

**Differential Motivation and Health Workers Commitment to Healthcare Delivery in Nigeria**

By

**Martha Ohunene ONIFADE<sup>1</sup>      Elijah Afolabi Babasola AGBAJE<sup>2</sup>**

**Department of Political Science, Osun State University, Osogbo, Osun State**

onifademartha77@yahoo.com, elijah.agbaje@uniosun.edu.ng

**Abstract**

Public healthcare institutions are expected to perform functions critical to healthcare delivery. However, in Nigeria, the reality is that these institutions suffer limitations that undermine quality service delivery in Nigeria. Although Nigeria's public healthcare delivery institutions have a long and chequered history. Their services are affected partly by a lack of committed health workers, caused by inadequate motivation. To address this problem and strengthen healthcare delivery systems, Nigeria's health sector has deployed differential motivation. Differential motivation is the use of special and selective incentives or inducements to boost the commitment and job performance of certain category of health workers over others in the same organization. One example of differential motivation, is the approval or granting of special hazard, ward-round, and peculiar allowance for clinicians only in the same public healthcare institution that has non-clinicians. Although this initiative often draws attention and commendation, it also raises concerns about certain contending issues surrounding the adoption of the initiative. Drawing on David Easton's input-output nexus as a theoretical underpinning on the one hand, and data sourced through expert opinion interviews on the other hand, this article investigates how differential motivation stimulates superb commitment among health workers in Nigeria. The findings expand the discussion on the effectiveness of differential motivation in boosting the commitment of health workers. The findings also suggest means through which Nigeria's public healthcare institutions can optimize differential motivation in ways that aid strategic efforts at improving the job performance of health workers in Nigeria.

**Key words: Differential Motivation, Health, Healthcare, Institutions, Job performance**

**Introduction**

Healthcare delivery that promotes satisfaction among patients sometimes depends on the productivity of health workers (Ugwa et al, 2016). The productivity of health workers can be enhanced partly by motivation. Indeed, Nigerian public healthcare institutions suffer low job performance from health workers (Ajala, 2012; Adekola et al., 2023). Low commitment to work or underperformance of health workers in Nigeria is stimulated by several factors including poor motivational strategies or total absence of motivation. While evidence has shown that motivation boosts the job performance of workers, including health workers in public healthcare institutions, research is scarce on the rationale for the use of differential motivation and how it can strengthen commitment and job performance of health workers in Nigeria. In the Nigerian context, differential motivation refers to the use of specialized incentives, benefits, and allowances purposively given to certain categories of workers due to

the peculiarity of their job. For instance, the approval of hazard, teaching, and call-duty allowances for clinicians and not non-clinicians is a form of differential motivation. It was approved for clinicians, because of the hugeness of their duties, which cover diagnosis and treatment of patients. Evidence showed that such preferential or selective motivation is likely to stimulate positive interests and commitment of clinicians in Nigeria's health sector (Ugwa et al, 2016). However, instead of enhancing their commitment, it creates certain contending issues that tend to extinguish their commitment to work (Akintola & Chikoko, 2016; Bello & Adebajo, 2014).

Motivation of health workers, all things being equal, is expected to improve their commitment to work and job performance. However, the reality in Nigeria's health sector shows that Nigerian health workers are rarely motivated, even when they do, such motivation is poorly done, World Health Organisation, 2007). This may have been the reason why Nigerian health workers, especially clinicians are leaving the country for a better-paid and motivated healthcare service job overseas. For example, about two million Nigerians currently reside in the US, and out of this number, 20,000 are doctors, and more than 10,000 are academics (Ogbu, 2019). This may have made Imam and Akinyemi (2015) conclude that many Nigerian doctors have had a long-standing unofficial tradition of completing courses and training in developed countries. Imam and Akinyemi further explained that many went to developed countries to be educated and often came back to Nigeria to teach what was learned. To address this problem, stakeholders in Nigeria's health sector, have deployed differential motivation to reduce incessant relocation of clinicians abroad. In this context, differential motivation connotes, giving more motivational values (incentives, allowances, fringe benefits, money, training, and development) to clinicians to keep them from traveling overseas (Abimbola, Okoli, and Olubajo, 2012)

The adoption of this motivational initiative has indeed attracted more attention and praise, especially on how it could help stimulate the commitment of the clinicians to their work. It has also raised concern for sustenance and utility value considering the incessant change in government policies in Nigeria. The fear of frequent change in government, in which successive governments fail to continue with the policy of their predecessor may have been responsible for the above concern. Given this concern, it becomes very important, to critically assess and analyze contending issues inherent in the adoption of differential motivation and how such issues affect the commitment of health workers, which in turn, could limit the

institutional capacity to deliver healthcare service in Nigeria. This research is a departure from the extant studies that examined the impact of motivation on health workers' performance. It specifically examined the rationale for and effect of the contending issues inherent in differential motivation on the commitment of health workers in Nigeria.

