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WORKFORCE MOBILITY AND HEALTH INSTITUTIONAL PERFORMANCE IN NIGERIA: A STUDY OF AKWA IBOM STATE

Otuekong Harrison Ataide
1. Department of Public Administration, University of Uyo, Uyo Akwa Ibom State
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Abstract

This study examined health workforce migration and its implications for institutional performance within Nigeria's public health sector, with particular reference to Akwa Ibom State. It was motivated by the continuous outflow of health professionals despite the introduction of various health sector reforms and residency training initiatives, which raised concerns about the effectiveness of governance structures and institutional performance in the health system. The study adopted a descriptive and documentary research design, drawing on both primary data obtained through interviews with health workers, hospital administrators, and policymakers, and secondary data sourced from relevant scholarly and policy literature. Thematic analysis was used to interpret the qualitative data. The findings indicated that health workforce migration had continued to exert a significant negative influence on the performance of public health institutions in Nigeria. Health sector reforms had produced limited outcomes due to persistent gaps between policy formulation and implementation, weak institutional coordination, and inadequate accountability mechanisms. These governance deficiencies contributed to poor working conditions, infrastructural decay, and persistent staffing shortages, all of which undermined service delivery and institutional efficiency. Similarly, residency training programmes were found to have been constrained by limited capacity, inadequate infrastructure, and systemic inefficiencies. Rather than functioning as an effective retention strategy, these programmes increasingly served as a pathway for international migration among medical professionals. The study therefore concluded that health workforce migration in Nigeria was largely driven by institutional weaknesses and governance failures rather than the absence of policy interventions, resulting in weakened performance of the public health sector. It recommended that government should strengthen policy

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implementation through improved accountability and monitoring mechanisms, invest more substantially in healthcare infrastructure and working conditions, and expand and reform residency training programmes to enhance capacity and reduce migration incentives among health professionals.

Introduction

A competent and adequately motivated health workforce is widely acknowledged as a fundamental determinant of the effectiveness, efficiency, and sustainability of health systems globally. Health professionals constitute the critical human capital upon which health institutions depend for policy implementation, service delivery, healthcare management, and the attainment of national and global health goals (World Health Organization [WHO], 2023). However, despite this central role, Nigeria has continued to experience a significant and sustained migration of health professionals including doctors, nurses, pharmacists, and medical laboratory scientists to developed countries in search of better remuneration, improved working conditions, career advancement opportunities, and enhanced quality of life (Adebayo et al., 2023; Obi-Ani et al., 2024). This persistent outflow of skilled health workers has intensified concerns about the performance and sustainability of Nigeria's public health institutions. The situation has been exacerbated by global health workforce shortages, particularly in the post-COVID-19 era, during which high-income countries expanded international recruitment to address their domestic staffing gaps (WHO, 2023; Organisation for Economic Co-operation and Development [OECD], 2023). Consequently, Nigeria continues to experience a substantial depletion of experienced healthcare personnel across primary, secondary, and tertiary levels of care, thereby weakening its already fragile health system.

The implications of this migration extend beyond numerical shortages of health workers. The continuous loss of experienced personnel has significantly undermined institutional capacity by disrupting mentorship systems, weakening institutional memory, increasing workload pressures on remaining staff, and limiting opportunities for knowledge transfer and professional development (Labonté et al., 2015; Campbell et al., 2021). As a result, many public health facilities are increasingly confronted with longer patient waiting times, declining quality of care, staff burnout, and reduced organizational productivity, all of which compromise effective service delivery. In addition, Nigeria's public health sector continues to face longstanding structural and governance challenges, including inadequate funding, weak health information systems, poor infrastructure, ineffective workforce planning, and inequitable distribution of health personnel (Federal Ministry of Health, 2022; WHO, 2023). Rather than mitigating these challenges, the sustained migration of health professionals has further weakened institutional capacity. It has reduced the ability of health institutions to formulate and implement policies effectively, enforce professional standards, manage public resources efficiently, and respond adequately to emerging public health challenges (World Bank, 2017). Consequently, key governance outcomes such as accountability, responsiveness, transparency, and institutional effectiveness have been adversely affected.

Although the Federal Government of Nigeria and relevant health agencies have introduced various interventions including salary adjustments, recruitment drives, residency training

programmes, and sector reforms these measures have not significantly reduced the rate of health workforce migration (Federal Ministry of Health, 2022). Most of these interventions have focused primarily on replacing departing personnel and improving remuneration, without adequately addressing the deeper institutional and governance consequences of sustained workforce depletion. As a result, public health institutions continue to experience declining performance despite ongoing policy responses. Empirical literature has extensively examined the determinants of health workforce migration, identifying factors such as poor remuneration, unfavourable working conditions, insecurity, limited career progression, and global labour demand as major drivers (Labonté et al., 2015; Crush & Chikanda, 2015; Adebayo et al., 2023). Similarly, the WHO (2023) and OECD (2023) highlight increasing global demand for healthcare workers as a major pull factor. However, while these studies have contributed significantly to understanding migration dynamics, fewer studies have systematically examined its implications for institutional performance and governance outcomes within Nigeria's public health sector.

Furthermore, existing studies are fragmented, often focusing on specific professional groups or isolated aspects of migration without providing an integrated understanding of its effects on institutional effectiveness, leadership capacity, accountability systems, regulatory performance, and service delivery outcomes. This creates a critical gap in knowledge regarding how sustained health workforce migration shapes the governance and overall performance of public health institutions in Nigeria. It is against this background that this study the study seeks to be guided by the following objectives:

i. To examine the impact of health sector reforms on the migration of health personnel in Nigeria's Public Health Sector
ii. To investigate the influence of residency training programmes on the migration decisions of health professionals in Nigeria's Public Health Sector.

1.5 Research Questions

Based on your objectives, the corresponding research questions are:

i. How do health sector reforms impact the migration of health personnel in Nigeria's Public Health Sector?
ii. In what ways do residency training programmes influence the migration decisions of health professionals in Nigeria's Public Health Sector?

