

Different Strategies to Improve Nurses' Retention and Motivation in Rwanda

R. N. Ingabire Clementine¹; John Peter Ndikubwimana²; Dr. Niyomugabo Aloys³;
Emanuel Ndahiro Manirafasha⁴; Mukasine Anne Marie⁵; Ishimwe James⁶;
Eliab Mwiseneza⁷; Olive Mukanshimiyimana⁸

¹Main Author: Master of Science in Nursing Education Leadership and Management at University of Rwanda, Thesis Director at Ruli Higher University of Health and Director of Nursing and Midwives at Ruhengeri Level Two Teaching Hospital

²Co-Author: Masters in Counseling Psychology, Mount Kenya University of Rwanda, Thesis Director at Ruli Higher Institute of Health & Research Assistant Consultant, University of Global Health Equity

³Co-Author: Affiliation / Position: Director of Nursing and Midwifery, Gisenyi Hospital

⁴Co-Author: Affiliation / Position: Master's Student, Center for Nursing and Midwifery, University of Global Health Equity

⁵Co-Author: Master's in Nursing (Neonatology), Affiliation / Position: Assistant Lecturer, Ruli Higher Institute of Health (RHIH)

⁶Co-Author: Bachelor's in General Nursing, Affiliation / Position: Clinical Instructor, Ruli Higher Institute of Health (RHIH)

⁷Co-Author: Degree: Master of Public Health, Affiliation: Newborn & Child Health Mentor, Jhpiego

⁸Co-Author: Degree: Master of Science in Nursing (Neonatal), Affiliation: Neonatal Nurse Clinical Instructor, Partners in Health (Inshuti Mu Buzima – IMB)

Publication Date: 2025/11/14

Abstract: The persistent shortage and turnover of nurses remain significant challenges within Rwanda's healthcare system, particularly in district hospitals. This study explored factors influencing nurses' retention and motivation, aiming to identify effective strategies for sustaining a stable and committed nursing workforce. A descriptive quantitative design was employed with a sample of 83 nurses from Gisenyi District Hospital. Data were collected through structured questionnaires and analyzed using SPSS version 21, with findings presented in frequencies and percentages. Results revealed that the majority of respondents emphasized the need to improve physical working conditions (61.4% agreed; 34.9% strongly agreed), human resource management (51.8% agreed; 43.4% strongly agreed), and transparency (60.2% agreed; 66.3% strongly agreed). Furthermore, opportunities for professional advancement (50.6% strongly agreed) and peer support (50.6% strongly agreed) were highlighted as key motivational factors. Participants also called for enhanced living conditions, increased staffing, and salaries aligned with educational qualifications. The study concludes that improving workplace conditions, leadership practices, and professional

development opportunities are critical strategies for nurse retention in Rwanda. It recommends that healthcare managers and policymakers implement targeted retention programs to foster motivation and reduce turnover among nurses.

Keywords: Nurse Retention, Motivation, Rwanda, Workforce Management, Hospital Working Conditions.

How to Cite: R. N. Ingabire Clementine; John Peter Ndikubwimana; Dr. Niyomugabo Aloys; Emanuel Ndahiro Manirafasha; Mukasine Anne Marie; Ishimwe James; Eliab Mwiseneza; Olive Mukanshimiyimana (2025) Different Strategies to Improve Nurses' Retention and Motivation in Rwanda. *International Journal of Innovative Science and Research Technology*, 10(10), 3185-3191. <https://doi.org/10.38124/ijisrt/25oct1537>

I. INTRODUCTION

A. Overview of Study

➤ Background of Healthcare Professionals' Retention in Rwanda

Rwanda continues to face a shortage of qualified healthcare professionals, and an additional concern is the difficulty managers encounter in retaining those already in service. The frequent movement of nurses between hospitals and other health sectors remains a major issue. Studies have reported that many nurses leave their positions in district hospitals to seek opportunities in urban or private health facilities for various reasons (Tourangeau, 2010; Habagusenga, 2012). This turnover negatively affects the quality and consistency of healthcare services delivered at the district level.

