Determining the Financial Rewards that Influence Medical Doctor's Retention in the Public Health Sector: A Case of Ghana

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https://doi.org/10.51867/ajernet.6.1.73

Submitted: 4th March 2025 Accepted: 19th March 2025 Published: 29th March 2025

ABSTRACT

Retention of medical doctors within the public healthcare sector has remained a pressing challenge in Ghana. This study is guided by the Equity theory (1965). The study employed the use of a cross-sectional hospital-based study conducted in three public-based hospitals in Accra, Ghana namely: Greater Accra Regional Hospital, Korle Bu Teaching Hospital in Accra, and University of Ghana Medical Center, Accra. Using a random sampling method, a tagret study population of 370 medical doctors was obtained and a sample size of 192 was obtained using the Yamane formula. The instrument of data collection was a structured questionnaire. A total of 200 questionnaires were distributed with 193 returned representing a 96.5% response rate. The study evaluated the collected using descriptive statistics using: tables, mean, frequencies, and percentages and also established the research objectives employing inferential statistics where a linear regression model was employed. The dependent variable was retention (RETM), while the independent variable was salary remuneration (SRM), financial bonuses (FBM), and the prompt payment of financial entitlements (PPM). The result of the regression analysis shows that the R-square is 0.445, the relationship between RETM and SRM was statistically significant at P-value<0.05, while the coefficient is positively related at 0.242. The relationship between RETM and FBM was also positive and statistically significant at a p-value<0.05 and a coefficient of 0.589. There was a p-value>0.05 between RETM and PPM showing a non-significant relationship. The study concludes that salary remuneration and financial bonuses are the most influential financial factors in retaining medical doctors in public hospitals. The study recommends increasing the salaries of medical doctors and introducing performance-based financial bonuses to retain medical doctors.

Key Words: Financial Bonuses, Financial Incentives, Healthcare Sector, Medical Doctors' Retention, Public, Salary Remunerations

I. INTRODUCTION

The retention of healthcare professionals, especially medical doctors, in the public sector remains a challenging issue for many developing nations like Ghana (Jinah et al., 2024). Financial incentives have been a big motivator for medical doctors to offer their services in a healthcare setting. Financial incentives have been identified in numerous studies as a motivating factor used to retain medical doctors (Ahmad et al., 2024; Darkwa et al., 2015; Herzer & Pronovost, 2015).

Consequently, the management of public hospitals is facing challenges in retaining their medical doctors, and on a broader note, Ghana and other developing countries face significant brain drain as their medical doctors migrate in search of better opportunities abroad (Adjei-Mensah, 2023). Recognizing this issue in Ghana's healthcare sector, health policymakers and administrators have attempted to develop retention strategies to keep medical doctors from leaving public hospitals in Ghana (Akinto, 2021; Jinah et al., 2024). Despite the efforts of policymakers in the health sector to solve the issue of medical doctor retention in public healthcare facilities in developing nations like Ghana, the issue still exists (Adjei-Mensah, 2023; Ahmad et al., 2024).

Financial incentives are most often seen as crucial factors determining the retention of medical doctors by public hospitals (Liu et al., 2015; Ojakaa et al., 2014). Nevertheless, scarce empirical studies are showing the impact of financial incentives on medical doctors' decisions to remain in public service in Ghana. This has opened a research gap that needs to be urgently filled to give a deeper understanding of the effect of financial incentives in retaining medical practitioners in Ghana's public healthcare system.

As stated by Saluja et al., (2020), "The WHO estimates a global shortage of 2.8 million physicians, with severe deficiencies, especially in low and middle-income countries (LMIC). The unequitable distribution of physicians worldwide is further exacerbated by the migration of physicians from LMICs to high-income countries (HIC)." The inequitable distribution of medical doctors worldwide is further exacerbated by the migration of medical doctors from lower and medium-income countries to high-income countries (Hoyler et al., 2014).

As highlighted by Adesola et al., (2024), the rapid population growth and the advent of complicated diseases that require improved medical care are the main causes of the significant increase in the demand for doctors worldwide during the past few decades. Due to this tendency, the medical doctor labor market is now competitive, with wealthy countries luring highly qualified specialists worldwide with alluring financial incentives (George et al., 2019). The migration of physicians from public hospitals to private hospitals in the same nation due to higher financial compensation is another indication of this trend.