Review of Conceptual Framework

Concept of Health Workforce Migration

Health workforce migration refers to the movement of health professionals such as doctors, nurses, midwives, pharmacists, and allied health workers from one geographic location or country to another in search of improved working conditions, professional development opportunities, and better quality of life. When this movement results in the sustained loss of skilled personnel from developing to developed countries, it is often described as "brain drain," which weakens the capacity of health systems in source countries (World Health Organization [WHO], 2010). In Nigeria, this phenomenon has become increasingly persistent due to a combination of push and pull

factors. Push factors include poor remuneration, inadequate working conditions, limited career progression, weak health infrastructure, insecurity, and governance inefficiencies, while pull factors include higher salaries, better training opportunities, advanced technology, and improved living standards in destination countries (Adejumo & Ola, 2020; Dussault & Franceschini, 2006). Conceptually, health workforce migration is not only a labour mobility issue but also a major governance and health system sustainability challenge because it directly affects the availability, accessibility, and quality of healthcare services, especially in low- and middle-income countries already facing human resource constraints (WHO, 2016). Continuous outflow of skilled personnel leads to staffing shortages, increased workload, burnout among remaining staff, and declining quality of care, thereby weakening overall health system performance (Okeke, 2019). It is also shaped by global labour market dynamics, institutional policies, and international recruitment practices, which often intensify inequalities in the global distribution of health workers (Buchan & Aiken, 2008).

In Nigeria, health workforce migration is driven by several interrelated factors. Poor remuneration and weak incentive structures remain a major driver, as salaries, allowances, and welfare packages in the public health sector are often considered inadequate compared to workload and international standards, making migration financially attractive (Dussault & Franceschini, 2006; WHO, 2010; Adejumo & Ola, 2020). Poor working conditions and infrastructure deficits also contribute significantly, as many health facilities lack essential equipment, drugs, stable electricity, and modern diagnostic tools, creating stressful environments that hinder effective service delivery and push professionals to seek better-equipped systems abroad (WHO, 2016; Oleribe et al., 2019). Limited career development opportunities further exacerbate migration, as many health workers seek specialization, residency training, and continuous professional development that are often constrained by limited training slots and funding challenges in Nigeria (Buchan & Aiken, 2008). Weak health sector governance, including poor leadership, corruption, lack of accountability, and inconsistent policy implementation, also reduces trust in the system and increases dissatisfaction among health workers (Agyepong et al., 2017; Federal Ministry of Health, 2018). Additionally, chronic workload pressure caused by staffing shortages leads to burnout and reduced job satisfaction, creating a cycle in which migration further worsens existing shortages (Munga & Mæstad, 2009). Insecurity and socio-political instability, including violence and threats to health workers, also encourage relocation to safer environments (WHO, 2010). Finally, international recruitment and global demand for health professionals intensify migration, as high-income countries offer better remuneration, improved working conditions, and easier migration pathways, thereby attracting Nigerian health workers abroad (Buchan & Aiken, 2008).

Concept of Public Health Sector Institutional Performance

Institutional performance refers to the extent to which organisations, especially those in the public sector, are able to effectively and efficiently accomplish their assigned mandates while delivering quality services to the population. Within the public health system, it is typically assessed using indicators such as the quality-of-service delivery, efficiency, accessibility, responsiveness, accountability, and overall health outcomes (World Bank, 2017). From a conceptual perspective, institutional performance is strongly dependent on human resource capacity because health

institutions rely heavily on skilled professionals to provide essential healthcare services. Consequently, the availability, stability, and competence of health workers significantly determine institutional effectiveness. When there is a substantial migration of health professionals, institutional capacity is weakened, leading to poorer service quality, inefficiencies in operations, and reduced overall performance (Munga & Mæstad, 2009).

In the Nigerian context, the effectiveness of public health institutions is limited by a mixture of structural, financial, and governance-related constraints. These include insufficient funding, weak institutional systems, poor regulatory enforcement, and persistent shortages of qualified health personnel. Collectively, these challenges hinder the ability of health facilities to deliver timely, equitable, and high-quality healthcare services, especially at the primary and secondary levels of care (Oleribe et al., 2019). Moreover, institutional performance is significantly shaped by leadership effectiveness, governance arrangements, and the quality of policy implementation. Weak management practices, inadequate accountability systems, and poor supervision often reduce staff motivation, increase turnover, and ultimately weaken institutional outcomes (Agyepong et al., 2017).

The public health sector consists of government-owned and managed health institutions responsible for providing healthcare services to the population. In Nigeria, this includes federal, state, and local government health facilities such as teaching hospitals, general hospitals, specialist hospitals, and primary healthcare centres, as well as regulatory and policy bodies like the Federal Ministry of Health and State Ministries of Health (Federal Ministry of Health, 2018). The sector plays a vital role in ensuring equitable access to healthcare services, particularly for low-income and vulnerable populations who may not afford private healthcare. It is mandated to provide preventive, curative, rehabilitative, and promotive health services in line with national policies and global goals such as Universal Health Coverage (WHO, 2019). However, its effectiveness is largely influenced by adequate funding, availability of skilled health workers, strong governance systems, and efficient service delivery structures. In many developing countries, including Nigeria, chronic underfunding, deteriorating infrastructure, and severe workforce shortages continue to undermine its performance (Ibrahim et al., 2021). Importantly, the public health sector remains the largest employer of health professionals, which makes it highly exposed to workforce migration. The continuous exit of skilled personnel reduces institutional capacity, increases workload for remaining staff, and weakens the sector's ability to meet rising population health demands. Over time, this situation creates a reinforcing cycle of declining performance, burnout among health workers, and further migration, thereby deepening inefficiencies within the health system (World Health Organization, 2010).

Institutional performance in other hands is assessed using multiple interconnected indicators that reflect how well health institutions deliver services, manage resources, and achieve health outcomes. One key indicator is service delivery performance, which measures the ability of health facilities to provide accessible, timely, and quality care, often reflected in outpatient attendance, immunization coverage, maternal and child health outcomes, and treatment success rates (WHO, 2019). Closely related is resource use efficiency, which examines how effectively financial, human, and material resources are utilized, including staff-to-patient ratios, cost efficiency, and bed

occupancy rates (World Bank, 2017). Another important indicator is health workforce availability and productivity, which considers the density, distribution, attendance, and productivity of health professionals, all of which are negatively affected by migration (Munga & Mæstad, 2009). Accessibility and equity of care also serve as key measures, reflecting how fairly healthcare services are distributed across rural, urban, and vulnerable populations (WHO, 2019). In addition, quality of care is a critical dimension, encompassing patient safety, adherence to clinical guidelines, infection control, patient satisfaction, and mortality rates, which together reflect clinical effectiveness (Agyepong et al., 2017). Governance and accountability indicators assess leadership quality, transparency, regulatory compliance, and financial management, all of which strongly influence institutional outcomes (World Bank, 2017). Health outcome indicators such as life expectancy, maternal mortality, and infant mortality provide a broader measure of system performance over time (WHO, 2019). Finally, infrastructure readiness, including the availability of equipment, essential drugs, electricity, and water supply, remains essential for effective service delivery, as deficiencies in these areas directly constrain institutional performance (Ibrahim et al., 2021).

