

**A SYSTEMATIC REVIEW OF THE IMPACT OF
INCENTIVES ON JOB PERFORMANCE AMONG
HEALTHCARE WORKERS IN AFRICA**

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ABSTRACT: Africa has a weak health system, and one of the motivating factors for an effective health system is a poorly motivated workforce that is dissatisfied with their jobs. This study undertook a systematic review of studies that examined the impact of rewards on the motivation of healthcare workers in Africa. Electronic databases were searched for peer-reviewed articles published in English with full-text retrieval within the period 2000-2023. Databases searched included Google Scholar, PubMed, Medline, and African Journals on Line (AJOL). The initial search gave rise to 984 articles retrieved from the databases. After screening, seventeen articles were included in the review. Three broad themes with sub-themes were identified, and they include financial incentives, organizational factors, and contingent rewards. Financial incentives, increments in salary, promotion with salary increments, pay-for-performance, cash bonuses, health and hazard allowances, and fringe benefits motivate healthcare workers. The study noted that salary is the strongest reward that motivates healthcare workers in Africa. Contingent rewards show that appreciation, recognition, and acknowledgement inspire workers into better performance and create job satisfaction. Organization-related factors that influence the behaviour of healthcare workers include the working conditions, the nature of the job, job autonomy, engagement, empowerment, supportive supervision, and an effective leadership approach. The study reported a high level of dissatisfaction among healthcare workers in Africa. In order to motivate healthcare workers, governments of African countries must strive to upgrade the salary structure, ensure that workers are regularly promoted, and improve work conditions. Improvements in work conditions entail creating enabling work environments, establishing flexible work schedules, and creating an atmosphere for cooperation, open communication, and interdependency among healthcare workers. Efforts should be made to provide adequate resources, equipment, and health infrastructure, and governments of African countries must strive to increase the number of health personnel per 1000 of the African population.

Keywords: Job satisfaction; Incentive; Healthcare; Motivation; Productivity

INTRODUCTION

Globally, motivation and job satisfaction of workers play fundamental roles in enhancing staff performance and productivity (Manzoor, Wei et al., 2021). To attain optimum achievements in an organisation, the worker must be satisfied and enthusiastic in executing tasks (Abasili, Bambale et al., 2017). According to Manzoor et al. (2021), work-related tasks are better conducted when staffers are well-motivated. In Africa, personnel are more inclined to perform well when organisations adequately reward them (Tehseen & Hadi, 2015; Adaeze, 2017).

Understanding what motivates workers may be used to gear workers to their maximum capacity. In the literature, it is reported that an affirmative connection exists between rewards and the satisfaction of workers. For instance, Grant (2008) opined that motivation results in instant performance and productivity of employees in organisations, including the health sector, and as a result of motivation, workers can effectively manage and direct their own affairs. The healthcare sector needs human, material, and financial resources to achieve the goals of the organizations. The organisation is poised to achieve its goals when its workers are satisfied and highly motivated (Amy et al., 2021; Aktar, Sachu et al., 2012). Kuvaas and Dysvik (2009) argued that employees who are highly engaged and committed to doing their work take on responsibilities as motivated workers. According to Manzoor et al. (2021), it is not so easy to understand motivation, and hence applying its practices is limited. Understanding the nature of humans is important in motivating them to perform better performance. However, human nature is complex, and given the disparity in human nature, such an understanding of human nature is almost impossible.

Furthermore, organisations, including the healthcare sector, deploy various reward strategies to inspire their workers to higher productivity. The reward management system includes intrinsic and extrinsic rewards, including salary, fringe benefits, allowances, cash bonuses, merit pay, pay for performance, recognition, praise, acknowledgements, and shared savings (Mazoor et al., 2021; Christen et al., 2006). Through the reward management system, healthcare organizations can attract, recruit, retain, and motivate highly skilled healthcare professionals (Liu et al., 2008).

Based on the literature, it is evident that a motivated worker force is one of the drivers of organization performance. The healthcare sector plays a pivotal in the progress of any nation due to the dividend of good health and its benefits in economic development. As the aphorism goes, ‘Health is wealth’ (Jimoh & Tinuola, 2021). It is pertinent that managers of health care organizations understand the suitable reward strategies that motivate their workforce into better performance (Aland & Kania, 2017). Ample African studies examined the impact of various reward strategies on the performance or motivation of healthcare workers (see Akinwale et al., 2020; Deriba et al., 2017; Amy et al., 2021; Jimoh & Tinuola, 2021; Baljoon et al., 2018). The aforementioned studies are country-specific studies that used either qualitative or quantitative research methods to explore the role of rewards in influencing the motivation of health care workers. However, no past study to the best of my knowledge undertook a review of studies on the impact of rewards on workers’ motivation within African health settings. This study hence filled this gap by systematically reviewing studies on the impact of rewards on the motivation of health care workers in Africa.

Statement of Research Problem

An effective reward system has been reported as a source of inspiration (Eastwood et al., 2005; Crowston & Fagnot, 2018). There is a dearth of evidence on rewards and incentives among healthcare workers in Africa. Also, no previous study compared rewards or incentives among healthcare workers in Africa with those in the United Kingdom or other regions of the world. The African health system continues to lag behind health systems on other continents, especially in Europe, Australia, and America (Onah et al., 2022). Due to poorly structured incentives and rewards, Africa has experienced a massive exodus of its healthcare workers to other continents of the world (Poppe et al., 2014). The healthcare workers in Africa have experienced great demotivation and discontentment, and this has prompted the migration of health workers out of the continents (World Health Organization, 2018). For instance, the

number of verification requests for nurses desiring to leave the continents has been on the increase since the year 2000 (Toyin-Thomas et al., 2023). Requests from embassies of the United States, Saudi Arabia, and Britain placed in Nigeria on a weekly basis for verification range between 30 and 45 (Masanjala, 2018). On a yearly basis, there is an average of 2,486 applicants seeking verifications for nurses seeking to migrate to other countries from Nigeria (Bludau, 2021).