### **Problematizing the differential motivation in Nigeria's public healthcare institutions**

The adoption of differential motivation by stakeholders in Nigeria's health sector has multifaceted implications (Mbachu et al., 2022). While the need to enhance health workers' productivity or job performance is critical to the adoption of differential motivation, the desire to retain and discourage incessant relocation of health workers overseas is also a stimulating factor for its adoption. One of the major reasons for the deplorable healthcare conditions in Nigeria is that healthcare providers, especially doctors and nurses, are abandoning their jobs for better opportunities outside the country. For example, Nigeria was the largest source of immigrant physicians who entered South Africa and accounted for approximately a quarter of foreign-born and foreign-trained doctors in Trinidad and Tobago, between 2011 and 2015 (Lewa et al., 2022). Nigeria featured eight times among the 27 African medical schools that had more than 100 graduates in the United States of America (USA) physician workforce in 2015 and Nigerian physicians made up 45.02% of all international medical graduates (IMGs) practicing in the USA, who were educated in medical schools in SSA countries (Mbachu et al., 2022). Also in 2015, 5.1% of IMGs in the Medical Council of Ireland register obtained their basic medical qualification from Nigeria (Mbachu et al., 2022). From 2010 to 2016, an average of 600 General Practitioners emigrated annually from Nigeria and nearly 50% of the emigration was to Europe, followed by North America and Africa (Onu et al., 2021). Between 2016 and 2018, over 9,000 medical doctors were reported to have left Nigeria in search of greener pastures in the United Kingdom (UK), USA, and Canada (Weller, Barrow, & Gasquoine, 2011).

The empirical analysis above shows that clinicians have lost interest or commitment to serving their country. For instance, the Nigeria Medical Association (NMA) reported in 2021, that less than half of their registered and trained doctors were practicing in the country, giving the country's doctor-to-population ratio of 1 to between 4 000 and 5 000, against the WHO recommended 1 doctor to 600 people. Early in 2022, the Medical and Dental Consultants Association of Nigeria (MDCAN) bemoaned that over 100 medical consultants left from 17 Nigerian tertiary health institutions in the preceding two years. A few months later, the body

surveyed its members which showed that over 500 medical and dental consultants had left Nigeria for developed countries over the preceding 2 years, and nine out of every 10 consultants with less than 5 years of experience plan to leave the country for greener pastures.

The main rationale for this action is that health workers in Nigeria are earning very low compared to their counterparts overseas. This has severe implications for their incessant relocation abroad and poor healthcare delivery in the countries Misau, Al-Sadat, and Gerei (2016). Indeed, healthcare delivery in Nigeria has remained in a sorry state and to address this, stakeholders in the health sector adopted differential motivation. It was adopted partly to motivate health workers and retain their commitment to work. However, the extent to which this goal has been achieved remained largely unclear, as Nigerian health workers, still emigrate overseas in search of greener pastures, despite differential motivation (Lawa et al., 2022). This raises concern about the utility-value and sustainability of differential motivation in Nigeria's public healthcare institutions. Thus, why health workers, especially clinicians, still leave Nigeria in search of better motivating and paid jobs, despite them special and preferred motivational incentives and leverages at the expense of other health workers is the core focus of this research.

All things being equal, it is expected that differential motivation, which offers clinicians higher motivational values than non-clinicians, would be able to retain their commitment and improve their job performance (Damilola, 2018; Mbachu et al., 2022). However, evidence showed that this group of health workers, often cite poor motivational incentives (low wages, deplorable healthcare infrastructures, and poor allowances) as the reason for abandoning their jobs. This goes to show that this group of health workers still lacks commitment to their work, despite being highly motivated than others in Nigeria's public healthcare institutions (Ayo, 2021; Onu et al., 2021; Damilola, 2018). This raises pertinent questions such as why are Nigerian clinical health workers still relocating overseas, despite being the most beneficiaries of differential motivation. Why has differential motivation failed to retain and discourage the incessant relocation of Nigerian health workers overseas? Why has differential motivation failed to improve the commitment and job performance of health workers in Nigeria? Answers to these questions become very important, considering the gap between the intent and actual achievement of differential motivation in Nigeria's health sector.

