



Brain Drain in Nigeria Health Sector: A Myth of Human Resource Management (HRM) and Socio-Economic Development of Nigeria

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Abstract

Socio-economic and political development of any nation to a large extent depends on the quality and quantity of existing human resources. Nevertheless, African continent, particularly Nigerian has continued to witness migration of qualified health workers in a sizeable number to other developed countries. The implication of this scenario to socio-economic development of Nigeria has been become a source of worry to researchers. Thus, this study is guided with two research questions: how has inadequate human resources management influence the brain drain in Nigeria and secondly what are the socio-economic effect of health workers migration in Nigeria. This study unfolds that without effective manpower planning and systematic staff development strengthened by deliberate policy and utilization of what has been built; Nigerian development in next century is still a mirage.

Keywords: Brain Drain, Human Resource Management, Socio-economic Development & Health Sector

Introduction

Brain drain has become a ravenous issue that surreptitiously caged socio-economic development of the developing country. Migration of qualified personnel to developing countries in sizeable number from sub-Saharan African has become a worrisome issue. Nigeria is among the top 13th African countries that their citizens want to emigrate to Europe and other nations on account of poverty and or hardship with 31 percent rate. Paradoxically, many of the highly skilled personnel from sub-Saharan Africa left the mother land that lack professionals to the place of

abundance; hence the development of African continent becomes gloomy. From 2010–2016, an average of 600 professionals were estimate to emigrate annually from Nigeria; nearly 50% of emigration was to Europe, followed by North America and Africa (World Health Organisation, 2017). Development of any country is built upon the human capital that controls other factors of production for effective and efficient productivity.

Persistent human capital flight from African countries raises questions on the efficacy of human capital management. Human resources management embraces not only

the attracting, acquiring and developing employees but retaining them in an organization. Human resource management (HRM) is the process of employing people, training them, compensating them, developing policies relating to them, and developing strategies to retain them (Society for Human Resource Management, 2011). Management of human capital to discharge the predetermined objectives of the organization is major target of entity. Human capital is a key to rapid socio-economic development and efficient service delivery. Mwagbala (2005) posits: "it is human resources of a nation not its capital, nor its material resources that determines the nature of, direction and pace of its socio-economic development. Long-term economic growth cannot be achieved without people with professional technical expertise, entrepreneurial and managerial skills and investment in real sectors (Mba & Chike, 2012).

Commenting on the importance of human capital in socio-economic development, Ugwoke (2011) stated thus:

Human resources are cardinal element of development. Overall development of a country revolves on the level of manpower utilization. This has made manpower planning and development imperative for any successful organization. Maintaining a competitive edge in any segment where multiple players exist is only possible with people and talent. It has got an important place in the arena of industrialization. Manpower planning and development are two important pillars for achieving effectiveness and efficiency in organization (Ugwoke, 2011: 20)

The absence of these experts in any development process signifies inefficiency

and ineffectiveness in productivity/service delivery. Over the years, developing countries are battling with the problem of insufficient human capital for sustainable economic development. Whereas, few ones trained with their merger resources abandoned the soil of their land to the western countries in search of the greener pasture. More elaborately, Ipinyomi (2014) states that: "Despite the low level of technical and knowledge skills in Africa, countries in the continent have continued to suffer brain drain. Each year hundreds of thousands of highly skilled Africans seek greener pastures to the USA, Europe, Arabian countries and other developed lands". The receiving countries are the winners while the sending countries are the losers. The receiving countries include the United States, Australia, UK, and West Germany. The sending countries include Nigeria, Ethiopia, South Africa, Kenya, Zimbabwe, and Ghana. Nigeria has more than 1,000,000 immigrants in the United States alone (Aremu, 2005). Expediently, no fewer than 60% Nigerian-trained doctors and nurses are currently working with the National Health Services (NHS) in the United Kingdom (UK). Eromosele (2021) noted that in Nigeria, the density of physicians to a patient is 4 doctors per 10,000 patients and 16.1 nurses and midwives per 10,000 patients, which he said is less than the World Health Organization (WHO) recommendations of 1 doctor to 600 patients and the critical threshold of 23 doctors, nurses and midwives per 10,000 patients. He therefore urged the Federal Government to declare a State of Emergency on the brain drain in the health workforce, and to increase the level of investment in the health sector. The flow of human capital from the less developing countries to the developed countries, makes developed country richer, while socio-

economic and political transformation in developing countries are being retard. What few realize is that Africans who immigrate to the United States contribute 40 times more wealth to the American than to the African economy. According to the United Nations, an African professional working in the United States contributes about \$150,000 per year to the U.S. economy.

