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Financial incentives and work commitment among Ghanaian COVID-19 frontline healthcare workers: The mediating role of job satisfaction

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Abstract--The influence of financial incentives on work commitment is widely studied, yet the effects of financial incentives on healthcare workers' commitment in a pandemic situation remains underexplored. Drawing on Ghana government's financial incentives policy as part of its COVID-19 response, we examined the relationship between Financial Incentives (GFI) and work commitment [Adherence to Work Ethics (ATWE), Task Involvement (TI) and Organisational Citizenship Behaviours (OCB)] among COVID-19 Frontline Healthcare Workers (FHWs), and the mediating effect of Job Satisfaction (JS). Of the 187 COVID-19 FHWs in two sampled hospitals in the Ashanti region, purposive and stratified sampling techniques were used to select 126 respondents from whom data were gathered using structured questionnaires. SPSS and Smart PLS Structural Equation Modelling (SEM) were used to analyse the data. Baron and Kenny's (1986) causal-effect model of mediation analysis was used to determine the mediating role of Job Satisfaction (JS). GFI predicted ATWE positively but insignificantly. However, GFI had a significant positive effect on TI, OCB and JS. JS had no significant mediating effect on the relationship between GFI and ATWE. However, JS partially mediated the relationship between GFI, TI, and OCB. These findings offer critical insights for effectively managing the healthcare workforce during pandemics.

Keywords---Adherence to Work Ethics, Financial Incentives, Job Satisfaction, Organisational Citizenship Behaviour, Task Involvement, Work Commit.

Introduction

The COVID-19 pandemic presented health systems around the world with a huge burden in fighting its spread, with healthcare workers having to bear a significant portion of this obligation (Nagesh & Chakraborty, 2020). Being on the forefront providing all-round healthcare services to a rapidly growing number of sick and ailing individuals either directly or indirectly, healthcare workers were not only placed at a high risk of exposure to the disease (Ashinyo et al., 2020), they were also massively challenged with mental and physical exhaustion, stress, anxiety, stigma, agony of patients and coworkers loss among others (Ofori et al., 2021). While several healthcare workers contracted the COVID-19 disease, others tragically died. Consequently, the COVID-19 pandemic increased the risk of healthcare work, leaving most health workers challenged in variety of ways with some implications for their commitment to work duties. During the early stages of the pandemic, 152,888 COVID-19 confirmed cases and 1,413 deaths were among healthcare workers worldwide (Bandyopadhyay, et al., 2020). Out of these numbers, infections were most common in females and nurses (71.6% and 38.6% respectively), whereas males and doctors were mostly associated with deaths (70.8% and 51.4% respectively), with Europe recording majority of the number of infections (119628) and deaths (712) (Bandyopadhyay, et al., 2020). Although there were relatively moderate rates of confirmed cases and deaths in Africa (WHO, 2021), specific data on COVID-19 infections and deaths among healthcare workers is still limited. However, per WHO Africa's preliminary data as of July 2020, the virus had infected about 10,000 healthcare workers in 40 African countries (WHO Africa, 2020). The data further indicated that in 14 nations in Sub-Saharan Africa, healthcare workers accounted for 5% of all cases, and as well accounted for 10% of all cases in 4 of these nations (WHO Africa, 2020). In Uganda, as of November 24, 2020, there had been 1,238 infections among healthcare workers with 10 deaths (Bandyopadhyay, et al., 2020). Similarly, as of December 21, 2020, 7,891 health workers in the KwaZulu-Natal Province of South Africa had been infected with COVID-19, 91 people died as a result, with nurses being the most affected (Pillay, 2020). In the case of Ghana, over 2,000 healthcare personnel contracted the virus with up to 10 deaths, while several of them could not work given their isolation and awaiting of test-results, after being exposed, as of July 2020 (Afulani, et al., 2021). Lack of access to Personal Protective Equipment (PPE), heightened workload and stress, ineffective Infection Prevention and Control (IPC) interventions, insufficient personnel development, particularly among caregivers reallocated for COVID-19 response, and the absence of infrastructure to enforce crucial IPC interventions have been cited among a host of the major contributors to infections among healthcare workers in African countries including Ghana (WHO Africa, 2021).

Amidst these challenges, healthcare workers in Ghana, as with many other countries, hastened efforts toward the fight against the pandemic. Among other things, this was demonstrated in Ghanaian healthcare workers' active television,

radio and social media campaigns seeking to educate and solicit for cooperation of the general public in the fight against the pandemic, coupled with no incidence of industrial actions within the period of the pandemic. Be that as it may, crucial concerns were raised about how extra challenging healthcare work had become in Ghana due to the pandemic (Ashinyo, et al., 2020). Of great concern was the genuine struggle to strike a balance between healthcare workers' commitment to work duties and their health and safety, as well as that of their families.

Given this instance, measures geared toward enhancing healthcare workers' commitment to work in such times as the COVID-19 pandemic became a priority as health systems strived to effectively deal with the pandemic. Work commitment in this case involves healthcare workers' expression of dedication to their work (Saleem, 2011), which translates to how and to what extent they identify with and are passionately immersed in their job performance or responsibilities (Khan et al., 2011). This is demonstrated in terms of Adherence to Work Ethics (ATWE), Task Involvement (TI), as well as Organizational Citizenship Behaviours (OCBs) (Park, Christie, & Sype, 2014; Morrow, 1993). ATWE involves healthcare workers' compliance to principles that guide working behaviour (Blum, 1998). This includes their general adherence to policies and standards regarding work, compliance to principles regarding punctuality and regularity, client handling, work schedules among others. TI is showed in fulfilling and positive work-related frame of mind marked by vitality, devotion, and absorption (Schaufeli, Salanova, Gonzales-Roma, & Bakker, 2002). Healthcare workers who are deeply involved in tasks burst with energy, dedication, open to new ideas, more productive, and unreluctant to go the additional mile (Bakker, 2011). In the case of OCBs, discretionary activities that support effective healthcare operations are undertaken, while not being part of the healthcare worker's formal work duties (Organ & Ryan, 1995). Thus, healthcare workers engage in roles beyond official responsibilities, or extra-role behaviours like taking up roles in the absence of others, creativity, innovation and others. Not only does higher degrees of work commitment among healthcare employees favourably impact on both care delivery and operational efficiency of hospitals (Baird, Tung, & Yu, 2019), there is also a strong link between healthcare employees' work commitment and caring efficacy and patient safety culture (Attia et al., 2019; Horwitz & Horwitz, 2017).