Poor remuneration and unfavourable working conditions are among the push factors that are inspiring the migration of healthcare workers from the continents. For instance, on average, nurses in Britain earn £15,000 (\$22,900; €23,400) per annum, while at best, the average pay for nurses in Nigeria is N300,000 (1,700; \$ 25,000; 2,600) per annum, though most nurses in Nigeria earn between N60,000 and N120,000 per annum (Bludau, 2021). Comparing the average wage for selected African countries and developed regions, it is reported that average nurses and doctors earn \$2,576 and \$ 7,676 per month, \$ 2812 and \$ 8472 per month, \$ 3050 and \$10,554 per month, \$38 and \$ 67 per month, and \$ 175 and \$ 228 per month, respectively, in the UK, Canada, USA, Uganda, and Sierra Leone (Toyin-Thomas et al., 2023).

All African countries are greatly affected by the massive migration of healthcare workers, including medical social workers, to other continents (World Health Organizations, 2011). Statistics from Britain's Nursing and Midwifery Council revealed that between May 2018 and March 2021, over 4,800 nurses migrated from Africa to Europe. In this estimate, South Africa lost 2,114 nurses, Zimbabwe lost 473 nurses, Nigeria lost 432 nurses, Ghana lost 183 nurses, and 155 nurses to Britain (Toyin-Thomas et al., 2023). Many developed countries continued to advertise vacancies for health workers in dailies and media on African continents, and as a result, many African countries have been massively losing their health care workers (Hagopian et al., 2004). According to the World Bank (2018), 50 percent of all medical graduates leave their countries in Africa within the second year, while 80 percent will leave by the fifth year. Annually, it is estimated that annually 20,000 health care professionals migrate from Africa to other continents in search of better opportunities (Bludau, 2021). Massive loss of healthcare workers in Africa costs Africa \$4 billion per annum due to the fact that it is highly skilled workers and medical professionals that are leaving the country. The brain drain of healthcare workers is hindering African economic growth prospects and has greatly affected its healthcare systems (Deribah et al., 2017).

African countries have experienced manpower crises in their health systems, which is due to the low production of health manpower and massive movement of healthcare workers from the continent. Consequently, the physician density ratio in many African countries lags behind what is obtained in other regions of the world and the stipulated WHO's recommended ratio (Onah et al., 2022). However, there has been a dearth of systematic reviews on the impact of the rewards and incentive structures on the motivation and satisfaction of healthcare workers in Africa.

Research Questions

The research aims at the following research questions:

- i. What are the rewards/incentives given to healthcare workers in Africa?
- ii. Do rewards and incentives in health systems in Africa and other countries impact the performance of healthcare workers?

- iii. What are the benefits and impact of providing a reward and recognition framework to support the performance of healthcare staff?

Objectives of the Study

The aim of this review is to identify and analyse the various rewards and incentives adopted in the healthcare sector in Africa and their impact on the performance of healthcare workers. Specifically, the objectives are outlined below:

- i. To examine the various rewards and incentives employed in the health sector in Africa.
- ii. To explore the various factors that influence the attitude of healthcare workers in Africa.
- iii. From the review, make recommendations for policy, management, and practice.

RESEARCH METHODOLOGY

Research Design

A systematic review approach is engaged in answering the relevant research question: (i) What are the impacts of rewards and incentives on workers' performance in the African health care sector? The critical review approach is selected because it enables extensive search of literature on the subject matter and includes more credible reports of information (Bearman et al., 2012). Therefore, the study results in a deeper and more critical review of the literature from diverse sources in order to give rise to meaningful interpretation of the literature regarding various incentives and reward packages deployed by health care organizations in Africa and their possible impacts on workers' performance.

Search Methods

An electronic search of articles was carried out to identify the various incentives and rewards and their impacts on the performance of workers within the health care sector in Africa. Well-defined search terms were used and combined with suitable Boolean operators (see Table 1). The intent for this structured search was to broaden the extent to which relevant articles were retrieved and included in the review. Relevant articles published between 2000 and 2023 were included in the review. The start date of 2000 was to make sure only relevant and recent reports on health care workers and incentives were included. In addition, the migration of health care workers out of African settings glaringly heightened in the year 2000. More searches were made by applying equivalent subjects, related terms, and searches of fully retrieved articles. The search only included peer-reviewed articles, those published in English and have full-text retrieval.

Inclusion and Exclusion Criteria

Table 1: The inclusion criteria for articles in this review.

	Inclusion	Exclusion
Participants	The participants must be healthcare workers, preferably nurses, midwives, pharmacy, doctors and laboratory technicians. Participants must be employed on a full-time basis	Other settings outside the healthcare sector include the banking sector, manufacturing sector and others.

Design	Quantitative studies, qualitative studies, mixed method studies, Randomized controlled Trials (RCTs) and meta analyses and synthesis.	Systematic review Scoping review
Objectives & Outcome	Objectives and outcomes related to incentives/rewards and performance of workers	Objectives and outcomes unrelated to workers' performance/productivity and incentives/rewards
Lagrange publication Time	Peer-reviewed articles 2000-2023 Published in English Language	Non-English Grey Literatures Not peer-reviewed
Region	Africa, including West, North and sub-Saharan Africa	Other regions outside Africa more especially in the East Asian Pacific, Middle East and North Africa, and OECD

Source: Author, 2023

The entire process of reviewing the literature took place in five steps, which are screening, retrieval, data extraction and data analyses.

Retrieval

The second step is to fully read the identified articles. Therefore, articles selected after the initial screening were fully read to identify those ones that focused on the impact of rewards/incentives on workers' performance among healthcare workers in Africa. Third, articles that are suitable to the review objectives were subjected to detailed analysis. The results of the review were extracted into a table with appropriate details such as authors, country, settings, participants, methods and results findings on the role of incentives/rewards on the motivation of healthcare workers.

Analysis

The analysis was done by extrapolating the data extracted from the table, the various types of incentives and other related factors were identified and categorized into several themes and discussion of the literature was undertaken under the themes.

Search Outcomes

Using the search criteria and searching the full electronic data bases it resulted in 984 articles being identified. Out of this, 879 of them proved irrelevant through examination of titles, and 65 of the remaining were duplicates. After examination of the abstract of the 40 remaining articles, 25 of them were examined in full. Of these, four were removed, and it was left with 21 of them. The remaining 21 articles were evaluated for quality. Of these, four were removed having failed the quality assessment tests. Hence, 17 articles were included in the review.

Critical Evaluation of Included Papers

Due to the heterogeneity of the studies included in this review, the quality of the individual articles was evaluated using the Critical Appraisal Skills Programme (CASP) qualitative tool. This is a checklist with ten questions that assess three key aspects of research, which are the design, the method, and the results (Taylor et al., 2004). Each paper was evaluated and scored against the criteria. An article should score at least 8 of 10 to be included in the review. Any article that scored below that is expunged from the study (Megan et al., 2007).

