

Exploring the Socio-Demographic Predictors of Withholding Effort during Communicable Diseases Outbreak among Healthcare Workers in Ondo State, Nigeria

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Abstract

The survival of people during any communicable disease outbreak hangs on the withholding effort decision of healthcare workers (HCWs). This study examines the socio-demographic (age, sex, marital status, category of healthcare work, employment status, and years of experience) factors influencing HCW's propensity to withhold effort during communicable disease outbreaks. A quantitative, cross-sectional survey was conducted among 477 HCWs from state specialist hospitals in Ondo State, South-western Nigeria. The findings revealed no significant difference in effort withholding between younger and older healthcare workers groups [$t(474) = .18, p > .05$]. In addition, socio-demographic factors [sex ($t = -1.03, p > .05$), marital status ($t = -0.28, p > .05$), category of healthcare work ($t = -0.39, p > .05$), employment status ($t = -0.49, p > .05$), and years of experience ($t = 0.12, p > .05$)], did not independently nor jointly [$F(5,470) = 0.34, R^2 = .00, p > .05$] predict withholding of effort. The study recommends that organizations and policymakers should look beyond the socio-demographic attributes of HCWs when designing strategies to enhance HCW's effort during preparedness for disease outbreaks. The study highlights the need for further research to explore factors, such as the availability of personal protective equipment (PPE), financial incentives, and organizational support, which may more strongly influence HCW's behaviour during communicable diseases outbreaks.

Keywords: *Socio-demographic, withholding effort, communicable disease, healthcare workers, disease outbreak.*

Introduction

Withholding effort is an organizational behaviour that can negatively affect various workplace outcomes. However, when it occurs among healthcare workers (HCWs), especially during communicable disease outbreaks, the consequences can be severe. Kidwell and Bennet (1993) defined withholding effort "as the probability that employees will put in less than their best effort on work-related duties" (Kidwell et al., 2007, p. 529). For HCWs, withholding or exerting effort during an outbreak presents a complex dilemma despite their ethical obligations and duty of care (McConnell, 2020). Personal factors, such as fear of infection and the potential risk of transmitting diseases to loved ones, alongside structural barriers like inadequate personal protective equipment (PPE), often outweigh professional ethics.

Like employees in any other field, HCWs may prioritize their safety when necessary. The assumption that they will always show up for work, no matter the circumstances, was defied during the COVID-19 pandemic when some HCWs hesitated to report to duty (Zewudie et al., 2021; Adebimpe et al., 2021). Naturally, the risks they face in routine practice differ significantly from those encountered during an outbreak, where exposure to infection is heightened. Beyond the physical risks, the immense workload and psychological strain of working through a health crisis can also contribute to reluctance to exert effort (Antunes, 2024). These realities highlight the urgent need to prepare for future outbreaks and create more supportive work environments for HCWs, in alignment with Sustainable Development Goals 3, which seeks to ensure healthy lives and promote well-being for all, and SDG 8, which emphasizes the importance of decent work and economic growth (United Nations, 2015).

Nigeria has experienced multiple epidemics, including the COVID-19 pandemic (Idajili et al., 2020), while also grappling with a significant brain drain in the health sector due to healthcare worker (HCW) migration. Ondo State, known for its annual Lassa fever outbreaks, continues to record rising suspected cases and high mortality rates (Isere et al., 2021). Additionally, the state bears a heavy burden of endemic and Neglected Tropical Diseases (NTDs) such as schistosomiasis, lymphatic filariasis, onchocerciasis, and soil-

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transmitted helminths, with over one million suspected cases (Lawani, 2024). Given the overwhelming demands on HCWs to attend to those affected by these diseases, it is reasonable to assume that in the face of another outbreak, HCWs may choose to withhold effort.