Research in this direction would expand knowledge on identifying factors responsible for this failure and how to curb its reoccurrence in Nigeria's health sector. While studies on this subject, have paid more attention to the consequences and implications of this brain drain on Nigeria's healthcare delivery, there is a dearth of research on the connection between differential motivation and commitment of health workers in Nigeria. There is a need to fix, if any, the disconnection between differential motivation and commitment of health workers in Nigeria. There is a likelihood that this research effort will provide information to critical stakeholders in Nigeria's health sector on how to effectively manage and adopt differential motivation to promote workers' commitment. The findings of this study will serve as a good source of information for the Nigerian government to formulate and implement policies that could enhance the effectiveness of differential motivation. In addition, the study has the potential to reveal to the Nigerian government and stakeholders in the health sector how to avoid the poaching of Nigerian health workers by other nations. The findings of this study are likely to inform more viable welfare policies that could enhance health workers' commitment in Nigeria.

### **Conceptual Review**

This section of the paper is dedicated to the review of key concepts relating to this subject. The principal among these concepts is differential motivation.

### **Differential Motivation**

In this study, differential motivation represents the subjection of workers in the same organization to different motivations. This model of motivation is likely to give more preferential motivation to one group of workers than others. In this case, it is the process by which clinical and non-clinical workers in Nigeria's health sector are subjected to different motivations, despite being in the same health institution. For this study, attention is paid to different motivation strategies adopted in Nigeria's health sector to enhance productivity and satisfactory performance of health workers in Nigeria's health sector. Since motivation is a driving force in most employees, including health workers, and also very crucial to the management if adequately utilized in terms of adopting different motivations possible, it can bring satisfactory performance and productivity of employees. This may have led to this quotation:

The ability of the management to deploy different motivation strategies, instead of relying on just one single one, is one of the best ways of getting the best productivity from employees, considering their different needs and backgrounds. Thus, good management of human resources is of paramount importance for this achievement of improved performance and efficiency. Every organization aims to increase productivity and maximize profit, using different motivation strategies.

A critical look at the above submission reveals how important differential motivation is to employee performance in an organization. This view was aptly supported by the following view, which asserted that:

The hierarchy of needs as postulated by Maslow is a form of differential motivation, purposively designed and mostly adopted by organizations to influence or push employees to do what they wouldn't have done ordinarily. Beginning from the satisfaction of the psychological needs of employees to self-esteem, and topmost career achievements of employees are differential motivation modes that can actively enhance the efficiency of workers in any organization.

From the above, it is clear that organizations that practice different motivational styles, especially the effective ones, will benefit from the productivity of their workforce unlike those with little or no motivational strategy. The health care services of every country are aimed at providing comprehensive health care services for its citizens as well as making some profits from the services it renders. The human element even though most important is complex and unpredictable, over which management has very little control. The level of job performance of employees is a function of their ability and their motivation. Their priority is what they can do and later determines what they "will" do. Given this, differential motivation was operationally referred to as:

The adoption of varying motivational strategies to drive employees to accomplish personal and organizational goals.

Importantly, differential motivation is aided by strategies, which tend to differentiate one motivation method from the others. It is usually adopted to enhance employee performance in an organization. The motive behind differential motivation is the boosting of the job performance of workers. For some organizations, combinations of different motivation strategies have aided the efficiency of their workforce, whereas, in some organizations, where an orthodox and routinized motivation strategy has rarely influenced the productivity of their employees.

Therefore, this study must examine the effect of differential motivation on the productivity of health workers in Nigeria's health sector (a comparative case study of private and public hospitals in Nigeria) to attain stated organizational objectives and goals, and how their present level of motivation, has influenced their employees' performance. Differential motivation in the private sector is more effective and productive in terms of improved commitment of health workers. Comparatively, clinicians in the private sector tend to be more committed to work, because their differential motivation entails staff welfare, allowances (car, housing, and sundries) and other incentives. In the public sector, differential motivation is poorly executed and sometimes, face with strong opposition from non-clinicians. This has severe implications for sincere commitment of clinicians in the public sector. It is clear that differential motivation, which may connote the same definitional meaning, is not the same in Nigeria's private and public health sectors. While clinicians in private sector tends to be more committed to their work and face no opposition from their non-clinicians, their counterparts in the public sector face strong opposition and attacks from their non-clinicians. Evidence showed that resistance and opposition against the incentives and packages of clinicians in the public sector tend to weaken their commitment. Comparatively, differential motivation entails strong opposition from non-clinicians, who believe that all health workers are equally relevant to healthcare systems, whereas their counterparts in the private sector hardly face such action. Similarly, in one of the World Health Organization (2024)'s report, it was revealed that countries should deploy policies and programmes that can aid performance, people-centeredness, and resilience of health systems, through the motivation of health workers. This declaration succinctly supports the adoption of differential motivation in the Nigerian health sector.