Despite the growing research interest in the COVID-19 pandemic in Ghana, studies on the Ghanaian healthcare workforce seem limited. Of the limited extant studies, a good proportion focuses on sentimental and risk related issues regarding health workers amidst the pandemic. For example, Afulani, et al., (2020) examined Ghanaian health workers' perception of readiness in response to the pandemic and reported low perceived preparedness among health workers in Ghana. Ashinyo, et al., (2020) on another enquiry ascertained Ghanaian COVID-19 frontline health workers' exposure to risk and found high level of exposure among health workers in treatment centers. Examining Ghanaian health professionals' psychological reactions to the pandemic, some have discovered that most health workers are going through fear, depression, anxiety and stress (Ofori, Osarfo, Agbeno, Manu, & Amoah, 2021). While some researchers have studied infection and fatality rates of the pandemic among health workers in Ghana (see for example, Afulani, et al., 2021; Vandyck-Sey, Amoh, Essuman, & Lawson, 2020), others have investigated COVID-19 vaccines' acceptability among health

workers in Ghana (Agyekum, Afrifa-Anane, Kyei-Arthur, & Addo, 2021). The findings and recommendations from these studies are important yet, they do not explain work commitment and its drivers among frontline health workers in the fight against the pandemic in Ghana. Although the influence of financial incentives on work commitment has been widely studied, evidence on the effects of financial incentives on healthcare workers' work commitment in an actual pandemic situation such as that of COVID-19 remains underexplored, as well as the mechanisms through which the former affects the latter in such situations, especially in the context of Africa. So far, following the SARS outbreak, the few studies that were conducted in which healthcare personnel were questioned on issues relating to their commitment to work centered around Europe and USA (Altman, 2003). For example, Imai, et al. (2010) evaluated the attitudes of staff in some hospitals in Japan on their desire to work in a pandemic and the reasons that impacted these desires post the H1N1 influenza pandemic.

Government of Ghana as part of its COVID-19 response strategies instituted a policy on financial incentives to protect and foster work commitment among health workers on the frontline, comprising a GHS 350,000 guaranteed benefit insurance package (nearly 60,345 USD), tax exemption on emoluments and 50% more in supplementary compensation to their base pay for a set time, and free buses for health workers along specific routes to and from work (The Presidency, Republic of Ghana, 2020). Even though these incentives were laudable, there remain limited or no empirical evidence drawing policy makers and hospital managements' attention to the gap between the policy aspiration and the policy outcome. How these incentives relate with job satisfaction among these health workers have not been proven empirically. This study examined the relationship between Government Financial Incentives (GFI) and work commitment among COVID-19 Frontline Health Workers (FHWs) in Ghana, and the mediating role of Job Satisfaction (JS) in the said relationship, by specifically examining the relationship between GFI and ATWE, TI and OCBs (work commitment) among COVID-19 FHWs; GFI and JS among COVID-19 FHWs; and whether JS mediates the relationship between GFI and ATWE, TI and OCBs (work commitment) among COVID-19 FHWs

Literature Review and Hypotheses

Financial Incentives and Work Commitment

Financial incentives (FI) are stimulus involving financial compensation or monetary payments, reduction in the price paid for good or services, or the award of credit, bonuses, transportation facility, insurance, pensions, commissions among others, offered by a person, or organization to encourage specific behaviours or actions (Banjoko, 2006; Lawler, 2003). In some rare instances, FI can have little or no effect on workplace efficiency (Guzzo, 1988). However, evidence from a significant proportion of research demonstrates that FI are becoming more widely recognised as a powerful tool for changing all manner of behaviours pertaining to work and beyond. Lack of sufficient FI for employees has been identified as one of the main causes of apathy towards work (Muguongo et al., 2015). Robinson (1999) contends that FI can be used to influence employee actions regarding their compliance to work related policies as well as

engagement in tasks. An analysis of the effects of increased FI programs on employees' turnover intentions revealed that employees' are often committed to work when they are assured of attractive FI, which consequently increases their hesitancy to turnover and OCB (Puspita, 2020). Ongadi & Juma (2020) investigated whether or not FI have positive influence on work commitment and performance, and found that employees' perception of rewarding allowances, merit pay, insurance and of service related pay strategically enhance their involvement in responsibilities as well as their compliance with work related procedure and standards. In the healthcare space, work commitment is seen as a key indicator of healthcare professionals' reaction to growing obstacles and demands (Toode, Routasalo, & Suominen, 2011). Highlighting the reasons contributing to workforce crisis in Sub-Saharan African health systems, Dado, et al. (2019) posited that the immense turnover intentions among health workers in the region can be remedied by boosting workers' commitment to work through attractive FI systems. Lack of attractive FI makes these workers unwilling to innovate and perform roles beyond their regular duties. In a study at a well-performing primary healthcare in Sweden, it was demonstrated that to give clear direction for health professionals, FI must be harnessed to enhance high-quality patient care (Kjellström et al., 2017). In Ghana, Adzei & Atinga (2012) found that FI significantly lead to high levels of work commitment which affects healthcare workers' intentions to stay on the job. Akinto (2021) confirmed that incentives increases healthcare workers' work commitment, and this can play a major role in solving brain drain among healthcare workers in most African countries. The study however, recognised that other non-financial measures must be introduced because FI alone cannot adequately address healthcare brain drain.

Financial Incentives and Job Satisfaction

Job satisfaction (JS) is a measurement of how much a worker appreciates their work (Ellickson & Logsdon, 2002). Employee JS boosts morale, productivity, a positive attitude, and good working relationships (Mwesigwa, Tusiime, & Ssekiziyivu, 2020; Saari & Judge, 2004), and unsatisfied employees tend to be the organization's first enemy; they are constantly looking for better outside work options (Herzberg, 1959). Several factors have been found to predict high JS employees, including opportunity for career development and advancement, training, organisational justice to mention a few (Abekah-Nkrumah & Atinga, 2013). Invariably, a good deal of studies have also highlighted that unattractive FI is among the frequent reasons given for dissatisfaction. Salau, Falola, & Akinbode (2014) found that most employees are usually not happy with their jobs when there are less attractive FI. People are most likely to be satisfied in their job roles once they receive some good financial incentives (Vlaev, King, Darzi, & Dolan, 2019). According to Ongadi & Juma (2020), when FI do not meet employees' demands, job dissatisfaction and low commitment to duty are the results. This validates the observation of Kreitner & Kinicki, (2004) that when the actual demands of workers are not considered and managed adequately, displeasure, discontent and pilfering set in, and this breed non affirmative attitude towards work.

Job Satisfaction and Work Commitment

At the work setting, work commitment and JS are very crucial issues because they essentially enhance organisational efficiency (Laschinger, 2001) as well as performance (Ricketta, 2002). JS is a major predictor of work commitment (Majukwa, Fan, & Dwyer, 2020). Sejjaaka & Kaawaase (2014) reported that satisfied employees are more willing to adhere to work policies and standards, and are more likely to be better performers in an organisation. The findings of this study corroborates with that of Nasab & Afshari (2019) who discovered a substantial connection between JS and performance and willingness of employees to take up extra work related roles. Ongadi & Juma (2020) investigated whether or not FI have positive influence on work commitment and performance, and found that employees' perception of rewarding allowances, merit pay, insurance and of service related pay strategically enhance enhance work commitment. The study findings further highlighted an indirect relationship between incentives and work commitment mediated by job satisfaction. Similar conclusion was drawn by Mwesiwa, Tusiime, & Ssekiziyivu (2020).

From the foregoing, we hypothesised with respect to the study objectives as follows:

1. *H_{1a}*: There is a positive and significant relationship between GFI and ATWE among COVID-19 FHWs
H_{1b}: TI among COVID-19 FHWs is positively and significantly predicted by GFI
H_{1c}: There is a positive and significant relationship between GFI and OCBs among COVID-19 FHWs
2. *H₂*: There is a positive and significant relationship between GFI and JS among COVID-19 FHWs
3. *H_{3a}*: JS mediates the relationship between GFI and ATWE among COVID-19 FHWs
H_{3b}: The relationship between GFI and TI among COVID-19 FHWs is mediated by JS
H_{3c}: JS mediates the relationship between GFI and OCBs among COVID-19 FHWs

Conceptual Framework

We present a conceptual framework for the study. The framework is based on the proposed hypotheses which are products of the evaluations relevant literature. The framework primarily portrays that GFI will affect ATWE, TI and OCBs (work commitment) among COVID-19 FHWs in Ghana, and the said relationship will be mediated by JS. The framework is indicated in figure 1.0 below.