To mitigate this challenge, it is essential to focus on strategies that encourage nurses to remain in their current workplaces for longer periods. Within this framework, the present study aims to examine the factors influencing nurses' intentions to continue working in district hospital settings. This chapter is organized into several sections, including the background to the study, problem statement, research aim and objectives, research questions, significance of the study, and structure of the project.

➤ Background of Healthcare Professionals Retention in Rwanda

The problem of nurse turnover have been heavily studied recently across the globe. It was shown in the United States that unhappiness, management style, and workload have a significant role on nurse turnover (Hwang, 2009).. Whilst in Canada, the major contributor to nurse turnover was found to be job dissatisfaction which is similar to the report from the study conducted in 10 European countries where job dissatisfaction was the main factors causing nurse to quit their jobs (Leiter and Maslach, 2009; Maud et al., 2013; Aiken et al., 2002).

Studies from various countries highlight that challenges related to nursing retention are often linked to systemic and workplace factors. In Nigeria, for instance, research has shown that inadequate resources, weak health systems, poor management of human resources, and unfavorable working conditions significantly contribute to the shortage of nurses (Module & Olabis, 2014). Similarly, Delobelle et al. (2010)

examined job satisfaction and turnover intentions among nurses in rural South Africa and found widespread dissatisfaction due to low salaries and allowances, limited opportunities for training and promotion, and a lack of recognition and support from supervisors. The study also revealed that nurses with higher educational qualifications were more likely to consider leaving their jobs.

In Kenya, Momanyi and Kaimenyi (2015) identified several factors influencing nurses' intentions to leave their workplaces, including inadequate remuneration that does not match their qualifications, insufficient recognition, weak supervision, and limited administrative support. Furthermore, the work environment itself plays a critical role. The same study found that poor interpersonal relationships and a lack of collegiality among staff contributed to job dissatisfaction, which in turn increased turnover intentions. Other scholars have similarly emphasized that unsupportive workplace relationships and lack of friendliness among colleagues can negatively impact job satisfaction and lead to higher employee turnover (Manning et al., 2005; Booyen, 1998).

II. LITERAURE REVIEW

➤ Benefits of Nurse Retention

Retaining nurses within healthcare institutions has numerous positive outcomes for both patients and the health system at large. When experienced nurses remain in service, the overall quality of patient care improves, resulting in greater patient satisfaction and trust in healthcare delivery. Moreover, nurse retention fosters professional fulfillment and emotional well-being among nurses, which in turn enhances workplace harmony and teamwork. Retaining skilled nurses also reduces staffing shortages, minimizes burnout, and cuts the high costs associated with frequent recruitment and training of new personnel (Jones & Gates, 2007). In essence, a stable nursing workforce supports continuity of care, promotes patient safety, and strengthens the entire healthcare system.

➤ Strategies for Nurse Retention

To address the growing shortage of nurses, healthcare organizations need to prioritize effective retention strategies that nurture and support those currently in service. Research emphasizes the importance of investing in professional development through continuous education, specialized training, and mentoring opportunities. Such initiatives

empower nurses, increase their competence, and sustain motivation in their work (Candice, 2009).

Creating a positive and supportive work environment is equally vital. This involves providing strong and empathetic nursing leadership, ensuring fair compensation, promoting open communication, and involving nurses in decision-making processes related to patient care. Improving workplace safety, recognition systems, and work-life balance also contributes to staff satisfaction and long-term commitment (Jones & Gates, 2007).

However, it is crucial to recognize that no single retention strategy fits all contexts. Policymakers and healthcare leaders should tailor approaches to the specific needs, cultures, and values of different nursing teams to ensure sustainable results (Candice, 2009).

➤ *Creating a Motivating Climate*

Organizational culture plays a decisive role in shaping how motivated and valued employees feel. A healthy workplace climate encourages morale, trust, and a sense of belonging among staff members. Unfortunately, some organizations inadvertently foster the belief that employees are replaceable, which lowers motivation and productivity. In contrast, when individuals feel respected and appreciated, they are more likely to take initiative, perform confidently, and deliver quality results (Huston & Marquis, 1989).

