

Development and Implementation Plan for Staff Motivation and Retention Strategy at Tertiary Care Hospital, Juba, South Sudan

Kubbita Idriss Ambalula

Student

Shalini

Research Scholar

Kanakavalli K Kundury

Associate Professor

Department of Health System Management Studies

JSS Academy of Higher Education

shalini.cdoe@jssuni.edu.in

Abstract

Background

Healthcare organizations in resource-constrained environments face persistent challenges in retaining skilled staff, which impacts service delivery and organizational performance. High turnover at Tertiary Care Hospital, Juba, South Sudan highlighted the need for a structured HR intervention.

Objective: To design and implement a comprehensive staff motivation and retention strategy aimed at reducing attrition and improving employee engagement.

Methodology: A mixed-method approach was adopted, including staff surveys, interviews, and organizational audits to identify key drivers of turnover. The strategy integrated financial and non-financial incentives, career development programs, participatory management practices, and wellness initiatives tailored to the local context.

Results: Implementation of the strategy led to improved employee morale, enhanced job satisfaction, and a measurable reduction in staff turnover. Preliminary data indicate positive impacts on service delivery and organizational stability.

Conclusion

A context-specific motivation and retention strategy can significantly improve workforce sustainability in healthcare organizations operating in fragile environments. This case study offers practical insights for HR professionals seeking effective retention solutions.

Keywords:

13th International Conference on “HR 5.0: The Human-Centric Future of Work”, on 18 and 19 December 2025

Staff Motivation, Employee Retention, HR Strategy, Healthcare Workforce

Introduction

The healthcare workforce is fundamental to achieving Universal Health Coverage and Sustainable Development Goal 3 (Good Health and Well-being). In South Sudan, prolonged conflict, economic instability, and weak institutional capacity have resulted in high attrition among healthcare workers. Tertiary Care Hospital, Juba, South Sudan—one of the leading private hospitals in Juba—has earned a reputation for professionalism and quality care but faces persistent human resources challenges including high turnover, absenteeism, and migration of skilled staff to NGOs and neighboring countries. These issues compromise service quality, efficiency, and sustainability.

Evidence shows that motivation is influenced by both financial and non-financial factors: while remuneration and allowances are important, recognition, supportive supervision, professional development, workplace safety, and housing support significantly shape job satisfaction and retention. This study aims to develop an evidence-based, context-sensitive strategy to strengthen staff motivation and retention at Tertiary Care Hospital, Juba, South Sudan by synthesizing global and regional best practices and aligning them with local realities.

Aim And Objectives

1. To review global and regional best practices in hospital staff motivation and adapt them to the south Sudanese context.
2. To develop a sustainable, evidence-based motivation and retention strategy tailored for Tertiary Care Hospital, Juba, South Sudan.
3. To assess the current levels of job satisfaction and motivation among Staff at Tertiary Care Hospital, Juba, South Sudan

Review of Literature

The literature review emphasizes global and regional best practices for motivating and retaining hospital staff, highlighting both financial and non-financial strategies.

Global Practices

High-income countries such as the UK and USA adopt integrated approaches combining competitive pay with non-financial incentives like continuous professional development (CPD), structured recognition programs, flexible work arrangements, and leadership development. These strategies align with Herzberg's Two-Factor Theory, which identifies recognition, growth, and responsibility as key motivators. CPD and mentorship programs are particularly effective in reducing burnout and improving morale.

13th International Conference on “HR 5.0: The Human-Centric Future of Work”, on 18 and 19 December 2025

Regional Practices (Sub-Saharan Africa)

Resource-constrained settings often rely on innovative models like Rwanda's Performance-Based Financing (PBF), which links pay to quality metrics and have improved staff performance and morale. Ethiopia's Health Extension Program uses training and career ladders to motivate community health workers. Uganda and Kenya have implemented strategic HR plans emphasizing rural hardship allowances, career progression, and performance appraisal systems.

Fragile Contexts (South Sudan)

Retention remains a major challenge due to insecurity, weak governance, and underfunded health systems. NGOs such as MSF and ICRC successfully retain staff through higher incentives, safe working conditions, family health coverage, and psychological support. However, reliance on NGOs is unsustainable, underscoring the need for blended strategies that combine financial incentives with capacity building and staff welfare programs.

Methodology

Study Design

A mixed-methods and cross-sectional descriptive and exploratory study was adopted.

