

Evaluating the Factors Influencing the Perception of Young Healthcare Professionals Towards Labour Emigration in Nigeria

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Abstract

Nations of the world has the obligation to have appropriate representation of the health care professionals in their regions to enhance the universal coverage of their citizens. Young health care professionals who perhaps, can easily adapt to globalizations have become the new target for labour migration in Nigeria. This might be occasioned by the gap or deficit created by COVID-19 deaths in the developed world. The study therefore, engaged students on the verge of graduation to elicit the local factors driving their perception for labour migration. The study utilized simple random sampling technique to get to the prospective respondents. The copies of quantitative questionnaires were administered to 384 final year students studying medicine, nursing, and other paramedical sciences (medical laboratory science, pharmacy and physiotherapy). The data collected were analyzed using ordinal regression. The results show that perception about national security ($B = 1.615, p < 0.001$) and health workers' welfare challenges ($B = 1.160, p < 0.001$) are the driving force for endorsing labour migration for young healthcare professionals. This perception for labour migration might create challenges for our health indices such as perceived maternal and child morbidity and mortality, among others, and the nations strive to achieving some of the Sustainable Development Goals (SDGs) might be threatened. There is therefore, need for stakeholders in the healthcare sector to come up with inclusive strategic plans that could ameliorate the brain drain in the health sector.

Keywords: Healthcare workforce, Health workers welfare, Labour migration, Security, Young healthcare professionals

Évaluation des facteurs influençant la perception des jeunes professionnels de la santé à l'égard de l'émigration de main-d'œuvre au Nigéria

Résumé

Les nations du monde ont la responsabilité d'avoir une représentation appropriée des professionnels de la santé dans leurs régions afin d'améliorer la couverture universelle de leurs citoyens. Les jeunes professionnels de la santé qui peuvent peut-être facilement s'adapter à la mondialisation sont devenus la nouvelle cible de la migration de main-d'œuvre au Nigéria. Cela pourrait être dû à l'écart ou au déficit créé par les décès dus au COVID-19 dans les pays développés. L'étude a donc engagé des étudiants sur le point d'obtenir leur diplôme pour connaître les facteurs locaux qui motivent leur perception de la migration économique. L'étude a utilisé une technique d'échantillonnage aléatoire simple pour choisir les répondants potentiels. Les copies de questionnaires quantitatifs ont été administrées aux 384 étudiants de dernière année en médecine, en infirmiers et dans d'autres sciences paramédicales (sciences de laboratoire médical, pharmacie et physiothérapie). Les données collectées ont été analysées à l'aide d'une régression ordinale. Les résultats montrent que la perception de la sécurité nationale ($B = 1,615, p < 0,001$) et les problèmes de bien-être des travailleurs de la santé ($B = 1,160, p < 0,001$) sont les facteurs moteurs de l'adhésion à la migration de main-d'œuvre pour les jeunes professionnels de la santé. Cette perception de la migration de main-d'œuvre pourrait créer des défis pour nos indices de santé tels que la morbidité et la mortalité maternelles et infantiles perçues, entre autres, et les nations qui s'efforcent d'atteindre certains des Objectifs de développement durable (ODD) pourraient être menacées. Il est donc nécessaire que les parties prenantes du secteur de la santé élaborent des plans stratégiques inclusifs qui pourraient atténuer la fuite des cerveaux dans le secteur de la santé.