Impacts of Health Workforce Migration on Public Health Sector Performance in Nigeria: An Overview

Health workforce migration has emerged as a significant structural constraint affecting the performance of Nigeria's public health sector. It involves the movement of skilled health professionals including doctors, nurses, pharmacists, and allied health workers from public health institutions in Nigeria to foreign countries or alternative employment settings, largely motivated by better remuneration, improved working environments, and superior career development opportunities abroad (World Health Organization [WHO], 2010). In recent years, this trend has intensified, further weakening an already overstretched and fragile health system. The public health sector in Nigeria, which is responsible for providing essential healthcare services through federal, state, and local government facilities such as primary health centres, general hospitals, and teaching hospitals, continues to face increasing pressure due to persistent shortages of skilled personnel (Federal Ministry of Health, 2018). As more health workers migrate, staffing levels decline, workload increases for remaining staff, and the overall efficiency of health service delivery is significantly undermined (Munga & Mæstad, 2009).

A major consequence of this migration is the deterioration of service delivery capacity within public health institutions. With fewer healthcare professionals available, many facilities experience longer patient waiting times, reduced service coverage, and declining quality of care. Critical health services, including emergency response, maternal and child health care, and specialist consultations, are often disproportionately affected, especially in rural and underserved communities (Oleribe et al., 2019). This situation weakens the sector's ability to provide equitable, timely, and effective healthcare services. In addition, health workforce migration negatively affects institutional performance by reducing efficiency and weakening governance structures within the health system. The departure of experienced personnel disrupts continuity of care, erodes institutional memory, and places additional pressure on existing training and supervisory frameworks. Consequently, remaining health workers often experience burnout, low morale, and

increased workload, which further accelerates attrition and destabilizes institutional performance (Agyepong et al., 2017). Beyond operational challenges, health workforce migration also has serious implications for health system governance and policy effectiveness. Although various government interventions, such as salary reviews, recruitment efforts, and training programmes, have been implemented to retain health workers, the continued outflow of professionals suggests that these policies have not fully addressed the underlying structural issues within the system (Federal Ministry of Health, 2018). Moreover, the persistent global demand for health professionals continues to attract Nigerian workers to high-income countries that offer more attractive employment conditions and career opportunities, thereby worsening domestic shortages (Buchan & Aiken, 2008).

Synopses of Government Health Intervention Policies in Address Health Workforce Migration in Nigeria

The Nigerian government has introduced several policy interventions aimed at addressing health workforce migration and strengthening the resilience and performance of the public health sector. These interventions are based on the understanding that shortages of health professionals significantly undermine service delivery, institutional efficiency, and progress toward Universal Health Coverage (World Health Organization [WHO], 2010). As a result, policy responses have focused on improving remuneration, strengthening governance structures, expanding training opportunities, and enhancing retention strategies. One of the key interventions is salary adjustment and improved welfare packages. Through frameworks such as the Consolidated Medical Salary Structure (CONMESS) and the Consolidated Health Salary Structure (CONHESS), the government has periodically reviewed remuneration to make public sector employment more attractive and reduce financial push factors associated with migration (Federal Ministry of Health, 2018). However, despite these adjustments, significant wage disparities still exist between Nigeria and high-income countries, where health professionals receive substantially higher salaries and better working conditions. This persistent global inequality continues to weaken the effectiveness of salary-based retention strategies (Dussault & Franceschini, 2006; WHO, 2016). In addition, issues such as delayed salary payments, inadequate allowances, and inflation further erode real income and reduce job satisfaction among health workers (Adejumo & Ola, 2020).

Another major intervention is health sector reform aimed at improving governance, accountability, and system efficiency. These reforms include strengthening primary healthcare through initiatives such as the Basic Health Care Provision Fund (BHCPF), improving health financing mechanisms, and decentralizing service delivery. The overall goal is to create a more responsive and resilient system capable of retaining skilled personnel and improving health outcomes (Federal Ministry of Health, 2018). However, the implementation of these reforms is often constrained by weak institutional coordination, limited administrative capacity, and inconsistent enforcement across different levels of government, which reduces their overall effectiveness (Agyepong et al., 2017). The government has also implemented recruitment drives as a short-term strategy to address workforce shortages resulting from migration, retirement, and attrition. These recruitment efforts are intended to improve staff-to-patient ratios and maintain service delivery in public health facilities. However, their impact remains limited because newly

recruited workers often replace those who have migrated rather than expanding overall system capacity, thereby perpetuating shortages (Munga & Mæstad, 2009). Additionally, bureaucratic delays, fiscal constraints, and uneven distribution of health workers between rural and urban areas continue to undermine the effectiveness of recruitment strategies (Oleribe et al., 2019).

Furthermore, the expansion of residency training and capacity-building programmes represents another key policy response. Federal teaching hospitals and medical centres have increased training slots in key specialties such as internal medicine, surgery, paediatrics, and obstetrics, with the aim of improving local training opportunities and reducing dependence on foreign education systems that often serve as migration pathways (Buchan & Aiken, 2008). Despite these efforts, limited infrastructure, inadequate supervision, and intense competition for available training positions continue to push many health professionals to pursue training abroad, where exposure to advanced technologies and better learning environments is more accessible (WHO, 2016). In addition, retention strategies such as rural posting allowances, hazard allowances, call-duty incentives, housing support in some states, and bonding agreements for government-sponsored training beneficiaries have been introduced to improve job satisfaction and encourage retention in the public sector (Buchan & Aiken, 2008; Federal Ministry of Health, 2018). However, these measures are often undermined by weak enforcement mechanisms, irregular payment of entitlements, and inadequate monitoring systems. Consequently, although Nigeria has implemented multiple interventions including salary adjustments, sector reforms, recruitment initiatives, training expansion, and retention incentives their overall effectiveness in reducing health workforce migration remains limited. This is largely due to structural challenges such as inadequate funding, weak governance systems, infrastructural deficits, and sustained global demand for health professionals, which continue to attract Nigerian health workers abroad (WHO, 2010; Dussault & Franceschini, 2006).