Table 2: Critical Appraisal Framework- CASP

Critical appraisal Criteria	Is the research aim clearly stated?	Is the method suitable?	Is the research design suitable for achieving the aims?	Is the approach for recruiting participants suitable?	Was the data collected in a manner that supported the research aims?	Was the relationship between the researcher and participants put into consideration?	Did the research consider ethical issues?	Was the data adequately analysed?	Are the findings clearly communicated?	Is the research valuable?
Amy, Anneke et al., 2021	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Deriba et al., 2017	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Mbindyo et al., 2009	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Darbo et al., 2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adzei et al., 2012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Akpan (2021)	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Akinwale et al., 2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Olaniran et al., 2020	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Jimoh & Tinuola (2021)	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Darboe et al., 2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eltarhuni & Alaqeli (2019)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baljoon, Banjar et al., 2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Omowumi et al., 2011	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kwansah et al., 2012	✓	✓	X	X	✓	✓	X	✓	✓	✓
Aninanya et al., 2019	✓	X	X	X	✓	✓	✓	✓	✓	✓
Alhassan et al., 2013	✓	X	X	X	✓	✓	✓	✓	✓	✓
Agyepong et al., 2004	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Mathauer & Imhoff (2006)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Manongi et al., 2006	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aland & Kama (2017)	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Pulla & Akande (2021)	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Plande & Keno (2018)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: Author's Review, 2023

In the study by Amy et al. (2009) in Ugandan health settings, the non-randomization of the hospitals resulted in selecting seven Catholic-owned hospitals out of the nine hospitals included in the study. Consequently, hospitals owned by Presbyterians and Islam were underrepresented. Non-randomization in sampling can affect the validity of the research reports. According to Jimenez-Buedo et al. (2010), validity is the extent to which research results reflect the events that are actually being measured. Therefore, it is imperative to know that randomization of the hospitals will have been the best; hence, we cannot guarantee that the strategy for recruitment is suitable. However, the design of the study, the objectives, data analyses, and results are all impressive and align to the objectives of the study.

The study by Mbindiyo et al. (2009) has a similar flaw in the strategy for recruiting participants. The study used convenience sampling to recruit participants in focused group discussions, key informant interviews, and personal interviews. The study only recruited health professionals who were on the ground at the time of the interview. According to Jager et al. (2017), convenience sampling without randomization from a larger population may result in sampling bias. In other words, convenience sampling can result in loss of external validity, lack of variety, and the possibility of research bias (Jimenez-Buedo et al., 2010). This study can be improved by ensuring that participants are randomized. However, the research design is appropriate, the objectives and findings are well communicated, and the results are rigorously analysed.

In Deriba et al. (2017), a structured questionnaire was used to elicit information from randomized participants. However, there was a possibility that participants either underreported or overreported their level of satisfaction on the job. This is one of the challenges associated with verbal reporting where the researcher cannot validate the report by participants. In fact, validation bias is the primary challenge with the self-reporting research design approach. However, it was obvious that the researcher could not avoid this. This notwithstanding, the study scored high, having performed well in the ten aspects used for evaluation.

The study by Adzei et al. (2012) used a higher proportion of nurses in the representative samples. Nurses account for 60.6% of the representative sample, hence limiting the extent to which the study results can be extended to cover other health care workers. It is suggested that to improve the research results, the study should increase scope for other health care workers. In orders, the number of nurses should be reduced while that of other professions increases. Also, the study used the quantitative method, which has been criticized for its too restricted nature that it does not give the respondents room to express themselves in depth (Jager et al., 2017). In other words, it does not create room for participants to fully express themselves. It is therefore good to improve the study by employing a mixed method.

The study by Akpan (2021) did not randomize the selected hospitals as they were purposefully selected, and this would have affected the validity of the research results. The study can be strengthened through randomization of the hospitals and the participants recruited for the study.

Also, a study by Akinwale et al. (2020) used longitudinal data and randomization of participants but only included nurses, which limits the extent of generalization of the result to cover other healthcare professionals. The research design can be made impressive by including other health professionals in the study sample. The study by Olaniyan et al. (2021) recruited only community health workers (CHWs), and this limits the scope of the study and the extent

to which the findings can be generalized to cover other health professionals. The study should increase the number of health professionals, especially doctors and midwives.

Agyepong et al. (2014) deployed convenience sampling to recruit participants, which would have affected external validity and inspired sampling bias. Study by Omowumi and Osamede (2011) under reported doctors and over reported nurses in the sample. There is no doubt that this would have affected the outcome of the research by yielding biased results. It is good that the study uses the proportional sampling method to ensure that all healthcare professionals are adequately represented. Alands and Kama (2019) would have done better if a purposive sampling rather than a random sampling method was engaged, given that the proportion of people representing each profession group varied in their numbers. Pulla and Akande (2019) did not work out a sample size, and that would have affected the adequate representation of the sample group. It is possible the sample group is underreported and also possible that it is overrepresented. There is no doubt this would have affected the validity of the research results.

Kwansah et al. (2012) deployed an extremely small sample size of 12 persons. This sample size is too small and may limit the extent of results extrapolation. According to Faber and Fonseca (2014), small sample size may prevent research results from being extrapolated, and Labaree (2009) asserts that it will be hard to find a significant relationship from small size data, which may be unrepresentative. This can limit the extent of generalisability of the research results, that is, the extent to which the results can be extended to other populations (Anyiwe & Kelikume, 2006). Furthermore, the sample is not only limited by its small size but also by the ratio of nurses to other health professionals. An estimate of 85% of Kwansah et al.'s 2012 study were nurses, and there were few doctors further suggesting that these results are not generalizable to cover the entire health profession.

Aninanya et al. (2019), in addition to using a small sample size like Kwansah et al. (2012), also recruited participants purposefully without randomization, hence limiting the extent of validity of the research results. Also noted was the fact that ethical clearance was not duly observed. For instance, the authors did not report any aspect of informed consent. According to Anyiwe and Kelikume (2006), informed consents help to protect research from physical, psychological, social, and legal harms. For instance, participants can sue the researchers for releasing their private data and information. Alhassan et al. (2013), in their study, used a small sample size and conducted their surveys at home instead of a health facility, and this is considered the wrong recruitment approach in data collection. It could also result in a scenario where competent and qualified participants will be denied the opportunity to be enlisted.