Retention of medical doctors in the Ghanaian public health sector remains a big challenge, given the issue of inadequate financial incentives in comparison with the better financial opportunities offered in high income countries (Chukwu & Essue, 2024). The public health sector are further disadvantaged by the better financial incentives offered by private hospitals. Such wide financial disparity between doctors in public and private sector and those who opt to go abroad has led to dissatisfaction from the existing public sector doctors in Ghana and this has made retention of this doctors very difficult (Asant et al., 2025). Studies has suggested that a well structures financial reward system such as, hazard allowance, rural posting incentives and performance based bonuses, can enhance job satisfaction and retention (Ukponahiusi & Ahuru, 2024). Addressing the issue of medical doctor's retention in Ghana's public hospitals needs the adoption of a holistic approach where there will be an integration of competitive compensation with systemic reforms that can create a sustainable workforce in the public health sector of Ghana (Hoxha et al., 2024; Darkwa et al., 2015).

Financial incentives are widely known to have a high impact on the retention of healthcare professionals, especially in low- and middle-income countries. According to the World Health Organization WHO, (2000), competitive remuneration and monetary incentives are crucial in reducing turnover rates among medical professionals in low- and middle-income nations. For example, Saluja et al., (2020) studies on lower and middle-income countries reveal that lesser financial rewards lead to a higher migration of healthcare staff to wealthier countries with better pay and working conditions. Similarly, Adesola et al., (2024) discusses the "push and pull" factors that drive medical doctors away from the public sector. While inadequate salaries and delayed payments are significant push factors, competitive financial rewards from private hospitals and international recruiters serve as strong pull factors. This scenario underscores the critical role of financial incentives in workforce retention strategies for public health systems.

A deep review of extant literature on the impact of financial incentives on medical doctors retention in Ghana's public health sector shows that limited empirical literatures on this study and the few available studies: (Samuel & Haozhen, 2024; Adzei & Atinga, 2012; Snow et al., 2011) do not optimally cover impacts of financial reward packages such as salaries, allowances and bonuses and their impact in maximizing retention. This study will bridge this gap by ensuring the optimal study of the impact of salaries, allowances and bonuses and how they impact retention

1.1 Statement of the Problem

The continued brain drain in the medical profession in Ghana has continued to deteriorate as public hospitals are faced with the pressing challenge of the retention of medical doctors in public health hospitals in Ghana (Owusu-Ansah, 2015). Despite the knowledge of the critical role played by financial rewards in influencing retention, there is a lack of comprehensive, evidence-based understanding of the specific financial incentives that effectively combines to motivate doctors to remain in public service. Very few studies has been able mention discuss on finical incentive system that influences medical doctors retention in public hospitals in Ghana. This has left the management of public hospitals and government policy makers in the health sector with few academic tools that deeply gives them the right idea on the best form of financial package to increase the retention of medical doctors in Ghana's public health sector. This problem has necessitated an understudy of a holistic academic review that will serve as a road map on how to effectively combine the different forms of financial incentives to increase retention.

1.2 Research Objectives

The individual objectives of this study are:

i. To evaluate the impact of salary remunerations on the retention level of doctors in public hospitals in Ghana.
ii. To determine the impact of financial bonuses on the retention level of doctors in Public hospitals in Ghana.
iii. To prompt payment of financial entitlements on retention level of doctors in Public hospitals in Ghana

1.3 Research Hypothesis

The hypothesis that guides this study are:

H_{O1} : Salary remuneration has no impact on the level of retention of doctors in public hospitals in Ghana.

H_{O2} : Financial bonuses have no impact on the level of retention of doctors in public hospitals in Ghana.
H_{O3} : Prompt payment of financial entitlement has no impact on the level of retention of doctors in public hospitals in Ghana.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 The Equity Theory

This study adopts the equity theory as its theoretical framework to examine the financial rewards influencing the retention of medical doctors in Ghana's public health sector. The equity theory was developed by John Stacey Adams (1965), and the theory posits an employee perceives fairness in the workplace by comparing their input-output ratio (e.g., effort, skills, and rewards) to that of others. When workers perceive unfairness, especially under-rewarding, it causes unhappiness, decreased motivation, and higher turnover intentions. Medical doctors in Ghana's public health sector often compare their pay and perks with those in the private sector or overseas. Perceived imbalance in financial incentives might cause migration or attrition. This lead to a comparison on how fair and competitive financial incentives, including as salary, bonuses, and allowances, affect retention. Using Equity Theory, the research seeks to explore solutions for addressing perceived injustices, ensuring that financial incentives fit with medical physicians' contributions and expectations, hence increasing retention in the public health sector. Critics argue that the theory oversimplifies human motivation, ignores cultural variations, and assumes that all workers value the same incentives. It also struggles to account for subjective judgments of fairness and non-financial influences on behavior.

