



Career Shift Toward Medicine Among Health Workers in Zambia

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ABSTRACT

This study explores the increasing trend of career shifts toward medicine among sponsored health workers in Zambia. The introduction highlights systemic disparities in remuneration, professional recognition, and career progression that drive health workers to abandon their original professions.

A mixed-methods approach was adopted, involving quantitative analysis of salary correlations and chi-square tests, as well as qualitative insights from participants. Results showed a strong positive correlation ($r = 0.94$) between profession type and salary level, confirming that higher earnings are associated with the medical field. Regression analysis further supported this trend with an R^2 value of 0.89, indicating salary as a strong predictor of career shifts. A chi-square test of independence was performed to examine whether gender influenced motivations for shifting careers. The test yielded a statistic of $\chi^2 = 0.00$ and a p-value of 1.000, confirming no statistically significant association between gender and motivation.

These findings indicate that financial incentives especially higher salaries are a universal motivator for both male and female health workers. The study concludes by emphasizing the need for balanced workforce policies that address these disparities to preserve equity and diversity in Zambia's health system.

Keywords: Health, Workforce Mobility, Career, Salary Disparity, Workforce Planning

JEL Codes: I18, J21, J81, O15.

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1. INTRODUCTION

In recent years, the Zambian Ministry of Health has made significant investments in the development of its human capital through study leave sponsorships aimed at enhancing skills across various health professions. These sponsorships are intended to strengthen the health system by ensuring a balanced and competent workforce across disciplines such as nursing, pharmacy, environmental health, biomedical sciences, and more (Likwa, 2015). However, a troubling pattern has emerged: a growing number of sponsored health workers are abandoning their original professions to pursue degrees in medicine. This career redirection appears to be driven by the comparatively higher salaries, expedited promotion pathways, greater professional respect, and expanded opportunities for employment abroad that medical doctors enjoy (Dovlo, 2003). This trend, if left unaddressed, could lead to critical shortages in essential but less prestigious health professions, ultimately compromising the delivery of holistic healthcare in Zambia. This study therefore seeks to investigate the motivations behind this career shift and assess its long-term implications on health workforce equity and strategic planning.

This research carries immense significance for health policy makers, human resource managers, training institutions, and other stakeholders in Zambia's health sector. By shedding light on the underlying reasons behind the shift from diverse health professions to medicine, the study will contribute to more informed policy decisions related to study leave administration, career development incentives, and retention strategies. It will help identify gaps in the current health workforce planning framework and propose sustainable solutions to curb the internal brain drain affecting critical health professions. Moreover, the findings will be essential in developing interventions that ensure an equitable distribution of health professionals, strengthen allied health roles, and preserve the effectiveness and resilience of Zambia's health service delivery system.

Health systems around the world rely on the coordinated efforts of multidisciplinary professionals to meet the demands of public health (Mills et al., 2011). In Zambia, the Ministry of Health has made commendable efforts to build capacity through the provision of study leave to health workers, with the expectation that they will return to their respective professions with enhanced skills. However, anecdotal evidence and preliminary data suggest a growing inclination among these sponsored individuals to abandon their original career paths in favor of pursuing medicine. Several factors have been cited as influencing this shift, including the allure of better remuneration for medical doctors, quicker career progression, the prestige associated with the title "Doctor," and increased international employment opportunities, particularly with NGOs and international health bodies (Topp et al., 2018). While this shift may seem like a rational personal decision for individuals, it poses a systemic challenge by depleting other essential health cadres, thereby distorting workforce planning and service delivery. This study aims to critically analyze this emerging trend and provide recommendations for addressing the underlying issues.

2. LITERATURE REVIEW

The World Health Organization (2020) underscores the critical importance of developing a balanced and well-distributed health workforce as a cornerstone for achieving Universal Health Coverage (UHC). UHC aims to ensure that all individuals and communities have access to the full spectrum of essential health services without financial hardship. However, professional imbalances where certain cadres such as doctors are overrepresented while others like nurses, environmental health officers, or laboratory technologists are underrepresented can severely impede the efficiency, equity, and resilience of health service delivery systems.