While previous studies have explored how demographic factors influence various workplace behaviours, such as turnover (Abubakar et al., 2014; Schlechter et al., 2016; Xu et al., 2024), unwillingness to report to work (Zewudie et al., 2021), absenteeism (Magobolo & Dube, 2019; Ramsamy et al., 2021), commitment (Awoyemi, 2021), there is lack of literature on how socio-demographic factors affect the likelihood of withholding of effort among HCWs in Nigeria, specifically during communicable disease outbreaks.

Reviewed studies revealed that demographic factors significantly shape employee behaviour (Patel & Chauhan, 2024; Adebisi et al., 2020). For instance, among 175 registered nurses in Nigerian public hospitals, Abubakar et al. (2014) found that age and gender predicted turnover; compared to female and older nurses, male and younger nurses are more likely to quit. Likewise, age, marital status, and job status significantly influenced turnover intention among HCWs in Seoul during COVID-19 (Park et al., 2024). Similarly, Schlechter et al. (2016) found that younger employees in the South African and Namibian insurance sectors had higher intentions to leave their organizations, as they placed less value on stability and benefits than older employees. Though the results of these studies are similar, reporting a significant influence of socio-demographic factors on turnover, nothing is known about the influence of these socio-demographic factors on withholding effort during a communicable disease outbreak; this period is quite different from the normal work situation for HCWs. Therefore, the current study aims to add to the literature by investigating the influence of socio-demographic factors on withholding of effort during communicable disease outbreaks among healthcare workers in Nigeria.

Objectives

The objectives of this study are set in line with research questions and hypotheses. They include:

- i. Assess whether younger healthcare workers tend to withhold less effort than older workers during a communicable disease outbreak.
- ii. Examine the independent influence of socio-demographic factors (age, sex, marital status, type of employment, category of worker, and years of experience) on withholding of effort during a communicable disease outbreak.
- iii. Examine the joint predictive influence of socio-demographic factors (age, sex, marital status, type of employment, category of worker, and years of experience) on withholding of effort during a communicable disease outbreak.

Literature Review

A cross-sectional study among healthcare workers in Hunan Province, China, found that gender and years of experience predicted work engagement after the COVID-19 pandemic (Wang et al., 2023). The study reported that female HCWs and those with less than five years of experience had lower work engagement than their male counterparts. Similarly, among 1,060 healthcare professionals in China, the turnover intention was significantly correlated with age, tenure, administrative roles, and frequency of night shifts (Xu et al., 2024). Older healthcare workers (>50) who had been with their organization longer and held administrative roles showed a lower intention to leave. In contrast, those working more than five night shifts per month were more likely to consider leaving.

Socio-demographic factors thus influence healthcare workers' attitudes towards work, which, in turn, affect organisational outcomes such as turnover, commitment, and withholding of effort. Variables such as age, marital status, years of experience and study, socio-economic status, job status, and job category play a critical role in predicting career commitment (Awoyemi, 2021) and other key organisational outcomes. For instance, Mirzaei et al. (2021) found that gender, marital status, and work position significantly predicted

turnover intention among nurses in pre-hospital emergency and medical centres during the COVID-19 pandemic. Similarly, Poon et al. (2022), in a systematic review of studies conducted among HCWs in the Middle East, United States, Europe, and Asia-Pacific regions, reported that married nurses, male nurses, and senior-level nurses had higher turnover intentions due to increased workload, extended work hours, and the overall work environment during the pandemic. However, contrasting evidence from a study on nurse turnover in Gauteng, South Africa, revealed that age, gender, marital status, and having children or dependents did not significantly influence voluntary turnover (Greyling & Stanz, 2010).

Ramsamy et al. (2021) observed that socio-demographic factors such as age, gender, and location significantly predicted sickness absenteeism among healthcare workers in South Africa's public health sector. Specifically, female workers and older healthcare professionals in the Sedibeng Health District recorded higher rates of applications and approvals for incapacity leave. Similarly, Okokon et al. (2017) reported that female healthcare workers exhibited higher rates of sickness absenteeism at a coastal hospital in Calabar, Nigeria. In a related finding, Ajayi et al. (2024) identified a significant association between job type and sickness absenteeism, with nurses being more likely to be absent from work compared to other categories of healthcare workers.