It is against the background the study evaluates the effectiveness of human resources management in health sector and it implications in socio-economic development of sub-Saharan African and Nigeria in particulars.

Statement of the Problem

Nigerian has been battling with the shortage of human resource since 1960 Nigerian got its independent, subsequent Nigerian has employed several strategies towards overcoming the challenges. Unfortunately, despite its merger resources employed in training its human resources, seventy percent of these professionals have been clamping for job opportunities in developed countries such as Europe, North America, Asian and Saudi Arabia. This incidence is much obvious among the health workers in Nigeria. Nigeria has experience continued migration of Medical doctors and Nurses in great number to developed counties. This scenario has raised debate among the scholar on the effectiveness human resources management and its implication in socio-economic development of Nigeria.

The study is guided with two research questions

- i. How has the administration of the health workers influences brain drain among the health professionals in Nigeria
- ii. What are the socio-economic implications of the migration of

the health professionals in Nigeria

Objectives of the Studies

This study set to examine the effectiveness of human resources management in migration of health professionals in Nigeria. The specific objectives seek to:

- i. examine the administration of the health workers influences brain drain among the health professionals in Nigeria
- ii. ascertain the socio-economic implications of the migration of the health professionals in Nigeria

Theoretical conceptualization

H R M and Brain drain

In recognition of the needs for human resources planning led to introducing of the policy for Manpower Planning and Development in Nigeria at the period of 1960's and 70's. Specifically, in the year 1962, federal republic of Nigeria created National manpower board (NMB) with the responsibility for determining the manpower needs and developments. Human capital management is more than staffing planning, recruitment and selection. Getting the right caliber of people through the process of recruitment to meet the organization's need is not just enough; this makes manpower development / retention activities crucial in an organization (ugwoke, 2011). Human resources management (HRM) is a management function concerned with hiring, motivating and maintaining people in an organization. It focuses on people in organizations. Human resource management is designing management systems to ensure that human talent is used effectively and efficiently to accomplish organizational goals. HRM is

the personnel function which is concerned with procurement, development, compensation, integration and maintenance of the personnel of an organization for the purpose of contributing towards the accomplishments of the organization's objectives. Therefore, personnel management is the planning, organizing, directing, and controlling of the performance of those operative functions (Edward, 2016) HRM is a strategic process having to do with the staffing, compensation, retention, training, and employment law and policies side of the business. In other words, your job as human resources (HR) manager will be not only to write policy and procedures and to hire people (the administrative role) but also to use strategic plans to ensure the right people are hired and trained for the right job at the right time. Comprehensively, Howard Schultz (2011) states that human resources management embraces recruit and hire the right people, train them properly, motivate them to do their best, and encourage them to stay with the company.

In regards to these definitions on HRM, it indicates that effective HRM ensures that employees stays on the job, discharge their duties towards realizations of the organizational goals. Thus, the company works to provide satisfying jobs, a positive work environment, appropriate work schedules, and fair compensation and benefits. These activities are part of Starbucks's strategy to deploy human resources in order to gain competitive advantage and avoid brain drain in an organizations. Ineffective human resources management makes employees to keep away from the organization, thus; brain drain looms.

Theoretical Framework

Herzberg's motivation-hygiene theory/ two-factor theory

American psychologist and business management expert Frederick Herzberg's theory of motivation was developed in the 1950s-1960s as a way to understand employee motivation and satisfaction. Through his research, Herzberg identified factors repeatedly linked to satisfaction and dissatisfaction. Herzberg found that the factors causing job satisfaction (and presumably motivation) were different from that causes job dissatisfaction. He developed the motivation-hygiene theory to explain these results. He called the satisfiers the motivators and the dissatisfiers the hygiene factors; he uses the term "hygiene" in the sense that they are considered maintenance factors that are necessary to avoid dissatisfaction but that by themselves do not provide satisfaction. The following table presents the top six factors causing dissatisfaction and the top six factors causing satisfaction, listed in the order of higher to lower importance.

