



# **HUMAN RESOURCE STRATEGIES FOR REDUCING BRAIN DRAIN OF HEALTH WORKERS IN MALAWI: A CASE OF KAMUZU CENTRAL HOSPITAL**

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## **ABSTRACT :**

The migration of health workers, commonly referred to as brain drain, remains one of the most critical challenges undermining Malawi's health sector. This study examines human resource strategies employed at Kamuzu Central Hospital (KCH) to reduce the outflow of skilled health professionals. Using a mixed-methods approach involving staff surveys, in-depth interviews with hospital administrators, and a review of policy documents, the research explored both institutional and policy-level interventions aimed at retaining health workers. Findings revealed that while strategies such as provision of training opportunities, salary top-ups, improved working conditions, and non-financial incentives like housing and recognition schemes have been introduced, challenges persist due to limited funding, high workload, and regional disparities in opportunities. The study concludes that sustainable retention requires a holistic approach that combines competitive remuneration, professional development, and a supportive work environment. Strengthening these strategies at KCH can not only reduce brain drain but also improve service delivery and health outcomes across Malawi.

## **Introduction**

The global health landscape is characterized by a profound and persistent inequity in the distribution of healthcare workers. High-income nations, facing their own demographic shifts and increasing healthcare demands, actively recruit from the pool of skilled professionals trained in lower-resource countries (WHO 2022).

This phenomenon, widely termed "brain drain," represents a catastrophic reverse subsidy from the poorest nations to the wealthiest, stripping away invaluable human capital and crippling health systems (Mackey and Liang, 2012). Nowhere is this crisis more acute than in sub-Saharan Africa, and within this region, Malawi stands as a stark example of the devastating consequences of medical migration (Muula, 2022).

This study, therefore, moves beyond broad national policy to focus on Kamuzu Central Hospital (KCH), a major referral institution bearing the brunt of this crisis. By applying established organizational and migration theories, this research seeks to diagnose the specific failures of current HR retention policies, understand the perceptions and motivations of health workers on the front lines, and propose a contextually relevant, evidence based framework for retention.

## **Background of the Study**

The international migration of skilled health professionals is a complex, multi-faceted issue rooted in colonial histories, global economic disparities, and the liberalization of labor markets (Connell, 2010). The World Health Organization (WHO) estimates a projected shortfall of 10 million health workers by 2030, primarily in low, and lower, middle-income countries (WHO, 2022). This gap creates a powerful "pull" factor, with countries like the United Kingdom, United States, Canada, Australia, and nations in the Gulf Cooperation Council (GCC) actively recruiting to fill their own vacancies (NMC Register, 2023).

The drivers are not merely economic. Push factors in source countries often include poor working conditions, lack of professional development opportunities, political instability, and concerns about personal safety. The migration decision is thus a rational choice made by individuals weighing their professional and personal aspirations against the conditions in their country.

### **1.5.1 Theoretical Significance**

This study will contribute to the body of knowledge by applying and testing established organizational theories (Herzberg's Two Factor Theory, Rousseau's Psychological Contract Theory) and migration theory (Lee's Push Pull Theory) in the unique and under researched context of a Malawian central hospital (Herzberg, 1996; Rousseau, 1995; Lee, 1966). It will explore the interplay between these theories in explaining turnover intention, potentially leading to a refined conceptual model for understanding health worker migration in low resource settings.

## Practical Significance

For KCH Management: The findings will provide hospital administrators with a data driven diagnosis of their retention challenges and a clear set of actionable recommendations to improve staff welfare, career development, and overall working conditions.

For Policymakers (MOH & Government): The study will inform the national Human Resources for Health Strategic Plan 2023,2030, offering evidence on the types of interventions (e.g., bundled incentives for rural postings, reformed career structures) that are most likely to succeed (MOH, 2023). It will make a compelling case for moving beyond ad-hoc financial fixes to a more holistic, system wide approach country (Rousseau, 1995).

## Main Objective

To analyse the effectiveness of existing Human Resource strategies and propose evidence based, sustainable HR interventions for reducing the brain drain of health workers at Kamuzu Central Hospital.

### 1.3.2 Specific Objectives

- To identify and analyse the primary push factors (internal to Malawi and KCH) and pull factors (external) that most significantly influence the emigration intentions of health workers at KCH.
- To evaluate the implementation, perceived effectiveness, and limitations of the current HR retention policies and practices deployed at Kamuzu Central Hospital.
- To develop a comprehensive, contextually relevant HR retention framework for KCH, integrating financial and non-financial incentives modelled on global best practices from comparable low resource settings

## Scope of Work

**Geographic Scope:** This study is confined to Kamuzu Central Hospital in Lilongwe, Malawi. While this limits the generalizability of findings to all Malawian health facilities, the insights will be highly relevant to other central hospitals and large district hospitals facing similar challenges.