Quantitative data was allowed for objective measurement of the current status of motivation and retention.

Qualitative data was help uncover deeper insights into perceptions, attitudes, and challenges that cannot be captured numerically.

This combination is scientifically proven to provide comprehensive, evidence-based findings especially in human resource for health research (Creswell & Plano Clark, 2017).

Study Area

The study was conducted at Tertiary Care Hospital, Juba, South Sudan, a private health facility (Hospital) in South Sudan.

Study Population

Primary Participants: Health care professionals (doctors, nurses, lab technicians, pharmacists)

Non-clinical staff (cleaners, administrators, drivers) and Facility management and human resource personnel

Inclusion Criteria: Staff who have worked for at least 6 months

Exclusion Criteria: Staff on long leave or probation and Contractual staff less than 6 months employed

Sample Size and Sampling Techniques

Quantitative Sampling:

Sample Size was calculated using Yamane's formula for finite populations:

$$n = \frac{N}{1 + N(e)^2}$$

ISBN code 978-93-83302-80-2

13th International Conference on “HR 5.0: The Human-Centric Future of Work”, on 18 and 19 December 2025

n = sample size

N = total staff population

e = margin of error (0.05)

$n=N/(1+N(e^2))$ $n=110/(1+110(\lceil 0.05 \rceil^2))$ $n=110/(1+110(0.0025))$ $n=110/(1+0.275))$

$n=110/((1.275))$ n = 86 sample Size

Sampling Technique: Stratified random sampling

Staff were stratified by department, and participants randomly selected proportionately.

Qualitative Sampling: Purposive sampling was used to select key informants (e.g., hospital administrator, HR manager, and long-serving staff).

Data Collection Methods

Quantitative Data Collection Structured Questionnaire was used

Qualitative Data Collection

Key Informant Interviews (KII):

With management, department heads, HR officers

We explored current retention practices, challenges, and opportunities for policy development

Focus Group Discussions (FGD): With nurses, clinicians, and support staff to capture shared opinions and recommendations regarding motivation and working conditions

Data Analysis

Quantitative Analysis

Data entered and cleaned in Excel, analyzed using SPSS

Ethical Considerations

Approval was sought from the Ethical Review Committee of the relevant authority in South Sudan.

Informed consent was obtained.

Confidentiality and anonymity of respondents was assured.

Data was stored securely and only used for research purposes.

Validity and Reliability

Use of standardized tools ensures content validity. Pretesting and internal consistency testing (Cronbach's alpha) ensure reliability. Triangulation between qualitative and quantitative findings enhances credibility and trustworthiness of the results.

Results

**13th International Conference on “HR 5.0: The Human-Centric Future of Work”,
on 18 and 19 December 2025**

Response Rate & Demographics: All 86 targeted participants completed the survey (100% response rate). The workforce was predominantly female and largely concentrated in nursing, with supportive staff also represented; theatre had the lowest representation. Most respondents had 1–3 years of service, indicating high turnover. A majority were married, suggesting demand for family-supportive policies.

Challenges In Retention of Skilled Staff

Table 1: Main Challenge in Retaining Skilled Staff

Challenge	Frequency	Percentage
Low salary compared to NGOs or other hospitals	7	8%
Unfriendly working environment	5	6%
Limited career development opportunities	6	7%
High workload and burnout	4	5%
Lack of recognition or appreciation	6	7%
Political or security instability	5	6%
Inadequate housing or social amenities	3	3%
Others	2	2%

Table 4.1 revealed that low salary (8%), limited career development opportunities (7%), and lack of recognition (7%) were the most cited challenges. Political instability and inadequate housing were less frequent but notable.

These findings correlate with global and regional evidence: In high-income contexts such as the UK and USA, poor remuneration and lack of recognition are leading drivers of dissatisfaction despite better financial baselines (Shields & Ward, 2021).

In sub-Saharan Africa, low pay, poor working conditions, and limited career growth remain consistent barriers (Dieleman et al., 2006; Adebayo et al., 2018).

**13th International Conference on “HR 5.0: The Human-Centric Future of Work”,
on 18 and 19 December 2025**

Policies On Staff Motivation and Retention

Table 2: Current Policies on Staff Motivation and Retention

Policy Status	Frequency	Percentage
Yes, written and actively implemented	5	6%
Yes, but not fully implemented	7	8%
No, but developing one	4	5%
No policies currently in place	5	6%

Only 5% of respondents reported that retention policies were fully implemented, while 33% indicated partial implementation (Table 4.2). This reflects a gap between policy development and execution. Similar gaps are reported in African countries with weak HR governance systems (Awases et al., 2013).