## **Motivation**

Motivation is simply a drive to do something an individual wouldn't have done ordinarily. It is the inner and mental state of workers in an organization that enables them to carry out their duties or jobs in a bid to satisfy their desires, needs, expectations, and wants (Nazrul, 1999). With this definition, it is clear that the desire to achieve organizational goals and targets can enhance job performance and commitment among workers. The desire for wages or expectations for promotion can also boost the commitment of workers towards higher job performance. This may have made Maslow define motivation on the basis of human needs and demands. He argued that motivation felt need is the basis of motivation (Maslow, 1954). No wonder Maslow's view on motivation was named the "Need Hierarchy Model", which comprises the psychological, security, social, ego, and actualization needs. The satisfaction of one of these needs not only stimulates the desire to achieve the next higher need but also the commitment and job performance of workers. Collaborating with this view, George (2018) argued that motivation is any influence that portrays, directs, or maintains people's goal-directed behaviors. It refers to the driving force that makes an individual act in a specific way. It is an inner drive that causes an individual to behave in a certain manner. In another work, James and Stoner (2018) noted that motivation is those 'psychological characteristics of humans that contribute to an individual's level of commitment to organizational goals and objectives. This very definition is even more important when we consider the importance of employee motivation on employee performance. Hemakumara (2020) expressed the view that motivation is a factor that induces an individual to expend effort towards achieving a particular task. The author further stated that a person's motivation is the determinant of that person's level of enthusiasm for specific behavioral patterns and is dependent on the ambition, needs, and wants of such individuals. Motivation could also be expressed in terms of the mental process that has the ability in the short and long run to decide the kind of actions a person takes when subjected to specific stimuli. The desire of the employee to work towards achieving a desire (which can be wages or set goals) is seen by Heilman and Hornsetien (1982) as motivation.

Given the foregoing definitions of motivation, it could be inferred that motivation is a physical and mental force of carrying out official duties to satisfy and fulfill the needs, wants, expectations, and desires of human beings.

## **Human Resource Management**

Human resources manager, which is the same as the Director of Establishment in healthcare institutions plays a critical role in the adoption of differential motivation. The human



resources manager is part of non-clinical health workers tasked with the responsibility of recruiting, hiring, deploying, and managing health workers including clinical and non-clinical workers (Aswathappa, 2008). HRM is often referred to simply as human resources (HR). An organization's HR department is usually responsible for creating, putting into effect, and overseeing policies governing workers and the relationship of the organization with its employees (O'Neill, Edim & Obarein, 2014; Salami et al., 2016). HRM is employee management with an emphasis on employees as assets of the business. In this context, employees are sometimes referred to as human capital (Uneke et. al., 2014; Oku et al., 2017). As with other business assets, the goal is to make effective use of employees, reducing risk and maximizing return on investment. In the context of government and privately owned hospitals, employees consist of medical (doctors, nurses, pharmacies, lab scientists, health officers, among others) and non-medical workers (accountants, administrators, record officers, drivers, security officers, among others), who work purposely to provide medical services to patients (PRRINNMNCH, 2014).

It is a management function concerned with hiring, motivating, and maintaining people in an organization. It focuses on people in organizations. Human resource management is designing management systems to ensure that human talent is used effectively and efficiently to accomplish organizational goals. HRM is the personnel function that is concerned with procurement, development, compensation, integration, and maintenance of the personnel of an organization to contribute towards the accomplishments of the organization's objectives. Therefore, personnel management is the planning, organizing, directing, and controlling of the performance of those operative functions. According to Dessler (2008) the policies and practices involved in carrying out the "people" or human resource aspects of a management position, including recruiting, screening, training, rewarding, and appraising comprise HRM (Mugo, Nyandika & Okibo, 2014).

