

# Differential Motivation and Health Workers Crisis in Nigeria

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## Abstract

To curb brain drain and retain clinical healthcare workers, stakeholders in Nigeria's health sector have devised means to offer more preferential incentives, allowances, and fringe benefits to motivate clinicians. Although this mode of motivation appears selective and excludes other categories of health workers, known as non-clinicians, it was intentionally done to reduce the rate at which clinicians, especially doctors and nurses, abandon their jobs for greener pastures overseas. While this initiative has been applauded, it raises concerns about internal crises between clinicians and non-clinicians across teaching hospitals in Nigeria. The target population was 400 health workers from Obafemi Awolowo University Teaching Hospital Complex, from which a sample size of 140 participants was determined through purposive, stratified, and simple random sampling techniques. The results showed that differential motivation is a key contributor to internal crisis or conflict between clinicians and non-clinicians in Nigeria's teaching hospitals. The findings also expand knowledge on how stakeholders can effectively manage differential motivation to avoid crises among health workers. It concluded that despite the adoption of differential motivation, brain drain persists in Nigeria's health sector.

**Keywords: Crisis, Conflict, Differential Motivation, Health, Workers**

## Introduction

In today's healthcare delivery systems, motivation and job performance underlie the functioning of public tertiary healthcare institutions. Evidence continues to highlight the roles of government in this direction (Saif, Nawaz, Jan & Khan, 2012; Peter & Daniel, 2016). The government, as an actor in public healthcare service, is partly saddled with the responsibility of boosting the productivity and job performance of health workers through differential motivation (Omilani & Akintolu, 2017; Thompson, 2017; Vilnai-Yavetz & Levina, 2018). Differential motivation, which is the process of inducing and stimulating health workers' performance through the use of different packages, allowances, and benefits, is critical to improving the commitment of health workers. Differential motivation is simply the process of subjecting health workers in the same organization to diverse motivational models or packages. For instance, in Nigeria's health sector, clinicians are likely to enjoy more incentives, allowances, and benefits that are quite distinct from other health workers. This has had severe implications for the health workers' crisis in Nigeria. Although the initiative of differential motivation often draws attention and commendation, it also raises doubts about sustenance and utility value, as observation has shown that differential motivation is one of the factors causing internal crisis between clinicians and non-clinicians in Nigeria (Omilani & Akintolu, 2017).

The central argument of this paper is that, just like other factors causing crises in Nigeria's health sector, differential motivation can also stimulate internal crises between clinicians and non-clinicians in Nigeria's public healthcare delivery institutions. How differential motivation stimulates industrial crisis in Nigeria's health sector, especially among health workers, is the focus of this study.

## Mapping the problem in Differential Motivation and Internal Crisis in Nigeria

The adoption of differential motivation is expected to improve the commitment of health workers and their performance in terms of productivity (Abimbola, Okoli, Olubajo, 2012). However, the reality on the ground in Nigeria showed that rather than improve the performance of health workers, it has remained a potential factor or source of internal rifts or crises among health workers, especially between clinicians and non-clinicians in Nigeria (Mbachu, et al., 2022).

Studies on causes of industrial conflicts in Nigeria's health sector have indicated low wages or salaries, deplorable conditions of service, poor funding of health, insufficient working equipment, poor welfare of staff, and shortage of staff, among others, as factors provoking industrial crises in the sector, there is little research attention shone on how differential motivation is provoking industrial conflict in Nigeria's health sector. Research in this direction is likely to enhance understanding of how to effectively manage or enforce differential motivation in such a way as to avoid crises among health workers in the sector.

### **Conceptual Review**

Some of the concepts to review include motivation, differential motivation, industrial conflict, human resources management, and employee performance.

### **Motivation**

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<sup>8</sup> noted that motivation is those 'psychological characteristics of human that contribute to an individual's level of commitments to the 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.

From the foregoing, motivation can be described as goal-directed behavior. People are motivated when they expect that a course of action is likely to lead to the attainment of a goal and a valued reward, one that satisfies their needs and wants. Well-motivated people engage in discretionary behavior – in the majority of roles, there is scope for individuals to decide how much effort to exert.