Peters and Waterman (1982) argued that workplaces should be designed to make employees feel like “winners,” emphasizing recognition and progress rather than failure. Similarly, Kirsch (1988) highlighted that nurse managers should set realistic, inspiring goals and reward performance in ways that are meaningful to their staff. Excessive or impersonal rewards, however, can undermine motivation by creating a sense of mistrust (Bowin, 1987).

Managers play a pivotal role in setting the tone for a motivating environment. Their positivity, enthusiasm, and fairness are powerful influences on staff morale. Studies show that the personal motivation and outlook of nurse leaders strongly impact their team’s commitment and job satisfaction (Jenkins & Henderson, 1984). As Radzik (1985) noted, a manager’s emotional state is often mirrored by their team — happy, supportive leaders tend to inspire confident and motivated staff, while negative leadership can lower morale.

➤ *Managing Career Development in Nursing*

Career development is a shared responsibility between nurses, educators, and healthcare institutions. Nurses must actively engage in planning their professional growth by identifying opportunities, setting goals, and developing clear career pathways. At the same time, institutions should provide structured support systems, mentorship, and access to education that aligns with both individual aspirations and organizational needs (Donner & Wheeler, 2001; King, 2001).

Continuing Professional Development (CPD) plays an essential role in both personal and organizational success. CPD not only strengthens clinical competence and confidence but also promotes staff retention and enhances patient care outcomes. Employers should therefore recognize and invest in well-structured CPD programs that include formal education, on-the-job learning, mentorship, and reflective practice.

Importantly, CPD should be designed with clear links to career progression to prevent confusion and frustration among practitioners. A structured, transparent framework for learning and advancement helps nurses feel valued, supported, and motivated to remain within the profession (Robson & Barnett, 2007; Dwivedi, 2013).

III. METHODOLOGY

A descriptive research design with a quantitative research approach was used to guide this study. This design was selected because it enables a clear understanding of existing patterns, relationships, and characteristics within the study population. The total sample size comprised 83 participants, selected to ensure that the findings accurately represented the targeted population. Data collection was conducted using a structured questionnaire, which provided uniformity in responses and minimized potential bias by ensuring that all participants answered the same set of questions.

Following data collection, responses were coded and entered into the Statistical Package for the Social Sciences (SPSS) software, version 21, for analysis. Descriptive statistics, such as frequencies and percentages, were used to summarize the demographic characteristics and key variables of interest, and results were presented in tables for clarity and ease of interpretation. For inferential statistical analysis, Pearson’s Chi-Square Test was used to determine possible associations between categorical variables, while Fisher’s Exact Test was applied when cell counts were too small to meet Chi-Square assumptions. The level of statistical significance was established at $p < 0.05$, with 95% confidence intervals, meaning that results with a probability value less than 0.05 were considered statistically significant.

IV. DISCUSSION OF FINDINGS

This study’s findings shows that (61.4% and 34.9%, respectively) agreed and strongly agreed that the hospital should improve its physical working conditions. Similarly, 51.8% agreed and 43.4% strongly agreed that improvements were needed in human resource management. Regarding transparency, 60.2% agreed and 66.3% strongly agreed that it should be enhanced. In terms of professional development, 37.3% agreed and 50.6% strongly agreed that the hospital should offer more opportunities for professional advancement. Likewise, 37.3% and 50.6% of respondents agreed and strongly agreed, respectively, on the importance of strengthening peer support. An equal proportion of respondents (47.0%) agreed

and strongly agreed on the need to improve living conditions. Furthermore, the majority (50.6% and 30.1%, respectively) agreed and strongly agreed that the hospital should increase the number of nurses. Lastly, 45.8% of respondents emphasized the need for salaries commensurate with educational qualifications, while 43.4% agreed and 16.9% strongly agreed that the hospital should improve shift work arrangements.

