



ISSN 2278 – 0211 (Online)

Employee Development, Retention, Motivation and Quality Service Delivery in Public Health Hospitals of South Sudan

Atem Biar Lazaro

Lecturer, Department of Business Administration,
Upper Nile University, South Sudan

Abstract:

The study was employee development, retention, motivation and quality services delivery in public health Hospital South Sudan. Therefore, the objectives of the study were to examine the relationship between Employee development and quality services delivery, assess the relationship between employees' developments, employee Retention and quality services delivery, examine the relationship between motivations, employee retention and quality health services delivery and factor structure of Employees' developments, Motivation, retention, and quality services delivery?

The research design was cross sectional and descriptive; using both quantitative and qualitative approach, study population 1566 people, the sampling technique were simple random and stratification random was used to select the sample of 354 respondents' staff and beneficiary, data was analysis using SPSS version (21.0) and was presented using Spearman correlation coefficient, regression, ANOVA of variance, and factor analysis structure loading to predicted the variables relationship. The tools were closed end structure questionnaires and interviewed guide.

The finding shows that there is a significant positive relationship between employee development and quality services delivery ($r = 0.558$, p -value <0.01) retention and quality services delivery ($r=0.671$, p -value <0.01), motivation and quality services delivery ($r=0.811$, p -value <0.01). The regression shows that the relationship between employee developments, retention, motivation and quality services delivery ($F= 229.897$, $sig=0.000$) employee development retention and motivation extremely explain quality services delivery. Motivation ($\beta = 0.590$) explained that change in motivation increase quality services delivery by 59%, employee retention ($\beta = 0.243$) change in retention will increase quality of services by 24.3% and employee development ($\beta = 0.49$) change in employee development will increase of quality services delivery by 4.9%.

The study recommended that, the Ministry of health should invest more resource on employee development; retention and motivation because the play significant roles which led to quality services by improving access of the quality services to citizens. The study recommended further study on mentoring, delegation and role of reward of quality services delivery in public Hospitals.

Keywords: Employee development, employee retention, motivation, quality service delivery

1. Introduction and Background to the Study

This chapter discuss introduction, background, statement of the problem, purpose of the study, Objective, research question, significant of the study and conceptual framework.

1.1. Introduction

All governments of the world are required by their constitutions to deliver quality health services to their citizens. According to WHO Geneva December 2014 report, the world is in a better position to cure disease and prolong life. The South Sudan Transitional Constitution (2011) mandates three levels of government, National, State and The County with decentralised system, which is responsible for delivering quality health services to its people which is availability, equitably accessible, effective and efficient. However, due to inadequate availability of health service, the coverage remained at 60 % of the population, while 40% remain uncover. (National baseline household survey, 2009) The South Sudan health systems are weak to deliver interventions to those in greatest need in a comprehensive way and on an adequate scale, (the National Health Sector Development Plan 2012 – 2016).

In order to address the urgent need to improve the performance of health systems, there are a total of 1,147 functioning health facilities serving a population believed to be in excess of 10.5 million. This number includes just 37 hospitals. More than half of the population lives more than a three-mile walk from the nearest Primary Health Care Unit

(PHCU). The per capita number of outpatient visits to health facilities is just 0.2 each year, (SS MoH, 'BPHS, 2009). To achieve Millennium Development Goals number 4 and 5, South Sudan is to improve Maternal Health by providing quality health services which are closely linked to adequate access to Health care. Poor understanding of the causes of death is an important barrier to the reduction of mortality in children. In order to improve the health status of the population, the government need to ensure provision of quality healthcare to all the people of South Sudan, that increase coverage, efficiency, effectiveness, quality and sustainability of health interventions and clinical services, (Health Policy document, 2007-2011).

Therefore, it is the role of all health workers to provide quality health care services to help advance simultaneously. Thus, the employees' development leads to quality health services with the aim of improving the availability of quality health services across the country, in order to build a better, more accessible, sustainable health system (World Bank Report 2010-2014).

The burden of communicable diseases; remain a major concern, Malaria is one of the most deadly and epidemic diseases that affects South Sudan causing the deaths of an estimated 44,000 people per year, acute watery diarrhea and respiratory tract infections amongst the most common causes of morbidity. (South Sudan Household Survey, 2010). Service quality delivery is expected to be further crippled due to the absence of the provision of adequate qualify staffs. 26.8% of children aged 5 to 59 months had diarrhea, while 18.7% were sick due to suspected pneumonia. The most common micronutrient deficiencies are iodine; iron and vitamin A. 78 out of every 1000 children are affected a year, Tuberculosis affects approximately 228 per 100,000 people, while a total of 32 494 children were vaccinated with measles, polio and Vitamin A, and hepatitis B. The majority of the people do not have access to services quality delivery that leads poor health status of children (National Bureau of statistic 2010). Non-communicable diseases such as diabetes, hypertension, cancer and ischemic heart disease account up to 20% of death cases in South Sudan. (UNICEF South Sudan, 2011) Low levels of health awareness among the general public, disease surveillance and prevention, make it difficult to control disease outbreaks, this linked to a lack of access to health care services. However, there is a chronic shortage of health professionals at all levels, from nurses and midwives, doctors. There are 1.5 doctors and 2 nurses for every 100,000 citizens. The personnel gap is partially filled by less qualified staff, such as community health workers (CHWs), but they do not have the ability to deal with anything beyond the most routine cases, (HRH JICA Report, 2010-2011).

1.2. Background to the Study

Employee development is the abilities of an individual employee and organization as a whole (Elena, 2000). Hence employee development consists of individual or employee and overall growth of the employee. When employees of the organization would develop, organizations would be more flourished and the employee performance would increase (Badri, 2006). Therefore, there is a direct relationship between Employee Development and quality health services delivery. The government needs to invest in employee development which make employees work hard; utilize their full skills and efforts to achieve the goals of the organizations. As a result, they are more satisfied with the job which will lead to increase in quality health services (Armstrong, 2006). Employee development also depends upon the individual employee, they would participate, attend seminars, workshops and other training sessions, either on the job or off the job (Champathes, 2006). This indeed would lead to employee development, and employee development will definitely lead to quality services delivery (Valarie, 2009). Employee's development attribute is training, Coaching/mentoring, empowering, participation, delegation (Sheri-Lynne, Parbudyal, 2007) Model.

Employee retention is a process in which the employees are encouraged to remain with the organization for a maximum period of time or until the completion of the project at hand. In today's world a stable workforce becomes a significant competitive advantage (Hartline and Witt, 2004). It is therefore the responsibility of the employer to retain their best employees, The Retention of employees has been shown to be significant to the development and the accomplishment of the organization's goals to enhance equality services delivery (Reichheld, 2011). Employee Retention is measured by the sets of Compensation, Growth, Recognition, work Environment and job Security (William and Trader Joe's 2013). Motivation is the willingness to exert high level of effort to reach organizational goals, conditioned by the effort's ability to satisfy some individual need a need is what an individual values and wants to achieve (Robin and DeCenzo, 2008). It is the basic foundation of motivational framework. If an individual is devoid of a need then it is impossible to motivate him to perform any task (Gupta 2011). Motivation is a significant contributor to exceptional performance-the effectiveness of an individual in an organization depends on some key factors, including the ability to perform an assigned task, a healthy work environment, and the level to which his/her needs are met (Buckingham and Coffman, 2010). Motivation is intrinsic and extrinsic therefore attribute is, promotion, job satisfaction, reward, commitment (Richard, Ryan and Edward Deci 2008).

Service quality delivery is about delivering services as effectively and efficiently as possible to the satisfaction and delight of the customer (Nautiyal, 2010). Service quality delivery is highly dependent on employees' development, motivation. Strengthening service delivery is relevant in the measurement of Hospitals performance, (Booms, 1994). In service delivery, the primary goal is the successful delivery of quality, efficient and effective services to all citizens to realize the fruit of peace of the new Nation as set objectives in line with customer requirements and key stake holders' directions. Strengthening service delivery is a key strategy to achieve the Millennium Development Goals which include reduction of child mortality. Service quality delivery is measured using reliability, responsiveness, tangibles, customer satisfaction and accessibility Parasuaraman and Zaithmal (1985).

1.3. Statement of the Problem

Today, there is a high demand to deliver quality health services to the public in health sector, by supplying of qualified health workers who are developed, motivated and stable (Siddiqi et al., 2009). A global study of over 50,000 employees found that those employees who are most developed, motivation and retained perform 20% better and 87% of them remain at work (Wilson, 2008). Hence the global maternal mortality ratio declined by 45 per cent – from 380 deaths to 210 deaths per 100,000 live births (UN inter-agency estimates 2010). Whereas in sub-Saharan Africa, employees' development make-up 40%, and good retention 26%, (WHR, 2006), the rates of under-five and maternal mortality; 35 deaths per 1,000 live births has seen the improvement over the last 20 years. (UN, report, 2012).

In terms of development, the doctor-patient ratio in neighboring Kenya, is 14 doctors per 100,000 people, while in Uganda, the ratio is 8 doctors per 100,000 people (WHO, 2006). The South Sudan ratio of Doctors per populations, nurses' midwives and doctors There are 1.5 doctors, 2 nurses and midwife 3 for every 100,000 people (HRH JICA Report 2013).

The Millennium Development Goals to reduce MMR by 75% by 2015 is unreachable; Child mortality in South Sudan continues to be of serious concern, child health is the most common measure of the quality health services delivery and priorities setting are often based on mortality indicators. South Sudan has one of the highest Maternal Mortality Rates (MMR) in the World, estimated at 2054/100,000 live births, Under-five Mortality Rate (UMR) are very high at 102 per 1000 live births (World Health Organization 2014). Since independence on 9th July, 2011, the health development in South Sudan is stark, Malnutrition amongst children under-fives rate moderate and severe levels 26.7% and 75% coverage ensuring access of basic health services (. (South Sudan Nutrition survey, 2014)

The dependent variable on the independent variable, confirm that the independent variable is a significant predictor of the dependent variable, Mediating relationships occur when a third variable plays an important role in governing the relationship between the two variables. If the mediator is not associated with the independent variable, then it couldn't possibly mediate anything, a mediator variable can either account for all or some of the observed relationship between two variables.

1.4. Purpose of the Study

The purpose of this study was to examine the relationship between employee development, retention, motivation and quality health services delivery in public Health hospitals in South Sudan in general using Juba Teaching Hospital and AL Sabah children Hospital as a case study.

1.5. Objectives

The study was aimed at examining Employees' development, employee's retention, and motivation and quality services delivery in public Health hospital:

- To examine the relationship between Employee development and quality services delivery.
- To assess the relationship between employees' developments, employee Retention and quality services delivery.
- To examine the relationship between motivations, employee retention and quality health services delivery.
- To determine the study factor structure of Employee development, Motivation, retention, and quality health services delivery.

1.6. Research Questions

The study was attempted to answer the following questions:

- What is the relationship between employees' developments and quality Service delivery?
- What is the relationship between Employees' Development, Employee's retention and quality services delivery?
- What is the relationship between motivations, employees' retention and quality services delivery?
- What is the factor structure of Employees' developments, Motivation, retention, and quality services delivery?

1.6. Research Scope

1.6.1 Subject Scope

The study was focus on employees' development, retention, Motivation, and quality health services delivery in public hospitals

1.6.2. Geographical Scope

The research was conducted at Juba Teaching Hospital because it was referral representing hospitals with all curative services and AL Sabah children Hospital was the children specialized hospital that deal with pediatrician cases only, located in central Equatoria state Juba County.

1.6.3. Time Scope

The study was review documents of 2005-2014, to get current relevant information and the research, data collection and report writing was taking a period of 6 months, from March – September 2015.