Organizational outcomes such as turnover intention, absenteeism, and organizational commitment have consistently been linked to socio-demographic variables in the literature. A review of most related studies reveals that these outcomes are significantly influenced by age, gender, marital status, and job category. In contrast, only a few studies have reported non-significant associations. Therefore, it is reasonable to expect that socio-demographic characteristics will also significantly predict the withholding of effort among healthcare workers.

Knoke's (1990) motivational perspective provides insight into the varying levels of employee effort within workgroups through three main perspectives: rational choice, normative conformity, and affective bonding. The rational choice perspective posits that employees act as rational agents, weighing the costs and benefits of their efforts and adjusting their exertion based on perceived personal gains. The normative conformity perspective suggests that internalized group norms and informal workplace expectations shape effort levels. These norms, often influenced by unions or workplace culture, define an acceptable level of effort and discourage deviation. Finally, the affective bonding perspective highlights the role of emotional attachment and social identification within a workgroup. Employees who feel a strong sense of belonging and anticipate future work relations with their work group are more likely to commit higher levels of effort to their work (Bennett & Kidwell, 2001).

The rational choice and normative conformity perspectives explain that HCWs regulate their effort based on the value of expected rewards, such as social and organizational support. These rewards may come as incentives, promotions, or stipends for working during a disease outbreak. This decision is further reinforced by compliance with unwritten workplace norms as a matter of reciprocity toward colleagues. However, the perspective most relevant to this paper is affective bonding. Humans naturally develop emotional attachments to their workgroup over time, especially when they share similarities such as course of study, profession, religion, duration of employment, resumption date, age, or gender. Knoke (1990) argued that a growing sense of unity between employees and their group strengthens their commitment to contributing resources to the organization. Employees who feel a strong sense of belonging due to gender, age, profession, etc, may tend to invest more effort. However, when driven by rational self-interest, this same sense of unity can reinforce the decision to withhold effort during a disease outbreak.

With increasing threats posed by climate change, population growth, and economic crises, the likelihood of another pandemic remains high. It is, therefore, essential to proactively identify HCWs who, based on their demographic characteristics, may be more likely to withhold effort during a communicable disease outbreak. Literature suggests that factors such as age, sex, marital status, job category, and dependents should be considered in future preparedness planning (Zewudie et al., 2021; Cemberci et al., 2022). This study addresses existing research gaps by examining which socio-demographic factors predict withholding of effort among healthcare workers during a communicable disease outbreak.

Methods

This study is part of a larger research project and employs a quantitative, cross-sectional survey design to examine the predictors of withholding effort among healthcare workers. Key socio-demographic variables include age, sex, marital status, job category, employment status, years of experience, and responsibility for dependents (parents or children). The study sample comprises 477 healthcare workers purposively selected from state specialist hospitals in Ondo State, South-western Nigeria.

Data were collected using a structured, standardized questionnaire with two sections. The first section captured socio-demographic characteristics, while the second section included the tuberculosis outbreak scenario with the 11-item Healthcare Workers' Effort Propensity Scale (HEPS), a five-point self-report measure (1 = Strongly Disagree to 5 = Strongly Agree) with a Cronbach's alpha reliability of 0.71.

The researcher obtained ethical approval from the relevant Committee and presented an introductory letter to the administrative heads of participating hospitals. Upon securing institutional approval, the researcher approached healthcare workers in their offices and wards. The purposive sampling technique was used to select participants using the set inclusion criteria. The researcher explained the study objectives to the participants screened for eligibility. Thereafter, the researcher obtained informed consent, ensuring voluntary participation and anonymity.