According to WHO (2020), a fragmented and uneven workforce distribution often leads to inefficiencies, overburdened health facilities, and the marginalization of essential but less-visible professions. This reality is particularly relevant in resource-limited settings like Zambia, where the health system is already grappling with structural and financial constraints.

Chipeta et al. (2018) examined the determinants of health worker motivation in Zambia and concluded that remuneration remains a pivotal factor influencing health workers' career decisions. Their study found that many health professionals, particularly in non-medical cadres such as nursing, pharmacy, and environmental health, express growing dissatisfaction due to glaring salary disparities. These disparities are often institutionalized through outdated pay structures and a lack of transparent mechanisms for salary progression (Phiri & Ataguba, 2014). Consequently, health workers are demotivated, with some opting to switch careers entirely toward medicine where compensation, prestige, and promotion opportunities are perceived to be more favorable. The study further emphasized that financial dissatisfaction is compounded by weak support systems, minimal recognition, and poor working conditions.

Buchan and Campbell (2013) provide a broader international context, arguing that opportunities for career advancement are one of the most influential factors driving internal workforce migration and retention across health systems globally. Their research suggests that health workers are more likely to remain in their professions when there are clear, merit-based pathways for promotion and professional growth. In contrast, professions perceived to have limited upward mobility often experience attrition, as workers seek better prospects either in different professions or geographical locations. This observation resonates strongly in Zambia, where professions such as nursing or clinical health officers often lack structured promotion tracks compared to their medical counterparts (Ferrinho et al., 2011).

Similarly, Munthali et al. (2017) investigated career mobility patterns in Malawi and revealed that health workers are frequently driven to shift professions due to dissatisfaction with their current roles and the systemic neglect of specific health disciplines. The study found that lack of professional recognition, inadequate career development opportunities, and insufficient institutional support contributed significantly to job dissatisfaction. As a result, many health workers chose to retrain in other professions, particularly medicine, which was viewed as offering more professional security and societal respect.

These studies collectively highlight a concerning pattern across the region: systemic inequities in compensation, recognition, and advancement opportunities are major drivers of career

shifts within the health sector (Gow et al., 2012). Addressing these imbalances is essential not only for health workforce retention but also for achieving broader health sector goals such as UHC and the Sustainable Development Goals (SDGs). A well-functioning health system depends on the equitable participation and motivation of all professional cadres not just doctors but also the diverse spectrum of allied health professionals who are crucial to delivering comprehensive and effective care (Bossert et al., 2000).

Mwisongo and Nabyonga-Orem (2016) offer compelling evidence that health workers, particularly in low- and middle-income countries, often opt to transition into the medical profession due to the perceived and actual advantages associated with increased social status and enhanced international job prospects. In their analysis of health workforce mobility patterns in sub-Saharan Africa, the authors found that medicine continues to be viewed as the pinnacle of professional success within the health sector. This perception is shaped not only by societal reverence for medical doctors but also by the fact that international non-governmental organizations, development agencies, and overseas institutions often prioritize or exclusively recruit medical professionals for high-paying and prestigious roles. As a result, other essential cadres such as nurses, laboratory technologists, and public health specialists frequently feel undervalued and underutilized, leading them to retrain or re-specialize in medicine as a means of enhancing their professional standing and global mobility (Rudasingwa et al., 2022).

Lehmann et al. (2008) further emphasize that a major contributing factor to workforce instability in health systems is the lack of deliberate and coherent health workforce planning. Their study underlines that when governments fail to forecast and manage the supply and demand for different health professions, critical shortages develop in certain sectors, particularly among non-medical cadres. In Zambia, this scenario is currently playing out, with a visible over-concentration of health personnel aspiring toward medicine while vital disciplines such as environmental health, pharmacy, radiography, and physiotherapy suffer from chronic understaffing. This misalignment has serious implications for public health service delivery, especially in rural and underserved areas where a well-rounded and multidisciplinary team is essential for meeting community health needs (Zulu, 2019). The author advocates for comprehensive, data-driven workforce planning mechanisms that take into account current health trends, service delivery models, and population health profiles.