1.7. Significance of the study

- Policy; The study will contribute to policy of public institution to enhance employees' development planning for future demands that encourage effective formulation of efficient quality service delivery package that is applied with other human resource strategies.
- Industry; the recommendation of this research will be uses to improve services delivery in hospital, therefore the hospital employees will benefit by being able to develop their capacity to carry out informed decision making to enhancing better service delivery.
- Academic; The study will provide insights to support future research to enrich the existing body of knowledge to improve employee development, motivation and retention strategies programs that pertaining quality services delivery in the public institution, that has significant role to play in quality service delivery and the findings will be used by academicians and researchers to conduct further research about these variables in a different context.
- Development partners; will utilized recommendation to improve employee training, and filling the identify gap by use available resources, effective collaboration with health ministry by conduct more research on quality health services.

1.8. Conceptual Framework

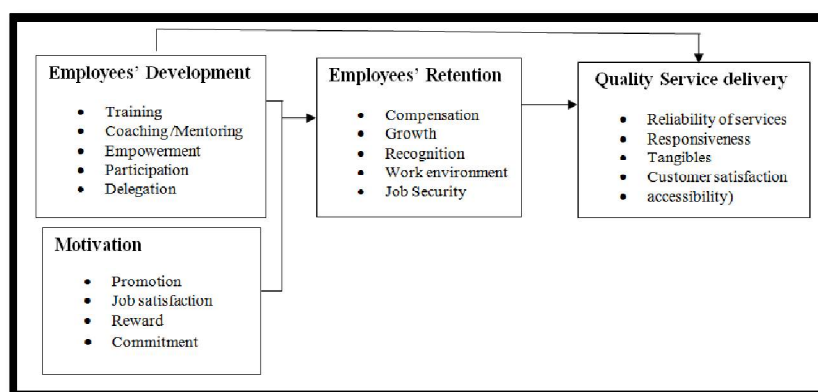


Figure 1: Conceptual Framework
Source: Developed by the Researcher

1.8.1. Description of the Model

Employee development was based on the model of Sheri-lynn, Parbdyal, (2007) which measures it using attributes like training, coaching/mentoring, empowerment, participation and delegation. However, Employee Retention was based on the model of William. Trader Joe (2013) which measures it using attributes compensation, growth, and cognition, work environment and job security. Therefore, Motivation was based on the model of Richard. Ryan and Edward.Deci (2008) which measures it using attributes like promotion, job satisfaction, reward, commitment. Indeed, Services quality delivery was based on the model of SERQUAL model of Parasuaraman and Zaithmal (1985) which measures it using attributes like reliability of services, responsiveness, tangibles, customer satisfaction and accessibility.

2. Literature Review

2.1. Introduction

This chapter discusses literature reviews based on the objective of the study

2.1.1. The Relationship between Employee Development and Quality Services Delivery

2.1.1.1. Employee Development

Employee development means to develop the abilities of an individual employee and organization as a whole so;(Elena, 2000). Hence employee development consists of individual or employee and overall growth of the employee as when employees of the organization would develop the organization, organization would be more flourished and the employee performance would increase (Badri, 2006). Therefore, there is a direct relationship between Employee Development and quality services delivery. As when employees would be more developed, they would be more satisfied with the job, more committed with the job and the performance would be increased. When employee performance would increase, this will lead to the organization effectiveness (Champathes, 2006). the attribute are **Training**, Coaching/mentoring, Empowerment, Participation and Delegation (Sheri-Lynne, Parbudya, 2007).

2.1.1.1.1. Training

Human beings have distinct qualities and needs. When the Human Capital is recruited in the business, workers bring in their knowledge, skills and experience related to the jobs they perform (Frazis, Gittleman& Joyce, 2005). Managers who provide employees on job training and learn new things would have dedicated and trustworthy workforce (Benson,

2006) Colleagues should also be acquainted with self-development training to groom their talent and improve knowledge, skills and attitude (Brinkerhoff & Morgan, 2010).

2.1.1.1.2. Coaching

Coaching is an important activity for the employee development. It involves treating employees as a personal partner in achieving both personal and organizational goals (Leibowitz, 1981). Therefore, we can solve personal problems of the employees by providing coaching (Agarwal, 2006). Mentoring and coaching are already familiar to most firms as a training tool, but they also are valuable in transferring intangible and tacit knowledge (Frank, 2002). Mentoring and coaching are also effective inter-generational knowledge transfer tools, and may be particularly important to companies facing the retirement of key staff (Hom, 1995). Mentoring and coaching are useful ways for workers to share 'lessons learned,' as the mentored will often have the chance to benefit from the mentor's trial and error experience (Kirkpatrick, 2006).

2.1.1.1.3. Empowerment

Empowerments increase the capacity of the employee and also provide freedom of work which will build the confidence among the employees (Chay et al., 2003).

2.1.1.1.4. Participation

Participation By letting employees participating in organizations policies or decision making can lead the employee to enhance the performance. They will be able to make more smart decisions (Benson, 2006).

2.1.1.1.5. Delegation

Delegation if managers delegate authority to the employees to perform the task, what they want can also lead to enhance performance. Employees will do those activities which they can perform more easily. This will lead to achieve organizational goals and thus enhance quality services delivery effectiveness (Benson, 2006).

2.1.2. Quality Service Delivery

A service quality delivery may be defined as any act of performance that any party can offer to another that is essentially intangible and does not result in the ownership of anything (Olowu and Adamolekun, 2005). Service provision or delivery is an immediate output of the inputs into the health system, such as health workforce increased inputs should lead to improved service delivery and enhanced access to services WHO, (2008). To accelerate progress toward the Millennium Development Goals, governments, and NGOs has committed increased resources to improve service delivery AERC, (2011). Service quality delivery based on the SERQUAL model of Parasuraman and Zaithmal (1985), which measures services quality based on reliability, responsiveness, tangibles and customer satisfaction and accessibility.

2.1.2.1. Reliability

Reliability refers to the ability to perform the service dependably and accurately Swar and Sahoo (2012). The attribute termed reliability is associated to the ability of the service provider to perform the promised services dependably and accurately. Reliability is closely related to the concept of technical quality of service. The other attributes such as tangibles, responsiveness, assurance, and empathy are related to the concept of functional quality Micuda and Dinculescu, (2009).

2.1.2.2. Responsiveness

This refers to the willingness to help customers and provide prompt service Swar and Sahoo, (2012). Responsiveness is a core value of the transformed public service. Its application in practice will have a profound effect on the way national departments and provincial administrations operate. The key to retain the responsiveness principle lies in being able to identify quickly and accurately when services are falling below the promised standard and having procedures in place to remedy the situation (Chaminade, 2007).

2.1.2.3. Tangibles

This refers to the physical facilities, equipment, and appearance of personnel Swar and Sahoo, (2012). The degree of service tangibility varies significantly across services. Services with intangible outputs present special difficulties because there is no single satisfactory method for defining and quantifying their outputs Ghabadian and Ashworth, (2011).

2.1.2.4. Customer satisfaction

Customer satisfaction is a general/overall judgment that a customer makes after consuming a service. Customer satisfaction is perceived as 'psychological state (feeling) appearing after buying and consuming a product or service (Moraine, 2009). Thus, customer satisfaction reflects 'a pleasure resulting to product's consumption, including under or over fulfillment level' (Hom, 2002). Organization's that consistently satisfy their customers enjoy higher retention levels and greater profitability due to increased customers' loyalty, Wicks & Roethlein, (2009).

2.1.2.5. Accessibility

Accessibility refers to the physical access or reachability of services that meet a minimum standard which standard often requires specification in terms of the elements of service delivery such as basic equipment, drugs and commodities, health workforce (presence and training) for the health service WHO, (2008).

There was the relationship between Employee's development and services quality delivery, employee's development has the impact on the services quality delivery to beneficiaries. therefore, Employee's development is sole responsibility of the organisation to ensure the development and growth of their staff so as to deliver quality and efficient services, employees development play significant essential role which lead to quality services delivery by ensuring the effective performance of employees through acquire specific knowledge and skill to ensure that staff perform their work more effectively (Valarie, 2008).

2.2. *The Relationship between Employees Developments, Employee Retention and Quality Services Delivery.*

2.2.1. Employee Retention

Employee Retention involves taking measures to encourage employees to remain in the organization for the maximum period of time (Griffeth&Hom 2007). Employee retention as a systematic effort to create and foster an environment that encourages employees to remain employed by having policies and practices in place that address their diverse needs, Wisconsin State Government (2005). It is appropriate employee retention strategies are adopted and implemented by organizations employees will surely remain and work for the successful achievement of organizational Gbervie (2008). The retention of employees in an organization is very significant to the development and the accomplishment of the organization 's objectives making the retention of employees a vital source of competitive advantage for any organization (Samuel &Chipunza (2009). Employee retention is categorized into five attributes namely; Compensation, Growth, recognition, work environment and job security adapted from William A. Howatt 1999, Trader Joe, 2013) model.

2.2.1.1. Compensation

Compensation is an important motivator when the employer rewards the employee for his achievement of the desired organizational results. The employees in the organization expect compensation as the motivation strategy for their personal benefits. Compensation includes salary and wages, bonuses, benefits, prerequisites, vacations. (Yarlagadda& Srinivasan, 2007, Kerr et al 2006). A competitive compensation packages can signal strong commitment on the part of the organisation, and can therefore build a strong reciprocal commitment on the part of workers. Competitive compensation is also likely to affect both desirable and undesirable turnover (Armstrong 2006).

2.2.1.2. Growth

Growth and development are the integral part of every individual 's career. If an employee can not foresee his path of career development in his current organization, there are chances that he will leave the organization as soon as he gets an opportunity (Matthew et al, 2005). The important factors in employee growth that an employee looks for himself are: Work profile (Timperio et al., 2006). Employees' responsibilities in the organization should help him achieve his personal goals also. Training and development: Employees should be trained and given chance to improve and enhance their skills (McDonald's 2007).

2.2.1.3. Recognition

Recognition gave an explanation to the term recognition as something that the organization offers to the employees in response of the work as well as performance and something which is desired by the employees Agarwal (1998) recognition from bosses, team members, coworkers and customer enhance loyalty (USA report, 2002). It was found in the survey that recognition is important for workers and they want to listen that their work followed recognized and appreciated (Walker, 2001.) Recognition is important because it has an enduring impression on employees which, in turn, gives the employees an impression that they are valued in the organization Silber (2005).

2.2.1.4. Work Environment

Work environment, employees get benefited by work environment that provide sense of belonging (Miller, Erickson &Yust, 2001). Sound control on work environment which enhances the motivation levels to commit with the organization for the long-term Wells &Thelen (2002) stressed the need for recognizing the individual needs of an employee in an organization as it will encourage commitment and provide a suitable work environment. Work-life balance is increasingly important for engagement and affects retention (Hyman et al, 2003).

2.2.1.5. Job Security

Job security led to high commitment, job satisfaction as well as retention of employees in an organization (Abegglen, 2008) conducted studies on job security and job satisfaction and found that that job dissatisfaction is the outcome of insecurity among employees Researchers such as Ashford et al., (1989) conducted research on the job insecurity and found that job performance and organizational commitment are negatively correlated with job insecurity (Rosenblatt and Ruvio (2006).

There was relationship between retention and services quality delivery, organisation must identify and reward employees with strong skill and ability to deliver high services quality, retain worker require creating a hospitable, enjoyable working environment, this enhances overall services quality delivery (Wilson, 2008).