### **Human Resource Management**

Human resources manager, who 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).

### **Differential Motivation**

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 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.

### **Industrial Conflict/Crisis**

Industrial conflict or crisis has no definitive or single definition, but it implies clashes of interest related to work or complex organizations. It can also be defined as discordance and conflict that occurs when the goals, interests, or values of different groups of workers (in this case, clinicians and non-clinicians in tertiary teaching hospitals) are incompatible with each other which often frustrates each other's attempt to their objectives (Jones & George and, Hill, 2000). Ajayi (2002) opined those disputes exist between groups (either groups of workers or employers, or employees) as a result of interaction in the workplace. This can be interpreted to mean that industrial conflict does not only occur between the owners of industries and their workers but also between groups of employees in an organization. For instance, the industrial strike action of the Association of Medical Doctors of Nigeria in July 2017 over hazard allowance, does not only crippled health institutions but led to the deaths of many Nigerians. For Akanji (2005), it is the clash of interests and resulting dispute of varying intensity between individuals and groups in a work organization.

### **Employee Performance**

This simply connotes the ability, manner, and effort that workers in an organization put into their jobs (Abimbola, Olanipekun, Schaaf, 2017). In the context of this research, it represents how 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 an organization's success. Each employee must work diligently to ensure that the company's vision and goals 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.

### **Motivation and Industrial Crisis in Nigeria's Health Sector**

Empirically, Maduforo, Scott, and Scott (2023) in a study titled "Health sector industrial labour troubles in Nigeria: Implications for leaders and other stakeholders", using the document analysis method, established that the struggle for supremacy between doctors and other health workers is among the causes of health workers crisis in Nigeria. This finding adequately aligns with the core focus of this study, which examines internal industrial crisis between clinicians and non-clinicians in Nigeria's health sector.

Oloribe, Udofia, Oladipo, Ishola, and Robinson (2018), using a cross-sectional, descriptive method that was sourced through the administration of questionnaires to participants, investigated causes of the health workers crisis in Nigeria. The findings of this study showed that poor motivational strategies, which tend to deliberately satisfy a certain group of health workers over others, are one of the leading causes of industrial crisis in Nigeria. This result also aligns with the broad aim of this study, which examines how different models of motivation provoke crisis among health workers in Nigeria.

Mayak and Stewart (2020) in a study titled "Teamwork, Professional Identities, Conflict, and Industrial Action in Nigerian Healthcare" utilized both focus group discussion and in-depth interviews. The results showed that health workers' crises are a result of poor welfare for health workers, lack of adequate motivation, and poor commitment to work. This result reinforces the choice of this study, which examines how selective motivational strategies impoverish other health workers.

Omineokuma, Eguwuenu, Amakoromo, and Onasoga (2020), used the quantitative method that was sourced through the administration of questionnaires to participants. It was discovered that poor working conditions of health workers, excessive workload, and low remuneration are some of the reasons for the health workers crisis in Nigeria. Again, this finding adequately aligns with the broad aim of this study, especially about how differential

motivation denies non-clinical health workers access to certain juicy incentives. This has severe implications for the welfare of other health workers.

From the above empirical review, it is clear that almost all extant studies affirm that health workers' crises are a factor of poor workers' welfare, poor conditions of service, inadequate motivation, and struggle for supremacy between clinicians and non-clinicians. While these factors are related to motivation, research is scarce about how differential motivation is stimulating health workers' crisis in Nigeria. It is important to note that not many studies have been able to establish differential motivation as one of the causes or factors stimulating health workers' crisis in Nigeria. This study expands understanding and knowledge on how to curb or manage conflict driven by differential motivation.