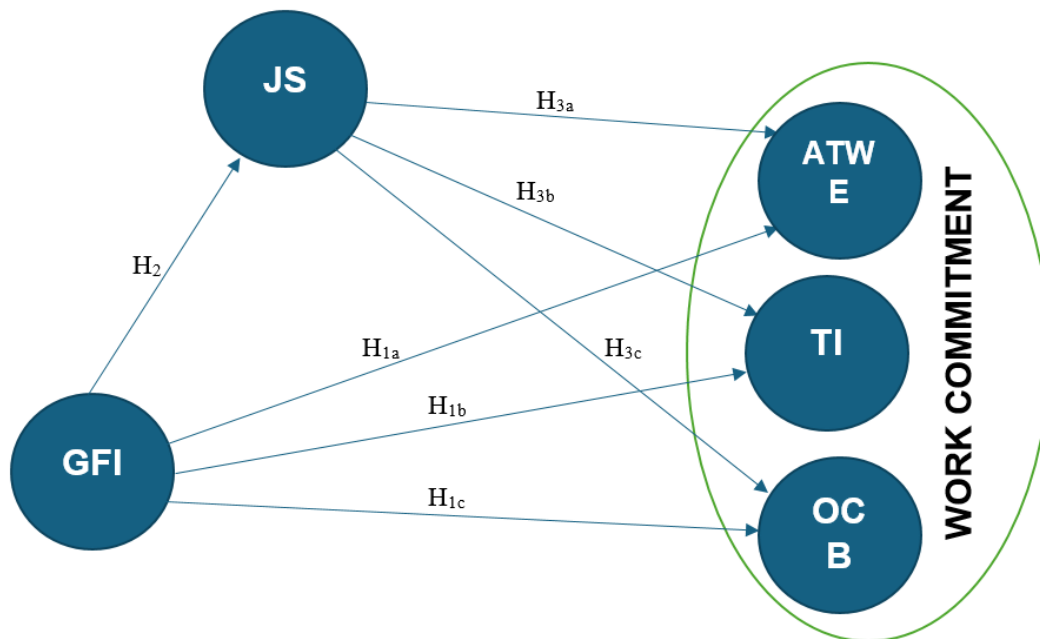


Figure 1.0 Conceptual framework of the relationship between GFI and work commitment (ATWE, TI and OCBs) among COVID-19 FHWs in Ghana, and the mediating role of JS in the said relationship

Key: **GFI:** Government Financial Incentives (tax exemption, additional duty allowance, insurance package and free transport) **JS:** Job Satisfaction, **ATWE:** Adherence to Work Ethics, **TI:** Task Involvement, **OCB:** Organisational Citizenship Behaviours

Methods

A quantitative exploratory multiple case study design was used. The study was carried out in two hospitals in Ghana's Ashanti region, one of the two epicenters during the period of Covid-19 pandemic in Ghana (Ghana Health Services, 2021). The two hospitals included Kumasi South (KSH) Hospital and St. Michael's Hospital, Pramso (SMHP). While the former doubles as the Ashanti Regional Hospital and was one of the healthcare outfits authorised as COVID-19 management centers in the Kumasi metropolis, the former had two isolated outfits earmarked for the management of COVID-19 related cases. The study population included all healthcare staff in both KSH and SMHP. However, the study purposively focused on clinical and non-clinical personnel, specifically assigned to carry out their duties in/with the earmarked Covid-19 treatment centers at the two hospitals selected for the study. This also included personnel who might not have provided direct care to Covid-19 patients, yet whose duties might have brought them into touch with Covid-19 patients and or their bodily fluids, and surfaces or objects that could be contaminated, as well as health facility management staff who played critical supervisory and advisory roles through policy implementation and monitoring and evaluation of Covid-19 healthcare delivery activities. A total of 187 healthcare workers was obtained from

the two hospitals (KSH = 119 and SMHP = 68). Drawing on Krejcie & Morgan (1970) table for estimating sample size, a total sample size of 126 was chosen from the study population (KSH= 82 and SMHP= 44). Stratified random sampling technique was used in selecting the study participants.

Before data collection for the study began, Ethical approval was sought from the Ghana Health Service Ethics Review Committee with the study protocol. Formal permission was obtained from the Hospital Authorities of the two hospitals. Ethical practices were rigorously followed throughout the study. All the respondents were given a thorough explanation of the purpose and objectives of the study. Participants' privacy was assured, and they were given the opportunity to give informed consent while being reminded that participation was entirely voluntary, and they could withdraw from the study at any point without penalty. Participants' confidentiality was assured, and they were informed that all information obtained through their participation had no bearing on their job appraisal.

Data were obtained through the administration of structured questionnaires. Per request, a number of the respondents were visited for manual questionnaire administration and retrieval, whereas others received the questionnaire electronically on google form and retrievals were done through same. The questionnaire requested information pertaining to respondents' demographic characteristics (staff category, sex, age, marital status and nature of residence). The questionnaire also sought for information on government financial incentives for COVID-19 FHWs, Job satisfaction and work commitment among the COVID-19 FHWs. These variables were measured on a five-point Likert scale (1= strongly agree 2 = agree 3= neutral 4= disagree and 5= strongly disagree), and participants were asked to select the alternative that best reflected their viewpoint. Statistical software programs; Statistical Package for the Social Sciences (SPSS) and Smart PLS were used to analyse the data. The Pearson's Product-Moment Correlational Analysis was conducted in SPSS as part of the preliminary tests to determine how the variables under study are related to one another in terms of direction and strength. Subsequently, the data was imported into Smart PLS for further analyses using Structural Equation Modelling (SEM) to test the relationships between the constructs under study. The cause and effect method of mediation analysis as prescribed by Baron and Kenny (1986) was used to test the mediating effect as hypothesised.

Findings and Discussion

Demographic Characteristics of the Respondents

A total of 72 of the respondents, representing 57.1% were males while 54 representing 42.9% were females. The study participants were thus, male dominated. Also, a majority of the respondents (68) representing 54.0% were between the ages of 30-40 years; followed by 49 respondents (representing 38.9%) were within the age range of 18-29 years; then, 9 respondents (representing 7.1%) were between 41-50 years and none of the respondents had their age falling within the range of 51-60 years. This finding indicates that the study participants were youthfully populated. Again, the majority of the respondents (68 which

represent 54.0%) were not married with a significant number of respondents being married (58 representing 64%). This implies that some of the participants have to alternate between work and family roles. Similarly, against the background that COVID-19 is a contagious disease which spreads easily from person to person through droplets and contacts (Palem & Palem, 2020), the study sort to find the nature of respondents' residence because of the risk of the job they do. Majority of the respondents lived alone (65 which constitute 51.6%), though quite a number of the respondents (61 representing 48.4%) lived with their families or someone else showing how risky their jobs were to others. Lastly, the results show that majority of the respondents (96, representing 76.2%) were clinical staff whereas 30 respondents representing 23.8% were non-clinical staff.