PRESENTATION OF THE DATA

Important themes from the reviewed studies were derived and discussed in line with past studies. Of the 17 studies reviewed, seven (7) were quantitative, eight (8) were qualitative, and only one was a mixed study by Aland and Kania (2017) (see Table 3.1). The 17 studies identified factors affecting job satisfaction and motivation focusing on health care workers, which were categorized into three (3) themes.

Table 3a: Presentation and review of studies on factors influencing the behaviour/motivation of healthcare workers

References	Study design	Study population and sample size	Results/Findings	Recommendations
Deriba et al., 2017	A facility-based quantitative cross-sectional study in Ethiopia	The population is all healthcare workers in 46 health centres. The sample size involves three hundred and twenty-two (322) healthcare professionals in twenty-three randomly selected public health centres.	The result showed that the overall level of job satisfaction was 41.46%. Compensation benefits, salary and incentives, recognition and acknowledgement by managers, and opportunity for development were significant factors associated with healthcare workers' satisfaction and motivation. A unit increase in salary and incentives will cause job satisfaction to rise by 0.459 units. Also, a unit rise in recognition by management will cause job satisfaction among workers to rise by 0.156 units. The study concluded that job satisfaction among workers is low. Low workers' motivations encourage poor attitudes towards health service users and low morale to work and be committed to the job.	The study recommends that the institution's management consider consistent salary increases, adequate compensation, and an appreciation programme for hard-working staff.
Mbindyo et al., 2009	Cross-sectional qualitative study using in-depth interviews, small-group interviews and focused group discussions in Kenya.	All the health care workers in the eight districts forms the population. The sample size comprised of one hundred and eighty-five (185) health care workers	Conducive working environments, light workloads, opportunities for growth and development, financial incentives, frequent promotions, good interpersonal relationships, and managers' commitment to improving workers' welfare positively impacted workers' satisfaction with their jobs and	Organizational management should strive to increase opportunities, create room for growth, establish opportunities for effective communications, reinforce supportive leadership, and implement both financial and non-

		in the eight district hospitals.	motivated them to do their best, such as punctuality at work, friendly disposition, overtime work, and avoiding errors and mistakes.	financial measures to motivate workers.
Darbo et al., 2016	Cross-sectional Quantitative Study in Gambia	The population comprised of all healthcare workers in the health district. The sample comprised two hundred and eighty-seven (287) healthcare professionals (201 nurses and 86 environmental health officers)	The study reported low level of satisfaction among health care workers. Over 85% of the respondents reported low satisfaction with their jobs and as a result low motivation. The drivers of job dissatisfaction are poor working conditions, crushing work load, lack of supportive supervision, lack of defined work schedules, rigidity in time tables, low financial incentives and lack of team working.	The study among other things recommends improvement in salary structure, improvement in effective communication and creating atmosphere for effective communications and team working.
Adzei et al., 2012	Cross-sectional qualitative study design in Ghana.	The population comprise of health care workers from the ten (10) district hospitals in four regions of Ghana. The sample comprised of two hundred and eighty-five (285) health care workers.	Financial incentives with salary increments, promotion with wage raise, leadership skill, supervision with supports, division of labour, communication and effective team working, opportunities for continuing professional development and availability of infrastructural resources are strong drivers of motivation among health care workers in the study. On the other hand, low salary structure, poor working conditions and crushing workload are sources of disincentives and demotivation that discourage health care workers.	Introduction of appropriate legislations, salary supplements, introduction of cash bonuses and merit pay and introduction of sound leadership with managerial competence will improve workers' motivations and boosts their Morales as recommended by the study.

Source: Author's Review, 2023

Table 3b: Presentation and review of studies on factors influencing behaviour/motivation of health care workers

References	Study design	Study population and sample size	Results/Findings	Recommendations
Akinwale et al., 2020	Cross-sectional qualitative study design in Nigeria.	The population of all nurses in state and federal hospitals in Lagos State, Nigeria. The sample comprised of three hundred and sixty-four (364) nurses in Lagos States, Nigeria.	The study identified seven predictors that collectively influenced the satisfaction level of nurses and positively impacted on their behaviours. The predictors are political climates, administrative and managerial support, nurse autonomy and responsibility, salary, supervision and working conditions, recognition and appreciation, advancement and promotion. However, salary increments and a good salary package are the most fundamental of all the predictors listed above. The possible behaviours that can be influenced include regularity in work, attitude to clients, responsiveness to assignments, ability to avoid error and job turnover intention.	The study recommends that hospitals' management should pay attention to ensuring workers are happy and contented with the level of welfare in the workplace in order to improve nurse retention, prevent high turnover of workers, and encourage better and higher performance. The study concludes that job satisfaction is likely to increase health workers' effectiveness and boost their mental health and social stability.
Jimoh and Tinuola (2021)	The study is cross-sectional quantitative study using linear regression and factor loading method in Nigeria.	The population comprises of health care professionals in Ogun State, Nigeria. The sample is seven hundred and twenty-nine (729) health care professionals from the five zonal offices comprising thirty-	The result showed that the salary structure, improved working conditions, and promotional schemes of the organizations positively influenced the job satisfaction level of workers in study area. However, work environments have significant low impact on job satisfactions. Using the factor loading, management contributes 50.54%, supervision contributes 61.30%, nature of work/profession contributes 58.32%, work environment contributes	The study concluded that Ogun States Hospital Management Boards needs to strive to improve the environment where healthcare workers operate, improve the incentive and salary