2.2 Empirical Review

A number of studies have investigated the impact of financial compensation on the retention of health workers in Ghana and comparable settings. Samuel and Haozhen (2024) examined the competitiveness of compensation and benefits packages for healthcare professionals in Ghana to address the shortage of skilled medical personnel. The analysis of salary structures, financial incentives, and benefits in relation to international standards indicated that inadequate salary remuneration and delayed entitlements were significant factors contributing to poor retention and heightened migration of healthcare professionals.

Anson (2019) conducted a study at the Greater Accra Regional Hospital with 324 clinical health personnel to evaluate the impact of financial and non-financial incentives on staff performance and retention. The results demonstrated a positive correlation between enhanced salary levels and timely access to resources with performance and retention, underscoring the necessity for regular and prompt disbursement of financial entitlements.

Kajungu and Mugisha (2015) investigated the correlation between different types of remuneration, including salary, allowances, and merit-based bonuses, and the retention of health workers in Uganda. Their findings, derived from a rural Ugandan context, are relevant to Ghana and indicate that all financial incentives exhibited a statistically significant positive correlation with retention.

Antwi and Phillips (2012) conducted a focused analysis of public sector wage reforms in Ghana from 2003 to 2009. The research indicated that a 10% salary increase led to a 1 percentage point decrease in annual attrition rates among younger healthcare professionals in fields susceptible to migration. This established a direct correlation between competitive salary remuneration and enhanced retention rates in the public health sector.

These studies highlight the essential impact of salary remuneration, financial bonuses, and prompt payment of entitlements on enhancing doctor retention in public hospitals in Ghana.

III. METHODOLOGY

3.1 Study Design, Setting, and Population

The research design for this study is a cross-sectional survey, where data were collected from many different individuals at a single point in time (Cohen et al., 2018). A cross-sectional hospital-based study was done in three public hospitals in, Ghana and a random sampling technique was adopted to otain the survet participants. The hospitals are namely: Cape Coast Teaching Hospital, Cape Coast, Korle Bu Teaching Hospital in Accra and Effia Nkwanta Regional Hospital, Sekondi-Takoradi. The study was carried out over four months, from October 2024 to January 2025.

Eligible participants included in the survey are all doctors working in a variety of different disciplines within the four hospitals. Furthermore, the doctor should be registered under section 39 of the Health Professions Regulatory Bodies Act, 2013, (Act 857) of Ghana.

The number of doctors in the three hospitals as adapted from the record list of medical and dental practitioners registered in Ghana for the 2023 permanent register, are:
Cape Coast Teaching Hospital, Cape Coast = 62 medical doctors

Korle Bu Teaching Hospital in Accra =277 doctors
Accra and Effia Nkwanta Regional Hospital, Sekondi-Takorad = 31
In total the three hospitals have 370 medical doctors.

To get the number sample size that will be representative of the population size of 370 doctors in the public health centers selected for the survey will be determined using the Yamane.
Yamane Taro, (1967) the formula is mathematically represented thus;

$$n = \frac{N}{1+N(e)^2}$$

Based on the formula above, (n) describes the size of the sample; (N) describes the overall target population, and (e) describes the level of significance or the error. The conventional 5% level of significance was employed for purposes of balancing between committing Type I and II errors. A 5% (percent) level of significance was applied to guarantee an outcome that is quite accurate for the sample. Given a target population of 370 medical doctors, the sample size that will best represent the target population according to the Yamane formula is:

$$n = \frac{370}{1+370(0.05)^2}$$

$$n = \frac{370}{1.925}$$

$$n = 192$$

The population size that will best represent the targeted population for this study will be 192.