Mots-clés : Personnel de santé, Bien-être des travailleurs de la santé, Migration de main-d'œuvre, Sécurité, Jeunes professionnels de la santé

Introduction

Nations and organisations get some level of sustainability from the “feeder team” – the young ones who will eventually take the mantle of leadership in their different professions. In the health sector, the early career professionals addressed here are the final year students in Medicine, Degree Nursing and Paramedical Sciences (Medical Laboratory Sciences, Pharmacy and Physiotherapy). These young healthcare professionals are so essential due to their resilience, adaptability to new technologies, and their fast-learning curves. A study by Aslund, Anders and Oskar (2009)¹ indicated that early migration has a higher index for successful integration in the labour market. An added advantage of the young professionals is the ability to take much higher work load with little strain as most of them might not be experiencing the co-morbidities that come with aging. It is, therefore, pertinent to work out modalities that could make this young health care professionals to practice in their own nations that trained them. However, certain local factors might hinder these aspirations especially in the developing countries. The study, therefore, considered eliciting the local unfavourable factors that could influence young healthcare professionals’ perception for labour migration. The local factors considered include, perception of infrastructural facilities (health facilities), national security and welfare of the health workers.

The relevance of this study cannot be overemphasized as there is paucity of literature on the perception of the young health workers and migration. This paucity of information is buttressed by United Nations Secretary-General in 2014 when he stated that the nexus between youth and migration is huge and means to addressing the challenges are inadequate². The study, therefore, undertook the underlisted objectives for analysis.

Objectives of the Study

The specific objectives are to:

1. examine the perceived influence of infrastructure (health facilities) on the young healthcare professionals towards labour migration in Nigeria
2. to investigate the perceived influence of the national security on the young healthcare professionals, towards labour migration in Nigeria

¹ Aslund, Olof; Bohlmark, Anders and Nordstrom Skans, Oskar (2009) Age at Migration and Social Integration (Bonn: IZA Discussion Paper No. 4263)

² UN 2014. Migration and Youth: International Migrants Day 2014

3. to evaluate the perceived influence of the welfare of health workers on the young healthcare professionals, towards labour migration in Nigeria

Adequate healthcare infrastructural facilities are some of the factors that could enhance professionalism as it provides the platform to put theory into practice for a better patients' outcome. In parts of Africa, the basic infrastructure such as regular water supply³ and constant power supply⁴ is lacking in close to half of the primary health services. Poor funding in developing countries such as Nigeria has led to inadequacy of diagnostic tools, which is the hallmark of modern medical practice as only 15% of populations in Africa can access diagnostic services⁵. Inappropriate diagnostic tools could lead to wrong diagnosis, complicating the patients' conditions and resulting to increased admissions, giving rise to competitions for bed spaces. In Africa, for critically ill people, there is 1 intensive-care bed for 100,000 population⁶, however, India has 7 intensive-care beds for 100,000 population⁷.

The most important duty of any government as enshrined in the Nigerian Constitution is the protection of life and property (Adamu & Rasheed, 2016)⁸. This enables everyone within the governed space to apply their trade and investments with confidence. Nigeria is having its own share of security challenges, ranging from terrorism by the Boko Haram, banditry, kidnappings, militancy and secessionist agendas. These diverse security challenges have capacity to minimise opportunities and creativities of the employees and entrepreneurs within that domain (Poole, 2021)⁹. The perception of the capacity of these threats to one's survival and career development could be enough push factor for migration (Adhikari, 2013)¹⁰. The limiting factor of insecurity is not only operational at the individual level, as studies have shown that the nations plagued by conflicts could not achieve any of the Millenium Development Goals (United Nations, 2019)¹¹. There is the need, therefore, for a concerted effort to tackle insecurity nation-wide if we hope to retain our young

³ WASH in health care facilities: Global Baseline Report 2019

⁴ WHO/World Bank report "Access to Modern Energy Services for Health Facilities in Resource-Constrained Settings". One in 4 health facilities was found without access to electricity

⁵ African Development Bank Group 2022. Strategy for quality health infrastructure in Africa 2022-2030

⁶ Craig, J., Kalanxhi, E. and Hauck, S., 2020. "National estimates of critical care capacity in 54 African countries",

⁷ International cancer control portal, India country report, International Cancer Control Partnership, 2020.