Despite the introduction of several policy measures aimed at curbing health workforce migration in Nigeria, the effective translation of these policies into sustainable outcomes remains constrained by a combination of structural, institutional, and global challenges. These limitations continue to weaken policy impact and sustain the persistent outflow of health professionals from the public health sector. One of the major constraints is inadequate funding of the health sector. Nigeria's health financing system is chronically underfunded, with budgetary allocations consistently falling below international recommendations, particularly the Abuja Declaration benchmark of 15% of total public expenditure (World Health Organization, 2010). This financial shortfall restricts the government's capacity to implement comprehensive salary adjustments, maintain incentive schemes, and invest in essential infrastructure needed to retain health workers (Federal Ministry of Health, 2018). Consequently, many retention policies are inconsistently implemented, while delays in budget releases and weak financial accountability systems further disrupt salary and allowance payments, thereby reducing morale and increasing intentions to migrate (Adejumo & Ola, 2020).

Another significant challenge is weak governance and poor policy implementation capacity. The Nigerian health system is characterized by fragmented administrative structures across federal, state, and local government levels, which often results in poor coordination, duplication of efforts,

and inefficiencies. This fragmentation is further worsened by bureaucratic bottlenecks, corruption, and limited transparency in resource allocation and management (Agyepong et al., 2017). Weak accountability mechanisms reduce the effectiveness of enforcement, while uneven implementation across states creates disparities in incentives and working conditions for health workers. In addition, frequent policy shifts and limited political commitment undermine continuity in workforce planning and erode institutional trust, thereby increasing dissatisfaction among health professionals (Oleribe et al., 2019; Dussault & Franceschini, 2006).

Poor working conditions and infrastructural deficiencies also remain major obstacles to effective policy implementation. Many public health facilities operate with outdated equipment, inadequate drug supplies, unreliable electricity, and poor water systems. These conditions significantly limit service delivery capacity and increase occupational stress among health workers (Ibrahim et al., 2021). In many instances, professionals are unable to fully apply their expertise due to the absence of functional diagnostic tools and modern medical technologies, leading to frustration and reduced job satisfaction (Oleribe et al., 2019). Even when financial incentives are introduced, their impact is often diminished by these unfavourable working environments, as non-financial factors such as safety, equipment availability, and workplace conditions play a crucial role in retention decisions (World Health Organization, 2016).

In addition, inefficiencies in human resource management and persistent workforce imbalances further complicate policy implementation. Health workers are unevenly distributed, with urban areas having higher concentrations compared to rural and underserved regions. This imbalance is aggravated by both internal and external migration, resulting in critical shortages in primary healthcare and emergency services (Munga & Mæstad, 2009). Overworked staff often experience burnout, stress, and declining job satisfaction, which further accelerates attrition (Adejumo & Ola, 2020). Weak workforce planning systems and poor-quality data also hinder accurate forecasting and effective deployment of health personnel.

Furthermore, global demand for health professionals continues to pose a major external challenge to retention efforts. Countries such as the United Kingdom, Canada, and Australia actively recruit from developing countries to address their own workforce shortages, offering significantly better salaries, improved working conditions, and clearer career progression pathways (Buchan & Aiken, 2008). The international recognition of Nigerian qualifications further facilitates this migration, strengthening the attractiveness of external employment opportunities (World Health Organization, 2010). Finally, weak monitoring and evaluation systems limit the sustainability of policy interventions. Many retention policies lack robust performance tracking mechanisms, making it difficult to assess effectiveness, identify gaps, or enforce accountability in implementation (Federal Ministry of Health, 2018). Overall, the interaction of inadequate funding, weak governance, infrastructural deficits, human resource challenges, global labour market pressures, and poor monitoring systems continues to undermine policy effectiveness and sustain health workforce migration in Nigeria.

Theoretical Framework

The theoretical framework for this study is anchored on the Push–Pull Theory of Migration and Institutional Theory. These two theories provide a complementary lens for understanding the dynamics of health workforce migration and its implications for institutional performance in Nigeria's public health sector. The Push–Pull Theory explains the factors that drive health professionals to leave their country of origin and the attractive conditions that draw them to destination countries, while Institutional Theory provides insight into how governance structures, organizational systems, and institutional environments influence workforce behaviour, retention, and performance outcomes. Together, these theories offer a comprehensive explanation of both the individual-level motivations and systemic institutional conditions that shape migration decisions and their consequences for health system performance.

Push–Pull Theory of Migration

The Push–Pull Theory of Migration, developed by Lee (1966), is one of the most widely adopted frameworks for explaining patterns of human mobility. It argues that migration results from the interaction of two opposing forces: "push" factors, which are negative conditions in the place of origin that compel individuals to leave, and "pull" factors, which are attractive conditions in destination areas that draw migrants in (Lee, 1966). In general, push factors include unemployment, low wages, poor working environments, insecurity, political instability, and weak institutional systems, while pull factors consist of higher income opportunities, improved living standards, political stability, advanced infrastructure, and better employment prospects (Harris & Todaro, 1970; Todaro & Smith, 2015). From this perspective, migration is viewed as a rational decision based on individuals' evaluation of the disparities between their current environment and alternative destinations.

In relation to health workforce migration, particularly in Nigeria, push factors are especially significant and multidimensional. Health professionals often experience low and irregular remuneration that does not reflect workload demands, delayed salary payments, and inadequate welfare provisions, all of which reduce job satisfaction (Dussault & Franceschini, 2006). The public health system is also characterized by poor infrastructure, limited availability of essential equipment, and shortages of medical supplies, which hinder effective service delivery (Oleribe et al., 2019). These challenges are further worsened by inadequate staffing levels, leading to heavy workloads, stress, burnout, and emotional exhaustion among health workers (Munga & Mæstad, 2009). Additionally, limited opportunities for specialization, weak career advancement structures, and inconsistent promotion systems contribute to dissatisfaction within the workforce (Adejumo & Ola, 2020). Governance-related issues such as corruption, weak accountability, and inconsistent policy implementation also significantly influence health workers' decisions to migrate (Agyepong et al., 2017).

