity, Reliability, Objectivity, and Confirmability	71
4.6 Significance of the Study	72
4.7 Ethical Considerations	73
4.8 CONCLUSION	74
CHAPTER FIVE	76
5. INTRODUCTION	76
5.1 Administration of the Semi-structured Interviews and Questionnaires ...	76
5.1.1 Semi-Structured Interviews	76
5.1.2 Questionnaires	79
5.2 Presentation, Analysis, and Interpretation of Data	80
5.3 CONCLUSION	111

CHAPTER SIX	112
6. INTRODUCTION	112
6.1 Synopsis of all chapters	112
6.1.1 Chapter 1: Overview of the Study	112
6.1.2 Chapter 2: Literature Review	112
6.1.3 Chapter 3: Recruiting and Retaining Rural Medical Professionals in South Africa	113
6.1.4 Chapter 4: Research Methodology	113
6.1.5 Chapter 5: Research Findings, Analysis, and Interpretation of Data	114
6.1.6 Chapter 6: Conclusion and Recommendations	115
6.2 Synopsis of the Findings Per Objective	115
6.3 Recommendations	118
6.4 Limitations of the Study	120
6.5 Areas for Further Research	121
6.6 Contribution of the Study	122
6.7 CONCLUSION	122
LIST OF REFERENCES	124
APPENDIXES	150

CHAPTER ONE

OVERVIEW OF THE STUDY

1. INTRODUCTION

Staffing is a key function of public administration, involving the recruitment, training, and development of personnel to enable institutions to deliver on their mandates. In government institutions, effective staffing ensures that skilled human resources are available to achieve institutional goals and provide quality services. The White Paper on Human Resource Management (1997) clearly state the need for a diverse, competent, and committed workforce, with special attention to increasing the representation of historically disadvantaged groups. Similarly, the Department of Public Service and Administration's Retention Guide (2006:9) also stated the importance of retaining skilled personnel, as this lessens recruitment costs and ensures continuity in service delivery.

In the public health sector, recruiting and retaining skilled professionals is vital. Health systems rely on motivated medical professionals to deliver services, but global shortages present a serious challenge (World Health Organization, 2022). Shilling (2022:1) estimates that around 60 million medical professionals worldwide are unevenly distributed, with African countries, including South Africa, being most affected. Shortages are not limited to health; fields like engineering, science, and information technology also face gaps (Coustas, 2019:7; Dlamini, Zogli, & Mthethwa, 2021:60; Thusi & Chauke, 2023:122). However, shortages in health directly affect access to care and population well-being.

South Africa's health system has a private and a public sector. The private sector, serving about 17% of the population (Mumbauer et al., 2021:2), is better resourced, with higher salaries, improved infrastructure, manageable workloads, and support systems. The public sector serves most of the population, especially in rural areas, but faces challenges such as underfunding, weak infrastructure, limited career growth, heavy workloads, and lower pay. Consequently, skilled professionals often move to the private sector for better conditions. Similar challenges exist across the Global South. In Kenya, too few doctors and nurses, coupled with strikes, disrupt services (Gathongo & Ndimurwimo, 2020:1). In India, many medical graduates migrate to cities

or abroad, leaving rural areas understaffed (George, 2023). In Nigeria, professionals often leave for Europe or North America, worsening local shortages (Adebayo & Akinyemi, 2022:1377-1378).

These examples highlight how weak public health systems and better opportunities elsewhere lead to unequal access to care in developing countries. In South Africa, section 27(1a) of the Constitution guarantees every citizen, and even foreign nationals, the right to healthcare, making shortages of skilled professionals both a service delivery and human rights concern. The National Development Plan (NDP) 2030 emphasises the urgent need to strengthen the health workforce, warning that without effective recruitment and retention strategies, fair access to quality care is unlikely. This is worsened by the country's disease burden, including HIV, tuberculosis, and rising non-communicable diseases (Kamkuemah, 2021:1), increasing demand for services and intensifying the human resource crisis, especially in rural areas (Holst, 2020:1; Rural Health Info, 2020).

Medical professionals often migrate between public and private sectors, move from rural to urban areas, or leave the country entirely in search of higher salaries, better working conditions, and modern infrastructure (Marambire et al., 2024:2). For example, a public hospital doctor may see around 4,200 patients per year, compared to only 243 in private practice (Udekwe, 2022), demonstrating the heavy workload and pressure on public staff. These challenges show the urgent need for effective recruitment and retention strategies to ensure that South Africa's public health sector has enough skilled professionals to provide equitable healthcare for all.

1.1 Problem Statement

The shortage of medical professionals in rural areas is an international phenomenon. It is more applicable to low- and middle-income countries such as South Africa (Toyin-Thomas Ikhurionan et al., 2023:2). The World Health Organisation (2021) estimated that there will be 18 million shortfalls of medical professionals by 2030. This shows a demand to recruit more medical professionals across the world. The South African public medical sector persists in encountering difficulties in attracting as well as retaining professionals with scarce skills (De Beer, 2019:5). Further affirmations made by Llop-Gironés et al. (2021:1) believe that the South African public medical care sector persists in losing medical professionals for reasons such as poor working

conditions, lack of career opportunities, lack of infrastructure, few rewards, remuneration, and recognition. Hence, it becomes essential to investigate the fruitfulness of the existing recruitment and retention tactics, as well as factors that contribute to elevated rates of turnover (Van Ryneveld, Schneider & Lehmann, 2021:3).

National DoH (2020:16) attests that South Africa has an excessive density of medical professionals compared to most other African nations, and strong legal frameworks and periodic national human resources for health strategy plans are also present. Nevertheless, the nation persists in experiencing a shortage of medical professionals. This, in turn, leads to elevated levels of turnover due to medical professionals leaving the public health sector due to elevated workloads caused by the shortage of medical professionals. In addition to the above, medical professionals migrate to higher-middle-income countries for better living standards and working conditions (Walton-Roberts et al., 2017). Consequently, when medical professionals leave the public medical sector to seek employment abroad, their withdrawal from these establishments not only contributes to the lack of skills. It also impedes access to medical services, especially in rural areas, for people below the poverty line. Therefore, these shortfalls are a serious issue in rural areas because the resources available to provide patient care are already limited. The coronavirus further worsened the shortfalls of medical professionals, which were highlighted by President Cyril Ramaphosa, indicating that the shortfalls were more than 12,000 medical providers demanded to aid in fighting the pandemic (Republic of South Africa, 2020). The South African government attempted to resolve the shortfalls of medical professionals in the public health sector by establishing the National Health Insurance Scheme (NHI) to ensure that people can access quality healthcare services irrespective of their socioeconomic status.

However, Green (2019) agrees that although the NHI can foster access to health care, its functional limits are limited by medical care shortages, particularly in rural areas. On 15 May 2024, South Africa's president enacted the NHI legislation, which Pawson (2024) believes has resulted in increased applications for emigration. Pawson indicated that a questionnaire was carried out, and its findings have proven that many medical professionals in South Africa prefer emigration over working under the NHI. Therefore, this implies that South Africa stands a chance of losing medical

professionals to other countries due to the implementation of the NHI. These emigrations might cause further shortfalls of medical professionals, which can negatively impact the provision of medical services in the nation. Several descriptive studies have been conducted to explore the recruitment and retention of rural medical professionals, demonstrating that there are no single causes but rather several interconnected and complex issues that affect and affect the work of medical professionals (Abelsen et al., 2021:2; Chamanga Dyson, Loke & McKeown, 2020:31; Terry et al., 2021:2).

The work of De Beer (2019:13) illustrated several challenges associated with the recruitment and retention of medical professionals in rural areas, such as poor working conditions, lack of career opportunities, lack of infrastructure, few rewards, remuneration, and recognition. Moreover, measures such as employing the rural allowance were adopted to retain medical professionals in rural areas. However, there is insufficient knowledge of the effectiveness of the rural allowance as a retention strategy and other incentives or rewards. Therefore, it is clear that developing effective strategies to improve the retention of medical professionals in rural areas demands a comprehensive grasp of the elements influencing the choice and continuing work in rural areas. Looking at the Limpopo province, Matlala (2019:4) indicates that the medical system is affected by personnel shortages as well as elevated turnover rates of capable and experienced senior medical professionals who are lured by good remuneration packages as well as good working conditions within the private medical practices. The DoH in Limpopo’s yearly report for 2021/2022 shows the turnover rates:

Table 1.1: Turnover Rates at the Limpopo DoH for the period 1 April 2021 and 31 March 2022

Medical Positions	Total medical personnel	Appointments and transfers into the DoH	Terminations and transfers in the DoH	Turnover rate
Medical specialists	130	25	24	18,6
Medical officers	1307	607	565	34,5

Pharmacists	529	199	177	25,1
Nurses	8754	620	1200	10,4
Allied Medical Professionals	1372	210	146	11,5
Paramedics	25	0	0	11,5
TOTAL	12117	1661	2112	13,6

Source: (Limpopo DoH Annual Report, 2021/2022:185)

The table shows the turnover rate per critical medical position and the total number of employment terminations in the medical positions at the DoH in Limpopo. The yearly report further shows that the reasons behind the above turnover rates are death, resignations, dismissal, retirements, expiry of employment contracts, and transfers to other departments (Limpopo DoH Annual Report, 2021/2022:185). According to the yearly report, one of the most significant contributors to the turnover rates shown in the table above is the expiry of contracts, which had a total number of 1859 and 52.5% in percentage. The second largest contributor was retirement, which totalled 818 and 23.1% in percentages. The third largest contributor was resignations, with a total number of 593 and 16.7% in percentages. The department has difficulty keeping medical professionals for these reasons as it does not absorb them. With resignations, the DoH may be experiencing difficulties retaining, hence the demand to explore factors that lead to this turnover.

The consequence of losing medical professionals is that patients wait hours before receiving medical services. It must be noted that the province of Limpopo is mainly rural, and most of the people in rural areas rely on public health. However, medical professionals in the Limpopo province are not meeting the medical demands of society because of the shortage of medical professionals (Sobuwa, 2023). This was demonstrated by the work of Matlala (2019:4), which indicated that patients in the province of Limpopo are not satisfied with the medical services they receive. Human resources shortfalls are a serious problem in Limpopo, and medical positions have remained unfilled for a long time. The Limpopo former health Member of the Executive Council (MEC), Dr Phophi Ramathuba, also pointed out that the struggle of medical professionals, such as specialists and high-ranking doctors, is another issue in Limpopo as a rural province (Netshisaulu, Malelelo-Ndou, & Ramathuba, 2019:2). The

2021/2022 Limpopo Department of Health (DoH) Annual Report portrays that Limpopo province suffers from excessive vacancy rates:

Table 1.2: Vacancy Rates at the Limpopo DoH for the period 1 April 2021 and 31 March 2022

DESIGNATION	VACANT DESIGNATIONS	DESIGNATIONS FILLED	VACANCY RATES
Medical Specialists	561	130	76,83%
Medical Officers	2877	1307	54,57%
Pharmacists	636	529	16,82%
Nurses	14765	8754	40,71%
Allied medical professionals	3269	1372	58,03%
Paramedics	122	25	79,51%
TOTAL	22230	12117	45,49%

Source: (Limpopo DoH Annual Report, 2021/2022:179)

Table 1.2 above illustrates excessive vacancy rates at the Limpopo DoH, and these rates cannot be accepted. Moreover, these excessive vacancy rates constitute an urgent demand for research into recruiting and retaining medical professionals in rural areas. The public health sector relies on medical professionals to provide public health services. Shipalana (2019:497) points out that the DoH in Limpopo is encountering difficulties in attracting and retaining professionals, especially medical doctors and specialists in the public health sector at the Limpopo DoH. This may be due to the lack of effective recruitment and retention strategies in the public health sector, which points out the demand for research into recruitment and retention measures. It must be noted that shortages of medical professionals lessen patient care quality and lead to costly medical negligence cases (Alok, 2023). Therefore, it is paramount for the Limpopo DoH to avoid excessive shortfalls for medical professionals. This lack of staff may result in community members waiting for extended periods to be attended by

fatigued and overburdened medical professionals. Therefore, this shows the demand to research the currently employed recruitment and retention tactics adopted by the department to determine their limitations and fruitfulness and identify areas for improvement to propose recommendations.

1.2 Aims, Objectives, and Questions of the Study

1.2.1 Aims of the Study

This study aims to investigate the recruitment and retention of medical professionals in rural areas and recommend recruitment and retention strategies that the Limpopo DoH can use to recruit and retain such professionals.

1.3 Research Objectives

- To explore and analyse the challenges and contributing factors in recruiting and retaining medical professionals in rural areas at the Limpopo DoH.
- To examine factors contributing to turnover among medical professionals in rural areas at the Limpopo DoH.
- To determine the effectiveness of current incentive programs, support structures, and retention strategies used by the Limpopo DoH in retaining medical professionals.
- To propose recruitment and retention strategies that the Limpopo DoH can employ to recruit and retain medical professionals in rural areas.

1.4 Research Questions

- What are the challenges and contributing factors affecting the recruitment and retention of medical professionals in rural areas at the Limpopo DoH?
- What factors contribute to turnover among medical professionals in rural areas within the Limpopo DoH?
- How effectively does the Limpopo DoH use the current incentive programs, support structures, and retention strategies to retain medical professionals?
- What recruitment and retention strategies can be proposed to improve the Limpopo DoH's ability to recruit and retain medical professionals in rural areas?

1.5 Chapter Sequence

Chapter 1: Overview of the Study

This chapter addresses the introduction and background to the research problem and discusses the researcher's objectives, research questions, and morale of the study. In short, Chapter 1 provides an overview of the research problem and identifies knowledge gaps.

Chapter 2: Literature Review

This chapter comprehensibly discusses the theoretical statements on recruitment and retention. The two concepts are conceptualised to enable the reader to grasp them. Moreover, the advantages, disadvantages, and nexus of the concepts of recruitment and retention are elucidated in detail. Expectancy Theory and Person-Fit Environment Theory are elucidated on how they support the study. Lastly, this chapter identifies and explains the South African legislative framework concerning health, recruitment, and retention.

Chapter 3: Recruiting and Retaining Rural Medical Professionals in South Africa

This chapter is a comprehensible discussion on recruiting and retaining rural medical professionals in South Africa, placing more emphasis on the difficulties experienced by public health establishments in providing public health services. Moreover, the recruitment and retention of medical professionals are discussed in detail to identify elements that influence retention in public healthcare establishments in rural areas. The chapter further elucidates the effectiveness of the existing recruitment and retention tactics employed by the South African public health sector as an instrument to retain and recruit medical professionals. Lastly, the chapter points out the impact of medical professional shortfalls on the public health sector.

Chapter 4: Research Methodology

This chapter explains the research methodology employed by the researcher. It comprises the research design, the study area, the target population, data analysis, and ethical considerations. The research methodology chapter also clarifies the processes used during data collection.

Chapter 5: Research Findings, Analysis, and Interpretation of Data

This chapter elucidates and analyses the gathered data. The raw data aid in exploring the acquisition and retention of medical professionals in deep rural areas at the

Limpopo DoH. The information obtained from the participants during data collection is presented and interpreted in this chapter.

Chapter 6: Conclusion and Recommendations

This chapter provides a synopsis of the research and suggests remedies that the Limpopo DoH can possibly employ to address the shortage of medical professionals and ameliorate their recruitment and retention tactics.

1.6 CONCLUSION

This chapter introduced the research problem and its background. This included the aims and objectives posed by this research. In addition to the above, important main concepts of the study were operationalised in the research. This was to enable the reader to have a good grasp of the above main concepts of the research. Furthermore, this chapter justified the reasons for the study to be carried out and its potential theoretical and practical contribution to Public Administration as well as public administration.

CHAPTER TWO

LITERATURE REVIEW

2. INTRODUCTION

This chapter comprehensively discusses the theoretical statements on recruitment and retention. The two concepts are conceptualised and contextualised to enable the reader to grasp them. Moreover, the advantages, disadvantages, and nexus of recruitment and retention are elucidated in detail. Expectancy Theory and Person Fit Environment Theory, as theories underpinning the study, are elucidated to show how they support the study. Lastly, the legislative framework regulating recruitment, retention, and health in South Africa will also be elucidated toward the end of this chapter.

2.1 Theoretical Statements on the Concepts: Recruitment and Retention

- **Recruitment**

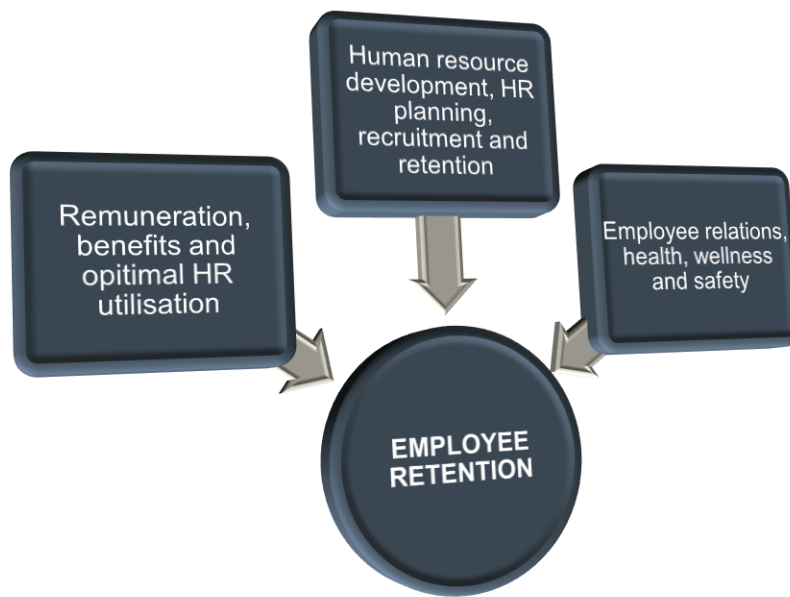
Mahapatro et al. (2023:1) defined the concept as a process for placing employees to help the establishment achieve its objectives. Several scholars have confirmed that human resources are the most valuable assets of all establishments (Greer, 2021:1; Alzoubi, 2022:143; Belcourt, 2022:1). Further, affirmations made by the 1997 White Paper on Human Resource Management (HRM) indicating that people are the most valuable assets of the public service. The practical and strategic management of human resources must be the cornerstone of the broader transformation of the public service. Therefore, it is paramount that every public establishment incorporates human factors to attain its goals. Armstrong (2020:301) perceives that recruitment is the process of attracting potential candidates, relating to the location and evaluation of potential employees for vacant positions in a workplace and the assessment of their eligibility for vacant positions. According to the work of Krishna and Garg (2022:1), recruitment can be viewed as a process of recruiting and attracting potential personnel in order to attract the best available candidates that will contribute to attaining the objectives of the establishment. The DPSA considers recruitment a central component of the state's capacity to supply public services to the residents of South Africa. According to the White Paper on HRM (1997), recruitment is the most significant means by which the public service meets its human resources prerequisites and the

primary means of achieving equality by allowing the public service to open to all sections of residents. Adam (2020:69) asserts that recruiting workers is the first step to retaining them. Subsequently, this shows a link between recruitment and retention.

- **Retention**

Employee retention, as defined by the DPSA, is a strategy to attract and maintain employees, particularly those with scarce skills essential for the organisation (DPSA Retention Guide, 2006:9). as an approach to attracting employees through a targeted recruitment tactic and maintaining employees already employed in establishments, especially those workers with scarce skills and of paramount importance (DPSA Retention Guide, 2006:9). Choi (2020:470-471) defines retention as an organisation's capacity to maintain its workforce over a given timeframe. On the other hand, Pant et al. (2021:1) assert that retention is considered a mechanism that can be employed to increase productivity and attain establishment growth. Kurdi and Alshurideh (2020) attest that "retention" means initiatives to motivate employees to remain with the organisation over the long term. Elsafty and Oraby (2022:58) suggest that retention is considered to be an employer's effort to keep qualified, experienced, and talented employees in an establishment for a long time to ensure that the establishment's objectives are attained. Retention can also be defined as a process of maintaining loyal employees and encouraging them to continue working for the current institution by motivating them through rewards (Prasetyo & Aliyyah, 2021:1). Aman-Ullah et al. (2020:65) point out that retention is the amalgamation of processes and policies employed by enterprises to keep employees in enterprises for a more extended period. Moreover, personnel retention minimises recruitment costs and builds loyalty between workers and employers. The retention of employees is made up of and influenced by the following components:

Figure 2.1: Components of employee retention



Source: (DPSA Retention Guide, 2006:10)

Based on Figure 2.1, the ideology is that if each of the above-mentioned components is appropriately managed, workers will be attracted to the establishment and are less likely to leave the establishment. The DPSA's Guide to Retention (2006) states that personnel retention concentrates on the following principles:

- “The objective of the recruitment tactic is to attract employees to join the establishment,
- Maintaining those who are already employed, especially those whose skills are critical to the establishment,
- It is about motivating the personnel,
- Covers both the psychological aspects of employees (personal perception, goals, behaviour) and the operational aspects associated with their assignments and tasks,
- As part of the daily management of human resources or as a specific tactic for the acquisition or retention of staff,
- There is a demand for a management approach that considers all factors (in and outside the establishment),
- It is related and relies on almost all other HRM practices.”

2.1.1 The Significance of Recruitment and Retention

▪ Recruitment

In all establishments, recruitment is important because it helps to locate, acquire, and attract skilled, experienced, and talented staff (Kapur, 2022:159). Furthermore, the personnel acquisition procedure helps retain employees because it has the potential to attract top talent. The recruitment of workers is significant as it aids in ameliorating employee retention by hiring appropriate workers who are suitable for the culture and values of the establishment, and these could aid in lessening excessive turnover and achieving higher employment satisfaction (CareerGuide, 2023). Moreover, recruitment aids the establishment in attaining its objectives (CareerGuide, 2022). Consequently, this indicates that recruitment is crucial in ensuring that an institution provides its services appropriately. The study of Russel et al. (2021:1) found that a public health establishment's ability to provide health services to society relies on the effective recruitment of medical professionals. Therefore, this highlights the significance of recruiting medical professionals in public health establishments.

▪ Retention

The retention of personnel in the establishments remains important because it eliminates the possibility of withdrawal of staff participation (Aman-Ullah et al., 2020:36). Yamin (2020:313) shows that the retention of employees lessens costs associated with the recruitment of employees for vacant positions. In support of the above-mentioned statement, Billman, Ghowe and Caesar (2024:224) demonstrate that staff retention is one of the mechanisms for lessening the cost of establishment. Tangaraj (2024:4) emphasises that retention can support the organisation's human resources planning and prevent the loss of qualified staff from the establishment, as this staffing can affect the establishment's productivity. Aman-Ullah et al. (2020:36), in support of the above statement, depict that the retention of personnel is related to work satisfaction and further admonished that if employees are not satisfied with their work, they will prove this by withdrawing from the establishment, retiring, and absencing themselves from work. In short, it is paramount to retain employees to ensure the attainment of the objectives of the establishment so that the establishment has a good image, which may influence the decision of potential employees to remain employed in the establishment or permanently withdraw their participation.

2.1.2 Advantages of Recruitment and Retention

2.1.2.1 Recruitment

ADVANTAGES	DISADVANTAGES
Effective recruitment tactics enable establishments to access various qualified candidates and ensure they find the best candidates for available positions.	Recruitment can be expensive, involving costs related to advertising, hiring agencies, candidate screening, interviews, and onboarding processes.
Bringing in new hires through recruitment introduces fresh perceptions and innovative ideologies.	Finding the right candidate often takes time, delaying the fulfilment of critical roles and impacting productivity.
Recruitment also allows establishments to address staffing shortfalls, fulfil strategic objectives, and adapt to changing market demands by hiring applicants with the required expertise and competencies.	Despite thorough recruitment processes, there is always a risk of new hires not meeting expectations or leaving the establishment shortly after joining, leading to excessive turnover costs and disruption in workflow.
A strong recruitment process that values transparency, fairness, and professionalism ameliorates the establishment's employer brand, making it more attractive to potential candidates and ameliorating its reputation in the industry.	Recruitment processes may not always accurately assess a candidate's cultural fit with the establishment, resulting in mismatches that can lead to dissatisfaction, conflicts, and reduced employee engagement.

Sources:(Suharti & Sugiarto, 2020:200; Gilch & Sieweke, 2021:53; Hidayat, 2023:66)

2.1.3.2 Retention

ADVANTAGES	DISADVANTAGES
Fruitful retention tactics contribute to workforce stability and continuity, minimising turnover and the associated costs while ensuring consistent productivity and performance.	Overemphasising retention may lead to complacency among workers who feel secure, potentially impeding innovation and performance amelioration.

Retention efforts, such as career development opportunities, recognition programs, and a supportive work environment, foster excessive employee engagement, satisfaction, and loyalty.	An establishment may prioritise retention over diversity and inclusion efforts, resulting in a lack of new perspectives and ideas that could drive innovation and growth.
Retaining experienced personnel helps preserve the establishment's knowledge, expertise, and best practices, prevent disruptions, and facilitate continuous improvement.	Relying solely on existing personnel for talent demand may overlook the need for fresh skills and perceptions, leading to skill gaps and impeding the establishment's adaptability.
Retaining workers is often more cost-effective than recruiting and training new ones, as it lessens turnover-related expenses and preserves investments made in developing talent.	Long-tenured employees may resist changes in the establishment or initiatives to improve efficiency or competitiveness, preferring the status quo and impeding progress.

Sources: (Kalyanamitra et al., 2020:1; Isiramen, 2021:11; Elsafty & Oraby, 2022:58)

2.1.3 The Nexus Between Recruitment and Retention

According to the research conducted by Davidescu et al. (2020:60), the connection between recruitment and retention indicates the linked processes of drawing in and employing staff (recruitment) and ensuring they remain engaged and content within the organisation over time (retention). To strengthen employee retention practices, employee retention should be initiated before appointment to attract, recruit, and select employees possessing top-notch talent and skills (Jindal & Shaikh, 2021:117; Selesho & Matjie, 2024:10; Eunice & Hakweenda, 2024). Therefore, the recruitment process is essential for employee retention and involves attracting employees through strategic recruitment and selection tactics, implementing good development practices, and maintaining skilled and competent employees (Abbasi et al., 2022:2438). In short, the nexus between recruitment and retention underscores the importance of aligning organisational practices, values, and culture with employees' demands and expectations.