⁸ Adamu, A., and Z. H. Rasheed. "Effects of Insecurity on the Internally Displaced Persons (IDPs) in Northern Nigeria

⁹ Poole, A., 2021. Migration as conflict risk-management: Testing the new economics of labour migration as a framework for understanding refugee decision-making

¹⁰ Adhikari, P., 2013. Conflict-induced displacement, understanding the causes of flight. *American Journal of Political Science* 57, 82–89.

¹¹ United Nations, 2019. International migrant stock 2019

healthcare professionals and strive towards achieving the Sustainable Development Goals by 2030.

The reward system in any organisation or nation could determine the turnover of the employees and perhaps, their level of commitment. This is because, financial motivation is an important pull factor for employees globally. The popular West African poll survey carried on Nigerian doctors showed the impact of poor remuneration in driving emigration of doctors to the developed countries (NOIPolls. 2018)¹². This outcome was buttressed by a study of migration in six African countries which showed that poor remuneration increases the tendency of labour emigration to the developed world (Awases *et al.*, 2004)¹³. The study by Adebayo and Akinyemi (2022)¹⁴ added other variables, apart from good salary in the developed world, to include conducive working environment and opportunities for career development abroad as triggers for emigration. This perhaps, draws the attention of the Nigerian government to the need for the current upward review of the national minimum wage to Seventy Thousand Naira (70,000.00) a month, particularly with the current exchange rate of over a Thousand and Five Hundred Naira to a Dollar (N1,500=1\$).

Controlling international migration has become a tasking socio-economic and political dimension, more so, with the rising insecurities, high youth unemployment, political instabilities, ecological problems, among others in different parts of the world. Individuals' experiences of these brands of insecurities could be devastating and could be driving their responses to migrate at all odds (Schon, 2019; Steele, 2019).^{15,16} There is therefore, the need for a delicate balancing in the migration checks, so that no regions' healthcare system will be rendered dysfunctional.

The study leveraged on the theory by Everett Spurgeon Lee¹⁷, a sociologist, who conceptualised the Theory of Migration in 1966, which was an enhancement of earlier Ravenstein's 'Law of Migration' published in 1885. The theory of migration is also known as the "push-pull theory." The theory explains the positive (pull: compels one to stay) and negative (push: compels one to leave) characteristics of a given place. There is also the perception of the differences between the place of domain and place

¹² NOIPolls. 2018. Emigration of Nigerian Medical Doctors.

¹³ Awases, *et al.* 2004. Migration of Health Professionals in Six Countries: A Synthesis Report.

¹⁴ Adebayo, A., and O. O. Akinyemi. 2022. "What Are You Really Doing in This Country?": Emigration Intentions of Nigerian Doctors and Their Policy Implications for Human Resource for Health Management."

¹⁵ Schon, J., 2019. Motivation and opportunity for conflict-induced migration: An analysis of Syrian migration timing. *Journal of Peace Research* 56, 12–27

¹⁶ Steele, A., 2019. Civilian resettlement patterns in civil war. *Journal of peace research* 56, 28–41.

¹⁷ Everett, Spurgeon Lee. 1966. A Theory of Migration. *Demography*, 3(1), 47-57

of destination. Labour emigration is considered when the push factors overwhelm the pull factors within a particular domain, such as overwhelming security challenges and poor emoluments. To retain employees, therefore, the pull factors have to be strengthened or reinforced.

Materials and Methods

Quantitative method was used for the study, which also involved cross-sectional survey. The population of study include final year medical students, nursing students, and other paramedical final year students in pharmacy, medical laboratory science and physiotherapy at the University of Lagos, College of Medicine. The five (5) point Likert scale was used to get the respondents perception on how health facilities condition, security issues and welfare of health workers could influence them to consider practicing outside the country after graduation. The mean of these Likert scale variables will be calculated and used in the analysis.