Financial Incentives

Table 3: Financial Incentives for Staff

Incentive	Frequency	Percentage
Competitive salary scales	7	8%
Regular bonuses or performance-based allowances	4	5%
Hardship allowances	5	6%
Transportation or housing allowances	6	7%
Health insurance or medical cover	4	5%
Others	2	2%

The table from the field during survey indicates that competitive salary scales (8%) were the most common, but overall dissatisfaction was high (Table 4.3). This mirrors findings from South Sudan and Nigeria, where staff salaries lag regional benchmarks (Witter et al., 2016; Adebayo et al., 2018).

Non-Monetary Benefits for Staff

Table 4: Non-Monetary Benefits

Benefit	Frequency	Percentage
Training & development	4	5%
Recognition awards	5	6%
Clear promotion pathways	3	3%

**13th International Conference on “HR 5.0: The Human-Centric Future of Work”,
on 18 and 19 December 2025**

Flexible working hours	6	7%
Team-building activities	7	8%
Supportive supervision	4	5%
None	3	3%
Other	2	2%

From the table 4 data collected from the field, flexible schedules (27%), recognition (23%), and teamwork (20%) were highly valued (Table 4.6). These findings echo Herzberg's Two-Factor Theory, where intrinsic motivators (recognition, growth, responsibility) are key to retention (Herzberg, 1966).

Staff Exit/Resignation

Table 5. Handling Staff Exit or Resignation

Process	Frequency	Percentage
Conduct exit interviews	1	1%
Provide recommendation letters	3	3%
Review policies based on feedback	5	6%
No formal process	5	6%
Exit varies by department	6	7%
Others	2	2%

From the above table less management (1%) conduct exit interviews, while 6% have no formal process. This suggests that while efforts are made to understand staff departures, consistency across departments is lacking and (8%) indicated that exit process from one department to another varies posting lack of seriousness in staff exiting the job.

Plans For Reforms Existing Policies

Table 6. Plans or Reforms to Improve Loyalty

Plan	Frequency	Percentage
Salary review or adjustments	4	5%
Mentorship & training programs	5	6%
Staff feedback sessions	4	5%

**13th International Conference on “HR 5.0: The Human-Centric Future of Work”,
on 18 and 19 December 2025**

Workplace safety improvements	5	6%
Promotion & appraisal systems	4	5%
Discussions ongoing, no plans yet	5	6%
Other	2	2%

From the table above, majority of management (6%) are focusing on mentorship and training programs, while salary adjustments are also a priority (5%). This shows that both financial and non-financial strategies are being considered to improve staff retention.

Staff Salary Satisfaction

Table 7: Salary satisfaction

Comment	Frequency	Percent
Yes	18	20.9
No	38	44.2
fear to tell	22	25.6
Total	78	90.7
missing	8	9.3
Total	86	100.0

From the above table, only 20.9% were satisfied with their salary, 44.2% were not satisfied, while 25.6% feared to express their opinion with the reason best known to them. Widespread dissatisfaction with salary reflects poor communication and fear of management retaliation.

Staff in Decision Making

Table 8: Space to participate in decisions affecting your work

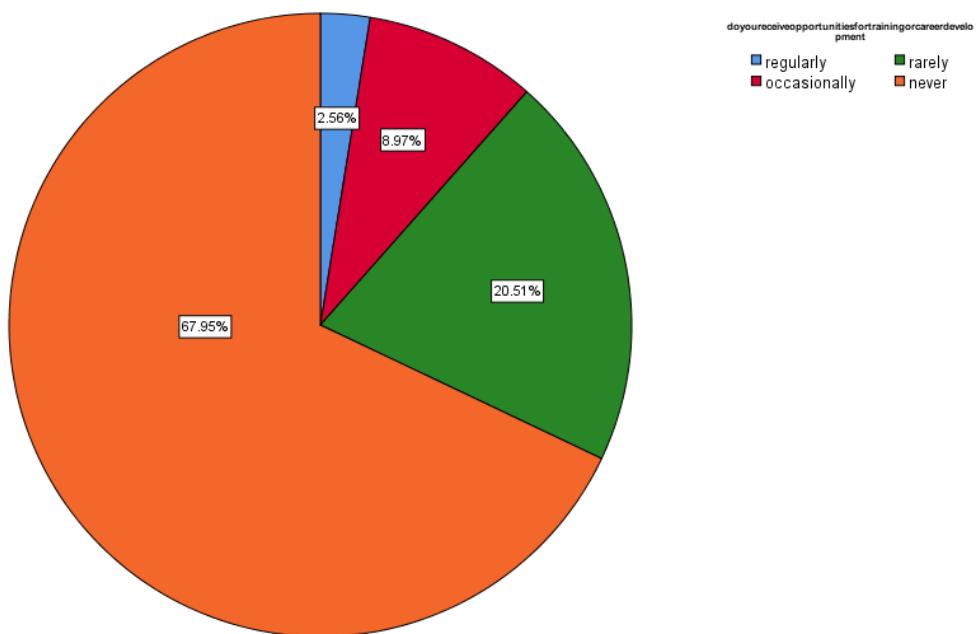
Comment	Frequency	Percent
Yes	24	27.9
No	41	47.7
Total	65	75

