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#### RESEARCH ARTICLE

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# Transformative Strategies to Combat Brain Drain and Retain Public Health Personnel

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#### ARTICLE INFO **ABSTRACT** Brain drain among public health employees is one of the potent threats to Received: May 10, 2024 healthcare systems, especially in low- and middle-income countries. This paper reviews transformative strategies designed to address and mitigate Accepted: Jul 13, 2024 the loss of skilled health workers and increase their chances of retention within the public sector. Key strategies identified include an extensive review of existing literature and theoretical frameworks. These include Keywords creating PPPs to tap into the resources and expertise in the private sector, Brain Drain making the current regulatory frameworks effective through transparency and accountability, modernisation of health infrastructure to working Health Worker Retention environments, reviewing remuneration and benefits packages to make New Public Management them competitive globally, fostering continuous professional development Nigerian Public Service culture, and improvement in employee engagement and recognition. Such strategies would make the environment of these countries more Transformative Governance supportive and attractive to health workers and reduce the brain drain, hence strengthening public health systems. The insights and recommendations thus help guide policymakers and other stakeholders \*Corresponding Author: toward sustainable health workforce retention and improved healthcare delivery across the globe. ugochukwu.abasilim@ covenantuniversity.edu.ng

#### INTRODUCTION

The public service sector is pivotal in delivering essential services and is a cornerstone for national development through government policies and programmes (Ekpe, 2021). However, globally, many public health sectors need help developing, implementing, and monitoring sustainable economic growth and development interventions. This struggle is often compounded by the sector's inability to retain competent personnel. This problem is exacerbated by factors such as lack of motivation, inadequate salaries, insufficient incentives, and poor working conditions.

Brain drain among health workers is a critical issue that demands urgent attention from governments and stakeholders worldwide. The departure of skilled health workers leads to significant staffing deficits, overwhelming the remaining staff and compromising the quality of healthcare services. This results in extreme burnout and a harsh working environment, further exacerbated by the shortage of professionals to handle overcrowded healthcare services (Jacob & Atobauka, 2019). Consequently, patients suffer from resource depletion, prolonged waiting times, and limited access to essential treatments, eroding the overall healthcare standard.

Globally, many countries face similar challenges, with alarming statistics highlighting the depth of the brain drain in public health services. For instance, the doctor-to-population ratios in several countries are significantly below the World Health Organisation (WHO) recommendations, illustrating the dire shortage of healthcare professionals. The migration of health workers to countries with better working conditions, higher salaries, and advanced career prospects is a common trend, reflecting the global nature of this issue.

Push factors such as poor working conditions, inadequate health infrastructure, and systemic leadership failures drive health workers to seek opportunities abroad. Pull factors like better career prospects, higher salaries, and secure environments in other countries attract these professionals. Despite various efforts by governments and stakeholders to address this issue, the problem persists, indicating a need for innovative and transformative governance strategies (Abasilim & Obozekhai, 2024).

This study adopts the New Public Management (NPM) theory and the Push-Pull Theory of Migration to explore transformative strategies for combating brain drain and enhancing health worker retention. The NPM theory, emerging in the late 20th century, advocates for adopting private sector practices and market-oriented principles in the public sector to enhance efficiency, effectiveness, and accountability. It emphasises decentralisation, competition, performance measurement, and customer-oriented service delivery, providing a framework to explore and implement transformative governance strategies.

NPM suggests that involving private sector actors and adopting market-oriented practices can introduce innovation, enhance efficiency, and improve service delivery in the public sector (Christensen & Lægreid, 2022). By embracing public-private partnerships (PPPs) and leveraging private sector expertise, public health services can address challenges related to employee retention, infrastructure deficiencies, and inadequate compensation and benefits. Furthermore, NPM emphasises performance measurement, accountability, and customer-oriented service delivery, aligning with strategies to implement competitive salary structures, foster employee engagement, and strengthen regulatory oversight to enhance accountability and restore public trust in the health sector.

The Push-Pull Theory of Migration, proposed by Everett Lee, explains the factors influencing individuals' decisions to migrate. Push factors, such as poor economic conditions and lack of opportunities, drive people away from their place of origin. At the same time, pull factors, such as better job prospects and higher wages, attract individuals to new destinations. This theory helps explain the brain drain of health workers by identifying the motivations behind their migration and highlighting the need for policies that address these factors.

The primary objective of this study is to propose transformative governance strategies to address the brain drain of health workers globally. This involves examining the dynamics of health worker mobility, identifying underlying factors contributing to brain drain, and drawing insights from relevant theoretical frameworks to develop actionable recommendations for policymakers and stakeholders in the public health sector. By adopting these strategies, countries can create more supportive and attractive environments for health workers, thereby reducing brain drain and strengthening their public health systems.