2.1.4 Rural Areas in the Context of Recruitment and Retention

According to Dasgupta et al. (2014), rural typically describes areas characterised by open countryside and small communities. Popescu et al. (2018) defined a "*rural area*" as a physical, economic, social, and cultural entity contrasting with the urban. Van Schalkwyk (2015) characterised rural areas as areas with low population density where individuals engage in farming or rely on natural resources; this encompasses villages and small towns scattered throughout these areas. In this research, the concept is characterised as areas with low population density outside urban areas. In these areas, people frequently lack essential services and economic prospects and depend on subsistence agriculture or informal markets. Research on rural areas and the health of their residents is not new (Bennett et al., 2019). The current research also focuses on the medical professionals who provide health services to the rural communities in the Limpopo DoH. It must be noted that Limpopo DoH is in the Limpopo province, which is mainly rural (Netshisaulu, Malelelo-Ndou, & Ramathuba, 2019:2). Understanding rural areas is important for creating recruitment strategies that provide fair and effective health care.

2.1.5 Turnover in the Health Sector

Employee turnover refers to the rate at which employees leave or depart from an establishment over a specified period (Al-Suraihi, Samikon & Ibrahim, 2021:1). Lazzari, Alvarez, and Ruggieri (2022:280) concluded that turnover occurs when an employee permanently withdraws from an establishment or when an employer decides to permanently withdraw an employee. Therefore, in this study, employee turnover refers to a medical professional's withdrawal from public health establishments over time. Elevated levels of turnover in the public health disturbs services. High turnover in public health care disrupts services, raises costs, and leaves gaps in patient care (Evans, 2025). It is often caused by low pay, few career opportunities, heavy workloads, and poor working conditions. In rural areas, turnover is worse because of isolation and lack of support. Therefore, looking into turnover helps to create retention strategies as well as policies to keep medical professionals.

2.1.6 Medical Professionals as the Focus of Recruitment and Retention

According to Workplace Testing (2021), a medical professional is any individual employed in the health sector or a related field who functions closely with people who

are injured or sick. The 2023/2024 annual report by the Health Professions Council of South Africa (HPCSA), indicates that a medical professional is any individual such as a student registered with Council in a profession registrable in terms of this Act (Health Professions Council of South Africa (HPCSA, 2024). In addition to the above, this includes professionals such as medical professionals refer to medical specialists, nurses, medical officers, and allied medical professionals. In this study, medical professionals refer to professionals employed rendering services to the part of society that depends on public health. This is because these professionals are the backbone of any healthcare system. This makes their recruitment and retention very important as they ensure consistent and high-quality healthcare services to society.

2.2 Theoretical Framework

2.2.1 Expectancy Theory

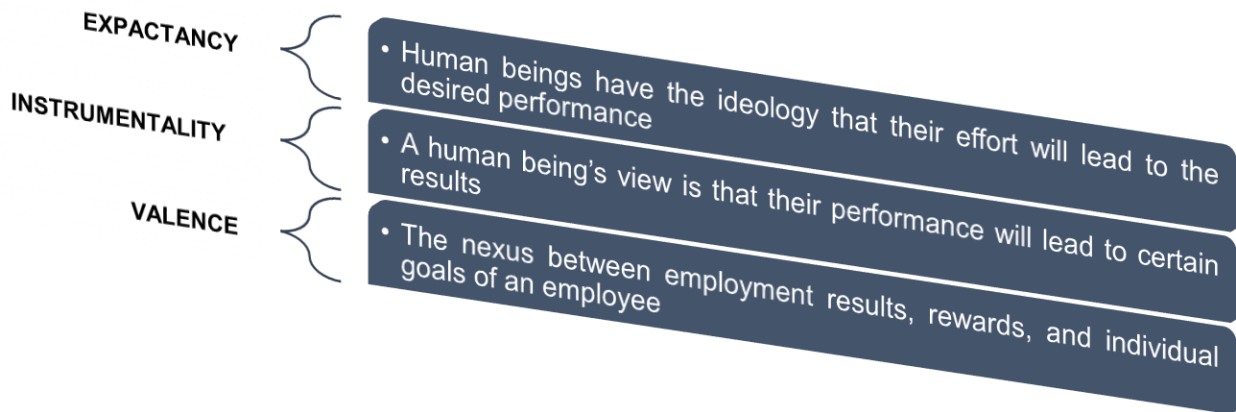
A human being's perspective of reward, performance, and goal outcomes determines a human being's motivation level (Monday, 2020:503). Thusi (2020:7) also agrees that if an employee believes that their efforts will be successful and that their successful attainments will bring what they want, they will be motivated to achieve excessive attainment. The work of Min et al. (2020:29) further concurs that this theory is that the intensity of a particular performance tendency depends on the intensity of the expectation that the performance will follow a specific outcome and on the appeal of the result to the individual. Therefore, a comprehensive explanation of how people are motivated can be found in Victor Vroom's theory of expectation. According to George and Humphrey (2021), the expectation theory gives prominence to anticipated behaviours. Motivational power directs the specific alternatives to behaviour suggested when deciding between the options for behaviour (Lokman et al., 2022:506).

Bushi (2021:9) asserts that the theory of expectations acknowledges that there is no universal principle that elucidates why human beings are motivated and, therefore, emphasises why individuals consider specific outcomes attractive or unattractive. Subsequently, individuals are to be rewarded for their positive appreciation of things. This suggests that the expectation theory deals with perceptions. The main aim of incorporating this theory into this study is to elucidate how medical professionals' expectations of rewards, benefits, compensation, support structures, career development opportunities, and a conducive working environment influence their

decisions to work in and remain in rural areas. The performance of medical professionals can be linked to their expectations of the rewards, benefits, compensation, support structures, career development opportunities, and a conducive working environment that they are to receive upon successful attainment of the provision of health service delivery. This implies that this theory portrays an ideology that the rewards, benefits, compensation, support structures, career development opportunities, and a conducive working environment as benefits of working in public medical establishments in rural areas are the expectations that medical professionals expect to receive. Therefore, that drives medical professionals to work in those establishments and remain there for a long time.

According to George and Humphrey (2021:4), the value of employees' achievements in fulfilling tasks is a crucial issue and can, of course, suggest the following steps to be taken by employees to increase or lessen their efforts in specific tasks. However, rewards and incentives to motivate employees must be linked to the job or the individual employee before they are meaningful (Maja, 2023:2). Moreover, the expectation is related to what the employee wants to receive as a reward before he or she does his or her energy for a particular task. Subsequently, such incentives must be aware of human being's demands. Beck's work (2023:11) indicates that this theory has three components: valence, expectancy, and instrumentality. Figure 1.1 below illustrates a synopsis of the main components of Vroom's expectancy theory of motivation related to employees in the workplace:

Figure 1.1: Components of the expectancy theory of motivation.



Source: (Beck, 2023:14)

2.6.1.1 The Application of the Theory

- Expectancy

This is the belief that more efforts will lead to greater performance. For medical professionals, this may mean believing that working in rural areas will make them effective users of their skills and knowledge to assist the rural people by providing medical services. Applying this theory in this component of the theory would include ensuring adequate medical equipment and supporting personnel to allow fruitful practice, thereby enhancing confidence in attaining performance standards. As a result, medical professionals deem public hospitals and clinics to have the necessary medical equipment to assist them in providing health services. That will attract (recruitment) medical professionals to want to work for the establishment, and medical professionals can remain (retention) in the establishment for a very long time because they have the necessary medical equipment to assist them in supplying medical services.

- Instrumentality

This is the belief that the desired rewards will be realised if performance expectations are met. In rural health care, this may include the expectation of career advancement, financial incentives, or professional recognition. The application of this theory can

include providing continuous professional development and mentorship to aid medical professionals in growing and feeling competent in their designations. Furthermore, it can also include measures such as regularly recognising and rewarding attainments and contributions to reinforce the belief that excessive performance leads to desirable outcomes.

- Valence

This is the value that individuals place on the rewards of the results. Applying this theory would mean that the department implements policies that support work-life balance, such as flexible scheduling and adequate time off, which some medical professionals can value. For example, medical professionals attach great importance to intrinsic rewards such as employment satisfaction, community impact, work-life balance, and external rewards such as compensation and benefits. Therefore, the Limpopo DoH, practising offering some of the aforementioned benefits, could attract and keep more medical professionals in the establishment.

2.2.2 Person Fit Environment Theory

Park and Hai (2024:852) attest that this theory focuses on integrating individual characteristics with the workplace environment. Furthermore, the theory provides valuable insight into how to attract and retain medical professionals in rural areas. The person fit environment theory serves as a psychological framework for grasping how people's interaction with their work environment influences various results such as job satisfaction, performance, and retention (Kim & Torneo, 2021:33). This theory further looks into the compatibility between the skills, knowledge, and abilities of an individual and the work requirements. Incorporating this theory into the study aims to elucidate how the alignment between medical professionals and the specific demands and culture of rural medical care settings can enhance job satisfaction, retention, and overall fruitfulness of medical care delivery. The theory suggests that by ensuring the alignment (recruitment) of medical professionals with the demands of rural health establishments, recruitment efforts can attract candidates who are more likely to succeed and stay (retention) in rural positions.

2.2.2.1 The Application of the Theory to the Recruitment and Retention of Medical Professionals

- Recruitment

This theory can be utilised to identify medical professionals whose personal values and career objectives are consistent with rural medical practice's unique prerequisites and rewards. This can include the desire to focus on community values, the appointment to various clinical experiences, and the work-life balance offered by rural public medical establishments. Therefore, applying this theory can assist rural public medical establishments with locating medical professionals who are fit for the positions, which would be medical professionals who have a passion for saving the lives of society. Unlike medical professionals passionate about saving lives, they take employment in rural areas for financial rewards. Applying the theory can lessen turnover rates and attain employee retention in public health establishments.

- Retention

This theory ensures that medical roles are designed to maximise the use of the medical professionals' skills and abilities. It ensures that medical professionals are rewarded accordingly for their skills and abilities. Applying this theory can include the practice of public health establishments offering financial and non-financial rewards, incentives, sufficient medical resources and equipment, personnel recognition structures, teamwork initiatives, peer and employee assistance support programs, good remuneration packages, study grants, and career development opportunities. This practice enhances the ability of public health establishments to attract (recruit) and keep (retain) medical professionals in the sense that medical professionals continuously leave medical establishments because of those rewards.

2.3 South African Legislative Framework Regulating Public Health, Recruitment and Retention

- The Constitution of the Republic of South Africa, 1996

As a democratic developmental state, the Government of South Africa must guarantee the fulfilment of both developmental and democratic rights for its citizens. The 1996 Constitution serves as the foundation of South Africa's democracy, and among the rights embedded in the Bill of Rights is the entitlement to medical care services. Section 27 (1a) of the Constitution gives the residents the right to have equal access to medical services. Therefore, this indicates that the government must utilise its executive power to ensure that society is supplied with health services and has access to healthcare facilities to receive adequate and proper medical care services.

Furthermore, the government must ensure that the medical professionals are of good quality and sufficient to cater to the population within the geographic area of the medical facility. Section 195 (h) indicates that there should be:

- Good human capital management.
- Career development practices.

The aforementioned has the potential to make sure that the maximisation of human potential allows the government to function accordingly and attain its goals and objectives. Section 195 (i) states that public administration should reflect the diverse demographics of South Africa. It specifies that employment and HRM strategies should be formulated to achieve extensive representation. This implies that it is important to create acquisition and retention practices that assist with identifying, appointing, and retaining suitably qualified and skilled personnel in public service. Consequently, this can lead to an amelioration in executing public duties, which subsequently translates into providing services to the community. Therefore, Limpopo DoH has a constitutional responsibility to make sure that medical professionals are always available at public medical institutions in the Limpopo province to provide medical services to society. The DoH can ensure that medical professionals are available by recruiting medical professionals in public hospitals to ensure that medical services are distributed to the Limpopo community. Furthermore, that includes retaining medical professionals to ensure they remain with public hospitals for a long time.

- National Health Act (NHA), 2003

The National Health Act (NHA) 2003 is focused on amalgamating several components of the national health system into common objectives to encourage and ameliorate it. Moreover, the existence of a health system relies on whether the rights of citizens and medical providers are honoured. NHA, 2003, in support of the above-mentioned statement, mandates that people seeking medical services treat medical professionals with courtesy and dignity. Adding to the above, medical professionals are entitled to deny treatment to individuals who abuse or harass them sexually. However, this right relies on a health system's ability to acquire sufficient medical personnel and their ability to provide health services. The DoH inaugurated its Human Resources for Health Plan in 2006. Section 52 of the NHA, 2003, grants the Minister of Health the authority to enact legislation concerning human resources within the national health

system. The Minister is also responsible for ensuring that sufficient resources are available for the education and training of medical professionals to meet the HR prerequisites of the medical mechanism.

Moreover, the minister has the authority to deal with shortfalls in skills, personnel competencies, and expertise. The Minister can address these shortfalls by acquiring medical professionals from other nations or by educating and training medical professionals in South Africa. This approach aims to lessen shortfalls in skills, experience, and competencies. The NHA decides to deal with acquiring and retaining scarce, skilled medical professionals. Subsequently, the Limpopo DoH should make certain that its acquisition and retention policies comply with the DPSA's commands as stipulated in the Public Service Regulations (2016) and the pre-requisites as specified in Section 52 of the Act, to acquire medical professionals with the right expertise, who are experienced and competent for jobs at the public hospitals and clinics under the DoH.

- White Paper for the Transformation of the Health System, 1997

This paper provides a clear and detailed framework for the health system, delivery, and alteration in South Africa. This paper originates from the 1994 Health Plan of the African National Congress (ANC) and Section 27 (2) of the Constitution. This paper came with a new perception of a modified health system in SA, while the NHA of 2003 focused on providing the legal framework for the execution of prime concerns and principles as outlined in the Constitution, as well as the White Paper. This paper guarantees a framework for establishing objectives and goals pertaining to the advancement of HR in the public health division:

- To efficiently utilise all medical professionals' skills, experience, and expertise.
- To create educational and training programs to recruit and develop skilled employees capable of meeting the needs of the communities they support.
- Ensure that the population's demographics are adequately represented in the composition of the public health sector's workforce.
- This will ensure that democratic management is fostered and a compassionate health sector is created.

Chapter 4 of this paper concerns how HR for public health continues to evolve. It stipulates that policy should provide regulations and procedures for acquiring, selecting, and placing health employees per the Employment Equity Act of 1998 and Affirmative Action to encourage transformation in the public health sector. Section 4.1.3 of this white paper 1997 indicates that medical professionals must be distributed equitably. Section (a) (ii) mentions that an incentive-driven process must deal with the maldistribution of HR. There is a service pre-requisite to work in an under-served area after completing graduate or post-graduate studies for two years. Moreover, the White Paper indicates that bursaries should be established to provide funding for students pursuing their studies within the health sciences field, and this should be established within the provinces across districts.

Therefore, this paper issues procedures and regulations on enhancing human resources, focusing on the public health division. There is a nexus between this White Paper and the NHA of 2003, as these frameworks give directions for the obtaining, choosing, and positioning of medical professionals. This White Paper supports the NHA in that these frameworks are based on the notion that medical personnel should be allocated equally between urban and rural areas. Moreover, using incentives is an attempt to allure resources to rural areas. The bursary scheme should cater to students from underserved areas pursuing their studies in the health sciences. Looking at the pre-requisite of this White Paper in Chapter 2, Section 2.4.7, the significance of human resource development was indicated. According to Swanson (2022), employee development can establish a feeling of inclusion among employees who perceive themselves as valued due to the organisation's investment in their roles, leading to an organisational culture characterised by a motivated workforce.

- National Human Resources for Health Plan, 2006

In Chapter 7 of the 2003 NHA, the DoH, as recommended by the National Health Management Association, is required to take measures to initiate and administer HR. This plan was initiated to support the DoH and ensure its public health workforce has the proper amalgamation to meet its medical care objectives. The National Human Resources for Health Plan's objectives align with the Sustainable Development Goals (SDGs), NDPs, and President's Health Summit Compact. Moreover, the SDGs, human resources for health, NDP, and public health services are working towards a common

objective: to ameliorate the public health system and ensure the successful delivery of public health services worldwide. This plan aims to steer the creation of the Provincial Human Resources Plan and act as a benchmark for educational and training institutions in the health sector to provide Human Resources to the National Health System (NHS). Based on this plan, the provincial HR plan must attain at least the following objectives (National Human Resource for Health, 2006:12):

- HR planning must comply with national guidelines and frameworks;
- Ensure effective organisational development and change management;
- Planning the overall count of skilled and unskilled personnel needed to deliver medical services to the populace;
- A proper division of professional and non-professional employees should be carried out;
- Appropriate professionals with health training versus non-health training should be taken into account;
- The proper appropriate amalgamation of medical professionals in the provinces or establishments; in order to attain objectives related to employment equality, medical professionals should be categorised by race, gender, age, and ability status,
- Medical personnel with appropriate qualifications should be recruited, selected, and retained;
- The workforce allocation should be appropriate geographically, and a performance management system should be inaugurated.

Therefore, the Limpopo province must constantly review its National Human Resources for Health Plan because it affects operational budgets, students' intake, and the recruitment of foreign medical professionals. The above-mentioned guidelines show that the National Human Resources for Health Plan should include tactics for recruiting and retaining health personnel such as medical specialists, nurses, medical officers, and allied medical professionals. By incorporating recruitment and retention tactics in the National Human Resources for Health Plan, the public health sector can attract as many medical professionals as possible. In short, successful recruitment

and retention of medical professionals' initiatives translate into providing public health services. The aforementioned statement shows the significance of recruiting and retaining medical professionals in the public health sector.

- National Development Plan (NDP), Vision for 2030 (2011)

Chapter 10 of the National Development Plan (2011) argues that medical professionals must be well-trained, managed, experienced, and placed in areas where they are most in demand, particularly in villages where socioeconomic status does not allow them to access private health services. The work of Majid and Subban (2021:469) depicts that South Africa persists in encountering difficulties in providing adequate public health services due to a lack of medical professionals. Kamkuemah (2021:1) attests that South Africa faces a proportion of epidemics such as HIV, TB, Heart disease, excessive cholesterol, as well as diabetes. These illnesses are expected to represent a significant risk over the next two to three decades. Therefore, this suggests that promoting health and wellness is crucial for preventing and managing lifestyle-related illnesses, especially the primary non-communicable diseases affecting the impoverished. The presence of diseases in the country highlights a demand for more skilled and competent medical professionals to be able to treat these diseases in the country, especially in villages where socioeconomic status does not allow them to access private health services.

Chapter 10 of the NDP (2011) mandates that the public health sector must prioritise:

- Social health determinants, including the promotion of healthy behaviour and lifestyle.
- Stronger cross-sectoral and interministerial cooperation to foster health.
- A reduction in the burden of the disease to a manageable level.
- Properly trained, adequately managed, and sufficiently numerous managers, doctors, nurses, and community medical professionals who are positioned where needed.
- Strengthening the NHS through better governance as well as eradication of infrastructure retard.
- Lessening the relative costs of private medical care supports ameliorations in human capacity and systems in the public health sector in the phased execution of national health insurance systems (this).

According to the NDP, the foundational principles of primary health care and the district health system support the public health system. Moreover, primary health care emphasises global health values like universal access, equality, participation, and integration. The main elements of primary health care include prevention and use of appropriate technologies, better access to and use of first contact care, patient-focused (not disease-focused) approaches, long-term perspectives, comprehensive and timely services, and, where necessary, home care. It is argued that the above-mentioned condition is hiring qualified, capable, and committed medical employees. The NDP (2011) has set out these subsequent objectives for the acquisition of qualified, experienced, determined, and competent public medical professionals by 2030:

- Medical professionals' training capacity should be strengthened.
- More medical professionals must be trained to meet the prerequisites for strengthened health services.
- Medical professionals' training should be linked to future demands for managing non-communicable diseases.
- Managers of public hospitals should be appointed with specific qualifications, knowledge, and experience.
- Comprehensible guidelines should be developed for the dismissal of poor hospital managers.

The NDP (2011) shows that human resources must be strengthened at all levels through:

- Ensuring that human resources management in the health sector is appropriately accredited.
- Regularly reviewing the compensation of employees.
- Implement incentive schemes, such as professional concessions, to promote services in rural areas.

Thus, it is understandable that Limpopo's DOH should ensure that it consists of skilled medical care providers who perform their duties appropriately to attain the goals of the 2011 NDP. As a result, this will also aid in attaining the goals of the 2011 NDP and provide health services to all residents of Limpopo Province, especially in public health facilities located in rural areas. However, it must be noted that the distribution of

medical professionals varies between the public and private sectors due to differences in service conditions. This pertains to funding the healthcare system. In conclusion, the objectives and priorities of the NDP aim to deliver a cohesive response to South Africa's conundrums concerning health and require the cooperation of all governments.

- White Paper on Human Resource Management in the Public Service, 1997

This paper aims to change the Public Service from a personnel management perception to an HRM perception, as indicated in Section 1.3. The main objective of this paper is to make sure that Public Service is made up of personnel with the relevant skills and workers from different backgrounds, especially people from the designated groups, to establish a workforce committed to providing quality services to society. This white paper mandates that public service employ acquisition tactics to attract potential applicants from society and ameliorate acquisition from designated groups. This paper further indicates that the principles that guide acquisition and selection are accountability, fairness, professionalism, equity, participation, and transparency. The White Paper on HRM in the Public Service, 1997, provides the rules and processes for acquiring talent, entry pre-requisites, performance and career management, promotions, re-employment, lateral transfers, probation, facilitating and handling grievances, placements, and secondments.

As stipulated in Chapter 2, Section 2.3.2, this white paper encourages effective HRM by encouraging open competition and innovative acquisition practices to inaugurate Public Service accessed by a larger pool of applicants. The paper contains guidelines for implementing good HRM practices. Therefore, It should aid Limpopo DoH in inaugurating a strategically integrated HRM tactic that will support the fruitful acquisition and retention of medical professionals in deep rural areas at the Limpopo DoH. This paper specifies that the success of the public service in delivering services and its goals relies upon the efficiency and effectiveness of personnel in executing their duties as assigned. Therefore, this indicates that the success of public health establishments in rendering healthcare services depends on the medical professionals.

- Retention Guide for the Public Service, 2006

In the view of Majid and Subban (2021:469) and De Beer (2019:76), South Africa has difficulties providing adequate public health services due to lacking medical professionals. The work of Vanderslott, Van Ryneveld, Marchant, Lees, Nolna, and Marsh (2021:3) concurs with the aforementioned statement by indicating that the South African public healthcare sector persists in losing skilled and competent medical professionals. This guide recognises that keeping employees in the establishment for more extended periods depends on the motivation provided to the employee. This guide contains the psychological and functional features of duty by integrating it as a part of HRM to acquire and keep employees following a managerial approach aligned with other HRM practices. The Public Service Commission (PSC) inaugurated a toolkit for departmental issues such as recruitment and selection; however, retention was not included.

DPSA inaugurated this guide, emphasising the retention of public health sector personnel to tackle difficulties associated with keeping medical professionals, particularly in rural areas. In 2002, the government implemented a focused skills development tactic for public service to address skill shortages in areas like health care. Despite the availability of the above-mentioned toolkits and tactics, DPSA still considered it necessary to create a document focusing specifically on employee retention. Given the grave situation regarding the retention of medical professionals in rural locations, it is logical that the DPSA has prepared a document specifically for this purpose. In the Limpopo DoH, the retention of medical professionals is difficult, with few in the province employed in rural areas and a massive demand for health services. Limpopo DoH possesses a vacancy rate of 76,83% for medical specialists, 40,71% for nurses, 54 57 % for medical officers and 58,03% for allied medical professionals (Annual Report of Limpopo DoH, 2021/2022:46). Therefore, this guide provides a clear indication that to ensure fruitful employee retention HRM functions mentioned below must be concatenated:

- HR planning, recruitment, and selection.
- Human resource development as well as performance management.
- Remuneration, worker benefits, and employee relations.
- Optimal HR utilisation, Health, wellness, and safety.

Chapter 2, Section 2.4 discusses the suggested amalgamation of Human resource practices and the significance of adherence to a strategic amalgamated Human capital management approach. According to Alolayyan, Alyahya and Omari (2021:158), strategic HRM is significant as it aids the Public Service in managing the performance of employees, development, recruitment, and retention because strategic human capital management is perceived as a framework that aligns the establishment's human resource management plan to the organisational objectives. Therefore, Retention Guide for the Public Service, 2006, provides guidelines that align with the argument of a strategic integrated human capital management approach to improve the success of acquiring and retaining medical professionals.

- Report on the Assessment of the State of Human Resource Management in the Public Service, 2010

This report clarifies that talented and proficient staff in the Public Service are essential for implementing the government's policies and programs. Adding to the above, this report indicates that to provide the citizens with the right to health as outlined in section 27 of the Constitution, the public service should initially ensure the recruitment, training, and retention of dedicated, skilled, and capable medical staff. PSC's Report, 2010, indicates that several departments persist in experiencing difficulties in applying the acquisition procedures, in the sense that there was no job description for advertised jobs. This report indicates that the advertisements for jobs were given the go-ahead for publication without approval and further indicates that the scoring process for prospective candidates shows inconsistencies in who is short-listed; however, the selection basis is not documented. However, this contradicts the Employment Equity Act and Labour Relations Act because these acts provide a perception that establishments are mandated to keep records of the entire set of records related to the acquisition and selection of candidates.

To redress the difficulties, the PSC inaugurated a Toolkit on Recruitment and Selection, 2008, which intends to aid departments in the management of generic activities that have to do with acquisition and selection as an attempt to eliminate errors and costs that may occur from inappropriate recruitment procedures. Moreover, this report provided recommendations concerning the difficulties in the acquisition and selection:

- Developing and approving comprehensible and detailed acquisition and selection policies by departments in accordance with the PSC's Toolkit.
- Comprehensibly defined delegations in terms of the advertisement of jobs and the appointment of personnel.
- Keeping a record of the entire acquisition and selection procedures.
- To reduce work hopping, workers must be employed in an institution for at least one year before applying for other jobs.

It is evident and comprehensible that Limpopo DoH should inaugurate comprehensible acquisition and selection policies and adhere to them when acquiring and selecting scarce, skilled, and competent health personnel.

- Public Service Mentoring Programme, 2006

To enhance the effectiveness of the public service, the departments need to establish and implement a mentorship initiative for public service. The Cabinet has decided that a well-structured public service mentorship program should be inaugurated because gaps in capacity and skills impede the public service's ability to perform its mandate. Lack of capacity is mainly due to two factors: a particular shortage of skills within a specific professional category, a broader deficiency in capabilities in public administration, and capacity deficits, which are especially apparent in provincial and local government departments. The public service mentorship program elucidates that mentorship is an instrument utilised to strengthen and develop public service skills for several reasons listed below:

- Mentorship focuses mainly on the process of training skills in the workplace.
- Mentorships can be inaugurated quickly after formal training is developed and executed.
- Mentoring is in line with the development of Government training.
- Mentorship models can be based on non-authoritarian and participative learning methods.

