

Employee Retention Strategies and Quality Healthcare Delivery in Selected Private Healthcare Facilities in Lagos State, Nigeria

*Ajayi, I. O., Sulaimon, A. A. & Alo, O.

University of Lagos Business School, Nigeria.

*Corresponding Author: izehiajayi@gmail.com

Abstract

Healthcare delivery remains a critical concern in Nigeria's healthcare sector, as it depends heavily on the availability and stability of skilled healthcare workers. This challenge is intensified by increasing pressure on private healthcare facilities to provide efficient, patient-centered services. This study examines the relationship between employee retention strategies and quality healthcare delivery in selected private healthcare facilities in Lagos State, focusing on employee compensation, working conditions, and training and development as key retention strategies. The study is anchored on the Resource-Based Theory and the Human Capital Theory. Using a survey design, 204 copies of the questionnaire were distributed to healthcare workers, with 158 valid responses obtained. The data were analysed using descriptive and inferential statistics, including frequency counts, means, standard deviations, regression analysis, and Pearson correlation analysis. The findings reveal a significant positive effect of employee retention strategies on the quality of healthcare delivery, with compensation exhibiting the strongest effect, followed by training and development, and then working conditions. The study concludes that fostering effective employee retention strategies through competitive compensation, supportive working conditions, and ongoing training is essential for sustaining high standards of healthcare delivery. It recommends that healthcare leaders and policymakers prioritise retention-focused strategies as a core component of healthcare management.

Keywords: Employee compensation, employee retention, quality healthcare delivery, training and development, working conditions.

1. Introduction

1.1 Background to the Study

The quality of healthcare delivery in Nigeria has remained a pressing concern, with persistent shortages of skilled healthcare professionals and systemic inefficiencies undermining the ability of healthcare facilities to provide effective, timely, and patient-centered care. According to the World Health Organisation (WHO, 2020), many healthcare organisations struggle with inconsistent service standards, poor patient outcomes, and declining patient satisfaction. These challenges are also

evident in private hospitals, where patients, despite paying higher fees and expecting superior care, may still encounter gaps in service delivery.

A key contributor to this situation is workforce instability, largely driven by high turnover and poor retention, resulting in shortages of experienced personnel, disrupted care continuity, and weakened staff morale (Akinwale & George, 2023). This shortage of healthcare workers has been associated with longer patient wait times, increased medical errors, higher rates of hospital-acquired infections, and

reduced patient satisfaction (Aiken et al., 2018). As a result, many private healthcare facilities rely heavily on temporary or less experienced staff, further compromising the quality of care delivered to patients (Brennan et al., 2023). Employee retention strategies, such as competitive compensation, career development opportunities, structured training, and supportive working conditions, play a central role in addressing these challenges. These strategies help stabilise the workforce, reduce turnover, enhance staff motivation, and maintain continuity of care, all of which are critical for improving the quality of healthcare delivery (Makuku & Mosadeghrad, 2022).

In the Nigerian context, these workforce challenges are compounded by the widespread emigration of skilled healthcare professionals, which continues to undermine organisational stability and the quality of care. The challenges are particularly evident in private healthcare facilities, where competitive labour markets, limited resources, and suboptimal working conditions make it difficult to sustain a committed and experienced workforce. Preliminary observations reveal that thousands of Nigerian healthcare professionals receiving foreign work visas annually have left local healthcare facilities severely depleted. These losses have contributed to understaffing, increased workloads, low morale, and declining service quality.

Previous studies (Ikhida, 2021; Makuku & Mosadeghrad, 2022; Udom, Efi, & Baridam, 2024) have highlighted the negative consequences of high turnover and emigration on organisational performance, but most focus on workforce numbers, migration trends, or general performance indicators. Employee retention strategies, including working conditions, employee compensation, and training and development, are widely recognised as effective tools for retaining

skilled staff (Igbinoba, Joel, Igbadumhe, & Peter, 2022). However, there is limited empirical evidence on how these strategies affect quality healthcare delivery in private healthcare facilities in Lagos State. This study, therefore, aims to address this gap by examining the effect of employee retention strategies on quality healthcare delivery in selected private healthcare facilities in Lagos State. Specifically, the study seeks to investigate the individual effects of employee compensation, working conditions, and training and development, as well as their combined effect, on quality healthcare delivery.

2. Literature Review

2.1 Conceptual Review

Quality Healthcare Delivery

Quality healthcare delivery refers to the standard and effectiveness of care provided to patients, ensuring it is safe, timely, equitable, patient-centred, and achieves optimal outcomes (WHO, 2022). It encompasses a continuum of services, from preventive to specialised care, shaped by policies, workforce, and infrastructure (Oye et al., 2024). In Nigeria, private healthcare facilities play a crucial role, accounting for over 25% of all facilities nationally and more than 80% in Lagos State, where they complement the overstretched public sector by filling service gaps and offering alternatives (Federal Ministry of Health, 2024).

However, the quality of care in private hospitals is undermined by challenges such as weak adherence to clinical standards, high staff turnover, and underinvestment in human resources, which affect the consistency of service delivery (Fatima, Malik, and Shabbir, 2018). Frequent attrition in particular leads to service delays, burnout, and reduced patient safety, satisfaction, and outcomes. Globally, healthcare quality is recognised as a benchmark of organisational performance, emphasizing efficiency, innovation, and

error reduction (Akinwale and George, 2023). According to Al-Dossary (2022), quality healthcare delivery incorporates technical components such as the effectiveness of clinical care, interpersonal components including patient-centredness and safety, and environmental factors such as comfort and accessibility of healthcare facilities. Its overarching objective is to ensure that appropriate care is delivered at the right time, through appropriate methods, to achieve optimal health outcomes.