V. SUMMARY OF FINDINGS

➤ *Socio Demographic Characteristics of the Respondents*

The majority of the respondents, 79.5% were female and male respondents were 20.5%. The majority of respondents were aged between 31-40 and 41-50 years, 43.4% and 37.3% respectively. Most of the respondents, 88.0% were married and only 12% were single. The respondents had experience ranging between 4-6 years and more than 6 years, 37.3% and 54.2% respectively. On the educational background of the respondents, the majority, 78.3% had A1 Advanced Diploma, followed by those with A2 secondary school certificate, 13.3%, Bachelor Degree 7.2% and Master's Degree 1.3% (Table 1).

Table 1: Socio Demographic Characteristics of the Respondents (N=83)

Characteristic	Frequency	Percentage (%)
Gender		
Male	17	20.5
Female	66	79.5
Age		
Below 30 years	10	12.0
Between 31-40 years	36	43.4
Between 41-50 years	31	37.3
More than 50 years	6	7.2
Marital Status		
Single	10	12.0
Married	73	88.0
Experience length		
1-3 years	7	8.4
4-6 years	31	37.3
Over 6 years	45	54.2
Education background		
Secondary school certificate	11	13.3
University Diploma A1	65	78.3
Bachelor's degree A0	6	7.2
Master's degree	1	1.2

➤ *Strategies to Increase Nurses' Retention*

Between 61.4% and 34.9% respectively agreed and strongly agreed that the hospital should improve the physical working conditions, while 51.8% agreed and 43.4% strongly agreed that the human resource management should be improved. Improving transparency were agreed and strongly agreed respectively by 60.2% and 66.3% of the respondents. Offer of opportunities for professional advancement was agreed and strongly agreed respectively by 37.3% 50.6% of the respondents while provision of peer support were agreed and strongly agreed by 37.35% and 50.6% of the respondents respectively. A rate of 47.0% both agreed and strongly agreed on the improvement of living conditions. On the other hand, the majority of the respondents with a rate of 50.6% and 30.1% respectively agreed and strongly agreed that the hospital should increase the number of nurses. The majority of nurses with 45.8% call on the provision of salary commensurate with educational level, whereas 43.4% and 16.9% respectively agreed and strongly agreed that the hospital should enhance working in shifts (Table 2).

Table 2: Reported Strategies to Increase Nurse Retention Rate (N=83)

Strategy statement	Frequency and Percentage (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Improving physical conditions	0(0)	1(1.2)	2(2.4)	51(61.4)	29(34.9)
Improving human resource management	0(0)	0(0)	4(4.8)	43(51.8)	36(43.4)
Work in transparency	0(0)	0(0)	2(2.4)	31(37.3)	50(60.2)
Opportunity for professional advancement	0(0)	0(0)	1(1.2)	27(32.5)	55(66.3)
Provision of support through peer	1(1.2)	1(1.2)	8(9.6)	31(37.3)	42(50.6)
Improving living conditions	0(0)	2(2.4)	3(3.6)	39(47.0)	39(47.0)
Increase nursing staff	5(6.0)	5(6.0)	6(7.2)	42(50.6)	25(30.1)
salary commensurate the education level	5(6.0)	10(12.0)	10(12.0)	38(45.8)	20(24.1)
working shifts	2(2.4)	8(9.6)	23(27.7)	36(43.4)	14(16.9)

VI. LIMITATION AND FURTHER RESEARCH

This study did not go deep each strategy which make a gap for future researchers to describe each strategy and find which one more applicable in specific context.

ACKNOWLEDGEMENT

The authors of this paper appreciates all the nurses who agreed to participate in this study.

APPENDICES

❖ INFORMED CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

(For Nurses working at Gisenyi District Hospital).

Title of the study: *Exploring Factors of Job Retention among Nurses Working in Rwandan District Hospital*

Name of researcher: Ms. INGABIRE Clementine

This consent form should be signed by nurses working at Gisenyi District Hospital before decided to participate in this study aiming at exploration the factors which affect job retention among nurses in a Rwandan District Hospital.

It comprises two parts:

- The first part consist of detailed information about the research(in order to gain detailed information related to this research for your understanding)
- Second part is the consent form that you will sign if you accept to participate in this study.

A. PART I:

➤ Introduction/ Iriburiro

- You are being requested to participate in a research study of factors that affect nurses' intention to stay longer and committed to their hospitals especially those working in district hospital. The outcomes of this study will help both nurses and policy makers to form a strategies to improve healthcare quality through retaining highly talented nurses to keep working in their hospital.