Six hundred questionnaires were distributed, with 524 retrieved (87% response rate). Of these, 477 were completed correctly and used for analysis, yielding a final response rate of 91%.

Ethical Consideration

The researcher submitted the research proposal and protocol to the Social Sciences and Humanities Research Ethics Committee (SSHEC) of the University of Ibadan. Based on the submitted documents, the Committee reviewed them and fully approved the research.

Statistical Analysis

Data were analyzed using Statistical Package for Social Science (SPSS) version 20.0 software. Descriptive statistics, including mean and percentages, were used to analyze socio-demographic variables. Independent T-Test and Multiple Regression Analysis were utilized to test the hypotheses and determine the predictive influence of socio-demographic factors on effort propensity.

Results

Out of the four hundred and seventy-seven (477) respondents, 274 (57%) were female, and 203 (43%) were male, with ages ranging from 19 to 66 years (M = 31 years). Regarding marital status, 322 (67.5%) were married, 136 (28.5%) single, 11 (2.3%) separated, and 8 (1.7%) divorced (Table 1).

Table 1: Demographic profile of the participants (N=477)

Indicators	Categories	Frequency	Percent
Age			
	≤ 20	36	7.5
	21 – 40	368	77.1
	41 – 60	67	14.0
	≥ 60	6	1.3
Sex			
	Male	203	57.4
	Female	274	42.6

Marital Status		
Married	322	67.5
Single	136	28.5
Separated	11	2.3
Divorced	08	1.7
Job Category		
Nurses	289	60.6
Doctors	102	21.4
Laboratory Technician	44	9.2
Pharmacists	42	8.8
Employment Status		
Full Time	449	94.1
Part-Time	28	5.9
Years of Experience (<i>in years</i>)		
1-20	444	93.1
21-40	33	6.9

Table 1 shows respondents had between 1 and 34 years of experience ($M = 7$ years). By profession, nurses were the most represented at 289 (60.6%), followed by doctors 102 (21.4%), laboratory technicians 44 (9.2%), and pharmacists 42 (8.8%). Most participants, 449 (94.1%), were employed full-time, while 28 (5.9%) worked part-time.

Table 2: T-test Summary Table showing Age Differences in Withholding Effort

Age	N	\bar{X}	Std	df	t	p
Young	275	26.74	4.83	474	.18	> 0.05
Old	201	26.83	6.15			

Table 2, which examined differences in withholding effort between young and older HCWs, found no significant difference between the two age groups [$t(474) = .18, p > .05$]. The result indicates that young HCWs did not withhold a lower level of effort than the older HCWs.

Table 3 grouped variables into two categories to fit into the regression model. All the variables: sex (male=0 and female=1), marital status (married=0 and unmarried=1), category of healthcare work (nurses=0 and others=1), employment status (full time=0 and part time=1), and years of experience (short service =0 and long service=1) were dummy coded 0 and 1 for ease of interpretation. A positive beta means an association with 1, while a negative beta means an association with 0 (USQ, 2022).

Table 3: Summary of Regression analysis showing joint and independent predictive influence of Socio-Demographic factors on Effort Propensity

Factors	B	β	t	sig	R ²	F	p
1 Sex	-0.52	-0.05	-1.03	0.30	.00	0.34	> 0.05
2 Marital Status	-0.16	-0.01	-0.28	0.79			

3	Category of Healthcare Work	-0.20	-0.02	-0.39	0.69			
4	Employment Status	-0.55	-0.02	-0.49	0.62			
5	Years of Experience	0.07	0.01	0.12	0.91			

Table 3 presents the results of the multiple regression analyses, showing that sex ($t = -1.03$, $p > .05$), marital status ($t = -0.28$, $p > .05$), category of healthcare work ($t = -0.39$, $p > .05$), employment status ($t = -0.49$, $p > .05$), and years of experience ($t = 0.12$, $p > .05$), had no significant independent predictive influence on effort propensity. Therefore, the hypothesis was not confirmed, as socio-demographic factors did not significantly predict effort propensity.

