

Healthcare workforce recruitment and retention in the rural areas of the Limpopo Province, South Africa

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Abstract

Previous studies examined the challenges of recruiting and retaining healthcare professionals across the health sector. However, they have not explicitly focused on the public health sector, particularly in the rural areas of Limpopo province. This paper explores challenges experienced in recruiting and retaining healthcare professionals in rural areas and suggests strategies for the Limpopo Department of Health (DoH) to attract and retain these professionals effectively. The paper employed a qualitative descriptive research design and gathered data through semi-structured interviews. The findings were analysed using thematic content analysis. The paper found that rural public hospitals under the Limpopo DoH struggle to recruit and retain healthcare professionals due to poor living conditions, centralised recruitment, limited career development, and the unattractive nature of rural areas. These challenges show weaknesses in public sector Human Resource Management (HRM) and policy implementation. They lead to staff shortages, burnout, reduced quality of care, and continuous loss of skills. These factors undermine effective healthcare service delivery and the constitutional right to healthcare under Section 27 of the Constitution of the Republic of South Africa, 1996. The paper therefore recommends improved administrative planning, decentralised recruitment, better working and living conditions, and stronger interdepartmental coordination to support sustainable healthcare delivery in rural areas. These recommendations align with national priorities and constitutional obligations to ensure every South African has access to equitable and quality health services. This paper 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.

Keywords: *healthcare professional, turnover, human resource management, healthcare service delivery*

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1. Introduction

Staffing is a key function of public administration, which involves the recruitment, training, and development of personnel to enable institutions to deliver on their service delivery mandates (Nkgapele, 2025). 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 states the need for a diverse, competent, and committed workforce, with special attention to increasing the representation of historically disadvantaged groups (Republic of South Africa, 1997). In the same vein, the Department of Public Service and Administration's Retention Guide (2006) emphasizes the importance of retaining skilled personnel, as it reduces recruitment costs and ensures continuity in service delivery (Republic of South Africa, 2006).

In the public health sector, recruiting and retaining skilled professionals is vital because healthcare systems rely on these professionals to deliver services (Andersen, 2009). Despite their importance, there is a serious shortage of healthcare professionals worldwide (World Health Organization, 2022). It is estimated that around 60 million healthcare professionals are unevenly distributed globally, with African countries, including South Africa, being the most affected. This problem is also evident in the Global South, where there is a significant shortage of healthcare professionals. This is exemplified by scholars such as Gathongo and Ndimurwimo (2020), who indicate that in Kenya, there are fewer doctors and nurses, coupled with strikes that disrupt healthcare services.

In India and Nigeria, scholars show that many medical graduates migrate to cities or abroad, leaving rural areas understaffed (George, 2023; Adebayo & Akinyemi, 2022). The problem is also evident in the South African public health sector, where shortages occur as healthcare professionals migrate between the 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). This leaves the public healthcare sector with fewer professionals, which is insufficient to serve the entire population. Given that the private healthcare sector serves only 17% of the population (Mumbauer et al., 2021), approximately 83% of people depend on the public healthcare sector. These challenges highlight the important role played by healthcare professionals and the impact of their shortages on the healthcare sector. The shortages indicate an 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.

This paper aims to explore and analyse the challenges in recruiting and retaining healthcare professionals in rural areas at the Limpopo Department of Health (DoH) in order to propose recruitment and retention strategies that the Limpopo DoH can employ to recruit and retain healthcare professionals in rural areas.

2. Literature Review

2.1 Theoretical Framework

The person–environment fit theory serves as a psychological framework for understanding how individuals' interactions with their work environment influence outcomes such as job satisfaction, performance, and retention (Kim & Torneo, 2021). The main aim of incorporating this theory into the study is to elucidate how the alignment between healthcare professionals and the specific demands and culture of rural healthcare settings can enhance job satisfaction, retention, and the overall effectiveness of healthcare delivery.