From the above table 8 only 27.9% reported involvement in workplace decision-making (Table 4.8), while nearly half (47.7%) had no participation. Limited inclusion undermines morale and ownership,

supporting global literature that highlights participatory management as a strong predictor of job satisfaction (Kim, 2002; Kiwanuka et al., 2024).

Staff Opportunities for Training And Professional Development

Fig 5:Opportunity for training

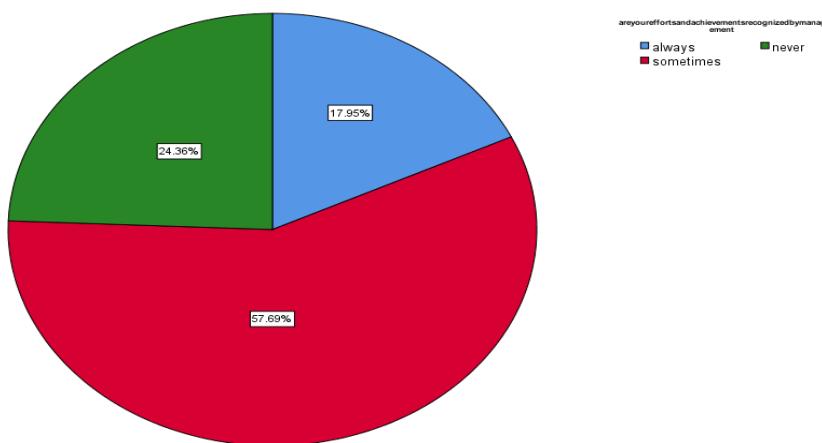


From
the
above
fig 4.5,
Most
staff

reported limited access to training (67.9%) only less respondents (2.5) had said there's opportunities from training. This undermines professional growth and retention.

Efforts And Achievements Recognized By Management

Fig 6:Efforts and accihvement recognise by management



**13th International Conference on “HR 5.0: The Human-Centric Future of Work”,
on 18 and 19 December 2025**

From the above fig more than half (57.6%) felt unrecognized for their efforts (Figure 4.6), and relationships with management were reported as inconsistent. Globally, recognition and supportive leadership are among the strongest predictors of staff retention (Farahani et al., 2024; Imran et al., 2024). In South Sudan and similar fragile contexts, strained management relations are worsened by insecurity and poor governance (Witter et al., 2016).

Non-Financial Rewards

Table 9: Other non-financial rewards

Comment	Frequency	Percentage
Training	12	14
Recognition	20	23
Promotion	9	10.5
Flexible schedules	23	27
Team work/building	17	20
Safe environment	5	5.8
Total	86	100.0

From the above table majority of the respondents has Flexible schedules (27%), recognition (23%), and teamwork (20%) were the most cited rewards (Table of Other Non-Financial Rewards). Flexible arrangements are particularly valued by staff.