### Methodology

Mixed research designs that were sourced through document analysis, observation, questionnaire administration, and interviews were used in this study. Using stratified, purposive, and simple random sampling, a sample size of 140 participants was drawn from the target population of 400 health workers in OAUTHC. In the 14 departments representing the clinical and non-clinical services, the following departments and participants were selected: histopathology and forensic medicine (10), internal medicine (10), surgery (10), Intensive Care Unit (ICU) (10), orthopedic (10), radiology (10), and pediatrics (10) were selected. The same measure of selection was replicated in the non-clinical services as the following departments were selected establishment (10), procurement(10), account(10), internal audit(10), general administration(10), SERVICOM(10), pension(10), and planning and development(10) were administered with questionnaires, using stratified random sampling. For the qualitative method, 9 key informants were purposively drawn from the association of clinicians (3), non-clinicians (3) management of Obafemi Awolowo University Teaching Hospital Complex (OAUTHC) (3) were interviewed. The inclusion criteria for participants include adequate knowledge of the subject matter, direct involvement in industrial crisis, and conflict resolution. The rationale for the study location is based on the fact that OAUTHC is a public healthcare delivery institution that has faced or experienced an industrial crisis emanating from disputes between clinicians and non-clinicians within its employ. Content and chi-square analysis were utilized for the analysis of data.

### Data Presentation and Analysis

In this section, the results gathered from both methods were presented and analyzed. It has three sub-sections such as the profile of participants, participants' knowledge of the effect of differential motivation on health workers' crisis, and the hypothesis test section.

**Table 1: Personal Profile of Participants**

Statement	Frequency	(%)
<b><u>Sex</u></b>		
Male	80	57
Female	60	43
<b>Total</b>	<b>140</b>	<b>100.0</b>
<b><u>Age</u></b>		
18-40 years	53	38
41-60 years	35	25
61 above	52	37
<b>Total</b>	<b>140</b>	<b>100.0</b>
<b><u>Religion</u></b>		
Christianity	68	49
Islam	72	51
<b>Total</b>	<b>140</b>	<b>100.0</b>

<b>Education</b>		
Secondary	30	21
Graduate	50	36
Postgraduate	60	43
<b>Total</b>	<b>140</b>	<b>100.0</b>

(Source: Field Survey, 2025)

Table 1 presents the participants' profiles. As regards sex distribution, male respondents are 57% while the females are 43%. Given that age, is a critical variable, a handful (38%) of the respondents are between 18-40 years, one-fourth (25%) of participants fall between 41-60 years, and a handful of the respondents (37%) are 61 years and above. In addition to this, almost half of the respondents are Christian faithful, representing (49%), while more than half (51%) of the respondents are Muslims. About half of the respondents representing (43%) are postgraduate; less than one-third of the respondents are secondary school graduates, representing (21%) and more than one-third of the respondents are graduates presenting (36%).

**Presentation of Quantitative Data**

**Table 2: Participants' perception of the effect of differential motivation on health workers crises in Nigeria's Public Healthcare Institutions**

Rating Scales	A		SA		D		SD		Indifference		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
<b>Statement 1: Rationale for the use of differential motivation in Nigeria's health sector</b>												
Differential motivation was adopted to retain more clinicians as they are critical to healthcare delivery in Nigeria	79	83	6	7	12	10	-	-	-	-	95	100.0
It was adopted to reduce brain drain in Nigeria's health sector	85	90.4	5	5.3	2	2.1	2	2.1	-	-	94	100.0
It was introduced to improve job performance of the clinicians	70	70	15	15	8	8	7	7	-	-	100	100.0
Differential motivation was an intervention to improve the quality of healthcare services	12	13	60	65.2	4	4.3	16	17.4	-	-	92	100.0
<b>Statement 2: The effect of differential motivation on health workers' crisis in Nigeria</b>												
The use of different motivational incentives,	67	72.8	13	14.1	5	5.4	6	6.5	1	1.1	92	100.0