This theoretical perspective shapes the paper's examination of recruitment and retention challenges in rural healthcare by conceptualising them as issues arising from a mismatch between individuals and their work environments. It also guides the analysis by linking poor person–environment fit with low job satisfaction and high turnover, and strong fit with improved retention and more effective healthcare service delivery. Accordingly, the findings and recommendations are interpreted through the lens of person–environment fit theory, highlighting the need for recruitment approaches that prioritise alignment with rural health organisations. This ensures the attraction and retention of healthcare professionals who are more likely to perform effectively and remain in rural positions.

2.2 Understanding Recruitment and Retention

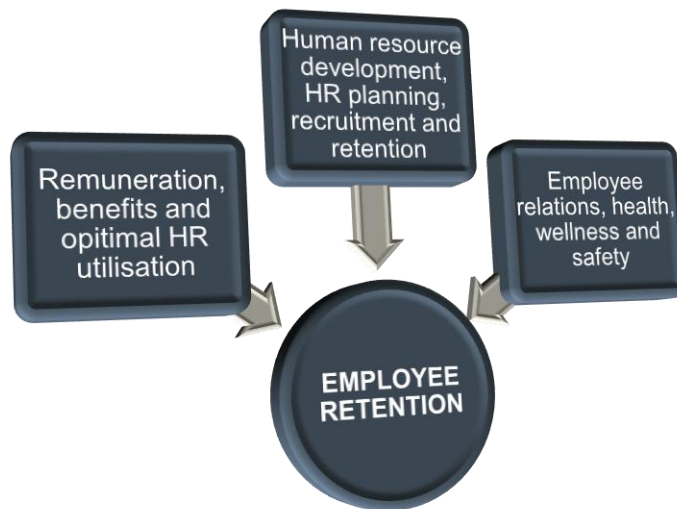
Recruitment. Mahapatro et al. (2023) define recruitment as the process of placing employees to help an institution achieve its objectives. While Nkgapele et al. (2025) assert that human resources are the most valuable assets of all institutions, the 1997 White Paper on Human Resource Management (HRM) also affirms that people are the most valuable assets in the public service (Republic of South Africa, 1997). The effective and strategic management of human resources must be central to the broader transformation of the public sector.

Therefore, it is paramount that every public institution incorporates human factors to achieve its goals (Nkgapele & Mofokeng, 2024).

Retention. Employee retention is a strategy to attract and retain employees, particularly those with scarce skills essential to the organisation (Republic of South Africa, 2006). Choi (2020) defines retention as an organisation's ability to maintain its workforce over a given period. Employee retention is influenced by several key components as illustrated in Figure 1.

Figure 1

Components of employee retention



Source: Republic of South Africa (2006)

Based on Figure 1, the underlying premise is that if each of the components is appropriately managed, employees will be attracted to the institution and will be less likely to leave.

2.3 Rural Areas in the Context of Recruitment and Retention

Popescu et al. (2018) define a "rural area" as a physical, economic, social, and cultural entity that contrasts with urban areas. On the other hand, Van Schalkwyk (2015) characterises rural areas as regions with low population density, where individuals engage in farming or rely on natural resources; this includes villages and small towns dispersed across these areas. In

this paper, the concept is defined as areas with low population density located outside urban centres.

The current research also focuses on healthcare professionals who provide health services to rural communities within the Limpopo DoH. It should be noted that the Limpopo DoH is located in the Limpopo province, which is predominantly rural (Netshisaulu et al., 2019). Understanding rural areas is essential for developing recruitment strategies that promote equitable and effective healthcare delivery.

2.4 Healthcare Professionals as the Focus of Recruitment and Retention

According to Workplace Testing (2021), a healthcare professional is any individual employed in the health sector or a related field who works closely with people who are injured or ill. The 2023/2024 annual report by the Health Professions Council of South Africa (HPCSA) indicates that a healthcare professional includes any individual, such as a student, who is registered with the Council in a profession registrable under the relevant Act (Health Professions Council of South Africa (HPCSA), 2024).

In addition, this category includes medical specialists, nurses, medical officers, and allied healthcare professionals. In this paper, healthcare professionals refer to individuals employed to deliver services to the segment of the population that depends on the public healthcare system.