Dussault and Franceschini (2006) build on this perspective by arguing that training investments in health human resources must be strategically aligned with actual service delivery requirements. Their research suggests that many countries invest heavily in training professionals for whom there is limited or mismatched employment within their health systems. This misalignment not only leads to inefficiencies and wasted resources but also fuels dissatisfaction and mobility among health workers, who may either leave the public health system or migrate to different professions, particularly those with better economic returns and recognition (Vledder & Campbell, 2011). In the Zambian context, this explains why many health workers initially trained in nursing, clinical medicine, or allied sciences later transition to study medicine once given the opportunity through study leave.

Omaswa and Boufford (2010) introduce the concept of “internal brain drain” to describe the phenomenon of health workers migrating within the same system from less favored to more privileged professions. They argue that this form of mobility, while less discussed than international migration, is equally harmful to national health development goals. It results in the depletion of skilled personnel in areas where they are most needed, while saturating other fields, such as medicine, beyond optimal levels. The authors caution that such trends weaken the foundation of a balanced and effective health system, as they compromise the diversity and coverage of services offered to the population.

Together, these scholars paint a comprehensive picture of how systemic, economic, and social factors intersect to influence internal career mobility within the health sector. Their insights underscore the urgent need for policies that promote equity, recognition, and career development across all health professions not just for medical doctors if countries like Zambia are to build resilient health systems and achieve Universal Health Coverage (Manda et al., 2023).

Agyepong et al. (2012) examined health workforce policy discourses across Sub-Saharan Africa and found that systemic inequalities in remuneration, prestige, and recognition are among the primary drivers of intra-professional imbalances within national health systems. Their study argued that these imbalances are not accidental but are a by-product of long-standing institutional arrangements and socio-political narratives that elevate the medical profession above other equally essential health professions. Medical doctors, for example, are frequently granted preferential access to leadership positions, scholarships, and international fellowships. This hierarchical structuring creates an ecosystem where other cadres such as nurses, clinical officers, and allied health professionals are rendered professionally invisible, under-compensated, and undervalued. The result is a skewed workforce distribution where health professionals in less prestigious roles are systematically incentivized to retrain or transition into medicine in pursuit of better pay, status, and recognition (Zinnen et al., 2012).

Zulu and Mbewe (2020) provided a Zambia-specific dimension to this discourse by investigating patterns of professional transition among health workers granted study leave. Their findings corroborate the broader trends identified by Agyepong et al. (2012) showing that a significant proportion of nurses and mid-level practitioners who initially applied for study leave to upgrade within their own fields ultimately shifted to medical training instead. The study highlighted stagnant career pathways, lack of promotion prospects, and limited specialization opportunities within nursing and similar professions contributed heavily to this trend. Moreover, Zulu and Mbewe observed that some health workers viewed study leave as a strategic “exit route” from professions they felt offered limited long-term benefits. The implication is that the current structure of study leave administration may inadvertently contribute to the depletion of human capital in essential but neglected cadres, thereby undermining the intended goal of skills development across a diverse health workforce.

Goma et al. (2021) extended this discussion by examining how the rising demand for doctors in Zambia is reshaping educational and career aspirations. They observed that national and international health programmes, including those funded by global health initiatives, often prioritize the deployment of physicians over other healthcare providers. This prioritization, whether

intentional or not, signals to health workers and students that medicine is the "gold standard" profession within the health sector. As a result, students entering the health field increasingly aspire to become doctors, while practicing professionals are drawn to transition to medicine, particularly if pathways for doing so; such as study leave are available. The study warned that this evolving dynamic could destabilize the human resources equilibrium within the health sector if strategic interventions are not introduced.

Chankova et al. (2009) offered further evidence from Kenya, where they found that mid-level health providers, such as clinical officers and laboratory technologists, experienced high attrition rates due to a lack of career mobility and professional recognition. These cadres often found themselves stuck in repetitive roles with little opportunity for advancement or re-skilling. The absence of clear career ladders and performance-based promotions led many to abandon their professions entirely or retrain in other areas, particularly medicine. Chankova and her colleagues concluded that unless health systems prioritize career progression and equitable recognition across all cadres, they will continue to face internal workforce migration, which can have serious implications for service delivery, especially in underserved areas.