The sample size of the study was determined using the Cochran (1963)¹⁸ formula

$$n = \frac{z^2 p q}{D^2}$$

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384$$

where, n is the sample size, z is the selected critical value of desired confidence level, p is the estimated proportion of an attribute that is present in the population, q=1-p and D is the desired level of precision (acceptable error).

Where z = 1.96 which is z value for 95% confidence limits, p is 0.5, q= (1-p) = 0.5, and D= 0.05% which is the acceptable error of the estimator at 95% confidence interval.

The reliability of the instrument from the pilot study was done, and the Cronbach's alpha was 0.82. The content and face validity of the items in the questionnaire were reviewed by experts in Psychology, Human Resources and Employment Relations and Sociology and their corrections were effected to enhance the quality of the questionnaire.

¹⁸ Cochran, W. G. 1963. Sampling Techniques, 2nd Ed., New York: John Wiley and Sons, Inc

Sampling technique involved the use of simple random sampling to distribute copies of questionnaires to the 384 final year students in the category. The questionnaires were distributed to the students present in their classes just before their lectures started, after obtaining consent. The researcher and the assistants waited to collect the copies of the questionnaire from the students in order to enhance their participation. Three hundred of the questionnaires were duly completed, giving a response rate of 78%.

The data collected was tested for normality and ordinal regression analysis was done using Statistical Package for Social Sciences (SPSS) version 26.

Results

The results of the data analysis are as documented below:

Table 1: Test of Normality

Variables	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
IFS	0.119	0.000	0.954	0.000
SEC	0.253	0.000	0.851	0.000
WELL	0.264	0.000	0.845	0.000

IFS (health infrastructure), SEC (security), WELL (health workers welfare)

Test of normality shows whether the data from the variables follow a normal distribution. The p –value of the variables is statistically significant both for Kolmogorov-Smirnov [for sample size more than 100] and Shapiro-Wilk [for sample size less than 100]. Therefore, the variables do not follow a normal distribution, ordinal regression was used in place of linear regression.

Table 2: Model Summary of Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.640	.409	.403	.48729	.409	68.300	3	296	.000

The Model Summary has a p – value < 0.01, indicating that the regression model fits the data. The R² value of 0.409 shows that the independent variables (health infrastructure), SEC (security), WELL (health workers welfare), cumulatively

explained 40.9% variability in the perception of young healthcare professionals to emigrate outside the country for professional practice.

Table 3: Ordinal Regression of the Influence of Independent Variables on Migration

Parameter	B	Std. Error	Sig.	Exp(B)	95% Wald Confidence Interval for Exp(B)	
					Lower	Upper
Threshold [MIG=2.00]	5.425	1.1383	.000	226.965	24.382	2112.779
[MIG=3.00]	6.475	1.1037	.000	648.974	74.601	5645.582
[MIG=3.25]	7.758	1.1011	.000	2339.473	270.299	20248.422
[MIG=3.50]	8.262	1.1017	.000	3873.764	447.041	33567.482
[MIG=3.75]	9.119	1.1053	.000	9129.321	1046.159	79667.144
[MIG=4.00]	10.559	1.1304	0.000	38522.542	4202.525	353117.730
[MIG=4.25]	11.471	1.1633	0.000	95848.527	9803.545	937103.869
[MIG=4.50]	12.314	1.2260	0.000	222890.858	20159.947	2464308.727
[MIG=4.75]	12.965	1.3023	0.000	427002.152	33256.063	5482634.431
IFS	.176	.2337	.451	1.193	.754	1.886
SEC	1.615	.1983	.000	5.026	3.407	7.413
WELL	1.160	.2296	.000	3.189	2.033	5.001

Dependent Variable: Migration (MIG)

Model: (Intercept), IFS (health infrastructure), SEC (security), WELL (health workers welfare)

The threshold rows indicate different categories of the variable “perception for labour migration” (which is the dependent variable) and each coefficient (B) shows the log odds of moving from one category of migration to the next higher category.