2.3. The Relationship between Motivations, Retention and Quality Services Delivery

2.3.1. Motivation

Motivation can inspire, encourage, and stimulate individuals and organization teams to achieve great accomplishments (Walker 1980). Motivation can also create an environment that fosters teamwork and collective initiatives to reach common goals and to perform an activity in order to experience the pleasure and satisfaction inherent in the activity (Ryan et.al, 1989). Employers can use an employee's intrinsic motivations to get the maximum productivity from that employee and help the employee to reach his/her career development goals (Adonis 2006) Stated that studies over the years have shown little relationship between measures of job satisfaction and performance outputs. Maslow's hierarchy of needs theory: One of the most often-quoted motivation theories is that of Abraham Maslow, (1987) asserted that 'gratification of one basic need opens consciousness to domination (Gouws, 1995). Motivation attracted most attention (Baron et al., 2006) and attribute as Promotion, job satisfaction, Reward, and commitment (Richard, Ryan and Edward, Deci 2008) Model.

2.3.1.1. Promotion

Employers support career development and career planning of employees have educated and skillful workforce (Ahmed and Bakar, 2003). To ensure just employee promotion policy employee career appraisal be based on abilities, knowledge, effective accomplishment of tasks and time management (Lin and Yang, 2002). employee promotion and management is the attitude of employees towards the organization (Muhammad, et al, 2011) employees training and coach or mentor to young employees and help in organization to sustainable success (Harris and Bonn, 2001). Supervisors should promote employees on the basis of education, expertise and knowledge for justified promotions. Such measures would prevent employees in indulging in politics to exert pressure on managers for promotion and rewards (Sharabi, 2008).

2.3.1.2. Job Satisfaction

Job satisfaction is the most widely investigated job attitude, as well as one of the most extensively researched Organizational Psychology (Judge and Church, 2005). Many work motivation theories have represented the implied role of job satisfaction. In addition, many work satisfaction theories have tried to explain job satisfaction and its influence, such as: Maslow's (1943) Hierarchy of Needs, Herzberg's (1968) Adam's (1965) Equity Theory, Social Learning Theory, and Landy's (2005). The first is global job satisfaction, which refers to employees' overall feelings about their job (Mueller & Kim, 2008). The second is job facet satisfaction, which refers to feelings about specific job aspects, such as salary, benefits, and the quality of relationships with one's co-workers (Joshi, 2008).

2.3.1.3. Reward

A reward is a conventional procedure and incorporates other intangible factors such as its characteristic of being holistic, takes on a contingency approach (Rizwan et al, 2010). Total rewards is one of the recent developments in the field on human resource management and this concept is defined as using all the gears available to the organization in order to magnetize, retain, encourage and gratify these employees and includes all forms of investments made in things that lead to employee satisfaction and are valued by the employees ((Chowdhury, M.S, 2006.; Reena et al, 2009). a total rewards system is a sign the organization has recognized employees as its most important resource and that financial or tangible rewards alone are necessary but not enough to motivate employees (Stark, 2007).

2.3.1.4. Commitment

Affective commitment also referred to as psychological or attitudinal commitment (Buchanan (1974). belief in and acceptance of the organization's goals and Values, (2) a willingness to focus effort on helping the organization achieve its goals, and (3) a Desire to maintain organizational membership, According to Meyer and Allen (1997). commitment is continuance exchange-based refers to utilitarian gain from the employment relationship, with the employee being less likely to leave (Bolon, 1993). normative commitment simply as a feeling of obligation to remain with the organization; employees retain membership because they feel they ought to do so (Wiener, 2009).

There was a strong relationship between motivation and services quality delivery, Motivation increases services quality delivery as essential tools for the success of any organization in the long run (Frey, 2006), it appears that services quality delivery account for much of the link depend on employee's Motivation (wiley, 2008).

2.4. The Factor Structure of Employees Developments, Motivation, Retention, and Quality Services Delivery in Public Hospital

There was a relationship between employees' development, retention, motivation and quality health services delivery in public hospitals (Bartol and Martin, 2008; Farland et al, 2011). This is because employee's development, offered as peace dividends that will reduce social tensions through the provision of tangible, needed services (Harrison, 2008), create incentives for nonviolent behavior and support performance processes (Rizwan et al, 2010). It is also recognized that developed human resource capacities by a functioning public hospital and a proper functioning financial availability are a key ingredient for effective service quality delivery (Berry, 2009).

Services quality delivery depends on many factors like employees' retention, motivation, employee satisfaction, compensation, training and development, (Shadare et al, 2009).

Employees' development is often needed to raise the performance levels of organization; (Lusthaus, Anderson, and Murphy 1995). Sustainability refers to the organization's continuing relevance and the ability to acquire the financial and other resources needed for its operations.

Relationship between employee developments, retention, motivation, and services delivery in hospital (, Vroom's Valence-Instrumentality-Expectancy (VIE) model of job Motivation and performance (Beck,1983). Hackman & Oldham's task enrichment model (Van Niekerk 1987).

Employee's retention: The relationship between employee retention and services quality delivery in Hospitals (Bulkus& Green 2009) retention is to boost performance and directs towards accomplishing (Kalimulla et al, 2010).

Motivation increases services quality delivery as essential tools for the success of any organization in the long run (Frey, 2006). There is a relationship between employee motivation and retention, motivation will improve, as well as their accomplishments and the organizational performance (Walker 20120) the relationship between measures of performance outputs. The relationship between employee motivation and services quality delivery, however, it appears that motivation might account for much of the link between an employee's Motivation and services quality delivery.

3. Methodology

3.1. Introduction

This chapter discusses, research design, study population, sample size, sample technique, data source, data collection method, data instrument, measurement of variable, validity and reliability of the instrument, ethical consideration, data process and analysis and limitation and solution.

3.2. Research Design

The design was cross sectional and descriptive and it was combining both the qualitative and quantitative method analytical approaches. The value of qualitative research is that it is more open to the adjusting and refining of research ideas as an inquiry proceeds (Creswell 1994). The quantitative research method permits specification of dependent and independent variables and allows for measures of performance of the research subject (Saunder et.al 2003). The advantage of using mixed methods is to ensure that all relevant types of people are included in the sampling and the right mixes of people are interview.

3.3. Study Population

In the course of conducting the study, the researcher was consult with employees from Juba Teaching Hospital, AL Sabah children Hospital and beneficiary from Juba Town. These contribute to a large extent in providing information either directly or indirectly. The hospitals have a total of 590 staffs (SSEP, Hospital payroll 2015), and 976 beneficiaries from Juba Town. (5th Sudan population and Housing census, 2008)

3.4. Sample size, Sampling Design and Data Sources

The sampling size was 405 employees and 418 beneficiaries drawn from the people of Juba Teaching Hospital, AL Sabah children Hospital and Juba Town. Based on the scientific table of Krejcie, and Morgan, (1970)

Categories of staffs	N0 of population	Sample size
Administrator	10	10
Doctors	51	44
Nurses	342	181
Midwives	10	10
Laboratory technology	33	28
Pharmacy	18	14
Support staff	19	14
Beneficiaries	546	217
Total	1034	522

Table 1: Sampling Population, Juba Teaching Hospital and Beneficiaries
Source: (SSEP, Hospital Payroll 2015) and 5th Sudan Population and Housing Census (2008)

Categories of staffs	N0 of population	Sample size
Administrator	5	10
Doctors	6	10
Nurses	50	44
Midwifes	9	10
Laboratory technology	10	10
Pharmacist	9	10
Support staff	13	10
Beneficiaries	430	201
Total	532	305

Table 2: Sample Population, Al Sabah Children Hospital and Beneficiaries (SSEP, Hospital Payroll 2015) and 5th Sudan Population and Housing Census (2008)

3.4.1. Sampling Technique

This was purposive for Administrators and simple random sampling technique was employed to select employees under the study. This technique was used to ensure that everyone in the population has an equal chance of being selected. Stratification sampling was used for beneficiaries to ensure equitable representation of the population in the sampling. The goal of the sampling method used is to obtain a sample that is a representative of the population. The techniques were used by the researcher to select the sample size required prior knowledge of the target population which allows a determination of the size of the sample needed to achieve a reasonable estimate with accepted precision and accuracy of the population.

Purposive for Administrators; the researcher was personally conducting the interview with the Administrator who are in-charge of the Employees. The personal interview was face to face interaction.

3.4.2. Data Sources

3.4.2.1. Primary Data

Primary source of data was collected through the use of questionnaires in order to get first-hand information. A letter of Introduction was given to explain what the study was about and what the respondents are required to do.

3.4.2.2. Secondary Data

Secondary source of data was collected from Books, published articles, business journals, reports and related studies.

3.5. Data Collection Methods

3.5.1. Questionnaire

Questionnaire was distributed by researcher and administered by respondent alone while beneficiary questionnaire was administered by researcher assistant.

Questionnaire method was used to collect the primary data, with an emphasis on fixed response categories with procedures of quantitative measures which generate numerical data and usually seek to examine the relationship or association between two or more variables using statistical methods to test the strength and significance of the relationships while qualitative data was analysed by grouping the information into relevant themes as well as Likert scale is used in questionnaire.

3.5.2 Interviews

Interviews were used by the Researcher to probe the answers of the respondent and at the same time observing the behavior of the respondents.

3.5.3. Data Collection Instrument

3.5.3.1. A Questionnaire

The closed end questionnaires afford respondents much flexibility and privacy in answering the questions without any undue influence. In this case, a respondent was choosing the option that best reflected their opinions. The employees' Development, retention, motivation and quality services delivery in Public Hospital 'was design using the work of Alasdair and Hamad (2009) as a guide

The Likert scale, a set of attitude statements was presented, where subjects of the study were asked to express agreement or disagreement using a five-point scale. The degree of agreement is given a numerical value ranging from one to five, thus a total numerical value can be calculated from all the responses (Underwood, 2004).

3.5.4. Interview Guides

An interview was conducted because the researcher needs to get first-hand information.

3.5.4.1. Measurement of Variables

- Employees' Development was measured using a 5-point Likert Scale from 1 (strongly disagree) to 5 (strongly agree) basing on the (Sheri-lynn, Parbdyal, 2007) model, these were coaching and mentoring, training, empowerment, participation and delegation (Potter and Brough 2009).
- Employee retention was measured using a 5-point Likert Scale from 1 (strongly disagree) to 5 (strongly agree) basing on the sets of compensation, Growth, Recognition, work Environment and job security adapted from (William A. Howatt 1999, Trader Joe's 2013) model.
- Motivation was measured using a 5-point Likert Scale from 1 (strongly disagree) to 5 (strongly agree) basing on Financials and non-financial measures such as Promotion, job satisfaction, Reward, and employee commitment (Richard M. Ryan and Edward L. Deci 2008) Model.
- Quality Services delivery in Public Hospital was measured using a 5-point Likert Scale from 1 (strongly disagree) to 5 (strongly agree) Service delivery was based on the SERQUAL model of Parasuraman and Zaithmal (1985), which measures services based on reliability, responsiveness, tangibles and customer satisfaction and availability.

3.5.5. Validity and Reliability of Research Instrument

To ensure the validity and reliability of the instrument, the researcher used SPSS to measure the Cronbach's alpha internal consistency and content validity index to find the reliability of a questionnaire. The Cronbach's Alpha value for this research is as follow in the table below, that shows the higher internal consistency of questionnaire this in line with Odiya (2009). A pilot study was conducting of **14** respondents to check if all operational parameters are meeting the **CVI**, it was the number of respondents over the total number of questionnaires 10/14, to make 0.71, variable achieved a content validity index (Nunnally, 1978).

Variable	Anchor	Cronbach Alpha Coefficient	CVI (content validity Index)
Employees' development	5 point	0.794	0.664
Employee Retention	5 point	0.772	0.624
Motivation	5 point	0.833	0.810
Services quality delivery	5 point	0.793	0.732

Table 3: Reliability of the Instrument Variable

Source: Primary Data

3.6. Ethical Consideration

The respect for respondents was ensured regarding information provided. The researcher was recognizing the rights of individuals to privacy, no client was force to give the information, but create rapport to encourage willingly participation. The data given to the researcher was not used in any way which was publicly identifying the organization, finally all the data collected were destroyed after analyzed.