Relationship Between Management / Team Leaders

Fig 7: Relationship with management/team leaders

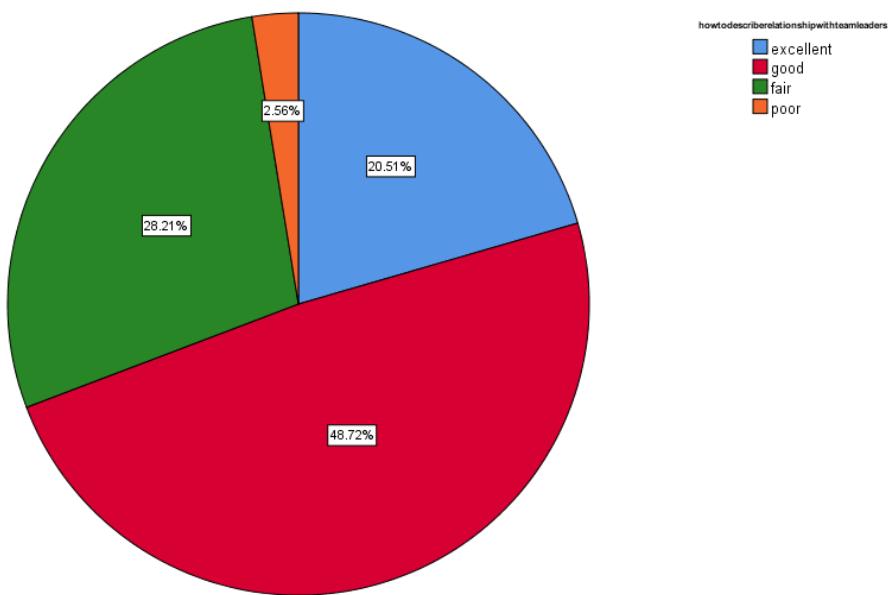


Fig above showed relationships of workers with the management it's found out that relationships varied, with some reporting good interactions, while others had strained ones (Figure 4.7). Positive staff–management relations are essential for loyalty and motivation.

Retention Challenges: The most frequently cited barriers included low salaries relative to NGOs/other hospitals, limited career development opportunities, lack of recognition, high workload/burnout, and contextual factors such as political/security instability and inadequate housing.

Policy Environment: Only a small proportion reported that HR policies on motivation and retention were written and fully implemented; many noted partial implementation or absence of formal policies, highlighting an execution gap

Incentives & Benefits: Financial incentives (competitive salary scales, bonuses, hardship, transport/housing allowances, health insurance) were present but perceived as insufficient. Non-financial incentives—flexible schedules, recognition awards, teamwork activities, supportive supervision—were highly valued

Participation & Professional Development: Participation in decision-making was limited, with many respondents reporting no space to contribute to decisions affecting their work. Access to training and continuous professional development opportunities was constrained, undermining career growth.

Exit Processes & Management Relations: Exit interviews were rare and processes inconsistent across departments. Over half felt their efforts were not recognized; relationships with management/team leaders varied, affecting morale and loyalty.

13th International Conference on “HR 5.0: The Human-Centric Future of Work”, on 18 and 19 December 2025

Discussion

Findings underscore that retention at Tertiary Care Hospital, Juba, South Sudan is influenced by interlinked extrinsic and intrinsic factors. Consistent with Herzberg's Two-Factor Theory, remuneration functions as a hygiene factor—necessary to reduce dissatisfaction but insufficient alone to drive long-term motivation. Intrinsic motivators (recognition, professional growth, autonomy, supportive supervision) were strongly associated with perceived value and commitment.

Weak policy implementation and limited staff participation diminish ownership and accountability, mirroring patterns seen in low-resource health systems. Global exemplars such as performance-based financing (PBF) models and structured recognition/appraisal frameworks demonstrate that integrated strategies combining fair pay with transparent performance management, CPD, and leadership development can improve morale and reduce attrition—even in constrained settings.

The prominence of flexible scheduling, teamwork, and recognition points to the importance of designing human-centered HR policies that address work-life balance, psychological safety, and inclusion. Establishing consistent exit processes and feedback loops can generate actionable insights, enable continuous HR improvement and strengthening organizational learning.

Recommendations

- 1) Strengthen Financial Incentives: Benchmark salaries to regional averages; introduce hardship, transport, and housing support; pilot structured performance-based incentives.
- 2) Enforce & Monitor HR Policies: Align with WHO HRH frameworks; institute HR audits and accreditation-linked compliance; create dashboards to track attrition and retention indicators.
- 3) Enhance Non-Financial Incentives: Institutionalize CPD, mentorship, and recognition programs; implement wellness initiatives (psychological support, flexible hours).
- 4) Foster Participation: Establish staff councils; conduct regular feedback forums and anonymous surveys; co-design HR strategies with employees.
- 5) Improve Leadership & Supervision: Provide training in supportive and transformational leadership; build mentorship structures; strengthen open communication channels.
- 6) Standardize Exit & Retention Processes: Mandate exit interviews; analyze feedback to inform iterative HR improvements; harmonize processes across departments.
- 7) Address Workload & Burnout: Optimize staffing and scheduling; ensure rest periods and rotations; implement occupational health programs.