		nine (39) health facilities in Ogun State, South-Western, Nigeria.	58.32% and rewards/compensation contributes 68.68%.	structures and create the room for career development and promotions.
Eltarhuni and Alaqli (2019)	A descriptive cross sectional qualitative study in Kenya.	The population comprises of all health workers in Benghazi hospitals in Kenya. The sample is 180 health professionals who are randomly selected.	The result showed that job satisfaction, good and cordial relationships with management and colleagues, and financial and moral incentives significantly impacted the performance of healthcare workers in Benghazi. Men were more motivated and committed to their jobs than female health care workers. The study reported that nurses with better experience, those with job autonomy, and nurses who are empowered are more likely to show better performance and higher commitment than those who lack autonomy and are under strict supervision.	Among other things, the study recommended that hospital management should improve incentives, introduce training programmes, promotion and allowances to encourage improve and better performance among health care workers.
Baljoon et al., 2018	Cross-sectional Quantitative Study in Tanzania	The population of all health care professionals in the Ashanti health region in Kenya. The sample comprised three hundred healthcare professionals in ten district hospitals.	The results showed that 86% of respondents reported that they had a low level of satisfaction with their jobs, and only 12% reported they were satisfied. Also, 89% reported they look forward to travelling to other countries in search of better opportunities. Healthcare workers' dissatisfaction is connected to low wage structure, early retirement, poor working conditions, crushing workloads, lack of supportive supervision, autocratic leadership, unnecessary delays in promotions, stringent conditions for promotion and low allowances for health and hazards. Among other things, the study reported that a low salary structure is a key disincentive to workers' motivations.	The study recommended that the management authority should make more efforts in encouraging workers by establishing reliable incentives and salary structure, and improve working conditions.

Table 3c: Presentation and review of studies on factors influencing the behaviour/motivation of healthcare workers

References	Study design	Study population and sample size	Results/Findings	Recommendations
Agyepong et al.,2004	Cross-sectional descriptive study conducted in the Greater Accra region of Ghana	The population of the study comprises of all health care workers who work in the district hospitals in Greater Accra Region in Ghana. The sample size comprises of four hundred and eighteen (418) health care professionals who worked in ten district hospitals in Greater Accra, Ghana.	The result showed that workers were greatly dissatisfied. The factors influencing health workers' dissatisfaction include poor salary structure, inadequate essential equipment, tools and supplies to work with, delayed promotions, difficulties with transportation to work, inadequate manpower, lack of accommodations, poor allowance structures, poor support for staff children's education, and poor staff training. More staff complaints were registered in rural parts of the country than in urban parts due to inadequate resources. The study reported that the demotivation of internal customers (workers) has negatively influenced the well-being of external customers (patients).	The study recommended that the Ghana Health Service address all obstacles demotivating health care workers in order to improve the quality of care.
Malthauer et al., 2006	Cross-country qualitative study including three African countries i.e., Kenya, Benin and Nigeria using interviews and focused group discussions.	The population comprised of all the doctors and nurses in the three countries. The sample comprised of four hundred and eighteen (418) nurses and doctors randomly selected in the three countries.	The result reported a high rate of frustration and demotivation among healthcare workers. Causes of demotivation are the inability to live in line with conscience and professional ethics. Also, poor recognition, non-acknowledgement of hard work, and lack of career development are among the demotivating influences. Crushing workloads, low levels of autonomy, strict supervision, and poor remunerations are among the factors that demotivate healthcare workers in these countries. The study concluded that non-financial incentives play a role in motivating health workers, but they are only complements to financial incentives.	The study recommended that adequate human resource management tools can uphold and add strength to the professional ethos of doctors and nurses. This involves acknowledging their professionalism and addressing professional goals such as recognition, career development, and more qualifications. The study proposed that human resources in the health care sector should strive to develop the work

				environment so that health workers are empowered to meet their personal and organization goals.
Manongi et al., 2006	Cross-sectional qualitative study conducted in Kilimanjano region, Tanzania.	The population comprise of health care workers in Tanzania. The sample of the study is four hundred and fifty-seven (457) health workers who were recruited using structured interviews.	Poor motivation is stirred by complexity of multi-tasking in an environment of shortages of manpower, crushing workloads, poor structured and lack of supportive supervision, lack of opportunities for career growth and development. Poor motivation resulted in late coming to work, improper treatments of patients, and lackadaisical attitudes towards work. The study concluded that financial incentives were not sufficient to motivate health care workers even though they are effective. However, supportive supervision, performance appraisal, career development and growth, and transparent promotion are relevant factors in motivating healthcare workers.	The study recommended that effective incentive structure be introduced to encourage health care workers to do bests in their jobs. Healthcare managers should initiate both financial and non-financial measures in motivating the health care workers into better performance.
Omowumi et al., 2011	Cross-sectional descriptive study in Nigeria.	The population comprises of all health care workers in public hospitals in Abuja, Nigeria. The sampled comprised of three hundred and thirty-seven health care workers in general hospital Abuja.	The results showed that 64.1 % of participants agreed that incentives motivate healthcare workers and make them satisfied, 51.4% agreed that non-monetary incentives enhance workers' motivation and organisation performance, 63.3% agreed that non-monetary incentives promote good working relationships, 53.7% agreed that non-monetary-incentives-reduce-stress, 65.3% agreed that incentives help in the achievement of organisational goals, 58.7% agreed that financial incentives can be used as motivators to influence health care workers, 57.5% that incentives can help health workers develop their skills and qualifications and 60.2% agreed that incentives increase the confidence of health care workers in the organizations.	The study concludes that incentives based on terms and conditions of job employment can help motivate workers to perform better in the public sector. Hence, the study recommends that health care organizations use both financial and non-financial incentives to motivate workers to perform better and achieve higher productivity.

Source: Author's Review, 2023

Table 3d: Presentation and review of studies on factors influencing the behaviour/motivation of healthcare workers

References	Study design	Study population and sample size	Results/Findings	Recommendations
Amy, Anneke et al. 2021	Cross-sectional Quantitative Study in Uganda	The population comprises all healthcare workers in twelve (12) health districts. The sample size comprises one hundred ninety-eight health professionals selected using simple random sampling techniques.	The result showed a low level of motivation and morale among healthcare workers in the health facilities. Specifically, younger healthcare professionals were motivated by cordial relationships with colleagues and family members and career growth and development opportunities. On the other hand, older nurses were motivated by recognition, praise, and acknowledgement. Health professionals in positions of authority and those who held managerial positions were highly motivated. Healthcare workers who are married, those with many children, and those from polygamous homes with sick family members were highly demotivated. Educated workers were more motivated by career development and opportunities for growth than the less educated ones. Job motivation is higher among workers with several years of experience and training on the jobs. Justice in the workplace (distributive, interpersonal, and procedural justice) was noted as a source of motivation. The presence of convenience, staff accommodation quarters, study leave, health allowance, and adequate staffing were triggers of motivation among health care workers.	The study, among other things, recommended improvement in salary structure and other incentives that should motivate workers.
Aland and Kania (2017)	Cross-sectional mixed study using	The population comprises of all health	The result showed that nurses with several years of experience desired recognition,	The study recommended that