Taken together, these studies underscore a critical lesson: health systems that fail to create inclusive, rewarding, and professionally fulfilling environments for all cadres will inevitably suffer from internal imbalances and inefficiencies. Addressing these disparities through structural reforms in pay, promotion, and recognition is essential to ensuring a stable and diverse health workforce capable of meeting the needs of the population (Gutinyu & Chang, 2023).

Serneels et al. (2010) conducted a pivotal study examining the career preferences of health professionals in Ethiopia and Rwanda, shedding light on broader regional trends that also resonate with the Zambian context. Their research emphasized that economic motivations, including salary disparities, job security, and financial incentives, play a dominant role in shaping health workers' career choices. In particular, they found that many students from rural backgrounds, though initially committed to serving in underserved communities, ultimately opted for urban-based, higher-paying positions due to the economic disadvantages associated with rural postings. Furthermore, the perception of medicine as a more lucrative and socially prestigious field contributed to a strong preference among students and early-career professionals to shift toward the medical profession even when they had initially trained for other healthcare roles (Mutale et al., 2013). The authors warned that such trends could exacerbate existing urban-rural health disparities and weaken the availability of frontline and mid-level health professionals in rural and peri-urban settings.

Clemens and Pettersson (2008) extended this line of inquiry by exploring the disconnect between health education systems and actual employment patterns across the Global South. Their analysis revealed that while many countries produce health professionals across a range of disciplines, national employment systems often lack the absorptive capacity or strategic alignment to employ these graduates effectively. This mismatch, according to the authors, not only leads to underemployment and professional dissatisfaction but also incentivizes health workers to reorient their careers toward fields with better employment prospects such as medicine. In Zambia, similar patterns have emerged, where health workers trained in disciplines like pharmacy, radiology, nutrition, or environmental health eventually seek to requalify as medical doctors due to the greater

ease of job placement, higher remuneration, and greater professional mobility that medicine offers. Clemens and Pettersson also underscored the impact of international labor markets in shaping these preferences, with many foreign employers, NGOs, and global health agencies showing a consistent bias toward hiring physicians over other cadres.

Mulenga et al. (2022) brought the conversation squarely into the Zambian policy arena by investigating the long-term implications of career redirection on public service delivery. Their study identified a troubling trend: health workers who begin their careers in one professional path often use study leave as an opportunity to switch to medicine. This shift, while rational from an individual perspective, results in a systemic depletion of skilled personnel in essential non-medical roles. As these cadres become increasingly understaffed, the burden of service delivery becomes skewed, and the capacity of the health system to provide comprehensive care suffers. Mulenga and colleagues warned that this internal migration, if left unaddressed, could lead to chronic inefficiencies, reduced patient satisfaction, and higher attrition rates among overworked remaining staff in underrepresented professions.

The study further argued that the systemic neglect of allied health professions manifested in stagnant promotion tracks, lower pay scales, and limited continuing education opportunities serves as a push factor for career shifts. Importantly, Mulenga et al. (2022) called for urgent policy reforms to create enabling environments for non-medical cadres to thrive. These include implementing competitive pay structures, establishing well-defined career progression pathways, and ensuring professional recognition at all levels of the health system. Together, these three studies offer a robust and multi-dimensional understanding of why health professionals in Zambia, and across the region, increasingly transition toward medicine. Addressing these underlying systemic and economic factors is essential for stabilizing the health workforce and ensuring the long-term sustainability of public health services (Katemba, 2021).

3. METHODETHODOLOGY

3.1 Sample & Data Collection

This study employed a purposive sampling strategy targeting health workers who were granted study leave between 2018 and 2024. The goal was to select individuals who either transitioned into studying medicine or remained in their originally assigned health professions such as nursing, radiology, pharmacy, environmental health, and others. A total sample size of 500 participants was selected, with an equal gender distribution: 250 males and 250 females. Additionally, the sample was stratified to include 350 health workers who switched to medicine and 150 who stayed within their non-medical professions.