Employee Retention Strategies

Employee retention strategies refer to the specific policies and practices adopted by organisations to encourage staff to remain and reduce turnover. Employee retention strategies refer to the tools, approaches, or sets of managerial decisions that organisations use to retain skilled employees for effective performance (Gberevbie, 2018). Research indicates that when organisations design and apply effective retention strategies, employees are more likely to remain with the organisation and contribute to the achievement of its goals. High retention is a vital competitive tool that preserves institutional knowledge and ensures that experienced staff remain to guide organisational processes (Phaladi, 2023; Yamoah, 2025). A stable workforce reduces the service disruptions caused by frequent staff exits, thereby protecting the reliability of the healthcare system (Buchan, Catton, & Shaffer, 2022). Retained employees offer significantly more value than new hires who require extensive time to become fully functional due to their familiarity with internal systems and patient history (Health Carousel, 2024).

Effective strategies help maintain employee commitment and contribute to organisational sustainability by addressing psychological, social, and physical needs through fair compensation, career

development, and improved working conditions (De-Vries et al., 2023). According to Gorde (2019), several factors influence workforce stability, including the workplace environment, career growth opportunities, interpersonal relationships, recognition, and organisational support. Deliberately targeting these areas through employee retention strategies can enhance staff retention, sustain a skilled workforce, and foster affective commitment (Nkgapele & Thusi, 2024).

Employee Compensation

Employee compensation encompasses the total rewards, both financial and non-financial, that employees receive in exchange for their work, including salaries, bonuses, allowances, benefits, and recognition (Milkovich & Newman, 2014). In the healthcare sector, compensation is a key motivator and determinant of employee satisfaction, employee commitment and retention. Competitive compensation packages signal organisational appreciation for employees' contributions and help mitigate economic push factors that drive healthcare professionals to seek opportunities abroad (George, 2015). Aligning remuneration with global standards encourages skilled professionals to remain, which is critical for maintaining high standards of care and reducing staff shortages (Akanbi, Oyelakin, & Adebayo, 2025). Furthermore, effective reward systems that combine financial incentives with non-financial recognition have been shown to improve morale and commitment, which are essential for high-quality healthcare outcomes (Sorn, Chhoun, & Rath, 2023).

Working Conditions

Working conditions refer to the physical, psychosocial, and organisational aspects of the work environment that affect employees' health, safety, and job satisfaction (International Labour Organisation, 2016). This includes

workplace infrastructure, availability of medical equipment, workload distribution, interpersonal relationships, and organisational culture (Hall, Johnson, Watt, Tsipa, & O'Connor, 2016; Shan, Wang, Wang, Zhang, & Li, 2023). Modern facilities, adequate staffing, and reasonable work schedules reduce burnout and turnover while improving efficiency and patient outcomes (Stimpfel, Sloane, & Aiken, 2012). In healthcare, supportive working conditions are essential not only for employee well-being but also for delivering safe and high-quality patient care (Maben, Ball, & Edmondson, 2023). Positive interpersonal dynamics, collaborative teamwork, and transparent communication further contribute to job satisfaction and retention (Aiken, Sloane, & Bruyneel, 2013). Investments in technology and infrastructure also enhance operational effectiveness and care delivery, making the healthcare environment more attractive to skilled professionals (Onyema, Nwakanma, & Princewill, 2025). Recent evidence underscores that neglecting these environmental factors remains a fundamental threat to the sustainability and quality of modern healthcare services (Chiminelli-Tomás et al., 2025).

Training and Development

Training and development refer to systematic efforts by organisations to enhance employees' skills, knowledge, and competencies through formal and informal learning opportunities, such as continuing education, workshops, and professional certifications (Noe, Hollenbeck, Gerhart, & Wright, 2017). In healthcare, where knowledge and technology evolve rapidly, ongoing training and development are critical for maintaining professional competence and ensuring high standards of patient care. Such opportunities foster career growth and address skill gaps, helping employees feel valued and invested in (Greenwood, 2019).

Establishing clear pathways for specialisation and professional advancement reduces the appeal of international migration while building a sustainable and competitive local workforce. Employees who perceive opportunities for personal and professional development are more likely to remain committed to their organisations, thereby enhancing workforce stability and the quality of healthcare delivery (Nkgapele & Thusi, 2024).

2.2 Theoretical Review

Resource-Based Theory (RBT)

According to the Resource-Based Theory (RBT) proposed by Barney (1991), an organisation can attain a sustainable competitive advantage by effectively utilizing its internal resources that are valuable, rare, difficult to imitate, and properly organized (VRIO). Internal human resources, particularly skilled and experienced healthcare professionals, are among the most critical assets for delivering high-quality, patient-centered care (Armstrong & Taylor, 2020; Becker & Huselid, 2006). RBT highlights the importance of acquiring, developing, and retaining these valuable human resources to ensure consistent service quality and operational excellence (Barney, 2001). However, RBT has been criticized for vagueness and tautology (Priem & Butler, 2001), challenges in measurement (Foss & Knudsen, 2003), and its neglect of external market forces (Kraaijenbrink, Spender, & Groen, 2010). Retention factors such as competitive compensation, conducive working conditions, and opportunities for continuous professional development enable healthcare organisations to safeguard these scarce and essential resources (Makuku & Mosadeghrad, 2022). By strategically managing these internal capabilities, private hospitals in Nigeria can mitigate the risks posed by workforce turnover and international migration, maintaining their competitive

position in the healthcare market and ensuring improved patient outcomes (Anyika, 2014; De Vries et al., 2023). Applying RBT to this study underscores the argument that investing in employee retention is not only a workforce management strategy but also a means of sustaining organisational success by leveraging critical internal resources to enhance healthcare delivery (Barney, 1991; Becker & Huselid, 2006). Thus, this theory provides a foundation for examining how Nigerian private hospitals can strategically manage and retain critical human resources to maintain quality healthcare delivery.

Human Capital Theory

Human Capital Theory, developed by Becker (1964), posits that individuals' education, training, and skills constitute a form of capital that increases their productivity and value to an organisation. According to the theory, investments in human capital, particularly through professional development and skill enhancement, lead to improved performance and contribute to organisational success (Becker, 1993). Employees are seen as strategic assets whose skills can be developed and retained to secure a competitive advantage. (Becker, 1993; Schultz, 1961).