Generally, HRM refers to the management of people in organizations. It comprises the activities, policies, and practices involved in obtaining, developing, utilizing, evaluating, maintaining, and retaining the appropriate number and skill mix of employees to accomplish the organization's objectives. The goal of HRM is to maximize employees' contributions to achieve optimal productivity and effectiveness, while simultaneously attaining individual objectives (such as having a challenging job and obtaining recognition), and societal

objectives (such as legal compliance and demonstrating social responsibility) ( Jaskiewicz et al., 2015).

### **Employee Performance**

This simply connotes the ability, manner, and efforts that workers in an organization put to their job. In the context of this research, it represents the manner in which health workers (doctors, nurses, laboratory scientists, accountants, administrators) complete their assigned work and perform required responsibilities. It is the metric that indicates how well employees adhere to both explicit and implicit standards, objectives, and priorities. Employee performance is also critical to organization's success. Each employee must work diligently to ensure that the company's vision and goal are realized (Bakar, 2018). The level of productivity of the workforce is one of the elements that can be measured. Several studies have introduced several ways to assess organizational performance (Wong & Wong, 2007; Prajogo, 2007). This comprises the individual's quality, quantity, knowledge, or inventiveness toward completed activities that comply with the obligation throughout a given period. In other words, evaluation systems must have some standard parameters that can be depended upon

### **Complementary nature of healthcare delivery in Nigeria's Public Healthcare Institutions**

Globally, studies have found that healthcare services are better delivered when healthcare givers or health workers (doctors, nurses, administrators, accountants, pharmacies, scientists, store-keepers, cleaners, and others) work complementarily (WHO, 2019; Wahner-Roedler et al., 2006; James et al., 2018; Yurtseven et al., 2015). It was also discovered that despite the long years of medical experience of the clinicians, they rely on the administrative skills and knowledge of the non-clinicians (such as accountants, auditors, ICT experts, cleaners, and others) to effectively perform or deliver healthcare services (Hilal & Hilal, 2017; Jimoh et al., 2013; Jimoh & Bakare, 2014). It is imperative to note from these findings that the work of common cleaners with no medical experience, who clean offices, clinical wards, laboratories, kitchens, and consultants' lodges or quarters, is critical to the effective performance of the clinicians. For instance, hospital cleaners, may not have any medical experience, but their cleaning job, which includes ensuring that surgical wards, intensive care units (ICU), emergency wards, and other hospital environments are clean, could aid in effective healthcare delivery. In addition, these global findings (such as Yurtseven et al., 2015; Hilal & Hilal,

2017) also revealed that despite the peculiar nature of the work of clinicians, they still rely on managerial decisions and policies made by hospital administrators, accountants, and auditors for most of their health facilities procurements. This goes to show that while clinicians are busy carrying out surgical operations and other medical treatments in different clinical wards, non-clinicians are busy with administrative duties to complement the work of clinicians. It is important to note that both clinicians and non-clinicians are working to deliver healthcare services.

In the Nigerian context, findings revealed that health workers consistently struggled to complement one another. Evidence revealed that most clinicians, often see themselves as more important than others, especially those from the non-clinicians' group (Omolabake et al., 2020). It is a known fact that clinicians in Nigerian teaching hospitals, have threatened to go on strike action, if some of the demands of non-clinicians are granted. This does not in any way represent complementary habit or action (Odunaiya, Ilesanmi, Fawole, & Oguntibeju, 2013; Onyekwere, 2013). According to Omolabake et al (2020) healthcare services delivery in Nigeria's tertiary health institutions are jointly implemented by clinical and non-clinical health workers, but such complementary work is faced with numerous challenges. Such challenges include lack of respect, and master-servant orientation, which tends to place clinicians as masters and non-clinicians as servants.

From the above findings, it can be interpreted to mean that while the country's health sector, like those in the global system, largely rely on the complementary work of health workers, but such collaborations, often face myriad problems. One of such problems is the inordinate imposition of the clinicians on non-clinicians, as though they are more relevant than others. Although, findings relating to Nigeria's specific issue of complementary work revealed that no one health workers group is inevitable, but the clinicians seem to be placing themselves above others. It was revealed that clinicians often ride on the hill of the peculiarity of their job in defense of their action. This inordinate action has severe implications for the quality of healthcare service delivery in Nigeria (Aquino, Olander, Needle, & Bryar, 2016; Clancy, Gressnes, & Svensson, 2013; Piecuch, Pawlowicz, Kozłowska-Wojciechowska, Waniewski, & Mkarewics-Wujec, 2014; Pype et al., 2013), and the associated medical conditions and health issues (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011; D'Amour, Ferrada-Videla, San Martins, & Beaulieu, 2005).