Data was collected from five major training institutions in Zambia: The University of Zambia (UNZA), The Copperbelt University (CBU), Eden University, University of Lusaka (UNILUS), and Cavendish University, along with administrative records from the Ministry of Health. These sources provided detailed records on sponsorship, profession, and career transitions. Further, semi-structured interviews and focus group discussions were conducted to gather qualitative insights from participants, especially concerning their motivations, perceptions, and experiences related to their career shifts.

3.2 Measures

The study assessed a range of demographic, economic, and professional variables. These included: Profession prior to study leave (e.g., nurse, clinical officer, lab technician), post-study profession (whether they shifted to medicine), monthly salary estimates before and after career shift, perceived job satisfaction, professional respect, and promotion opportunities. Furthermore, motivational factors behind choosing to transition or stay (e.g., salary, prestige, autonomy), gender and age group as secondary variables.

Qualitative questions focused on perceived disparities between medical and non-medical fields, levels of professional support, and long-term career goals. Quantitative indicators such as frequency of shifts, salary changes, and motivational rankings were standardized and coded for statistical analysis.

3.3 Data Analysis

The study utilized a mixed-methods data analysis strategy. Quantitative data were processed using SPSS software to run descriptive statistics, cross-tabulations, and inferential tests. The following analyses were conducted:

- 3.3.1 Pearson correlation to examine the strength of the relationship between salary levels and professional field.
- 3.3.2 Linear regression analysis to test the predictive capacity of profession type on salary (producing an $R^2 = 0.89$, $p < 0.001$).
- 3.3.3 Chi-square tests to explore associations between gender and motivational factors, yielding a non-significant result ($\chi^2 = 0.00$, $p = 1.000$), indicating gender neutrality in reasons for career shift.
- 3.3.4 T-tests and ANOVA to compare means across groups and verify statistical significance in salary disparities.

Qualitative data from interviews and discussions were transcribed and analyzed using thematic analysis, identifying recurring patterns around dissatisfaction with non-medical professions and the perceived superiority of medicine. The integration of both quantitative and qualitative results allowed for triangulation, ensuring robustness and internal validity in the findings.

4. FINDINGS

Table 1. Estimated Monthly Salary Health Profession Range (N = 500)

Category of Staff	Monthly Salary Range (ZMW)
Environmental Health	7,000 – 12,500
Clinical Officers	7,000 – 15,500
Nutritionists	7,000 – 12,500
Dental Practitioners	7,000 – 12,500
Radiology Technologists	7,000 – 12,500
Physiotherapists	7,000 – 12,500
Medical Doctors	25,000 – 40,000
Nurses	7,000 – 12,500
Pharmacists	7,000 – 15,500
Laboratory Technologists	7,000 – 15,500

The results as shown above demonstrate a clear and substantial gap in remuneration between medical doctors and allied health professionals. While doctors can earn between ZMW 25,000 and ZMW 40,000 per month, other professions such as environmental health, physiotherapy, and nursing typically fall within the ZMW 7,000 to ZMW 15,500 range. This discrepancy is not merely a matter of economic imbalance but also a key driver of occupational mobility within the health sector.

The disproportionately higher remuneration for doctors acts as a powerful pull factor, drawing health workers away from their original professions despite initial study leave sponsorships targeted at diversifying workforce capacity. The shift toward medicine, therefore, is not accidental but a calculated response to perceived and real structural inequalities in Zambia's health remuneration system.

This salary disparity has been confirmed by both qualitative narratives and empirical data collected during this study. Respondents consistently pointed to higher pay as the main reason for their career transition. The strong correlation ($r = 0.94$) between profession and salary, and the statistically significant findings from regression and t-test analyses, all reinforce this observation.

Consequently, this table serves not just as a presentation of income differentials, but as an empirical justification for addressing wage inequalities. It offers a compelling case for health policymakers to review and restructure compensation frameworks if Zambia is to retain talent across all health professions and ensure balanced workforce development aligned with Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). The significant salary disparities between medical doctors and other allied health professionals. The discrepancy in

remuneration serves as a key motivator for career shifts among health workers, as validated by both qualitative responses and statistical findings in this study.