The work of Ziden and Joo (2020:735) and Jeske and Olson (2021:63) states that how new workers are welcomed to the workplace can give a first impression of the workers and encourage them to extend their visit at the establishment. Considering the findings

mentioned above, if inducement, mentoring, and training are promoted, employers can draw an increased probability of retaining employees. Mentoring and coaching enhance employee retention and job satisfaction (Hammouri & Altaher, 2020:2358). Furthermore, Steinbauer et al. (2020:165-166) attest that 35 per cent of unrecognised workers actively seek other positions within 12 months of their employment, while only 16 per cent have good mentors. Therefore, this implies that the Limpopo DoH can employ a public service mentorship program that can provide medical professionals with access to information and advice from experienced individuals, ameliorating their overall knowledge and aiding medical professionals in reaching their career aspirations. As a result, these medical professionals might stay in these public health establishments as they feel welcomed and valued by the establishment.

- Basic Conditions of Employment Act 75 of 1997

The Basic Conditions of Employment Act 75 of 1997 strengthens the development of the economy and social justice and ensures fair labour practices, as outlined in Section 23(1) of the Constitution. This act influences the individual employment relationship that is controlled by common law. Employers should ensure that they adhere to the provisions of this act and meet the necessary conditions of employment for the Public Service (Teuteberg, 2021). The Basic Conditions of Employment of 1997 stipulated the resting times in sections 13-14, section 17(2) [a and b] indicate that employees who work at night should be offered transportation to ensure the safety of the employees. This act mentions that employees are entitled to overtime pay, holiday work pay and leave days in sections 18-27.

The aforementioned sections safeguard the interests of the employer and the employee. Employers are requested to outline the minimum conditions of employment through the employment contract. This is to establish a conducive work environment. Meanwhile, employees are required to perform their mandated tasks as best as possible. This guarantees that providing a service of high quality facilitates sustainable development. Limpopo DoH should ensure that it complies with the Basic Conditions of Employment, 1997, to safeguard medical professionals' rights and prevent circumstances in which they are overwhelmed and overburdened. Consequently, by ensuring compliance with the Basic Conditions of Employment, 1997, Limpopo DoH

will be able to overcome barriers experienced in recruiting and maintaining medical professionals to stay in the public health sector and lessen excessive turnover.

- Employment Equity Act 55 of 1998

Chapter 1 of the Employment Equity Act of 55 of 1998 indicates the aim of this act, which is to make sure of the attainment of equity in the workplace through the following:

- Encouraging elimination of prejudice to ensure equitable treatment and equal opportunities in the workplace.
- Implementing affirmative action measures to address the injustices and imbalances encountered by previously disadvantaged groups will ensure that they have equal access to opportunities across all job classifications and tiers within the labour force.

Sections 5 and 6 of the Employment Equity Act specify that employers should take measures to ensure that their organisation promotes equality of opportunities in the workplace, and this can be done by eradicating bias in any employment policy or practice. Phaduli (2020:59) states that the Employment Equity Act indicates that no one should be treated unfairly due to gender, race, physical appearance, sexuality, marital status, colour, disability, pregnancy, family, language, political views, birth, or culture. According to Section 15 of the Employment Equity Act, affirmative action measures are intended to ensure that suitable and qualified people from designated groups can access employment opportunities in all types of occupations and tiers within the employee structure of a specific employer. Moreover, people from the designated group should have access to opportunities like the rest of society, which has access to different occupations.

Section 20 (3) of the Employment Equity Act provides the criteria to determine the suitability of a qualified candidate as an attempt to do away with bias in the recruitment processes. A candidate's suitability is determined through:

- Their formal qualifications.
- Prior learning.
- Relevant experience.
- Capacity to acquire, within a reasonable time, the ability to do the job.

Subsection 4 of section 20 of the Employment Equity Act stipulates the employer should consider all elements mentioned in section 20(3) and decide based on those elements to determine the suitability of a person who is qualified for a position. Therefore, Limpopo DoH should ensure that it complies with the Employment Equity Act of 1998 because compliance with this act will aid Limpopo DoH in determining the suitability of candidates. As a result, Limpopo DoH will stand a good chance of recruiting the most suitable, qualified, skilled, and experienced medical professionals. In addition, compliance with this act builds a good image of the Limpopo DoH as it fosters diversity and gives people from the designated group a chance to serve as medical professionals. This has the potential to aid in attracting talent whenever positions are being advertised.

- Labour Relations Act 66 of 1995

Labour Relations govern the nexus between the personnel and the establishment. Section 4 of the Labour Relations Act 66 of 1995 vests the personnel with a right to associate themselves with any trade union of their choice and to take part in legal activities of that trade union, such as taking part in the elections of office bearers and legal strikes. Section 12 of the Labour Relations Act authorises the trade union to access the establishment's workplace and to hold meetings even if it is outside working hours. Section 64 vests employees with the right to strike; however, the Labour Relations Act outlines the prerequisites the strike must meet to be acknowledged as a legal strike in which employees can take part. The employer is also vested with the right to resort to a lockout. The employer can take disciplinary action against personnel who engage in strikes that are not legal, and based on section 76 of the Labour Relations Act, the employer is given the authority to replace personnel who may have been restricted from coming to work or who are still on strike.

Moreover, Section 77 of the Labour Relations Act gives the employee the authority to engage in protest actions to defend their socioeconomic interests. However, personnel classified as essential or maintenance services are restricted from participating in this action. As an illustration, the essential and maintenance services are the personnel engaged in providing health care services and maintaining safety in the country, such as the South African Police Service (SAPS) personnel and Eskom personnel, which are also included in the essential services. This indicates that health personnel,

identified as essential service employees, are not entitled to participate in this action. Sections 185-188 verify that employees are entitled to a right not to be unfairly treated, and the following reasons are given as to what unfair dismissal is:

- Employer's termination of an employment contract, either with or without giving notice.
- An employee reasonably expected that the employer would renew a fixed-term employment contract on the same or similar conditions; however, the employer offered to renew it based on terms that do not favour the employee compared to the previous contract or do not renew it.
- The employer refuses to allow an employee to continue working after returning from maternity leave in terms of any law, collective agreement, or employment contract, or the employee was not coming to work 4 weeks before the expected date and 8 weeks after giving birth.
- The employer who dismisses several employees for a similar or identical reason yet extends an offer to employ one or several of them again while declining to re-engage another.
- An employee ended an employment contract, either with notice or without, because the employer rendered the work environment unbearable for the employee.

Schedule 8 code of good practice in the Labour Relations Act is comprehensible concerning the dismissal of employees and the fair reasons for dismissals, as also stipulated in section 189 of the Labour Relations Act. This schedule provides fair procedures for handling a dismissal. In addition, adherence to this act can result in reduced legal actions, which can be time-consuming and costly. Therefore, compliance with this act can build a good image of the Limpopo DoH, as the department will be abiding by the rules and regulations of health personnel and treating them in an appropriate manner, which will aid with the acquisition and retention of the medical personnel because if they are treated well. Their rights are not violated; they will likely spread the word and encourage their friends and family to apply for employment at the rural public hospitals and clinics under the Limpopo DoH.

- The Public Service Act, 1994

The 1994 Public Service Act 103 aligns with Section 197 of the 1996 Constitution (creating the public service). The 1994 Public Service Act provided for the organisation and administration of public service in South Africa (Section 7); the regulation of employment conditions (Sections 9-10); the terms of office of public servants (Section 3; Sections 18 to 27; Section 35); and the dismissal and dismissal of public service employees (Section 17). Section 13(7) grants executive authorities powers and duties relating to recruitment and retention as follows:

- "The internal organisation of the concerned departments, including the organisational structure and establishment, the transfer of functions within the departments, human resources planning, the establishment and abolition of posts, and the provision for employment of persons outside the establishment;
- The recruitment, appointment, management of performance, transfer, dismissal, and other career incidents of the department employees, including any other issue related to their functions".

Section 9 of Chapter 4 in the 1994 PSA grants executive authorities the ability to appoint any individual within their department as stipulated by the Act. Section 11 (1), 2a and b of the Act stipulate that all candidates applying for a position will be considered and evaluated based on training, skills, competencies, and knowledge. Moreover, the need to remedy past imbalances under the 1998 Employment Equity Act 55 will also be considered. Section V (16)(7) of the 1994 PSA gives the executive authority the power to keep employees. In 1994, the PSA additionally mentioned that when the executive authority evaluates retaining employees, the primary focus should be their skills and experience. Therefore, the delegated authority in Limpopo must ensure that the structure of a department, whether national or provincial, is adapted. This adaptation is necessary to ensure that its services and employees are placed correctly and that the appropriate employees are recruited. In employee retention, experience is crucial, especially considering the investment of time and money departments make to train their staff. Consequently, the DoH of Limpopo must guarantee that medical professionals possess the required qualifications, training, experience, skills, and knowledge while implementing strategies to retain employees with rare skill sets. In this regard, some retention strategies are discussed in section 2.3.2 of chapter 2. It is clear from the above that the 1994 PSA covers all matters

concerning the HRM-related to the public service, including the recruitment and retention of employees.

2.4 CONCLUSION

This chapter provided an understanding of the theoretical statements on recruitment and retention. The two concepts were conceptualised, and conceptualised, allowing the reader to understand the concepts. The advantages, disadvantages, and nexus of recruitment and retention concepts were elaborately explained. Lastly, the legislative framework governing health, recruitment, and retention was also elucidated thoroughly in this chapter. In essence, Chapter 2 provided the reader with a good understanding of the concepts of recruitment and retention and the connections between the two concepts and the legislative framework around health, recruitment, and retention.

CHAPTER THREE

RECRUITING AND RETAINING RURAL MEDICAL PROFESSIONALS

3. INTRODUCTION

This chapter entails a comprehensible discussion concerning the structure and functioning of the South African public health sector. Moreover, this chapter further elucidates the difficulties experienced by public health establishments in terms of recruiting and retaining rural medical professionals. The shortage of medical professionals is thoroughly discussed to determine its impact on the public health establishment's ability to render health services. The chapter assesses the effectiveness of several recruitment and retention strategies the public health establishments employ to determine their effectiveness in retaining medical professionals. In other words, all the barriers that impede the ability of public health establishments to offer fruitful services in South Africa will be thoroughly discussed.

3.1 Global Perception of Rural Healthcare Recruitment and Retention

The challenges of recruiting and keeping medical professionals in rural areas are not unique to South Africa; they are a global issue. The World Health Organization (WHO) (2022) states that shortages and uneven distribution of medical professionals are a major concern for health systems worldwide. Similarly, SDG Goal 3 put more emphasis the necessity to increase recruitment, training, and retention of medical professionals, particularly in developing countries. The WHO's Human Resources Strategy 2030 also aims to ensure fair access to skilled professionals to strengthen health systems and achieve Universal Health Coverage. These challenges are also evident across the Global South. In Kenya, too few doctors and nurses, along with frequent strikes, disrupt health services (Gathongo & Ndimurwimo, 2020:1). In India, many medical graduates move to cities or abroad, leaving rural areas understaffed (George, 2023). In Nigeria, professionals often leave for Europe or North America, worsening shortages in local hospitals (Adebayo & Akinyemi, 2022:1377-1378).

These examples show how weak public health systems and better opportunities elsewhere contribute to unequal access to care in developing countries. Regionally, African countries face similar difficulties, with rural areas being particularly affected by poor infrastructure, limited resources, and challenging working conditions. These issues closely reflect the South African context, where rural hospitals struggle with

heavy workloads, limited support, and few opportunities for career growth (Amari & Sihotang, 2023:170). The COVID-19 pandemic has made these shortages even worse, increasing the demand for skilled personnel both globally and locally (Maben & Conolly, 2024:301). Looking at these local, regional, continental, and international examples together shows that rural health workforce shortages are a widespread concern. It also indicates why targeted recruitment and retention strategies are crucial in South Africa to improve access to care and reduce inequities (McKivett & Paul, 2024:150). This shows that addressing these challenges is not only a local issue but a pressing concern across the Global South and the world.

3.2 South African Perception in Rural Healthcare Recruitment and Retention of Medical Professionals

In South Africa, there are shortfalls of medical professionals, such as medical specialists, doctors, nurses, physicians, and other medical-related personnel, to drive the successful distribution of health services (Nkengasong, 2021). These shortages have the potential to affect health services negatively. Given these challenges, it is evident that there is a pressing need to boost the overall number of medical professionals and retain existing medical professionals within the public sector, particularly among the rural population, which requires medical services the most. This is because most of the rural population in South Africa relies heavily on public health due to their inability to afford private health care. In South Africa, this demand is demonstrated through the NDP (2011) Vision for 2030. It indicates the importance of recruiting, developing, and retaining susceptible medical professionals in the public health sector. The NDP stresses the demand to increase the number of trained medical professionals. Kruger (2022:29) asserts that hiring and keeping medical professionals in rural areas are important in attaining UHC and lessening health inequalities in South Africa.

However, persistent workforce shortfalls and elevated turnover rates challenge healthcare delivery in underserved communities. Conversely, these challenges contribute to delayed access to care, increased disease burden, and disparities in urban-rural health outcomes. The work of Burger and Christian (2020:43) and Mhlanga and Garidzirai (2020:50) has consistently stated that medical professionals are disproportionately concentrated in urban hospitals, leaving rural communities underserved and facing serious challenges in accessing healthcare services. Some

scholars identified some of the factors contributing to workforce shortages in rural areas, such as limited infrastructure, inadequate remuneration, professional isolation, and lack of career development opportunities (Ahmed et al. 2020:1; Hines et al. 2020:87). Some strategies have been proposed to address the recruitment and retention of medical professionals in rural areas. Although these strategies intend to foster equitable access to healthcare services, their effectiveness is unknown.

According to Pallares (2020), providing study grants as a recruitment and retention strategy to further their studies, rural allowances, and occupation-specific dispensations have successfully motivated medical professionals to remain in rural areas. However, the work of Rikhotso (2019:15) contends that some of the strategies that have not been fully effective in recruiting and retaining medical professionals, such as rural allowances, have succeeded in retaining some medical professionals. However, this strategy alone cannot fully retain medical professionals in rural public health establishments. Looking at the Limpopo province as a rural area, most individuals depend on public health services. However, medical professionals in the Limpopo province are not meeting the medical demands of society because of the shortage of medical personnel (Sobuwa, 2023). Human resources shortfalls are a serious problem in Limpopo, and medical positions have not been filled due to being frozen for a long time.

The Limpopo former health MEC, Dr Phophi Ramathuba, pointed out that the struggle of medical professionals such as specialists and high-ranking doctors is an issue in Limpopo as a rural province (Netshisaulu, Malelelo-Ndou, & Ramathuba, 2019:2). The DoH in Limpopo is struggling to attract and keep medical specialists, nurses, medical officers, and allied medical professionals. This is supported by the excessive vacancy rates in the 2021/2022 Limpopo annual report levels. Therefore, this annual report showed an urgent demand to explore the difficulties encountered in recruiting these medical professionals and evaluate the effectiveness of strategies employed in rural areas. Therefore, this shows that the shortage of medical professionals in rural areas seriously affects healthcare delivery and health outcomes.

3.3 The South African Public Health Care Context

3.3.1 A Synopsis of the Public Health Care Services in South Africa

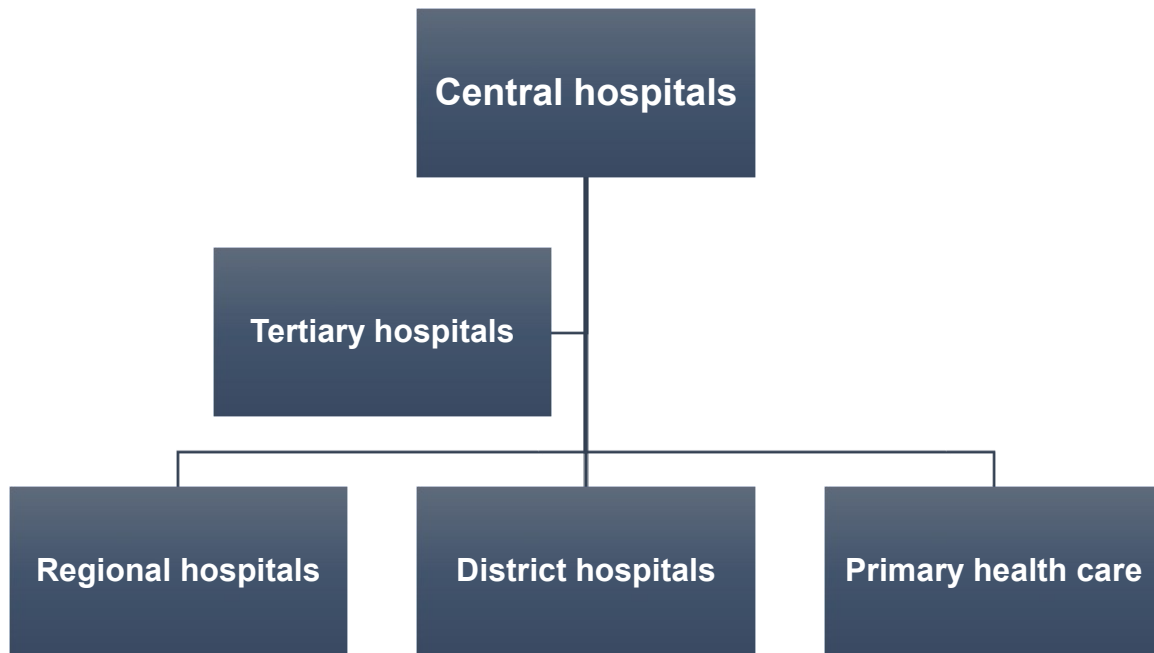
Based on the perception of Dymyt and Wincewicz (2024:87), medical professionals are the pillars of all health systems. Medical professionals are responsible for providing general health and well-being to their communities. However, their fruitfulness depends on how the services are delivered and organised. In South Africa, the NDOH is held accountable for managing healthcare. The work of Buswell (2022:1) asserts that approximately 80% of society depends on public healthcare. However, the public health sector experiences several difficulties, like a shortage of medical professionals, especially in deeply rural areas. As a result, this impedes the ability of public hospitals to provide health services (Abrahams, Thani & Kahn, 2022:64). These shortfalls deprive communities of accessing healthcare services, Jain (2024:64) states that over 400 million of the population across the country lacks access to fundamental medical services.

The public health sector is overwhelmed by the difficulties of health service delivery and continues to encounter several difficulties threatening the quality of healthcare services. The Constitution attests that in Section 27, several efforts are employed to eradicate inequality and segregation through legislation. This indicates that society must have equal access to basic services, including social security, housing, electricity, education, and health. The Constitution of the Republic of South Africa section 27(1)(a) indicates that the society has the right to medical care. The NDoH in South Africa continues to provide affordable, elevated-quality health services and promote a healthy life and well-being. Several diseases, such as HIV as well as TB, have become common, and this causes the public health service performance to remain low (Malakoane et al., 2020:2; Kamkuemah, 2021:1).

Therefore, this indicates a demand for an efficient and fruitful public health system to ensure society is safeguarded against possible diseases, as enshrined in the Constitution of the Republic of South Africa. According to Harrisberg and Khan (2020:1), in South Africa, public health services were generally provided very slowly throughout the DoH. Moreover, the present condition of the South African public sector demonstrates several conundrums, including the shortfalls of medical professionals. The NDoH is held accountable for implementing domestic legislation and strategies and establishing health standards. On the other hand, the main tasks of the provincial

DoH are planning, regulating, and providing comprehensive health services. Furthermore, the provincial DoH also provides primary health care (PHC), some provided by local authorities. The work of Mabunda, Durbach, Chitha, Moaletsane, Angell and Joshi (2023:3) shows the structure of the South African public health system below:

Figure 3.1: The structure of the South African public health system



Source: (Mabunda et al., 2023:3)

The figure shows that PHC is the first contact point for people looking for medical services, encompassing a wide range of essential medical services, including prevention, treatment, and rehabilitation. PHC aims to ensure that all individuals, mainly rural or under-served populations, are geographically able to access health services (Joudyian et al., 2021:1). PHC involves establishing community medical facilities, mobile clinics, and outreach programs to attain health care for people with limited access. On the other hand, district hospitals serve as a vital link between PHC services and specialised tertiary hospitals, providing essential medical care to most individuals, particularly those residing in rural and disadvantaged areas. Das et al. (2022:301) assert that district hospitals often provide PHC services, including general medical consultations, maternal and child health services, immunisations, and management of common illnesses.

Lastly, district hospitals serve as primary and community medical centres' referral centres and can also refer patients to regional hospitals. This implies that district hospitals are essential in the health referral chain, ensuring patients receive appropriate care. Comparing regional hospitals and district hospitals, regional hospitals provide more specialised care than district hospitals, serving as the next level of referral (Govender, 2022:9). In other words, regional hospitals offer a broader range of medical services and handle more complex cases that cannot be managed at the district level. Furthermore, tertiary hospitals handle the most complex and severe medical cases by providing highly specialised medical, surgical, and diagnostic services. The central hospital provides advanced medical treatment and serves as a referral centre for lower-level hospitals. Moreover, their roles extend beyond patient care to include education, research, and policy support, making them vital to the overall effectiveness of the healthcare system.

3.3.2 Human Resources for Medical Care in South Africa

Based on the perception of Govender (2022:32), HRM plays a vital role in several healthcare systems worldwide. In the field of health care, human resources refer in particular to the various categories of clinical and non-clinical personnel engaged in public health and individual health interventions (Unger et al., 2020:1). Previous studies on HRM for medical care showed the demand to ameliorate the objectives of health establishments in HRM (Hassan et al., 2022:22; Xiao, Cooke & Chen, 2022:599; Udekwe, 2021:1). Moreover, this includes the importance of continuous training as well as the development of all levels of personnel to ameliorate the quality of health services. It is noted that an establishment's personnel remain a significant asset of any establishment (Smith, 2020:20) and should be used to the full extent to benefit establishments as well as individuals. Furthermore, an establishment's performance in attaining its objectives relies on the personnel. In other words, this implies that public health establishments' performance and attainment of the health goals stipulated in the NDP and the Constitution of the Republic of South Africa rely on their human resources. Mboera et al. (2021:1) further affirm that the health system relies on medical professionals' knowledge, skills, and motivation.

This implies that the health workforce in the health system is an essential component of ameliorating access to high-standard medical services. The work of Malatji, Griffiths, and Goudge (2023:1-2) points out that South Africa has ameliorated somewhat since

democracy in providing effective strategic health workforce planning. However, the country still faces issues of paramount importance, such as affordability, availability, distribution, and management of the health workforce. Ballard et al. (2020) suggested that increasing the number of medical professionals determines the performance of health systems and evaluates and strengthens recruitment, distribution, retention, and productivity. There are many steps to be taken, such as developing new approaches to pre-employment and post-professional training and strengthening leadership and personnel retention. The 1997 White Paper for the Transformation of the Health System in South Africa states that the most critical resource of the public service is its human resources, so practical and strategic HRM must be the basis for a broader development of the public service.

Weston (2022:152) believes that medical professionals should not only grasp but also understand the strategic objectives of public hospitals. In addition to the above, it is also essential that all employees are informed about achieving these objectives. The work of Crovari and Johnston (2020:76) shows that people in the public sector must function effectively in all areas of public administration in South Africa. Various indicators can be utilised to gauge human resources performance in South Africa's public service. However, people working in the public human resources department should be aware of their contribution to the outcome of human resources. According to the 1997 White Paper on Human Resource Management, human resources management should lead to competent and well-managed staff capable of providing high-quality services to South Africans.

Moreover, the White Paper stipulates that medical professionals should be responsible for patients who visit health facilities and recognise responsibility for most of the population in their catchment areas. This white paper also points out that it is necessary to make continuous efforts to ensure the high quality of all levels of services. In addition to the above, this white paper has inaugurated a policy framework for transferring from Personnel Management to HRM, and the line function manager should be responsible for daily HRM. Therefore, this shows the importance of recruiting and keeping medical professionals within the public health system to drive the successful delivery of medical services as envisioned by the Constitution and the NDP.

3.3.3 The Rights of Patients and Batho Pele Principles

In 1997, the Department of Public Service and Administration (DPSA) presented a White Paper on the Transformation of Public Service Delivery, including the principles of "People first" to ameliorate the quality and accessibility of public services, including health services and the DoH presented a White Paper on the Transformation of South African Health System (Govender, 2022:31). The principles of the Batho Pele and the patients' rights chart were introduced to transform public sector services to ameliorate quality. These principles emphasise the importance of consultation, service standards, access, courtesy, information, openness and transparency, redress, and value for money in the delivery of public services. The rights of patients and the Batho Pele principles are integral to ensuring quality healthcare delivery and promoting patient-centred care in South Africa.

These rights include the right to access healthcare services, the right to informed consent, the right to confidentiality, the right to quality care, and the right to complain or provide feedback on healthcare services received. Both the rights of patients and the Batho Pele principles are interconnected and complementary, with the overarching goal of placing the needs and interests of patients at the forefront of healthcare delivery. By upholding patients' rights and adhering to the Batho Pele principles, medical professionals and public hospitals can ensure that services are delivered in a manner that is respectful, responsive, and of high quality. As an illustration, public healthcare establishment can demonstrate their commitment to patient rights by providing clear information to patients about their rights and responsibilities, ensuring that informed consent is obtained before any medical procedure or treatment, and establishing mechanisms for patients to lodge complaints or grievances.

Similarly, the Batho Pele principles guide medical professionals in delivering services that are accessible, responsive, and accountable to the needs of patients. Adherence to these principles ensures that public health establishments can strive to provide efficient, courteous services and respect patients' dignity and autonomy. In summary, the rights of patients and the Batho Pele principles are essential frameworks for promoting patient-centred care, improving service delivery, and ensuring accountability within the healthcare system. Public health establishments and facilities can foster patient trust, confidence, and satisfaction by upholding these principles. This can lead to better medical results and a more equitable medical system.

3.4 The Difficulties Experienced by the Public Medical Sector in South Africa

- **Medical care personnel shortages**

The public health sector is facing a severe shortage of medical professionals, including medical specialists, nurses, general practitioners, and other allied medical professionals (Alil et al., 2024:2). The research conducted by Thusi and Chauke (2023:122) reinforced the notion that the South African Government is grappling with high turnover rates, especially among professionals with scarce skills, including doctors, nurses, engineers, IT specialists, and scientists. In the Limpopo province, evidence suggests that the health system is plagued by severe shortfalls of personnel and enormous losses of experienced senior medical personnel who are attracted by better pay and satisfactory working conditions in private medical establishments (Matlala, 2019:4). Furthermore, in the province of Limpopo, there are regular incidents theft, particularly medicines, old equipment, and late arrivals of ambulances when demanded.