Generally, concepts, attributes, or characteristics that are associated with joint-collaboration between the clinical and non-clinical workers include clear and shared visions, goals, identity, commitment; partnership, interdependency and power; mutual trust and mutual acquaintances; role clarity and communication strategies; coordination and integration (D' Amour et al., 2005; Reeves et al., 2010; Shannon, Karine, & Johanne, 2011; Weller, Barrow, & Gasquoine, 2011). Although, studies have examined the relevance of joint collaboration between health professionals in the delivery of healthcare services, there is no clear picture and documented evidence on the pattern and the extent of joint-collaboration between clinical and non-clinical workers in the healthcare settings in Nigeria. Literature is deficient and there is dearth of data on the extent, degrees, approaches, and current status quo of joint work between clinical and non-clinical workers in the Nigerian tertiary health institutions. There is lack of research studies to describe the mechanism, approaches, and benefits of clinical and non-clinical workers collaboration specific to the Nigerian health sector that aligns with the recommendations by the World Health Organization (2010).

### **Theoretical Framework**

This study adopted structural-functionalism to explain the connection between differential motivation and health workers commitment or performance in the delivery of healthcare service in Nigeria. This theory simply holds the view that every political system has certain structures or institutions that must perform their specialized functions to keep the entire political system healthy and working, otherwise, failure of these structures or institutions to carry-out their specialized functions, could put unnecessary pressure on the political system. It is argued that if the pressure on the political system, imposed due to failure of any of the structure to perform its specialized functions, could lead to the collapse or demise of the entire system. This can be applied to the subject, in that, health institutions like others are part of the structures that made up of the entire system. It has specialized functions such as efficient delivery of health-related services to people in the society. Health institutions, through the help of skilled and experienced health workers, carry-out health related functions (Ukaejiofo, 2013).

To guarantee the steadfastness of health workers to health service delivery, largely depends on motivation. Thus, adequate motivation of health workers by relevant healthcare institutions could enhance the commitment of health workers towards their job, which is the provision of quality healthcare service in Nigeria. However, failure of these institutions to

commit themselves to periodic motivation of health workers could portend a doom for health service in Nigeria. Since part of the functions of health institutions is the enforcement of appropriate motivation strategy to enhance the performance of their employees' (health workers). Differential motivation is a motivational strategy that seeks to give more higher preferred productivity boosting incentives to certain category of health workers (clinicians). It holds the view that since clinicians are more critical to effective and sound healthcare services, there is a need to grant them more attractive incentives, fringe benefits, and allowances to bolster their commitment and improve their performance. This theory submits that the more health institutions are committed to the adoption of differential motivation of health workers, especially, the clinicians, the better their commitment or performance, all things being equal. However, recent findings have criticized this theory because it does not consider economic challenges or social and environmental issues. For instance, despite the juicy or promising nature of differential motivation, harsh economic realities such as inflation, as well as family reunions, and large-scale environmental mishaps can force or push people out of Nigeria. Nigeria is known to have economic, social, and environmental problems that can foil certain claims and principles of structural-functionalism.

## **Methodology**

The article is based on qualitative research involving Key Informant Interviews with purposively selected stakeholders. This method is suitable because it allows the researcher to select participants who have adequate knowledge of the subject, especially during the feasibility study. Four categories of participants were drawn from clinical health workers, non-clinical health workers, management teams (Deputy Director of Administration) with histories of motivational strategies, and scholars in human resources management. The choice of participants was based on their roles as experts and stakeholders on issues of differential motivation and commitment of workers. The four categories of participants enabled the article to filter views from a fair balance of normative academic thought, knowledge gotten from the field involvement as well as involvement in research for improved commitment and job performance. While participants from the management team can give official viewpoints on the adoption of differential motivation and its effects on health workers' commitment to work, academics who have researched motivation and employee performance offer views on the likely impact of differential motivation on the commitment or job performance of health workers. Clinical health workers have a wealth of knowledge on how differential motivation impacts their job performance, whereas non-clinicians offer views on the contending issues in