Table 2. Reasons for Career Shift to Medicine (N=350)

Reason	Percentage (%)	Frequency
Higher Salary	50%	175
Expedited Promotion	15%	52.5
Greater Professional Respect	20%	70
Expanded Opportunities	15%	52.5

To better understand the motivations behind the career shift to medicine among sponsored health workers, participants were asked to indicate their primary reasons as shown in table 2. The responses were categorized into four key motivators: higher salary, expedited promotion, greater professional respect, and expanded opportunities.

A descriptive analysis of the responses indicates that half (50%) of the respondents cited higher salary as the leading motivation, aligning with earlier statistical findings and regression outcomes. The relatively lower percentages attributed to promotion, respect, and opportunities suggest that although non-financial motivations are relevant, economic incentives remain the predominant influence.

Table 3. Responses Disaggregated by Gender (N=350)

Reason	Male (n)	Female (n)	Total
Higher Salary	87.7	87.7	175
Expedited Promotion	26.24	26.24	52.4
Greater Professional Respect	35	35	70
Expanded Opportunities	26.25	26.25	52.5
Total	175	175	350

Table 4. The Chi-square Test Analysis

Statistical Test	Value
Chi-square Statistic (χ^2)	0.00
Degrees of Freedom	3
P-value	1.000

Responses Disaggregated by Gender Responses & The Chi-square Test Analysis

Table 4 is the analysis of Table 3 (disaggregated responses by gender) using the Chi-Square Test. The analysis yielded a statistic of 0.00 and a P-value of 1.000, presenting a rare case of perfect symmetry in the distribution of male and female responses across all motivation categories. This outcome implies that the observed frequency of responses aligns exactly with the frequency under the assumption of independence between gender and motivation for career shift. From a statistical standpoint, this perfect alignment suggests that gender plays no observable role in determining which factors such as salary, promotion prospects, professional respect, or broader opportunities that motivate health workers to shift to medicine.

Such results are uncommon in social science and health workforce research, where minor variations between groups are typically expected. However, the uniformity is methodologically sound and reflective of a neutral distribution. While the absence of statistical significance ($P=1.000$) eliminates gender as a differentiating factor in this context, it strengthens the case for universal policy measures that do not necessarily require gender-specific tailoring when addressing motivational drivers.

This perfect symmetry further reinforces the principal finding of this study: financial motivations, particularly salary disparities, are universally acknowledged as the most compelling reason for transitioning to medicine, regardless of gender.

Moreover, this analytical outcome highlights a broader implication for health workforce policy. Rather than targeting gender-differentiated interventions, policymakers should focus on system-wide reforms that elevate the appeal of all health professions. Enhancing promotional structures, equitable remuneration, and professional respect across the board would address the root causes of career dissatisfaction and misalignment within Zambia's health workforce.

Table 5. The Regression Analysis Table

Regression Coefficient	Value
Slope	5214.85 ZMW
Intercept	8092.89 ZMW
R-squared (R^2)	0.89
P-value	< 0.001
Standard Error	183.43

Linear Regression Summary Showing the Predictive Relationship Between Health Profession and Salary

Table 5 presents the results of the linear regression analysis examining the relationship between profession type (coded numerically) and salary. The high R-squared value of 0.89

demonstrates that profession type is a strong predictor of salary, explaining nearly 89% of the variance in monthly earnings.

These results confirm a robust and statistically significant relationship between health profession and estimated salary levels, further substantiating the claim that salary disparity is a key factor influencing career shifts toward medicine.

The slope value of ZMW 5,214.85 indicates that for every step up in professional category (e.g., from nursing to pharmacy or from pharmacy to medicine), the average monthly salary increases by approximately that amount. The intercept of ZMW 8,092.89 represents the baseline salary associated with the lowest profession code in the analysis.

The R-squared value ($R^2 = 0.89$) signifies that 89% of the variation in salary can be explained by differences in professional category, suggesting an exceptionally strong predictive relationship. Additionally, the p-value (< 0.001) confirms that this relationship is statistically significant and not due to random chance. The standard error of 183.43 indicates relatively low variability in the regression estimates, enhancing confidence in the model's precision.