2.5 Recruitment and Retention of Healthcare Professionals in Rural Areas

Across the globe, the recruitment and retention of healthcare professionals in rural areas remain a persistent challenge, with the World Health Organization (2022) identifying workforce shortages as a major constraint on effective health system performance. While this challenge is common across many countries, its implications are particularly acute in South Africa, where shortages of healthcare professionals directly undermine service delivery and negatively affect health outcomes (Nkengasong, 2021; Nkgapele & Thusi, 2025).

Unlike in some contexts where workforce shortages are primarily treated as administrative challenges, the South African case is distinctive because access to healthcare is constitutionally protected under Section 27(1)(a), thereby framing human resource shortages as both a service delivery failure and a human rights concern. This perspective is reinforced by

the National Development Plan (NDP) 2030, which cautions that without effective recruitment and retention strategies, equitable access to quality healthcare will remain unattainable.

Although increasing disease burdens, such as HIV, tuberculosis, and rising non-communicable diseases, have intensified the demand for healthcare services in South Africa (Kamkuemah, 2021), the supply of healthcare professionals has not kept pace, particularly in rural areas (Holst, 2020; Rural Health Info, 2020). The literature converges on the view that this imbalance exacerbates workforce instability; however, scholars differ in their explanations for why rural areas remain unattractive to healthcare professionals. Holst (2020) attributes migration largely to structural challenges such as geographical isolation, poor infrastructure, and limited professional development opportunities. In contrast, Ahmed et al. (2020) emphasise socio-economic and family-related factors, including inadequate educational facilities and uncompetitive compensation packages compared to urban areas. Rural workforce shortages cannot be explained by a single factor, but rather reflect a complex interaction of professional, institutional, and personal considerations.

This complexity is particularly evident in rural provinces such as Limpopo, where healthcare workforce shortages are compounded by institutional weaknesses. Matlala (2019) states that the loss of experienced senior professionals to the private sector is driven not only by better remuneration but also by more favourable working conditions. Beyond staffing issues, persistent operational challenges, such as the theft of medicines and equipment, as well as delayed emergency responses, further undermine the attractiveness of public healthcare facilities in the province (Matlala, 2019). These findings align with De Beer's (2019) argument that broader skills shortages within the public sector make it difficult to sustain a stable workforce in rural settings. However, the literature pays limited attention to how such institutional dysfunctions interact with individual career motivations, revealing a gap in understanding the full dynamics of rural healthcare retention.

With regard to policy responses, evidence on the effectiveness of recruitment and retention strategies in South Africa remains mixed. Financial incentives, including rural allowances, housing subsidies, and student loan repayment schemes, have produced limited improvements (Mpongoshe, 2022), yet they have not been sufficient to reverse the preference for urban employment (Netshisaulu et al., 2019). Similarly, the Occupation-Specific Dispensation (OSD) policy, introduced in 2007, sought to address workforce shortages through monetary incentives; however, studies by Ntuli and Maboya (2017), Netshisaulu et al. (2019),

and Shipalana (2019) suggest that its impact on long-term retention in rural areas has been inconsistent.

Despite these interventions, it remains unclear whether current strategies have meaningfully improved the availability of healthcare professionals in provinces such as Limpopo (Thusi & Nkgapele, 2024). In this regard, the literature demonstrates consensus on the existence and severity of rural healthcare workforce shortages, yet it reveals gaps regarding the alignment between healthcare professionals and rural work environments. Most studies focus on incentives and structural barriers, with limited attention to how person–environment compatibility influences job satisfaction and retention. This gap highlights the need for a more theoretically informed approach, such as Person–Environment Fit theory, to better understand and address the persistent challenges of recruiting and retaining healthcare professionals in rural South African contexts.

3. Methodology

3.1. Research Design and Approach

This paper adopted a qualitative approach based on primary data to explore participants' views and experiences. In terms of research design, the study employed a descriptive research design to describe existing situations and patterns without manipulating variables (Jansen, 2023). This design was selected because the study aimed to describe and understand existing recruitment and retention challenges experienced by rural public hospitals, without introducing any interventions or manipulating variables. It is appropriate for capturing real-life situations, practices, and patterns as they currently exist within the Limpopo DoH.