Conversely, pull factors in destination countries such as the United Kingdom, Canada, the United States, and Australia are strong and systematically structured to attract foreign health professionals. These include higher salaries, well-developed healthcare infrastructure, access to advanced medical technologies, and clear professional development pathways such as residency and

fellowship programmes (World Health Organization, 2010). Furthermore, safer working environments, improved work-life balance, and stronger institutional support systems enhance both professional satisfaction and personal well-being in these countries (Buchan & Aiken, 2008). The recognition of foreign qualifications and active international recruitment policies further strengthen these attractions, making migration highly appealing for Nigerian health professionals (OECD, 2016).

The Push–Pull Theory is highly relevant to this study because it offers a comprehensive explanation for the persistence of health workforce migration despite various government interventions such as salary adjustments, recruitment exercises, and training programmes. It highlights that migration is not driven by a single factor but rather by the interaction between internal systemic weaknesses in the country of origin and strong external attractions in destination countries (World Health Organization, 2016). In Nigeria's case, even when some domestic conditions improve, strong external pull factors continue to influence migration decisions. Consequently, the theory helps explain how both internal institutional deficiencies and global labour market dynamics interact to sustain migration flows, ultimately weakening institutional performance in Nigeria's public health sector through reduced human resource capacity, increased workload pressures, and declining quality of healthcare delivery (Dussault & Franceschini, 2006; Oleribe et al., 2019).

Institutional Theory

Institutional Theory, as articulated by Scott (2008), provides a strong analytical framework for understanding how formal rules, norms, and governance structures shape organizational behaviour and performance. Institutions are viewed as enduring systems composed of regulatory, normative, and cultural-cognitive elements that influence and constrain how individuals and organizations act. According to this perspective, organizational effectiveness depends largely on the strength of institutional arrangements, including clear rules, accountability mechanisms, and stable governance systems that ensure coordination, legitimacy, and compliance (Scott, 2008; North, 1990). Within Nigeria's public health sector, Institutional Theory is useful for explaining persistent challenges related to workforce motivation, retention, and performance. The sector is characterized by weak governance structures, corruption, poor accountability systems, and inconsistent policy enforcement, all of which undermine institutional effectiveness (Agyepong et al., 2017). Health workers often operate in environments where rules are inconsistently applied, promotion processes are opaque or politicized, and decision-making lacks transparency. These institutional weaknesses reduce trust in the system and contribute to low morale and dissatisfaction among health professionals (Oleribe et al., 2019).

Institutional Theory further suggests that when organizations lack legitimacy and fail to enforce consistent rules, employees are more likely to disengage or exit the system. In this context, health workforce migration can be understood not only as an economic response but also as a reaction to institutional failure. When governance structures are perceived as unfair, inefficient, or untrustworthy, health workers are more inclined to seek employment in more stable and transparent systems, regardless of domestic salary adjustments or incentive schemes (Dussault & Franceschini, 2006). Moreover, the theory emphasizes that weak institutional environments can undermine even

well-designed policies. In Nigeria, interventions such as salary reforms, recruitment drives, and retention strategies have been implemented to address migration (Federal Ministry of Health, 2018). However, their effectiveness is often limited by corruption, bureaucratic inefficiencies, poor coordination across government levels, and weak accountability systems, which create implementation gaps and frustrate health workers (Adejumo & Ola, 2020).

Additionally, Institutional Theory highlights the importance of legitimacy and trust in sustaining organizational stability. Where institutions are perceived as illegitimate or inefficient, skilled professionals are more likely to migrate to systems that are seen as more transparent, merit-based, and efficient (North, 1990). In Nigeria's public health sector, declining institutional trust significantly contributes to migration intentions, as foreign health systems are often viewed as more structured and professionally rewarding (World Health Organization, 2010). Overall, the theory demonstrates that health workforce migration is influenced not only by financial incentives but also by deeper institutional weaknesses that erode trust, reduce motivation, and weaken overall health system performance (Scott, 2008; Agyepong et al., 2017).

Empirical literature

Abubakar et al. (2022) carried out a study titled *"The Lancet Nigeria Commission: Investing in Health and the Future of the Nation,"* which assessed Nigeria's health system performance with a focus on governance failures and their implications for health outcomes. The study aimed to examine the determinants of poor health outcomes and propose reform strategies. A political economy and health systems governance framework was adopted. The researchers used a mixed-methods design involving epidemiological data, WHO and World Bank statistics, and stakeholder consultations. Data analysis combined statistical modelling with narrative synthesis. Findings revealed that health workforce migration significantly weakens institutional capacity by reducing regulatory efficiency and service delivery performance. The study also found that poor funding and weak accountability systems are major governance challenges affecting the sector. It recommended increased health sector financing to at least 5% of GDP and improved workforce retention strategies.

Nweze et al. (2021) carried out a study titled *"Health System Governance and Health Outcomes in Nigeria: A Systematic Review,"* which examined how governance structures influence health system performance in Nigeria. The study aimed to synthesize existing evidence on governance and health outcomes. A WHO and Siddiqi governance framework was adopted, and a systematic review design was used involving data from PubMed, Scopus, and AJOL, followed by narrative synthesis. Findings showed that weak accountability, poor coordination, and inadequate funding negatively affect health outcomes. Health workforce migration was also identified as a key factor weakening institutional capacity. The study recommended stronger governance systems and improved retention policies.

Campbell et al. (2021) carried out a study titled *"A Universal Truth: No Health Without a Workforce,"* which assessed global health workforce shortages and their impact on health systems governance. The study aimed to evaluate workforce deficits across countries. A mixed-methods design was used, combining workforce projections and comparative country case studies using

WHO databases and national reports. Findings revealed severe workforce shortages in sub-Saharan Africa driven by migration, leading to reduced efficiency and poor health system responsiveness. The study recommended national workforce planning systems and ethical recruitment policies.