## LITERATURE REVIEW

#### The Concept of Brain Drain

The term "brain drain" encapsulates the significant and often excessive emigration of skilled professionals from their home countries to more developed nations. This phenomenon, understood through various scholarly perspectives, highlights the adverse implications of losing highly educated

and capable individuals who could otherwise contribute to their countries of origin. The term combines "brain," representing valuable human capital, and "drain," indicating an undesirable and accelerated outflow, particularly noticeable when the most skilled individuals leave at a higher-thannormal rate (Okonedo, 2023; Alabi, 2022).

Brain drain primarily refers to the globalisation of knowledge and resources concerning human capital. It involves the movement of highly qualified personnel, including those with advanced degrees, technical expertise, and specialised skills, from developing countries to developed ones. Prior studies suggest that while both the receiving nation and the migrants may gain economic benefits from brain drain, the home countries suffer significant losses. Ogbu (2019) defines brain drain as the exodus of workers seeking better living and working conditions, higher pay, access to advanced technology, and more stable political environments (Ipinnimo, Ajidahun & Adedipe, 2023).

Kadel and Bhandari (2018) further elucidate that brain drain is the departure of highly educated or competent individuals from one nation, region, organisation, or industry to another in search of better employment opportunities, improved living standards, and higher salaries. This emigration has been influenced by multiple factors at both local and international levels. For instance, brain drain in the medical field involves healthcare professionals moving globally in pursuit of better pay, improved quality of life, political stability, advanced technologies, and better working conditions (Kadel & Bhajari, 2018).

The concept also encompasses the negative impact on the countries of origin, often called "brain drain," while the receiving countries experience a "brain gain." Radonjić and Bobić (2021) discuss the net costs of a drained country versus the net benefits to the target country, highlighting the imbalance in global scientific and professional exchanges. The pejorative term "brain drain" underscores the detrimental effects of skilled emigration on the originating countries, suggesting that the loss of skilled professionals harms their development and progress (Okafor & Chimereze, 2020).

Specific causes of brain drain, particularly in the public sectors of developing countries, include poor salaries, unconducive working environments, inadequate research opportunities, and political instability. In the context of Nigeria, for instance, poor salary is a significant push factor. NOIPolls (2018) found that 91% of Nigerian physicians cited low pay and benefits as primary reasons for leaving the country. Similarly, Nwankwo et al. (2022) reported that 91% of doctors surveyed in countries like Colombia, Nigeria, India, Pakistan, and the Philippines identified low pay as a primary motivation for relocation. Comparative studies show stark differences in earnings, with Nigerian doctors earning significantly less than their counterparts in countries like the UK and the USA (Adebayo & Akinyemi, 2022; BDI Resourcing, 2018; Owonikoko, 2021).

Unconducive working environments also drive brain drain. Many health professionals and academics report dissatisfaction with their work conditions, which correlates strongly with their intentions to emigrate. Ogunode (2020) identifies poor working conditions, lack of motivation, insecurity, inadequate funding, and political interference as significant factors in Nigerian public universities. This dissatisfaction results in high student-teacher ratios, inadequate lecturing staff, and poor teaching quality. Recent surveys indicate that over 60% of Nigerian university teachers intend to leave due to poor pay and working conditions, exacerbating the challenges in the Nigerian public university system (Akinwumi, Solomon, Ajayi, Ogunleye, Ilesanmi & Ajayi, 2022).

More staff development further compounds the issue. Jacob, Jegede, and Musa (2021) highlight the need for more career development opportunities for health workers in Nigerian universities. The residency training programmes in Nigeria are often not recognised by developed countries, limiting career advancement and pushing professionals to seek opportunities abroad (Akinwumi, et al., 2022).

Additionally, frequent strike actions disrupt academic and professional activities, contributing to brain drain. Ogunode (2020) points out that ongoing strikes by various union groups in Nigerian public universities impede management and create unstable academic programmes. The reasons behind these strikes include underfunding, poor infrastructure, non-implementation of agreements, and poor working conditions. These disruptions lead to poor academic outcomes, damaged institutional reputations, low international rankings, and decreased student enrollment.

#### Theoretical Foundation

This paper integrates the New Public Management (NPM) theory and the Push-Pull Theory of Migration to analyse and develop strategies for addressing the brain drain of health workers and enhancing their retention in the public health sector. New Public Management Theory was an early twenty-first-century theory. This was an attempt to deal with the perception of inefficiency in the manning of the public sector, which had become increasingly vocal. It recommends implementing private sector practices and principles oriented toward market implementation in the public sector, improving efficiency, effectiveness, and accountability (Hood, 1991). NPM's major components include decentralisation, competition, performance measurement, and customer-oriented service delivery (Hood, 1995).

NPM proposes that engaging the private sector and implementing market features can bring about innovation that enhances the efficiency and service delivery of the public sector. Public health services could solve widespread issues by adopting PPPs and supporting the private sector's skills, solving problems such as employment retention, infrastructure, poor compensation, and poor monetary benefits (Gruening, 2001). In addition, NPM is committed to performance measures, accountability, and delivering service with the customer in mind, hence making the strategies of competitive salary structures, staff empowerment, and more robust regulatory oversight to enhance accountability and restore public trust in the health sector consistent with this model (Dunleavy & Hood, 1994).