Further analysis revealed the results of the multiple regression analyses, showing that sex, marital status, job category, employment status, category of healthcare work, and years of experience had no significant joint predictive influence on effort propensity [$F(5,470) = 0.34$, $R^2 = .00$, $p > .05$]. This result indicates that these socio-demographic factors (sex, marital status, category of healthcare work, and years of experience) did not contribute to the total variance of effort propensity; thus, the hypothesis was not confirmed. The result indicates that socio-demographic factors did not significantly predict effort propensity.

Discussion

The objectives of this study were to investigate whether younger healthcare workers (HCWs) withhold a lower level of effort compared to their older counterparts and to examine the predictive influence of socio-demographic factors (sex, marital status, job category, employment status, and years of experience) on effort withholding during communicable disease outbreaks. The findings revealed that younger HCWs did not withhold less effort than older HCWs. Contrary to expectations, it was anticipated that older HCWs would withhold higher levels of effort due to their perceived vulnerability to communicable diseases like COVID-19 (Cocuzzo et al., 2022), tuberculosis, SARS, etc. However, the analysis found no significant age-related differences in withholding effort, suggesting that age did not influence HCWs' propensity to withhold effort. This finding aligns with the findings of Greyling and Stanz (2010), who similarly found that age did not significantly influence turnover intentions among South African nurses.

Moreover, the socio-demographic factors of sex, marital status, job category, employment status, and years of experience, whether examined jointly or independently, did not significantly predict HCWs' withholding of effort during a communicable disease outbreak. These findings suggest that individual characteristics, such as gender, years of experience, or job category, do not play a determining role in a healthcare worker's likelihood to withhold effort in the face of an outbreak. Specifically, the results indicate that being male or female, young or older, highly experienced or relatively new to the field, or holding a particular job title (e.g., nurse, doctor, pharmacist, or technician) does not significantly influence the tendency to withhold effort.

The unique context of working during a communicable disease outbreak may have influenced healthcare workers' behaviour in this study. Contrary to Knoke's affective bonding perspective, healthcare workers did not develop emotional bonds based on personal characteristics such as age, marital status, category of HCW, or gender. Had they formed such bonds, there would have been differences in their propensity to withhold effort based on these demographic factors. Instead, their decision to withhold or offer effort seemed independent of their gender, age, professional status, or years of experience. Additionally, the affective bond could have been reinforced by unwritten union norms and expectations of rewards. This finding aligns with Greyling and Stanz (2010), who found that among nurses in Gauteng, South Africa, voluntary turnover was unaffected by age, gender, education, marital status, and tenure, suggesting that personal factors may not always predict workplace behaviours. Similarly, gender, academic degree, and experience did not influence nurses' performance in Hebron hospitals (Qtait & Sayej, 2016).

These findings contrast with previous studies that reported significant influences of demographic factors, such as age, gender, and years of experience, on healthcare workers' willingness to work during outbreaks.

For instance, Zewudie et al. (2021) found that years of experience and marital status were significant predictors of unwillingness to work during the COVID-19 pandemic. Similarly, Chua and Francisco (2024) reported that gender and occupation influenced healthcare workers' willingness to report to work during COVID-19 in the Philippines, with females, nurses, residents, and fellows more willing to work than males, medical doctors, and technicians.

It is important to note that while demographic factors may predict willingness to work during an outbreak, they may not significantly predict withholding of effort despite the two similar constructs. Willingness to report to work and withholding effort are related but distinct; healthcare workers may willingly report to work to preserve their jobs but still withhold effort to protect themselves from potential infection.

Recommendation

The findings suggest that organizations and policymakers should look beyond the socio-demographic attributes of HCWs when designing strategies to enhance HCWs' commitment and motivation during preparedness for disease outbreaks. Researchers should explore alternative models incorporating psychological and contextual variables to understand better variations in withholding effort.