3.7. Data Process and Analysis:

The study utilized two questionnaires' one for the staff and the others for the beneficiaries. After data collection the questionnaires were brought to National Bureau of Statistics for coding, entry and processing. Data entry screens were designed using EPIDATA Program. This is one of the data entries programs. After entry, data were exported to SPSS for data management and processing.

The questionnaires had three main variables other than the background characteristic, that were hypothesized to affect quality of services delivery. These were employees' development, employees' retention, and motivation. These variables were made up of a number of attributes each measuring by five statements. The statements within attribute were aggregated to give one measuring for the attribute. This was also done for attribute of quality services delivery.

The attribute within each variable were further aggregated into one attribute measuring the variable. This was also done for quality services delivery and these are the variable used into analysis. Regressions, coefficients, factor analysis, ANOVA and Spearman correlations, was use to find the degree of associate relationship of two variable, However the qualitative data was analyses by grouping the information into relevant themes.

3.8. Anticipated Limitations and Solutions

- Language barrier; some of the respondents are Arabic-speaking that make them feel shy to administer the questionnaire, therefore simple English was used and verbal translation was done by the research assistant.
- Attrition; employee may not be willing to provide the relevant information. Good rapport was created and this encourages them to participate actively to explore and avail the information.
- Limited data; literature review on quality services delivery in Public health Hospitals in South Sudan was limited because there were little archives of health record to refer to find the relevant information. Relevant information may be got from Sudan since the two were one country previously.
- Sensitivity of the information of health. Because employees may dislike to reveal the right information to the researcher due to its confidentiality. The information was kept confidential because the respondents' name was not mention.

4. Findings, Presentation and Interpretation

4.1. Introduction

This chapter presents the Bio data, relationship between Employee development, and quality services delivery, staff development and retention, Motivation and retention, Spearman Correlation, Regression analysis and factor analysis and ANOVA of variance.

4.1.1. Bio Data of the Respondents

The response rate was 354 respondents.

4.1.2. Hospitals /Location Distribution of the Respondent

Hospital	Frequency	Percentage /%
Juba Teaching Hospital	132	37.3
Al Sabah children hospital	57	16.1
Beneficiary	165	46.6
Total	354	100.0

Table 4: Distribution of the Respondent per Location / Hospital
Source: Primary Data Computed

The Table 34 above shows that most the respondents were from Juba teaching Hospital with 37.3%, 16.1% of the respondent from Al Sabah children hospital and 46.6% of the respondent are beneficiaries.

4.2. Title of the Respondent's Distribution

Title of Respondent	Frequency	Percentage /%
Doctors	34	9.6
Nurses	85	24.0
Midwife	12	3.4
Pharmacist	21	5.9
Laboratory tech	19	5.4
Support staff	18	5.1
Beneficiary	165	46.6
Total	354	100.0

Table 5: Title of the Respondent's Distribution
Source: Primary Data Computed

The Table 5 above shows that doctor constitute 9.6 % of the respondent, Nurses with 24.0%, Midwife with 3.4% this is following by pharmacist with 5.9%, laboratory technology 5.4%, and support staff with 5.1% of the respondent and 46.6% of the respondent are beneficiary.

4.3. Gender of the Respondent Distribution

Gender	Frequency	Percentage / %
Male	218	61.6
Female	133	37.6
Total	354	100.0

Table 6: Gender of the Respondent Distribution
Source: Primary Data Computed

Table 6 show that 61.6 % of the respondents were male and 37.6% were female

4.4. Marital Statuses of the Respondents

The table 4.4 below presents the marital status of respondents

Marital Status	Frequency	Percentage / %
Single	171	48.3
Married	162	45.8
Widowed	8	2.3
Divorced	8	2.3
Total	354	100.0

Table 7: Gender of the Respondent Distribution

Source: Primary Data Computed

The table 7 above show that 48.3% of the respondents were single while 45.8% were married, 2.3% were widowed and 2.3% were divorced

4.5. Age of the Respondents

Age	Frequency	Percentage/ %
18-24	124	35.0
25-31	125	35.3
32-38	65	18.4
39-45	23	6.5
46+	16	4.5
Total	354	100.0

Table 78: Below Shows The Age Of The Respondents
Source: Primary Data Computed

The table 8 above shows the age distribution of the respondent show that 35% were 18-24 years old, 35.3% were 25-31 years old, 18.4% were 32-38 years old, 6.5% were 39-45 years old while 4.5% were 46 years or older.

4.6. Educational Level Distribution

Educational Level	Frequency	Percentage/ %
Certificate	97	27.4
Diploma	169	47.7
Bachelor	74	20.9
Postgraduate	9	2.5
Total	354	100.0

Table 9: Below Shows the Educational Level Distribution
Source: Primary Data Computed

The table 9 above shows that 27.4% of the respondent had certificate, 47.7% of the respondent majority had Diploma, 20.9% had Bachelor Degree, 2.5% of the respondents had postgraduate

4.7. Salary Distribution of the Respondents

Salary Grouping SSP	Frequency	Percentage /%
Not working	122	34.5
500-1000	48	13.6
1001-1500	65	18.4
1501-2000	73	20.6
2001-2500	37	10.5
2501 +	5	1.4
Total	354	100.0

Table 10: Below Presented Salary Distribution of the Respondent
Source: Primary Data

Table 10 above show that 34.5% of the respondent not working 13.6% of the respondent earned between 500-100 ssp, 18.4% earned between 1001-1500ssp and 20.6% of the majority of the respondent earned between SSP 1,501-2000 while 10.5% of the respondent earned between 2001-2500 and 1.4% of the respondent earned between 2501 and above.

4.8. Number of Dependents of the Respondents

Number of Dependents	Frequency	Percentage /%
0-2	159	44.9
3-5	115	32.5
6-8	41	11.6
9-11	13	3.7
12+	7	2.0
Total	354	100.0

Table 11: Below Present the Number of Dependents the Respondents
Source: Primary Data Computed

The table 11 present that the majority of 44.9% of the respondent had 0-2 dependents, 32.5% of the respondent had 3-5 dependent and 11.6% of the respondents had 6-8 dependents, 3.7% of the respondents had 9-11 dependent and 2% of respondent had 12 above children.

4.9. Housing Condition of the Respondents

Housing Condition	Frequency	Percentage /%
Very good	23	6.5
Good	151	42.7
Poor	128	36.2
Very poor	32	9.0
Worse	16	4.5
Total	354	100.0

Table 12: Below Present the Housing Condition of the Respondent
Source: Primary Data Computed

The table 12 above presented the housing condition of the respondent as following 6.5% of the respondents staying the very good housing, 42.7% of the respondent are in good housing, 36.2% of the respondent staying in the poor housing, while 9% of the respondent are in the very poor housing and 4.5% of the respondent leaving in worse housing condition.

4.10. Relationship between the Study Variables

Spearman correlations coefficient was used to determine the degree of relationship between the study variable as presented in table below.

4.10.1. Spear son's Correlation Coefficients

A number of methods were used in this study. One was the computation of the Spearman correlation coefficients and the other was multivariate linear regression analysis.

Spearman correlation coefficient measures the degree of association between discrete or continuous variables.

Variables	1	2	3	4
Employee development (1)	1.000			
Retention (2)	0.782**	1.000		
Motivation (3)	0.585**	0.701**	1.000	
Quality services delivery (4)	0.558**	0.671**	0.811**	1.000

Table 13: Spearman's Zero Order Correlation Coefficient

**Correlation Is Significant at the 0.01 Level (2-Tailed)

Source: Primary Data Computed

4.11. The Relationships between Employee Development and Quality Services Delivery

The result in table above indicates that there was a significant positive relationship between employee development and quality services delivery ($r=0.558$, $p\text{-value} < 0.01$)

This implied that quality services delivery depends on employee development

In terms of mentoring, training and empowered to deliver quality services, staffs with more opportunity to develop are more likely to offer quality services.

The qualitative result show that 50% of the majority of the respondents had been engaging in train twice a year to empowered and added a value to translate input into best output to increase quality services delivery. However, 61% of the respondents agree that mentor, delegation and participation with supportive supervision give way for recognition and link quality service delivery as well as upgrade their skill and provide financial support. Changes in employee development will continuously increase in quality services delivery.

4.12. The Relationships between Employee Development, Retention and Quality Services Delivery

The Table 4.10 above shows that there was a significant positive relationship between Retention and quality services delivery ($r=0.671$, $p\text{-value} < 0.01$) this explains that if the employee is retained and developed, the quality of services realized and improves positively.

The qualitative result shows that 80% of the employee works in hospital are in conducive environment while their salaries increasing in terms of stages and are provide others benefits to meet the basic needs. Therefore, have good salaries and continuous promotion retained the staff and lead to productivity of quality services. When there is an increment of salaries, recognition, and job security in term of compensation, staffs are retained; therefore, change in retention will increase quality of services delivery with reduction of disease burden.

4.13. The Relationships between Motivation and Employee Retention and Quality Services Delivery

The result shows that there is high significant a positive relationship between motivation, and quality services delivery, ($r=0.811$, $P\text{-value} < 0.01$). Motivation is more highly correlated with quality service delivery; this implied that quality services delivery depends on Motivation most.

The qualitative result shows that 60% of the employees are well motivated, by using different approach, through observation of interview, it realized that, promotion, and reward and commitment are key link to quality services. This result is in line with response from staff of the Hospital. Therefore, commitment increase quality services delivery, the more a person stay in the organisation the experience he/she would have to utilize to perform their duties. however medical examination and diagnosis of patients are continuing activity that need a lot of employee reliability to provide and encourage enough medicine supply to all Presence of well trained and equipped with skills to enhance the quality services delivery. When there is an increase of motivation, quality services delivery will increase.

4.14. Factor Structure of Employee Development, Retention, Motivation and Quality Services Delivery

The linear regression result shows that there is positive significant relationship between employee development, retention, motivation and quality services delivery which show by (R square 0.663). Therefore, the fitness of the model shows significant relationship between independent and dependent variable by 66%. The staffs with more opportunity to develop are more likely to offer quality services indeed the employee with high motivation deliver quality services.

The qualitative result shows that 80% of the Presence of well trained and equipped skills. Therefore, change in employee development will increase the quality services delivery; however, change in retention will increase quality services while change in motivation will increase quality services delivery.30% had inadequate knowledge and skill in the facilities to provide services.

4.15. Regression Analysis

Regression analysis was used to examine the level to which employee development, retention, motivation determine the quality of services delivery.

The tables 13 below show that regression model for Employee development, retention and motivation.

Model	Unstandardized Coefficients		Standardized Coefficients	t	sig
	B	Std. Error	Beta		
Constant	.132	.135		.977	.329
Employee development	.054	.058	.049	.937	.349
Employee retention	.275	.067	.243	4.114	.000
Motivation	.583	.043	.590	13.624	.000
R=0.814, R Square=0.663, Adjust R square=0.660, F=229.897.sig= 0.000					

Table 14: Regression Model
Source: Primary Data Computed

The table 14 above shows a relationship between employee developments, retention, motivation with quality services delivery ($F= 229.897$, $sig=0.000$) employee development retention and motivation extremely explain quality services delivery.

Employee development ($\beta = 0.049$) change in employee development will increase quality services delivery by 4.9%, employee retention ($\beta = 0.243$) change in retention will increase quality services delivery by 24.3% and Motivation ($\beta = 0.590$) however change in motivation will highly increase quality services delivery by 59%. Therefore, this implied that improving the staff working environment by retained the employee, motivated them and development their capacity will lead to quality services delivery in public hospital.