**Subject Scope:** The study focuses specifically on skilled health professionals including doctors, nurses, midwives, clinical officers, pharmacists, and laboratory technicians. It does not include support staff or administrative personnel outside of the HR department.

**Thematic Scope:** The research is centered on HR strategies and policies related to retention. It touches on broader health system issues like funding and infrastructure only insofar as they directly impact HRH retention.

## LITERATURE REVIEW

The phenomenon of health worker migration from low and middle-income countries (LMICs) to high-income countries (HICs) is a complex, multi-faceted issue with deep historical, economic, and social roots. It represents one of the most significant challenges to achieving global health equity, as it systematically strips the world's poorest nations of their most critical health assets (WHO, 2022). While the macroeconomic drivers of this "brain drain" are frequently discussed, effective solutions require a nuanced understanding of the micro-level dynamics at the organizational and individual levels. This literature review, therefore, moves beyond broad policy discussions to focus on the specific human resource (HR) strategies that can be implemented at the hospital level to foster retention.

The review is systematically structured around four interconnected thematic areas to ensure a thorough and multifaceted analysis relevant to the Malawian context and the specific case of Kamuzu Central Hospital (KCH). The structure proceeds from the general to the specific, building a layered argument. It begins by establishing a robust Theoretical Foundation, exploring the key theories that explain why health workers become dissatisfied, decide to migrate, and what constitutes their unwritten agreement with employers

### 1 Theoretical Review

Understanding the complex decision-making process behind health worker migration requires a multi-theoretical approach. No single theory can fully capture the interplay of economic, psychological, social, and environmental factors that influence an individual's choice to leave their home country. This study is therefore anchored on three complementary theoretical frameworks that together provide a holistic explanation of motivation, migration, and the employment relationship: Herzberg's Two-Factor Theory, Lee's Push-Pull Theory of Migration, and Rousseau's Psychological Contract Theory. These theories operate at different levels of analysis individual, macro-societal, and relational and their integration offers a powerful lens through which to diagnose the retention crisis at KCH.

#### 2.1.1 Herzberg's Two-Factor Theory (Motivation-Hygiene Theory)

Frederick Herzberg's seminal work, *Work and the Nature of Man* (1966), revolutionized the understanding of employee motivation by proposing that job satisfaction and dissatisfaction are not opposites on a single continuum but are instead driven by two distinct sets of factors. This dichotomy is fundamental to understanding why certain interventions succeed while others fail in re Performance-Based Financing (PBF) and Differentiated Pay: The Case of Rwanda

Rwanda's post-genocide reconstruction of its health system is widely regarded as a success story, and its human resources for health (HRH) strategy is a central pillar of that success (Binagwaho et al., 2013; Farmer et al., 2013). A key component of this strategy has been the implementation of Performance-Based Financing (PBF).

The Model: Rwanda implemented a sophisticated PBF system across its public health facilities. This model directly links a portion of a health facility's funding—and consequently, a portion of health workers' remuneration—to the verified quantity and quality of specific health services they provide. Key performance indicators (KPIs) are carefully selected and often include measures of clinical output (e.g., vaccination rates, supervised deliveries, antenatal care visits) as well as indicators of quality (e.g., patient satisfaction scores, adherence to clinical protocols) and equity (e.g., services for the poorest quintile) (Rusa & Fritsche, 2010; Kalk et al., 2010). The funds earned are then distributed to the facility and its staff according to a predefined formula, often involving a committee that includes staff representatives training staff.

## Findings and Discussion

A core objective was to evaluate the current HR strategies at KCH. Respondents rated the effectiveness of various practices. The results, showing the percentage of respondents who found each strategy "Ineffective" or "Very Ineffective" (collapsed), "Neutral," or "Effective"/"Very Effective" (collapsed), are presented in Table 4.3.