This situation in the Limpopo province can further worsen the shortfalls of medical professionals, as the medical professionals' desire to work in an establishment with sufficient medicine, sufficient equipment, and fast response to emergencies. Therefore, it is clear that these shortfalls hurt the delivery of public health services because these medical professionals play a vital role in providing basic services to society. The shortage is exacerbated by factors such as the emigration of skilled medical professionals, an uneven distribution of medical professionals between rural and urban areas, and elevated turnover of staff due to poor working conditions and low salaries (Bludau, 2021:1). However, Matlala (2019:42) believes that the shortages of medical professionals are further exacerbated by the absenteeism in the public health establishment because the workload becomes unmanageable for those specific days. As a result, medical professionals seek employment in private health settings with sufficient medical professionals, and the workload is manageable.

Further evidence suggests that the shortage of medical professionals represents a significant challenge for South Africa's public health sector and has a negative impact on health care provision and access throughout the country (Ngobeni, Breitenbach & Aye 2020:2). The lack of medical professionals, such as nurses, specialists, and allied medical professionals, is a multifaceted problem caused by various factors (Feld &

Feld, 2021:49). Firstly, the emigration of qualified medical professionals seeking better employment opportunities abroad has exacerbated the shortage crisis and has resulted in an important brain drain of qualified professionals (Terry et al., 2021:1). Furthermore, the difference in the number of medical professionals between rural and urban regions exacerbates the shortage of services in poor regions. This disparity obstructs adequate access to medical services.

Moreover, the shortage of medical professionals is compounded by elevated turnover rates, which are triggered by poor working conditions, insufficient wages, and limited career opportunities in the public health sector. Mallet, Thompson, and Bourke (2021:1) stated that the demanding nature of medical work and the burden of managing significant cases and dealing with resource constraints increase burnout and dissatisfaction among medical professionals and further exacerbate the difficulties of rural recruitment and retention. The impact of the shortage of medical professionals is acute. The shortage of staff leads to longer wait times for patients, reduced care quality, and increased workloads for remaining staff (Motsepe, 2021:1). In rural areas, where the shortage of medical professionals is most severe, communities often struggle to obtain essential medical services, leading to health outcomes differences and exacerbated existing inequalities in access to medical services.

- **Leadership and management**

By (2021:30), leadership is the process whereby an individual influences a group of people to achieve a common goal. At the same time, management is the process involved in coordinating systems to achieve a shared objective. Studies in the public healthcare sector have found a positive correlation between leadership and management and medical professionals' job satisfaction and commitment toward institutional goals (Kitsios & Kamariotou, 2021:1; Shipalana, 2019:497). Wang et al. (2020:1) stated that a manager's power and influence directly relate to attracting and keeping medical professionals in healthcare facilities. These factors contribute to employee satisfaction among medical care professionals. Managers who value staff input, foster information sharing, involve staff in decision-making, and guide work organisations create a supportive environment for a stable medical team. This implies that the public health establishment must have good leadership and management. This is also demonstrated by Chapter 10 of NDP Vision for 2030, Goal 9, which

indicates that the appointment of public hospital managers must be in line with the Municipal Systems Act of 2000 (as amended), and clear criteria for competency must be set for the dismissal of poor-performing managers of public hospitals.

- **Health System Governance and Management**

According to Malakoane (2020:2), the governance and management of the health system represent an important difficulty in recruiting and retaining medical professionals in South Africa and impact the overall functioning and effectiveness of the health system. The World Health Organization (2021) believes that weak governance structures, inefficiency, and inadequate management practices contribute to some problems that deter medical professionals from working in the public health sector and increase turnover. One of the main difficulties is the lack of effective workforce planning and management strategies (Biddle, Wahedi & Bozorgmehr, 2020:1084). In many cases, there is a mismatch between the availability of medical professionals and the demand for services, leading to shortages in some areas and oversaturation in others. This imbalance can be caused by insufficient coordination between government institutions responsible for health planning, a lack of data collection and analysis, and a lack of anticipatory knowledge of future medical demands.

Leider et al. (2020:1283) indicated that inadequate investment in healthcare infrastructure and resources further exacerbates recruitment and retention challenges. Public health facilities often lack essential medical equipment, supplies, and infrastructure, making it difficult for medical care professionals to deliver quality care (Gebremeskel et al., 2021:1; Mersha et al., 2021:1; Filip et al., 2022:1295; Heinzl et al., 2024:1; Amu et al., 2024:24). Inadequate infrastructure serves as a common reason, being the movement of medical professionals from the public health division to the private health division. Furthermore, this is a barrier to medical professionals and hinders their ability to deliver public health services to society successfully. Therefore, a lack of governance, efficiency, and accountability in the management of public health facilities contributes to the challenges of service delivery and undermines the effectiveness of health interventions. This highlights the demand to strengthen the governance and management capacity of the health system to resolve systemic problems and improve the provision of health services.

- **Competition for labour with private health sector establishments**

Alderwick Hutchings, Briggs and Mays (2021:1) assert that public health establishments compete with private health establishments in alluring, hiring, and retaining medical professionals. It is noted that it is difficult for public health establishments to compete with private health establishments. This is because private health establishments own sound equipment, good working conditions, availability of career development opportunities, and better remuneration packages and rewards. On the other hand, public health establishments are known for poor working environments, burnout, poor equipment, and fewer opportunities for career growth. The work of Matlala (2019:4) in support of the above-mentioned that despite the province of Limpopo being affected by severe staff shortages and huge losses of experienced senior medical care personnel, medical professionals persist in leaving the public health division because of being attracted by good remuneration packages and better working conditions in private health division.

This creates competition between the two sectors because the public health division continuously implements strategies to retain medical professionals within the public health division. However, most of the strategies continuously fail. This is supported by Ntuli and Maboya (2017:1) and Netshisaulu et al. (2019:1), indicating that the government of South Africa established the Occupation-Specific Dispensation (OSD) policy in the year 2007, which was a monetary incentive strategy that attempted to attract and retain medical professionals in the public health division. However, it is unclear whether these initiatives have enhanced or worsened the availability of medical personnel in SA rural areas, particularly in Limpopo. Therefore, due to a lack of health sector personnel, there are few medical professionals on the job market, which is a challenge for public health establishments to attract, acquire, and maintain qualified medical professionals.

- **Budgetary constraints**

Mahlathi (2024) states that public health establishments have complex budget constraints for recruiting medical professionals. The Budget Vote Report of the Health Portfolio Committee indicates that DoH is facing budgetary constraints prohibiting the department from recruiting medical professionals. Due to budgetary constraints, Mntambo (2022) stated that Gauteng's DOH terminated 8000 contracts. Chiguvare

(2019) also noted that the Limpopo DoH faces budgetary constraints and recruitment problems. Additionally, the author indicates that, despite the lack of skills, some 400 qualified nurses are not allowed to be employed due to budgetary constraints. This means that a shortage of medical professionals will continue to exist throughout the province of Limpopo. Similarly, Pongweni (2024) stated that Dr Joe Phaahla indicated that there is an improvement in the number of medical graduates; however, most of these medical graduates, after completion of their community service, the DoH fails to keep them employed within the public health division.

Furthermore, he indicated that medical negligence claims significantly contribute to budget limitations. It must be noted that these have severe implications for medical service distribution and do not guarantee the protection of the core right to medical services. Therefore, due to these budget limitations, medical professionals are continuously transferred to other provinces or private health establishments. In the worst-case scenario, some medical professionals may move to other countries for employment. This translates to a shortage of medical professionals and leaves rural society with insufficient access to medical services. This implies that their right to medical services is infringed, as highlighted in the Constitution of the Republic of South Africa.

3.5 Factors Contributing to High Turnover

- Limited access to public health services

Mudzonga's study (2022:801) shows that insufficient access to public health services exacerbates enormous difficulties in recruiting and keeping medical professionals, resulting in a cyclical problem that undermines the provision of medical care throughout the country. Access to public health services disproportionately impacts poor communities, particularly rural and remote areas where medical facilities are scarce or inadequate (Khalil & Alameddin, 2020:192). It must be noted that a lack of access to essential medical services contributes to poorer medical outcomes, discourages medical professionals from working in these areas, and exacerbates recruitment and retention difficulties. Medical professionals often hesitate to work in areas with limited access to public health services because of concerns about the isolation of professionals, insufficient resources, and limited career opportunities (Søvold et al., 2021:2). For medical professionals, taking employment in public rural

health establishments that have insufficient access to public services implies that there are high patient volumes that may overwhelm them, which can deter medical professionals from taking roles in these areas (Filteau, Kim & Green, 2022:322).

Furthermore, lacking basic services such as housing, education, and entertainment further reduces the appeal of working in underserved communities and makes it difficult to attract and retain qualified medical professionals. This is because medical professionals often relocate with their families; therefore, employment in rural areas that do not have sufficient access to public services discourages them from working in those areas. Therefore, insufficient access to public health services contributes to the burden of disease in communities under-served and puts additional pressure on the health workforce (Shadmi et al., 2020:2). Moreover, limited funding, inadequate infrastructure, and lack of medical equipment and supplies hinder the capacity of the public health sector to meet the growing demand for medical services (Hajat et al., 2024:235). This often leads to long wait times, overpopulation of facilities, and inadequate care in many public health facilities (Ngene, Khaliq & Moodley, 2023:87; Mekonnen 2021:99).

- Absenteeism

Evidence from a few scholars indicates that the practice of absenteeism in the medical sector has negative impacts on the supply of medical services (Jonas, 2022:1; Matlala, 2019:4). The work of Jonas (2022:1) indicates that absenteeism in the public health division is worsened by employment conditions including equipment, and common chronic diseases in rural areas, which increases workload. Consequently, this usually leads to medical professionals being continuously absent. This affects not only other medical professionals in terms of workload but also society, as the absence of other medical professionals leads to more work. If medical services are delivered incorrectly, this negatively affects the delivery of medical services. However, the 1997 Basic Conditions of Employment allows human resources to take yearly maternity, sick, and maternity leave. However, medical professionals such as nurses persist in being absent from work (Basic Conditions of Employment, 1997). Some authors believe that in the South African public sector, the entitlement to the aforementioned types of leaves has left a significant burden on the medical care setting (Jonas, 2022:3).

Evidence from research has shown that the following elements cause absenteeism in the medical sector:

Figure 3.2: Causes of Absenteeism in the Public Health Sector



Source: (Labrague et al., 2020:1110; Mmako & Ngwato, 2023:222)

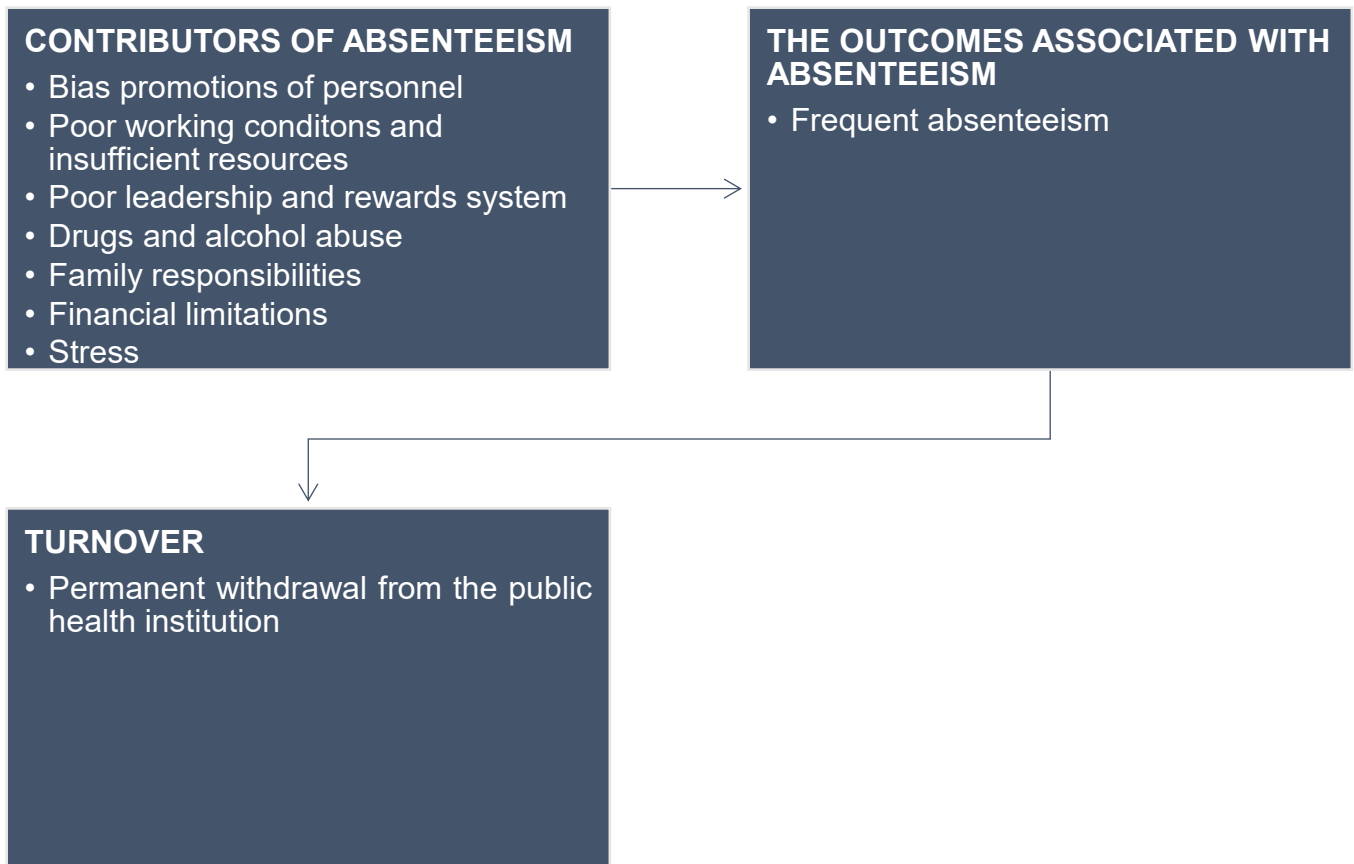
The aforementioned elements contribute to absenteeism, which translates into turnover in the long run. Van (2023:65) asserts that the shortfalls of medical professionals initiate the practice of absenteeism. The consequence of this is that medical professionals become demotivated initially and eventually, they withdraw their participation. Absenteeism has become popular in South Africa during the commencement of the coronavirus pandemic (Jonas, 2022, p. 5). Notably, the practice of absenteeism by medical professionals in the public medical sector is regarded as an absenteeism rate. Public hospitals in rural areas encounter HR conundrums because competent and skilled medical professionals are less interested in taking employment in rural areas. Jonas (2022:7) proved that the practice of absenteeism in rural public health establishments in South Africa is a serious concern that demands urgent attention.

Furthermore, the author alluded that it comprises the quality and quantity of medical services. The Constitution provides society with the right to enjoy medical services, but such practices in the public health sector limit the ability of society to receive

medical services. Therefore, absenteeism should be avoided at all costs, and consequence management should be in place to eradicate excessive levels of absenteeism. The yearly report 2021/2022 of the Limpopo DoH shows that a few medical professionals were taken to the disciplinary hearing for making absenteeism a habit. This was done to lessen the amount of absenteeism in the Limpopo DoH. Absenteeism is an important factor contributing to the elevated levels of turnover in the South African public health sector. High absenteeism rates in this sector are driven by a variety of elements, including work-related stress, inadequate working conditions, and insufficient support systems, which cumulatively exacerbate employee dissatisfaction and turnover intentions (Labrague, Nwafor & Tsaras, 2020:1110; Mmako & Ngwato, 2023:222).

Many public health facilities in South Africa suffer from inadequate working conditions, including poor infrastructure, lack of essential medical supplies, and insufficient staffing levels (Matlatla, 2019:10). These suboptimal conditions not only hamper the ability of medical professionals to perform their duties effectively but also negatively impact their morale and job satisfaction. The frustration and disillusionment from such environments can lead to increased absenteeism as employees take leave to avoid challenging conditions. Over time, this avoidance behaviour can evolve into leaving the public health sector entirely in search of better working conditions elsewhere. The link between absenteeism and personnel turnover, the figure below shows the outcomes of absenteeism:

Figure 3.3: The link between absenteeism and personnel turnover



Source: Author's compilation

Therefore, the above figure elucidates the impact of the causes of absenteeism contributors in the public medical sector. The elevated absenteeism rate in South Africa's public health sector directly impacts turnover by creating an unstable and inefficient working environment. Moreover, frequent absence disturbs the continuity of care, increases the workload of the existing medical personnel, and leads to patient dissatisfaction (Mphephu, 2019:32). These conundrums not only affect the quality and quantity of medical services provided but also lessen the professional attainments of the medical professionals. The resulting deterioration in absenteeism has prompted many medical professionals, both within and outside the public health sector, to leave their jobs in search of a stable and supportive workplace. Turnover in rural areas, where there is the most significant demand for medical services, further worsens the shortfalls of medical professionals; hence, there is a massive demand for recruiting and retaining these professionals in those areas. Therefore, turnover should be avoided at all costs to ensure that medical services are supplied to society in line with the Batho Pele Principles.

3.6 The Effectiveness of Current Rural Recruitment and Retention Strategies for Medical Professionals

3.6.1 Rural Allowance

The effectiveness of rural allowance as a retention strategy in South Africa is a topic of debate and scrutiny within the healthcare sector (Gumede, Taylor & Kvalsvig, 2021:1). While rural allowances are intended to incentivise medical professionals to work in rural areas by providing financial incentives, their impact on recruitment and retention varies and is influenced by several factors such as inadequate infrastructure, poor working conditions, lack of career progression opportunities and limited resources (Lerotholi, 2021:1). In some circumstances, rural allowances have fruitfully been in increasing the number of medical professionals willing to work in rural areas, thereby improving access to medical services for rural communities (Siluka, Silumbwe & Mweemba, 2022:2). Kolie et al. (2023:20) also agree that rural allowances have been credited with attracting medical professionals to rural and remote areas where there are often shortages of skilled personnel.

The Limpopo DoH annual report for 2019/2020 affirms that the usability of rural allowance as a retention tactic has successfully ameliorated the retention of medical care professionals (Limpopo DoH Annual Report 2019/2020). Moreover, the work of Ngene et al. (2023:87) is of the view that the additional financial compensation, such as rural allowance, makes working in these areas more appealing, especially for medical professionals who may be deterred by lower salaries or limited career opportunities (Ngene et al., 2023:87). However, it must be noted that the fruitfulness of rural allowances as a retention tactic is not without challenges and limitations. Udekwe (2022:74) indicates that the rural allowance was inaugurated in 2004 to attract medical professionals to rural areas; however, it does not attain full medical professional retention because there is employee dissatisfaction in the public health division. Therefore, this implies a demand to research other means further to retain medical professionals in South Africa.

Rikhotso (2019:15) also points out that rural allowances do not attain full retention, although they have managed to retain some medical professionals; this technique cannot independently attain the complete retention of medical professionals in rural public health divisions. In short, while rural allowances can play a role in attracting and retaining medical professionals in rural and underserved areas, their effectiveness as

a retention tactic depends on various factors, including the adequacy of the allowances, the presence of supportive working environments, and the availability of comprehensive strategies to address broader medical care workforce challenges. Ntuli and Maboya (2017:1) attest that it is not known whether the financial initiatives have ameliorated or worsened the availability of medical professionals, particularly doctors, in the rural regions of SA, particularly in the province of Limpopo. Nefale (2022:148) concurs that there are no tactics to attract medical professionals to work or stay in public health establishments. Therefore, this indicates that the rural allowance is not fully effective in retaining medical professionals in public health establishments in rural areas.

3.6.2 Bursaries and Scholarships

The literature communicates that bursaries and scholarships have emerged as powerful retention tactics for medical professionals in rural areas. These initiatives play a pivotal role in dealing with labour shortfalls and ensuring access to quality medical services for vulnerable populations (Mabunda et al., 2023:9). As much as it is more of a retention tactic, it is also a recruitment tactic when it is effective and used as intended. For years, South Africa has invested in medical education, increasing medical professionals and improving retention through government or Non-Governmental Establishments (NGE) return-of-service schemes (Mabunda et al., 2022:2). These bursaries and scholarships fund medical students' studies in South Africa of medical students on the agreement that after completing their qualifications they will serve public medical facilities for the duration they were funded. However, in some provinces, some individuals have breached their contracts by not returning to the DoH to work for a certain number of years they were funded (Mabunda et al., 2022:7).

On the other hand, Mabunda et al. (2022:17) indicated that the practice of study grants has assisted with overcoming medical professional shortages. However, this strategy does not guarantee the retention of these medical professionals. This indicates that these policies are poorly planned, coordinated, and monitored and have not been formally evaluated. Although study grants are extensively utilised and heavily backed by public finances, their specific structure varies between regions. The reasons for these variations and their subsequent effects on efficiency and health systems are poorly understood. The work of Makuku and Mosadeghrad (2022:446) indicated that

the public health establishment's initiative to provide scholarships and bursaries for medical students from underserved areas in exchange for a commitment to work in those regions has been moderately effective. As a result, they can potentially increase the likelihood of professionals returning to their communities but might not guarantee long-term retention.

According to Putri, O'Sullivan, Russell, and Kippen (2020), one of the key elements contributing to the effectiveness of these incentives is their ability to alleviate the financial barriers associated with pursuing education and training in healthcare professions. Mabunda et al. (2023:12) believe that the effectiveness of the study grants is hindered by poor data management of beneficiary records. However, these bursaries and scholarships come with a contractual agreement, creating a sense of obligation and commitment among medical care professionals to practice in areas with a critical demand for medical services (Mabunda et al., 2023:2821). Some medical professionals never serve the rural community as per contractual arrangements. To illustrate this, the DoH in the Limpopo Province in 2019 decided to let go of medical students who were awarded bursaries from their contractual arrangements to serve back in the community for the number of years that students were funded.

Furthermore, the decision affected approximately 540 medical professionals who have received funding from the Limpopo DoH. Consequently, this affected medical doctors, nurses, pharmacists, and allied medical professionals. The consequence of that comes with such decisions is that the distribution of medical services will be affected, and the right to medical care will be harmed. This can further create shortages of medical professionals, and the public sector division will likely lose the medical professionals trained in the private medical division. From the literature, insufficient evidence points out that the use of study grants guarantees medical professional retention. However, it can assist with increasing the number of medical professionals in the nation.

3.6.3 Occupational Specific Dispensation (OSD)

According to Abrahams et al. (2022:67), the DPSA introduced OSD, rural benefits, and salary progression to maintain and attract scarce South African medical professionals. However, the positive effect of applying OSD as an acquisition and retention tactic is short-lived. Despite the application of the OSD, public service still loses medical

professionals (Malakoane et al., 2020:2). In rural South Africa, the public health division is in great demand of medical professionals (Holst, 2020:2). The lack of working conditions and an unrealistic workload is two of the main reasons why public medical professionals and specialists are dissatisfied, leading to excessive levels of turnover (Zondi, 2021:9). OSD has fewer advantages than disadvantages, especially in rural areas. De Beer (2019:15) noted that although medical professionals and specialists qualify for rural allowances, professionals' salaries in rural and urban areas are the same and do not make rural employment more attractive. Furthermore, the OSD also does not recognise an enhancement in qualifications, which disadvantages medical professionals who want to further their studies. OSD for medical professionals is one of the main recruiting and retention strategies.

The OSD originally had the objective of introducing a revised salary structure for each identified occupation that would provide career paths, salary growth, seniority, and improvements in competencies and performance, aimed at alluring and maintaining medical professionals and specialists and improving the ability of the public service to attract and retain qualified people (Republic of South Africa, 2011:6). The findings of a study carried by De Beer (2019:20) concluded from the participants' responses that the OSD has fallen short of meeting its goals, especially when it comes to recruiting doctors and specialists for rural healthcare settings. Moreover, the study revealed that doctors and specialists concurred that the presence of senior positions and programs for career growth would positively influence their decision to start or continue working in rural areas. Therefore, medical professionals should have the opportunity to receive a degree or promotion so they can develop their careers and commit themselves to the rural public health establishment. To date, the use of OSD has not attained full retention.

3.6.4 Career Advancement Opportunities

Crail (2023) argues that career development plays a crucial role in employee retention by offering prospects for advancement, maximising employees' potential, and strengthening their commitment to the organisation. According to the work of De Beer (2019:11), the importance of career development is also demonstrated by its inclusion in Chapter 10 of the Constitution of the Republic of South Africa, 1996, which stipulates that HRM and career development practices should be implemented to enhance the skills and talents of government personnel. It was additionally noted that the ongoing

professional growth of employees proved beneficial in maintaining employees in rural areas (Dhanpat et al., 2019:57; Nguyen, 2020). This implies that the fruitfulness of medical professionals is improved by ongoing professional development, which also boosts employee retention. Additionally, by engaging in continuous career progression, medical professionals can remain informed and adapt within the intricate medical care landscape where they are anticipated to advance themselves.

3.6.5 Efforts to Improve the Infrastructure, Equipment, and Working Conditions

Abrahams et al. (2022:64) assert that efforts to enhance working conditions, including providing better facilities, necessary equipment, and support systems, have shown promise in retaining medical professionals. Breed, Downing, and Ally (2020:1) concur that investment in improving working conditions, infrastructure, and access to resources in rural areas yields more sustainable results in the long-term retention of medical care professionals. However, sustained improvements are needed to ensure lasting impacts. Further affirmations by the Annual Report for 2019/2020 Limpopo DoH that ameliorating the infrastructure of the public health establishments strengthened the acquisition and retention of medical professionals in the Limpopo province (Limpopo Department of Health 2019/2020:184). The findings of a study by De Beer (2019:104) showed that improvements in infrastructure and equipment can drive job satisfaction for medical professionals. As a result, these professionals remain in the establishment for a lengthy time. However, a scholar indicated that the public rural health establishments in the province of Limpopo are continuously experiencing cases of equipment theft and medicine (Matlala, 2019:4). This then serves as a barrier to the effectiveness of the efforts to enhance the equipment and infrastructure of the Limpopo DoH hospitals, especially in rural areas.

3.6.6 The Recruitment of Foreign Medical Care Professionals as a Recruitment

South Africa faces severe shortfalls of medical professionals, and its government is sceptical concerning the dependence on foreign-named and qualified immigrants (Zhou, 2021:1). The Government and the NDoH have executed various measures to eradicate the adverse effects of these shortfalls due to insufficient medical abilities in the public health division. To address these shortfalls, South Africa has recruited medical care workers from other nations (Ile, 2021:1). The work of Zhou (2021:10) has shown that this tactic can temporarily alleviate staffing issues. However, it has not addressed the root causes of local shortages. It is noted that although recruiting

international medical professionals addresses the temporary shortfalls, it undermines the Government of South Africa's ability to increase the number of local medical professionals in the nation. Few scholars indicated that provinces like Western Cape and Gauteng have more medical professionals than poorer, rural provinces such as Limpopo (Zhou, 2021:10; Ntuli & Maboya, 2017:1-2). This disparity in medical professionals' distribution indicates that the scarcity of medical professionals is exacerbated in the rural public health sector. Therefore, this indicates that this strategy cannot be utilised for long-term purposes but to eradicate temporary shortfalls. More medical professionals are continuously in demand due to the increase in the nation's population. Transportation drives the demand for medical services and determines the number of medical professionals that must be increased.