3.2 Method of Data Collection

The study employed the use of structured questionnaires to collect data from the respondents, the questions in the questionnaire were designed to avail responses from the survey participants on this study's objectives. The questionnaire was structured into five sections, the first section was primarily composed of doctors' demographics. The second, third fourth, and fifth sections are a set of questions concerning the doctors' responses to questions relating to the research objectives. The questions followed the 5 scale Likert style where each questions were ranked from 1 to 5 signaling respondents to rank their feeling concerning the questions in such a way that below the score of 3 indicates disapproval and above 3 indicates approval.

The second section are set of questions relating to the doctor's retention perception, the third section is questions relating to the doctor's perception of salary remunerations as a motivation for retention. The fourth section consists of questions on the doctor's perceptions of financial bonuses while the fifth and last section of the questionnaire consists of questions seeking the respondent's perception of prompt payment of financial entitlements.

3.3 Data Analysis and Model Specification

The research made use of statistical analysis to evaluate the data by utilizing the IBM SPSS statistical package, version 20. The obtained data was presented as frequencies, percentages, pie charts, and bar charts. The relationship between the variables of the model was determined using a linear regression model. A P-value of <0.05 was considered statistically significant and the estimates of the models were explained. The study has four variables, consisting of one dependent variable and 3 independent variables. The dependent variable of the model is doctor's retention, while the 3 independent variables are: salary remunerations, financial bonuses, and prompt payment of financial entitlements.
The linear model that depicts this relationship is given thus:

$$Ret = \beta + SR + FB + PP + \mu$$

Where μ = error term

β = Intercept of the model
Salary Remuneration = SR
Financial Bonuses = FB
Prompt Payment of Financial entitlements = PP
Retention of Medical Doctors = Ret

IV. FINDINGS & DISCUSSION

4.1 Response Rate

The table below explains the demographic information of the survey participants, it consists of the Gender, age, department at work and years of experience.

Table 1

Demographic Information of the Respondents

Socio-Demographic Characteristics	Frequency	Percentage (%)
Gender		
Male	112	58%
Female	81	42%
Age		
25 and below	4	2.1%
26-35 Years	82	42.5%
36-45	81	42%
46 and above	26	13.5%
Department		
Internal Medicine	29	15%
Cardiology	35	18.1%
Emergency	34	17.6%
Primary Care Physician	42	21.8%
Intensive Care Unit (ICU)	24	12.4%
Surgery	29	15%
Years of Experience		
Less than 5 years	64	33.2%
5- 10 years	71	36.8%
11- 15 years	15	7.8%
16- 20 years	34	17.6%
Over 20 years	9	4.7%

4.1.1 Demographic Analysis of Participants

200 questionnaires were distributed to the participants, and 193 were returned, well-filled. This number represents 193 responses out of 200 questionnaires. This is a 96.5% response rate. The majority of the doctors are male 58% while the female doctors who participated in the survey are 42% of the total participants. Doctors with age between 25 and below are 2.1% of the participants, while those with age 26 to 35 years are 42.5% of the participants, doctors with ages between 36 to 45 years constitute 42% of the total respondents, while doctors who are 46 years and above are 13.5%.

Doctors from primary care physicians made up 21.8% of the total participants while the intensive care unit made up 12.4% of participants. The doctor that have spent 11 to 15 years made up 7.8% of the participants while those who have spent 5 to 10 years made up 36.8%.

4.1.2 Descriptive Statistics of Collected Data

Table 2 below shows the descriptive statistics of the response of the survey participants on retention of doctors in public hospitals in Ghana.

Table 2

Descriptive Statistics for the Response to Questions on Retention

Descriptive Statistics								
	N	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
RET1	193	3.6736	1.13751	1.294	-.533	.175	-.552	.348
RET2	193	4.1813	.95920	.920	-1.123	.175	.663	.348
RET3	193	3.9534	1.22598	1.503	-1.093	.175	.116	.348
RET4	193	3.4663	1.21199	1.469	-.320	.175	-.825	.348
RET5	193	2.9637	1.25155	1.566	.182	.175	-.821	.348

Note: RET1, RET2, RET3, RET4, and RET5 are the five questions responded to by the participants.

The mean value for the descriptive statistics on retention shows that all the questions had a mean value above 3 except RET5. This shows that the majority of the respondents have high acceptance of retention if the necessary factors are in place. Table 3 below shows the descriptive statistics for all response from the respondents on salary renumerations.