Evaluation of the Measurement Model ***The Model Fitness Test***

Standardised Root Mean Square Residual (SRMR) and Normed Fit Index (NFI) were considered in testing the study's model fitness. For a model to be regarded as having the best fit, the SRMR value should be 0.08 or less (Henseler et al., 2015; Bagozzi, 2010), and the NFI value should fall within 0 and 1 yet, NFI value must be closer to 1 for a better fit (Dijkstra & Henseler, 2015; Sivo et al., 2006; Bentler & Bonett, 1980). Table 2.0 presents the summary results of the model fitness test. The results indicate that the study's conceptualised model better fit the one hundred and twenty-six (126) sampled data used in the analysis, given a 0.073 SRMR and a 0.768 NFI as shown in Table 2.0 below.

Table 2.0: Summary Results of the Model Fitness Test

Fitness Indices	Recommended Thresholds	Author (s)	Final CFA Model
SRMR	<0.08, excellent, 0.08-0.10 acceptable	Hu and Bentler (1999) Bagozzi (2010) Henseler et al. (2015)	0.073
NFI	>0.5, acceptable 0.70-1.0 excellent	Bentler and Bonett (1980) Sivo et al. (2006) Dijkstra and Henseler (2015)	0.768

NB: SRMR = Standardised Root Mean Square Residual, NFI = Normed Fit Index
Source: Field Survey

Confirmatory Factor Analysis (CFA)

In assessing the validity of scales adopted in measuring the constructs, a CFA was conducted to show the factor loadings of the items along with the Composite Reliability (CR), Average Variance Extracted (AVE), and Cronbach's alpha as presented in Table 3.0. The CFA allowed for effective elimination of errors while evaluating construct factor structure (Brown & Moore, 2012). The Smart PLS procedure was conducted to examine the relationships between the constructs, path coefficients, and the values of the item loadings, as shown in Figure 2.0. The original CFA was generated in this study based on the items' factor loadings that made up the latent variables of GFI, ATWE, TI and OCBs as typified in the CFA model.

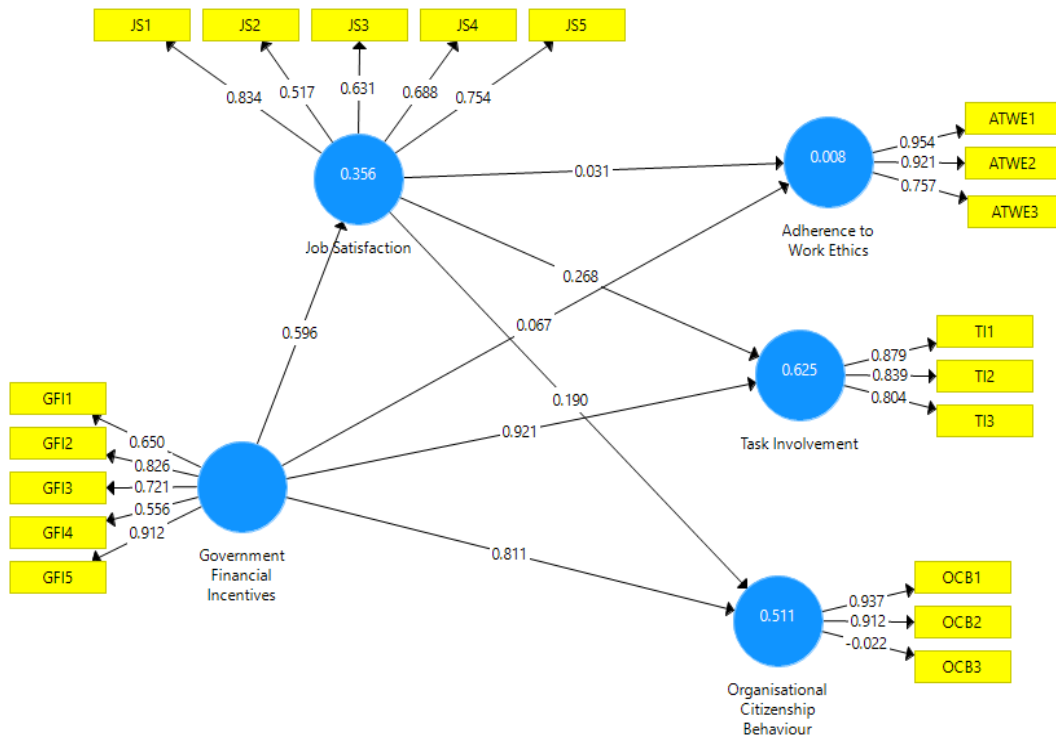


Figure 2.0: The CFA Model Measurement with Standardised Item Loadings

Reliability and Validity of the Measurement Scales

Reliability was tested to check the duplication effect and coherency of the items used in measuring each variable under study (Henseler et al., 2015). In order to ensure the measurement model's appropriateness and accuracy, the internal consistency of all the items and their discriminant validity was assessed (Farrell, 2010). In addition, the measurement loads within the linked constructs were examined to determine the items' reliability. According to Henseler et al. (2015), a latent predictive construct can be said to represent more than half of the variation in observed variables if the majority of its item loadings approach 0.70 or higher. Even though some of the item loadings were below 0.7 (i.e., GFI1, GFI4, JS2, JS3, JS4, and OCB3), they were included because they were approaching the recommended threshold and their exclusion earlier did not account for any significant variation in the observed measurement estimates. Though both Cronbach's Alpha and CR coefficients were considered in assessing internal consistency and accuracy of the measurement model, with the recommended threshold of 0.7 or higher (Ali & Yusof, 2011; Apuke, 2017), CR was of more interest given that it does not take into account the number of items being assessed and does not assume that all indicators are equally reliable for different items in a sample unlike Cronbach's Alpha (Hair et al., 2013; Sarstedt & Cheah, 2019). Table 3.0 presents the coefficients of both Cronbach's Alpha and CR for all the constructs, and it is evident that they were all higher than 0.70 depicting internal consistency. Validity of the measurement model was assessed in two different strands. At the initial stage, Convergent Validity (CV) was evaluated and

subsequently, Discriminant Validity (DV) of the constructs in the model was assessed. In establishing CV (the degree to which the observed constructs and specific items in the study are related), the factor loadings, AVE, and CR were examined (Farrell, 2010; Henseler et al., 2015). As shown in Table 3.0, the CR coefficients and the loadings for each construct exceeded 0.7, which is the conventional threshold. Again, the AVE coefficients for all the constructs under study exceeded the recommended threshold of 0.5 (Farrell, 2010; Hair et al., 2013; Henseler et al., 2015; Sarstedt & Cheah, 2019), depicting that the model exhibited Convergent Validity.