packages, and allowances can create internal or intergroup conflict between clinicians and non-clinicians in Nigeria												
Hazard and teaching allowance to grade level 9 non-clinicians have received strong opposition from clinicians	60	61.8	26	26.8	8	8.2	2	2.1	1	1.0	97	100.0
Payment of call-duty allowance to clinicians and the non-payment of administrative overtime by non-clinicians has remained potential source of internal conflict between clinicians and non-clinicians	70	70	14	14	10	10	5	5	1	1.0	100	100.0
The growing trend that clinicians are more relevant than non-clinicians in healthcare delivery institutions is also the bane of crisis between clinicians and non-clinicians	70	70	15	14	9	10	5	5	1	1.0	100	100.0
<b>Statement 3: Mitigating the inherent challenges of differential motivation</b>												
Effective communication and orientation of health workers on the rationale for different motivation	47	34.8	33	54.8	12	8.9	2	1.5	-	-	94	100.0
Ensuring a well-balanced and inclusive motivational strategy	53	53	29	29	11	11	6	6	1	1	100	100.0

(Source: Field Survey, 2025)

Table 2 presents participants views on the rationale for the use of differential motivation in Nigeria’s health sector. The results showed that (83%) agreed that differential motivation was adopted to retain more clinicians as they are critical to healthcare delivery in Nigeria. Less than one-tenth of participants (7%) strongly agreed that

differential motivation was adopted to retain more clinicians as they are critical to healthcare delivery in Nigeria. Less than one-tenth of the respondents, while (10%) disagreed that differential motivation was adopted to retain more clinicians as they are critical to healthcare delivery in Nigeria. The objective that examines the effect of differential motivation on brain drain in Nigeria's health sector. The findings show that (90.4%) of participants supported it, (5.3%) also strongly agreed with this fact; while (2.1%) and (2.1%) disagreed or strongly disagreed with this fact.

Furthermore, (70%) of participants supported that it was introduced to improve job performance of the clinicians, while (15%) of the respondents strongly agreed that it was introduced to improve job performance of the clinicians, however, (8%), and (7%) disagreed or strongly disagreed that it was introduced to improve job performance of the clinicians.

As regarding if differential motivation was an intervention to improve the quality of healthcare services, a handful (17.4%) and (4.3%) disagreed and strongly disagreed with this fact respectively. But 65.2% participants respondents strongly agreed it, while (13.2%) agreed that differential motivation was an intervention to improve the quality of healthcare services,

On the effect of differential motivation on the health workers' crisis in Nigeria, about 78% agreed that the use of different motivational incentives, packages, and allowances can create internal or intergroup conflict between clinicians and non-clinicians in Nigeria while 14% of participants strongly agreed alluded to the above fact. However, about 5% disagreed it does, 10% of participants strongly disagreed it, as 1% of participants were indifference

On if, hazard and teaching allowances to grade level 9 non-clinicians have received strong opposition from clinicians. About 70% participants believed that hazard and teaching allowances to grade level 9 non-clinicians have received strong opposition from clinicians and 14% participants strongly agreed in the affirmative, that hazard and teaching allowances to grade level 9 non-clinicians have received strong opposition from clinicians. But a handful of the respondents, representing (5%), (10%) and (1.0%) disagreed, strongly disagreed and non-committal respectively.

On whether the payment of call-duty allowance to clinicians and the non-payment of administrative over-time by non-clinicians has remained a potential source of internal conflict between clinicians and non-clinicians, the findings showed that the payment of call-duty allowance to clinicians and the non-payment of administrative over-time by non-clinicians has remained a potential source of internal conflict between clinicians and non-clinicians as almost half of the respondents, representing (43%) agreed to this fact, while more than one-fourth of the respondents, representing (27%) also strongly supported this fact. One-fifth of the respondents, representing (20%) disagreed it; while (9%) of the respondents strongly disagreed with the fact and (1.0%) were undecided on whether the payment of call-duty allowance to clinicians and the non-payment of administrative over-time by non-clinicians has remained a potential source of internal conflict between clinicians and non-clinicians.

On the growing trend that clinicians are more relevant than non-clinicians in healthcare delivery institutions is also the bane of crisis between clinicians and non-clinicians. The results showed that 84% of participants believed that the trend that clinicians are more relevant than non-clinicians in healthcare delivery institutions is also the bane of crisis between clinicians and non-clinicians. However, 16% of them disagreed that the trend that clinicians are more relevant than non-clinicians in healthcare delivery institutions is also the bane of crisis between clinicians and non-clinicians.