3.2 Participants of the Study

The study utilised a purposive sampling technique, which Berndt (2020) refers to as judgmental sampling, relying on the researcher's judgment in selecting participants who are best positioned to provide relevant and rich information. In this study, participants were selected based on the judgment that they possessed direct experience and knowledge relevant to the research topic. This sampling method was appropriate as it enabled the selection of individuals who could provide valuable insights into recruitment and retention challenges within rural public hospitals. The initial target and sample size included the following for each data collection technique are shown in Table 1.

Table 1*Semi-structured interview data*

Study Areas	Initial target	Interviewed
Botlokwa Hospital	5	4
Zebediela Hospital	5	2
Helena Franz Hospital	5	2
Limpopo DoH (Head-Office)	5	4
Total	20	12

Table 1 illustrates the target population in comparison to the actual number of participants who took part in the study and were interviewed.

3.3. Instrumentation and Data Gathering Process

Data were collected through semi-structured interviews, which were audio-recorded using a mobile phone with a transcription feature to facilitate the conversion of recordings into text. Several participants elected to respond in their native language, Sepedi, necessitating the translation of interview data into English for analysis and reporting. This translation process is recognised as a methodological consideration, as meaning can be altered or lost when data are transferred across languages. To minimise this risk, translations were conducted with careful attention to preserving participants' original meanings, expressions, and contextual nuances, rather than relying on literal word-for-word translation. One of the authors is proficient in both Sepedi and English, which enabled direct translation without the use of third-party translators and reduced the likelihood of misinterpretation.

Following translation, the audio recordings were repeatedly reviewed and cross-checked against handwritten field notes to ensure consistency and accuracy. Where culturally specific terms or expressions did not have direct English equivalents, the closest contextual meaning was retained to preserve the intent of participants' responses. This reflexive approach acknowledges translation as an interpretive act and forms part of the paper's broader strategy to enhance credibility and trustworthiness. All verified transcripts were subsequently compiled into Microsoft Word documents for systematic coding and analysis.

3.4 Data Analysis

Data obtained from the interviews were analysed using thematic content analysis. According to De Beer (2022), the primary objective of thematic content analysis is to identify

patterns, themes, ideas, and explanations within qualitative data. The authors verified all interview transcriptions by listening to the recordings and cross-referencing them with handwritten notes. The data were then organised into themes.

3.5 Research Ethics

For ethical compliance, the authors obtained an ethical clearance certificate from the University of Limpopo Turfloop Research Ethics Committee (TREC) prior to conducting the study. This project was assigned the project number TREC/34/2025. Furthermore, permission was granted by the Limpopo DoH Research Committee and the Limpopo DoH District Office to conduct the study at the selected rural hospitals.

4. Findings and Discussion

4.1. Challenges Experienced in Recruiting and Retaining Healthcare Professionals in Rural Areas

This section presents the findings related to the challenges associated with recruiting and retaining healthcare professionals in three rural Limpopo DoH hospitals. Participants were asked to describe the challenges they experience in attracting and retaining healthcare professionals in these rural contexts. From their responses, a main theme and several subthemes emerged, as summarised in Table 2.

Table 2

Theme and subthemes

Theme	Subthemes
Challenges in Recruiting and Retaining Healthcare Professionals in Rural Areas	Rural Location Challenges
	Centralised Recruitment Processes
	Youth Preferences and Retention Issues

Rural location challenges. The most dominant challenge identified by participants relates to the undesirability of rural placements, particularly among younger healthcare professionals. Participants consistently indicated that the geographic isolation of rural hospitals, coupled with limited access to shopping centres, social amenities, and entertainment facilities, discourages both recruitment and long-term retention. One participant noted that recruitment is difficult because, “*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.” While another explained that rural hospitals are far from shops and entertainment spaces, *“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.”*

These excerpts show that these rural hospitals are located far from shopping centres and entertainment venues, which are particularly important to younger professionals. Therefore, the absence of these amenities negatively affects the attraction and retention of healthcare professionals. This finding aligns with the study by Hadley (2024), which indicates that healthcare professionals have diverse lifestyle preferences, and their decisions to remain in or leave rural areas are influenced by these preferences. Some may leave rural public hospitals, while others may stay, depending on the type of lifestyle they desire. Accordingly, rural hospitals need to recruit healthcare professionals who are well suited to rural settings to ensure long-term retention. This aligns with the Person–Environment Fit theory, which emphasises the importance of compatibility between individuals and their work environments.