Table 3.0: Summary Results of Measurement Scales and Model Indicators

Latent Variable	Items	Factor Loadings	Cronbach's Alpha	Composite Reliability (CR)	Average Variance Extracted (AVE)
Government Financial Incentives	GFI1	0.650	0.787	0.857	0.553
	GFI2	0.826			
	GFI3	0.721			
	GFI4	0.556			
	GFI5	0.912			
Adherence to Work Ethics	ATWE1	0.954	0.867	0.912	0.777
	ATWE2	0.921			
	ATWE3	0.757			
Job Satisfaction	JS1	0.834	0.736	0.818	0.570
	JS2	0.517			
	JS3	0.631			
	JS4	0.688			
	JS5	0.754			
Organisational Citizenship Behaviour	OCB1	0.937	0.767	0.721	0.680
	OCB2	0.912			
	OCB3	0.022			
Task Involvement	TI1	0.879	0.794	0.879	0.708
	TI2	0.839			
	TI3	0.804			

Source: Field Survey

The Discriminant Validity (DV) was assessed using both the Fornell-Larcker approach and the Heterotrait-Monotrait Ratio (HTMT) standard. With respect to the Fornell-Larcker approach, DV was established by comparing the square root of the AVE from a construct with the correlations between other constructs to establish that the square roots of AVE coefficients on the diagonals were higher than the correspondent rows and columns' coefficients of the squared AVEs in all situations (Fornell & Larcker, 1981). For example, the squared root of the AVE in the case of Job Satisfaction (i.e., 0.912) is higher than that of the corresponding column (i.e., 0.819 and 0.694) and row (0.809). The same situations can be

observed from the results for the other constructs, respectively. Similarly, with the Heterotrait-Monotrait Ratio (HTMT) standard, DV was established once the highest average correlational coefficient of the indicators across constructs was less than 0.85 in the HTMT test (Henseler et al. (2015). Table 4.0 presents the summary of the results for both tests.

Table 4.0: Summary of the Discriminant Validity Tests

Fornell-Larcker Test Results					
	1	2	3	4	5
1 Government Financial Incentives	<u>0.833</u>				
2 Adherence to Work Ethics	0.800	<u>0.846</u>			
3 Job Satisfaction	0.775	0.809	<u>0.912</u>		
4 Organisational Citizenship Behaviour	0.761	0.800	0.819	<u>0.735</u>	
5 Task Involvement	0.690	0.750	0.694	0.727	<u>0.824</u>
Hetrotrait-Monotrait (HTMT) Ratio Test Results					
1 Government Financial Incentives	-				
2 Adherence to Work Ethics	0.804	-			
3 Job Satisfaction	0.712	0.816	-		
4 Organisational Citizenship Behaviour	<u>0.840</u>	0.815	0.747	-	
5 Task Involvement	0.643	0.625	0.723	0.621	-

Source: Field Survey

Correlational Analysis among Study Variables

The Pearson's Product-Moment Correlation Analysis was conducted in SPSS as part of the preliminary tests to establish the relationships among the variables under study in terms of direction and strength. Table 5.0 shows the summary results of the correlational analysis among the variables under study.

Table 5.0: Correlational Analysis among Study Constructs

	1	2	3	4
1 Government Financial Incentives	-			
2 Adherence to Work Ethics	.590*	-		
3 Job Satisfaction	.536**	.269*	-	
4 Organisational Citizenship Behaviour	.743**	.457**	.462**	-
5 Task Involvement	.551**	.387**	.363**	.540**

Source: Field Survey, NB: **, * Significant at 1% and 5% respectively

From the results, there is a significant positive relationship between GFI and ATWE ($r = .590$, $p < 0.05$), JS ($r = .536$, $p < 0.01$), OCBs ($r = .743$, $p < 0.01$) as well as TI ($r = .551$, $p < 0.01$). In other words, the more COVID-19 FHWs received GFI, the more their ATWE, TI, JS and OCBs improved. Also, the results indicate a significant positive relationship between JS and ATWE ($r = .269$, $p < 0.05$), OCBs

($r = .462$, $p < 0.01$) as well as TI ($r = .363$, $p < 0.01$). Thus, the more the COVID-19 FHWs are satisfied with their jobs, the more their ATWE, TI and OCBs improved.

The Structural Model Results

The structural model was generated and used to test the hypothesised relationships, as shown in Figure 2.0. Drawing on Wong (2013), the bootstrapping method was used to generate standard errors and t-statistics to define the precise paths effect level in the structural model. This allowed for an assessment of the path coefficients' factual significance. The threshold for the statistical conclusion was chosen at a 5% level of significance ($p < 0.05$). The degree of homogenous factor estimations between the constructs stated in the t-value results was used to calculate the significance level thereafter. The summary of the structural model's results is presented in Table 6.0.

Table 6.0: Summary Results of the Partial Least Squares Structural Model

Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T-Statistics (O/STDEV)	P Values
GFI → ATWE	0.067	0.058	0.138	0.484	0.628
GFI → JS	0.596	0.577	0.158	3.784	0.000
GFI → OCB	0.811	0.814	0.093	8.753	0.000
GFI → TI	0.921	0.903	0.092	10.034	0.000
JS → ATWE	0.031	0.061	0.156	1.383	0.047
JS → OCB	0.190	0.153	0.161	1.759	0.023
JS → TI	0.268	0.242	0.091	2.950	0.003

NB: GFI = Government Financial Incentives, ATWE = Adherence to Work Ethics, JS = Job Satisfaction, OCB = Organisational Citizenship Behaviour, TI = Task Involvement.

Source: Field Survey

As presented in Figure 2.0 and Table 6.0, the estimated values for path relationships in the structural model were evaluated and reported in relation to the sign, magnitude, and significance as per the bootstrapping conducted. The R^2 values of all endogenous constructs were assessed to measure the percentage of variance explained in each of the endogenous constructs and the model's in-sample prediction accuracy. The R^2 values range from 0 to 1, with higher levels demonstrating a greater degree of predictive accuracy (Henseler et al., 2015). According to Hair et al. (2012), the R^2 values of 0.75, 0.50, and 0.25 may be considered substantial, moderate, and weak, respectively. In this study, R^2 values of the endogenous constructs show that GFI explains 35.6% variance in Job Satisfaction. This, in essence, means that GFI moderately explains the variance in the intervening variable. Furthermore, a combination of the independent variable (GFI) and the intervening variable (JS) explain 51.1%, 62.5% and 0.8% of the variance in the dependent variables; i.e., OCBs, TI and ATWE respectively.

The Mediation Effect

To test the mediation effect of JS in the relationships between GFI, ATWE, TI and OCB, the causal-effect model of mediation analysis by Baron and Kenny (1986) was used based on the results from PLS-SEM. As presented in Table 7.0, the results reveal an insignificant indirect effect of GFI on ATWE through JS (i.e., GFI →JS→ATWE: $\beta=0.018$, t-statistic = 1.140, $p= 0.255$). However, there is a significant indirect effect of GFI on TI (i.e., GFI →JS→TI: $\beta=0.160$, t-statistic = 2.505, $p=0.013$) and OCB through JS (i.e., GFI →JS→OCB: $\beta=0.113$, t-statistic=3.115, $p=0.002$), respectively. Moreover, using Baron and Kenny's (1986) causal-effect model of mediation analysis in assessing the mediation effect, it can be said that since the results revealed a statistically significant direct impact of GFI on ATWE and there was a statistically insignificant specific indirect effect of the former on the latter through JS, then there was NO mediation effect (i.e., JS did not mediate the relationship between GFI and ATWE). However, based on Baron and Kenny's (1986) causal-effect model of mediation analysis, since there was a statistically significant direct effect of GFI on TI and OCB as well as a statistically significant specific indirect effects of the former on the latter through JS, then partial mediation effects were realised in both situations as summarized in Table 7.0.