	questionnaires, focused group discussions and personal interviews in Cameroun	care workers in the eight (8) health districts selected. The sample size comprised of three hundred and forty-eight (348) health care professionals.	acknowledgement, and praise, while those with few years of experience desired better and improved job contents, career growth, and development. Nurses' engagement motivates workers to better performance. Nurses were motivated with clear job descriptions, nursing aids, career development, education opportunities, vocational training, and supportive supervision, which trigger motivation, open communication, and a spirit of teamwork. On-the-job training motivates workers to perform better and builds their morale. In settings with better salary structure, job security, and adequate staffing, the job retention rate is high and job turnover is low among healthcare workers.	health care organizations should put in place measures to guarantee job satisfaction, increase job retention rates and discourage job turnover rates.
Pulla and Akande (2021)	Cross-sectional study using quantitative research methods in Nigeria.	The population comprises of all health care workers in the eight (8) political wards. The study sample is eighty-four (84) health care workers.	The result showed that educated workers with better training and expertise trigger motivations. Supportive supervision triggers motivation. Open and transparent communications motivate workers' performance. Work settings with clear job roles, nursing assistants, digital working, maternity leave, and room for growth and development trigger motivation and boost the morale of healthcare workers.	The study recommended improvement in work conditions, salary structure and provision of adequate resources.

<p>Plande and Keno (2018)</p>	<p>Cross-sectional study using quantitative research methods in Nigeria</p>	<p>The population comprises of all health care workers in the eleven political wards. The study sample is two hundred (200) health care workers</p>	<p>The result showed that work settings with adequate resources, infrastructures, availability of basic medical kits and tools, conveniences, drugs, equipment, etc. motivate health care workers into better performance and commitments on the job. Furthermore, leave payment, study leave, payment of health allowance, flexibility in job roles, and regular promotions with salary increments motivate workers into better performance. Low salary structure, poor working conditions, and a lack of appreciation demotivate workers by reducing their morale and motivation and inspiring poor attitudes among healthcare workers. Poor motivation encourages brain drain to other developed countries in search of greener pastures.</p>	<p>The study, among others, recommended that efforts should be made to motivate health care workers by using incentives, improving work conditions, and better pay that can compete with what health care workers are paid in other countries. The study recommended that better pay can stem the tide of brain drain from Africa's healthcare sectors. Also, there is a need for equity in rewards within the healthcare sector; such organisational justice should include procedural, interpersonal, and distributive justice. Fair play and egalitarianism should be inculcated in work settings to encourage healthcare workers.</p>
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Source: Author's Review, 2023

DISCUSSION OF THE RESULTS

In this study, the effect of rewards on the attitude and motivation of healthcare professionals in African health settings was investigated. 17 peer-reviewed studies from scientific databases were included in this systematic review. The findings indicated that organizational, financial, and non-financial factors influenced the attitudes and motivation of healthcare personnel in African settings.

The findings show that a variety of financial incentives motivate healthcare employees to work hard and increase their job satisfaction (Manongi et al., 2006; Deriba et al., 2017). According to evidence from numerous studies, a poor pay structure is a major contributor to the dissatisfaction of health care professionals. As a result, many of the healthcare workers show less commitment to their jobs or even leave the country in search of opportunities in other countries (Adzei et al., 2012). This result and other findings are understandable given the extreme poverty in Africa and the lack of subsidies to ease the people's hardships. African healthcare professionals are driven to work because they need to make a living. However, when the pay they receive does not guarantee their wellness, they are driven to quit their positions or find other places to work. As the cost of living keeps increasing and the real values of their earnings keep declining, healthcare workers will always demand increased pay. Due to the poor salary structure, many healthcare workers are forced to do more than one job at a time, and some of them even bring things to sell in their places of work, which dilutes the level of passion with which they carry out their tasks.

The analysis revealed that, in comparison to other continents, the salary structure in Africa continues to be low. The wage structure of African nations, however, is known to be lower than that of industrialized nations like Germany, the United Kingdom, Canada, the United States, and Australia (Onal et al., 2022). It is evident that financial incentives among African health workers are inadequate and demotivating when compared to those of developed countries, for instance, when the minimum pay for African countries is examined (Bludau, 2021). Significant salary gaps between developed and developing countries were reported in the literature. According to the study, African healthcare professionals are paid less than their counterparts in wealthy nations (Onah et al., 2022). The low pay structure is to blame for the low motivation of African health care employees and has led to a great deal of dissatisfaction among them (Agbo & Jude, 2018). As a result, the health care system in Africa is characterized by frequent strikes by healthcare professionals who consistently engage in industrial activities to demand better working conditions and pay increases (Jager et al., 2017). Health care professionals leaving Africa for other developed nations, particularly the USA, Europe, Germany, and Canada, is one effect of the continent's low wage structure (Masanjala, 2018). Over the past two decades, the exodus of healthcare professionals from Africa has increased (Onah et al., 2022). For instance, nearly 3,800 nurses left Nigeria between 2000 and 2021 for other countries (Toyin-Thomas et al., 2023).

Migration of healthcare professionals has suggested that African nations are in charge of producing healthcare professionals for other parts of the world. Manpower shortages in African healthcare settings have increasingly emerged as a result of the enormous brain drain in the healthcare industry. The ratio of health workers per 1,000 people is below what the World Health Organization recommends. Therefore, it is crucial that African governments think about revisiting

the pay scale for healthcare professionals. The government should ensure that African healthcare professionals are compensated equally to those in other industrialized nations in order to stop the enormous exodus of healthcare professionals from that continent. The welfare of healthcare workers in Africa should be improved through the use of financial incentives. The government should set a minimum wage that guarantees the welfare of the healthcare workers. There should be periodic reviews of the wage structure to account for rising costs of living. The governments of African countries should increase the proportion of the budget that is allocated to the health care sector.