Adebayo et al. (2023) carried out a study titled *"The Japa Syndrome and Health Workforce Haemorrhage in Nigeria,"* which examined the drivers of health workforce migration and policy responses in Nigeria. The study aimed to assess the causes of the "Japa syndrome" and evaluate government interventions. A qualitative design was adopted, using thematic analysis of policy documents and professional reports. Findings showed that weak governance, poor safety conditions, and fragmented policy responses drive migration. The study recommended comprehensive governance reforms and stronger retention strategies.

Ekezie et al. (2022) carried out a study titled *"Rural Health Workforce Retention in Nigeria,"* which investigated factors influencing health worker retention in rural Nigeria. The study aimed to identify determinants of rural attrition. A mixed-methods design was used, combining surveys and interviews, with regression and thematic analysis. Findings revealed that poor infrastructure, weak incentives, and unsafe working conditions drive migration from rural areas. The study recommended rural incentive schemes and compulsory service policies.

Ossai et al. (2020) carried out a study titled *"COVID-19 Pandemic and Health System Preparedness in Nigeria,"* which examined the impact of health workforce shortages on Nigeria's pandemic response. A qualitative design was used involving document review of NCDC reports and policy documents. Findings showed that workforce migration reduced emergency response capacity and weakened coordination during the pandemic. The study recommended emergency workforce protection and retention incentives.

Obi-Ani et al. (2024) carried out a study titled *"Brain Drain and the Governance Crisis in Nigerian Health Institutions,"* which examined the effects of health workforce migration on governance structures in Nigeria. The study aimed to assess institutional consequences of brain drain. A qualitative case study design was used involving interviews and document analysis. Findings showed reduced managerial capacity, weak accountability, and declining institutional trust due to migration. The study recommended governance reforms and improved retention of health personnel.

Health Sector Reforms on Workforce Migration and Health Personnel Retention in Nigeria's Public Health Sector: An Assessment

Health sector reforms refer to deliberate policy and institutional changes aimed at improving the efficiency, equity, responsiveness, and quality of healthcare delivery systems. In Nigeria, such reforms have included decentralization of health governance, introduction of the Basic Health Care Provision Fund (BHCPF), National Health Act implementation, human resource restructuring, and efforts to strengthen primary healthcare systems (Federal Ministry of Health, 2018; World Health Organization, 2010). These reforms are intended to improve institutional performance and reduce inefficiencies that contribute to health workforce dissatisfaction and migration. In principle, effective health sector reforms are expected to reduce migration by improving working conditions, enhancing governance, and strengthening accountability systems. For instance, reforms that

improve financing mechanisms and ensure better resource allocation can enhance facility readiness and improve service delivery conditions, thereby increasing job satisfaction among health workers (World Bank, 2017). Similarly, governance reforms that promote transparency and accountability can reduce corruption and improve trust in the system, which are critical determinants of workforce retention (Agyepong et al., 2017).

However, empirical evidence suggests that the impact of health sector reforms on reducing migration in Nigeria has been limited. One key challenge is the implementation gap between policy formulation and execution. Although reforms such as the BHCPF are well-designed, their implementation is often constrained by weak administrative capacity, poor coordination between federal and state levels, and inadequate funding disbursement mechanisms (Federal Ministry of Health, 2018). These inefficiencies reduce the perceived benefits of reforms among health workers, thereby limiting their retention impact. Furthermore, health sector reforms have not fully addressed structural issues such as poor remuneration, inadequate infrastructure, and heavy workload, which remain major push factors for migration (Dussault & Franceschini, 2006). Studies have shown that when reforms focus more on structural reorganization without significantly improving working conditions, health workers continue to seek opportunities abroad where these conditions are more favorable (Oleribe et al., 2019).

In addition, governance-related challenges such as corruption, bureaucratic delays, and inconsistent policy implementation weaken the effectiveness of reforms in influencing workforce decisions. Health professionals often perceive reform outcomes as uneven and insufficient, which reduces institutional trust and increases migration intentions (Adejumo & Ola, 2020). Consequently, rather than reducing migration, partial or poorly implemented reforms may inadvertently contribute to dissatisfaction within the health workforce. While health sector reforms in Nigeria are designed to improve system efficiency and workforce retention, their impact on reducing migration remains constrained by weak implementation, governance inefficiencies, and persistent structural deficiencies within the health system.

Residency Training Programmes and it impacts on Migration Decisions of Health Professionals in Nigeria's Public Health Sector

Residency training programmes are structured postgraduate medical education pathways designed to equip medical doctors with advanced clinical, diagnostic, and surgical competencies in specialised fields such as internal medicine, surgery, paediatrics, obstetrics and gynaecology, and psychiatry. In Nigeria, these programmes are primarily administered in teaching hospitals, federal medical centres, and accredited specialist institutions under the supervision of regulatory and professional bodies such as the National Postgraduate Medical College of Nigeria (NPMCN) and the West African College of Physicians and Surgeons (Buchan & Aiken, 2008; Federal Ministry of Health, 2018). In principle, residency training is intended to strengthen domestic specialist capacity, improve the quality of healthcare delivery, and reduce reliance on foreign training systems, thereby enhancing health workforce retention and institutional sustainability (World Health Organization, 2010).

However, despite these objectives, residency training programmes in Nigeria have increasingly become a significant pathway influencing health workforce migration. One of the major challenges is the limited availability of residency training slots relative to the growing number of medical graduates, which creates intense competition and prolonged waiting periods before specialization. This structural bottleneck contributes to frustration among young doctors, many of whom seek faster and more structured training opportunities abroad where residency systems are more predictable and better resourced (World Health Organization, 2016; OECD, 2019). In many high-income countries, residency training is integrated into well-funded health systems with modern facilities, adequate supervision, and clear career progression pathways, making them more attractive to Nigerian-trained doctors (Buchan & Aiken, 2008).

Another critical factor is the inadequacy of training infrastructure and learning resources within Nigerian teaching hospitals. Many residency training institutions operate with outdated medical equipment, limited access to diagnostic technologies, and insufficient clinical materials, which restrict hands-on learning and reduce the quality of specialist training (Oleribe et al., 2019). In contrast, training institutions in destination countries provide exposure to advanced technologies such as robotic surgery, high-resolution imaging systems, and electronic health record systems, which significantly enhance clinical competence and global competitiveness (World Health Organization, 2010).