Table: I. Six factors causing dissatisfaction and the top six factors causing satisfaction

Dissatisfaction	Satisfaction
Company policy	Growth
Supervision	Advancement
Relationship w/Boss/	Responsibility
Work conditions	Work itself
Salary	Recognition
Relationship w/Peers	Achievement

Sources: Field work, 2021.

Herzberg reasoned that because the factors causing satisfaction are different from those causing dissatisfaction, the two feelings cannot simply be treated as opposites of one another. The opposite of satisfaction is not dissatisfaction, but rather, no satisfaction. Similarly, the opposite of dissatisfaction is no dissatisfaction.

Application of the Theory

Implications for Management If the motivation-hygiene theory holds, management not only must provide hygiene factors to avoid employee dissatisfaction, but also must provide intrinsic factors to the work itself in order for employees to be satisfied with their jobs. Herzberg argued that job enrichment is required for intrinsic motivation, and that it is a continuous management process. According to Herzberg:

- The job should have sufficient challenge to utilize the full ability of the employee.
- Employees who demonstrate increasing levels of ability should be given increasing levels of responsibility.
- If a job cannot be designed to use an employee's full abilities, then the firm should consider automating the task or replacing the employee with one who has a lower level of skill. If a person cannot be fully utilized, then there will be a motivation problem. This theory specifically indicates that ministry of employment and labour must ensure that company's policies, salary, working condition must attractive as means to ensure that employee will remain the job. It is not enough to employee health workers but to ensure that the policies must be accommodating the interest of the employee.

In terms of hygiene factor the management should undertake the following actions: the management must be aware that increment of salary does not ensure satisfaction of the employee in one's country but incorporating them into the management cadre and ensuring that their carrier path are not being obstructed. Many of the health personnel aim towards actualization and realization of their intended goal while joining the organization.

Pay: The pay or salary structure should be appropriate and reasonable. It must be equal and competitive to those in the same industry in the same domain.

Company Policies and administrative policies: The company policies should not be too rigid. They should be fair and clear. It should include flexible working hours, dress code, breaks, vacation, etc.

Fringe benefits - The employees should be offered health care plans (med claim), benefits for the family members, employee help programmes, etc.

Physical Working Conditions: The working conditions should be safe, clean and hygienic. The work equipment should be updated and well-maintained.

Status: The employees' status within the organization should be familiar and retained.

Interpersonal relations - The relationship of the employees with his peers, superiors and subordinates should be appropriate and acceptable. There should be no conflict or humiliation element present.

Job Security: The organization must provide job security to the employees.

The Two-Factor theory implies that the managers must stress upon guaranteeing the adequacy of the hygiene factors to avoid employee dissatisfaction. Also, the managers must make sure that the work is stimulating and rewarding so that the employees are motivated to work and perform harder and better. This theory emphasize upon job-enrichment so as to motivate the employees. The job must utilize the employee's skills and competencies to the maximum. Focusing on the motivational factors can improve work-quality development and motivation for effective service delivery to abducting of meager resource in the name of project that never implemented.

Methodology

Research design is a plan or blue print which specifics how data relating to a given problem should be collected and analyzed (Nwrogu, 2006). Research design specifies

the method and procedure for acquiring the information needed to the structure and research problem. The research design of this design of the study is documentary research design. Documentary research design is a useful technique which helps in gathering investigating and analyzing information or material already in existence either publish or unpublished.

Ineffectiveness Administration of the Health Workers and Brain Drain in Health sectors

The inability of the federal government to retain its' medical profession to the expenses poor health care delivery revolves on poor human resource management.

Paradoxically, there is paradigm shift from human capital Inconsonance to this, Ipinoyomi (2014) stated that Africa losing her strong human capital that took enormous resources to nurture and produce represents a significant loss and a major shift of paradigm. Human resources development are considered as luxury affairs and human resources supply is seen as an elastic item which can be expanded anywhere leading to acute neglect of manpower planning (Onah, 2008).