Limitations and Further Studies

A key limitation of this study is the use of scenarios, which may have introduced social desirability bias. Future research should explore various determinants influencing withholding effort.

Conclusion

This study aimed to examine the predictive influence of socio-demographic factors on withholding of effort among healthcare workers during communicable disease outbreaks. Contrary to expectations and existing literature linking socio-demographic variables to various organisational outcomes such as turnover intention, absenteeism, and commitment, the findings of this study reveal that socio-demographic factors do not significantly predict the withholding of effort during communicable disease outbreaks.

This outcome suggests that effort-related behaviours among healthcare workers during health crises may be shaped more by situational, psychological, or organisational factors than by demographic characteristics such as age, gender, marital status, or years of experience. It also points to the complexity of healthcare workers' work environments during disasters, where professional ethics, intrinsic motivation, and perceived organisational support may override demographic predispositions.

These findings underscore the need for future research to explore alternative predictors of effort propensity, such as organisational support, perceived risk, and resilience, especially during public health emergencies. From a policy perspective, this insight encourages healthcare administrators to focus on supportive work environments and psychological resources rather than demographic profiling when designing interventions to sustain workforce performance during outbreaks.

References

- Abubakar, R. A., Chauhan, A. K., & Kura, K. M. (2014). Role of demographic variables in predicting turnover intention among registered nurses in Nigerian public hospitals. *International Journal of Business and Technopreneurship*, 4(3), 373-383.
- Adebimpe, O. W., Ibirongbe, D. O., Abubakar, A. A., Oladapo, M. M., Olarewaju, S., Osinubi, O. M., Fasiku, M. M., Bolarinwa, S. O., Ibrahim, A. Akindele, A. R., Gbala, O. M. & Awe, B. O. (2021). Willingness to work as frontline health care providers during COVID-19 pandemic in Nigeria. *The Nigerian Health Journal*, 21(4), 212-227.
- Adebiyi, T. A., Omolayo, B. O., Akinkuotu, F., & Akinyemi, E. O. (2020). Perceived socio-demographic factors predicting affective commitment and turnover intent of employees in Nigerian insurance organizations. *Gender and Behaviour*, 18(2), 15681-15692.
- Adeniyi, B. O., Abejegah, C., Falana, T., Owhin, S. O., Ogunmodede, A. I., Ogunyileka, O., Jegede, T., Ayodeji, O. O., Adedosu, N., Ayeni, A. I., Abah, S. O. & Ahmed, L. A. (2021). Assessment of the willingness of doctors to work at coronavirus