However, controversies arise regarding the theory's assumptions. The 'screening' perspective argues that education may simply sort individuals based on pre-existing abilities rather than enhancing them. Additionally, establishing a direct link between human capital, productivity, and income is complex. Fix (2018) emphasizes that social context must be considered when evaluating traits typically measured at the individual level, challenging the notion that productivity is solely an individual attribute. Despite these debates, Human Capital Theory maintains that strategic investments in employees'

skills and knowledge can enhance organisational outcomes.

Applied to this study, Human Capital Theory highlights the importance of retaining skilled healthcare professionals as a means of preserving and maximizing organisational human capital. Initiatives such as competitive compensation, opportunities for training and development, and supportive working conditions enhance healthcare workers' competencies, motivation, and commitment, reducing turnover and improving service quality (De Vries et al., 2023; Makuku & Mosadeghrad, 2022). Retaining these professionals safeguards the healthcare organisation's investment in human capital and ensures continuity of expertise, thereby enhancing the quality of healthcare delivery in private hospitals. Therefore, this theory underpins the argument that retaining healthcare professionals is essential for maximizing human capital investments and sustaining quality service provision.

Resource-Based Theory and Human Capital Theory both recognise the importance of human resources, but from different perspectives. Resource-Based Theory emphasizes the organisation, viewing skilled employees as strategic resources that provide a competitive advantage. Human Capital Theory focuses on the individual, highlighting how education, training, and skills increase productivity and value. While Resource-Based Theory explains why organisations should retain talent for strategic success, Human Capital Theory shows how investing in employees' capabilities enhances performance and sustains that advantage.

2.3 Empirical Review

Alkan, Cushen-Brewster and Anyanwu (2024) examined the organisational factors associated with healthcare workforce development, recruitment and retention in the United Kingdom through a systematic

review of empirical studies. The findings showed that positive working conditions, supportive leadership, career development opportunities, flexible working arrangements and organisational support significantly improved healthcare workforce retention. The authors concluded that strengthening workplace conditions is fundamental to maintaining a stable workforce capable of delivering high-quality healthcare services

Boone, Lavreysen, Godderis and colleagues (2024) conducted a transnational qualitative study to identify effective job retention interventions for healthcare workers. The study employed eight online co-creation workshops and four Delphi sessions, involving healthcare workers, hospital managers and policymakers from multiple European countries. Data were analysed using thematic analysis to identify and classify retention interventions into key themes. The findings showed that competitive salaries, professional development, supportive leadership, flexible scheduling, healthy working environments, psychological support and mentoring programmes were among the most effective retention interventions. The authors concluded that healthcare organisations should adopt integrated retention strategies combining financial incentives, professional support, educational opportunities and regulatory measures to strengthen workforce stability and improve healthcare quality

De Vries et al. (2023) in another study, conducted a systematic review to examine the factors influencing the retention of nurses and physicians in hospitals. The review analysed 345 studies published in European and non-European countries. The findings showed that career development opportunities, favourable working conditions, work-life balance, supportive organisational culture and job satisfaction were the strongest predictors

of employee retention. The authors concluded that improving organisational conditions and investing in employee development are essential for retaining healthcare professionals and sustaining high-quality healthcare services.

Ajisehiri et al. (2022) examined the employment incentives that influence the motivation of community health workers in Nigeria using a discrete choice experiment involving 300 community health workers from 44 primary healthcare facilities in the Federal Capital Territory. The findings revealed that competitive salaries, opportunities for further education, career progression, in-service training, housing and transportation incentives significantly influenced healthcare workers' willingness to remain in their jobs. The study concluded that combining financial and non-financial incentives is essential for retaining healthcare workers and supporting quality primary healthcare delivery.

Afolabi, Fernando and Bottiglieri (2018) conducted a systematic review of 14 high-quality primary studies from the United Kingdom, Europe, Africa and Asia to examine the effect of organisational factors on healthcare employee motivation. Using a narrative synthesis of qualitative, quantitative and mixed-methods studies, the review found that financial incentives, career development, supportive leadership, managerial support, recognition and conducive working conditions were the major organisational factors influencing healthcare employee motivation. The authors concluded that a well-motivated healthcare workforce is fundamental to efficient, effective and high-quality healthcare delivery, and recommended that healthcare organisations strengthen reward strategies and improve working conditions to enhance employee performance and service quality.

Olanipekun and Taiwo (2021) examined the influence of human resource planning

and working conditions on effective service delivery in selected public hospitals in Ogun State, Nigeria. The study adopted a survey research design and collected data from medical and non-medical personnel in ten purposively selected public hospitals across the five health zones of Ogun State using structured questionnaires. The findings revealed that conducive working conditions significantly improved effective service delivery in public hospitals. The authors concluded that creating a supportive work environment is essential for enhancing employee performance and improving healthcare service delivery.

Research Hypotheses

The following null hypotheses will be tested in this study:

2.4 The Conceptual Framework

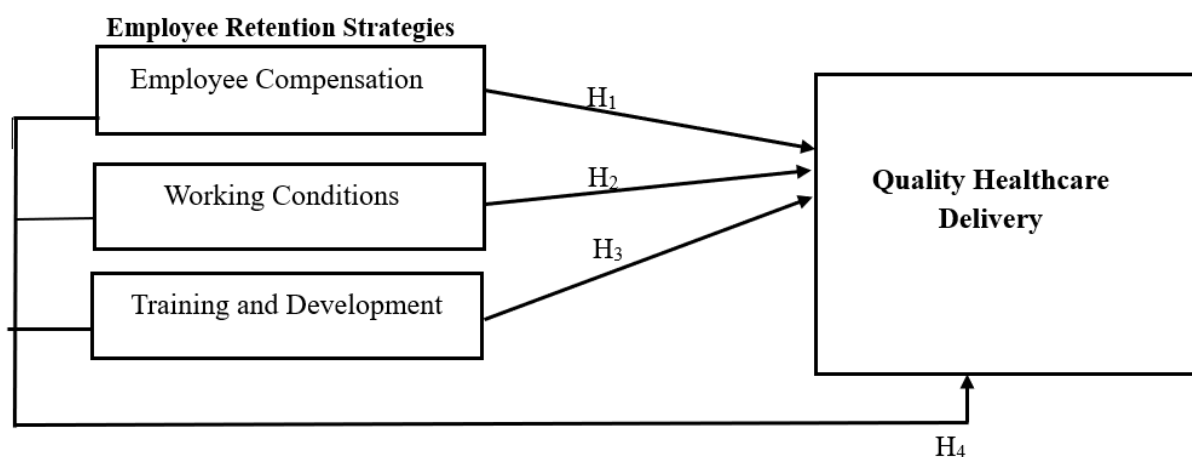


Figure 1: Conceptual model of the study

Source: Researcher (2025)