Furthermore, poor remuneration and welfare conditions for resident doctors also contribute significantly to migration intentions. Resident doctors in Nigeria often experience irregular payment of allowances, prolonged working hours, inadequate accommodation, and limited institutional support, all of which reduce job satisfaction and increase burnout (Adejumo & Ola, 2020; Dussault & Franceschini, 2006). These conditions make overseas residency programmes more attractive, where trainees typically receive structured salaries, regulated working hours, and better welfare packages. In addition, frequent strikes, policy instability, and weak governance within the health sector further disrupt residency training programmes in Nigeria. Industrial disputes between health unions and government authorities often lead to prolonged interruptions in training schedules, delaying certification and specialization timelines (Agyepong et al., 2017). Such instability reduces confidence in the local training system and encourages many doctors to pursue more stable and predictable training environments abroad (World Bank, 2017).

Another important dimension is the global recognition and portability of medical qualifications, which facilitates migration after or even during residency training. Many Nigerian doctors view residency training as a stepping stone to international employment, particularly in countries that recognize Nigerian medical qualifications and offer streamlined licensing processes (OECD, 2019). This creates a “training-to-migration pipeline,” where residency becomes part of a broader migration strategy rather than a retention mechanism. While residency training programmes in Nigeria are designed to strengthen domestic specialist capacity and improve health system performance, their effectiveness is undermined by limited training slots, infrastructural deficits, poor welfare conditions, governance instability, and global labour demand. These challenges collectively transform residency training into a critical determinant of health workforce migration, thereby contributing to persistent shortages of specialist doctors and weakening institutional

performance in Nigeria's public health sector (World Health Organization, 2016; Buchan & Aiken, 2008).

Summary of Literature

The reviewed literature consistently demonstrates that health workforce migration is a multidimensional phenomenon influenced by economic incentives, governance weaknesses, institutional inefficiencies, and global labour market dynamics. Empirical studies such as Tankwanchi et al. (2019) and Campbell et al. (2021) highlight the persistence of international migration flows despite global policy frameworks like the WHO Global Code. National-level studies including Abubakar et al. (2022), Adebayo et al. (2023), and Obi-Ani et al. (2024) further establish that Nigeria's health workforce migration is deeply rooted in governance failures, weak institutional capacity, and poor working conditions. Across studies, a recurring finding is that migration directly weakens institutional performance by reducing human resource capacity, disrupting service delivery, and eroding accountability systems. Additionally, rural and crisis-related studies (Ekezie et al., 2022; Ossai et al., 2020) show that migration effects are uneven, with rural and emergency health systems being the most affected.

Gap in Literature

Despite the growing body of empirical evidence, several gaps remain in the literature. First, most studies focus on descriptive accounts of migration trends rather than systematically synthesizing evidence on governance outcomes of migration within Nigeria's public health sector. Second, existing studies are largely fragmented across global, regional, and national levels, with limited integration of findings into a unified governance framework. Third, while many studies identify causes of migration (push–pull factors), fewer have explicitly examined the institutional performance consequences in a structured and systematic manner. Furthermore, there is limited empirical synthesis that connects health workforce migration directly to institutional performance indicators such as accountability, service delivery efficiency, regulatory effectiveness, and governance responsiveness**.** Most importantly, few studies adopt **a** systematic review approach focused specifically on governance outcomes of migration in Nigeria, leaving a methodological gap in consolidated evidence. Therefore, the present study addresses these gaps by conducting a systematic review of governance outcomes of health workforce migration in Nigeria's public health sector, integrating fragmented evidence into a coherent analytical framework for understanding institutional performance implications.

Research Design

This study employed both descriptive and documentary research designs. The descriptive design was considered appropriate because it allows for a systematic explanation and interpretation of issues related to health workforce migration and institutional performance within Nigeria's public health sector. Data for this study were obtained from both primary and secondary sources. Primary data were collected through Key Informant Interviews (KIIs) conducted with selected health professionals and policymakers to obtain firsthand information on migration experiences, institutional challenges, and governance-related issues. Secondary data were sourced through an extensive review of relevant literature, including textbooks, peer-reviewed journal articles,

government publications, policy documents, and reports from international organisations such as the World Health Organization (WHO) and the World Bank. This combination enhanced the depth, reliability, and validity of the findings through data triangulation.mThe collected data from interviews and documentary sources were analysed using qualitative descriptive and thematic analysis techniques. Interview transcripts were carefully reviewed, coded, and grouped into emerging themes that aligned with the study objectives, such as causes of migration, effects on institutional performance, and policy responses. Similarly, documentary materials were analysed thematically by identifying recurring ideas, patterns, and arguments across the literature and policy reports. The analysis was non-statistical, relying on interpretation, synthesis, and narrative explanation rather than numerical procedures. This approach enabled a deeper understanding of the subject matter and supported meaningful interpretation of findings.

Evaluate of Research Question One: **How do health sector reforms impact the migration of health personnel in Nigeria's public health sector?**

Respondents were asked how health sector reforms influence their decision to remain or migrate. Their responses revealed mixed perceptions.

In respond to the above raised question, a discussant noted thus:

> A senior medical officer explained that although reforms such as salary reviews and recruitment policies exist, they are often not effectively implemented in practice. He noted that working conditions in public hospitals remain largely unchanged, with persistent challenges such as inadequate infrastructure, heavy workload, and poor welfare support. These conditions continue to discourage health workers and strengthen their intention to migrate in search of better opportunities abroad.

A discussant

> A nurse participant reported that despite frequent government announcements of reforms, there is little noticeable improvement at the facility level. She emphasized that shortages of essential drugs, equipment, and medical consumables remain common, which affects service delivery and lowers staff morale. As a result, many nurses become increasingly dissatisfied and consider migration as a way of escaping poor working conditions.

A discussant:

> A hospital administrator observed that although reform policies are well designed, their effectiveness is limited by poor implementation processes. He highlighted issues such as delayed funding, weak coordination among government levels, and bureaucratic bottlenecks. These challenges create a gap between policy intentions and actual outcomes, reducing staff retention and weakening trust in the health system.

A discussant concluded thus:

> A policymaker further noted that while the goal of health sector reforms is to improve retention and institutional performance, weak monitoring and accountability systems undermine their success. He stressed that without effective enforcement and transparency,

even well-designed reforms fail to achieve meaningful impact, thereby sustaining migration trends among health professionals.