- disease-19 treatment center. *Journal of The Pan African Thoracic Society*, 2(2):108-13. doi:10.25259/JPATS_34_2020.
- Ajayi, P. O., Olanrewaju, T. M., Ipinimo, T. M., Akinwumi, A. F., Esan, D. T., Fakoyode, L. A. & Adeyemi, F. O. (2024). Prevalence and determinants of sickness absenteeism among healthcare workers in a tertiary hospital in southwestern Nigeria. *International Journal of Occupational Safety and Health*, 136-143. <https://doi.org/10.3126/IJOSH.V14I1.56461>.
- Antunes, J. (2024). Healthcare workers and infectious disease outbreaks: A Review. *Clinical Medicine and Health Research Journal*. <https://doi.org/10.18535/cmhrj.v4i2.319>.
- Awoyemi, O. O. (2021). Demographic factors as predictors of career commitment of Librarians in universities in South-West, Nigeria. *International Journal of Library and Information Science Studies*, 7(4), 33-48. <https://doi.org/10.37745/ijliss.15>.
- Bennett, N., & Kidwell, R. E. (2001). The provision of effort in self-designing work groups: The case of collaborative research. *Small Group Research*, 32(6), 727-744. <https://doi.org/10.1177/104649640103200603>.
- Cemberci, M., Civelek, M. E., Ertemel, A. V., Cömert, P. N. (2022). The relationship of work engagement with job experience, marital status and having children among flexible workers after the Covid-19 pandemic. *PLoS ONE* 17(11): e0276784. <https://doi.org/10.1371/journal.pone.0276784>.
- Chua, A. A. & Francisco, P. J. A. (2024). Factors affecting willingness to report to work during COVID-19 pandemic among health care workers in a tertiary government hospital. *Acta Medica Philippina: Family and Community Medicine*, 58(13):62-68. <https://doi.org/10.47895/amp.v58i13.8137>.
- Cocuzzo, B., Wrench, A. & O'Malley, C. (2022). Effects of COVID-19 on older adults: physical, mental, emotional, social, and financial problems seen and unseen. *Cureus*, 14(9):e29493. doi: 10.7759/cureus.29493.
- Greyling, J., & Stanz, K. (2010). Turnover of nursing employees in a Gauteng hospital group. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, 36(1). DOI: 10.4102/sajip.v36i1.850
- Idajili, A., Adebayo, T. A., Chijioke, U. W. & Irowa-Omoregie, D. (2020). The impact of global infectious diseases on Nigeria's socio-economic development. *African Journal of Social Sciences and Humanities Research*, 3(6):232-245.
- Isere, E., Fuwape, T., Famokun, G., Fagbemi, S., Fatiregun, A., Omorogbe, N., Adejugbagbe, A. and Omoju, T. (2021). Epidemiological pattern of Lassa fever outbreak in Ondo State, Southwest Nigeria, 2014 to 2019. *Open Journal of Epidemiology*, 11(1), 92-100. doi: 10.4236/ojepi.2021.111009.
- Kidwell, R. E., & Bennett, N. (1993). Employee propensity to withhold effort: a conceptual model to intersect three avenues of research. *Academy of Management Review*, 18: 429-456.
- Kidwell, R. E., Nygaard, A. & Silkoset, R. (2007 p. 529). Antecedents and effects of free riding in the franchisor-franchisee relationship. *Journal of Business Venturing*, 22(4):522-544. DOI:10.1016/j.jbusvent.2006.06.002
- Knoke, D. (1990). *Organizing for collective action: The political economies of associations*. New York: de Gruyter.
- Lawani, B. (2024, February 12). NTDs Day 2024: ODSG Treated Over 2 Million Cases. News Article. https://ondostatemoh.gov.ng/news_single.php?string=e24b7bc06a6698d5973667cf88d2c1e380556074
- Lin, T. & Huang, C. (2010). Withholding effort in knowledge contribution: The role of social exchange and social cognitive on project teams. *Information & Management*, 47: 188-196. 10.1016/j.im.2010.02.001.
- Magobolo, G. N. & Dube, B. M. (2019). Factors influencing high absenteeism rate of student nurses in clinical areas at a nursing college in the Lejweleputswa District. *Curationis*, 42(1):e1-e6. doi: 10.4102/curationis.v42i1.1985.
- McConnell, D. (2020). Balancing the duty to treat with the duty to family in the context of the COVID-19 pandemic. *Journal of Medical Ethics*, 46(6):360-363. <https://doi.org/10.1136/medethics-2020-106250>.
- Mirzaei, A., Moghaddam, H. R. & Soola, A. h. (2021). Identifying the predictors of turnover intention based on psychosocial factors of nurses during the COVID-19 outbreak. *Nurs Open*, 8(6):3469-3476. doi: 10.1002/nop2.896.
- Okokon, I. B., Asibong, U. E., Adat, P. E. & Okeke, C. M. (2017). Predictors of sickness absence and job satisfaction among staff of a coastal hospital in Calabar, Nigeria. *Nigerian Journal of Medicine*, 26(2): 117-127. <https://doi.org/10.4103/1115-2613.278283>.
- Ogunkeyede, S. A., Adeyemo, A. A., Oguntoyin, O. A., Oyelakin, O. A. & Fawole, O. B. (2021). Readiness of Nigerian healthcare workers to work during COVID-19 pandemic. *Nigerian Journal of Medicine* 30(3):246-251. DOI: 10.4103/1115-2613.318837.
- Park, E., You, C. H., Joung, H. & Kwon, Y. D. (2024). Effect of COVID-19 response work experience on turnover intention among employees of dedicated COVID-19 hospitals in Seoul. *Human Resources for Health*, 22 (39) <https://doi.org/10.1186/s12960-024-00926-9>.
- Patel, N. B., & Chauhan, R. (2024). Impact of demographic factors: strategies for unorganized players in the Steel Industry. *Journal of Macroeconomics and Social Development*, 1(4), 1-8. <https://doi.org/10.47134/jmsd.v1i4.291>.
- Poon, Y. R., Lin, Y. P., Griffiths, P., Yong, K. K., Seah, B., Liaw, S. Y. (2022). A global overview of healthcare workers' turnover intention amid COVID-19 pandemic: A systematic review with future directions. *Human Resources Health*, 20(1):70. doi: 10.1186/s12960-022-00764-7.
- Ramsamy, R., Ditlopo, P. & Rispel, L. (2021). Health professionals' sick absenteeism and determinants of incapacity leave approvals in a South African provincial health department. PREPRINT (Version 1), Research Square. <https://doi.org/10.21203/rs.3.rs-136797/v1>.
- Qtait, M. T., & Sayej, S. (2016). Demographic variables (age, gender, marital status, and educational qualifications, income) and their effect on nurses' performance in Hebron hospitals. *Journal of Health, Medicine and Nursing* 24, 89-94.
- Qureshi, K., Gershon, R. R. M., Sherman, M. F., Straub, T., Gebbie, E., McCollum, M., Erwin, M. J. & Morse, S. S. (2005). Health care workers' ability and willingness to report to duty during catastrophic disasters. *Journal of Urban Health*, 82(3), 378-388. doi: 10.1093/jurban/jti086
- Schlechter, A. F., Syce, C., & Bussin, M. (2016). Predicting voluntary turnover in employees using demographic characteristics: A South African case study. 16(1), 1-10. <https://doi.org/10.4102/AC.V16I1.274>