Figure 1 shows how the employee retention strategies, such as Employee Compensation, Working Conditions and Training and Development affect Quality Healthcare Delivery. It also shows the mediating effect of Organisational Commitment in the relationship between the employee retention strategies and quality healthcare delivery.

3. Methodology

This study adopted a quantitative research design underpinned by a positivist

H₀₁: Employee compensation has no significant effect on quality healthcare delivery in selected private healthcare facilities in Lagos State, Nigeria.

H₀₂: Working Conditions has no significant effect on quality healthcare delivery in selected private healthcare facilities in Lagos State, Nigeria.

H₀₃: Training and development have no significant effect on quality healthcare delivery in selected private healthcare facilities in Lagos State, Nigeria.

H₀₄: Employee retention strategies do not have significant combined effect on quality healthcare delivery in selected private healthcare facilities in Lagos State, Nigeria.

paradigm and employed a deductive approach. A descriptive cross-sectional survey design was used to collect primary data from respondents, allowing for the examination of existing conditions and relationships among the study variables at a single point in time. The target population consisted of medical personnel working in three selected private healthcare facilities in Lagos State. The population, according to official staff records from these facilities as of May 2025, was 258 medical staff members. The

distribution of medical personnel across the hospitals is as follows: Hospital A had 102 medical personnel, Hospital B had 90 medical personnel, and Hospital C had 66 medical personnel. These included doctors, nurses, pharmacists, medical laboratory scientists, and other licensed clinical staff directly involved in patient care.

For this study, the targeted sample size was derived using the Yamane formula (1979) to calculate the sample size. The formula is

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

n = Sample size N = Total Population = 258 e = Precision estimate. Confidence level is 95% and + or – 5%.

$$\left(\frac{258}{1 + 258(0.05^2)} \right) = \left(\frac{258}{1 + 258(0.0025)} \right) = 157.$$

The sample size for the study was calculated as 157 using Yamane's formula, based on a population of 258 and a 95% confidence level. To account for potential non-responses, a 30% attrition rate, as posited by Quinlan, Zikmund, Babin, Carr, and Griffin (2015) was used to increase the sample size to 225. A simple random sampling technique was used to ensure equal selection chances and enhance the representativeness of the sample. The data for this study were collected using a structured questionnaire, administered to the selected medical personnel. The questionnaire consisted of two sections: Section A collected demographic information such as gender, age, marital status, and educational qualifications. Section B focused on collecting data related to the study variables concerning employee retention factors and quality of healthcare delivery. A 5-point Likert scale was utilized for Section B, with responses ranging from strongly agree, agree, undecided, disagree, to strongly disagree, to capture the degree of agreement or disagreement of respondents.

To check the validity of the research instrument, the researcher forwarded the structured questionnaire to experts in the

area covered by the research for editing and reviewing. This process ensured that the instrument adequately covered the constructs under investigation. Reliability was assessed using Cronbach's alpha values. This involved adapting questionnaire variables from previous studies and comparing their alpha values with those needed for this study. Specifically, constructs such as Compensation, Working Condition and Training and Development were adapted from both the Human Resources Management Policies and Practices Scale (HRMPPS) by Demo, Neiva, Nunes, & Rozzett (2012) and Murtiningsih (2020). The quality healthcare delivery section was adapted from elements of the HCAHPS framework and Marshall and Hays's (1994) patient satisfaction questionnaire III, employing relevant dimensions to quality delivery. A pilot study with 30 healthcare workers, similar to the target population, was conducted. According to Saunders et al. (2019), Cronbach's alpha values should ideally be at least 0.7 for the instrument to be considered reliable. The results showed high reliability for all constructs: Employee Compensation ($\alpha = 0.731$), Training and Development ($\alpha = 0.769$), ($\alpha = 0.798$), Working Conditions ($\alpha = 0.774$), and Quality Healthcare Delivery ($\alpha = 0.842$). This confirms that the research instrument is reliable and suitable for generating data for the study. This study used both descriptive and inferential statistical techniques to analyse the data. Descriptive analysis involved calculating frequency counts, means, and standard deviations, while inferential analysis included simple and multiple regression analysis, and Hayes Process Macro using Statistical Packages for Social Science (SPSS) version 25. Ethical principles concerning privacy and confidentiality were upheld throughout the study. Participants were fully informed of the academic purpose of the research.

Permissions were sought from the management of the selected hospitals before data collection.

4. Analysis and Results

4.1 Presentation of Data

Table 1 Distribution of Respondents' Social-Demographic Data

Gender	Frequency	%	Age	Frequency	%
Male	89	56.3	21-30yrs	19	12.0
Female	69	43.7	31-40yrs	75	47.5
Total	158	100.00	41-50yrs	39	24.7
			51years and above	25	15.8
			Total	158	100.00
Qualification			Levels of Manager		
B.Sc/MBBS	79	50.0	Top/Senior level	17	10.8
M.Sc. / MBA	55	34.8	Middle level	79	50.0
Ph.D/DBA	24	15.2	Lower/Junior level	62	39.2
Total	158	100.00	Total	158	100.00
Years of Service					
1-5yrs	25	15.9			
6-10yrs	77	48.7			
11-15yrs	33	20.9			
16-20yrs	10	6.3			
Above 20yrs	13	8.2			
Total	158	100.00			

Source: Field Survey, 2025

Table 4.1 presents the socio-demographic characteristics of the respondents. The majority of respondents are male (56.3%) and within the age group of 31–40 years (47.5%), indicating a relatively young workforce. Most respondents hold at least a bachelor's degree (50.0%), with notable proportions possessing an M.Sc./MBA (34.8%) or a Ph.D./DBA (15.2%). In terms of management levels, the majority are at the middle level (50.0%), followed by

lower/junior level (39.2%) and top/senior level (10.8%). Nearly half of the respondents (48.7%) have between 6–10 years of service, with smaller proportions having 11–15 years (20.9%), above 20 years (8.2%), 16–20 years (6.3%), or 1–5 years (15.9%). These figures reflect a moderately experienced and educationally qualified workforce concentrated in middle-level management positions.