3.7 The Impact of Medical Professionals' Shortfalls

The shortage of medical professionals, including doctors, nurses, and other medical staff, in South Africa's public health division has profound and multifaceted impacts on both the medical care system and the population's well-being (Matseke, 2023:59). De Villiers (2021:1) indicate that the shortages of medical professionals directly affect the availability and accessibility of medical care services, particularly in rural and underserved areas. Moreover, patients often face challenges accessing timely medical care and may travel long distances to seek treatment. Poon (2022) points out that existing medical care personnel experience increased workloads and immense pressure due to personnel shortages. Consequently, this has led to burnout, fatigue, and stress among medical care workers, impacting their mental health and job satisfaction (Abrahams et al., 2022:71). The consequence of this is that insufficient staffing levels compromise the quality of medical care services and overworked medical care professionals may have limited time for individual patient care, resulting in rushed assessments, errors, and suboptimal treatment outcomes (Tamata & Mohammadnezhad, 2023:1247).

It must be noted that medical errors lead to several cases of medical negligence, which leads to the DoH spending more income on medical negligence cases. However, several DoH, such as Limpopo, persists in encountering medical negligence cases; a recent case indicated Limpopo DoH has paid out R266.8 million in medical negligence claims from the beginning of the year 2020 to the end of the year 2023 from 30 claims (Wilson, 2024). This further causes shortages of medical professionals due to the DoH

not having sufficient income to recruit more medical professionals. Consequently, public health establishment leads to longer wait times for appointments, consultations, and procedures due to understaffing. Furthermore, it has the potential to result in delays in diagnosing conditions and providing necessary treatments, potentially exacerbating health issues for patients.

These shortfalls of medical care professionals place additional strain on emergency services, overcrowded emergency rooms, and insufficient staffing in critical care areas, causing delays in emergency treatment and negatively impacting patient outcomes (Agyeman-Manu et al., 2023:1162). During crises like the COVID-19 pandemic, inadequate staffing exacerbated the conundrum of responding effectively. The above was shown by several medical professionals experiencing burnout and several resignations (Morgantini et al., 2020:2). These then hampered the capacity to treat and contain the spread of diseases (Flip et al., 2022:2). As a result, public health establishments struggled to meet patient needs, resulting in overcrowding, inadequate equipment, and stretched resources. Džakula, Relić and Michelutti (2022:107) indicate that the shortages of medical professionals can hinder efforts in delivering preventive medical care services such as immunisations, medical education, and screenings.

Consequently, this can lead to a higher burden of preventable diseases and conditions within the population. Moreover, medical professional shortages can increase medical care costs for the government. They may need to invest more resources in temporary staff, overtime pay, or outsourcing services to compensate for the lack of permanent personnel (Business Tech, 2020). Therefore, this shows that the shortage of medical professionals is significant as it carries the promise of honouring the request made by section 27 of the Constitution of the Republic of South Africa to ensure that medical services are distributed across the nation, especially in rural areas that are primarily in need of medical services. Therefore, recruiting and retaining medical professionals in the public health sector serves as a weapon to alleviate the shortfalls and drive a successful distribution of medical services.

3.8 CONCLUSION

This chapter entailed a comprehensible discussion concerning the structure and functioning of the South African public health sector. Moreover, this chapter further elucidated the difficulties experienced by public health establishments in the delivery

of health services to society. The shortage of medical professionals is thoroughly discussed to determine its impact on the public health establishment's ability to render health services. Lastly, this chapter will assess the effectiveness of several recruitment and retention tactics employed by public health establishments to determine their effectiveness in attaining faster recruitment and retention of medical professionals. In short, all the barriers that impede the ability of public health establishments to offer fruitful services in South Africa were thoroughly discussed in this chapter.

CHAPTER FOUR

RESEARCH METHODOLOGY

4. INTRODUCTION

This chapter provides more information on the research methodology used in this research. In addition to the above, it further explains in detail the research design, the study area, the target population, data gathering techniques, data analysis, validity, reliability, objectivity, confirmability, and ethical considerations. Therefore, this chapter gives more clarity on the processes taken for data collection at the Limpopo DoH. In other words, it explains the ethical data gathering processes used by the researcher.

4.1 Research Methodology

McCombes (2023) regards research methodology as a systematic approach and a comprehensive strategy used to conduct research. Furthermore, it incorporates the principles, procedures, and techniques to gather, analyse, and interpret data and guide the researcher in research and discovery processes. In other words, this section includes research methods, tools, data analysis processes, steps taken to eliminate research bias, and the importance of incorporating a research method into the study. Therefore, a well-defined research methodology ensures the reliability, validity, and accuracy of the research outcomes, allowing others to replicate and verify the study results.

4.2 Research Design

Harish (2021:54) describes this concept as the state's configuration for gathering data and interpretation in a way that intends to amalgamate pertinent to the intentions of the research with the economy and a process. Rezigalla (2020) indicates that research design is a tactic for addressing research issues using empirical data. Moreover, research design forms the structure of research (Siedlecki, 2020). Subsequently, this implies that research design determines the overall research objectives, methods, sampling methods, data collection methods, and processes the researcher will follow for data collection purposes. Huntington-Klein (2021) concurs that research design involves systematic methods and structures for collecting, analysing, and elucidating data in scientific investigations. Therefore, research designs aid in attaining specific research objectives while ensuring the reliability as well as validity of the research results.

In this current study, the researcher employed a descriptive research design. As stated by Jansen (2023), this design emphasises explaining current situations, behaviours, features, and patterns through systematic information collection without affecting variables. The importance of using a descriptive research design is shown by Flick (2022), who believes that it can effectively lead to a solid understanding of a research issue by outlining its characteristics. Therefore, employing this design aided the study because the experience and the perspectives of the participants concerning attracting and keeping medical professionals in rural areas were interpreted and narrated to describe the participants' level of understanding of their experiences. A conclusion can be made in this study to say that this research design has succeeded in providing a good grasp of the recruiting, attracting, and keeping of medical professionals in rural areas.

4.2.1. Research Approach

Mulisa (2022:113) believes that research approaches refer to a general tactic or plan that guides the researcher in conducting research. Furthermore, it outlines the steps, methods, and procedures to be utilised to solve research questions or attain the research aims. This research followed a qualitative approach and depended on primary and secondary data. Bhandari (2023) considers qualitative methodology as a research approach that does not deal with numbers directly but instead deals with data analysis to understand the participants' concepts, views, and experiences. On the other hand, Allan (2020) considers qualitative research a methodological approach to deepening the exploration and grasping of personal experiences, perceptions, motivations, and social phenomena. Therefore, this implies that it seeks to understand and explore rather than to explain and manipulate variables. The qualitative strategy in this research was used to obtain a deeper understanding of a problem and generate new research ideas. Using this strategy is successful. The perceptions of the participants, along with incorporating secondary data such as the annual reports of the Limpopo DOH into the study, have aided in addressing the questions posed by the study.

4.2.2 The Study Area

The study area of the research refers to the location where data will be gathered (Alam, 2021). The study was conducted at the Limpopo DoH (Head Office), Botlokwa, Zebedia, and Helena Franz Hospitals. The Limpopo DoH is headquartered at 18

College Street in Polokwane; Botlokwa Hospital is located at Motaks Village, Dwarsrivier, Polokwane; Zebediela Hospital is located at Magatle Village, Gompies, Polokwane; and Helena Franz Hospital is located at Bochum, Polokwane. Moreover, the Limpopo DoH is situated within the Limpopo province in Polokwane. Figure 4.1 shows a map of the Limpopo province:

Figure 4.1: Limpopo province map



Source: (Mthombeni & Nkonki-Mandleni, 2014)

As illustrated in the map, the Limpopo province consists of five districts, which are Capricorn, Mopani, Vhembe, Sekhukhune, and Waterberg, and the Limpopo DoH is in the Capricorn district (Bendlela, 2022:21). Furthermore, Botlokwa, Zebediela, and Helena Franz Hospitals are also in the Capricorn district. These hospitals are chosen as study areas because they are district hospitals in rural areas. The Limpopo province is the fifth most populous province in South Africa. Limpopo had 6,097,030 inhabitants in 2025 (Mzansi Mirror, 2025). Moreover, the province of Limpopo has 462 clinics, 28 community health centres, 30 district hospitals, five regional hospitals, two tertiary hospitals, and four specialised hospitals.

4.2.3 Target Population

Stratton (2021) described the target population as the available group of participants willing to provide information on the matter under investigation. Li and Heitjan (2023:126) affirm that the target population refers to several groups of people willing

to serve as participants in the study. Therefore, the target population refers to the individuals willing to participate in the research and provide important information on the matter under exploration. In other words, the researcher gains information from the target population to come up with a conclusion and analysis. This then shows the importance of the role played by individuals participating in the research. The reason for conducting this study was to look into the recruitment and retention of medical professionals in rural areas at the Limpopo DoH. A target population was needed to attain the above, therefore the target population for this study comprised administrative personnel (HR Officials and Senior HR managers) involved in recruitment and retention practices and Medical Professionals employed by the Limpopo DoH at the three selected rural hospitals. These participants were selected because they have direct experience with the recruitment and retention practices and processes in rural public hospital settings. The study aimed to interview 5 Senior HR Managers at the Limpopo DoH and 15 HR officials from each hospital, meaning five from the three selected hospitals. Further to this, the study planned to distribute 30 questionnaires to medical professionals, 10 to each hospital.

4.2.4 Sampling

The research employed purposive sampling. Berndt (2020:226) attests that purposive sampling is also regarded as judgmental sampling since it relies on the researcher's discernment when choosing the units, for instance, society, cases, or organisations studied. Scholars such as Mweshi and Sakyi (2020) believe that purposive sampling suits qualitative studies, particularly when dealing with unique cases. In this study, individuals were sampled based on a judgment that they could provide valuable information; this applied to specific people within the population who upheld the description that best suited the study. Therefore, this sampling method was beneficial for the study as it allowed it to select individuals with experience in the subject area. The research purposefully selected three hospitals as case studies: Botlokwa, Zebediela, and Helena Franz. These hospitals are rural public hospitals located in the Capricorn District, and they face recruitment and retention challenges. This makes them suitable for detailed qualitative research.

From these hospitals, HR officials and medical professionals were recruited as participants, and Senior HR Managers from the Limpopo DoH were also included. The details regarding the sample group and size are shown in the table below:

Table 4.1: Sample group and size

SAMPLE GROUP	SAMPLE SIZE
Senior Managers: Human Resources	4
HR Officials in three hospitals	8
Medical Professionals in all three hospitals	18
Total	30

The table above shows the number of participants in each sample group who actually took part in the study. The recruitment process for these participants is explained as follows, for the semi-structured interviews, participants were selected based on specific criteria. Hospital personnel had to work at the rural hospitals in the study area, be familiar with the recruitment and retention of medical professionals, have at least one year of experience, and voluntarily consent to participate. Similar criteria applied to Senior HR Managers, who had to be employed at the Limpopo DoH Head Office, be knowledgeable about recruitment and retention of medical professionals, have at least one year of experience, and provide voluntary consent. For the paper-based questionnaire, participants were recruited if they were medical professionals working at the rural hospitals in the study area, had at least one year of experience, and voluntarily consented to participate. These criteria were consistently applied for both the interviews and the questionnaire to ensure relevant and informed participation.

4.3 Data Collection Techniques

4.3.1 Primary data

George's (2024) work indicates that primary data is any research in which the researcher personally gathers data. This technique gathers primary data through structured, unstructured, and semi-structured interviews, experiments, paper-based and web questionnaires, and observations. Subsequently, for this study, primary data were gathered through semi-structured interviews and paper-based questionnaires.

4.3.1.1 Interview and Questionnaires

The work of Akhter (2022) states that interviews serve as a method involving a conversation between the researcher and the participant. This enables participants to express their feelings and share their thoughts, beliefs, perceptions, and confidential issues. In qualitative research, interviews are the fundamental means of collecting rich and detailed information from individuals (Nii Laryeafio & Ogbewe, 2023). In other words, interviews provide a forum for participants to freely express themselves and provide accurate insights into their thoughts and experiences (Dahlin, 2021). George (2023) indicates that qualitative research gathers data through qualitative data-gathering mechanisms such as interviews, field notes, diaries, and observations. Using a qualitative approach, questionnaires are described as research data collection tools that gather non-numerical information and are descriptive of participants (Oranga & Matere, 2023).

Because the study is qualitative, these questionnaires examined participants' thoughts, feelings, experiences, and perceptions. The importance of using these qualitative questionnaires lies in their ability to reveal underlying issues, generate theories, share their thoughts, and gain deeper insights into complex phenomena that cannot be easily quantified. The current study used semi-structured interviews and paper-based qualitative questionnaires to gather data. According to Ruslin et al. (2022), the main aim of using semi-structured interviews for data gathering is to identify participants with specific ideologies, attitudes, and perceptions that align with the relevant topic. Therefore, employing semi-structured interviews enabled the researcher to have follow-up questions and seek more clarity in areas that were not clearly explained. In addition to the aforementioned benefit of using this method, these semi-structured interviews helped the study by allowing the researcher to interact directly with interviewees. This ensured that the researcher got access to rich, first-hand information from participants.

These interviews were recorded on a cell phone with a transcription feature to assist with generating a transcription and converting recordings into text. Some participants preferred talking in their native language, Sepedi. At some point, the researcher had to translate their responses from Sepedi to English. Despite recording the interviews, the researcher also took handwritten notes. This was done in case the recording

device failed or was lost before transferring the information to the dissertation draft. The researcher listened to each recording to ensure the transcriptions accurately reflected the interviews. The researcher then compared it with the transcript, which was turned into a Microsoft Word document. As stated, the study also used paper-based questions, which collected information directly from medical professionals. These questionnaires allowed them to share their views, opinions and feelings.

4.3.2 Secondary Data

According to George (2024), secondary data is the data that was previously gathered for a different purpose and later employed for another research question. The study's secondary data were from books, articles, journals, dissertations, theses, and annual reports from the Limpopo DoH and the Internet.

4.3.2.1 Literature Study and Document Analysis

Soaita, Serin, and Preece's (2020:321) work attests that the literature studies outline existing knowledge. This outline enables the researcher to point out necessary theories and techniques. Carrying out a comprehensive literature review is the primary method for gathering qualitative secondary data (Peeters, 2020). As previously mentioned, this study compared secondary data with primary data derived directly from participants. Secondary data was derived from research strings, including Google Scholar, Institutional Repositories, EBSCOhost, Sabinet, and Limpopo DoH Annual Reports. In addition, words such as recruitment of medical/health professionals in rural areas and retention of rural medical professionals were used to search for relevant information. Therefore, the researcher examined academic papers, books, articles, theses, annual reports from the DoH, and other written materials related to the recruitment and retention of rural medical professionals. This was to detect if Limpopo rural public hospitals generally face similar issues in attracting and keeping medical professionals. The study followed selection criteria to select the literature that was deemed appropriate and relevant for this study. The table below portrays the inclusion as well as the exclusion selection criteria:

Table 4.2 The inclusion as well as exclusion selection criteria:

Inclusion criteria	Exclusion criteria
Academic papers, books, articles, thesis, and other written materials concerning the recruitment and retention of rural medical care professionals in the Limpopo province.	Academic papers, books, articles, thesis, and other written materials concerning the recruitment and retention of rural medical care professionals in other provinces rather than Limpopo.
Academic papers, books, articles, thesis, and other written materials concerning the recruitment and retention of rural medical professionals written in English.	Academic papers, books, articles, thesis, and other written materials concerning the recruitment and retention of rural medical professionals written in languages other than English.
Academic papers, books, articles, thesis, and other written materials concerning the recruitment and retention of rural medical professionals published between 2020 and 2025.	Academic papers, books, articles, thesis, and other written materials concerning rural medical professionals' recruitment and retention were published before 2020.

The use of secondary data was suggested based on some of the strategies employed by other rural public hospitals that successfully attract and retain professionals. Consequently, using secondary data has aided the study in comparing the outcomes of this study with the outcomes of other researchers. Some of the relevant qualitative data, such as quotes, themes, and findings, were incorporated into this study, and the authors are acknowledged. Lastly, the sources of information and documents, such as policies and annual reports from the Limpopo DOH, were also consulted, with a strong emphasis on elucidating research-related theories.

4.4 Data Analysis

Ravindran (2019:41) states that qualitative research data analysis involves finding meaning and explaining the gathered information. For this current study, the semi-structured interview data were analysed using thematic content analysis. De Beer (2022) indicates that the primary goal of the above analysis method is to identify

patterns, ideas, themes, and explanations. (De Beer, 2022). In this current study, data analysis through thematic content analysis revealed themes and patterns that emerged from the responses of the individuals who participated in the research. As previously indicated, the study used both semi-structured interviews and paper-based questionnaires. After the data was gathered with the semi-structured interviews, it was turned into words with the help of a transcribing feature from the cell phone that was used to record the interviews. The researcher verified the accuracy of the transcriptions by listening to each recording and cross-referencing it with both the transcript and handwritten notes. Afterwards, this data was grouped into research objectives and per question in each objective.

This was to be able to pick up themes as the study used thematic content analysis to analyse data. On the other hand, the data gathered through the paper-based questionnaires was translated into words through Microsoft Word. This data was also grouped into the ^{research's} third objective (*To determine the effectiveness of current incentive programs, support structures, and retention strategies used by the Limpopo DoH in retaining medical professionals*). After this, the data was analysed and presented in tables to demonstrate the responses of the individuals who participated in the research. Themes were also identified from the responses to the questionnaire. Therefore, the qualitative data in this current study dispensed and explained perceptions, patterns, and themes about attracting and keeping medical professionals in rural areas at the Limpopo DoH.

4.5 Validity, Reliability, Objectivity, and Confirmability

Validity is gathering proper data for gauging instruments (Sürücü & Maslakci, 2020:2696). Moreover, validity aims to inspect the extent to which the instruments used to obtain the data gauge what it was supposed to measure. Therefore, validity explains to us whether the instruments utilised have the potential to gauge and elucidate what it is intended to elucidate. The data's validity was confirmed by repeatedly listening to the recording, reviewing the transcript, and comparing it to the handwritten notes written by the researcher to ensure they accurately reflect the participants' responses. Sürücü and Maslakci (2020:2707) define **reliability** as the capacity to gather instruments to give identical outcomes applied at distinguishable periods. Therefore, several tools were employed to reduce validity threats and enlarge the credibility of the concluding remarks reached in the study. Coleman (2020:2042)

indicates that qualitative exploration reliability is regarded as 'dependability', 'confirmability', or 'consistency'.

According to Javed et al. (2021:22), **objectivity** is the degree to which the researcher's biases, values, or interests do not unduly influence the research process and findings. Therefore, the researcher strived for objectivity by being transparent about their biases, employing reflexivity, and using systematic data collection and analysis approaches. **Confirmability** refers to the extent to which the findings are based on data, free from researcher bias or preconceptions (Johnson et al., 2020:7120). Subsequently, the researcher demonstrated confirmability as it inaugurated the trustworthiness and credibility of the study outcomes. The researcher ensured the data was valid, reliable, trustworthy, and confirmable. In addition, reliability entails the persistence of a measure, while validity entails the precision of a measure. Therefore, it was important to consider reliability and validity in this study.

4.6 Significance of the Study

The research is pursued by a demand to explore difficulties in recruiting and retaining rural medical professionals at the Limpopo DoH. The elevated vacancy rates show this for vital medical professionals, such as medical specialists are currently 76,83%, 40,71% for nurses, 54, 57 % for medical officers, and 58,03% for allied medical professionals (Limpopo DoH Annual Report, 2021/2022:179). Subsequently, the present study expands current knowledge on the difficulties the Limpopo DoH faces in recruiting and retaining medical professionals in rural hospitals. Adding to the above, the research can be a reference point for researchers who want to focus on recruiting and retaining rural medical professionals. The study contributes to the body of knowledge in Public Administration as a field of study and also contributes to public administration in practice. Recruitment and retention fall beneath Human Resource Management as a subfield of Public Administration; subsequently, the study provides a theoretical contribution to Human Resource Management. This study will also aid the Limpopo DoH with the recruitment and retention strategies that can be used to attract and retain medical professionals in rural areas. Towards the end of the study, recommendations are made for ameliorating recruitment and retention strategies for medical professionals in rural areas.

4.7 Ethical Considerations

Ethical considerations are widely accepted principles that guide research designs and practices (Bhandari, 2021). Furthermore, the author believes that ethical consideration entails that researchers must always adhere to the code of conduct when gathering data. On the other hand, Bhandari (2022) asserts that this concept outlines the anticipated conduct a researcher must exhibit during their research activities.

- **Voluntary Participation**

Participants have the right to withdraw from the research process freely and anytime they choose (Nkgapele, 2021:12). Individuals who participated in this study were well made aware that they could volunteer to participate and pull out at any time. Voluntary participation was also one of the elements of the consent forms that participants signed before participating in the research.

- **Informed consent**

Informed consent means that all potential participants have received and understood all the information they need to decide whether to participate (Bhandari, 2021). Informed consent forms provide detailed information on participants' rights and what the study involves, including the study's risks, benefits, and timeframes (Millum & Bromwich, 2021). Subsequently, the researcher provided participants with a consent form for signature to agree to participate voluntarily without any expectation of monetary rewards while informing them about the risks and benefits associated with their participation. To say this, the consent form included a detailed explanation of what the study was all about. This ensured that participants could choose to participate in the study or opt out.

- **Anonymity and Confidentiality**

Rana et al. (2021:3) state that researchers must keep sensitive or confidential information confidential. The principle of anonymity dictates that participant identities are kept anonymous during the research endeavour, whereas the principle of confidentiality guarantees that the identity information of participants is inaccessible to anyone not directly engaged in the research (Favaretto et al., 2021). For this study, the Protection of Personal Information Act of 2013 was complied with and applied to ensure confidentiality and anonymity. The researcher made certain of the anonymity

and confidentiality of the participants' information. This was done by assigning unique codes to participants, like P1, P2, P3, and so on, to safeguard their identities. Moreover, participants' data was encrypted and not shared with third parties. Voice recordings were deleted after transcription; only digital copies were retained. Paper questionnaires were destroyed, and only encrypted electronic copies were retained.

- **Violation of privacy**

Rana et al. (2021:3) demonstrate that researchers must safeguard participants' privacy when they reveal sensitive or confidential details. However, when the researcher needs to share sensitive or private information of individuals who participated in the research, informed consent must be obtained from them. This was also maintained in the research.

- **No Harm**

Rana et al. (2021:2) state that the research process must not harm those involved. To comply with this principle, the researcher refrained from utilising deceptive practices. Moreover, participants were made aware of what the research entails and its aims. They were also allowed to withdraw from the research process at any time to avoid physical harm, psychological distress, and social humiliation.

- **Compliance**

For compliance purposes, the researcher got an ethical clearance certificate from the University of Limpopo's Turfloop Research Ethics Committee (TREC) before participating in the study. The researcher also got permission from the Limpopo DoH Research Committee and the Limpopo DoH District Office to conduct this study at the three selected rural hospitals under the Limpopo DoH. In addition to the above, the researcher maintained the respect and dignity of the participants by politely engaging them and treating them with kindness and patience while expressing their views.

4.8 CONCLUSION

This chapter explained the research methodology used in this study. It elaborated on the research design, which was descriptive and allowed a thorough understanding of the current conditions and participant experiences. Adding more to the above, it emphasised the qualitative research approach, stressing the importance of collecting in-depth, personal information through semi-structured interviews and paper-based

questionnaires. The target population and sampling techniques, like purposive sampling, ensured the selection of participants with relevant expertise and experiences to provide valuable information. Secondary data from various sources, such as annual reports and academic literature, were used to contextualise the findings within more exhaustive research on rural healthcare workforce challenges. The chapter outlined the data analysis method, specifically thematic content analysis, which aided in identifying key themes and patterns in the responses.

CHAPTER FIVE

RESEARCH FINDINGS, ANALYSIS, AND INTERPRETATION OF DATA

5. INTRODUCTION

This chapter reveals the information provided by participants during the data collection process. Firstly, it describes the procedure for administering the semi-structured interviews and paper-based questionnaires. This is followed by details regarding the number of participants involved, including how many were included in the study, as the study used a purposive sampling method. Subsequently, the chapter discusses the presentation and analysis of the data collected. With thematic content analysis employed in the study, the findings are categorised into themes. Furthermore, each objective is separately addressed and discussed in the context of the existing literature.

5.1 Administration of the Semi-structured Interviews and Questionnaires

5.1.1 Semi-Structured Interviews

The purpose of personal interviews with Senior HR managers and HR Officials from each hospital was because of their knowledge and experience. This knowledge and experience pertain to recruitment as well as retention practices in the three selected hospitals:

- Botlokwa Hospital.
- Zebediela Hospital.
- Helena Franz Hospital.

The study employed semi-structured questions, adhering to the interview schedule in Appendix Two, Segment 3. Prior to interviewing each participant, the study was explained in detail. The researcher then requested that they indicate their willingness to participate by signing a consent form (Appendix Two, Segment 1). As previously stated, the study aimed to interview 5 Senior HR Managers at the Limpopo DoH and 15 HR officials from each hospital, meaning 5 from the three selected hospitals. Of the 5 senior HR managers, only 4 were interviewed, while one was excluded due to their busy schedules and inability to participate in the study. Among the 15 HR officials, only the following were interviewed per hospital:

Table 5.1: Interview Data

Study Areas	Initial target	Interviewed
Botlokwa Hospital	5	4
Zebediela Hospital	5	2
Helena Franz Hospital	5	2
Total	15	8

The above illustrates the target population compared to the actual number of participants who took part in the study and were interviewed, as well as those who could not participate. These semi-structured interviews were conducted in person at the Limpopo DoH and the three selected hospitals. All of these interviews were recorded on a mobile phone with a transcription feature. After each interview, the researcher reviewed the transcript, handwritten notes, and recording to ensure accurate transcription. The content was grouped by objective to facilitate the analysis of what each participant said under each specific objective. The study employed purposive sampling, selecting participants based on their informative contributions and knowledge about the subject. In line with this sampling method, 12 participants (8 HR Officials in each hospital and 4 Senior HR Managers at the Limpopo DoH) were interviewed; all the information from these participants was included in the study due to the expertise they possessed, which addressed the questions posed by the study.

5.1.1.1 Biographic Details

The participants who took part in the study were asked to indicate their biographic information as per Appendix One, Segment 2. This segment contained questions about the following:

- Gender.
- Designation.
- Level of Education.
- Experience.