Pay-for-performance (P4P) was reported as one type of financial incentive that motivates health care workers into improved performance (Maniongi et al., 2006; Deriba et al., 2017). Though pay for performance is not widely applied in African health settings, it has the potential to motivate performance and improve outcomes. P4P connotes an arrangement where health care workers are rewarded if they meet defined criteria, like, for instance, if a doctor is able to attend to a defined number of patients (Onwujekwe et al., 2016). P4P motivates workers to put in their bests and entices them to behave in manners that help achieve organization goals. According to Tuten (2020), motivation is a function of the product of expectancy, instrumentality, and valence within the framework of Vroom's (1964) expectancy theory. Expectancy is the probability that efforts put into a job will generate expected results or help in achieving expected outcomes. Instrumentality, on the other hand, is the probability that the required outcome achieved will qualify the worker for a reward. Health care workers will be motivated if they know that putting in more efforts in doing their jobs will generate an expected outcome that will qualify them for rewards. They will be motivated to put in more efforts. For instance, if a health care worker knows that coming early to work will enable him to see more patients (expectancy), and seeing more patients will qualify him for merit pay or performance pay (instrumentality), they will be motivated to put in more efforts. The higher the expectancy and instrumentality, the more motivated will health care workers be (Tuten, 2020). Therefore, healthcare organizations should establish clear-cut rewards for excellent performance; the rewards should be well communicated and enshrined within the organization's policy. There should be a strong link between efforts put into the jobs and the results, and rewards should be used to encourage hard work and excellent performance.

According to Plande & Keno (2018), Akinwale et al. (2000), Jimoh & Tinuola (2002), and others, performance-based promotion is a source of job satisfaction and motivation. Promotion that comes with an increment in salary will generate motivation among health care workers because of the benefits of increased earnings associated with the promotion. Therefore, health organizations in Africa should institute an arrangement where workers are promoted periodically with attendant increments in their pay. The criteria for promotion should be clearly communicated to workers and documented in the organization policy. The time interval for promotion should be well communicated and without prejudice.

Cash bonuses are linked to health care professionals' motivation and job satisfaction, as reported by reviewed studies (Adzei et al., 2012). Cash bonuses are one-time payments that boost employees' monthly pay without raising operating costs for health organisations (Onwujekwe et al., 2016). Cash bonuses, like P4P and salary increments, encourage healthcare workers since they improve the opportunity for healthcare workers to earn more money and attain a decent living

standard. The introduction of additional financial incentives, such as value-based reimbursement, bundled payments, accountable organisations, shared savings, penalty-driven initiatives, capitation payments, and health insurance exchanges, can improve the performance of African healthcare systems and increase productivity (Guinness & Wiseman, 2011). The scope of financial incentives should be broadened for African countries.

Appreciation and acknowledgment are contingent benefits linked to increased job motivation and satisfaction, and it has been shown that they can enhance health care workers' performance (Akinwale et al., 2020; Plande & Keno, 2018). In other words, rewarding employees for their efforts will encourage them to put up more effort toward accomplishing the organization's goals. Acknowledging the efforts and contributions that people make in achieving organization goals may not have financial values, but it exerts psychological effects on the employee. According to Maslow's hierarchy of needs, there are five categories of human needs presented in the hierarchy, which are physiology, safety (job security), love and belonging (friendship), esteem, and self-actualization (Maslow, 1969). While financial incentives such as salary increments and promotions (in conjunction with compensation increases) can be used to address the physiological needs of workers, the desires for affection and belonging can only be met by acknowledging and appreciating the efforts that employees put into their duties. Within the parlance of Herzberg's et al.'s (1959) two-factor theory, there are job characteristics that lead to satisfaction and other job aspects that prevent unhappiness. These elements can be divided into two categories: hygienic factors and motivating factors. The hygiene factors, also called dissatisfiers, are external to the jobs. Although they don't always inspire the workers, their presence helps to avoid dissatisfaction. They include pay, benefits (such as health coverage, payment for risks, support for dependents, etc.), the actual working environment, and job security (Tuten, 2020). The second aspect is what is referred to as the motivators, or satisfiers. On the other hand, motivators are those factors that influence the satisfaction level that workers have on the job. Motivating factors include recognition, appreciation, and opportunity for career advancement and development (Herzberg et al., 1959). This idea holds that rewarding and praising the efforts done by healthcare providers will motivate them to work harder. This research suggests that extra non-financial incentives, such as consistently thanking employees for their efforts on the job and their contributions to organizational goals, should be included in African health systems. African health settings should devise means of acknowledging hard and committed workers. Strategies such as praises, granting of certificates at the end of the year, vacation trips, and using high-performing workers' faces as the cover page of the organization magazine can go a long way to psychologically boost the morale of workers.

Studies (Eltarhuni & Alaqui, 2019; Aland & Kania, 2017) have shown a connection between employees' engagement and job satisfaction and motivation. Employees who participated in developing policies and performing other administrative duties will feel good about themselves and think their organization appreciates their efforts (Baljoon et al., 2018). Internal motivation from employees's engagement may inspire staff to invest more time in accomplishing organization goals. The principle of reciprocity holds that organizations that value their employees' contributions and demonstrate their appreciation will give their staff members the perception that they are valued, and the staff will then reciprocate by working diligently to support organizational goals. Against this backdrop, health care systems in Africa should integrate within their policies,

workers' engagements. The organization should accommodate contributions from workers. Both junior and senior workers should be represented in board meetings. The information flow should be upwards and downwards. Health care workers, regardless of status, should be given the opportunity to express themselves and make contributions towards organization policies.

Studies in Ghana (Adzei et al., 2012), Nigeria (Pulla & Akande, 2021), the Gambia (Darbo et al., 2016), and Uganda (Amy et al., 2021) have found that management and supervision increase job satisfaction and motivate healthcare workers. Because they are under supervision and supported, well-managed personnel in the healthcare sector will be motivated to put in greater effort. However, unsupervised employees may lose interest and get confused, and they might even engage in behaviours that oppose the goals of the organization. Therefore, African healthcare executives must increase the rate at which they supervise their workers. Additionally, studies carried out in the Gambia, Ghana, and Kenya indicated that effective communication and supportive relations boost workers' job satisfaction and motivation (Darbo et al., 2016; Adzei et al., 2012). Supportive supervision and effective communication help to establish a cooperative and collaborative work atmosphere that makes healthcare professionals happy and highly motivated. Open communication among healthcare workers and collaboration is essential to achieving the goals of the organizations. As a result, healthcare administrators in Africa should work to create a setting where workers can freely connect and collaborate. It is important to provide staff with training and seminars on the benefits of cooperation and open communication. Workers should be free to communicate with their superiors. Organisational culture that supports interdependency and collaboration should be advanced.