Table 7.0: Mediation Effects through Specific Indirect Effects

Path2	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T-Statistics (O/STDEV)	P Values	
GFI →JS→ATWE	0.018	0.032	0.095	1.140	0.255	No Mediation
GFI →JS→OCB	0.113	0.103	0.099	3.115	0.002	Partial Mediation
GFI →JS→TI	0.160	0.145	0.064	2.505	0.013	Partial Mediation

NB: GFI = Government Financial Incentives, ATWE = Adherence to Work Ethics, JS = Job Satisfaction, OCB = Organisational Citizenship Behaviour, TI = Task Involvement.

Source: Field Survey

Hypotheses Testing and Discussion of Findings

Hypothesis 1

H_{1a}: There is a positive and significant relationship between GFI and ATWE among COVID-19 FHWs.

The first objective of this study was to examine the relationship between GFI and ATWE, TI and OCB among the COVID-19 FHWs. In line with this objective, the first hypothesis of this study sought to test the predictability of GFI on COVID-19 FHWs' ATWE. The findings of the PLS-SEM showed that the path from GFI to ATWE was positive but statistically insignificant, i.e., (coefficient, $\beta= 0.067$, t-statistic = 0.484, $p=0.628$). Thus, GFI insignificantly predicted COVID-19 FHWs' ATWE positively with an original sample coefficient of 0.067, t-statistics of 0.484, and a significance value of 0.628. This suggests that a 1% improvement in GFI

will insignificantly result in a 6.7% improvement in the COVID-19 FHWs' ATWE, holding all other factors constant. Hence, the hypothesis (H_{1a}) was supported. Empirically, this finding supports the conclusion of Mrestyal, Muhammad, & Muhammad (2020) and Murphy (2011). Thus, the finding further strengthens the argument that monetary incentives have positive influence on workers compliance with ethical standards and programs at the workplace but this impact may not be significant.

H_{1b}: TI among COVID-19 FHWs is positively and significantly predicted by GFI. This hypothesis tested GFI as an explanatory variable of COVID-19 FHWs' TI, which was also in line with the first objective. The findings showed that the relationship between GFI and TI was positive and statistically significant, i.e., (coefficient, $\beta = 0.921$, t-statistic = 10.034, $p = 0.000$). Thus, GFI had a statistically significant positive effect on TI with an original sample coefficient of 0.921 (i.e., 92.1%), t-statistics of 10.034, and a significance value of 0.000. This suggests that a 1% improvement in GFI induced a 92.1% improvement in the COVID-19 FHWs' TI, holding all other factors constant. The hypothesis (H_{1b}) of this study was supported. This is also consistent with the finding of that of Mrestyal, Muhammad, & Muhammad (2020) who found that monetary incentives are major drivers of efforts advanced toward tasks at the workplace among 302 healthcare staff working in various hospitals in Islamabad and Rawalpindi, Pakistan. Nnubia (2020) also reported similar finding among 1,019 employees in Nigeria.

H_{1c}: There is a positive and significant relationship between GFI and OCB among COVID-19 FHWs.

Also, in line with the first objective, this hypothesis tested GFI as a predictor of the COVID-19 FHWs' OCB. The findings showed that the relationship between GFI and OCB was positive and statistically significant, i.e., (coefficient, $\beta = 0.811$, t-statistic = 8.753, $p = 0.000$). Thus, GFI had a statistically significant positive effect on OCB with an original sample coefficient of 0.811 (i.e., 81.1%), t-statistics of 8.753, and a significance value of 0.000. This indicates that GFI positively predicted COVID-19 FHWs' OCB significantly. The hypothesis (H_{1c}) of this study was supported. Empirically, this finding is consistent with prior studies that reported positive and significant relationship between financial incentives and organisational citizenship behaviour (Ramzan, 2014; Ahmed, 2016).

Hypothesis 2

H₂: There is a positive and significant relationship between GFI and JS among COVID-19 FHWs.

This hypothesis tested GFI as a predictor of Covid-19 FHWs' JS, which was in line with the second objective of this study. The findings showed that the relationship between GFI and JS was positive and statistically significant, i.e., (coefficient, $\beta = 0.596$, t-statistic = 3.784, $p = 0.000$). Thus, GFI had a statistically significant positive effect on JS with an original sample coefficient of 0.596 (i.e., 59.6%), t-statistics of 3.784, and a significance value of 0.000. This indicates that GFI has the potential to significantly influence JS among the COVID-19 FHWs positively. This hypothesis was supported. This finding is consistent with that of Nnubia (2020) who reported a significant positive relationship between monetary incentives and the satisfaction that 1,019 employees find with their jobs in

Nigeria. In Indonesia, Muhammad, Muhammad, Jufrizen, Rahmawany, & Azuar (2019) also found that monetary compensations had a positive and significant effect on job satisfaction, which aligns with the current study's finding. This finding corroborates that of Zaraket & Saber (2017), who ascertained how FI affected the performance and job satisfaction of 250 workers in Lebanon's construction, contracting and printing industries. They discovered a significant and favorable relationship between financial incentives and workers' job satisfaction.

Hypothesis 3

The study's third objective was to examine whether JS mediates the relationship between GFI and ATWE, TI and OCB among the COVID-19 FHWs. Three separate hypotheses were therefore tested as follows.

H_{3a}: JS mediates the relationship between GFI and ATWE among COVID-19 FHWs.

The PLS-SEM analysis results showed that the path from GFI through JS to ATWE was positive but statistically insignificant, i.e., (GFI → JS → ATWE: $\beta=0.018$, t -statistic=1.140, $p=0.255$). Thus, GFI indirectly predicted ATWE positively through JS with an original sample coefficient of 0.018, t -statistics of 1.140 but this effect was statistically insignificant with a significance value of 0.255. Based on Baron and Kenny's (1986) causal-effect model of mediation analysis, the results indicate that there is no significant mediation effect, hence, there is NO mediation in this situation. This finding finds empirical support from Payam, Ali, Seyed, & Mahmood (2013) who reported that the relationship between financial rewards and workers compliance with ethical standards at the workplace may not be necessarily mediated by the extent of satisfaction derived from their job.

H_{3b}: The relationship between GFI and TI among COVID-19 FHWs is mediated by JS.

This hypothesis was to test the mediation role of JS in the relationship between GFI and TI. The results showed that the path from GFI through JS to TI was positive and statistically significant, i.e., (i.e., GFI → JS → TI: $\beta=0.160$, t -statistic=2.505, $p=0.013$). Thus, GFI indirectly and partially predicted TI positively and significantly through JS with an original sample coefficient of 0.160 (i.e., 16.0%), t -statistics of 2.505, and a significance value of 0.013. This implies that a 1% improvement in GFI will result in a 16.0% improvement in COVID-19 FHWs' TI through JS, holding all other factors constant. The current study's finding is consistent with that of Muhammad, Muhammad, Jufrizen, Rahmawany, & Azuar (2019) who found JS as an intervening variable between monetary compensations and workers engagement and involvement in task assignments at the workplace.

H_{3c}: JS mediates the relationship between GFI and OCB among COVID-19 FHWs.

The study's final hypothesis was to test the mediating role of JS in the relationship between GFI and OCB. The results showed that the path from GFI through JS to OCB was positive and statistically significant, i.e., (i.e., GFI → JS → OCB: $\beta=0.113$, t -statistic = 3.115, $p=0.002$). Thus, GFI indirectly and partially predicted OCB positively and significantly through JS with an original sample coefficient of 0.113 (i.e., 11.3%), t -statistics of 3.115, and a significance value of 0.002, respectively. This implies that a 1% improvement in GFI will result

in a 11.3% improvement in COVID-19 health workers' OCB through JS, holding all other factors constant. Empirically, this finding aligns with that of Muhammad, Muhammad, Jufrizen, Rahmawany, & Azuar (2019) and Zaraket & Saber (2017) who reported that job satisfaction mediates the relationship between monetary incentives and organisational citizenship behaviours among employees.