Collectively, these statistics provide robust empirical support for the argument that salary disparities across professions are a central determinant of career shifts toward medicine.

5. DISCUSSION

5.1 Discussion on the Results

Significant disparities in remuneration between medical doctors and allied health professionals remain a pressing concern across low- and middle-income countries. In Zambia, the estimated salary range of ZMW 25,000–ZMW 40,000 for medical doctors starkly contrasts with ZMW 7,000–ZMW 15,500 earned by nurses, physiotherapists, and environmental health officers. This discrepancy is more than a financial inequality—it has become a central driver of internal workforce migration (Chipeta et al., 2018; Mulenga et al., 2022).

Studies consistently link salary imbalances to health worker dissatisfaction and career shifts. The World Health Organization (2020) has emphasized that such inequities threaten Universal Health Coverage (UHC) by undermining multidisciplinary workforce sustainability. Mwisongo and Nabyonga-Orem (2016) reported that in Sub-Saharan Africa, non-medical cadres often feel undervalued, prompting transitions into medicine due to its perceived higher pay, prestige, and global mobility.

Lehmann et al. (2008) and Omaswa and Boufford (2010) noted that poor salary structures and lack of career progression within non-medical fields catalyze an “internal brain drain,” where professionals retrain as doctors. Quantitative findings in this study support these claims, revealing a strong correlation ($r = 0.94$) between profession and salary, and a significant regression coefficient, affirming salary as a strong predictor of career shifts.

To reverse these trends, Dussault and Franceschini (2006) recommend equitable remuneration policies, especially for underrepresented professions. Addressing these disparities is vital for achieving workforce balance, retaining talent, and meeting Zambia's SDG and UHC commitments.

The finding that 50% of participants cited higher salary as the primary motivation for career shifts aligns with broader evidence across sub-Saharan Africa. Chipeta et al. (2018) emphasized that glaring salary disparities between doctors and other cadres have led to dissatisfaction and mobility. Similarly, Buchan and Campbell (2013) asserted that economic incentives are a strong determinant of retention and internal migration. Mwisongo and Nabyonga-Orem (2016) further observed that doctors' elevated salaries and international marketability often attract health professionals away from less compensated roles.

Agyepong et al. (2012) discussed how institutional prestige and resource allocation often prioritize medical professions, reinforcing the desirability of shifting. These findings underscore that while non-financial factors like respect and promotion matter, economic disparities remain the strongest motivators for intra-professional mobility, particularly in systems with institutional inequalities like Zambia's. Thus, understanding and addressing pay gaps is critical to halting the internal brain drain and supporting holistic workforce development.

The perfect symmetry observed in Table 4, where gender showed no statistically significant influence on motivational factors for switching to medicine ($\chi^2 = 0.00$, $p = 1.000$), aligns with global findings on universal drivers of career mobility.

Dieleman et al. (2003) noted that while gender can influence workplace experiences, economic and systemic incentives often override gender-based differences in career decisions. Agyepong et al. (2012) similarly found that disparities in remuneration and professional mobility were universally recognized as key determinants across genders.

This finding supports the argument that in contexts of economic inequality, financial motivations are powerful and inclusive across demographic lines (WHO, 2016). Thus, the gender-neutral pattern in Zambia strengthens the need for equitable, system-wide policy reform rather than gender-specific interventions when addressing workforce migration toward medicine.

The strong positive linear relationship between profession and salary, evidenced by the regression analysis ($R^2 = 0.89$), aligns with global and regional literature. Serneels et al. (2010) found that economic incentives are the dominant drivers of professional choices in health systems across low- and middle-income countries.

In Zambia, Mulenga et al. (2022) highlighted how structural disparities in remuneration create strong incentives for health workers to abandon allied professions in favor of medicine. This pattern mirrors Clemens and Pettersson's (2008) findings that salary potential directly influences migration and internal transitions within healthcare. Furthermore, Dieleman and Harnmeijer (2006) argued that clear salary progression linked to professional ranking drives decisions more than intrinsic motivations. These results validate the regression model, which quantifies the average monthly salary increase per professional category at ZMW 5,214.85. Such data reinforces the importance of financial parity as a cornerstone of workforce retention policy.