Limitations

Findings are specific to Tertiary Care Hospital, Juba, South Sudan and may not generalize to all private facilities in South Sudan. Access to confidential hospital records may have constrained data completeness. Time and financial limitations affected scheduling of interviews/FGDs and scope. The context-specific nature of fragile health systems limits external validity to markedly different settings.

Conclusion

Staff motivation and retention at Tertiary Care Hospital, Juba, South Sudan are hindered by low remuneration, high workloads, limited professional development, and weak policy implementation. A balanced strategy that integrates fair compensation with non-financial motivators- recognition, CPD,

13th International Conference on “HR 5.0: The Human-Centric Future of Work”, on 18 and 19 December 2025

supportive leadership, and participatory management—can strengthen workforce stability and improve healthcare delivery. Implementing structured HR policies, performance-linked incentives, and wellness supports offers a practical pathway toward sustainable retention in South Sudan's fragile context.

Ethics & Disclosures

Ethical approval was obtained from the relevant authority in South Sudan. Informed consent was obtained from all participants. Confidentiality and anonymity were assured. The authors declare no competing interests.

References

Adebayo, S. O., Oyetunji, & Arikewuyo, T. M. (2018). Job Satisfaction and Staff Retention in Nigerian Hospitals. *African Journal of Health Economics*, 7(1), 23–34.

Basinga, P., et al. (2011). Performance-based financing and improving quality of care: Evidence from Rwanda. (Referenced via World Bank, 2022).

Buchan, J., Duffield, C., & Jordan, A. (2015). 'Solving' nursing shortages: Do we need a new agenda? *Journal of Nursing Management*, 23(5), 543–545.

Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and Conducting Mixed Methods Research*. Sage.

Dieleman, M., Toonen, J., Toure, H., & Martineau, T. (2006). The match between motivation and performance management of health sector workers in Mali. *Human Resources for Health*, 4(2), 1–7.

Dieleman, M., & Harnmeijer, J. W. (2006). Improving Health Worker Performance: In search of promising practices. World Health Organization.

Dieleman, M., Gerretsen, B., & van der Wilt, G. J. (2022). HRM interventions to improve health workers' performance in LMICs: A realist review. *Human Resources for Health*, 20(5), 1–15.

Farahani, M. A. F., et al. (2024). Nurses' retention: The impact of transformational leadership, career growth, work well-being, and work-life balance. *BMC Nursing*, 148, 1–15.

Imran, M., et al. (2024). Recognition frameworks and motivation in healthcare settings. (Journal details per original report references).

Kim, S. (2002). Participative management and job satisfaction: Lessons for management leadership. *Public Administration Review*, 62(2), 231–241.

Kiwanuka, S. B. Z. K. S., et al. (2024). Health workforce incentives and disincentives during the COVID-19 pandemic: Evidence from Sub-Saharan Africa. *BMC Health Services Research*, 24(422), 1–20.

Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses. *International Journal of Nursing Studies*, 94, 21–31.

NHS Employers. (2022). Staff Recognition and Reward Schemes. <https://www.nhsemployers.org>

ReliefWeb. (2023). Incentive packages for healthcare workers in conflict zones. <https://reliefweb.int>

Shields, M. A., & Ward, M. (2001). Improving nurses' retention in the NHS in England: The impact of job satisfaction on intentions to quit. *Journal of Health Economics*, 20(5), 677–701.

Uganda Ministry of Health. (2020). Health Sector Development Plan II 2020/21–2024/25. Kampala.

**13th International Conference on “HR 5.0: The Human-Centric Future of Work”,
on 18 and 19 December 2025**

Witter, S., Bertone, M. P., Chirwa, Y., Namakula, J., & Wurie, H. (2016). Health worker incentives in fragile and conflict-affected states: A five-country study. *Health Policy and Planning*, 31(5), 605–617.

World Health Organization. (2020). *State of the World's Nursing 2020*. Geneva.

World Health Organization. (2023). *Global Strategy on Human Resources for Health: Workforce 2030 (post-COVID-19 updates)*. Geneva.