Conclusion

This study contributes to the understanding of work commitment among healthcare workers who are on the frontline in an actual health crisis situation, in the context of Ghana and Sub-Saharan Africa. It essentially highlights the significance of financial incentives on job satisfaction and work commitment among healthcare workers on the frontline in the fight against health crisis. The findings suggest that healthcare workers on the frontline would commit themselves to their work duties once among other things, if there are financial incentives for them as they tend to have some satisfaction with their job. Consequently, healthcare systems as well as health service delivery managers cannot afford to waste resources on interventions that will be ineffective, and to a reasonable extent reflect their support for healthcare workers' commitment to duty during health crisis. This further implies that it is prudent for decision makers to develop a good understanding of what works well in practice and respond to the challenges of work commitment among healthcare workers, especially in times of health crisis. However, while the results of this initial exploratory study could be applicable in other contexts that have similar conditions as those in this study, expanding the population and sample sizes to include several other parts of Ghana could be instructive for a more representative research and generalization on the subject matter. Again, other factors affecting work commitment and job satisfaction among COVID-19 frontline health workers in Ghana apart from financial incentives are worthy of investigation with other methods like qualitative and mixed methods.

References

- Abekah-Nkrumah, G., & Atinga, R. A. (2013). Exploring the link between organisational justice and job satisfaction and performance in Ghanaian hospitals Do demographic factors play a mediating role? *International Journal of Workplace Health Management*, 6(3), 189-204.
- Adzei, F., & Atinga, R. (2012). Motivation and retention of health workers in Ghana's district hospital; addressing the critical issues. *J Health Organ Manag*, 26(4-5), 467-85.
- Afulani, et al., (2021) Job Satisfaction among healthcare workers in Ghana and Kenya during COVID-19 Pandemic: Role of perceived preparedness, stress, and burnout. *PLOS Glob Public Health*, 1(10).
- Agyekum, M. W., Afrifa-Anane, G. F., Kyei-Arthur, F., & Addo, B. (2021). Acceptability of Covid-19 Vaccination among healthcare workers in Ghana. *Advances in Public Health*.
- Ahmed, A. N. (2016). Impact of Human Resource Management Practices on organisational citizenship behaviour. An empirical investigation from banking sector in Sudan. *International Review of Management and Marketing*, 6(4), 964-973.

- Akinto, A. (2021). Critical review of the use of financial incentives in solving health professionals' brain drain. *International Journal of research in business*, 10(4).
- Ali, A. M., & Yusof, H. (Issues in Social and Environmental Accounting). Quality in qualitative studies: The case of validity, reliability and generalizability . 2011, 25–64.
- Altman, L. K. (2003). *World: Asian Medics Stay Home, Imperiling Respiratory Patients*. Retrieved March 12, 2021, from The New York Times: <https://www.nytimes.com/2003/03/21/world/asian-medics-stay-home-imperiling-respiratory-patients.html>
- Ashinyo, M. E., Dubik, S. D., Duti, V., Amegah, K. E., Ashinyo, A., Larsen-Reindorf, R. A., & Kuma-Aboakye, P. (2020). Healthcare workers exposure risk assessment: A survey among frontline workers in designated Covid-19 treatment centers in Ghana. *Journal of primary care and community health* .
- Attia, M., Youseff, M., Sam, A., Ibrahim, S., & Nas, G. (2019). The relationship between health care providers' perceived work climate, organizational commitment, and caring efficacy at pediatric intensive care units, Cairo University. . *Int J Health Plan Manage*.
- Bagozzi, R. P. (2010). Structural equation models are modelling tools with many ambiguities: Comments acknowledging the need for caution and humility in their use. *Journal of Consumer Psychology*, 20(2), 208–214.
- Baird, K., Tung, A., & Yu, Y. (2019). Employee organizational commitment and hospital performance. *Health Care Management Review*, 14(3), 206–15.
- Bakker, A. B. (2011). An evidence-based model of work engagement. *Current directions in psychological science*, 20(4), 265-269.
- Bandyopadhyay, S., Baticulon, S. R., Kadhum, M., Alser, M., Ojuka, K. D., Badereddin, Y., & Kamath, A. (2020). Infection and mortality of healthcare workers worldwide from Covid-19: a systematic review. *BMJ Global Health*, 5.
- Banjoko, S. (2006). Managing corporate reward systems. Pumarck Nigeria Limited.
- Baron, R., & Kenny, D. (1986). The moderator-mediator variables distinction in social psychological research; conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173-1182.
- Bentler, P. M., & Bonett, D. G. (1980). Significance tests and goodness of fit in the analysis of covariance structures. *Psychological Bulletin*, 88(3), 588.
- Blum, A. (1998). Ethics at the workplace. *Journal of Business Ethics*, 7(4), 259-262.
- Brown, T. A., & Moore, M. T. (2012). *Confirmatory factor analysis*. (1st, Ed.) Boston: Boston University.
- Ellickson, M., & Logsdon, K. (2002). Determinants of job satisfaction of municipal government employees. *Public Personnel Management*, 31(3), 343-358.
- Farrell, A. M. (2010). Insufficient discriminant validity: A comment on Bove, Pervan, Beatty, and Shiu (2009). *Journal of Business Research*, 63(2), 324–327.
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), 39–50.
- Ghana Health Services. (2021, April 10). *Situation update, Covid-19 outbreak in Ghana as at 10 April, 2021*. Retrieved April 10, 2021, from Ghana Health Services: <https://www.ghanahealthservice.org/covid19/archive.php>