On mitigating the inherent challenges of differential motivation, more than one – third of the respondents, representing (34.8%) agreed that effective communication and orientation of health workers on the rationale for

different motivation are likely to address challenges of differential motivation, a substantial proportion (54.8%) of the respondents also strongly agreed this fact, whereas less than one-tenth of the respondents, representing (8.9%) and (1.5%) either disagreed or strongly disagreed respectively that that effective communication and orientation of health workers on the rationale for different motivation are likely to address challenges of differential motivation.

Lastly, on ensuring a well-balanced and inclusive motivational strategy, in connection with this, empirical findings ditto this study reveals that (53%) of the respondents agreed to this fact and (29%) of the respondents strongly agreed this fact. However, eleven percent of the respondents, representing (11%) disagreed, and (6%) of the respondents strongly disagreed it too, while (1%) of the respondents are non-committal to the fact.

### Bivariate Analysis and Hypothesis Testing

The bivariate analysis measures the relationship between differential motivation and health workers' crisis in Nigeria. Over the years, due to poor or a lack thereof, health workers have been abandoning their jobs for greener pastures overseas. This, in the long run, has limited the capacity of healthcare institutions to deliver quality healthcare in Nigeria. In a bid to improve quality of healthcare and job performance of health workers, stakeholders in Nigeria's health sector, initiated differential motivation, specifically introduced to curb the way health workers, especially clinicians (doctors, nurses, scientists, consultants, among others), abandon their job for those in overseas. However, the implementation of this initiative, created grounds for hostility, crisis, and clash of interests between clinicians and non-clinicians in Nigeria's health sector. Thus, the basis of analysis here is to ascertain, if any, there is a positive relationship between differential motivation and health workers' crisis in Nigeria. The explanatory variable is the knowledge or perception of respondents on differential motivation, while the dependent variable is the evaluation of the health workers' crisis. The dependent variables are categorized into three levels of knowledge-based assessment: high, average, and low. The relationship test was carried out using a chi-square test because the variables are categorical.

### Hypothesis Test: differential motivation and health workers' crisis

**Table 4.4.1: Bivariate Relationship between the implementation of differential motivation and knowledge of participants about the health workers crisis in Nigeria**

Explanatory Variable	Dependent variable: Knowledge of internal industrial crisis between clinicians and non-clinicians in Nigeria			
	Low	Average	High	Total
<b>Differential motivation stimulates crisis between clinicians and non-clinicians in Nigeria's health sector</b>				
Strongly Agree	0(0.0%)	0(0.0%)	5(100.0) %	5(100.0 %)
Agree	1(50.0%)	1(50.0%)	0(0.0%)	2(100.0%)
Strongly disagree	1(16.7%)	5(83.3%)	0(0.0%)	6(100.0%)
Disagree	2(5.4%)	20(54.1%)	15(40.5%)	37(100.0%)
Undecided	1(2.0%)	4(8.0%)	45(90.0%)	50(100.0%)
<b>Total</b>	<b>10(10%)</b>	<b>30(30%)</b>	<b>60(60%)</b>	<b>100(100.0%)</b>

(Source: Field Survey, 2025)  $\chi^2=90.86$ ,  $P$ -value – 0.00

The findings show that differential motivation is positively related and statistically significant to the stimulation of the health workers crisis in Nigeria. Since the p-value is less than 0.05 and the chi-square value is greater than the critical region, it can be interpreted to mean that differential motivation triggers conflicts between clinicians and non-clinicians in Nigeria's health sector. The results above are the same with what was found during the interview session, as majority of them opined that differential motivation was initiated to enhance job performance, reduce brain drain, and retain the commitment of clinicians to their work. One of the participants revealed that the aim of differential motivation is to attract and encourage doctors, nurses, and laboratory scientists, whose work are directly related to healthcare services to patients. It is clear from these submissions that

differential motivation is meant to curb the incessant abandonment of jobs by clinicians, brain drain, boost job performance, and retain the commitment of clinicians to their healthcare delivery jobs. On the issue of health workers crisis, especially on the question, which inquires if differential motivation stimulates internal crisis between clinicians and non-clinicians, almost all participants, agreed that any motivational strategy that tends to favor one group of workers than the other will certainly stimulate jealousy, hatred, and enmity among employees and that such is likely to provoke conflict among employees. Similarly, participants from the group of clinicians reported that:

Our colleagues from the non-clinical service are indeed jealous of our motivational packages and incentives. It is normal, because we all are humans. But it is bad to think or feel like that, because our non-clinicians' colleagues fail to consider the years we spent in medical school, university, and the tasking nature of our job. Our task is enormous compared to those of non-clinicians.

The above views affirmed and validated the fact that differential motivation provokes crisis between clinicians and non-clinicians in OAUTHC. This is because differential motivation that comes with the allocation of preferential incentives, fringe benefits, and allowances for the clinicians often makes the non-clinicians feel jealous. Jealousy, if not properly addressed, is likely to lead to internal crisis or conflict between clinicians and non-clinicians. On how to mitigate this challenge, all participants suggested that emphasis should be placed on a thorough explanation of the purpose of differential motivation. This can be done by way of effective communication and orientation.

### **Discussion of Findings**

Proponents of differential motivation certainly would have in mind the need to boost the performance of health workers, since the goal of any motivation attempt is to improve workers' productivity. Scholars and studies have documented the effect of motivation on performance and most of their results showed that motivation, irrespective of whether it is differential or not, is done to increase the work rate, commitment, and performance of employees (Ajala, 2012; Abimbola et al., 2012; Bello & Adebajo, 2014). It was observed that while differential motivation has been commended for being able to boost the commitment of health workers, it has also been blamed for provoking conflicts among health workers, especially between clinicians and non-clinicians (Ebenso et al., 2020). The results of this study validate the fact that, indeed, differential motivation is a potential source of industrial crisis in Nigeria's health sector. It was revealed that about 90 percent of participants believed that specialized incentives and allowances given to clinicians only is a divisive device that often divides and causes disunity between clinicians and non-clinicians in Nigeria. For example, Nyango and Mutihir (2021) established how preferential and selective motivational incentives tend to favor clinicians at the expense of non-clinicians, causing internal rifts between the two groups of health workers in Nigeria.

However, the rationale for the adoption of differential motivation showed 90 percent of the participants alluded to the fact that differential motivation was initiated to address the brain drain problem in Nigeria's health sector, boost job performance, and retain the commitment of clinicians to their jobs. Similarly, Ogunbanjo (2009), Offem et al (2018), and Otobo (2024), validated the fact that differential motivation was initiated to boost the commitment of clinicians and address the brain drain syndrome in Nigeria's health sector. Findings also showed that this crisis has severe implications for poor quality healthcare delivery, which has led to untimely deaths of patients (Oleribe et al., 2018; Osakede & Ijimakinwa, 2014; Posner, 2018). Lastly, on mitigation strategies, results showed that effective communication and inclusive motivational strategy would go a long way in redressing the inherent challenges of differential motivation (Wokoma, 2011; Nyango and Mutihir, 2021).

### **Conclusion**

It is no doubt that differential motivation has been predominantly used to boost job performance of health workers retain commitment, and reduce the tendency of brain drain in Nigeria's health sector. While this initiative has

helped to boost job performance of clinicians, it has further created a crisis between clinicians and non-clinicians. In the literature, evidence showed that the health workers crisis caused by differential motivation is a phenomenon that is inevitable considering the fact that health workers are human by nature and as such, they tend to be jealous of their counterparts' achievements. To address this, effective communication, proper sensitization of staff on the need for differential motivation, and an all-inclusive motivational incentive, allowances, and fringe benefits would reduce the tendency of in-fight or disputes between clinicians and non-clinicians. Given this, an inclusive differential motivation that would cover all the categories of health workers should be made as a policy to guide health workers' interpersonal relationships. This policy could help to limit the tendency of internal rifts or conflicts among health workers in Nigeria's health sector.

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