Decision

The findings of this study demonstrate that health sector reforms in Nigeria have not yielded a significant reduction in health workforce migration. Although a range of policy measures—such as salary reviews, recruitment drives, and broader structural reforms—have been introduced, their impact remains constrained by weak implementation capacity and persistent governance deficiencies. A key issue identified is the disconnect between policy formulation and practical implementation, where reforms exist largely at the national policy level but fail to produce meaningful improvements in working conditions at the facility level. This gap continues to undermine health workers' satisfaction and strengthens their intention to migrate. These findings are consistent with the work of Agyepong et al. (2017), who argue that weak governance and implementation failures significantly reduce the effectiveness of health system reforms in low- and middle-income countries. Similarly, Oleribe et al. (2019) highlight that persistent deficiencies in infrastructure, staffing, and supply systems continue to weaken service delivery in Nigeria's public health sector, despite ongoing reform efforts. The World Health Organization (2016) also emphasizes that poor translation of health policies into operational improvements is a major barrier to workforce retention in resource-constrained settings.

Furthermore, the study reveals that poor working conditions remain a dominant push factor for migration. Challenges such as inadequate infrastructure, limited availability of essential medical equipment, chronic workforce shortages, and irregular supply of drugs continue to characterize many public health facilities. These conditions significantly reduce job satisfaction and compromise the quality of healthcare delivery. In line with Chen et al. (2004), poor working environments are among the strongest determinants of health worker migration globally, particularly in developing health systems. In addition, the findings show that salary adjustments and recruitment exercises alone are insufficient to retain health professionals. This is because such interventions fail to address deeper structural issues, including excessive workload, limited career progression opportunities, and weak institutional support systems. As noted by Dussault and Franceschini (2006), financial incentives alone are rarely adequate to retain health workers in the absence of broader system improvements.

Evaluate of Research Question Two: In what ways do residency training programmes influence the migration decisions of health professionals in Nigeria's public health sector?

Interview Presentation

In respond to the above raised question, a discussant:

A resident doctor at UUTH explained that residency training in Nigeria is highly demanding and progresses slowly compared to international standards. He noted that inadequate resources, heavy workload, and inefficient training structures contribute to frustration among trainees, many of whom begin to consider migration to countries with better-organised and better-funded residency programmes.

A discussant

Another respondent stated that the number of available residency training positions is far below demand, leading to delays in specialization. He also noted that frequent strikes disrupt training schedules and prolong the duration of residency, increasing uncertainty and frustration. These challenges encourage many young doctors to pursue opportunities abroad.

A discussant

A consultant observed that residency training in Nigeria often serves as a pathway for international migration. He explained that many trainees do not intend to remain in the local health system but instead use residency training as a stepping stone to acquire qualifications needed for employment abroad, where conditions are more favourable.

A discussant. A health administrator added that teaching hospitals are overstretched due to increasing numbers of trainees and limited infrastructure. He noted that outdated equipment and inadequate funding reduce the quality of training and make it less competitive compared to international standards, thereby encouraging migration intentions.

Decision

The findings of this study indicate that residency training programmes in Nigeria are not effective in reducing health workforce migration. Rather, they appear to contribute to the problem due to persistent limitations such as inadequate training slots, poor infrastructure, and systemic inefficiencies within teaching hospitals. These challenges often result in delayed specialization, professional frustration, and reduced training quality, which in turn encourage many medical doctors to explore opportunities for training and employment abroad. Similar observations have been reported by Mullan (2005), who noted that insufficient postgraduate training capacity in low- and middle-income countries contributes significantly to physician migration. In the same vein, Frehywot et al. (2010) argue that weak residency structures and limited training opportunities are key drivers of international mobility among health professionals.

Instead of serving as a retention strategy, residency training in Nigeria increasingly functions as a transitional pathway for migration. Many doctors utilize local training programmes as a stepping stone to acquire the qualifications and experience required for securing employment or further specialization in more advanced health systems abroad. This aligns with the findings of Kruk et al. (2010), who emphasize that poor training environments and limited professional development opportunities significantly increase migration intentions among health workers. Furthermore, Frenk et al. (2010) highlight that health systems with under-resourced training institutions often experience higher levels of professional outflow, as trainees seek better structured and better equipped environments. Therefore, unless substantial reforms are implemented to expand training capacity, improve infrastructure, and stabilize residency programmes, their effectiveness in retaining health professionals will remain limited. Strengthening postgraduate medical education systems has been widely recommended as a critical strategy for reducing health workforce migration and improving health system stability (OECD, 2019; World Health Organization, 2016).

Conclusion

This study concludes that health sector reforms in Nigeria have not significantly mitigated the challenge of health workforce migration. Despite the introduction of various policy interventions, including salary adjustments, recruitment exercises, and structural reforms, their overall effectiveness remains constrained by weak implementation frameworks, poor intergovernmental coordination, and inadequate governance structures. The persistent disconnect between policy design and practical implementation has resulted in minimal improvement in the working conditions of health professionals, thereby sustaining dissatisfaction and continued migration intentions. Furthermore, the study establishes that residency training programmes have not functioned as effective retention strategies within the Nigerian public health system. Instead, they have inadvertently contributed to increased migration by exposing trainees to prolonged training durations, limited specialization opportunities, inadequate infrastructure, and frequent system disruptions. These conditions, when compared with more structured and better-resourced training environments abroad, encourage health professionals to pursue migration as a viable career pathway. The findings demonstrate that health workforce migration in Nigeria is primarily driven by entrenched systemic and institutional weaknesses rather than a lack of policy interventions. Structural deficiencies such as poor governance, inadequate funding, weak accountability mechanisms, and deteriorating health infrastructure continue to undermine both reform efforts and training systems.

Recommendations

i. **Strengthen policy implementation and accountability systems**
Government should improve monitoring, enforcement, and coordination across all levels to ensure that health sector reforms translate into real improvements in service delivery.

ii. **Improve working conditions in public health facilities**

There is need for urgent investment in infrastructure, medical equipment, staffing, and essential drug supply chains to enhance service delivery and improve staff retention.

iii. **Reform residency training structure and capacity**

The government should expand training slots, upgrade facilities, and minimize disruptions such as strikes to improve training quality and reduce migration tendencies among medical professionals.

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