4.2 Descriptive Analysis

Table 2: Descriptive Statistics of Study Variables

Variables	Mean	Std. Deviation
Employee Compensation	3.675	1.379
Working Condition	4.208	0.747
Training and Development.	4.113	0.969
Quality Healthcare Delivery	4.258	0.674

Table 4.2 presents the descriptive statistics of the study variables. Employee compensation recorded a mean score of 3.675, indicating that respondents moderately agree that compensation is adequate or satisfactory. The relatively high standard deviation (1.379) suggests considerable variability in perceptions regarding compensation. Working conditions recorded a mean score of 4.208, reflecting strong agreement among respondents that working conditions are favorable. The low standard deviation (0.747) indicates a high level of consensus among respondents on this variable. For training and development, the mean score of 4.113 suggests that respondents

generally perceive training opportunities positively. However, the relatively higher standard deviation (0.969) points to more diverse opinions regarding the adequacy of training and development opportunities. Finally, the quality of healthcare delivery recorded the highest mean score of 4.258, indicating a strong positive perception of the quality of healthcare services. The lowest standard deviation (0.674) among the variables suggests a high level of agreement among respondents on this aspect.

Inferential Analysis

Test of Hypotheses

The results of the regression analysis for Hypotheses 1,2 and 3 are presented in

Table 3 Regression analysis for Hypotheses 1, 2 and 3

Hypotheses	Independent Variable	R	R ²	β	F	T	P value	Decision
H ₁	Employee Compensation	.780	.608	0.780	180.272	13.427	.000	Supported
H ₂	Working Conditions	0.643	0.413	0.643	81.735	9.041	.000	Supported
H ₃	Training and Development	0.725	0.525	0.725	128.259	11.325	.000	Supported

Dependent Variable: Quality Healthcare Delivery ($P < 0.05$)

Independent Variables: Employee Compensation, Working Conditions, Training and Development

Source: Researcher's Computation (2025)

Table 3 presents the regression analysis of employee compensation, working conditions and training and development on quality healthcare delivery in selected private hospitals in Lagos State, Nigeria.

For Hypothesis 1, employee compensation shows a strong positive relationship with quality healthcare delivery ($R = 0.780$, $R^2 = 0.608$), indicating that 60.8% of the variance in quality healthcare delivery is explained by employee compensation. The regression model is statistically significant ($F = 180.272$, $p < 0.05$), and the predictor has a significant effect on quality healthcare delivery ($t = 13.427$, $p = 0.000$).

Therefore, the null hypothesis is rejected, and the alternative hypothesis indicating that employee compensation significantly affects quality healthcare delivery is supported.

For Hypothesis 2, working conditions also positively affect quality healthcare delivery ($R = 0.643$, $R^2 = 0.413$), with 41.3% of the variance explained. The model is statistically significant ($F = 81.735$, $p < 0.05$), and working conditions are a significant predictor ($t = 9.041$, $p = 0.000$). Consequently, the null hypothesis is rejected, and the alternative hypothesis confirming that working conditions

significantly affect quality healthcare delivery is supported.

For Hypothesis 3, training and development also positively affect quality healthcare delivery ($R = 0.725$, $R^2 = 0.525$), with 52.5% of the variance explained. The model is statistically significant ($F = 128.259$, $p < 0.05$), and training and development are a significant predictor ($t = 11.325$, $p = 0.000$). Consequently, the null hypothesis is rejected, and the alternative hypothesis indicating that training and development significantly affect quality healthcare delivery is supported.

Table 4: Multiple regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.746	0.207		3.601	0.000
Employee Compensation	0.428	0.056	0.479	7.704	0.000
Working Conditions	0.169	0.056	0.185	3.006	0.003
Training and Development	0.240	0.044	0.342	5.439	0.000
Model Summary: $R = 0.860$; $R^2 = 0.740$; Adjusted $R^2 = 0.733$; Std Error = 0.349					
ANOVA: F value (3, 154) = 108.327; Sig (0.000) $p < 0.05$					

Predictors: (Constant), Employee Compensation, Training and Development, Working Conditions. Dependent Variable: Quality Healthcare Delivery

As displayed in Table 4, the R value (0.860) is the linear correlation coefficient, which confirms a strong positive correlation between employee retention strategies and quality healthcare delivery. The R^2 value of 0.740 means that 74.0% of the variance in quality healthcare delivery is explained by employee retention strategies (employee compensation, working conditions, and training and development), taken as a group. The Standard Error of the Estimate (0.349) indicates a moderately good predictive accuracy. The ANOVA results confirm that the model is statistically significant and a good fit, with $F = 108.327$ and $p < 0.05$ (Sig. = 0.000). Therefore, the null hypothesis is rejected, indicating that employee retention strategies have a

Comparing the three predictors, employee compensation ($\beta = 0.780$) has a stronger influence on quality healthcare delivery than training and development ($\beta = 0.725$) and working conditions ($\beta = 0.643$), suggesting that improving employee compensation may yield greater improvements in quality healthcare delivery.

Hypothesis 4: Employee retention strategies (compensation, working conditions, training and development) do not have significant joint effect on quality healthcare delivery

significant joint effect on quality healthcare delivery.