Baljoon et al. (2018), Pulla and Akande (2017), and Malthauer et al. (2017) found that leadership style significantly affects the motivation and job satisfaction of healthcare workers in Africa. Employees do have a lot of demands, many of which conflict with organizational objectives. As a result, pragmatic leadership that helps to resolve conflicts between organizational goals and employee requirements can promote employees' happiness and motivation among healthcare workers. Effective leadership will foster motivation by creating a framework that supports employees in an organization in addressing their needs. Therefore, health care organizations should make sure that staff members have the necessary training to be effective leaders and impart the principles of effective leadership. Health care organizations in Africa should strive to inculcate a pragmatic and transformational leadership approach.

According to the study, good working conditions increase healthcare professionals' job satisfaction and productivity (Mdinyo et al., 2009; Deriba et al., 2016; Adzei et al., 2012; Malthauer et al., 2006). According to the study, healthcare workers are happy working in settings where their job responsibilities are clear, necessary amenities and medical equipment are readily available, workloads are manageable, workers cooperate and help one another, and the work schedule is set up for flexibility (Deriba et al., 2016). Such a comfortable and well-organized work environment can inspire employees and increase job satisfaction. For instance, where the workload is not too burdensome, and workers are on shift so that no one worker is always on night shift, workers will be motivated because they have time for leisure and even vacation (Kehinde et al., 2020). Tunde et al. (2019) have reported that too burdensome work can wear out a worker and put stress on

them, hence forcing them to be less productive on the job. In light of this, governments of African countries should strive to increase the budgetary allocations to the healthcare sectors.

Studies reported that healthcare workers are encouraged by the availability of resources and equipment, including staff accommodations. This is due to the fact that employees in such health organizations will find their work to be more exciting and less stressful. They will be contented and motivated since they can complete their tasks quickly and effectively without stumbling or needless patient complaints. Lack of medical resources and equipment, however, may discourage work and make it challenging for healthcare professionals to attend to patients on time, as well as make patients dissatisfied, which can affect the cordial relationship that is supposed to exist between healthcare professionals and their patients (Kirado, 2020). Based on this finding, it is important that African governments commit to improving the working conditions in their health systems by implementing best international practices, ensuring fair labour distribution, and hiring the appropriate mix and number of health workers (Miche, 2013; Odion & Fatherland, 2019; Ofosehene, 2015). Efforts should be made to improve the availability of medical equipment and amenities in African health settings. The work environments should be made conducive.

According to several studies (Deriba et al., 2017; Mbindyo et al., 2009; Adzei et al., 2012; Agyepong et al., 2004), career opportunities and growth are highly related to job satisfaction and motivation. Being given the chance to develop and learn new skills paves the way for workers to become empowered and in a position to contribute to the objectives of the business. It has been said that employees' motivation and sentiments of empowerment go hand in hand (Omowumi et al., 2011; Jimoh & Tinuola, 2021). Because individuals who develop themselves will be qualified for promotion, and an increase in salary may be associated with promotion, workers will be encouraged to take advantage of the opportunity to learn new things and grow. Therefore, it should become mandatory for employees of healthcare businesses to continue learning and developing. Rewards should be utilised to encourage employees to learn and advance on a consistent basis. Healthcare organisations in Africa should incentivise healthcare workers to continue to learn and grow.

Despite the utility of the results of this study, it has noteworthy limitations. The key limitation is that studies from several African countries were not included either because no past study reported the impact of rewards on the motivation of healthcare workers or because the existing studies did not meet the inclusion criteria. Given this limitation, it is suggested that studies be conducted in all African countries to explore the effects of rewards on the performance of health care workers. Further studies should be undertaken to compare the effects of rewards on the motivation of healthcare workers in Africa and other continents such as Europe and America. Also, meta-analyses can be conducted in Africa to find out the level of healthcare workers' motivations on the jobs. This can be compared with satisfaction on the job with healthcare workers on continents.

Conclusion

This systematic review of the African health system has two key objectives, which are: first, to examine the various rewards and incentives that apply within the African health system. Second, to explore the factors that influence the behaviours and attitudes of health care workers in Africa.

Seventeen papers were reviewed and reported. The result noted that health systems in Africa principally use financial incentives, especially salary increments and promotions, to motivate health care workers. The range of incentives engaged is limited in numbers. The salary scale for workers is low, resulting in dissatisfaction with the jobs. African healthcare workers earn far less than their counterparts in other countries. Africans have a weak health system due to weak policy and work culture that have combined to reduce the motivation of health care workers. The number of health care workers has consistently reduced because many health care workers have migrated to other countries in search of improved work conditions and salaries. African weak health system has negatively affected its health outcomes.

Recommendations

The following recommendations are made:

1. African governments should increase budgetary allocation to the health sector.

African leaders should consider reviewing upward the proportion of the budget that is allocated to the healthcare sector. The proportion of the budget allocated to the sector is still anaemic and not large enough to support the funding of the sector, which includes payment of salaries and provision of amenities in the sector. Evidence has shown that the proportion of the budget allocated to the health care sector by most African countries is less than 5%, which is a far cry from the 15% that was agreed upon by all African leaders in 2011 in what was called the Abuja Declaration.

2. The African government should implement other financial incentives and contingent rewards.

Second, African governments should employ additional financial rewards to boost the efficiency of healthcare personnel. Pay-for-performance, bonuses, health and safety allowances, and merit pay are a few examples of these rewards. To encourage healthcare staff to perform better, these financial incentives should be employed in addition to pay raises.

African health systems should think about including contingent rewards, especially recognition and gratitude, in addition to financial incentives.

3. The work conditions should be improved.

The working conditions in Africa's health systems should be improved. Healthcare organizations should make sure that employees are not overworked and that workers do not work for too long into weekends. Efforts should be made to ensure that work places have conveniences, comfortable office space, adequate staff accommodations, and all medical facilities should be made available. The timetable should be well defined, and flexibility should be built into work structures.

4. **The culture in the African health system should be improved.**

The culture in the African health system should be improved upon. A culture that supports transformative leadership approaches should be instituted. A workplace culture that fosters creative thinking, teamwork, collaboration, interdependency, and intense motivation should be pursued. The African health system needs to move away from its authoritarian management methods, where bosses make all decisions on behalf of their subordinates. In health care companies, subordinates should be considered while making decisions. The arrangement ought to give healthcare professionals some latitude in making decisions and acting upon them.

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