The table 3 shows that perception about the influence of national security in determining young healthcare professionals labour emigration is a positive one, and is statistically significant (B = 1.615, p < 0.001). The odds ratio of 5.026 indicates that, for every unit increase in the national security challenges, there is 5.026 odds of the young health professionals endorsing emigration. Also, every unit increase in the health workers welfare challenges, there is 3.189 odds of the young healthcare professional’s perception endorsing labour emigration (B = 1.160, p < 0.001). However, the influence of health infrastructure is not statistically significant (B = 0.176, p > 0.05).

Discussion

The study examined how perception of challenges in health facilities, national security and health workers welfare in making young healthcare professionals to endorse labour emigration on graduation. The young professionals arguably, are the bedrock of any industry, and gives hope of sustainability of any profession. Their importance in healthcare cannot be overemphasized, as they bring in their youthful energy and technological advantage into the industry. Retaining young professionals within certain geographical boundaries could be a challenge, as they see themselves as global citizens. Understanding their perception towards labour migration could, therefore, be meaningful for national workforce planning. The perception of security challenges was considered as the most potent push factor for consideration of emigration.

The outcome corroborated the study by Adhikari (2013) which showed that insecurity in the area of domain could make individuals to perceive limitations on self-development and therefore, decide to emigrate to regions more conducive for career development. Security challenges could impede young healthcare professionals from attending local conferences and workshops, and might minimise exchange programmes among schools. Limitations in self-development could broaden to cut across decisions to invest in physical infrastructure for entrepreneurship. Investors' fear of security challenges could cut down the level of entrepreneurship in the area. This could reduce the development of the area, and minimise the national development. Perhaps, this might be the reason that the Nigerian Constitution was emphatic on protection of life and property as the primary aim of the government (Adamu and Rasheed, 2016). The endorsement of labour migration based on security challenges could be a reflection that Nigeria is not yet winning the war against insurgency, banditry, kidnappings and militancy that is affecting the different regions of the country.

Health workers' welfare challenges could range from salaries and emoluments, to training and development for career enhancement, among others. Motivating healthcare workers by enhancing their salaries and improving their training and development could modify their perception about labour migration. Perceived healthcare workers' welfare challenges in this study encourages the consideration for emigration. This is in keeping with the studies from NOIPolls (2018) and Awases *et al.* (2004) that indicated that poor remuneration of employees is a potent factor influencing the decision of employees to emigrate to the developed countries. It also corroborated the research findings of Adebayo and Akinyemi (2022) that poor salary

drives emigration of doctors abroad. Adequate remuneration could help young professionals to embrace their training needs for skill acquisition, procure instrument needed for their practice in their chosen specialised fields, among others. This self-help equipment becomes more compelling in developing world where health facilities lack adequate diagnostic tools due to poor funding of health institutions (African Development Bank Group, 2022). In Nigeria, a new minimum wage of 70,000 Naira per month (one US dollar being exchanged for a little more than 1,500 Naira) which averages less than two dollars per day, might constitute another push factor for labour migration.

Conclusion

One of the most important outcomes of this study is the awareness that even young healthcare professionals are already considering labour migration even when they are on the verge of their graduation. In a conducive environment, perhaps, the perception of the young healthcare professionals could have been to graduate, have a viable career development and invest meaningfully in their area of domain. The investment is expected to bring profit to enhance the well-being of the investors and the community of operations. However, the perception of the level of insecurity, and poor emoluments could threaten this entrepreneurial spirit. Perception of labour emigration for early career professionals in health could be a signal for possible inadequate labour force in the future. This could increase health workers' work load, usher in more resentment and burnout syndrome and perhaps, increase morbidity and mortality of the populace. The human resource downturn could also signal the ill preparedness in achieving the Sustainable Development Goals (SDGs).

Recommendations

There is the need, therefore, for government to review the security architecture with a view to significantly minimise the high perception of insecurity in the nation. This could make the nation more investment friendly and improve the retention of our trained professionals.