Despite these challenges, some healthcare professionals are willing to work in rural areas. Some accept rural positions due to financial necessity and limited job opportunities. As Hlayisi (2022) notes, the number of unemployed healthcare professionals in South Africa has increased. This was also confirmed by one of the participants, who stated that, *“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 indicates that healthcare professionals accept employment due to limited job opportunities.

This finding relates to the Person–Environment Fit theory, which emphasises the importance of recruiting individuals who are well suited to their work environments. Applying this theory would ensure that healthcare professionals who have a genuine interest in and commitment to rural areas are recruited. Such commitment is likely to contribute to the provision of quality healthcare services. In turn, this would enhance retention, as these professionals would be better suited to rural employment. They would be more likely to understand the challenges associated with rural settings, and their lifestyles would align with the conditions of these areas.

In relation to this theory, one of the participants indicated that, *“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 highlights the importance of ensuring that working conditions and the environment are conducive for healthcare professionals. This helps to maintain their motivation, and supports the effective application of Person–Environment Fit theory in recruiting suitable professionals.

Centralised recruitment processes. The findings also showed that the highly centralised recruitment processes complicate staffing efforts. This was noted by a participant, *“the difficult part about recruitment is that everything regarding recruitment and selection is centralised to the department.”* This clearly indicates that staffing decision-making is centralised within the department. It should be noted that this limits local flexibility and makes it difficult to address recruitment needs effectively. Furthermore, collaboration with hospitals during the recruitment process is lacking. Succession planning further exacerbates this challenge; as one participant indicated that *“...the succession plan is not adhered to, and there is no consultation at all from the department.”* It should be noted that this creates a perception among rural public hospitals that they have little influence over staffing outcomes, as there is limited consultation between the department and the hospitals.

Another dimension of this challenge relates to training and career development opportunities. *“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.”* Previously implemented training opportunities helped address the skills gap and sustain a supply of dedicated healthcare professionals. The discontinuation of these opportunities has contributed to ineffective recruitment and retention strategies. This change is further compounded by a shift toward more formalised recruitment processes. For instance, interviews for doctors have been introduced, whereas previously, doctors were absorbed into the system after completing their community service without undergoing formal interviews.

Youth preferences and retention issues. Young healthcare professionals are particularly difficult to attract and retain. This was highlighted by several participants who indicated that younger professionals prefer to be located closer to towns, shopping centres, and entertainment facilities. This finding is also supported by Gumede et al. (2021), who reported that healthcare professionals noted that roads in rural areas are often in poor condition and sometimes unusable. This view was also echoed by one of the participants in the current study, who stated that “*the roads in rural areas are not good and can damage the tires of the healthcare professional's vehicles.*”

Moreover, the limited availability of public transport poses a serious challenge, particularly for healthcare professionals who do not have access to private vehicles. This suggests that even if the department succeeds in recruiting professionals to these areas, retention remains precarious. It is further undermined by the likelihood that some of these professionals may relocate to more urban environments as soon as employment opportunities arise.

One participant also implied that education contributes to migration to urban areas, suggesting that as healthcare professionals acquire additional qualifications, they become less inclined to remain in rural positions. This reflects the well-documented “brain drain” phenomenon, whereby rural areas lose skilled workers to urban centres.

4.2. The Impact of Challenges Experienced in Recruiting and Retaining Healthcare Professionals on Healthcare Service Delivery

This section presents the findings related to the impact of challenges in recruiting and retaining healthcare professionals on healthcare service delivery. Participants were asked to describe the effects of these challenges. From their responses, a main theme and several subthemes emerged, as summarised in Table 3.