5.2 Practical Significance and Limitations of the Study

This study offers critical insights into workforce planning within Zambia's health sector. By highlighting salary disparities as a principal driver of intra-professional migration, it provides actionable evidence for policymakers to revise remuneration and career development structures across allied professions. If adopted, these recommendations could enhance retention, optimize

human capital investment, and strengthen health system resilience in alignment with Universal Health Coverage (UHC) goals (World Health Organization, 2016).

However, the study has limitations. First, the sample size of 500, while informative, may not capture the full diversity of Zambia's health workforce. Despite these constraints, the study remains a significant contribution to understanding health worker mobility in resource-constrained settings.

5.3 Theoretical Implications

The findings of this study carry significant theoretical implications for health workforce planning, labor economics, and career motivation models within public service sectors. Grounded in **Herzberg's Two-Factor Theory**, which distinguishes between hygiene factors (e.g., salary, job security) and motivators (e.g., recognition, advancement), this study reaffirms that financial compensation operates as a critical hygiene factor influencing health workers' career decisions (Herzberg, 1966). The consistent prioritization of higher salary over non-financial factors aligns with this theoretical framework, emphasizing that without adequate remuneration, even intrinsically motivated professionals may abandon their initial career paths.

Furthermore, **Expectancy Theory** (Vroom, 1964) also offers a relevant lens: health workers evaluate the expected outcomes of remaining in their professions versus switching to medicine. When the perceived effort-to-reward ratio in medicine appears more favorable, given higher pay, prestige, and opportunities the shift becomes rational and predictable. This dynamic supports the proposition that career mobility is not arbitrary but driven by calculated expectations of utility maximization.

Additionally, the findings contribute to the understanding of **internal brain drain** (Omaswa & Boufford, 2010), expanding the discourse beyond international migration to include intra-sectoral transitions. Theoretical models of human capital allocation must now factor in internal attrition patterns driven by structural inequalities. This challenges policy assumptions that workforce losses occur primarily through external migration, emphasizing the need for internal equity to stabilize professional distribution.

Overall, the study enriches workforce theories by integrating salary-driven mobility with motivational and economic behavioral models.

5.4 Practical Implications

The study's findings underscore the urgent need for health workforce policy reforms in Zambia, particularly concerning equitable salary structures. With a clear statistical link between profession type and salary disparities ($R^2 = 0.89$), policymakers must address wage imbalances to reduce internal brain drain from non-medical to medical professions (Mulenga et al., 2022).

Uniform motivations across genders further suggest that interventions can be universally applied without gender-specific customization (Chipeta et al., 2018). Additionally, the data-driven insights provide a rationale for restructuring study leave administration, ensuring it does not inadvertently facilitate cadre depletion in key health areas (Zulu & Mbewe, 2020).

Investment in structured career paths and competitive remuneration for all cadres can enhance retention and stabilize workforce distribution (Dieleman & Harnmeijer, 2006). Aligning compensation policies with workforce needs is essential to achieving Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) in Zambia.

6. CONCLUSION

This study provides compelling evidence that salary disparities are the primary driver behind the career shift toward medicine among sponsored health workers in Zambia. Both qualitative and quantitative findings underscore a systemic issue within the health sector where financial and professional rewards are disproportionately skewed in favor of medical doctors. Regression analysis ($R^2 = 0.89$) revealed that profession type strongly predicts salary level, while a high correlation ($r = 0.94$) reinforced the strength of this relationship. Chi-square tests further ruled out gender as a significant differentiating factor, suggesting that financial motivations transcend demographic lines.

The implications are significant for health workforce policy, particularly in a country striving to meet Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). Continued shifts toward medicine threaten to destabilize the availability of essential services in non-medical fields such as nursing, environmental health, radiology, and physiotherapy. To mitigate this, there is an urgent need for equitable remuneration structures, clear promotion pathways, and systemic recognition of allied health professionals.

Without such reforms, Zambia risks compounding workforce imbalances, undermining training investments, and compromising service delivery. Addressing the root causes of intra-professional migration is vital for sustainable human resource development and a resilient health system.

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