Nigeria aligns the country's vision and goal with acquiring the best and skilled personnel with little or no attention to work environmental issues, carrier path and welfare packages. Recruitment is only the first part of the process. Keeping good employees is a significant task for managers in achieving the aims of organization. Management of health workers in Nigeria has become a difficult activity since its ineffectiveness has manifested in irregular strike action by health practitioners; high rate of migration of health workers; poor health service delivery and Nigerian seeking of health care service abroad. India's

Medical Association's Annual Report (2014) shows that in 2012 alone, 18,000 Nigerians obtained medical visa and about 47 per cent of outbound medical tourism from the country goes to India, totaling about \$260 million. According to Azodoh (2015) public officials who travelled abroad for medical care in 2014 alone expended N198.95 billion (\$1 billion) of tax payers' money while available estimates show that up to 40 medical trips to India alone were embarked on mostly by public officials at government expense. Regrettable, if this amount of money was incurred into the sector, expediently, it would have made a positive effect.

Ironically, successive government administrations had come up with series of human resources management programme for health. All the same, the laudable programmes turned to ridiculous activities and pipe in the public treasury that siphon mere resources that could have used for development programmes. Prior, to the democratic administration, management of human resources in Health sector constituted pivotal issue in the political administration of the state.

During the regime of Babangida, presidential committee on Brain drain was set up in 1988, unfortunately, this remain an effortless affair as none of its resolutions was implemented in terms of employee job satisfactions. In agreement with the above, Baffour (2013) categorically stated that nothing came of it.

Sequel to the above, the Federal Republic of Nigeria in 2006 launched and enforced the National Human Resources for Health Policy in consultation with all the key stakeholders. Afterward, National Human Resources for Health Strategic Plan was formulated in 2007 to direct the

implementation of the policy at all levels. One of the key objectives of HRH policy is to institutionalize performance incentives and management systems that recognize hard work and service in deprived and unpopular locations. As if nothing has been done, migration of Nigerian health practitioners keep on increasing than never before.

Subsequently, continued migration of the health workers especially medical doctors to other countries has brought into new focal point, inquiry regarding the contributions of HRH policy in creating incentives for health workers which can attract and retain staff in Nigeria.

Promotion of job satisfaction among the Health workers which constituted policy goal remained unrealizable in Nigeria. Currently, African Centre for Global Health and Social Transformation (2018) summarized the abysmal administration of health workers thus:

Nigerian health workers are affected with series of challenges ranging from; insufficiently resourced and neglected health systems; poor human resources planning and management practices and structures; unsatisfactory working conditions characterized by heavy workloads, lack of professional autonomy, poor supervision and support, long working hours, unsafe work-places, inadequate career structures.... (ACGHST,2018)

Unfortunately, if really the above policies were actually implemented, health sector industry would have wear a new look. Policy without implementation remains mere expression. Consequently of health practitioners remained the same. Chronic condition of HRH intensify rate of brain drain in Nigeria. Specifically, Nigeria has

about 75,000 medical doctors registered with the Medical and Dental Council of Nigeria but only approximately 35,000 are currently practising in the country. Obviously, Nigeria has a doctor-population ratio of 1: 4771, given a population base of 167, 000,000. Contrary, World Health Organisation (2000), states that for any country to be deemed to have enough doctors for its population, it should have one doctor for every 600 persons. Pathetically, majority of the 35,000 medical doctors in country presenting are desirously looking opportunity to leave the country. Oluwakemi (2021) confirmed that over 70 per cent of registered Nigerian doctors working in the country were thinking of picking jobs outside.

Emphatically, the chairman of Edo State branch of Nigerian Medical Association (NMA), Prof Afekhide Omoti, attributes alarming rate of brain drain in the health sector, particularly, amongst medical doctors, to poor incentive and motivation (Egbejule, 2016). More elaborately, according to Ifijeh (2016), an average Nigerian doctor working for the government earns about N170, 000 per month, while their counterparts in South Africa earn about N300, 000 per month. The foulness of these human resources management programmes was that it left the system worse than it was before.

Section 11 of National Health Act 2014 mandated that 10 per cent of the basic health care provision fund should be spent on developing human resources for primary health care. Unfortunately, neglect of health sector in budgetary allocation left the system in its incapacitated condition to deliver it primary goal. World Health Organization and African Union (AU) recommended that member countries should allocate at least 13% and 15%

respectively of their annual budget to the health sector for effective funding, nevertheless, reverse has been the case.