Table 3

Theme and subthemes

Theme	Subthemes
<i>The impact of the challenges in recruiting and retaining healthcare professionals</i>	<i>Increased workload and burnout</i>
	<i>Lower quality of patient care</i>
	<i>Loss of skills, knowledge, and mentorship</i>
	<i>Community distrust and migration to the private sector</i>

Increased workload and burnout. The findings show that difficulties in recruiting and retaining healthcare professionals result in an increased workload, which, in turn, leads to burnout. This was stated by one of the participants, who said that *"the shortage of these professionals takes us to increased workloads for existing staff, which results in burnout and eventually resignations."* This demonstrates that unfilled vacancies place an additional burden on existing healthcare professionals, requiring them to take on extra responsibilities. This is further intensified when a healthcare professional leaves the hospital, increasing the workload for those who remain. Consequently, this leads to both physical and emotional exhaustion.

Such burnout contributes to a vicious cycle of resignations, further exacerbating the shortage of healthcare professionals. This finding is consistent with existing literature, which indicates that increased workloads resulting from vacant positions not only lead to burnout but also increase the likelihood of healthcare professionals resigning (Payne et al., 2020; de Villiers, 2021).

Lower quality of patient care. Another impact identified is delays and a decline in the quality of patient care. One participant indicated that *"these challenges make it difficult to provide consistent, high-quality care."* This is because the failure to recruit and retain healthcare professionals results in patients having to wait longer to receive healthcare services. This is further supported by another participant, who stated that *"patients often have to wait longer for treatment, especially in rural areas, because there are not enough health workers available."*

Moreover, healthcare professionals struggle to maintain consistent, high-quality care under these conditions. This may lead to situations in which errors occur, potentially resulting in cases of medical negligence. Such cases must be prevented, particularly in the Limpopo DoH, which reported paying R266.8 million for 30 settled cases and an additional R63.1 million in legal costs between January 2020 and December 2023 (Democratic Alliance, 2024).

This reflects a broader national pattern, as the National Department of Health spent over R23.6 billion on medico-legal claims and litigation between 2020 and 2023 (Yoganathan, 2024). In this study, the issue of medical negligence was also emphasised by one of the participants, who indicated that *"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)."*

The excerpts demonstrate that the failure to recruit and retain healthcare professionals indirectly results in increased workloads, which contribute to stress and burnout among healthcare professionals. Over time, this may lead to errors, exposing the department to medical negligence claims. Consequently, the department may spend more financial resources on litigation rather than allocating funds toward recruiting additional healthcare professionals to support service delivery.

Such situations should be avoided, particularly in rural areas where attracting and retaining healthcare professionals is already challenging. These findings are consistent with those of other scholars, who indicate that shortages of healthcare professionals make it difficult for existing staff to provide high-quality services, while also increasing patient waiting times (Nchabeleng, 2022; Wleh & Nkoane, 2025; Nkgapele, 2025). This suggests that persistent staffing challenges negatively affect the quality of healthcare services. Indirectly, this undermines the right to health afforded to the people of South Africa, as stipulated in Section 27 of the Constitution.

Loss of skills, knowledge, and mentorship. Another impact is the loss of skills, knowledge, and mentorship. This was strongly emphasised by several participants, who indicated that *“when we struggle to retain professionals, we lose institutional knowledge and mentoring capacity, which affects the development of less experienced staff. We lose the institutional memory; you find that everyone is new.”* This is because when experienced healthcare professionals leave the hospital, they take with them critical institutional knowledge and mentorship capacity. This issue is also highlighted in the study by Mamabolo and Fombad (2023) that the departure of healthcare professionals results in a loss of knowledge, thereby affecting hospitals’ ability to continue delivering healthcare services effectively.

It should be noted that such departures also negatively affect the development of junior staff. In the long term, this reduces the overall capacity of the healthcare workforce. Junior healthcare professionals require guidance and mentorship from senior professionals, who possess greater experience, knowledge, and a deeper understanding of their roles.