The unstandardized coefficient of employee compensation ($B = 0.428$) suggests that for every one-unit increase in employee compensation, quality healthcare delivery increases by 0.428 units, holding other variables constant. Employee compensation also recorded a t-value of 7.704 and a p-value of 0.000, indicating that it is a statistically significant predictor of quality healthcare delivery.

The unstandardized coefficient of working conditions ($B = 0.169$) suggests that for every one-unit increase in working conditions, quality healthcare delivery increases by 0.169 units, holding other variables constant. Working conditions also recorded a t-value of 3.006 and a p-value of 0.003, indicating that they are a

statistically significant predictor of quality healthcare delivery.

The unstandardized coefficient of training and development ($B = 0.240$) suggests that for every one-unit increase in training and development, quality healthcare delivery increases by 0.240 units, holding other variables constant. Training and development also recorded a t-value of 5.439 and a p-value of 0.000, indicating that it is a statistically significant predictor of quality healthcare delivery.

Discussion of Findings

The outcome of this study revealed a statistically significant positive relationship between employee retention strategies and the quality of healthcare delivery. Specifically, retention strategies, measured through employee compensation, working conditions, and training and development, were shown to significantly affect service quality and patient care outcomes in private healthcare facilities. This finding is consistent with De Vries et al. (2023), who reported that comprehensive retention strategies, including professional development, supportive leadership and favourable working conditions, strengthen workforce stability and support continuity, thereby enhancing the quality of healthcare services.

Employee compensation significantly affects healthcare quality. This finding aligns with Ajisegiri et al. (2022), who found that competitive salaries and other financial and non-financial incentives significantly influenced healthcare workers' willingness to remain in their jobs. This suggests that adequate employee compensation enhances workforce stability, which is essential for improving healthcare service delivery. Theoretically, this finding strongly aligns with the Resource-Based Theory (RBT), which posits that internal human resources, particularly skilled medical professionals, are rare and valuable assets. Providing

competitive compensation acts as a strategic mechanism to safeguard these scarce assets from international migration and turnover, thereby maintaining clinical quality

Working conditions were shown to positively influence healthcare quality. This corroborates Olanipekun and Taiwo (2021), who found that conducive working conditions significantly improved effective service delivery in public hospitals. The finding suggests that creating a supportive work environment enables healthcare organisations to retain skilled professionals and enhance the quality of healthcare delivery. This finding aligns with the Resource-Based Theory (RBT), which views a safe, well-equipped, and supportive physical work environment as a critical internal capability. By optimizing these workplace conditions, private hospitals strategically protect their valuable and rare human assets from burnout and international migration, thereby sustaining a competitive advantage in service delivery.

Similarly, training and development significantly impacted healthcare delivery outcomes. This finding aligns with Afolabi, Fernando and Bottiglieri (2018), who concluded that career development and continuous professional development are fundamental organisational factors that motivate healthcare employees and promote efficient and high-quality healthcare delivery.

The finding also aligns with the Human Capital Theory, which asserts that strategic investments in employees' skills, education, and knowledge constitute a critical form of capital. By continuously funding professional development initiatives, private healthcare facilities directly enhance individual worker competencies and productivity, safeguard the organization's investment in human capital, and ensure a vital continuity of

medical expertise required to sustain quality care provision

The combined analysis further showed that employee compensation, working conditions, and training and development jointly explained a substantial proportion of the variance in healthcare quality, with employee compensation making the greatest contribution. This demonstrates that strengthening employee retention through competitive compensation, supportive working conditions and continuous professional development is vital for maintaining high-quality healthcare delivery in the private healthcare facilities in Lagos State. Taking together, these retention strategies support the propositions of the Resource-Based Theory (RBT) and Human Capital Theory, demonstrating that private hospitals can achieve structural stability and operational excellence by treating their medical workforce as highly valuable, rare, and strategically developed internal assets. While individual investments in training expand clinical productivity capabilities strategically bundling these initiatives with optimal workplace conditions and compensation creates a robust defensive capability against workforce flight and international migration. Overall, these findings underscore the essential role of employee retention in sustaining high standards of patient care. As private healthcare organisations continue to face workforce instability and high turnover, investing in comprehensive employee retention strategies will help stabilise the healthcare workforce, improve employee motivation and performance, and enhance healthcare service delivery and patient outcomes.

Implications for theory, practice, and policy

The findings of this study contribute to the theoretical understanding of healthcare delivery by confirming that employee retention, operationalized through

compensation, working conditions, and training and development, significantly enhances service quality. This supports existing theories in organisational behavior and human resource management, which posit that stable and engaged workforces drive superior organisational outcomes. In practice, the study underscores the importance of embedding retention-focused strategies into healthcare management practices. Healthcare managers and policymakers can leverage these insights to develop targeted interventions that attract and retain skilled healthcare professionals. By fostering competitive pay structures, conducive work environments, and continuous learning opportunities, organisations can enhance workforce stability, ensuring consistent delivery of high-quality, patient-centered care.

5. Conclusion

This study highlights the significant role of employee retention strategies, specifically compensation, working conditions, and training and development, in enhancing quality healthcare delivery within private healthcare facilities in Lagos State. The findings indicate that implementing these strategies enhances service quality and patient-centered care by maintaining a committed and motivated workforce. These results provide empirical evidence that retention-focused practices are important for improving healthcare outcomes in private healthcare settings.

Recommendations

Based on the findings of this study, it is recommended that healthcare leaders should implement competitive and equitable employee compensation policies through regular salary reviews, performance-based incentives, comprehensive employee benefits, and timely payment of remuneration to improve employee retention and enhance the quality of healthcare delivery.

Hospital management should also improve working conditions by providing safe and supportive work environments, ensuring adequate staffing and functional medical equipment, and conducting regular workforce evaluations to identify emerging staff needs and proactively adjust human resource policies to enhance employee retention and service quality.