The Qualitative analysis result shows that 57% of the Employees response that. If employee development is increased, quality services delivery would also increase and if there is no employee development plan or procedure then the quality services delivery would also decrease. This indicating again that the relationship is positive and significant, this implied that high retention, high the quality services delivery, low employee retention, low quality services delivery likewise. If motivation is high then the quality services are high but when motivation is low quality services would be low. This implied that the Government must to invest more resource on human capital to sustain quality services.

4.16. Factor Analysis of Employee Development, Retention, Motivation and Quality Services Delivery

This research used factor analysis in order to check how much a variable load into its corresponding factor, each item load into its relevant component by use SPSS analysis factors

4.16.1. Factor Analysis Result of Employee Developments

Variable	Mentor	Training	Empowerment	Participation	Delegation
Coaching improve quality	.538				
Mentoring enhances productivity	.655				
Staff train to ensure quality		.678			
Job related training improve services		.676			
Quality services delivery is sustainable			.702		
Empowerment enhance services			.690		
Positive work culture promotes peace				.699	
Participation improves services delivery				.693	
Delegation promotes quality services					.820
Delegation improve knowledge					.799
Eigen value	1.988	1.956	2.153	2.138	2.863
Variance %	39.765	39.128	43.052	42.759	57.262
Cumulative	39.765	39.128	43.052	42.759	57.262

Table 15: Factor Analysis Result of Employee Development
Source: Primary Data Computed

Table 15 above shows that factor analysis result of employee development variable, five factors were extracted component one explains 39.76% the second shows 39.12%, third presented 43.05%, fourth presented 42.75%, and the fifth presented the 57.26% of the variance of the employee development, the factor analysis shows that the employee development under coaching and mentoring attribute were explained that the Coaching improve quality 54%, Mentoring enhances productivity 66%. However, the training attribute explained that Staff train to ensure quality 68%, Job related training improve services 68%. With empowerment Quality services delivery is sustainable 70% and Empowerment enhance services 69%. Participation tribute Positive work culture promotes peace 70%, and Participation improve services delivery 69% while Delegation promotes quality services 80%

Therefore, the result is in line with Sheri-Lynne (2007) model that measuring the employee development based on the attribute including coach/ mentor, training, empowerment, participation and delegation.

4.8.2. Factor analysis result of Retention

Variable	Compensation	Growth	Recognition	Work Environment	Job Security
Compensation promotes services delivery	.813				
Job security compensates effort	.785				
There is opportunity for skill growth		.723			
Career growth improve services delivery		.743			
Recognition leads to effective services			.781		
Employee productivity reduces disease			.719		
Tools are always available				.797	
Tools are available				.786	
Job security ensures quality services					.757
Availability of job security retains clients					.725
Eigen value	2.739	2.378	2.066	2.726	2.206
Variance %	54.790	47.552	41.324	54.512	44.118
Cumulative	54.790	47.552	41.324	54.512	44.118

Table 16: Factor Analysis Result of Retention

Source: Primary Data Computed

The table 16. above shows that the factor analysis result of retention variables, five factors were extracted attribute one explains 54.8%, the second with 47.6%, while third with 41.3% and fourth with 54.5% and fifth 44.1% of the variance, of Employee retention. The result of the retention attribute; explaining that compensation promotes services delivery 81%, Job security compensates effort by 79% On the other hand, growth attributes account that there is opportunity for skill growth 72%, and Career growth improves services delivery 74%. However, recognition leads to effective services 78% and Employee productivity reduces disease make up 72%. For working environment attribute Tools are always available 80%, and Tools are available 79%. Job security ensures quality services 76% and Availability of job security retains clients 73%. These results are in line with Trader Joe (2013) model who measured retention with set of attribute compensation, growth, recognition, work environment and job security

4.8.3. Factor Analysis Result of Motivation

Variable	Promotion	Satisfaction	Reward	Commitment
I see opportunity of quality services	.752			
I feel ready to take up available services	.700			
Beneficiary respond quickly to services		.736		
Integrity improves quality of services		.677		
Treatment system meets my need			.828	
Treatment of disease is adequate			.809	
Financial incentive increase commitment				.823
Hospital fund improve services				.799
Eigen value	2.020	2.287	2.887	2.744
Variance %	40.402	45.741	57.738	54.875
Cumulative	40.402	45.741	57.738	54.875

Table 17: Factor Analysis Result of Motivation
Source: Primary Data Computed

The table 17 above presented that the factor analysis result of motivation was extract four component which presented as show above 40.4%, the second shows 45.7% while the others one shows 57.7% and last presented 54.8% of the variance. The factor analysis results of motivation under the input variable were explained that they staff see opportunity of quality services 75% and they feel ready to take up available services 70%

While the job satisfaction attribute explains that, Beneficiary respond quickly to services 74% and Integrity improve quality of services 68%. Under the reward attribute, explain that Treatment system meets the client need 83% and Treatment of disease is adequate 81%. However, commitment attribute explains that financial incentive increase commitment 82% and Hospital fund improve services 80%.

The results are in line with Richard, Ryan and Edward, Deci (2008) who measure Motivation use financial and non-financial as following, promotion, job satisfactory, reward and commitment.

4.8.4. Factor Analysis Result of Quality Services Delivery

Variable	Reliability	Responsive	Accessibility	Satisfaction
Client feel reliable services delivery	.815			
Services are accessible	.798			
Beneficiary expect available services		.787		
Impact of quality depends on retention		.775		
Basic service is available			.765	
Staff are always available			.728	
Hospital services are satisfactory				.806
There are adequate medical services				.796
Eigen value	2.665	2.170	2.432	2.987
Variance %	53.310	43.390	48.644	59.735
Cumulative	53.310	43.390	48.644	59.735

Table 18: Factor Analysis Result of Quality Services Delivery
Source: Primary Data Computed

The Table 18 above shows that the factor analysis result of quality services delivery variable, four factors were extracted component one explains 53.3%, the second component explain 43.3%, while third explain 48.6% and fourth one given the 59.7% of the variance of the quality services delivery. The factor analysis result of quality services delivery under reliability attribute were explained that Client feel reliable services delivery 82% and Services are accessible 80%.

Under responsiveness' attribute, explain that Beneficiary expects available services 79% and Impact of quality depends on retention 76%. Therefore, accessibility attribute explain that Basic service are available 77% and Staff are always available 73%. Lastly under the customer satisfactory attribute explain that Hospital services are satisfactory 81%. The result is in line with SERQUAL of Parasuraman and Zaithmal (1985) who the measure the quality services based on reliability, responsiveness, tangible, customer satisfaction and accessibility.

4.8.5. Analysis of Variance for the Independent and Dependent Variables

Analysis of variance was done using the same software as that for correlation (SPSS 21.0) version, were a score above 0.05 indicates that there is no significant different between all given condition while score below or equal to 0.05 indicate that there is a significant different between the three variables.

4.8.5.1. Analysis of Variance for Employee Development Showing by ANOVA

Table 4.16 Analysis of variance Result for Employee development

		Sums of Squares	df	Mean Squares	F	Sig.
Employee Development						
Job title	Between groups	27.848	6	4.641	5.306	0.000
	Within groups	303.556	347	0.875		
	Total	331.404	353			
Sex of respondent	Between groups	1.330	1	1.330	1.411	0.236
	Within groups	329.782	350	0.942		
	Total	331.112	351			
Marital status	Between groups	2.290	3	0.763	0.836	0.475
	Within groups	314.972	345	0.913		
	Total	317.261	348			
Age group	Between groups	4.482	4	1.121	1.194	0.313
	Within groups	326.541	348	0.938		
	Total	331.023	352			
Education	Between groups	18.030	3	6.010	6.894	0.000
	Within groups	300.748	345	0.872		
	Total	318.778	348			
Salary category	Between groups	23.810	5	4.762	5.333	0.000
	Within groups	307.193	344	0.893		
	Total	331.003	349			
Number of dependents	Between groups	2.721	4	0.680	0.719	0.579
	Within groups	311.996	330	0.945		
	Total	314.717	334			
Housing condition	Between groups	15.583	4	3.896	4.836	0.001
	Within groups	277.942	345	.806		
	Total	293.525	349			

Table 19: Factor Analysis Result of Quality Services Delivery
Source: Primary Data Computed

The Table 19 shows that the Job title significantly affects employee development ($p=0.000$). Other variables which are significant are educational level ($p=0.000$), salary category ($p=0.000$) and housing condition ($p=0.001$). Sex of respondents, marital status, age and number of children do not show significant relations with employee development.

4.8.5.2. Analysis of Variance for Employee Retention Showing by ANOVA

		Sums of Squares	df	Mean Squares	F	Sig.
Employee Retention						
Job title	Between groups	25.722	6	4.287	5.227	0.000
	Within groups	284.592	347	0.820		
	Total	310.314	353			
Sex of respondent	Between groups	.423	1	0.423	0.478	0.490
	Within groups	309.836	350	0.885		
	Total	310.259	351			
Marital status	Between groups	3.945	3	1.315	1.546	0.202
	Within groups	293.493	345	0.851		
	Total	297.438	348			

Age group	Between groups	8.902	4	2.226	2.572	0.038
	Within groups	301.173	348	0.865		
	Total	310.076	352			
		Sums of Squares	df	Mean Squares	F	Sig.
Education	Between groups	11.921	3	3.974	4.799	0.003
	Within groups	285.653	345	0.828		
	Total	297.574	348			
Salary category	Between groups	19.636	5	3.927	4.674	0.000
	Within groups	289.012	344	0.840		
	Total	308.648	349			
Number of dependents	Between groups	8.134	4	2.034	2.336	0.055
	Within groups	287.315	330	0.871		
	Total	295.449	334			
Housing condition	Between groups	10.626	4	2.657	3.198	0.013
	Within groups	286.622	345	0.831		
	Total	297.248	349			

Table 20: Analysis of Variance Result for Employee Retention
Source: Primary Data Computed

Table 20 show that Job title is significantly related to staff retention ($p=0.000$). Other variables which are significantly related to staff retention are age of respondents ($p=0.038$), level of education ($p=0.003$), salary category ($p=0.000$), number of children ($p=0.055$) and housing condition ($p=0.013$). Sex of respondents and marital status are not significantly related to employee retention.

4.8.5.3. Analysis of Variance for Motivation Showing by ANOVA

		Sums of Squares	df	Mean Squares	F	Sig.
Motivation						
Job title	Between groups	40.879	6	6.813	6.441	0.000
	Within groups	367.066	347	1.058		
	Total	407.945	353			
Sex of respondent	Between groups	.075	1	0.075	0.064	0.800
	Within groups	407.795	350	1.165		
	Total	407.869	351			
Marital status	Between groups	2.983	3	0.994	0.877	0.453
	Within groups	391.058	345	1.134		
	Total	394.041	348			
Age group	Between groups	14.461	4	3.615	3.199	0.013
	Within groups	393.259	348	1.130		
	Total	407.720	352			
Education	Between groups	4.840	3	1.613	1.417	0.238
	Within groups	392.904	345	1.139		
	Total	397.744	348			
Salary category	Between groups	22.674	5	4.535	4.052	0.001
	Within groups	384.954	344	1.119		
	Total	407.629	349			
Number of dependents	Between groups	2.203	4	0.551	0.469	0.758
	Within groups	387.210	330	1.173		
	Total	389.413	334			
Housing condition	Between groups	7.095	4	1.774	1.580	0.179
	Within groups	387.283	345	1.123		
	Total	394.379	349			

Table 21: Analysis of Variance Result for Motivation
Source: Primary Data Computed

Table 21 show that the job title is significantly related to extent of motivation ($p=0.000$). Age of respondents is also significantly related to extent of job motivation. The table also shows that age of respondents also shows a significant relation with motivation ($p=0.013$). Other variable showing a relation was salary category.