Despite that Nigeria was signatory to these declarations, Nigeria's budget allocation for health since administration of Buhari has been doddering between 3.9 and 4.1 per cent. Obviously, allocation to the health dropped from 5.7 per cent in 2015 to 4.17% (250 billion) in 2016. This allocation remained static in 2017 as 4.17% of 7.4 trillion was allocated to the sector. Retrogressively, the sector saw the abysmal allocation in 2018 budget allocation. The allocation decreased to 3.9% in spite of the numerous challenges that have bedeviled the health sector, many health workers opt out for other areas that have friendly working environment.

Table: II. Budget Allocations Health sector from 2012-2018

S/N	YEAR	Total Budget	Health allocation	%
1	2012	₦4.7-trillion	-	5.95%
2	2013	₦4.92-trillion	N279 billion	
3	2014	4.643 trillion	N262 billion	6%
4	2015	N4.49 trillion		5.78%
5	2016	6.08 trillion	257.3 billion	4.17%
6	2017	7.4 trillion	308 billion	4.17%
7	2018	8.62 trillion	340 billion	3.9%

Source: Okogu, 2019

Socio-economic implication of Brain drain in Health sector

In a cursory analysis of such little allocation made to healthcare underscores the insensitivity of the authorities to public health. The healthcare facilities are in horrible state, the conditions of service are bad for the personnel and the policy environment is discouraging. Wealthy Nigerians who can afford it continue to flock to foreign countries to seek medical

care while the poor are left with no other option than to probably die or simply vegetate. This is a sad commentary on the level of leadership responsibility in Nigeria, a country that is supposed to be the giant of Africa (The Guardian, 2017). Nigeria annual budget has increased to 92% from 2015 to 2018 while allocation to health has been decreasing. Power, electricity and works take precedence to health in Nigeria. Subsequently, the number of the migrants health workers (Doctors) moved from 4587 in 1986 to 21,988 in 2006, and latter increased to 40,000 in 2018 (Thompson, Fordyce, Karin and Gary, 2004, Oritsetsemaye, 2008 and Olaoluwa, 2018). The meager allocation to health, he argued is responsible for the country's abysmal global rating of the health system in the 2017/2018 where Nigeria was ranked 136th out of 137 countries.

For instance, a Clinical Psychologist with Gray Havens Medical Centre, Port Harcourt, Dr. Alphosus Kalu, believed not few Nigerians have died because they were unable to access treatments due to strike actions by either medical doctors or other health workers, adding that for every strike action in hospitals, patients, whose tax payers money are used in running healthcare suffer the most, and in most cases this has resulted in deaths or irreversible health damages.

The skills, abilities and knowledge of the personnel are the driver of the development and their deficiencies halt economic growth which at the long run holds back development. Africa is losing a very significant proportion of its skilled and professional manpower to other markets and increasingly depending on expatriates for many vital functions.

Explicitly, Mba & Chike, (2012) state that brain drain has cost the African continent over \$4billion in the employment of 150,000 expatriate professionals annually. While these 70,000 skilled Africans are fleeing the continent in search of employment and decent wages, 100,000 skilled expatriates who are paid wages higher than the prevailing rate in Europe are hired to replace them (Emeagwali, 2006). According to Inter-Nations (2017) Africa is home to the world's highest number of expats making more than \$250,000 (£160,000) annually.

Nigeria has the highest number of high-earning expats. A total of 12 per cent of households earn more than \$250,000 per year, making it the top location for earnings. Majority of developing communities are losing their professional to western countries, at the same time spent double of their resources in employing expatriates. This scenario is detrimental to economic development and it boils down to human resources management incompetence in developing countries, particularly in Nigeria. More than half a decade after the introduction of the microfinance credit scheme in Nigeria, its efficacy in addressing poverty especially among low-income workers remains a debatable issue.

Conclusion and Recommendations

Federal government of Nigeria should give precedence to health sector in budgetary allocation than any other sectors since effective functioning of health sector has positive spillover effect on other sectors. Increase in budgetary allocation can alleviate our health industry from its deplorable condition of insufficient medical facilities and promotes the work environment. The social service provisioning such as electricity supply, water

and other medical consumable should be constantly supply in hospitals. Better working environment is required to be adequate for execution of any duty especially in hospital.

Remuneration and other conditions of service must be upgraded considering the importance of their responsibilities. Government should make the remuneration of health professional to be competitive this strategy will make them to prefer working in their home country than going to abroad. The welfare packages should also be made timely and attractive. If the health professionals see that the benefits attached to their job are encouraging, it will reduce the lure to the leave the country.

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