- Guzzo, R. A. (1988). Financial incentives and their varying effects on productivity . In P. Whitney, *Psychology and Productivity*. New York : Springer Science+Business Media .
- Hair, J., Ringle, C., & Sarstedt, M. (2013). Partial Least Squares Structural Equation Modeling: Rigorous application, better results and higher performance. *Long Range Planning*, 46, 1-12.
- Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the Academy of Marketing Science*, 43(1), 115-135.
- Herzberg, F. (1959). *Motivation to work*. New York: John Wiley & Sons.
- Imai, H., Kunitaka, M., Atsushi, I., Kentaro, M., Noboru, K., Keiko, A., . . . Tatsuo, M. (2010). Factors associated with motivation and hesitation to work among health professionals during a public crisis: a cross sectional study of hospital workers in Japan during the pandemic (H1N1) 2009. *BMC Public Health*, 10(672).
- Khan, T. I., Jam, F. A., Akbar, A., Khan, M. B., & Hijazi, S. T. (2011). Job involvement as predictor of employee commitment: Evidence from Pakistan. *International Journal of Business and Management*, 6(4), 252.
- Kjellström, S., Avby, G., Areskoug-Josefsson, K., Gäre, B. A., & Bäck, M. A. (2017). Work motivation among healthcare professionals: A study of well-functioning primary healthcare centers in Sweden. *Journal of Health Organization and Management*, 13(4).
- Kreitner, R., & Kinicki, A. (2004). *Organisational Behavior* . Irwin: McGraw Hill.
- Laschinger, H. (2001). The impact of workplace commitment, organizational trust on staff nurses' work satisfaction and organizational commitment. *Health Care Management Review*, 26(3), 7-24.
- Krejcie, R., & Morgan, D. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30(3), 607-610.
- Lawler, E. (2003). Reward practices and performance management system effectiveness. *Organisational Dynamics*, 32(4), 396-404.
- Majukwa, D., Fan, S., & Dwyer, R. (2020). Impact of sustainability strategies on small-and medium-sized enterprises in Zimbabwe. *World Journal of Entrepreneurship, Management and Sustainable Development*, 149-163.
- Morrow, P. C. (1993). *The theory and measurement of work commitment*. Greenwich: AI Press.
- Mrestyal, K., Muhammad, D., & Muhammad, Z. A. (2020). The Relationship Between Monetary Incentives and Job Performance: Mediating Role of Employee Loyalty. *International Journal of Multidisciplinary and Current Educational Research*, 2(6), 12-21.
- Muguongo et al. (2015). Effects of compensation on job satisfaction among secondary school teachers in Maara Sub-Country of Tharaka Nithi Country, Kenya. *Journal of Human Resource Management*(3), 6.
- Muhammad, I. N., Muhammad, A. P., Jufrizen, D., Rahmawany, P., & Azuar, J. (2019). Compensation and Organizational Commitment: The Mediating Role of Job Satisfaction. *Banda Aceh, Indonesia*.
- Murphy, E. J. (2011). Using incentives in your compliance and ethics program.
- Mwesigwa, R., Tusiime, I., & Ssekiziyivu, B. (2020). Leadership styles, job satisfaction and organizational commitment among academic staff in public universities. *Journal of Management Development*, 39(2), 253-268.

- Nagesh, S., & Chakraborty, S. (2020). Saving the frontline health workforce amidst the COVID-19 crisis: Challenges and recommendations. *Journal of Global Health, 10*(1), 1-4.
- Nasab, A., & Afshari, L. (2019). Authentic leadership and employee performance: mediating role of organizational commitment. *Leadership and Organization Development Journal, 40*(5), 548-560.
- Nnubia, A. L. (2020). Monetary Incentives And Employee Performance Of Manufacturing Firms In Anambra State. *International Journal of Innovative Finance and Economics Research, 8*(1), 10-22.
- Ofori, A. A., Osarfo, J., Agbeno, E. K., Manu, D. O., & Amoah, E. (2021). Psychological impact of COVID-19 on health workers in Ghana: A multicentre, cross-sectional study. *SAGE Open Medicine, 9*, 1-10.
- Ongadi, A., & Juma, D. (2020). Effects of perceptions of financial rewards on employee commitment in the water sector in Kenya. *The Strategic Journal of Business & Change Management, 7*(3), 1141-1156.
- Organ, D. W., & Ryan, K. (1995). A meta-analytic review of attitudinal and dispositional predictors of organizational citizenship behavior. *Personnel Psychology, 48*, 775-802.
- Park, H. Y., Christie, R. L., & Sype, G. E. (2014). Organisational commitment and turnover intention in union and non union firms. *Sage Open* .
- Payam, G., Ali, K., Seyed, J. H., & Mahmood, Z. (2013). Relationship between rewards and employee performance: A mediating role of job satisfaction . *Interdisciplinary Journal of contemporary research in business* , 5(3).
- Pillay, M. (2020, December 21). *Home: Nurses account for the majority of deaths due to COVID-19 among healthcare workers in KZN: Zikalala*. Retrieved April 16, 2021, from SABC News: <https://www.sabcnews.com/sabcnews/nurses-account-for-the-majority-of-deaths-among-healthcare-workers-in-kzn-zikalala/>
- Puspita, D. D. (2020). Higher Financial Incentives Policy and the Impact to the Employee/s Intention to Leave: A Systematic Literature Review. *Journal of Public Administration Studies, 4*(2), 59-63.
- Ramzan, M. (2014). Impact of compensation on employee performance (Empirical evidence from banking sector in Pakistan). *International Journal of Business and Social Science, 5*(2).
- Ricketta, M. (2002). Attitudinal organizational commitment and job performance: a meta-analysis”, *J. ournal of Organizational Behavior, 23*, 257-66.
- Robinson, P. S. (1999). *Organizational behaviour: concept, controversies and applications*. New Delhi: Prentice hall.
- Saleem, S. (2011). The Impact of Financial Incentives on Employees Commitment. *European Journal of Business and Management, 3*(4), 258-266.
- Salau, O., Falola, H., & Akinbode, J. (2014). Induction and staff attitude towards retention and organisational effectiveness. *Business and Maanagement, 16*(4), 47-52.
- Sarstedt, M., & Cheah, J. H. (2019). Partial least squares structural equation modeling using SmartPLS: a software review. *Journal of Marketing Analytics, 7*(1), 196-202.
- Schaufeli, W., Salanova, M., Gonzales-Roma, V., & Bakker, A. (2002). The measurement of burnout and engagement: A confirmatory factor analytic approach. *Journal of Happiness Studies*.

- Sejjaaka, S., & Kaawaase, T. (2014). Professionalism, rewards, job satisfaction and organizational commitment amongst accounting professionals in Uganda. *Journal of Accounting in Emerging Economies*, 4(2), 134-157.
- Sivo, S. A., Fan, X., Witta, E. L., & Willse, J. T. (2006). The search for "optimal" cutoff properties: Fit index criteria in structural equation modeling. *The Journal of Experimental Education*, 74(3), 267-288.
- The Presidency, Republic of Ghana. (2020, March 28). *Speeches: Address to the nation by President Akufo-Addo on updates to Ghana's enhanced response to the coronavirus pandemic*. Retrieved April 5, 2021, from The Presidency, Republic of Ghana: <https://www.presidency.gov.gh/index.php/briefing-room/speeches/1545-address-to-the-nation-by-president-of-the-republic-nana-addo-dankwa-akufo-addo-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic-on-friday-27th-march-2020>
- Toode, K., Routasalo, P., & Suominen, T. (2011). Work motivation of nurses: a literature review. *International Journal of Nursing Studies*, 48, 246-257.
- Vandyck-Sey, P., Amoh, G., Essuman, A., & Lawson, H. (2020). Incidental findings of COVID-19 infection among staff at a primary care facility in Ghana. *African Journal of Primary Health Care & Family Medicine*, 12(1).
- Vlaev, I., King, D., Darzi, A., & Dolan, P. (2019). Changing health behaviors using financial incentives: a review from behavioral economics. *BMC Public Health*. 2019, 19, 1059.
- WHO. (2021, March 28). *Covid-19 weekly epidemiological update*. Retrieved March 28, 2021, from World Health Organisation: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---31-march-2021>
- WHO Africa. (2020, 23 July). *WHO Africa*. Retrieved from World Health Organisation Africa: <https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>
- WHO Africa. (2021, July 23). *Over 10 000 health workers in Africa infected with COVID-19*. Retrieved May 10, 2021, from World Health Organisation Africa: <https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>
- Wong, K. K. (2013). Partial least squares structural equation modeling (PLS-SEM) techniques using SmartPLS. *Marketing Bulletin*, 24(1), 1-32.
- Zaraket, W. S., & Saber, F. (2017). The Impact of Financial Reward on Job Satisfaction and Performance: Implications for Blue Collar Employees. *China-USA Business Review*, 16(8), 369-378.