4.8.5.4. Analysis of Variance for Quality Services Delivery Showing by ANOVA

		Sums of Squares	df	Mean Squares	F	Sig.
Quality Service Delivery						
Job title	Between groups	52.644	6	8.774	8.810	0.000
	Within groups	345.600	347	0.996		
	Total	398.244	353			
Sex of respondent	Between groups	0.050	1	0.050	0.044	0.835
	Within groups	398.165	350	1.138		
	Total	398.215	351			
Marital status	Between groups	7.436	3	2.479	2.276	0.080
	Within groups	375.731	345	1.089		
	Total	383.166	348			
Age group	Between groups	10.934	4	2.733	2.465	0.045
	Within groups	385.952	348	1.109		
	Total	396.886	352			
Education	Between groups	13.678	3	4.559	4.176	0.006
	Within groups	376.673	345	1.092		
	Total	390.350	348			
Salary category	Between groups	39.281	5	7.856	7.535	0.000
	Within groups	358.670	344	1.043		
	Total	397.951	349			
Number of dependents	Between groups	4.626	4	1.157	1.011	0.402
	Within groups	377.536	330	1.144		
	Total	382.162	334			
Housing condition	Between groups	11.485	4	2.871	2.658	0.033
	Within groups	372.637	345	1.080		
	Total	384.122	349			

Table 22: Analysis of Variance Result for Quality Services Delivery
Source: Primary Data Computed

Table 22 presented that Quality-of-service delivery is influence by job title ($p=0.000$). It is also influenced by age of respondents ($p=0.045$), level of education ($p=0.006$), salary category ($p=0.000$) and housing condition ($p=0.033$).

5. Data Interpretation and Discussions

5.1. Introduction

This chapter presents bio data of the respondents and discussions of the finding, relationship between employee development, retention, motivation and quality service delivery, and qualitative data.

5.2. Bio Data

5.2.1. Distribution of Respondent Per Local /Hospital

The finding shows that 37.3% of the respondent were from Juba teaching Hospital, while 16.1% of the respondent from AL Sabah children Hospital and 46.6% of the respondent from Al Beneficiaries from Juba town.

5.2.2. Title of the Respondents

The finding show that Doctors constitute 9.6% of the respondent, Nurse with 24% of the respondents, midwife with 3.4% of the respondents, this follow by pharmacist with 5.9%, support staff with 5.1% of the respondents and 46% of the respondent are beneficiaries.

5.2.3. Gender of the Respondent.

The finding presented that, 61.6% of the respondents were male, and 37.6% of the respondents were female respectively. The high percentage of respondents were male, because most of the youth are unemployed which force some of the youth to be idle and play all time with play card with is no productivity activity.

5.2.4 Age of the Respondents

The finding shows that, 35% of the respondents belong to the age group 18-24 years 35.3% of the respondent between 25-31 years old while 18.4% of the respondent between 32-38 years, follows by age group of 6.5% between 39-

45 years and others 4.5% of the respondent was 46 above. The distribution by respondent shows that the most of the respondent are mostly of Youth, independent and productive and this explains that the reason there is need to create more opportunity for the youth

5.2.5. Marital Status of the Respondents

The finding presented that, 48.3% of the respondents were single while 45.8% of the respondents were married, and 2.3% of the respondent was widowed, while 2.3% of the respondents were divorced.

This implied that most of the people in the study were married and had responsibility, this shows high degree of ownership and responsibility of the respondents.

5.2.6. Number of the Dependents

The finding presents that the majority 44.9% of the respondent had 0-2 dependent and 32.5% of the respondents had 3-5 dependents, 11.6% of the respondents had 6-8 dependent, 3.7% of respondent had 9-11 dependents and 2% of the respondent had 12 children plus. The research finding shows that most of the respondent had low dependent or no dependent this will enhance their living standard, resource will be share equal that will reduce a lot of dependence.

5.2.7. Education Level of the Respondents

The finding presented that 27.4% of the respondents had attained secondary certificate or lower and 47.7% had diploma while 20.9% of the respondent had Bachelor degrees and only 2.5% of the respondent had postgraduate. This shows that the worker had acquired skill and knowledge to serve population.

5.2.8. Salary Group Distribution

The finding shows that the 34.5% of the respondent were not working, 13.6% of the respondent earned between SSP 500-1,000, while 18.4% of the respondent earned between SSP 1,001-1,500, 20.6% of the respondent earned between 1501-2000 and 10.5% of the respondent earned between 2001-2500 and 1.4% of the respondents earned 2501 respectively.

5.2.9. Housing Condition of the Respondents

The finding shows that the condition of the respondents as following 6.5% of the respondent staying very good housing, 42.7% of the respondents are in good housing, 36.2% of the respondents staying in the poor housing, while 9% of the respondent are in the very poor housing and 4.5% of the respondent leaving in worse housing condition.

5.3. Relationship between the Variables

5.3.1. Relationship between Employee Development and Quality Service Delivery

There was a positive relationship between employee development and quality services delivery ($r= 0.558$, p -value <0.01) this indicate that quality services delivery depends on employee development, therefore to have quality services delivery, you must train staff to be competent.

Services quality delivery depends on many factors like employees' retention, motivation, employee satisfaction, compensation, and training. Employees' development is needed to raise the performance levels of organization. When staffs are developed, they acquire skills and thus can perform better Baser (2008)

There was positive relationship between Employee's development and services quality delivery, employee's development has the impact on the services quality delivery (Badri 2006). therefore, Employee's development is sole responsibility of the organisation to ensure the development and growth of their staff so as to deliver quality and efficient services, employees development play significant essential role which lead to quality services delivery by ensuring the effective performance of employees through acquire specific knowledge and skill to ensure that staff perform their work more effectively (Valarie, 2008).

5.3.2. Relationship between Employee Development, Employee Retention and Quality Services Delivery

The finding show that There is positive relationship between employee retention and quality services delivery ($r = 0.671$, P -value <0.01)

The model shows that employees' retention is very significant in increase the quality services delivery. This is because staff that expects to develop will likely stays in the organization, even if the salaries are low, a person may stay in the organization. Motivation exhibits very significant positive relations with extent of employee retention.

Employee retention involves taking measures to account by encourage employees to remain in the organization (Samuel & Chipunza 2009). Employee retention created fosters an interacting working environment that encourages employees to remain employed by support the policies of good practices in place that address their diverse needs. It is appropriate employee retention strategies are adopted and implemented by organizations employees will surely remain and work for the successful achievement of organizational goal (Gberevbie 2008).

5.3.3. Relationship between Motivation and Employee Retention and Quality Services Delivery

The result indicated that There is high positive relationship between motivation and quality services delivery ($r=0.811$, p -value <0.01).

Motivation increases services quality delivery as essential tools for the success of any organization in the long run (Frey, 2006), it appears that services quality delivery account for much of the link depend on employee's

Motivation (Wiley, 2008) Motivation can inspire, encourage, and stimulate individuals. Motivation can also create an environment that fosters teamwork and collective initiatives to reach common goals and to perform an activity in order to experience the pleasure and satisfaction inherent in the activity.

There is strong relationship between motivation and services quality delivery, according to Silber (2005) organisation must identify and reward employees with strong skill and ability to deliver high services quality, retain worker require creating a hospitable, enjoyable working environment, this enhances overall services quality delivery (Wilson, 2008). Compensation includes salary and wages, bonuses, benefits, prerequisites, vacations and continuous learning. A competitive compensation packages can signal strong commitment is also likely to affect both desirable and undesirable turnover.

5.2.4. Factor Structure of the Employee Development, Retention, Motivation and Quality Services Delivery

There was a positive relationship between employee development, retention, motivation and quality services delivery ($r=0.558, 0.671, 0.811, p\text{-value} < 0.01$) this implied that with proper continuing of employee development, retention and motivation quality services delivery improve. The staffs with more opportunity to develop are more likely to offer quality services indeed the employee with high motivation deliver quality services

Motivation improves quality service delivery as essential tools for the success of any organization. A motivated employee is likely to be retained and this will improve his/her skills. This leads to the improvement in the quality services being provided.

5.3. Regression Analysis Result for the Employee Development, Retention, Motivation and Quality Services Delivery

Quality services delivery was significant explain by employee development, retention and motivation, the multivariate regression model indicated that ($F= 229.897, sig=0.000$) of the quality services delivery. Change in motivation will increase quality services delivery by (Beta .0590), change in retention will increase quality services delivery by (Beta=0.243) and change in employee development will increase quality services delivery by (Beta=0.049). This implied that improving the staff working environment by retained the employee, motivated them and development their capacity will lead to quality services delivery in public hospital. Therefore, it indicated that motivation is highly significant influence quality services ($r=0.811, p\text{-value} < 0.01$) follow by retention with ($r = 0.671, p\text{-value} < 0.01$) and employee development with quality services ($r = 0.558, p\text{-value} < 0.01$).

5.4. Factor Analysis

5.4.1. Factor Analysis of Employee Development

The factor analysis shows that the employee development under coaching and mentoring attribute were explained that the Coaching improve quality 54%, Mentoring enhances productivity 66%.

However, the training attribute explained that Staff train to ensure quality 68%, Job related training improve services 68%.

With empowerment Quality services delivery is sustainable 70% and Empowerment enhance services 69%. Participation tribute Positive work culture promotes peace 70%, and Participation improve services delivery 69% while Delegation promotes quality services 80%

5.4.2. Factor Analysis of Retention

Employee retention show that the result of the retention attribute; explaining that, Compensation promotes services delivery 81%, Job security compensates effort 79%.

On the other hand, growth attributes account that there is opportunity for skill growth 72%, and Career growth improves services delivery 74%. However, recognition leads to effective services 78% and Employee productivity reduces disease make up 72%.

For working environment attribute Tools are always available 80%, and Tools are available 79%. Job security ensures quality services 76% and Availability of job security retains clients 73%.

5.4.3. Factor analysis of Motivation

The factor analysis results show that motivation under the input variable were explained that they staff see opportunity of quality services 75% and they feel ready to take up available services 70%.

While the job satisfaction attribute explains that, Beneficiary respond quickly to services 74% and Integrity improve quality of services 68%.

Under the reward attribute, explain that Treatment system meets the client need 83% and Treatment of disease is adequate 81%. However, commitment attribute explains that financial incentive increase commitment 82% and Hospital fund improve services 80%.

5.4.4. Factor Analysis of Quality Services Delivery

The factor analysis result of quality services delivery under reliability attribute were explained that Client feel reliable services delivery 82% and Services are accessible 80%.

Under responsiveness' attribute, explain that Beneficiary expects available services 79% and Impact of quality depends on retention 76%. Therefore, accessibility attribute explain that Basic service are available 77% and Staff are always available 73%.

Lastly under the customer satisfactory attribute explain that Hospital services are satisfactory 81%.

5.5. ANOVA Variance Analysis Result

5.5.1. Analysis of Variance for Employment Development

The result shows that Job title significantly affects employee development ($p=0.000$). Other variables which are significant are educational level ($p=0.000$), salary category ($p=0.000$) and housing condition ($p=0.001$). Sex of respondents, marital status, age and number of children do not show significant relations with employee development.

5.5.2. Analysis of Variance for Retention

The result shows that, Job title is significantly related to staff retention ($p=0.000$). Other variables which are significantly related to staff retention are age of respondents ($p=0.038$), level of education ($p=0.003$), salary category ($p=0.000$), number of children ($p=0.055$) and housing condition ($p=0.013$). Sex of respondents and marital status are not significantly related to employee retention.