Hospital administrators and human resource managers should strengthen training and development by providing regular in-service training, continuous professional development programmes, mentorship opportunities, and clear career progression pathways to enhance employees' knowledge, skills, and commitment to quality healthcare delivery. Healthcare leaders and policymakers should adopt integrated employee retention strategies that combine competitive compensation, favourable working conditions, and continuous training and development to strengthen workforce stability and improve the quality of healthcare delivery. Policymakers should provide supportive frameworks, including fiscal incentives, tax rebates, targeted

subsidies, and access to affordable financing, to enable private healthcare providers to implement these retention strategies effectively and sustain quality healthcare delivery in Lagos State

Suggestions for further research

Future research should adopt a more comprehensive framework for assessing employee retention strategies, incorporating organizational, psychological, and contextual factors, such as burnout, job satisfaction, and leadership style, that may influence the relationship between workforce stability and service quality. Furthermore, future studies should extend this research to public healthcare institutions and other geographical regions in Nigeria to determine if these strategies yield similar improvements in care quality across different contexts. In addition, qualitative or mixed-method approaches could enrich the findings by capturing healthcare workers' lived experiences and perspectives, offering deeper insights into the mechanisms through which retention strategies contribute to improved service delivery.

References

- Afolabi, F., Fernando, A., & Bottiglieri, T. (2018). Organisational factors affecting healthcare employee motivation: A systematic review. *British Journal of Healthcare Management*, 24(12), 603–611.
- Aiken, L. H., Sloane, D. M., Barnes, H., Cimiotti, J. P., Jarrín, O. F., & McHugh, M. D. (2018). Hospital nurse staffing and patient outcomes: A cross-country analysis. *Journal of Nursing Scholarship*, 50(4), 346–353.
- Ajisehiri, W. S., Peiris, D., Abimbola, S., Odusanya, O. O., Joshi, R., & Usherwood, T. (2022). Employment incentives and preferences of primary health care workers in Nigeria: A discrete choice experiment. *Human Resources for Health*, 20, 26.
- Akanbi, P. A., Oyelakin, I. O., & Adebayo, A. O. (2025). Human resource management practices and retention of healthcare professionals in Nigerian hospitals. *African Journal of Human Resource Management*, 14(1), 78–93.
- Akinwale, O. E., & George, O. J. (2023). Personnel brain-drain syndrome and quality healthcare delivery among public healthcare workforce in Nigeria. *Arab Gulf Journal of Scientific Research*, 41(1), 18–39.

- Al-Dossary, R. (2022). The Saudi Arabian 2030 vision and the nursing profession: The way forward. *International Nursing Review*, 69(3), 328–335.
- Alkan, E., Cushen-Brewster, N., & Anyanwu, P. (2024). Organisational factors associated with healthcare workforce development, recruitment and retention in the United Kingdom: A systematic review. *BMC Nursing*, 23, 604.
- Armstrong, M., & Taylor, S. (2020). *Armstrong's handbook of human resource management practice* (15th ed.). London: Kogan Page.
- Asamani, J. A., Amertil, N. P., Ismaila, H., Akugri, F. A., Nabyonga-Orem, J., & Oduro-Mensah, E. (2018). Nursing and midwifery workforce readiness: The role of work environment in Ghana. *Human Resources for Health*, 16(1), 1–10.
- Barney, J. B. (1991). Firm resources and sustained competitive advantage. *Journal of Management*, 17(1), 99–120.
- Barney, J. B. (2001). Is the resource-based "view" a useful perspective for strategic management research? Yes. *Academy of Management Review*, 26(1), 41–56.
- Becker, B. E., & Huselid, M. A. (2006). Strategic human resources management: Where do we go from here? *Journal of Management*, 32(6), 898–925.
- Becker, G. S. (1964). *Human capital: A theoretical and empirical analysis, with special reference to education*. Chicago: University of Chicago Press.
- Becker, G. S. (1993). *Human capital: A theoretical and empirical analysis, with special reference to education* (3rd ed.). Chicago: University of Chicago Press.
- Boone, A., Lavreysen, O., De Vries, N., De Winter, P., Mazzucco, W., Matranga, D., ... Godderis, L. (2024). Retaining healing hands: A transnational study on job retention interventions for the healthcare workforce. *Qualitative Health Research*, 34(13), 1351–1366.
- Brennan, N., Langdon, N., Bryce, M., Burns, L., Humphries, N., Knapton, A., & Gale, T. (2023). Drivers and barriers of international migration of doctors to and from the United Kingdom: A scoping review. *Human Resources for Health*, 21(1), 11.
- Buchan, J., Catton, H., & Shaffer, F. A. (2022). *Sustain and retain in 2022 and beyond: The global nursing shortage and nurse retention*. Geneva, Switzerland: International Council of Nurses.
- Chiminelli-Tomás, M., Martínez-Blasco, M., & Sánchez-Gómez, J. (2025). Impact of nursing practice environments on work engagement and burnout: A systematic review. *Healthcare*, 13(7), 779.
- Demo, G., Neiva, E. R., Nunes, I., & Rozzett, K. (2012). *Human Resources Management Policies and Practices Scale (HRMPPS): Exploratory and confirmatory factor analysis*. *Brazilian Administration Review*, 9(4), 395–420.
- De Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K., et al. (2023). *Retaining healthcare workers: A systematic review of strategies for sustaining power in the workplace*. *Healthcare*, 11(13), 1887.
- Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty: an investigation in context of private healthcare systems.