**Table 4.3: Perceived Effectiveness of Current HR Retention Strategies (N=260)**

HR Strategy	Ineffective (%)	Neutral (%)	Effective (%)
Annual Salary Increments	65%	25%	10%
Hazard Allowance	70%	20%	10%
Health Insurance	45%	30%	25%
Study Leave Policy	30%	40%	30%
In service training programs	35%	35%	30%
Recognition Awards	15%	35%	50%

### *Analysis of HR Strategy Effectiveness:*

This table reveals a critical implementation gap and provides powerful validation for Herzberg's theory. The strategies that are purely financial and focused on basic hygiene factors Hazard Allowance (70% ineffective) and Annual Salary Increments (65% ineffective) are perceived as the least effective. This suggests that while these interventions are necessary, their current implementation (likely perceived as too small, unreliable, or unfairly distributed) fails to alleviate the profound dissatisfaction caused by low pay and poor working conditions. They are, in Herzberg's terms, inadequate hygiene factors. To move beyond descriptive statistics and understand the predictive power of the push factors, a correlation analysis and a multiple linear regression were conducted. The dependent variable was Turnover Intention (a scale combining intention to leave KCH and actively seeking opportunities abroad).

Correlation Analysis: Pearson's correlation coefficients revealed significant positive relationships ( $p < 0.01$ ) between Turnover Intention and all major push factors. The strongest correlations were with Low Salary ( $r = 0.78$ ), Excessive Workload ( $r = 0.75$ ), and Lack of Career Advancement ( $r = 0.72$ ). This confirms that as dissatisfaction with these factors increases, so does the intention to emigrate. The current strategy is overwhelmingly focused on inadequate hygiene factors (hazard allowance, small salary increments). Herzberg's theory predicts that while the absence of good hygiene causes dissatisfaction, their presence does not lead to satisfaction. The findings confirm this: the current financial incentives are too meager to even prevent dissatisfaction, let alone motivate retention.

As Participant P01 noted, "It is a drop in the ocean." Furthermore, the almost complete neglect of motivators (like clear career paths and meaningful recognition) means there is no positive force encouraging staff to stay. The only moderately effective strategy, Recognition Awards, validates this point; it is a low-cost motivator that acknowledges the human need for appreciation.

Reinforcing the Psychological Contract Breach: The ad-hoc, unreliable nature of these financial interventions, as described by the HR manager (Participant HR01), actually worsens the situation. When a hazard allowance is promised but not delivered, it constitutes another breach of trust. This reactive approach reinforces the perception that the employer is not committed to a long-term, equitable relationship. Therefore, the current HR strategies are not just ineffective; they are counterproductive, deepening the very disillusionment that drives brain drain.

### **4.3.3 Addressing Research Objective 3: Discussion on the Potential for Improved Retention Strategies:** Evidence from Bundled Incentives

The third objective was to propose a contextual framework. The most significant finding of this study is the empirical evidence for the effectiveness of bundled incentives, as demonstrated in the rural posting scenario (Table 4.5, Figure 4.4).

•The Power of a Holistic Approach: The jump from 12% willingness (current package) to 82% (Package D: Salary + Housing + Training) is dramatic and instructive. It provides a quantitative and qualitative mandate for moving beyond siloed interventions. Package B (salary only) is a pure hygiene play and has limited impact. Package C adds another critical hygiene factor (housing), which addresses a fundamental barrier to rural life. Package D introduces the powerful motivator of guaranteed training, which repairs the psychological contract by offering a tangible return on investment a valuable career asset in exchange for service.

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## Conclusion

The study on Human Resource Strategies for Reducing Brain Drain of Health Workers in Malawi: A Case of Kamuzu Central Hospital has highlighted that the persistent migration of health professionals is driven largely by poor working conditions, limited career advancement opportunities, low remuneration, and inadequate support systems within the health sector. At Kamuzu Central Hospital, these challenges have resulted in shortages of critical staff, increased workloads for the remaining workforce, and compromised quality of health service delivery.

Findings from the study demonstrate that effective human resource strategies are essential to addressing brain drain. Competitive compensation packages, non-financial incentives such as housing and transport allowances, continuous professional development opportunities, and improved working environments emerged as key interventions to enhance retention. Moreover, policies that prioritize employee welfare, mentorship programs, and stronger leadership support were shown to foster greater commitment among health workers.

In conclusion, while external migration pressures may not be completely eliminated, implementing robust human resource strategies can significantly reduce the loss of skilled personnel from Kamuzu Central Hospital. Strengthening health systems through investment in human resources will not only improve staff motivation and retention but also ensure sustained delivery of quality healthcare services in Malawi.

## *Suggestion for future research*

1. Longitudinal Cohort Study on Retention Intervention Impact: A long-term study that tracks a cohort of health workers from graduation through their career paths for 10+ years is needed.
2. Generational Analysis of Retention Preferences: A dedicated study exploring the specific retention preferences and motivational drivers of Generation Z health workers (those born after 1996) is crucial

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