The aforementioned questions enabled the researcher to present participant gender data in a tabular format. Inquiring about designation and experience aimed to confirm that participants have qualifications relevant to their roles while certifying they possess adequate experience. The following tables show the responses of the participants to those questions:

Table 5.2: Gender

Gender	Responses Per Option
Male	4
Female	8

The table above shows the participants' genders from the semi-structured interviews, with 4 males and 8 females.

Table 5.3: Designation

Designation	Responses Per Option
Senior manager: Human resources	4
Manager HR	1
HR Official	6
Other	1

The table above shows the participants' designation from the semi-structured interviews: 4 were senior managers, 1 was a manager, 6 were HR officials, and 1 was classified as other.

Table 5.4: Education

Level of Education	Responses Per Option
National Senior Certificate	0
National Diploma	3
Diploma	2

Bachelor's Degree	2
Postgraduate Degree	5
Other qualifications	

The above table shows the education level of the participants from the semi-structured interviews, it shows that 3 participants were National Diploma, 2 diploma, 2 bachelor's degree and 5 postgraduate degree and none selected national senior certificate.

Table 5.5: Experience

Years of service at the Limpopo DoH	Responses Per Option
> 1 year	0
1 - 5 years	1
6 – 10 years	5
11 – 20 years	6
21 – 30 years	0
30 years and above	0

The table above shows the experiences from the semi-structured interviews: 1 had a 1 – 5 years, 5 had 6-10 years, 6 had 11 – 20 years' experience, none had less than a year experience, and 21- 30 years and 30 above.

5.1.2 Questionnaires

The purpose of distributing semi-structured paper-based questionnaires to 10 medical professionals at each of the three selected hospitals was to evaluate the effectiveness of the existing incentive programmes, support structures, and retention strategies. This evaluation was conducted from the perspective of the medical professionals. The responses from these medical professionals will be compared to those from Senior HR managers and officials. This comparison aims to determine whether these incentive programmes, support structures, and retention strategies effectively retain medical professionals. Additionally, it seeks to identify areas where the selected rural hospitals under the Limpopo DoH can improve their retention strategies. The study utilised questionnaires drafted by the researcher, which were printed and distributed to the medical professionals. A total of thirty questionnaires were printed for the study,

with each of the three selected hospitals receiving 10 questionnaires along with the consent form (Appendix Two, Segment 1). The consent form allowed medical professionals to consent to participation by completing the questionnaire. The medical professionals had 2 days to complete the questionnaires, which the researcher collected on the third day. Table 5.6 presents the number of completed questionnaires returned:

Table 5.6: Questionnaires

Hospitals	Number of Questionnaires Distributed	Number of Questionnaires Returned
Botlokwa Hospital	10	10
Zebediela Hospital	10	3
Helena Franz Hospital	10	5
Total	30	18

Table 5.6 shows that out of 30 questionnaires distributed, 18 were fully completed and returned: 10 from Botlokwa Hospital, 3 from Zebediela Hospital, and 5 from Helena Franz Hospital. Because the study used purposive sampling, only questionnaires that addressed the study's questions were included. This decision was based on medical professionals' knowledge regarding the existing incentive programs, support structures, and retention strategies employed by the hospitals at which they are employed. Therefore, in line with purposive sampling, in this current study, all of the medical professionals' responses showed a deeper understanding of existing incentive programs, support structures, and retention strategies. Moreover, because of that, all 18 questionnaires were included in the study. This is because their responses from the questionnaires sufficiently addressed the questions of the study.

5.2 Presentation, Analysis, and Interpretation of Data

Qualitative data presentation and analysis are connected to the questions in Appendix Two, Segment 3 (semi-structured interviews) and Segment 4 (questionnaires).

Because the study used thematic analysis to analyse data, the themes, subthemes, and their frequency will be shown in the tables. This section presents primary data results for the four research objectives, including associated questions. The findings related to the first objective are presented below:

Objective 1: *To explore and analyse the challenges and contributing factors in recruiting and retaining medical professionals in rural areas at the Limpopo DoH.*

The objective was to identify the challenges and understand the factors that contribute to difficulties in recruiting and retaining medical professionals in three rural Limpopo DoH hospitals. This involved investigating how those difficulties affect society and the Limpopo DoH. The aim was to find a way for the Limpopo DoH to avoid these challenges. To do that, participants were asked:

1. What are the difficulties experienced in acquiring and maintaining medical professionals in rural areas in this institution?

All participants in the semi-structured interviews were asked this question: The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.7: Theme, Subthemes, and Frequency for Objective 1 (First Question)

Theme	Subthemes
Challenges in Recruiting and Retaining Medical Professionals in Rural Areas	Rural Location Challenges
	Centralised Recruitment Processes
	Youth Preferences and Retention Issues
	Training and Career Development Gaps
	Education

The most dominant challenge from these findings is the undesirability of rural placements among medical professionals. Participants indicated that:

P1: *“When it comes to recruitment, it is difficult as no one wants to work in rural areas. This is also a challenge when it comes to keeping them working here”.*

P2: *“Hiring health workers is usually difficult as the place is actually a bit far from the shops and there is nothing much to do around here. Most of them do not prefer rural areas because agona vibe (there are no nice places for*

entertainment). Then retaining them also has challenges as some of them, especially the youth, does not like being in rural areas, whereby it is far from places of entertainment and shopping centres and malls as well”.

P3: *“The level of education, everyone who succeeds academically immediately leaves rural areas. So, recruiting people to the rural areas is not recruiting or the money but about their level of education, which makes them prefer to be in urban areas. So, the rural hospitals are not able to attract specialists and retain workers for a long time”.*

P4: *“When it comes to the youth, it is challenging because young people like to be close to shops and towns. This affects recruiting and them and also keeping them, it can work in terms of recruiting them to these areas but keeping them is a problem. And eventually they will leave”.*

P5: *“Most of them want to work close to home and in urban areas”.*

P6: *“For retention, it is the fact that the hospital is in rural areas, and most of the health workers do not prefer this at all”.*

This shows that most participants have indicated that these rural hospitals are far from the shopping centres, entertainment establishments, which younger professionals mostly seek. Therefore, the absence of the above impact affects attracting and retaining new professionals. In the study of Hadley (2024:116), it was found that medical professionals have different lifestyles. Their decision to leave rural areas lies with their lifestyles. Some might leave rural public hospitals, while others might stay dependent on the kind of life they want. This shows that despite this challenge, some medical professionals do not mind being employed in rural areas. Some professionals work in rural areas due to financial necessity and job availability; as Hlayisi (2022:909) stated that the number of unemployed medical professionals in South Africa has increased. This was also confirmed by one of the participants who noted that:

P7: *“Jobs are no longer there, so they take rural jobs because there are no jobs at that time, but as soon as they find their desired jobs, they leave.”*

This may be because most medical professionals take jobs because of insufficient jobs. Therefore, this speaks to the Person-Fit Environment Theory, which ensures that only the right and suitable medical professionals are recruited. Applying the theory

would ensure that only medical professionals with a passion and love for rural areas are employed. Their passion to serve rural communities will ensure quality health services. That way, it will be easy to retain them, as they would be suitable for rural employment. They would understand the challenges associated with it, and their lifestyles would match the conditions of rural areas. In relation to this theory, one of the participants indicated that:

P8: *“We usually find committed workers, but due to poor working conditions and high workload, and feeling like the department does not care about them, they start to be demotivated”.*

This shows the importance of ensuring that the working conditions and environment are conducive to medical professionals. This ensures that these professionals remain motivated, and the Person-Fit Environment Theory can be applied correctly to assist with recruiting these professionals. The application of the Expectancy Theory comes into play as these professionals expect to receive good working conditions and environments. Once that is not there, they are most likely to depart from rural hospitals. They are human beings and would like to feel like the department and the hospital actually care about them.

Despite this challenge, the findings also showed that the highly centralised recruitment processes complicate staffing efforts. This was noted by a participant who stated that:

P9: *“The difficult part about recruitment is that everything regarding recruitment and selection is centralised to the department.”*

The above clearly articulates that staffing decision-making is concentrated within the department. It must be noted that this restricts local flexibility and makes it difficult to address recruitment needs effectively. In addition to the above, collaboration with hospitals during recruitment is absent. Succession planning worsens the above challenge; a participant indicated this:

P10: *“Also, the succession plan is not adhered to, and there is no consultation at all from the department”.*

It must be noted that this makes rural public hospitals feel like they cannot influence staffing outcomes, as there is no consultation between the department and rural public

hospitals. Another layer of the challenge relates to training and career development opportunities. A participant stated that:

P11: *"Health workers used to be trained by being taken to Cuba for training, and I do not see that happening anymore, and it has opened a serious gap, ke gore mathata (it is a serious problem). However, before then, we would take them to school for maybe 4 years, expect them to serve us for 4 years, and absorb them after community service. As for doctors, we used to absorb them without interviewing them, but that is no longer the case; we recently interviewed doctors. That affects us in keeping these workers".*

The above response from a participant indicated that these previously implemented training opportunities could address the skills gap and maintain a supply of dedicated medical professionals. Discontinuing these training opportunities has resulted in ineffective recruitment and retention strategies. This change is coupled with the shift toward more formal recruitment processes. This indicates that interviews for doctors have been introduced, whereas previously, doctors were absorbed after their community service without formal interviews. To summarise, these young medical professionals are tough to attract and retain. This was shown by several participants who indicated that young medical professionals prefer to be closer to towns, shops, and entertainment establishments. This finding is also emphasised by Gumede et al. (2021:1). They indicated that medical professionals pointed out that the roads in rural areas are sometimes terrible and not usable.

This was also stated by one of the participants in this current study by saying that:

P12: *"The roads in rural areas are not good and can damage the tyres of the medical professional's vehicles."*

Moreover, the availability of public transport poses a significant challenge. This could create difficulties for medical professionals who do not have their own vehicles. Therefore, it suggests that even if the department succeeds in recruiting them to these areas, retention remains precarious. It is jeopardised by the prospect that some of these professionals may relocate to more urban environments as soon as they find employment there. One of the participants implied that education drives migration to urban areas, suggesting that as medical professionals gain qualifications, they are less likely to remain in rural positions. This illustrates the known "brain drain"

phenomenon, where rural areas lose skilled workers to urban centres. In other words, these findings indicate that several factors exacerbate the challenge of recruiting and retaining medical professionals in rural areas:

- The lack of appeal in rural settings.
- The centralised nature of administrative structures.
- Interruptions in training.
- The evolving lifestyle expectations across different generations.
- Education.

2. What are the impacts of these difficulties experienced in recruiting and retaining these medical professionals?

All participants of the semi-structured interviews were asked this question. The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.8: Theme and Subthemes for Objective 1 (Second Question)

Theme	Subthemes
The Repercussions of the Difficulties in Recruiting and Retaining Medical Professionals	Increased Workload and Burnout
	Lower Quality of Patient Care
	Loss of Skills, Knowledge, and Mentorship
	Community Distrust and Service Disruptions
	Migration to the Private Sector

The responses from the participants show the impact of the obstacles that rural hospitals encounter regarding the recruitment and retention of healthcare professionals. Firstly, the findings show that the presence of difficulties in recruiting and retaining medical professionals results in an increase in the workload, and that increase leads to burnout. This was started by one of the participants saying that:

P1: *"The shortage of these professionals takes us to increased workloads for existing staff, which results in burnout and eventually resignations."*

This shows that existing medical professionals are burdened with additional responsibilities when vacancies are not filled. This also includes when a medical professional departs from the hospital. This leads to physical and emotional exhaustion. This burnout contributes to a vicious cycle of resignations, further exacerbating the shortage problem. This finding is consistent with other scholars who have also indicated that an increased workload due to vacant positions makes medical professionals want to resign. It also causes them to experience burnout (Payne et al., 2020:1454-1455; de Villiers, 2021:2). The second impact mentioned is the delays and lower quality of patient care. This was mentioned by a participant indicating that:

P2: *“These challenges make it difficult to provide consistent, high-quality care.”*

This is because the failure to recruit and retain medical professionals means patients will have to wait for a long time to receive health services. This is even mentioned by another participant who said that:

P3: *“Patients often have to wait longer for treatment, especially in rural areas, because there are not enough health workers available.”*

Moreover, these professionals may struggle to maintain consistent, high-quality care. This has the potential to lead to a situation where medical professionals make mistakes, which can result in medical negligence cases. This was also emphasised by one of the participants who indicated that:

P4: *“Matsatsi a le hlafishitse ba bo lena so re ba le case tse dintshi tsa litigation lebaka ele negligence (Nowadays we get many cases for litigation due to medical negligence)”.*

This shows that the failure to recruit and retain medical professionals indirectly leads to more work, which constitutes stress and depression for medical professionals and eventually leads to mistakes, which makes the department liable for negligence cases. This results in a case where the department spent more money on litigation cases rather than spending more money towards getting more professionals to assist with rendering health services. Such situations should be avoided, especially in rural areas where attracting and retaining medical professionals is tricky. These findings are also the same as what other scholars have found in their research, as they also indicated

that the shortages of medical professionals make it difficult for the existing staff to provide high-quality services, and in turn, patients wait for more extended periods (Cert, 2021; Nchabeleng, 2022:1-2; Wleh & Nkoane, 2025:1).

This then shows that there should be no difficulties as this would impact the quality of health services; indirectly, this will hamper the right to health, which is given to the people of South Africa, as stated by section 27 of the Constitution. Another impact is the loss of skills, knowledge, and mentorship. This was well emphasised by a few participants who indicated that:

P5: *“When we struggle to retain professionals, we lose institutional knowledge and mentoring capacity, which affects the development of less experienced staff.”*

P6: *“We lose the institutional memory; you find that everyone is new”.*

This is because when experienced medical professionals depart from the hospital, they leave critical institutional knowledge and mentoring capabilities with them. This issue has also been raised in the study of Mamabolo and Fombad (2023:1), who stated that when medical professionals leave, they leave with their knowledge, which affects the hospitals' capabilities to continue rendering health services. It must be noted that their departure from the hospital affects the development of junior staff. In the long run, it reduces the capacity of medical professionals. Junior medical professionals need guidance and preparation from senior medical professionals. Senior medical professionals have more knowledge and experience and a better understanding of the job.

Further to the above impact, a participant mentioned that:

P7: *“The community loses trust in the hospital when there are constant staff changes and service interruptions.”*

This is because of the continuous turnover of medical professionals and service disruptions, which make the community lose trust in public hospitals. Deonarain (2024:2-3) also found that declining healthcare quality has led to public distrust in the health system. Therefore, it must be noted that trust is very important for ensuring the

effective functioning of healthcare services. Eroding trust can have lasting adverse effects on health-seeking behaviour. Therefore, there needs to be sufficient medical professionals to ensure no interruptions in delivering health services. Turnover must be avoided at all costs, as it indirectly affects the public hospitals' ability to render quality health services to the people of South Africa (Nkobeni et al., 2024:137). Another participant identified another impact and said:

P8: *“Morale across the healthcare team is affected; people feel demotivated when they see colleagues constantly leaving or when they are asked to pick up the slack without support.”*

The above response indicated a negative impact on the morale of the medical professionals when faced with specific challenges. Firstly, when one medical professional leaves, the remaining professionals may be burdened with additional responsibilities. If this happens without sufficient support, it can result in medical professionals feeling overwhelmed and undervalued, diminishing motivation and morale. The above can result in a loss of important medical professionals, as stated by the participants below:

P8: *“It makes use lose workers, especially nurses.”*

P9: *“We can lose specialists”.*

This is a problem, especially given the fact that there is a massive shortage of medical specialists and nurses in the whole of Limpopo Province. This is shown by the 2023/2024 Limpopo DoH Annual Report. This is shown in the table below:

Table 5.9: Vacancy rates of the medical specialists

Essential profession	Total count of posts at the authorised facility	The quantity of filled posts
Specialists	561	132
Professional Nurses	14765	8567

Source: (Limpopo DoH, 2024).

The table above indicates that although the Limpopo DoH is supposed to employ 561 medical specialists, only 132 are currently employed. Moreover, there are 8,567 nurses, whereas the intended number of employed nurses is 14,765. This shows that the department has a huge vacancy rate for the above professionals and cannot afford to lose more of these professionals due to turnover. The migration to the private sector is another factor contributing to shortages of medical professionals. This was stated by participants who said that:

P10: *“Health workers sometimes leave for better opportunities in the private hospitals.”*

P11: *“Turnover is seen mostly in nurses who go to the private sector”.*

This is because medical professionals are often attracted to better working conditions, higher salaries, and improved career prospects offered by private hospitals, leaving public hospitals struggling to compete. In addition, their movement to private hospitals makes their work much easier as they have all the required infrastructure and equipment, whereas in public hospitals, especially in rural areas, that is not the case (Ngene et al., 2023:87-88).

3. In your own opinion, how can the Limpopo DoH overcome these difficulties?

All participants of the semi-structured interviews were asked this question. The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.10: Theme and Subthemes for Objective 1 (Third Question)

Theme	Subthemes
Strategies to Improve Recruitment and Retention of Medical Professionals in Rural Areas	Absorption and Streamlining of Recruitment Processes
	Improvement of Living Conditions and Infrastructure
	Revival of Training Programs
	Local Recruitment Focus
	Consultation
	Succession Planning

The responses serve as practical interventions suggested by participants to address ongoing difficulties within the Limpopo DoH. The first intervention is indicated by the participant below:

P1: *"I think the Department should absorb medical professionals immediately after community service, without making them go through long interviews, would help."*

The participant above believes that immediate absorption of medical professionals, when they complete their community service, would help overcome difficulties in attracting and maintaining medical professionals. The second intervention suggested is that:

P2: *"Decentralising the recruitment and selection processes would help. Hospitals should be allowed to do their hiring to speed things up and target candidates who are willing to work in rural areas."*

This is suggested in the sense that decentralising recruitment to the hospital level would allow hospitals to fill vacancies more quickly and secure committed medical professionals before they seek opportunities elsewhere. This would alleviate the issue of additional responsibilities to existing medical professionals when one of the professionals resigns. The above is known for reducing the likelihood of burnout. Another suggestion is that:

P3: *"They need to improve the living conditions around hospitals, like building shopping centres nearby so that young people feel more comfortable living and working here."*

P4: *"Road infrastructure should be improved"*.

P5: *"Recreational places where one could walk or jog."*

P6: *"The supply of clean water and sanitation should be improved"*.

The above participants suggested that there should be sufficient shopping centres, malls, and recreational facilities near hospitals could make jobs in rural areas more attractive, particularly for young medical professionals who value convenience and lifestyle. While one of these participants identified the supply of clean water and sanitation to be improved in rural areas. Another suggested intervention is that:

P7: *“The Department should bring back programs like training students locally or sending them abroad with agreements that they must come back and work here.”*

The above participant has voiced that previous training programs should be reintroduced. These programs, such as sending students for medical training under agreements to serve rural communities upon completion, were seen as effective. Reintroducing them would create a sustainable pipeline of professionals committed to serving rural hospitals in Limpopo. On the other hand, some participants suggested that:

P8: *“Only people in the province should be hired.”*

P9: *“They should prioritise recruiting people who are originally from rural areas or closer to Limpopo, because they are more likely to stay.”*

This implies that the hiring of medical professionals should be focused on local people; only people originally from the Limpopo province or rural areas should be hired. This is because of the assumption that people from the province are already familiar with the area. They will not struggle to get used to the place, especially those from rural areas who are accustomed to living in rural areas. This would improve retention rates, as such individuals are often more willing to remain close to their communities compared to those from urban areas. This would also be in line with the Person-Fit Environment Theory, as this will ensure that only professionals suitable for rural employment are recruited. In the long run, it will ensure that these professionals are retained, as the process of retention starts in the recruitment phase.

Another suggestion is that:

P10: *“There must be consultation between hospitals and the department instead of making decisions without involving them.”*

This indicates that the department should consider consultations with hospitals in recruitment and retention decision-making processes. The idea is that involving them in discussions about this might help each hospital to identify its challenges, which may need a unique strategy, unlike a one-size-fits-all approach. Although these hospitals are in rural areas, they have their unique challenges. Another participant indicated that:

P11: *“Some of the challenges we encounter are not internal but are external challenges, which need an integrated planning between the DoH and other relevant departments”.*

This is because some of the challenges, like road infrastructure, need to be attended to by the Department of Public Works rather than the DoH. Lastly, one participant indicated that:

P12: *“The Department should implement proper succession planning”.*

This is because, without clear career pathways and leadership development initiatives, medical professionals may feel uncertain about their future prospects in the hospital. This uncertainty might prompt them to seek opportunities elsewhere. This shows that the combination of the above interventions, if implemented, could improve the recruitment and retention of medical professionals in Limpopo's rural public hospitals.

Objective 2: *To examine factors contributing to turnover among medical professionals in rural areas at the Limpopo DoH.*

The goal was to examine factors causing turnover in three rural Limpopo DoH hospitals. This included revealing the participants' views, specifically whether they believe there is a turnover, as well as understanding the rationale behind their beliefs. Participants were asked:

1. Do you think there is a turnover of medical professionals in this institution? If yes, what are the reasons for this turnover of medical professionals?

All participants of the semi-structured interviews were asked this question. The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.11: Theme and Subthemes for Objective 2 (First Question)

Theme	Subthemes
Factors Contributing to High Turnover of Medical Professionals	Burnout and Increased Workload
	Attraction to the Private Sector
	Dislike of Rural Location
	Medical Professionals Seeking Experience Only

The findings reveal that burnout and increased workload emerged as the most frequently mentioned factors. This is clearly stated by the following participants:

P1: *“Yes, there is turnover, especially among medical specialists. One of the main reasons is burnout; the workload is just too much. People here work long hours.”*

P2: *“Yes. It's because of burnout, but then we are not always sure what causes the burnout, and they are not that prevalent. It might be social issues or work issues”.*

P3: *“Yes, shortages in staff lead to turnover and create depression. It further makes committed health workers in the long run lose their passion to serve the community, and this causes absenteeism and presentism”.*

P4: *“Yes, there is some movement. Some leave because of the constant understaffing, which puts extra pressure on those who stay.”*

P5: *“Yes, there is a high turnover, especially by nurses who leave for the private hospital. This is caused by the shortages of nurses, which indirectly creates more work for them”.*

The participants indicated that the shortfalls of medical professionals create heavier workloads for the remaining medical professionals. This situation creates stressful working conditions and eventually causes burnout. Some participants attributed burnout to work-related factors, while others suggested social issues might play a role as well, implying that the causes could be complex and multifaceted. These findings are similar to the study conducted by Mafhungo (2022:2-3), who indicated that when there is a shortage of manpower, it leads to more work, which compromises the quality of health services supplied, and in the long run, it leads to turnover. Adding more to the above, the author recommended that the DoH improve its recruitment and retention approaches, noting that effective and efficient approaches could reduce turnover. This is because the presence of turnover in public hospitals make medical professionals to be attracted by private hospitals as they are seen to be better than public hospitals. The above was also identified by the participants as a major driver of turnover. This finding in the current study is common among other similar studies.

These studies indicate that medical professionals are known to leave public hospitals for private hospitals, where they are offered better salaries, more manageable workloads, and improved working conditions (Gumede et al., 2021:1-2; Gile et al., 2022:763; Chamisa, Mjoli & Mhlanga, 2020:12). This suggests that financial incentives and work-life balance strongly influence medical professionals' career choices.

Participants also mentioned that the rural hospitals' remoteness, lack of amenities, and inconvenience of being far from urban centres discourage long-term medical professionals' retention. This was emphasised by a few of the participants who indicated that:

P6: *“When health workers are in rural areas, their social life is downgraded, and it also creates issues with their marriage and relationships. This causes turnover”.*

P7: *“I believe there is turnover, as most of the time, we lose a lot of health workers because of the fact that we are in rural areas, which is disliked by most of the workers, as everything is far from this place.”*

P8: *“Yes, retention is a big issue. Many professionals relocate to urban areas.”*

While one of the participants clearly stated that medical professionals perceive rural hospitals as stepping stones, joining the hospital primarily to gain initial work experience before moving on to better opportunities. This was emphasised by the following participants:

P9: *“Definitely, turnover is there. People come here because there’s a lack of jobs, so they just come to gain experience.”*

P10: *“Yes, there is definitely turnover. Many doctors leave for better salaries and benefits in the private hospitals.”*

This perception indicates a lack of commitment among medical professionals and suggests rural health jobs are not viewed as fulfilling career destinations. Instead, they are viewed as the fastest way to get jobs. Since nowadays jobs are not that many, they just work for the time being to get money and leave for better opportunities as soon as they get them. These findings show that there is indeed a high turnover of medical professionals in rural areas. This is caused by internal institutional challenges,

such as staffing and burnout. In addition to the above, external pull factors, such as better private sector opportunities and the urban lifestyle, also play a significant role.

2. What are the primary elements influencing the decision of medical professionals not to work in rural areas of Limpopo province?

All participants of the semi-structured interviews were asked this question. The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.12: Theme and Subthemes for Objective 2 (Second Question)

Theme	Subthemes
Factors Influencing the Departure of Medical Professionals from Rural Hospitals	Contractual Employment and Job Insecurity
	Geographical and Environmental Disadvantages
	Personal and Social Factors
	Career Growth Opportunities

The findings revealed factors influencing the departure of medical professionals, showing that both professional and personal reasons contribute to the challenge of retaining medical professionals. Firstly, a participant identified the below:

P1: *“One major reason is the contracts, as most of the people we hire are on contracts when they come to an end, and we are unsure whether we will have others or not”.*

Looking at the above response, it is clear that contractual employment and job insecurity are contributors to turnover. These participants indicated that most medical professionals are employed temporarily, and this creates uncertainty about their future employment. This lack of permanent jobs makes it difficult for these professionals to plan long-term careers in these hospitals. In turn, it leads to a situation where many medical professionals are seeking permanent opportunities elsewhere. This is because it is not guaranteed that after their community service, they will be absorbed into the hospital. This finding is in line with the study of Schaefer, Jenkins and North (2021:1-2), who in their study indicated that medical professionals employed on a 12-month fixed contract, needing annual renewal with the payroll administration company were continuously anxious indicating *“What if they wake up and say that they are not*

renewing our contracts? What are we going to do? We have children and families; the children are waiting on us as their moms to bring them something”.