- International Journal of Quality & Reliability Management*, 35(6), 1195–1214
- Federal Ministry of Health. (2024). *Nigeria health facility registry*. Retrieved March 10, 2025, from <https://hfr.health.gov.ng>
- Fix, B. (2018). The trouble with human capital theory. *Real-World Economics Review*, 86, 1–15.
- Foss, N. J., & Knudsen, C. (2003). The resource-based tangle: Towards a sustainable explanation of competitive advantage. *Managerial and Decision Economics*, 24(4), 291–307.
- Gberevbie, D. E.. (2018). *Leadership, corruption and nation building in Nigeria*. Lagos, Nigeria: Concept Publications.
- George, G. (2015). Retention of health professionals in rural South Africa: Application of the motivation-hygiene theory. *South African Journal of Health Policy*, 8(1), 23–30.
- Gorde, A. P. (2019). Employee retention strategies: A study on IT sector. *International Journal of Management Research & Review*, 9(4), 1–8.
- Goula, A., Stamouli, M. A., Vavitsas, D., & Kalemikerakis, I. (2022). Factors affecting health professionals' job satisfaction and intention to stay: Evidence from Greece. *Health Services Management Research*, 35(2), 115–123.
- Greenwood, J. (2019). Investing in employee development for organisational sustainability. *Human Resource Development Review*, 18(3), 245–260.
- Health Carousel. (2024). *Healthcare employee retention: Strategies for reducing turnover*. Health Carousel.
- Igbinoba, E., Joel, O., Igbadumhe, F., & Peter, D. (2022). Employees' retention strategies and organizational performance. *Academy of Entrepreneurship Journal*, 28(Special Issue 5), 1–12.
- Ikhide, E. (2021). *Addressing the brain drain of health professionals in Nigeria* (NILDS Working Paper Series). Abuja, Nigeria: National Institute for Legislative and Democratic Studies.
- International Labour Organisation. (2016). *Non-standard employment around the world: Understanding challenges, shaping prospects*. Geneva: International Labour Office.
- Jimoh, A. B., Amodu, M. O., & Oladimeji, A. Z. (2022). Relationships between job satisfaction and the quality of healthcare delivery in Ogun State Hospital Management Board, Nigeria. *International Journal of Science Academic Research*, 3(11), 4680–4686.
- Kaur, P. (2017). Employee retention models and factors affecting employees retention in IT companies. *International Journal of Business Administration and Management*, 7(1), 161–174.
- Kraaijenbrink, J., Spender, J. C., & Groen, A. J. (2010). The resource-based view: A review and assessment of its critiques. *Journal of Management*, 36(1), 349–372.
- Maben, J., Ball, J., & Edmondson, A. C. (2023). *Workplace conditions*. In *Elements of improving quality and safety in healthcare*. Cambridge, England: Cambridge University Press.
- Makuku, R., & Mosadeghrad, A. M. (2022). Health workforce retention in low-income settings: An application of the root stem model.

- Journal of Public Health Policy*, 43(3), 445–455.
- Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1(1), 61–89.
- Milkovich, G. T., & Newman, J. M. (2014). *Compensation* (11th ed.). New York, NY: McGraw-Hill Education.
- Mobley, W. H. (1977). Intermediate linkages in the relationship between job satisfaction and employee turnover. *Journal of Applied Psychology*, 62(2), 237–240.s
- Murtiningsih, R. S. (2020). *Human resource practices and organisational commitment through work satisfaction as a variable of mediation*. In A. G. Abdullah, I. Widiaty, A. A. Danuwijaya, & C. U. Abdullah (Eds.), *Proceedings of the International Conference on Management, Accounting, and Economy (ICMAE 2020)* (Advances in Economics, Business and Management Research, Vol. 151, pp. 23–26). Atlantis Press.
- Nkgapele, M., & Thusi, X. (2024). Employee retention strategies and affective commitment among healthcare professionals. *African Journal of Business Management*, 18(2), 55–68.
- Noe, R. A., Hollenbeck, J. R., Gerhart, B., & Wright, P. M. (2017). *Fundamentals of human resource management* (7th ed.). New York, NY: McGraw-Hill Education.
- Okafor, C., Nwatu, B. C., & Chiekezie, O. M. (2019). Human resource management practices and employee retention in specialized medical facilities. *Journal of Business and Management*, 21(4), 12–28.
- Olanipekun, L. O., & Taiwo, T. E. (2021). Human resource planning and working conditions as psychological predictors of effective service delivery in selected public hospitals in Ogun State, Nigeria. *Texas Journal of Medical Science*, 1(1), 52–70.
- Onyema, C., Nwakanma, Q. C., & Princewill, C. (2025). Labour turnover and service delivery in Federal Teaching Hospitals in Southeast Nigeria. *African Journal of Social and Behavioural Sciences*, 15(9).
- Phaladi, M. P. (2023). Developing knowledge protective capacity through retention practices in South African state-owned companies. *South African Journal of Information Management*, 25(1)
- Phyu, M. K., Thwin, M. M., Janarthanan, B., & Bhaumik, D. (2023). Retention strategies and workforce stability in the healthcare sector: An empirical study. *Healthcare Management Review*, 48(2), 121–130.
- Priem, R. L., & Butler, J. E. (2001). Is the resource-based “view” a useful perspective for strategic management research? *Academy of Management Review*, 26(1), 22–40.
- Sari, N., & Dewi, I. (2020). The effect of compensation, career development, and organisational culture on employee retention. *International Journal of Research in Business and Social Science*, 9(6), 211–218.
- Schultz, T. W. (1961). Investment in human capital. *The American Economic Review*, 51(1), 1–17.
- Shan, G., Wang, W., Wang, S., Zhang, Y., & Li, Y. (2023). Cross-level effects of health-promoting leadership on

- nurse presenteeism: The mediation and moderation effect of workload and performance pressure. *Current Psychology*, 42, 12322–12334.
- Stimpfel, A. W., Sloane, D. M., & Aiken, L. H. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs*, 31(11), 2501–2509.
- Udom, U. E., Efi, A. E., & Baridam, M. D. (2024). *Brain drain and healthcare service delivery in tertiary hospitals in Akwa Ibom State*. *Research Journal of Management Practice*, 4(2), 13–27.
- World Health Organisation. (2020). *Health workforce: Retention and migration*. Retrieved May 15, 2025, from <https://www.who.int/publications>
- World Health Organisation. (2022). *Quality of care in fragile, conflict-affected and vulnerable settings: A synthesis of evidence*. Retrieved May 15, 2025, from <https://www.who.int/publications>
- Yamoah, E. E. (2025). Work-life balance, organisational commitment, and healthcare worker productivity. *Management and Economics Review*, 10(1), 133–146