Community distrust and migration to the private sector. Another impact mentioned by a participant was that *“the community loses trust in the hospital when there are constant staff changes and service interruptions.”* This is due to the continuous turnover of healthcare

professionals and the resulting service disruptions, which cause communities to lose trust in public hospitals. Deonarain (2024) similarly found that declining healthcare quality has led to public distrust in the health system. It is therefore important to recognise that trust is essential for the effective functioning of healthcare services. The erosion of trust can have lasting negative effects on health-seeking behaviour. Consequently, there must be an adequate number of healthcare professionals to ensure the uninterrupted delivery of health services.

Staff turnover should be minimised, as it indirectly affects public hospitals' ability to deliver quality healthcare services to the people of South Africa (Nkobeni et al., 2024). Another participant identified an additional impact that *“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.”* This indicates a negative impact on the morale of healthcare professionals when faced with these challenges. Firstly, when one healthcare professional leaves, the remaining staff are often burdened with additional responsibilities. If this occurs without adequate support, it may lead to healthcare professionals feeling overwhelmed and undervalued, thereby diminishing their motivation and morale.

This, in turn, may result in the loss of valuable healthcare professionals, as reflected in the participants' responses that: *“it makes us lose workers, especially nurses”* and *“we can lose specialists.”* This is a significant concern, particularly given the severe shortage of medical specialists and nurses across the Limpopo Province. This is evidenced in the 2023/2024 Limpopo DoH Annual Report and is illustrated in Table 4.

Table 4

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)

Although Limpopo DoH is expected to employ 561 medical specialists, only 132 are currently employed. Moreover, only 8,567 nurses are employed, compared to the intended number of 14,765. This highlights a significant vacancy rate for these professionals, indicating that the department cannot afford to lose more staff due to turnover.

Migration to the private sector is another factor contributing to the shortage of healthcare professionals. This was highlighted by participants that, “*health workers sometimes leave for better opportunities in the private hospitals*” and “*turnover is seen mostly in nurses who go to the private sector.*”

These excerpts indicate that healthcare professionals are often attracted to the better working conditions, higher salaries, and enhanced career prospects offered by private hospitals, leaving public hospitals struggling to compete. In addition, the transition to private hospitals tends to make their work easier, as these facilities are generally equipped with adequate infrastructure and resources. In contrast, public hospitals, particularly in rural areas, often lack such essential infrastructure and equipment (Ngene et al., 2023).

4.3. Strategies to Overcome Challenges in the Recruitment and Retention of Healthcare Professionals in Rural Areas

This section presents the findings related to the second objective of the paper, which sought to identify strategies to overcome challenges in recruiting and retaining healthcare professionals. Participants were asked to suggest strategies. From their responses, a main theme and several subthemes emerged, as summarised in Table 5.

Table 5

Theme and subthemes

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

The responses serve as practical interventions suggested by participants to address ongoing difficulties within the Limpopo DoH.

Absorption and streamlining of recruitment processes. The first intervention is indicated by the participant who said that “*the Department should absorb healthcare professionals immediately after community service, without making them go through long interviews, would help.*” The immediate absorption of healthcare professionals upon

completion of their community service would help address challenges in attracting and retaining healthcare professionals. Another suggestion is *"decentralising the recruitment and selection processes. Hospitals should be allowed to do their hiring to speed things up and target candidates who are willing to work in rural areas."* Decentralising recruitment to the hospital level would enable facilities to fill vacancies more quickly and secure committed healthcare professionals before they seek opportunities elsewhere. This approach would help reduce the burden of additional responsibilities placed on existing staff when a healthcare professional resigns, thereby lowering the risk of burnout.

Improvement of living conditions and infrastructure. Several participants shared a similar view, suggesting that living conditions and infrastructure around the hospitals need to be improved. This is illustrated in the following excerpts:

"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."

"Road infrastructure should be improved".

"Recreational places where one could walk or jog."

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

Sufficient shopping centres, malls, and recreational facilities near hospitals could make rural positions more attractive, particularly to younger healthcare professionals who value convenience and lifestyle. One participant also emphasised the need to improve access to clean water and sanitation in rural areas.