This shows how job security is important and how it can assist in retaining medical professionals. Surprisingly, Malatji et al. (2024:3) challenge this idea in their research, highlighting that, in practice, the turnover rate of medical professionals on temporary contracts is lower than that of those on full-time permanent contracts. The work of Malatji indicates that the above is because medical professionals would like to maintain a healthy balance between work and family life. The above can be connected to other factors mentioned by the participants, which are personal and social factors. This was mentioned by the participants:

P2: *“Marital affairs”.*

P3: *“Lack of resources such as sanitation, water, and economic modernisation”.*

P4: *“The availability of proper schools for their children”.*

P5: *“The desire to be closer to home”.*

P6: *“They don’t want to be far from family”.*

That is because medical professionals prefer to be closer to their families, partners, and close to places with good schools for their children. The findings of Choudhari (2020:1) partially align with this finding as the author also indicates that medical professionals prefer to work close to their loved ones. This preference weighs heavily on decisions to leave rural posts. It has been stated by a research paper by Schaefer et al. (2021:2-3), who indicated that two medical professionals in their study preferred to do sessional contracts instead of full-time because they seek to balance between work and family life. Therefore, the emotional and social need to be near loved ones weighs heavily on decisions to leave rural posts. The above notion is supported by Maslow's Hierarchy of Needs, which strongly emphasises that people have emotional and social needs that must be fulfilled (Nkgapele, 2025:3). These are some of the things that medical professionals expect from the DoH.

This way, they will feel that they are rewarded appropriately and appreciated, as explained by the Expectancy Theory employed in this study. Other participants

indicated that there are geographical and environmental disadvantages, and they stated that:

P7: *“The geographic location of the hospital, people do not want to work in rural areas”.*

P8: *“Personal preference”.*

P9: *“The place where the hospital is located”.*

P10: *“Social isolation and lack of recreational activities”.*

P11: *“Lack of the standard of living and lifestyle differences”.*

These participants have indicated that the geographic location of these rural hospitals is identified as one of the elements influencing the decision of medical professionals to take employment in rural areas. This implies that these participants noted that the location of the rural hospital discourages medical professionals from staying employed in the rural hospitals, as rural areas often lack conveniences, infrastructure, and lifestyle options that urban areas have to offer. This could be something that the department must look into and attempt to bring some stores closer to the medical professionals so that they do not have to travel far for such things. Ewing, Reid and Morris-Paxton (2020:1) mentioned a factor not acknowledged by the participants but crucial to the geographic area of the rural hospital. They noted that the roads in rural areas are not continuously repaired. Sometimes, they are in very poor condition, posing challenges not only for medical professionals but also for public transportation, which may find it difficult to drive there.

But then it must be noted that the above is not some of the functions of the department, meaning the department must not work alone but with other departments responsible for water, roads and infrastructure. Hain et al (2021:1198), in addition to the above, also added the fact that cell phone signal and internet signal can also be another factor which medical professionals take into consideration when considering for employment in rural areas, to say this in other words, it has an influence on their decision to either stay or leave rural hospitals. One of the participants said:

P12: *“Career growth opportunities”.*

This is because of their belief that limited career growth opportunities can influence medical professionals' decisions to either stay or leave rural hospitals. This is because rural public hospitals often hinder medical professionals' professional development, promotions, and specialisation. This drives them to move to cities where opportunities are more available. The issue of a lack of career development opportunities has been cited by many authors (Patience, De Braine & Dhanpat, 2020:408; Fernandes, Santinha & Forte, 2022:95; De Vries et al., 2023:3). They indicated that these opportunities are not present in rural areas, making these jobs unattractive. Adding to the above, other participants indicated that recreational activities, entertainment, or vibrant community life are needed in these rural areas. These positions in rural areas can feel isolating, particularly for younger medical professionals, making it harder to retain them long-term.

Objective 3: *To determine the effectiveness of existing incentive programs, support structures, and retention strategies implemented by the Limpopo DoH in retaining medical professionals.*

The main aim of this objective was to determine the effectiveness of the current incentive programs, support structures, and retention strategies implemented by the Limpopo DoH in retaining medical professionals in these three selected rural public hospitals (Botlokwa, Helena Franz, and Zebediela Hospital). This included revealing both HR managers' and officials' and medical professionals' views, specifically whether they believe current incentive programs, support structures, and retention strategies are capable of keeping medical professionals in these rural hospitals. It also involved understanding the rationale behind their beliefs. This also included a question whereby participants were asked to identify areas in which the Limpopo DoH can improve. This is to ensure that the current initiatives are able to retain medical professionals in rural areas and also lure other medical professionals to the rural public hospitals. To do that, participants were asked:

To do that, participants were asked:

- 1. What are the existing incentive programs, support structures, and retention tactics implemented by the Limpopo DoH to retain medical professionals in rural areas?**

All participants of the semi-structured interviews were asked this question. The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.13: Theme and Subthemes for Objective 3 (First Question)

Theme	Subthemes
Incentives, Benefits, and Support Programs Provided to Medical Professionals	Financial Incentives and Career and Professional Development
	Wellness and Psychosocial Support

The findings reveal the incentives, benefits, and support programs given to medical professionals, which are used to attract and retain them. These findings are categorised into subthemes as follows:

- Financial incentives and career and professional development
- Wellness and psychosocial support

Starting with the financial incentives and career and professional development, the participants indicated that medical professionals are provided with the following:

P1: *“For nurses, uniform allowance, which is paid in cash yearly, also, training in terms of study leave”.*

P2: *“Overtime and rural allowance”.*

P3: *“13th paycheque”.*

P4: *“Occupational Specific Dispensation (OSD), this includes grade progressions, rural allowance, and study benefits only in health-related disciplines and aligned with their job”.*

P5: *“Committed overtime”.*

P6: *“Rural allowance”.*

P7: *“Grade progression”.*

P8: *“Overtime, study leave, pay progression and rural allowance”.*

P9: *“Pay grading, which differs for different categories of health professionals. For nurses, it's 5 years and doctors in 3 years. There is a way that they get a lump sum and thereafter a lump sum”.*

P10: *“Grade progression and study leave”.*

Based on the above responses, rural allowance was mostly mentioned, followed by OSD, which are designed to remunerate medical professionals for the challenges associated with working in rural areas. This also includes a 13th pay cheque. This aligns with the study of Khoza (2024), indicating that the OSD was established by the DPISA and includes incentives such as a rural allowance. Participants also indicated the use of overtime payments as additional financial incentives. This strategy is also used in other hospitals. Sodo et al. (2023) indicated that medical professionals received overtime payments for the overtime work that they perform. This shows that this finding is in line with the above study. On the other hand, uniform allowance for nurses was also mentioned by one of the participants as a minor but notable benefit, which is used to attract and keep nurses in these hospitals. This incentive has not been previously mentioned in the previous studies. This shows how the current study adds to the knowledge gap. Other participants also mentioned that study leaves and training opportunities demonstrate the department's commitment to investing in continuous professional development. This is very important for career advancement and employee satisfaction.

This is emphasised in the study of Malatji et al. (2024). They clearly stated that the department should offer career development opportunities and leave as a means to show appreciation to the medical professionals. These professionals are committed to playing a very important role in ensuring that the Constitution's mandate of providing health services to South Africans is fulfilled. When it comes to wellness and psychosocial support programs, the participants indicated that medical professionals are provided with the following:

P11: *“Counselling and Employee Assistance Programmes, but they are centralised to the district office”.*

P2: *“Debriefing sessions, Employee Assistance Programmes, trauma therapy and group debriefing sessions”.*

Based on the above responses, the participants indicated that wellness and psychosocial support programs are available for medical professionals, including counselling services, Employee Assistance Programmes (EAPs), trauma therapy, and group debriefing sessions. The above wellness and psychosocial support programs are available in other hospitals, as shown by scholars' work (Engelbrecht, Heunis & Kigozi, 2021:7919; Dawood et al., 2022; Lee et al., 2022:9722). Therefore, this finding is common in prior studies. Although in this current study, the participants indicated that wellness and psychosocial support programs are available, P11 raised concerns. They pointed out that the district-level centralisation of services limits accessibility for medical professionals in rural areas. It must be noted that centralisation may reduce the effectiveness of support programs, particularly in high-stress areas needing immediate, on-site interventions.

2. In your perception, do you think current incentive programs, support structures, and retention strategies in public hospitals in the province are effective?

In this question, both Senior HR Managers and officials and Medical Professionals were asked this question. Firstly, Senior HR Managers and officials were asked this question during the semi-structured interviews, while the medical professionals were also given a questionnaire to voice out their thoughts on the effectiveness of these strategies and programs. The main aim of doing this was to check whether medical professionals and Senior HR Managers, and officials think the same way about these retention strategies and programs. Since the study made use of a thematic content analysis, themes and subthemes were identified from the responses of the participants. Below are the responses from Senior HR Managers and officials about the effectiveness of these strategies and programs:

Table 5.14: Theme and Subthemes for Objective 3 (Second Question)

Theme	Subthemes
Perceptions of the Effectiveness of Incentive and Support Programs and Retention Strategies	Temporary and Ineffective for Long-Term Retention
	Somewhat Effective
	Effective

Based on the above responses, the most dominant perception about the effectiveness of these strategies is that they are temporary and ineffective, as indicated by most participants:

P1: *“No, I don’t think they are effective. The incentives seem temporary and do not solve long-term issues”.*

P2: *“No, even if there are big incentives like rural allowance, health professionals still prefer to work in urban areas”.*

P3: *“They do help for a short period of time”.*

P4: *“I think there is some effort, but overall, no, they are not effective enough”.*

P5: *“No, there are not, it is not easy to retain”.*

P6: *“No, especially the retention strategies which are ineffective in the long run”.*

P7: *“No, they do not attract people”.*

From the responses, these incentives are temporary and ineffective for retaining medical professionals for a long time. These findings are in line with the findings of the studies conducted by other scholars, who also indicated that these strategies are not fully effective (Ned et al., 2020:1; Schaefer et al., 2021:2; Thusi & Nkgapele, 2024:1751). It must be noted that although financial incentives such as rural allowances and study leave may provide some relief or motivation, they fail to address the main issues, like lack of career growth and social isolation, which cause staff turnover. There is a gap between what is provided and what medical professionals expect and require staying in rural areas.

Similar to a coin possessing dual sides, the participants also hold diverse perspectives. Other participants believe that these incentives are somewhat effective. These participants stated that:

P8: *“Yah, ya dia kgona (they are working), especially, the gap between a salary of a person who is working in rural and urban areas is huge. The rural allowance does work”.*

P9: *“They help to a certain extent, I mean we sometimes have people leaving private hospitals to come to work with us”.*

P10: “Yes, our employees are happy”.

P11: “They are effective. Some people stay because of them, but many still leave for private hospitals or urban areas because of working conditions”.

P12: “Some incentives, like study leave and grade progression, are good, but they are not enough to stop the turnover, especially among young professionals.”

Medical Professionals were also asked for their perceptions regarding the effectiveness of these strategies. The below serves as their response:

- **(a): The effectiveness of existing incentive programs**

Table 5.15: The effectiveness of existing incentive programs

How satisfied are you with the current benefits and pay offered by the hospital?	Total number of responses per option
Very satisfied	0
Satisfied	2
Partially satisfied	6
Not satisfied	10

The above table shows that 10 medical professionals are *not satisfied* with the current benefits and pay offered by the department. 6 medical professionals indicated that they are partially satisfied with the benefits and pay offered, while the other 2 medical professionals have shown to be satisfied. But then, it is important to note that amongst the participants, there is no medical professional who is very satisfied with the benefits and pay. Based on these findings, it is clear that there is a widespread dissatisfaction with existing incentive programs, particularly regarding compensation and benefits. It suggests the current approach is largely ineffective in meeting the expectations of medical professionals.

- **(b): Support Structures for Medical Professionals**

Table 5.16: Support Structures for Medical Professionals

1. Do you feel adequately supported by the hospital in your position?	Total number of responses per option
Yes, completely	1
Yes, somewhat	7
Not, all	10
2. Have you used support services provided by the hospital, such as counselling or mentorship programs?	Total number of responses per option
Yes	5
No	13

The above table shows the first question shows that out of 18 medical professionals, only 1 indicated that they feel completely supported by the department. While 7 feel that they are somehow supported. But then the remaining 10 shows that they do not feel adequately supported in their roles. This lack of support is like adding fuel to a fire, in other words, it can lead to job dissatisfaction, potentially causing staff turnover in the near future. Coming to the second question, 5 medical professionals indicated that they have used the support services provided by the department, but surprisingly, despite the presence of these support services, 13 medical professionals indicated that they have not used them. This indicates potential issues such as a lack of awareness, accessibility, trust, or perceived usefulness of these services. These findings indicate that support structures are underutilised and ineffective.

- **(c): Retention Strategies**

Table 5.17: Retention Strategy Implemented by the Limpopo DoH

1. Do you think the hospital has made some efforts to make sure that medical professionals do not leave rural areas for cities or other jobs?	Total number of responses per option
Yes	6

No	12
2. What are some of the benefits that make you remain employed in the establishment as a medical professional?	
<i>“Diverse responsibilities which sometimes make the job more interesting & fulfilling. Professional growth opportunities to implement new practices”.</i>	
<i>“Rural allowance and working near home”.</i>	
<i>“For the need of rural area development, to help disadvantaged community”.</i>	
<i>“Less workload because the underpay is too much. The workload is not equivalent to the pay offered”.</i>	
<i>“Providing quality essential services to the most needed rural communities”.</i>	
<i>“Rural allowance”.</i>	
<i>“Rural allowance”.</i>	
<i>“I feel like I get an opportunity to learn more when working in a rural hospital. There are benefits that make me stay in a rural hospital eg. Rural allowance”.</i>	
<i>“Rural allowance”.</i>	
<i>“In housing facilities and rural allowance”.</i>	
<i>“None”.</i>	
<i>“Rural allowance”.</i>	
<i>“Rural allowance”.</i>	
<i>“I stayed because of the health service to the patient, and they need to fix our healthcare workers to get a rural allowance”.</i>	
<i>“Currently, no benefit; only giving back to our communities is the only reason”.</i>	
<i>“Rural allowance”.</i>	
<i>“Rural allowance”.</i>	
<i>“Rural allowance”.</i>	

From the first question on the table, it indicates that 12 out of 18 medical professionals believe that the department has not made adequate efforts to retain them. While 6 medical professionals believe that some efforts to retain them have been made. From the second question, the following benefits were identified by medical professionals that make them remain employed in rural areas:

- Rural allowance.

- Other proximity to home.
- Professional growth.
- Sense of community service.
- Opportunities for skill development.
- Passion for rural development or lack of better alternatives.

While most of the medical professionals identified the benefits that keep them retained in rural hospitals, there are a few professionals who indicated that there are no benefits, mostly just do it for the love of community service. Rural allowance is the most indicated benefit, but it doesn't outweigh challenges like low pay, lack of support, or poor working conditions. The rural allowance is valued; however, it is insufficient to guarantee long-term retention or fulfilment.

- **(d):** Retention Strategies Implemented by the Limpopo DoH

Table 5.18: Retention Strategies

1. How effective are these retention strategies compared to those in other rural areas of Limpopo?	Total number of responses per option
More Effective	0
Equally Effective	6
Less Effective	12
2. Do you think the success of strategies to keep medical professionals in rural areas depends on the specific challenges that each area faces?	Total number of responses per option
Yes	17
No	0
Sometimes	1

From the first question on the table, it indicates that 12 medical professionals perceive the currently used retention strategies compared to those used in other rural areas as less effective, while 6 perceive them as equally effective, but none of these medical professionals perceive these strategies to be more effective. This poses a disadvantage in attracting and retaining medical professionals. On the second question, medical professionals seem to agree that retention strategies must be tailored to the specific challenges of each rural area, implying that a one-size-fits-all approach by the Limpopo DoH is ineffective.

The analysis of the findings in relation to the questionnaire data indicates a notable agreement concerning the perceived shortcomings of existing retention and incentive strategies for medical professionals in rural areas. Both data sets indicate widespread dissatisfaction with temporary and insufficient benefits, especially pay and rural allowances. Table 5.19 highlights that none of the participants are very satisfied with the benefits and pay, and the majority express dissatisfaction. The narrative findings support this, showing that while rural allowances may offer short-term motivation, they do not address deeper issues such as a lack of career growth and professional isolation. This suggests that financial incentives alone are not enough to retain medical staff in rural hospitals, as they fail to align with the long-term expectations and needs of healthcare professionals.

In addition, the findings show that support structures within rural hospitals are largely ineffective and underutilised. Table 5.20 reveals that most participants do not feel adequately supported, and a majority have not used available services like counselling or mentorship, indicating possible issues with accessibility, awareness, or trust. The narrative data echoes this concern, indicating that the support offered does not respond to the critical challenges medical professionals face in rural areas. Adding to the above, retention strategies are perceived as less effective compared to those in other rural areas, with 12 out of 18 participants confirming this view (Table 5.22). Most participants also agree that retention strategies should be tailored to local conditions rather than applying a one-size-fits-all approach. Together, this information underlines the urgent demand for a more holistic, context-sensitive approach that goes beyond financial incentives to include career development, psychosocial support, and improved working conditions to improve retention in rural healthcare settings.

Objective 4: *To propose recruitment and retention strategies that can be employed by the Limpopo DoH to recruit and retain medical professionals in rural areas.*

The objective was to propose recruitment and retention strategies that can be employed by the Limpopo DoH to recruit and retain medical professionals in rural areas. To do that, participants were asked:

1. What recruitment and retention strategies can be proposed for the Limpopo DoH to effectively attract and retain medical professionals in rural areas?

All participants of the semi-structured interviews were asked this question. The study makes use of a thematic content analysis. From their responses, themes and subthemes were identified and are shown in the table below:

Table 5.19: Theme, Subthemes, and Frequency for Objective 4

Theme	Subthemes
Improving Recruitment and Retention Strategies for Medical Professionals	In-House Accommodation
	Decentralisation of Recruitment Processes
	Contractual Employment and Lack of Absorption
	Lack of Succession Planning
	Collaboration with other Government Departments

These findings of the study indicate that to propose recruitment and strategies that will effectively attract and retain medical professionals, difficulties and current strategies must be improved as per participants' suggestions. The first suggestion made by a few participants is:

P1: *“In-house accommodation ke number one (In-house accommodation is the first one), it must be improved, nna ka mokgwa o ebe go ka gona gona bjale ae nkgahle (I am not satisfied with the in-house accommodation in its current state.”*

P2: *“Di room tse tsa sepetlela (in-house hospital accommodation) should be big enough to accommodate the families of health professionals who would like to bring their families to visit sometimes”.*

These participants clearly indicated that the in-house accommodation for medical professionals. This is compulsory for these professionals and also plays a huge role in ensuring that they remain working in rural public hospitals. In other words, it must be convenient for them; everything they desire to have in the rooms should be there. These rooms should be capable of providing accommodations for the families of these professionals if they wish to visit occasionally. To improve this, surveys can be distributed online to medical professionals to voice their opinions. This approach would allow them to state exactly what they need to have in the in-house accommodation. Consequently, the department can attempt by all means to provide it where possible. Another participant indicated that:

P3: *“Decentralising the recruitment and selection processes would really help. Hospitals should be allowed to do their own hiring to speed things up and target candidates who are willing to work in rural areas.”*

Therefore, the participant believes that this could really help in recruiting these medical professionals and would even be timely and do away with the issue of burnout. This was reinforced by another participant who indicated that:

P4: *“There must be communication between hospitals and the department instead of making decisions without involving them.”*

This is said in the sense that the department should involve their hospital in the recruitment process and the development of retention strategies for their hospital. This would allow them to voice out their suggestions and input. This is because retention starts with recruitment, being strategies to recruit must be effective to attract these professionals. Once attracted and drawn to the hospital, they must be kept, ensuring that they remain employed there and invite their friends or colleagues from other areas to come work with them. Another issue cited by participants is:

P5: *“One major reason is the contracts, as most of the people we hire are on contracts when they come to an end, and we are unsure whether we will have others or not”.*

This participant indicated that the above creates high levels of turnover, and suggested that medical professionals should be absorbed permanently, especially after their community service, but another participant indicated that:

P6: *“To be honest, we no longer absorb these professionals immediately after their comserve (community service). This is because of the lack of funds for the posts”.*

The department should look into how best it can ensure that it absorbs most of the medical professionals after their community service. This is important as these professionals need to serve rural communities. Otherwise, letting these professionals go creates a problem for existing professionals and for the community as well. The department spends money and time to train them, only to let them go and then repeat the same process with other professionals who are to be appointed. To improve these strategies, a participant indicated that:

P7: *“Some of the challenges we encounter are not internal but are external challenges, which need an integrated planning between the DoH and other relevant departments”.*

This is because some of the challenges, like road infrastructure, need to be attended to by the Department of Public Works rather than the DoH. Lastly, one participant. Succession planning should also be implemented; this was highlighted by a participant who said that:

P8: *“The Department should implement proper succession planning”.*

This would help with preparing future leaders among medical staff, fostering a pipeline of competent professionals ready to assume critical roles. In addition, it also ensures that there is ongoing professional development and mentoring. This is critical in ensuring the retention of medical professionals. The recruitment and retention strategies need to be effective. If they are not strong and not effective, the rural posts will not be attractive and will not be able to retain medical professionals (Cibane & Hoque, 2024). Another participant suggested that:

P9: *“The department ought to create a plan to provide bursaries for medical doctors to pursue specialisations. In exchange for the supported years, these doctors should be obligated to serve in rural areas for an equivalent duration”.*

5.3 CONCLUSION

This chapter presented findings from primary data collected via semi-structured interviews and questionnaires. Participants included the Senior HR Managers, Officials, and Medical Professionals at Limpopo DoH. The study investigated the recruitment and retention of medical professionals in rural areas. It also recommended recruitment and retention strategies that can be utilised by the Limpopo DoH to recruit and retain medical professionals in rural areas. The findings showed that there are challenges in both recruitment and retention of medical professionals, but the most problematic lies with long-term retention. It has also been shown that medical professionals and HR employees at the Limpopo DoH have different views about the effectiveness of the retention strategies, incentives, and support programs that are currently employed. The next chapter discusses the findings, makes recommendations, and concludes in relation to the research objectives.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6. INTRODUCTION

The research focused on recruiting and maintaining medical professionals at the Limpopo DoH. The main goal of this research was to investigate the hiring and maintenance of medical professionals in rural areas. In addition to the above, it recommended recruitment and retention strategies that the Limpopo DoH can utilise to attract and keep medical professionals in these areas. In doing this, the study only selected three hospitals under the Capricorn District under the Limpopo DoH. As the data was collected, presented, and interpreted in the prior chapter, this current chapter will summarise the research, outline the chapters, and give recommendations based on the study.

6.1 Synopsis of all chapters

6.1.1 Chapter 1: Overview of the Study

The chapter provided an introduction and background of the research problem. Its main aim was to show the problem and how it emerged. It also discusses its presence in South Africa and other nations. Furthermore, the problem's impact on the public health system and society's beneficiaries is addressed. The chapter presented the study's aims, objectives, and questions and highlighted the reasons for conducting the study.

6.1.2 Chapter 2: Literature Review

This chapter gave an understanding of the concept of recruitment and retention. This ensured that recruitment and retention concepts were defined and operationalised in the real world. The advantages, disadvantages, and nexus of the concepts of recruitment and retention were elucidated in detail. The expectancy and person-fit environment theories were clarified in terms of how they support the study. Firstly, the Expectancy theory was incorporated into the study. The aim was to explain how medical professionals' expectations of rewards, benefits, compensation, support structures, career development opportunities, and a conducive working environment

influence their decisions to work and remain in rural areas. Secondly, the Person-Fit Environment theory was incorporated into the study to explain how the alignment between medical professionals and the specific demands and culture of rural medical care settings can enhance job satisfaction, retention, and overall fruitfulness of medical care delivery. The legislative framework and policies on recruitment, retention, and health were also discussed.

6.1.3 Chapter 3: Recruiting and Retaining Rural Medical Professionals in South Africa

This chapter provided a global perspective on recruiting and retaining rural medical professionals in South Africa. It placed more emphasis on the difficulties experienced by public health establishments in delivering public health services. This discussion included the literature on this matter and shows all that is known and what is not known about this gap. It also shows what other scholars still need to do. How the current study fills this gap is also shown. The elements influencing the retention of medical professionals were discussed thoroughly based on what is known from the literature. Less attention was paid to public health establishments in rural areas. The chapter further explained the success of current recruitment and retention methods utilised by the South African public health sector. These strategies are used to retain and recruit medical professionals in the sector. Lastly, the chapter highlighted the impact of medical professional shortfalls on the public health sector.

6.1.4 Chapter 4: Research Methodology

This chapter showed how the data was collected to address the research questions. This chapter showed that the researcher used a qualitative approach using semi-structured interviews and questionnaires. To ensure the validity of the data, the findings were compared with those of other researchers in this research area. This approach means that the study also relied on secondary data for comparison. These interviews were recorded on a cell phone with a transcribing feature, and the researcher also relied on handwritten notes taken during interviews. After the interviews, the researcher reviewed the transcripts, handwritten notes, and recordings to ensure accurate transcription. In some cases, some participants mixed Sepedi with English, requiring the researcher to translate their words into English. The interviews

were conducted with 12 participants out of the 20 who were targeted but could not be interviewed due to their busy schedules. 10 Questionnaires were distributed to medical professionals in each of the three selected hospitals; in total, 30 were distributed, and 18 were returned and completed in full. The sampling technique, purposive sampling, was used to select individuals possessing knowledge regarding this matter. The chapter lastly showed that ethical procedures were adhered to during data collection.

6.1.5 Chapter 5: Research Findings, Analysis, and Interpretation of Data

This chapter presented, analysed, and discussed the study's findings according to its objectives. The chapter reminded the reader that the study focused on exploring the challenges faced by the Limpopo DoH in recruiting and retaining medical professionals. These challenges were analysed explicitly in the context of three selected rural hospitals within the Capricorn District, which are also district public hospitals. The chapter showed that the study found rural areas lack lifestyle appeal for many medical professionals, especially younger ones. Moreover, these areas face centralised recruitment, disrupted training, and limited career growth. These factors lead to heavy workloads, burnout, and reduced service quality. The chapter shows that the study argues that the above leads to more migrations to the private sector in the long run. This indirectly creates more turnover. The participants in the study suggested decentralising recruitment, quickly hiring after community service, reviving training programs, recruiting locally, improving rural infrastructure, and implementing succession planning for clear career paths and stability. High turnover arose from burnout, poor working conditions, short-term contracts, and limited social and career development opportunities. This was in addition to recruitment challenges. Incentive programs like rural allowances, uniform allowances, and grade progression exist but are seen as ineffective and misdirected.