- You were selected as a possible participant because you meet both the inclusion and exclusion criteria which are nurses holding from secondary school certificate up to higher university degree, and who will be working in Gisenyi District Hospital at the time by which the study will be conducted. While the Exclusion criteria is Nurse not working at Gisenyi District Hospital.
- We kindly request that you read this form and ask any questions that you may have before agreeing to be in the study.

➤ Purpose of Study

The purpose of the study is to explore the factors which affect job retention among nurses in a Rwandan District Hospital.

➤ Description of the Study Procedures

The researcher will introduce herself to potential participant, explain little bit about the research and request potential participant to take part in the study. Thereafter, the consent form will be signed by both researcher and participant.

If you agree to be in this study, you will be asked to do the following: you will be provided with a questionnaire onto which you will be requested to answer questions thereafter you will return the questionnaire to the researcher.

➤ Benefits of Being in the Study

There is no immediate benefits we expect you to gain from this study however your opinions will be valued a lot when shaping strategies to adopt while solving the nurses' turnover problem, and information and results from this study will help researcher to answer study objectives and questions hence provide motivation to advocate for provision quality of health care service.

There is no bonus and wedges or financial allowances to participants in this study

➤ Risks/Discomforts of Being in this Study

There may be unknown risks for anyone who will participate in this research.

➤ *Confidentiality*

This study is anonymous. We will not be collecting or retaining any information about your identity.

The records of this study will be kept strictly confidential. Research records will be kept in locked and all electronic information will be coded and secured using a password protected file.

We will not include any information in any report we may publish that would make it possible to identify you.

➤ *Voluntary Participation, Refusal or Withdrawal*

The decision to participate in this study is entirely up to you in other words your participation is voluntary. You may refuse to take part in the study *at any time* without affecting your relationship with the investigator of this study or University of Rwanda. Your decision will not result in any loss or benefits to which you are otherwise entitled.

You have the right not to answer any single question, as well as to withdraw completely from the study at any point during the process.

➤ *Data Dissemination*

Ultimately, this research is carried to fulfil the requirements of the Master's degree in Nursing at University of Rwanda. Therefore results from this research will be submitted to UR/CMHS Nursing department and defended in the front of the panel in the form of thesis. However, this research may be published in an international peer reviewed journals and disseminated via national or international conferences, international scientific journals. The researcher can also present the results of the study to study participants when requested. Confidentiality will be kept at all levels of the study; during presentation of the results participants will not be mentioned.

➤ *Person to Contact and to Report Concerns*

You have the right to ask questions or raise concern about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, INGABIRE Clementine, face to face or at email: i.clementine@yahoo.fr or by telephone at phone number 0788220090, 0789496901. If you like, a summary of the results of the study will be sent to you.

If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact Chairperson of the UR/CMHS IRB at phone number 0788 490 522 and of the Deputy Chairperson phone number: 0783 340 040

B. PART II➤ *Consent form for Participation in this Study/*

I am invited to participate in this study aiming at exploration the factors which affect job retention among nurses in a Rwandan District Hospital, that will be conducted at Gisenyi District Hospital.

I understood that after accepting to participate in this study, I will allow the researcher to give me a questionnaire, whereby I will answer questions related to her research objectives. I was told that to participate in this study will not bring any harm or consequences to me, I was told that there is no immediate personal benefits I will gain from participation in this study. I understood also that there are no financial allowances I will get for participating in this study or any other bonuses/gift. I got name of research owner, her address as well as that of UR/CMHS IRB so that I can contact him anytime for asking questions related to this study.

I have got enough time to ask different questions related to this study and I got clear answers. I accept to participate in this study voluntarily, I understand that I can withdraw from participating in this study at any time without consequences and it cannot affect my relationships with both the researcher, University of Rwanda and the hospital which I work for.

Signature of study participant:

.....

Date /itariki...../...../.....