- United Nations. (2015). Transforming our world: The 2030 Agenda for Sustainable Development. <https://sdgs.un.org/2030agenda>
- University of Southern Queensland (2022). Statistics for Research Students. <https://usq.pressbooks.pub/statisticsforresearchstudents/chapter/multiple-regression-assumptions/>
- Wang, Y., Tang, L., & Li, L. (2023). Work engagement and associated factors among healthcare professionals in the post-pandemic era: a cross-sectional study. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1173117>
- World Health Organization, (2015). Ebola Situation Report - Oct 21, 2015. <http://apps.who.int/ebola/current-situation/ebola-situation-report-21-october-2015>.
- Xu, K. T., Lei, L., Guo, Z., Liu, X., Shi, Y., Han, G., Lin, K., Cai, W., Lu, C., Li, X., Y, L., & Peng, K. (2024). Turnover intention among healthcare workers in Shenzhen, China: the mediating effect of job satisfaction and work engagement. *BMC Health Services Research*, 24(1). <https://doi.org/10.1186/s12913-024-11872-6>
- Zewudie, A., Regasa, T., Kebede, O., Abebe, L., Feyissa, D., Ejata, F., Feyisa, D., & Mamo, Y. (2021). Healthcare Professionals' Willingness and Preparedness to Work during COVID-19 in Selected Hospitals of Southwest Ethiopia. *Risk Manag Health Policy*, 3(14):391-404. doi: 10.2147/RMHP.S289343. PMID: 33568957; PMCID: PMC7868776.