differential motivation. The interviews involved face-to-face, online, and phone conversations with 12 participants drawn from the Obafemi Awolowo University Teaching Hospital Complex. Among the management team, interviews were conducted with the head of the establishment, representing, the human resource manager, unit heads, and Director of Administration. Among clinicians, interviews were conducted with doctors, nurses, and scientists. Among non-clinicians, interviews were conducted with accountants and administrative officers. Participants were also selected from scholars with an interest in human resources management, in the Department of Public Administration, at the Obafemi Awolowo University. Semi-structured interviews, which allow the researcher to ask follow-up questions after responses to the documented questions was used for data gathering. Generally, the lead question centered on the relevance of differential motivation generally, for the motivation of health workers in public healthcare institutions. Participants, who were coded as P1, P2, P3,.....P12) were also required to comment on how differential motivation can be enhanced in the face of incessant relocation of health workers abroad. This article also sourced data through document analysis and observations. Data were analyzed thematically using content analysis. Interview transcripts were coded to identify recurring themes and patterns related to differential motivation and employee performance

### **Findings: Differential Motivation and health workers commitment**

The adoption of differential motivation by stakeholders in Nigeria's public healthcare institutions, does not in any way influence greater commitment in health workers, as revealed by participants from both the groups of clinicians and non-clinicians. What it does was to create the seed of discord between clinicians and non-clinicians as revealed by P<sub>1</sub>, P<sub>4</sub>, P<sub>7</sub>. For P<sub>1</sub>, although the management has the intention to curb the incessant resignation of clinicians, who leave the hospital service to take up a similar job overseas, but the reality is that:

Differential motivation, which places more priority on granting the clinicians higher and juicy incentives, fringe benefits and allowances over and above that of other non-clinicians, has not been able to achieve the main purpose of stimulating higher commitment or performance in clinical health workers. Till date, the management kept on receiving different complaints from patients, about poor

quality of service of our health workers. It is either they are not attended to timely, or there are no medical staff to attend to them.

The view of P4 was particularly more informative of the practice of differential motivation. She argued that:

I think the word '*keep the clinicians in active service*' is more preferable to be used as the benefit of differential motivation. In fact, to be sincere, we clinicians know what our colleagues earn overseas, so according to us, or giving us preferred or favored juicy motivational packages in terms of allowances, fringe benefits, wage, and other incentives, far above other non-clinical health workers, does not have any effect on my commitment. This is because naturally, such differentials are as a result of years in medical school, residency training, peculiarity of our job, and dual roles of some of us, who are both lecturers and consultants at OAUTHC.

It is clear from the above views that differential motivation hardly influences higher commitment or greater job performance of clinical health workers. This view seems very correct, considering the fact that indicators of commitment or job performance such as being attentive to patients needs, timely medical treatment of patients, friendly doctor-patient relation or communication, quick response to health emergencies, and others are rarely seen among clinical health workers (P<sub>1</sub>, P<sub>8</sub>, P<sub>10</sub>, P<sub>11</sub>). In the course of the interview, questions were asked on factors limiting the benefits of differential motivation, almost all participants, with few exceptions indicated factors such as congestion of hospital facilities, deplorable conditions of service, shortage of health workers, inadequate medical facilities, poor healthcare infrastructures, economic hardships, and among others. In a more detailed and logical view, P<sub>12</sub> in responding to why differential motivation is failing to yield expected outcome, he revealed that:

As a Senior Reg, in residency training here at OAUTHC, even though we are receiving more higher motivational packages and incentives than others, the benefit has been drastically reduced by harsh economic policies of the current government and this

accounts for why most doctors in residency training are abandoning the training for greener pastures abroad. I have lost count of colleagues who have JAPA to other country to continue with their healthcare delivery job. The point is, what is the benefit of a reward that inflation has totally bastardize? It is obvious that the idea of differential motivation is a failed human resources management policy that only has the benefits well-established on paper, but lacks proper execution?

In a different, but more analytical view, P<sub>7</sub> reported that:

While I agree that differential motivation has some sort of influence on commitment and performance of health workers including clinicians, such positive influence both on patients and health workers can be wiped through challenges confronting the hospital. Of course, challenges like shortage of health workers, inflation, rising cost of living, bad economic policies, deplorable condition of service, inadequate medical suppliers and facilities, corruption, and others, can reduce health workers commitment to duties, even when differential motivation is in place. For instance, how do you expect a doctor or nurse in charge of over 200 patients to be committed to work or how would doctors and nurses be fully committed to work, without official offices, instruments to work with, or heavily polluted environment? It is impossible for such workers to put forth their best commitment to their duties, even with benefits of differential motivation.