Table 3

Descriptive Statistics for the Response to Questions on Salary Remunerations (SR)

Descriptive Statistics								
	N	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
SR1	193	3.8912	1.28840	1.660	-.888	.175	-.478	.348
SR2	193	4.0259	1.20085	1.442	-1.035	.175	-.135	.348
SR3	193	4.2539	1.18269	1.399	-1.497	.175	1.057	.348
SR4	193	4.3990	1.07112	1.147	-1.777	.175	2.153	.348
SR5	193	4.0725	.94369	.891	-.785	.175	-.290	.348

The mean scores of SR1, SR2, SR3 SR4, and SR5 all show that the mean score is greater than 3. This indicates that the majority of the doctors who opted for that salary have a strong acceptance of retention. Table 4 below illustrates the descriptive statistics for all responses to the questions on financial bonuses.

Table 4

Descriptive Statistics for the Response to Questions on Financial Bonuses (SR)

Descriptive Statistics								
	N	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
FB1	193	3.8653	1.16926	1.367	-.742	.175	-.610	.348
FB2	193	4.1606	1.02067	1.042	-1.575	.175	2.391	.348
FB3	193	4.3575	.87301	.762	-1.525	.175	2.682	.348
FB4	193	3.9741	1.08702	1.182	-1.448	.175	1.885	.348
FB5	193	3.8031	1.09573	1.201	-.562	.175	-.537	.348

The mean scores of FB1, FB2, FB3 FB4, and FB5 all show that the mean score is greater than 3. This indicates that the majority of doctors believe that financial bonuses have a strong impact on the retention of medical doctors in public healthcare. The Durbin-Watson value ranges from 0 to 4 and the acceptable range to ascertain the absence of serious autocorrelation is between 1.5 and 2.5 where 2 means zero autocorrelation. A Durbin-Watson value of 1.801 is close to 2, which suggests that the residuals are largely independent and there is no significant autocorrelation. Table 5 below illustrates the responses from the survey participants as it pertains to prompt payment of entitlements of doctors.

Table 5

Descriptive Statistics for the Response to Questions on Prompt Payment of Financial Entitlements (PP)

Descriptive Statistics								
	N	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
PP1	193	3.9793	1.05553	1.114	-.952	.175	.242	.348
PP2	193	4.2746	.90843	.825	-1.583	.175	2.917	.348
PP3	193	4.4404	.80869	.654	-1.566	.175	2.366	.348
PP4	193	4.6425	.68591	.470	-2.337	.175	6.412	.348
PP5	193	4.1606	.98958	.979	-1.045	.175	.177	.348

The mean scores of PP1, PP2, PP3, PP4, and PP5 all show that the mean score is greater than 3. This indicates that the majority of doctors believe that prompt payment of financial entitlements has a strong impact on the retention of medical doctors in the public healthcare system in Ghana.

4.1.3 Linear Regression Analysis

The result of the linear regression of the dependent variables 'mean values of retention of medical doctors (RETM) and the independent variables: mean values of salary remuneration (SRM), mean values of financial bonuses (FBM), and mean values of prompt payment of financial entitlements (PPM) are shown in the table below:

Table 6

Model Summary of the Regression

Model Summary					
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Durbin-Watson**
1	.667[a]	.445	.436	.70505	1.801

a. Predictors: (Constant), PPM, SRM, FBM

b. Dependent Variable: RETM

The R-squared statistics in the table above is 0.445. This shows that 44.5% of factors that can influence the retention of medical doctors in public hospitals in Ghana are determined by the independent variables: salary remunerations, financial bonuses, and prompt payment of financial entitlements. The Durbin-Watson value ranges from 0 to 4 and the acceptable range to ascertain the absence of serious autocorrelation is between 1.5 and 2.5 where 2 means zero autocorrelation. A Durbin-Watson value of 1.801 is close to 2, which suggests that the residuals are largely independent and there is no significant autocorrelation.

Table 7

ANOVA Statistics

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	75.371	3	25.124	50.541	.000[b]
	Residual	93.951	189	.497		
	Total	169.321	192			

a. Dependent Variable: RETM

b. Predictors: (Constant), PPM, SRM, FBM

The ANOVA results demonstrated in Table 7 above show that the regression model is statistically significant ($p < 0.05$), indicating that the financial reward variables (PPM, SRM, FBM) collectively have a significant influence on the retention of medical doctors in Ghana's public sector.