The emoluments of health professionals should be such that could minimise labour emigration and reduce the workload of our health workers.

The government could also make the proposed students' loan easily accessible and lucrative enough to make students enter into an agreement that could make them work for certain period of time before emigration.

Conflict of interest Declaration

We, the authors of this study, hereby declare that there is no conflict of interest in writing this paper. There is no sponsorship in cash or kind.

Bibliography

- Adamu, A., & Rasheed Z. H. (2016). "Effects of Insecurity on the Internally Displaced Persons (IDPs) in Northern Nigeria: Prognosis and Diagnosis." *Global Journal of Human-Social Science: Political Science* 16, no. 1 1–7.
- Adebayo, A., & O. O. Akinyemi. (2022). "What Are You Really Doing in This Country?": Emigration Intentions of Nigerian Doctors and Their Policy Implications for Human Resource for Health Management." *Journal of International Migration and Integration* 23, no. 3: 1377–1396. <https://doi.org/10.1007/s12134-021-00898-y>
- Adhikari, P. (2013). Conflict-induced displacement, understanding the causes of flight. *American Journal of Political Science* 57, 82–89.
- African Development Bank Group 2022. Strategy for quality health infrastructure in Africa 2022-2030, Revised Version. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.afdb.org/sites/default/files/documents/publications/strategy_for_quality_health_infrastructure_in_africa_2022-2030.pdf
- Aslund, Olof; Bohlmark, Anders & Nordstrom Skans, Oskar (2009). Age at Migration and Social Integration (Bonn: IZA Discussion Paper No. 4263)
- Awases, M., Gbary, A., Nyoni, J., and Chatora, R. 2004. Migration of Health Professionals in Six Countries: A Synthesis Report. Retrieved from https://www.afro.who.int/sites/default/files/2017-06/hrh%20migration_en.pdf
- Cochran, W. G. (1963). *Sampling Techniques*. (2nd ed.). New York: John Wiley and Sons, Inc
- Craig, J., Kalanxhi, E. & Hauck, S., (2020). "National estimates of critical care capacity in 54 African countries", The average number of ICU beds per 100,000 people ranges from 0.53 in low-income countries to 8.59 in upper-middle countries. International cancer control portal, India country report, International Cancer Control Partnership, 2020.

- Everett, Spurgeon Lee. (1966). *A Theory of Migration*. *Demography*, 3(1), 47-57.
Retrieved from <http://www.jstor.org/stable/2060063>
- NOIPolls. (2018). Emigration of Nigerian Medical Doctors. Retrieved from
<https://noi-polls.com/2018/wp-content/uploads/2019/06/Emigration-of-Doctors-Press-Release-July-2018-Survey-Report.pdf>
- Poole, A. (2021). “Migration as conflict risk-management: Testing the new economics of labour migration as a framework for understanding refugee decision-making.” *Journal of Ethnic and Migration Studies*, 1–18.
- Schon, J. (2019). “Motivation and opportunity for conflict-induced migration: An analysis of Syrian migration timing.” *Journal of Peace Research* 56, 12–27.
- Steele, A. (2019). “Civilian resettlement patterns in civil war.” *Journal of peace research* 56, 28–41.
- UN (2014). Migration and Youth: International Migrants Day 2014 (available online at www.un.org/youthenvoy/2014/12/migration-youth-international-migrantsday-2014, accessed 27th January 2020)
- United Nations (2019). International migrant stock 2019 (United Nations database, [pop/db/mig/stock/rev. 2019](http://pop/db/mig/stock/rev.2019)).
- WASH in health care facilities: Global Baseline Report 2019, World Health Organisation (WHO) and the United Nations Children’s Fund (UNICEF), 2019.
- WHO/World Bank report “Access to Modern Energy Services for Health Facilities in Resource-Constrained Settings”. One in 4 health facilities was found without access to electricity.