5.5.3. Analysis of Variance of Motivation

The job title is significantly related to extent of motivation ($p=0.000$). Age of respondents is also significantly related to extent of job motivation. The table also shows that age of respondents also shows a significant relation with motivation ($p=0.013$). Other variable showing a relation was salary category.

5.5.4. Analysis of Variance of Quality Services Delivery

The result shows that, Quality of service delivery is influence by job title ($p=0.000$). It is also influenced by age of respondents ($p=0.045$), level of education ($p=0.006$), salary category ($p=0.000$) and housing condition ($p=0.033$).

6. Conclusions and Recommendations

6.1. Introduction

This Chapter presents main conclusions from the study and recommendations.

6.2. Conclusions

The study on the relationship of employee development, retention, motivation and quality services delivery, indicated that the two independent variables contribute a lot to the quality services delivery, while the intervening variable contribute most of the significant toward quality services delivery, therefore the Government should focus consistent on employee development, retention and motivation to give the relevant of quality services to the citizen. In order to have quality services delivery the government must invest more resource to training, retained and motivation that enhance the effective and efficient, that will improve the quality services. Therefore, the more you developed employee the more retention, motivation and quality services delivery ($R=0.558, 0.671, 0.811, p\text{-value} < 0.01$) the staff with more opportunity to develop are more likely to offer quality services indeed the employee with high motivation deliver quality services.

6.3. Recommendation

The study of the employee development, retention, motivation and quality services delivery in public hospital was carried out. In line with the finding and conclusion

6.3.1. Relationship between Employees' Development and Quality Service Delivery

There was a positive relationship between employee development and quality services delivery ($r= 0.558, p\text{-value} < 0.01$) this indicate that quality services delivery depends on employee development, therefore to have quality services delivery, you must train staff to be competent.

6.3.1.1. Recommendations

- Adequate employee's development must continuous that will have impact on the services quality delivery to beneficiaries. Therefore, staff development is sole responsibility of the Government to ensure the development and growth of their staff so as to deliver quality and efficient services.
- Government should invest resource on employee retention because it plays significant essential role which lead to quality services delivery by ensuring the effective performance of employees and commitment.

The Ministry of Health should invest more in the staff development in terms of long and short courses. This will improve their skills and will result in quality service delivery. Invest in the development of staff will also result in retaining them for a long time and this will result in longer time of experience which results in high quality service delivery.

6.3.2. Relationship between Employees' Development, retention and quality services delivery

The result showed that There is significant positive relationship between employee retention and quality services delivery ($r= 0.671 p\text{-value} < 0.01$).

6.3.2.1. Recommendation

- There should be human resource strategies to be put in place to address the compensation measure to reduce labor turnout, because Salary alone is not enough motivation for working for government.
- The Government must identify and reward employees to ensure deliver high quality services, to retain worker and improve working environment, this enhances overall services quality delivery
- Government develops human resource capacities by a functioning public hospital and effective financial availability as a key ingredient for effective quality service delivery.

6.3.3. Relationship between Motivation, Retention and Quality Services Delivery

There is high positive relationship between motivation and quality services delivery ($r=0.811$, $p\text{-value} < 0.01$). Therefore, motivation is high significant correlated with quality services delivery.

6.3.3.1. Recommendations

- The Ministry of health should establish staff quarters so that the employees stay in descent housing units. This is a big motivation to staff.
- There should be other forms of motivation to enable retention of staff. This should be in form of allowances, transport, medical cover and other facilitations therefore people who are motivated are likely to deliver high quality services.

6.3.4. The Regression of Employee Development, Retention, Motivation and Quality Services Delivery

The finding show that the regression shows the relationship between employee developments, retention, motivation with quality services delivery ($F= 229.897$, $\text{sig}=0.000$) employee development retention and motivation extremely explain quality services delivery. Change in Motivation will increase the quality services delivery by ($\beta = 0.590$) change in retention will increase level of quality services delivery by ($\beta = 0.243$) and change in employee development will increase quality services delivery by ($\beta = 0.049$). however, this shows a positive relationship which influence the level of quality services. this implied that with proper continuing of employee development and retention, motivation quality services delivery will improve.

6.3.4.1. Recommendations

- The ministry of health should use the quality and accessibility of essential drugs and availability of qualify health worker to measure the quality of services delivery.
- The ministry of health should make sure that effective training must be accessible as it important to ensure the quality services are delivering.
- The government must put in place to performance management to enable them to evaluate the worker to enhance retention reward strategies by doing that, employee is committed to their work this increase quality services.

6.4. Area of Further Research

The study recommends further study on mentoring, delegation and the role of reward in quality services delivery in public hospital.

7. Acknowledgement

I would like to extend my sincerely gratitude to the almighty God for the strength, guidance, health, and above all for offering me a gift of life and all those contribution toward the successful completion of this course.

A special thanks to HikaruKashara, I will always be indebted to her honest and openness, without her involvement there would have been no study to this useful postgraduate degree. She provides financial support and intellectual advice.

I had the privilege of working under the guidance of wonderful supervisors, Dr Samuel Mayanja and Aquila Hakim had the liberty of prioritize their time whenever I need them, they had always available and I am amazed at the ease with which they caught up with my thinking and pointed out the uncertainties.

Special word of thanks to my Wife AngethThiong with children, and my parent AtemManyuonAtem, ArokAkech your support, your constant encouragement, spirituals support. I hope this effort does you proud as it is the result of what you taught me to give of my best.

I wish to thanks my Brother BolAtem, and Hon: James Maluit for their encouragement and constructions suggestions.

I sincerely thanks Cavendish University especially VC, Academic registrar and the entire staffs of Cavendish University, for offering me these golden chances to undertake this crucial course, their Academic and moral advice made me to face new challenges and turn them into opportunity for the coming generation.

Lastly, I would like to thanks all that offered their support direct or indirect but could not be mentioned as the matter of space and time including those who participate to responding questionnaires and interviews you had been acknowledge.

May God bless you all?

8. List of Acronyms

ED: Employees' development

ER: employee's retention

HRM: Human resource management.
 HRD: Human resource development.
 QR: qualitative research.
 DHS: Demographic and Health Surveys
 MDG: Millennium Development Goal
 MDSR: maternal death surveillances and response
 MMR; maternal mortality ratio
 MM Rate: maternal mortality rate
 UNFPA: United Nations Population Fund
 WHO: World Health Organization?
 MoH: Ministry of Health.
 GoSS: Government of South Sudan
 CPA: comprehensive Peace Agreement.
 SPLM: Sudan people's Liberation Movement

9. References

- i. A., C. (2005). Nursing Migration from Zimbabwe: analysis of trends and impacts. *Nursing inquiring*.
- ii. A.D., A.-A. (2010). Employee Motivation in private organisation. *university of Malaysia*.
- iii. Ahmed, K. &. (2003). The association between Training and organisational Commitment Among white collar worker. *International Journal of training and Development*, 17(3), 166-185.
- iv. Al., R. e. (2009). Measuring Organisational performance toward methodological best practices. *Journal of Management*.
- v. Altbach, P. (2011). Reforming Higher education in the middle-East. *Boston college centre*, 64, 2-3.
- vi. Altbach, P. (2011b). Leadership for world- Universities-challenge for Developing Countries. *New York, New York: Routledge*.
- vii. Appleby, R. (1994). *Modern Business Administration*. London: Pitman publishing co.Ltd.
- viii. Armstrong. (2006). *Human resource Management (6th ed.)*.
- ix. Arthur. (1994). Effect of Human Resource system on manufacturing Performance and turnover. *Acadmy of management Journal*, 37, 670-687.
- x. Aswathappa, K. (2007). *Human resource Management*.
- xi. B.Dermody, M. (2002). Recruitment and retention practices in independent and chain restaurete,. *International Journal of Hospitality and tourism Administration*, 3(1), 107-117.
- xii. Badri, M., Selim, H., Alshare, K., Grandon, E., Younis, H., & Abdulla, M. (2006). Baldrigde Education criteria for Performance excellence framework. *Journal of quality and Reliability Management*, 23(9), 1118-1157.
- xiii. Baser, H. &. (2008). Capacity, change and Performance. 59B.
- xiv. Benson, G. (2006). Employee Development, Commitment and Intention to Turnover. *Human Resource Management Journal*, 16(2), 173-192.
- xv. Blum, P. S. (2000). Work-family Resource Bundle and perceived organisational performance. *Academy of management Journal*, 1107-1117.
- xvi. BMC. (2006). *Health Services Resaerch*. Biomedical centre, 6(1), 89.
- xvii. C., H. C., Breman, J., Measham, A., Claeson M, E. D., Jha P, & A, M. (2006). *Building and Motivating the workforce*. (2nd ed.). Oxford: Oxford University press.
- xviii. Chaminade, B. (2007, November 28). Retention checklist. Retrieved from humanresourcesmangazine.co.au.
- xix. Children, S. t. (2015). KAP Survey. Juba: UNICEF.
- xx. Clarke, K. (2008, March). What Businesses are doing Attract and retain Employee becoming an employer of Choice. *Employee benefits Journal*, 34-37.
- xxi. Cohen, A. H. (1993). *Organisational Commitment-Turnover Relationship across Occupational Group and Organisation management (Vol. 2)*. (18, Ed.)
- xxii. Cole, G. (1996). *Personnel Management*. (4th, Ed.) London: Ashore Colour Press.
- xxiii. Creswell. (1994). *Research Design Qualitative and quantitative Approach*. 228.
- xxiv. Davis-Black, A., & Pfeffer, J. (2006). The Research for Dispositional effects in Organisational research. *Academy of management review*, 14, pp. 385-400.
- xxv. Finance, M. o. (2015). *South Sudan Electronic payroll*. Juba.
- xxvi. Fitz-enz, J. (2000). *The ROI of Human Capital-Measuring the Economic value of Employee Performance*. New York: American Management Association.
- xxvii. Fund., H. P. (2013). *Health system strengthening an initial assessment*. Health pooled Fund, Juba.
- xxviii. Gopinath, C. B. (2000). Communication, Procedural Justice and Employee Attitude. Relationships under condition of divesture. *Journal of Management*. 26, 63-83.
- xxix. hammad, A. a. (2009). *Employee retention in the private sector*. kuwait: Open University of Malaysia.
- xxx. Health, H. R. (2007). Report. Bio-medical Centre. 5, p. 15. public BioMedical centre.
- xxxi. Health, M. o. (2011). *Health situation south Sudan*. Juba: UNICEF, South Sudan.
- xxxii. health, M. o. (2012-2016). *National health sector development plan*. Juba: National bureau of statistic.
- xxxiii. Health, N. M. (2009). *South Sudan, BPHS*. Juba.
- xxxiv. Herzberg, F., Mauser, B., & Snyderman, B. (1959). *The Motivation to work*. New York: John Wiley & son.