Table 8

Regression Result of the Variables

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	-.012	.347		-.036	.971
	SRM	.242	.063	.237	3.840	.000
	FBM	.589	.078	.503	7.575	.000
	PPM	.066	.091	.049	.726	.469

With a P-value = 0.00 which is less than 0.05 (P-value<0.05), salary remuneration (SRM) influence on retention of medical doctors (RETM) is statistically significant. The coefficient of 0.242 shows that for every one-unit increase in SRM, RETM increases by 0.242 units, assuming other variables are constant. The relationship between financial bonuses and retention of medical doctors shows that the p-value=0.00 (P-value<0.05), which means that financial bonuses (FBM have a statistically significant impact on retention. The coefficient of the relationship is 0.589 means that for every one-unit increase in FBM, RETM increases by 0.589 units, assuming other variables are constant. Lastly, PPM with a P-value = 0.469 (P-value>0.05) shows that the result is not statistically significant to explain changes in RETM. This means that PPM appears to have little to no significant effect on retention, suggesting that prompt payment measures may not be as effective in influencing retention decisions in the current context.

4.2 Discussion

The results of this research provide a closer understanding of the financial factors influencing medical practitioners' retention in Ghana's public healthcare system. Based on the assessed data, and the result from the regression analysis where retention was the independent variable and salary remunerations, financial bonuses and prompt payments of entitlements are the independent variables.

The result shows that salary remunerations shows a positive and significant relationship with the retention of medical doctors in public hospitals in Ghana. This illustrates a p-value less than 0.05, showing a statistically significant and positive relationship at (0.242) between salary remunerations (SRM) and retention (RETM). This means that a 100% increase in financial remunerations will increase retention level by 24.2%. This finding shows the need for public

health facilities to offer appealing pay packages in retaining medical expertise in the public sector, especially as the market for medical professionals has become very competitive where opportunities abroad and in private hospitals often outperform those available via public health services. The results reveal a close resemblance with the work of Arnold et al., (2022), in their study on Work-related factors affecting the retention of medical officers in the preventive health sector in Sri Lanka where they discovered a positive relationship existing between retention of medical doctors and financial remunerations.

Furthermore, with a correlation of 0.589 and a p-value lesser than 0.05, financial bonuses (FBM) also clearly have a positive relationship with level of retention of medical doctors in public hospitals in Ghana, therefore underscoring its efficiency as a retention measure. The result shows that a 100% increase in financial bonuses to medical doctors will result in 58.9% increase in retention level of medical doctors in Public hospitals in Ghana. This result shows that while financial incentives are a very significant factor in retaining medical doctors, they must be part of a broader, integrated strategy that addresses systemic challenges in the public healthcare sector (Mohammadiaghdam et al., 2020). Policymakers should prioritize competitive salaries, performance-based bonuses, and prompt payment mechanisms, alongside investments in professional development and workplace enhancements, to sustainably strengthen Ghana's public health workforce.

Lastly, the result on the prompt payment of entitlement shows that retention of doctors in public hospitals in Ghana is not influenced by the prompt payment of entitlements as the p-value of the variable from the regression is greater than 0.05 (p-value>0.05).

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusions

This study focuses on determining the financial rewards that influence the retention of medical doctors in Ghana. The research demonstrates that the retention of medical practitioners in Ghana's public health sector is highly impacted by financial benefits. However, this research suggests that financial incentives alone cannot tackle the problem of doctor attrition. An integrated strategy that encompasses non-financial incentives, such as career progression possibilities, supportive work environments, and professional growth programs, is crucial.

Financial rewards, particularly salary remunerations, and financial bonuses, are the most influencing financial reward factors in determining the retention of medical doctors in public health sectors in Ghana. The findings of this study show the great need for applying multi-faceted policy interventions to retain medical professionals in the public hospitals in the Ghanaian public healthcare system.

5.2 Recommendations

The government should endeavor to raise the salaries of medical doctors working in public hospitals in Ghana to meet or exceed private sector hospitals to prevent losing their doctors to private hospitals. Initiatives that involve tracking doctors' performances and rewarding them with financial-based bonuses should be encouraged.

Conflict of Interest: None

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