Support structures like counselling and mentorship were vastly underused or ineffective. Moreover, the study also showed a need for tailored, context-specific strategies instead of a one-size-fits-all approach. The study has key recommendations, including improving accommodation and offering permanent posts. Moreover, decentralising recruitment and involving rural hospitals in staffing decisions were suggested. These measures aim to strengthen the long-term retention of medical professionals in rural areas of Limpopo province. The study shows there should be no

gap between medical professionals' expectations and the reality of rewards, benefits, support, career opportunities, and work environment, as this affects their decision to work in rural areas (recruitment) or remain employed in rural areas (retention). Moreover, the study indicated that the department should consider following the Person-Fit Environment Theory to ensure retention. This theory can be used to locate medical professionals who fit the positions. These would be medical professionals who have a passion for saving the lives of society. The idea is that locating (recruiting) professionals passionate about saving lives will lead to a workforce committed to serving the people instead of only focusing on monetary incentives. These professionals will likely remain (retention) in rural areas to ensure that health services for these rural communities are also provided.

6.1.6 Chapter 6: Conclusion and Recommendations

The chapter before this one dealt with data analysis and used raw data gathered through semi-structured interviews and paper-based questionnaires to address research questions. Therefore, this chapter aims to conclude and provide a synopsis of the whole chapter and recommendations. The recommendations in this chapter aid in providing Limpopo DoH with the amendments that can be made to improve the recruitment and retention of rural medical professionals at the three selected hospitals to ensure effectiveness and efficiency. So that Limpopo DoH can carry out its service delivery mandate. Moreover, this chapter indicated the areas for further research, which is significant as it identifies the knowledge gap in the recruitment and retention of medical professionals within the public health system in rural areas. In a nutshell, the chapter elucidated the research findings and suggested possible remedial measures to redress the matters concerning recruiting and retaining rural medical professionals.

6.2 Synopsis of the Findings Per Objective

6.2.1 Objective 1: To explore and analyse the challenges and contributing factors in recruiting and retaining medical professionals in rural areas at the Limpopo DoH.

The study findings showed that recruiting and retaining medical professionals in the selected rural hospitals under the Limpopo DoH in the Capricorn District, which are Helena Franz, Botlokwa, and Zebediela Hospital, face challenges. One of the

challenges is the lack of appeal in rural placements. This challenge is particularly pronounced among younger professionals, who tend to favour urban conveniences, recreational activities, and being near their families. Poor infrastructure (including bad roads and limited transport), centralised and bureaucratic recruitment processes, lack of hospital consultation, and discontinued training programs further exacerbate the problem. Participants expressed that many professionals only accept rural posts temporarily, often leaving once better opportunities arise. The Person-Environment Fit and Expectancy theories show the mismatch between professionals' expectations and the rural work environment. This mismatch causes low morale and early exits. Moreover, weak career development and succession planning prevent sustaining a stable, experienced workforce.

These recruitment and retention challenges have a severe and complex impact. Medical professionals' shortages increase workloads, cause burnout, and lead to frequent resignations, creating a turnover cycle. This compromises care quality, resulting in longer wait times, more medical negligence, and increased litigation against the Department. When experienced medical professionals leave, it depletes institutional knowledge and reduces mentoring opportunities for junior professionals, diminishing service delivery and hampering professional growth. It must be noted that frequent staff changes harm healthcare continuity and diminish community trust in public hospitals. Many professionals, especially nurses and specialists, are leaving for better pay and conditions in the private sector, worsening the high vacancy rates reported by the Limpopo DoH. Participants suggested several strategies. These include decentralising recruitment, reviving training programs, improving rural living conditions, and immediate post-community-service absorption. Such measures aim to help the Department attract and retain medical professionals in rural areas.

5.2.2 Objective 2: To examine factors contributing to turnover among medical professionals in rural areas at the Limpopo DoH.

The study found that many participants noted that excessive workloads and insufficient staff lead to stress and burnout, driving professionals away. The rural areas themselves contribute to high turnover due to several factors. These include limited infrastructure, social isolation, and lack of access to urban amenities. Consequently, professionals prefer more developed urban areas. These findings align with prior

research showing that poor working conditions, inadequate support, and urban attractions significantly affect retention in rural public hospitals. Beyond burnout and environmental dissatisfaction, the study examined why professionals avoid rural hospitals. Temporary contracts hinder long-term commitment, and unclear career paths demotivate professionals. Many people prefer to stay near their relatives or reside in locations that offer superior educational opportunities, services, and lifestyle choices. Environmental factors like inadequate infrastructure, limited recreation, and isolation worsen the problem. Participants emphasised the need to improve rural infrastructure. Attracting and retaining skilled medical professionals in rural areas will remain problematic unless the DoH works with other government departments to address these challenges.

5.2.3 Objective 3: To determine the effectiveness of current incentive programs, support structures, and retention strategies used by the Limpopo DoH in retaining medical professionals.

The study evaluated the effectiveness of incentive programs, support structures, and retention strategies by the Limpopo DoH in three rural hospitals. Semi-structured interviews and questionnaires were conducted with senior HR managers and medical professionals. The findings discovered that incentives include rural allowances, overtime pay, study leave, and career progression under OSD. Wellness programs like counselling and debriefing exist but are centralised to the Limpopo DoH district and are hard to access. Most participants found the programs partially effective, noting issues like service centralisation and inadequate retention efforts. Medical professionals are dissatisfied with current benefits, pay, and support. Although the rural allowance encourages staying, it falls short due to poor working conditions, limited growth, and social isolation. Many find current strategies ineffective and favour adapting them to local challenges. Most medical professionals found current retention strategies less effective than those in other rural areas and showed the need for context-specific strategies over a one-size-fits-all strategy. These findings show a serious gap between current approaches and the actual needs of medical professionals. This indicates the need for comprehensive, tailored strategies for long-term retention in rural areas.

5.2.4 Objective 4: To propose recruitment and retention strategies that the Limpopo DoH can employ to recruit and retain medical professionals in rural areas.

The study proposed strategies to improve the recruitment and retention of medical professionals in rural hospitals under the Limpopo DoH. Through interviews, participants identified challenges and suggested interventions. Key recommendations included enhancing in-house accommodation to meet living standards and family needs and encouraging longer stays in rural areas. In addition to the above, participants suggested that decentralising recruitment would allow hospitals to manage hiring and target candidates better. Collaboration between hospitals and the department was essential for adapting strategies to local conditions. It is then recommended to permanently hire contract workers after community service to lower turnover, collaborate with other government departments to address infrastructure challenges and implement succession planning to prepare future leaders. One of the participants suggested offering bursaries for specialisations with service obligations in rural areas. These strategies aim to make rural postings more appealing and sustainable for medical professionals, acknowledging the importance of effective recruitment and retention to enhance healthcare in under-resourced areas in the Limpopo province.

6.3 Recommendations

Based on the findings, the following recommendations are made:

- **Decentralised Recruitment and Prioritising Local Candidates**

The Limpopo DoH should consider delegating recruitment powers to district and hospital levels to allow faster and context-specific hiring. Since each hospital has unique staffing needs, local recruitment would reduce delays caused by centralised processes and ensure immediate replacement when staff leave. This would prevent excessive workloads on remaining staff, reduce burnout, and improve retention in the long term. To strengthen retention further, the department should prioritise hiring candidates who come from or are familiar with rural areas, as they are more likely to stay due to family ties, cultural familiarity, and comfort with the rural lifestyle. In contrast, candidates from urban areas may leave once they find opportunities in cities. Supporting this approach with bursaries and training programmes for local students in

health-related fields can create a sustainable pipeline of professionals committed to serving rural communities.

- **Improve Infrastructure, Family-Friendly Work Environments, and Interdepartmental Collaboration**

The Limpopo DoH should improve staff accommodation in rural hospitals and use personnel surveys to identify specific necessities. Along with this, it should work with other government departments such as Public Works, Transport, and Human Settlements to strengthen rural infrastructure, including roads, transport, internet, housing, water, and electricity. Better infrastructure will improve living and working conditions, making rural positions of medical professionals more attractive. At the same time, the department should create family-friendly work environments by giving flexible working hours, family housing, childcare support, and spousal employment assistance. Meeting both professional and personal needs will improve work-life balance, lessen turnover, and encourage long-term retention of medical professionals in rural areas.

- **Professional Development and Succession Planning**

The Limpopo DoH should reinstate and consistently support professional development and training programmes for medical professionals in rural areas. Past initiatives, such as sending professionals to Cuba for training, were valuable, but it is important to ensure that those trained are permanently absorbed into rural public hospitals so they can share their knowledge and skills with others. Alongside this, mentorship and skills development programmes should be introduced to strengthen clinical competencies, job satisfaction, and career growth, key factors in retaining medical professionals in rural areas. The department should create a clear plan to prepare and train its own personnel for important future roles. This will keep leadership stable, give these professionals chances to grow in their careers, and lessen job insecurity. Supporting personnel in this way will boost morale, help keep professionals in rural hospitals, improve their reputation, and attract more medical professionals to these areas.

- **Customised Retention Strategies and Support Structures**

The Limpopo DoH should design retention strategies that fit the real necessities of rural hospitals. A good starting point is to review and update existing incentives such

as rural allowances, OSD, uniform allowances, and overtime payments. These should be adjusted to match the actual difficulties faced in rural areas and tailored to different job categories and locations. The department should also listen to personnel regularly through surveys or feedback sessions. This will help identify issues with job satisfaction, working conditions, and new needs, so policies can be improved quickly. Retention strategies must be flexible and specific to each public hospital or district, but they should be applied fairly so that no hospital feels disadvantaged. To improve job security, medical professionals should be offered permanent positions once they finish their community service.

This lessens uncertainty, builds confidence, and encourages them to stay in rural areas where they are already familiar with the environment. The department should also enhance the awareness of support services like counselling, mentorship, wellness programmes, and career guidance. Workshops can be held to raise awareness and make programmes easier to access. Thus, regular communication and easy access to these services will create a more supportive workplace and help staff feel valued. Lastly, the department can give bursaries for medical professionals to study further and specialise, with the agreement that they work in rural areas for the same number of years funded. For example, if a doctor studies for three years to become a specialist, they should serve three years in rural hospitals. This approach increases specialist skills in rural areas and helps professionals get used to, and even develop a passion for, serving these communities.

6.4 Limitations of the Study

Due to their busy schedules, the study faced challenges such as the availability of participants like HR Officials and Senior HR Managers. Because of this, the researcher could not interview all targeted participants. The sample size of the study was small. Data were collected from three rural hospitals using questionnaires. Out of 30 questionnaires distributed, only 18 were returned. Moreover, out of 20 targeted interviewees, only 12 were interviewed due to their busy schedules. Therefore, researchers can replicate larger-scale studies in future studies to gain knowledge and draw new conclusions. The data collection and analysis process was time-consuming because the researcher had to analyse words extracted from the semi-structured interviews. This was further complicated as the researcher had to analyse all words in

the interview schedule and listen several times to recorded conversations. Some participants spoke in Sepedi, requiring the researcher to translate their responses into English, which was time-consuming. Recording the data derived from the questionnaire was also time-consuming. The researcher had to review each questionnaire to determine the number of responses per question and analyse the answers. This process was necessary to present the findings in a table format. It must be noted that the study may have been subjective, as the findings were based on the views of the researcher, medical professionals, senior HR managers, and officials. Thus, replicating the study may be challenging due to its unstructured nature and reliance on the researcher as the primary tool for data collection.

6.5 Areas for Further Research

The findings of this study show the difficulties in hiring as well as keeping medical professionals at three rural hospitals in the Capricorn District under the Limpopo DoH. It looked at the reasons why medical professionals leave and how well current programs, support services, and retention strategies work. These findings show that recruitment is challenging, but retaining medical professional is the biggest problem. Since retaining personnel starts with how they are recruited (Block, 2016), recruitment and retention should always be considered together. In response to these issues, the study recommends recruiting more local staff through decentralised recruitment. It also suggests improving hospital infrastructure and family-friendly work environments. Adding to the above, the study advocates supporting professional development and career growth. Lastly, it recommends creating retention strategies and support systems that fit the needs of each rural hospital, as the one size fits all approach is not functioning.

Since the study only looked at Botlokwa, Helena Franz, and Zebediela hospital, future research could include other hospitals in Limpopo or other rural provinces to see if they face the same problems. Future studies could focus on:

- Recruiting and retaining medical professionals in other rural provinces, or Eastern Cape, KwaZulu-Natal, Mpumalanga, Northern Cape or Northwest.
- Comparing how different rural hospitals handle recruitment and retention.

- Checking how well professional development, mentorship, and career planning help keep medical professionals in rural public hospitals.
- Understanding how family support, social programs, and wellness initiatives affect the retention of medical professionals.

6.6 Contribution of the Study

The study can assist the Limpopo DoH in creating policies for recruiting and retaining medical professionals. This study helps by revealing difficulties and reasons behind recruiting and retaining medical professionals in rural areas. It also identifies what can be done to mitigate the continuous departure of medical professionals from public hospitals, especially in rural public hospitals. The study identifies the factors causing turnover among medical professionals in rural areas. Lastly, the study evaluated the effectiveness of current incentives, support, and retention strategies by the Limpopo DoH in keeping medical professionals in rural areas. This has shown what is lacking in these strategies and initiatives. The department can look at improving them to ensure that medical professionals are retained in the public health sector in rural areas. This current study could also help other academics as well as researchers interested in exploring the recruitment and retention of rural medical professionals. They may decide to replicate the research on a larger scale, such as conducting a study at more than three rural public hospitals. This approach could yield information that may contribute significant and credible knowledge in the discipline of Public Administration. The study contributes to public administration practices in public health and public sector HRM and provides a theoretical contribution to the HRM sub-field in Public Administration.

6.7 CONCLUSION

As stated previously, the study looked at recruiting and retaining medical professionals in rural areas within the Limpopo DoH and found some difficulties. This study focused on three district hospitals under the Limpopo DoH, all under the Capricorn district. The study found that centralised recruitment, poor rural infrastructure, lack of career development, and ineffective incentive programs hinder workforce stability in rural hospitals. These difficulties directly impact the right to access medical care services as enshrined in Section 27 of the Constitution of the Republic of South Africa, which

guarantees everyone the right to health care services, including reproductive health, and obliges the state to take reasonable legislative and other measures to achieve this progressively. The study results also align with the objective of the NDP Vision 2030, which indicates the need for equitable healthcare access and a well-distributed, motivated, and skilled medical workforce. The study concludes with practical, evidence-based recommendations. These are not only responsive to the lived experiences of rural medical professionals. They are also aligned with national priorities and constitutional obligations. This ensures that every South African, especially those in rural areas, has access to equitable and quality health services.

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APPENDIXES

Appendix One: Letter to request permission to conduct a study at the Limpopo DoH.

PO BOX 911

SOVENGA

0727

The Limpopo Research Committee

Limpopo Department of Health

Private Bag X39302

POLOKWANE

0700

CONSENT TO CARRY OUT A STUDY

Dear Sir/Madam

I am **Simon Matome Nkgapele**, a student in the Master of Public Administration and Management at the University of Limpopo. I am writing this letter to request your consent to carry out a study at the Limpopo DoH and the three hospitals below:

- Botlokwa Hospital.
- Zebediela Hospital.
- Helena Franz Hospital.

Kindly note that my research dissertation is titled: ***The Recruitment and Retention of Medical Professionals in Rural Areas at the Limpopo DoH***. My dissertation intends to explore the recruitment and retention of medical professionals in rural areas at the Limpopo DoH. Three hospitals in rural areas have been selected to serve as the study areas for this study. This study determines the fruitfulness of the current retention strategies used by the Limpopo DoH, especially in the three selected hospitals. In addition to the above, this research also examines elements contributing to the excessive levels of turnover.

My study is qualitative; it uses a qualitative questionnaire and semi-structured interviews. I have attached a qualitative questionnaire and semi-structured interview guide as part of my master's dissertation and would greatly appreciate your cooperation with my interviews and questionnaires.

Please be aware that the questions that will be posed in the interviews ought to take a maximum of **10 to 15 minutes**. For the questionnaire, it is expected to take **3 to 5 Minutes**. All individuals participating in these interviews and questionnaires will be given a right to withdraw at any stage of the interviews or questionnaires. Moreover, the names, as well as the identities of the individuals participating in this study, will not be used to populate the outcomes of the research.

Your assistance with my study will be highly appreciated.

Yours sincerely

S.M. Nkgapele

Simon Nkgapele (Researcher)

Cell: 0818624531

Email: nkgapelesimon@gmail.com

Appendix Two: Consent form.

Firstly, it is of paramount importance to thank you for being one of the individuals taking part in the research, your opinions, feelings, ideologies, and perceptions will aid in addressing the questions posed by this research. This research is titled: **The Recruitment and Retention of Medical Professionals in Rural Areas at the Limpopo DoH**. The intention of this research is to investigate the recruitment and retention of medical professionals in rural areas at the Limpopo DoH. Kindly note that this research employed a qualitative questionnaire and semi-structured interviews as a mechanism for gathering data.

Subsequently, this appendix section is made up of the following segments:

- **Segment 1 - Permission form**
- **Segment 2 - Biographical information**
- **Segment 3 - Semi-structured interviews**
- **Segment 4 - Questionnaire**

Participating in this interview should not take more than **10 – 15 minutes**. For any queries concerning these interviews, I can be contacted at nkgapelesimon@gmail.com / 0818624531.

Thank you in advance.

Simon Matome Nkgapele (Researcher)

SEGMENT 1: PERMISSION TO PARTICIPATE IN THE STUDY

I, _____, concur to be one of the individuals to take part in the semi-structured interviews and the questionnaire for the Master of Public Administration and Management for the research titled: **The Recruitment and Retention of Medical Professionals in Rural Areas at the Limpopo DoH.**

I concur that I will be one of the individuals taking part in the semi-structured interviews/questionnaires and I fully grasp the following:

- I can pull out of the study anytime.
- The intentions of the interview/questionnaires were thoroughly elucidated to me.
- The researcher will make certain that the outcome of the interviews is populated as a collective. As a result, I will remain anonymous, and no one can identify my participation in the interviews/questionnaires.
- My participation in the research is to provide information that aids in addressing the research questions and this information will only be utilized for this study only. Moreover, this information will not be populated with other parties.
- As the participant, the information that I will be sharing will be reflecting honestly, and will be based on my experience, perception as well as expertise.
- I allow the researcher to record our interview (only applicable to interviews), but it must remain confidential.
- I voluntarily agree to participate without pressure.

Participant: (Surname and initials): _____

Signature: _____ **Date:** _____

Researcher: (Surname and initials): _____

Signature: _____ **Date:** _____

SEGMENT 2: BIOGRAPHICAL INFORMATION

You are expected to provide the following information by ticking "X" in the correct block.

1. Gender	
Female	
Male	

2. Designation	
Senior manager: Human resources	
HRM Official	
Medical specialist	
Professional nurse	
Medical officer	
Allied medical professionals	
Other	

3. Level of Education	
National Senior Certificate	
National Diploma	
Diploma	
Bachelor's Degree	
Postgraduate Degree	
Other qualifications	

4. If you have selected other, please specify if your occupation does not appear on the options mentioned above.

--

5. Years of service at the Limpopo DoH	
> 1 year	
1 - 5 years	
6 – 10 years	
11 – 20 years	
21 – 30 years	
30 years and above	

SEGMENT 3: SEMI-STRUCTURED INTERVIEWS (SENIOR HR MANAGERS AND OFFICIALS)

Objective 1: To explore the difficulties experienced by the Limpopo DoH in recruiting and retaining medical professionals in rural areas.

- What are the difficulties experienced in acquiring as well as maintaining medical professionals in rural areas in this institution?
- What are the impacts of these difficulties experienced in the recruitment and maintenance of these medical professionals?
- In your own opinion, how can the Limpopo DoH overcome these difficulties?

Objective 2: To examine factors contributing to turnover among medical professionals in rural areas at the Limpopo DoH.

- Do you think there are excessive turnover rates of medical professionals in this institution? If yes, what are the reasons for this turnover of medical professionals?

- What are the primary elements influencing the decision of medical professionals not to work in rural areas of Limpopo province?
- In your own words, what preventive and corrective measures can be employed to eradicate elements contributing to excessive turnover in Limpopo rural public hospitals?

Objective 3: To determine the effectiveness of current incentive programs, support structures, and retention strategies used by the Limpopo DoH in retaining medical professionals.

- What are the existing incentive programs, support structures, and retention tactics implemented by the Limpopo Department of Health to retain medical professionals in rural areas?
- In your perception, do you think current incentive programs, support structures, and retention tactics in public healthcare establishments in the province are effective?
- What can be done to improve the effectiveness of the currently employed incentive programs, support structures, and retention tactics adopted by the Limpopo DoH?

Objective 4: *To propose recruitment and retention strategies that can be employed by the Limpopo DoH to recruit and retain medical professionals in rural areas.*

- What are the recruitment and retention strategies that can be employed by the Limpopo DoH to recruit and retain medical professionals in rural areas?

Thank you for your time and cooperation.

SEGMENT 4: QUESTIONNAIRE (MEDICAL PROFESSIONALS) (Kindly provide the following biographical information by means of an “X” in the appropriate block).

1. The effectiveness of existing incentive programs

How satisfied are you with the current benefits and pay offered by the department?	
Very satisfied	
Satisfied	
Partially satisfied	
Not satisfied	

2. (a) Support Structures for Medical Professionals

Do you feel adequately supported by the department in your position?	
Yes, completely	
Yes, somewhat	
Not, all	

(b)

Have you used support services provided by the department, such as counselling or mentorship programs?	
Yes	
No	

3. (a) Retention Strategies Implemented in the Limpopo DoH

Has the department done anything specific to make sure that medical professionals don't leave rural areas for cities or other jobs?

Yes	
No	

(b)

What are some of the benefits that make you remain employed in a rural hospital as a medical professional?

--

4. (a) Comparison of Retention Strategies Across Different Rural Areas

How effective are these retention strategies (pay, working conditions, rural allowance, career development, etc.) compared to those in other rural areas of Limpopo?

More Effective	
Equally Effective	
Less Effective	

b)

Do you think the success of strategies to keep medical professionals in rural areas depends on the specific challenges that each area faces?

Yes	
No	

c)

What do you think can be done better or differently to encourage medical professionals to stay longer in rural hospitals?

--

Appendix Three: Permission to Collect Data from the Limpopo DoH



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2025-03-013
Enquires : Legodi P
Tel : 015-293 6028/6410
Email : Malesela.Legodi@dhsd.limpopo.gov.za

SIMON MATOME NKGAPALE

CC: UNIVERSITY TO ENSURE COMPLIANCE WITH CLAUSE 2d OF THIS APPROVAL LETTER

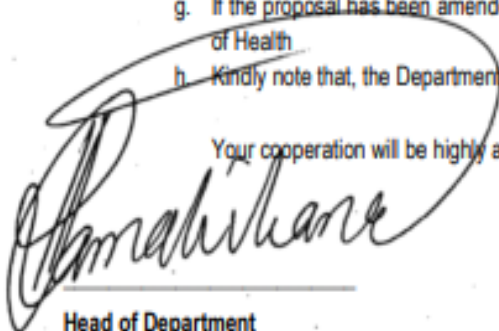
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

THE RECRUITMENT AND RETENTION OF MEDICAL PROFESSIONALS IN RURAL AREAS AT THE LIMPOPO DEPARTMENT OF HEALTH, SOUTH AFRICA

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
 - a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted.
 - b. This permission is **ONLY** for Botlokwa Hospital; Helene Franz Hospital; Zebediela Hospital
 - c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
 - d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - f. **The approval is only valid for a 1-year period.**
 - g. If the proposal has been amended, a new approval should be sought from the Department of Health
 - h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.



Head of Department
pp

25/03/2025

Date

Private Bag X9302, Polokwane 0700
Fidel Castro Ruz House, 18 College Street, Polokwane 0700
Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za

The heartland of Southern Africa - *development is about people!*

Appendix Four: Permission to Collect Data from the District Office



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
CAPRICORN DISTRICT**

REF : S.5/3/1/2
ENQ : Makgaloa M.O
TEL : 015 290 9252

FROM: DISTRICT EXECUTIVE MANAGER

TO : Nkgapele Simon Matome - Student no: 202024195
P.O BOX 911
SOVENGA
0727

Email: 202024195@keyaka.ul.ac.za

SUBJECT: APPROVAL TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES;
THE RECRUITMENT AND RETENTION OF MEDICAL PROFESSIONALS IN
RURAL AREAS AT THE LIMPOPO DEPARTMENT OF HEALTH



The above matter refers: -

1. Permission to conduct the above research is hereby granted for a 1-year period.
2. The permission is **ONLY** for Botlokwa Hospital, Helene Franz Hospital and Zebediela Hospital.
3. Kindly be informed that:
 - In the course of your research there should be no action that disrupts the services.
 - Kindly note that the Department can withdraw the approval at any time.
4. Your cooperation will be highly appreciated.


DISTRICT EXECUTIVE MANAGER

11-04-2025
DATE

Private Bag x9530, Polokwane, 0700, 34 Hans Van Rensburg ST, Polokwane 0700
Tel: (015) 290 9000, Fax: (015) 291 3260/1568 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – *development is about people*

Appendix Five: Ethical Clearance from the University of Limpopo



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: tukiso.sewapa@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 18 February 2025

PROJECT NUMBER: TREC/34/2025: PG

PROJECT:

Title: The recruitment and retention of Medical Professionals in rural areas at The Limpopo Department of Health, South Africa
Researcher: SM Nkgapele
Supervisor: Dr. X Thusi
Co-Supervisor/s: Ms. RM Pillay
School: Economics and Management
Degree: Master of Public Administration and Management

PROF. KM CHUENE
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Appendix Five: Turnitin Report

bhjdkl

ORIGINALITY REPORT

13%	12%	9%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	repository.nwu.ac.za Internet Source	3%
2	Submitted to Mancosa Student Paper	1%
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6	uir.unisa.ac.za Internet Source	<1%
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8	etd.cput.ac.za Internet Source	<1%
9	www.coursehero.com Internet Source	<1%

Appendix Six: Editorial Certificate

EDITORIAL CERTIFICATE

Date: 2025/05/21

Manuscript Author(s): NKGAPELE SM

Manuscript Title: THE RECRUITMENT AND RETENTION OF MEDICAL PROFESSIONALS IN RURAL AREAS AT THE LIMPOPO DEPARTMENT OF HEALTH, SOUTH AFRICA

To Whom It May Concern:

This letter confirms that the manuscript corresponding to the information detailed above was meticulously edited by P Ramokgola, ensuring the highest language accuracy and clarity standards.

I guarantee 100% language accuracy in the text, as edited and delivered to the author(s) on the date below. The complete manuscript editing involved language editing, grammar, and house-style formatting. I make no claims about the substantive matter covered by the paper and have not altered the intent or research content drafted by the author(s).

The author(s) may accept or reject any comments or suggestions upon receipt of the edited document. Should you have any questions or concerns, please get in touch with me on 0762596488 or email dave.khastro.rams@gmail.com

Date of Issue:

2025/05/23

Sincerely,



P Ramokgola, LLM, LLD*
Polokwane, Limpopo, RSA