- xxxv. JICA. (2010-2011). Human Resource for Health. Juba: World Health organisation.
- xxxvi. Johnson, H. a. (1999). Growing the trust relationship. Marketing Management Spring.
- xxxvii. K., B. (2010). The Global strategy for Women's and children health. New York: Unite Nation.
- xxxviii. K.Shashi, G., & Joshi Rosy. (2008). Human Resource Management.
- xxxix. Kerr, J., & Slocum, J. (1987). Managing Corporate Culture through Reward systems. Academy of Management Academy, 12, 99-108.
- xl. Kreitner, R. (1995). Management. (6th, Ed.) Boston: Houghton Mifflin Company.
- xli. L.Deci, R. M. (2000). Motivation Model.
- xlii. Lim, H. H. (2009). Trust in Coworker and trust in organisation. the journal of psychology, 143(1), 45-66.
- xliii. Locke, E. (1976). The Nature and Cause of Job Satisfaction. Handbook of Industrial and Organisational Psychology, 1297-1349.
- xliv. Loke, J. (2001). Leadership behaviours, Effects on job satisfaction, productivity and organisational Commitment. Journal of Nursing management, 9, 191-204.
- xlv. Loyalty Hong, S. (2007). Employee retention. Hongkong.
- xlvi. Maslow, A. (1943, July). A theory of Human Motivation. Psychology review, 370-396.
- xlvii. MO, S., & C., C. (2009). Employee Retention and turnover. (Vol. 3). Afr.J. Manage.
- xlviii. morgan, k. (1970). scientific table of size determine.
- lix. Morgan, R. M., & Hunt, a. S. (1994, July). The commitment-trust theory of Relationship Marketing. Journal of Marketing, 20-38.
- l. N.V., K. (2006). Personnel Management.
- li. organisation, W. H. (2006). working together for the Health. World Health organisation. Geneva: World Health organisation.
- lii. P, Z., & B, D. L. (2005; 2008, april 15). Nurse Retention and recruitment. Developing motivated Workforce(4).
- liii. P., R. S. (2005). Essential of Human Resource Management and Industrial Relationship.
- liv. P.E., S. (2008). Industrial and Organisational Behaviour (5th ed.). Wiley: Hoboken, NJ.
- lv. Pittman, H. P. (1987). Employee Turnover in Public Accounting. A new perspective. CPA Journal, 58(8), 30-37.
- lvi. Porter, L. &. (1991). Motivation and work Behavior. (5th, Ed.) New York: Mcgram-Hill.
- lvii. R.Musser, L. (2001). Effective Retention Strategies for Diverse Employee, Journal of Library Administration, 33(1-2), 63-72.
- lviii. Rue, W., & L.I., B. (1986). Supervision-Key link to reproductivity (3rd ed.). New york: Irwin Inc.
- lix. Ryan, R., Deci, E., & Connel, J. (1989). Self-determination in a Work Organisation. Journal of Applied Psychology, 74, 580-590.
- lx. S.P, R., & D.A., D. (1995). Human Resource Management. New York: wiley.
- lxi. Sheri-Lynne, P. (2007). Model of staff Development.
- lxii. statistic, N. B. (2008). South Sudan population and Housing Census. Juba.
- lxiii. statistic, N. B. (2010). South Sudan household survey. Juba: National Bureau of statistic.
- lxiv. Statistics, B. o. (2008). Census, Southern Sudan Centre for Statistics and Evaluation. Juba: Census.
- lxv. statistics, B. o. (2006). Sudan Household Health Survey. Juba: southern sudan centre for statistics and evaluation.
- lxvi. T., V. (2008). Job Atitude and Employees Performance of public Sector. GITAM Journal of Management, 6(2), 66-73.
- lxvii. Thomas, K. W. (2000). Intrinsic Motivation at work- Building energy and commitment.
- lxviii. Upadhay, B., Munir, R., & Bluont, Y. (2014). Association bewteen performance measuring system and organisational effectiveness. International journal of opeation and production Management, 34(7), 2.
- lix. William A., H. a. (1999, 2013). Employees Retention Measurement.
- lxx. Zaithmal, P. a. (1985). SERQual model.

Appendix

1. Staff Questionnaire

Dear Sir/Madam.

I am student of Cavendish University; pursuing Master's Degree of Business Administration-Human Resource management of Cavendish University Uganda. I am carrying out a research aiming at examining the relationship between Employee developments, retention, Motivation and quality services delivery in public Hospitals, kindly fill out this questionnaire. The information provided will be used for academic purpose only and will be kept with utmost confidentiality.

Name of Facility: _____

Department: _____

Job Title: _____

Section A: Demographic information.

(Please put a tick in the appropriate box)

1. Gender

- Male
- Female

2. Marital status.

- Single
- Married
- Widowed
- Divorced
- Others (Please specify)

3. Please mark the category which best describe your age group.

- 18-24years
- Between 25-31 years
- Between 32-38 years
- Between 39-45 years
- 46 years and above

4. Education level.

- Certificate (High School and below)
- Diploma
- Bachelor's Degree
- Postgraduate
- Others (please specify)

5. How long have you been working for Juba Teaching Hospital.

- Less than 1 year
- 1-4 years
- 5-8 years
- 9-12 years
- 13 years above

6. Level of your position in Hospital.

- Doctor
- Nurse
- Midwife
- Pharmacist
- Lab Tech
- Support staff

7. Salary categories in South Sudan pound.

- 500-1000
- 1001-1500
- 1500-2000
- 2000-2500
- 2501 and Above

8. Number of biological children?

- 0-2children
- 3-5children
- 6-8 children
- 9-11childrens
- 12 above children

9. Number of Dependents children?

- 0-2children
- 3-5children
- 6-8 children
- 9-11childrens
- 12 above children

10. Distance to work place in KM.

- 5-10km
- 11-16-km
- 17-22km
- 23-28km
- 29 km above

11. The housing condition.

- V Good
- Good
- Poor
- V poor
- Worse

Section B

1. Relationship between Employees’ development and quality services delivery.

Please indicate the degree to which you agree with the following statements by ticking the scale against the appropriate column.

S/N	Employees’ Development:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
		1	2	3	4	5
	• Coaching/Mentoring					
1	Coaching opportunities improve employee performance.					
2	Mentoring enhances employee performance.					
3	Adequate financing facilitates employee’s coaching.					
4	There are mechanisms in place to monitor the employees’ performance					
5	There is enough capacity to perform quality services.					
	• Training					
6	Train sufficiently by the Hospital management.					
7	Job-related trainings improving employee performance.					
8	Employees’ development is relevant to quality services delivery					
9	Training encourages active involvement					
10	Staff are train and equipped with skills to ensure quality services delivered					
	• Empowerment					
11	You feel empowered in doing your job					
12	empowering enhance sufficient Skilled for the present job					
13	The quality service delivery is sustainable					
14	Employee development improve quality service delivery					
15	Staff expect fairness from their employer for job career growth					

	• Participation:					
16	Staff participation influences the performance.					
17	Employee development influences your attitude toward present job.					
18	Employees' development adopted appropriate participation in decision making					
19	Employee's participation maintains positive healthy work culture					
20	Participation gives employees' a feeling of personal accomplishment					
	• Delegation:					
21	Delegation promotes active involvement at work place					
22	Delegation enhances employees' development					
23	Delegation improves knowledge and skill					
24	Staff delegation promote quality services					
25	delegation enhance your performance					
Employee's retention.						
	Please indicate the degree to which you agree with the following statement. By ticking the scale against the appropriate column.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
		1	2	3	4	5
	Employee's Retention:					
	• Compensation					
1	The present job is satisfactory.					
2	Job security motivates and compensates effort.					
3	Employee compensation promotes employee's retention.					
4	Employee's development increase skills and abilities					
5	I plan to stay for more than one year with the present organization					
	• Growth.					
6	Provide me with the potential for career growth.					
7	Employees' development promotes personal growth					
8	I am satisfied with my career development					
9	There is opportunity for skill growth					
10	Training improves skill and knowledge					
	• Recognition.					
11	Recognition improves employee performance at workplace.					
12	supervisor recognize					

	Employee development at work place					
13	Recognition improves teamwork					
14	Recognition enhance employees 'productivity					
15	Organization provide support in form of work-life balance, recognized work value					
	• Work Environment.					
16	I have a faire work load.					
17	A tool is available to perform the work.					
18	Good environment encourages teamwork					
19	I have the tool need to do good work					
20	Different opinion is valve.					
	• Job Security:					
21	Job security retains employees at workplace as reward.					
22	Employees development enhance job security					
23	Job security encourage team work					
24	Job security improve employee performance					
25	Employees development enhance job security to ensure quality services delivery					
Motivations.						
	Please indicate the degree to which you agree with the following statement. By ticking the scale against the appropriate column.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
		1	2	3	4	5
	Motivation:					
	• Promotion					
1	Promotion increase Employee performance.					
2	Hospital Management, promote employee on their qualification and performance.					
3	I feel ready to take up higher positions					
4	I see opportunity of promotion in the present organization.					
5	I feel sufficiently skilled for the future job					
	• Job satisfaction					
6	Hospital management is interested in satisfying the employee need at work.					
7	The employees are satisfied with benefits package					
8	Employees are expected to work with integrity					
9	Hospital is a good place to receive services					

10	I am satisfied with my present salary					
	• Reward.					
11	My basic salary is adequate.					
12	My annual increment is sufficient.					
13	Incentives and house allowance influence services delivery					
14	The benefit package meets my need					
15	The reward system meets my need.					
	• Commitment.					
16	Management is committed to motivate the employees.					
17	Financial incentives improve your commitment, more than non-financial incentives.					
18	This organization deserves my loyalty					
19	I have a sense of obligation to service the people					
20	Adequate Hospital fund improve Employees' development to enhance employee commitment					

Quality services delivery.

	Please indicate the degree to which you agree with the following statement. By ticking the scale against the appropriate column.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
		1	2	3	4	5
	Quality Services delivery:					
	• Reliability					
1	Service delivery is reliable					
2	Services delivery is easily accessible.					
3	The employees have got the ability to perform the service accurately					
4	There is quality of service delivery in the hospital					
5	The employees are trained and equipped with skills to ensure quality services are delivered					
	• Responsiveness					
6	There are adequate employees 'capacity to provide quality services delivery					
7	Employees have the willingness to deliver the services to the public					
8	The hospitals administrators have the capacity to periodically collects data to assess the impact of the quality services delivered					
9	The hospitals employees perform their duties as per the expectations of the beneficiary					
10	There is adequate capacity of health worker to provide timely quality services delivery					
	• Accessibility					

11	The public is able to access the basic services					
12	There is access of services by the public					
13	Empowerment enhance staff capacity					
14	Public hospital staff always available to offer services					
15	The service delivery is frequently accessible					
	• Citizens/ Customer satisfaction					
16	Citizens are satisfied with the available services delivery.					
17	The current Administration has addressed the needs of quality services delivery					
18	There are adequate medical staff in relation to the population					
19	Citizens recommend the work done by the Juba teaching hospital					
20	The Hospital services are available efficiently and effectively.					
	• Tangibles					
21	The hospital has enough medical equipment facilities to ensure quality and effective service delivery					
22	The hospital has enough regular drug supply					
23	The hospital employees 'has skill and expertise to improve service delivery					
24	Tangibility leads to effective service delivery in the Hospital					
25	clients get all types of drugs for medication in public hospitals					

Table 23

Thank you for your time.

SECTION C: Kindly provide an appropriate response against the statement.

1. How often are you train to render quality services?

2. What hinder coaching and mentor of the employees?

3. How will empowerment enhance employees' retention?

4. Describe some of the participation measure management has put in place for the entire staff

5. What aspect encourage supervisor to delegation the work?

6. What are the types of promotion available in hospital?

7. How does your current job satisfy you?

8. What types of reward system are available in health facility?

9. What influences your commitment?

10. How does management increase compensation to retain staff?

- 11. What do you like most about your career growth?

- 12. How does recognition enhance your effort?

- 13. What kinds of working environment attract you?

- 14. What factor other than job security do you consider most important?

- 15. How would you describe availability of services?

- 16. How often do you use the services?

- 17. How does staff provide prompt timely and tangible services?

- 18. How would you rate your satisfaction in services delivery?

- 19. What factors hinder services accessibility?

Thank you for your time.

God Bless

111. Interview Guide for Administrators.

- 1. Do employees' developments influence quality services delivery?
- 2. Do employees have the skills and knowledge required for the job?
- 3. Do motivations enhance services quality delivery?
- 4. Are hospital tools and equipment available?
- 5. Doe employee retention improves quality health services delivery?