Study participant has got a copy of this consent form/

REFERENCES

- [1]. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction*. JAMA, 288(16), 1987–1993. <https://doi.org/10.1001/jama.288.16.1987>
- [2]. Booyen, L. (1998). *The influence of leadership style on team effectiveness*. South African Journal of Human Resource Management, 16(1), 13–22.
- [3]. Bowin, R. B. (1987). *Human resource management: An experiential approach*. Prentice Hall.
- [4]. Candice, L. (2009). *Retention strategies for the nursing workforce: A global perspective*. Journal of Nursing Management, 17(3), 247–256. <https://doi.org/10.1111/j.1365-2834.2009.00969.x>
- [5]. Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R., & Depoorter, A. M. (2010). *Job satisfaction and turnover intent of primary healthcare nurses in rural South Africa: A questionnaire survey*. Journal of Advanced Nursing, 67(2), 371–383. <https://doi.org/10.1111/j.1365-2648.2010.05496.x>

- [6]. Donner, G. J., & Wheeler, M. M. (2001). *Career planning and development for nurses: The time has come*. International Nursing Review, 48(2), 79–85.
- [7]. Dwivedi, A. (2013). *Continuing professional development: An approach to retaining nurses*. Nursing Standard, 27(49), 49–55.
- [8]. Habagusenga, J. (2012). *Challenges of retaining nurses in Rwanda's district hospitals*. Rwanda Journal of Health Sciences, 1(1), 25–32.
- [9]. Huston, C. J., & Marquis, B. L. (1989). *Leadership roles and management functions in nursing: Theory and application*. Lippincott Williams & Wilkins.
- [10]. Hwang, W. J. (2009). *Migration patterns of healthcare professionals: A global perspective*. Health Policy, 90(1), 1–8.
- [11]. Jones, C. B., & Gates, M. (2007). *The costs and benefits of nurse turnover: A business case for nurse retention*. Online Journal of Issues in Nursing, 12(3), 4.
- [12]. King, K. (2001). *Developing nurses' careers: A framework for planning*. Nursing Management, 8(5), 22–27.
- [13]. Kirsch, J. (1988). *Reward systems and staff motivation in nursing organizations*. Journal of Nursing Administration, 18(3), 23–29.
- [14]. Korman, A. K., Glickman, A. S., & Frey, W. R. (1981). *Industrial and organizational psychology*. Prentice Hall.
- [15]. Laureen, H., Sarmiento, T., & Maslach, C. (2006). *Workload and job dissatisfaction among nurses: A cross-national perspective*. International Journal of Nursing Studies, 43(5), 513–525.
- [16]. Leiter, M. P., & Maslach, C. (2009). *Nurse turnover: The mediating role of burnout*. Journal of Nursing Management, 17(3), 331–339.
- [17]. Manning, M. L., Davidson, M., & Manning, R. (2005). *Interpersonal relationships and job satisfaction among nurses*. Journal of Nursing Management, 13(4), 277–285.
- [18]. Maud, S., Blegen, M., & Aiken, L. (2013). *Job dissatisfaction and turnover among European nurses*. International Journal of Nursing Studies, 50(2), 174–182.
- [19]. Module, A., & Olabis, K. (2014). *Human resources challenges in Nigerian healthcare: The case of nurses*. African Journal of Health Management, 1(2), 33–40.
- [20]. Momanyi, G. O., & Kaimenyi, J. K. (2015). *Factors affecting retention of nurses in rural Kenya: A cross-sectional study*. International Journal of Scientific Research and Innovative Technology, 2(11), 57–64.
- [21]. Peters, T. J., & Waterman, R. H. (1982). *In search of excellence: Lessons from America's best-run companies*. Harper & Row.
- [22]. Radzik, S. (1985). *Leadership and morale in nursing units*. Nursing Outlook, 33(3), 148–152.
- [23]. Robson, J., & Barnett, T. (2007). *Continuing professional development in nursing: Barriers and benefits*. Nurse Education Today, 27(4), 364–372. <https://doi.org/10.1016/j.nedt.2006.05.012>
- [24]. Tourangeau, A. E. (2010). *Nurse retention: What matters most and what can be done?* Journal of Nursing Management, 18(1), 49–62.