Revival of training programs. Participants recommended that the DoH consider reinstating training initiatives, such as programmes in which healthcare professionals are sent abroad for training and then return to South Africa upon completion. This idea was emphasised that *"the Department should bring back programs like training students locally or sending them abroad with agreements that they must come back and work here."* These programmes, such as sending students for medical training under agreements requiring them to serve rural communities upon completion, were viewed as effective. Reintroducing such initiatives would help create a sustainable pipeline of healthcare professionals committed to serving rural hospitals in Limpopo.

On the other hand, some participants suggested that “*only people in the province should be hired*” and “*they should prioritise recruiting people who are originally from rural areas or closer to Limpopo, because they are more likely to stay.*” Recruitment of local healthcare professionals, particularly those originally from Limpopo Province or other rural areas, are already familiar with the environment and are less likely to experience difficulty adjusting, especially those who are accustomed to rural living conditions. This approach could improve retention rates, as locally recruited individuals are often more willing to remain within their communities compared to those from urban areas. It also aligns with Person–Environment Fit theory, as it promotes the recruitment of professionals who are well suited to rural contexts. In the long term, this strategy may enhance retention, given that retention outcomes are strongly influenced by recruitment practices.

Consultation, collaboration and succession planning. Another suggestion that “*there must be consultation between hospitals and the department instead of making decisions without involving them*” may enable each facility to identify its specific challenges, which may require tailored strategies rather than a one-size-fits-all approach. Although these hospitals are all located in rural areas, they face unique challenges. Another participant indicated that “*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, such as poor road infrastructure, fall under the responsibility of the Department of Public Works rather than the DoH.

One participant indicated that “*the Department should implement proper succession planning.*” Without clear career pathways and leadership development initiatives, healthcare professionals may feel uncertain about their future prospects within the hospital. Such uncertainty may prompt them to seek opportunities elsewhere.

Another suggestion made by several participants is:

“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.”

“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 the importance of providing in-house accommodation for healthcare professionals. Such accommodation plays a significant role in ensuring that they remain employed in rural public hospitals. In other words, the accommodation must be convenient and adequately equipped to meet their needs. The rooms should also be suitable for accommodating family members during occasional visits.

To improve this, surveys could be distributed online to healthcare professionals to gather their views. This approach would allow them to clearly express their needs and preferences regarding in-house accommodation. Consequently, the department can make informed efforts to provide these requirements where feasible. One of the participants stated that *“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.”* However, another participant indicated that *“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 explore effective ways to ensure the absorption of most healthcare professionals after they complete their community service. This is important, as these professionals are needed to serve rural communities. Allowing them to leave creates additional pressure on existing staff and negatively affects service delivery to the community. Furthermore, the department invests significant time and resources in training these professionals, only to lose them and repeat the same process with newly appointed staff.

To improve these strategies, one participant indicated that *“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”* because some of the challenges, like road infrastructure, need to be attended to by the Department of Public Works rather than the DoH.

5. Conclusion

The paper found that rural public hospitals under the Limpopo Department of Health face ongoing difficulties in recruiting and retaining healthcare professionals due to poor working and living conditions, as well as centralised recruitment processes. These hospitals also experience challenges arising from limited career development opportunities and the low attractiveness of rural placements, particularly among younger professionals. From a public administration perspective, these challenges reflect weaknesses in human resource management (HRM), policy implementation, and intergovernmental coordination. These

shortcomings contribute to staff shortages, increased workloads, burnout, and compromised quality of care.

To address these challenges, the paper recommends strengthening decentralised human resource planning and recruitment, improving working conditions within the DoH's mandate, enhancing career development and retention pathways, and promoting intergovernmental collaboration to address broader issues such as accommodation and transport in rural areas.

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Institutional Review Board Statement

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Declaration

The authors declare the use of Artificial Intelligence (AI) in writing this paper. In particular, the authors used Writefull in restating sentences to improve clarity and logical flow. The authors take full responsibility for ensuring proper review and editing of contents generated using AI.

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