The two views above though, different in terms of the potency of differential motivation on the commitment of health workers, align on the factors limiting the effectiveness of differential motivation. In Nigeria, differential motivation was a tool in the hands of government and different management of public healthcare institutions to address recurrent resignation of health



workers across the nation. It was a tool used by the government to constantly divide and manage the hospital from the center (P<sub>8</sub>, P<sub>5</sub>, P<sub>6</sub>, P<sub>2</sub>)

Another issue that came up during the interview session was mitigation strategies that can enhance the effectiveness of differential motivation. Suggestions such as adequate funding of health, provision of health infrastructures or equipment, recruitment of committed and qualified health workers, quick and prompt response to patients needs reward of hardworking among others. (P<sub>1</sub>, P<sub>2</sub>, P<sub>3</sub>, P<sub>4</sub>, P<sub>5</sub>, P<sub>6</sub>, P<sub>11</sub>). It is obvious from the views of participants that the ineffectiveness of differential motivation can be eradicated or address through creation of an atmosphere (i.e decongestion, adequate budgetary allocation health, supply of medical facilities, healthy doctor-patients' relationships, among others.

### **Discussion of Findings**

In this study, three key specific objectives were earlier stated. First, to examine if differential motivation has any influence on the commitment or performance of health workers. Second, to determine factors limiting the effectiveness of differential motivation, and thirdly, to identify mitigation strategies against challenges limiting the effectiveness of differential motivation.

On the first objective, scholarly findings are mixed. While some findings revealed that motivation generally, whether differential or not, significantly influences the performance of health workers in Nigeria (George, 2018; Hemakumara, 2020). Differential motivation, according to Dereje (2020), does not have an enduring influence on job performance or commitment of health workers in Nigeria {Ebenso et al., 2020). Similarly, it was found that differential motivation does not have long-lasting impact on the commitment and job performance of health workers in Nigeria. Rather, it intensified or heightened the existing hostility between clinical and non-clinical health workers in public healthcare institutions (Damilola (2018), Ossai (2020), and Samik et al. (2021).

The second objective, which examined factors limiting the effectiveness of differential motivation, results showed that factors such as low budgetary allocations, corruption, delay in remittance of budgetary allocation to parastatals such OAUTHC, poor medical facilities, shortage of health workers, among others (Shunsuke et al., 2017; Ossai, 2020; Adegboye & Akande, 2017).

Results on the third objective indicated adequate funding, decongestion, improved medical facilities and infrastructure, timely promotion of health workers, increased public funding of residency training, provision of working instruments for the treatment of patients, fringe benefits, rewards, among others as strategies that can enhance effectiveness of differential motivation for increased job performance or commitment of health workers in Nigeria.

## **Conclusion**

In this article, the focus was on the possibilities that differential motivation stimulates or influence an improved commitment or performance of healthcare delivery in Nigeria's healthcare institutions. These are sacred to healthcare delivery. Unfortunately, in Nigeria's healthcare institutions combination of factors such as poor funding, corruption, shortage of health workers, overcrowding, poor health infrastructures and facilities have negatively impugned on the effectiveness of differential motivation, and, thus, commitment and job performance of health workers, especially clinicians. This accounts for reasons why they leave the country for greener pastures overseas, despite the adoption of differential motivation. Delay to attend patients or negligence of patients' plight is a sign that the differential motivation has no significant influence on health workers commitment, and causes the poor healthcare service delivery. Other challenges limiting the effectiveness of healthcare institutions, including an overcentralised administrative structure, poor oversight, corruption and other ethical issues, poor funding as well as poor material and human resource endowment, worsen the use of differential motivation to influence health workers commitment to work.

Prospects provided by differential motivation are necessary in addressing some of the issues. With total eradication of institutional challenges, it is believed that differential motivation will help enhance the commitment of health workers, especially clinicians for better job performance. Differential motivation enables deeper monitoring and oversight leverage over health workers. Instructively, differential motivation is a mere tool, which, while being able to motivate health workers for an improved performance or commitment, can equally help to create problem, such as internal rifts between clinicians and non-clinicians. Sincere soul searching and healthcare reforms on the part of government and public openness to the idea surrounding the use of differential motivation, will reduce the heft of negative inputs and the resulting stress on health workers, and can actuate the potentials inherent in differential motivation for an improved performance towards effective healthcare delivery in Nigeria.

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