The Push-Pull Theory of Migration helps to explain why a person decides to migrate. According to Everett Lee, migration is influenced by 'push' factors at the place of origin that are repellent and 'pull' factors at the place of destination that are attractive (Lee, 1966). Among the significant drivers forcing these workers to seek opportunities elsewhere, especially from developing countries, are several push factors, including poor working conditions, underequipped health infrastructure, and failed leadership in health systems (Adepoju, 2006). Other factors that pull these professionals to different destinations are better career prospects, higher salaries, and environments free from insecurity—factors known as pull factors (Castles & Miller, 2009). This theory gives insight into the brain drain of health workers by showing the 'why' behind many health worker migrations and underlining the need for donor policies and source country initiatives that effectively address these factors (Massey et al., 1993).

The integration of NPM, therefore, informs the theoretical frame used to guide the analysis of the brain drain of health workers with strategies to enhance their retention in the public health sector. For example, introducing performance-based incentives, encouraging public-private partnerships, and increasing accountability can help deal with some push factors causing health workers to exit the public sector (Pollitt & Bouckaert, 2011). The knowledge of the push and pull factors behind health workers' migration enables policymakers to come up with specific strategies to address such factors. Improving working conditions, raising salaries, and offering more career development opportunities may reduce the push factors while creating a supportive and rewarding work environment enhances the pull factor (Kline, 2003). Integration of NPM and the Push-Pull Theory of Migration contributes to the theoretical basis of this study.

Drawing from insights from NPM and a critical analysis of the push-pull dynamics influencing health worker migration, the following study proposes transformative governance strategies in the fight against brain drain and ensuring the retention of health workers within the public sector (Connell et al., 2007). This theoretical foundation guides the analysis of still-extant challenges and the formulation of actionable recommendations for policymakers and stakeholders in the public health sector.

#### **METHODOLOGY**

This study adopted a secondary research method to review existing literature pertinent to the subject matter. The rationale behind this choice is twofold. First, given the extensive body of research on health worker dynamics, brain drain, and retention strategies, a secondary research method allows for aggregating and synthesising a wide range of data and insights, ensuring a well-rounded understanding of the topic. Secondly, the secondary research provides an efficient way to gather relevant data without the time and resource constraints associated with primary data collection. This method leverages existing studies to inform and support the development of transformative governance strategies.

An explanatory research design was employed to propose transformative governance strategies to enhance employee retention in the public sector. This design was chosen to facilitate an in-depth exploration of the multifaceted aspects related to health worker dynamics and retention strategies. The primary data sources for this study included peer-reviewed journals, conference papers, and national policy documents. These sources were selected based on their relevance to health workforce dynamics and transformative governance retention strategies. Secondary data collection involved critically examining scholarly articles, academic databases, and reputable publications.

This approach ensured a comprehensive understanding of the existing knowledge base. It informed the identification of effective governance strategies to address the health worker brain drain in the Nigerian public sector. Electronic databases such as Scopus, Web of Science, and Google Scholar were searched systematically to gather relevant literature using a combination of keywords pertinent to the study. Keywords included "health worker brain drain," "retention strategies," "transformative governance," "privatisation," "workforce migration," and "employee engagement." The search focused on articles published in English between 2018 and 2023 to ensure the incorporation of recent and relevant literature.

The literature review followed a thematic analysis approach, applying predefined inclusion and exclusion criteria to ensure the relevance and quality of the data. Inclusion criteria encompassed peer-reviewed journal articles, conference papers, and government reports focusing on transformative governance strategies in the healthcare sector, factors influencing health worker migration, and workforce dynamics in healthcare settings. Exclusion criteria excluded non-peer-reviewed sources, studies unrelated to the healthcare sector, and those published before 2018.

This structured approach enabled extracting key themes and insights from the literature, contributing to developing actionable recommendations for policymakers and stakeholders in the public health sector. The thematic analysis facilitated the identification of patterns and relationships within the data, informing the proposed strategies for enhancing health worker retention through transformative governance.

#### Transformative Strategies to Combat Brain Drain and Retain Public Health Personnel

According to Awuah (2019), empirical evidence links privatisation with improved employee retention, organisational performance, increased productivity and profitability, improved access, and fiscal gains. This can be a beneficial strategy that the Nigerian government may adopt to stop the haemorrhage of health workers and improve general employee retention in public service. Implementing transformative governance strategies for employee retention in Nigeria's public service will involve actionable steps with the main stakeholders. Here are the ways the key stakeholders like the government officials, public sector unions, and policymakers can engage and how they can do so:

**Establishing public-private partnerships (PPPs) and contracting arrangements with credible private healthcare institutions:** Establishing PPPs is a transformative governance strategy that can significantly strengthen employee retention in Nigeria's public service. By leveraging the strengths and resources of the private sector through PPPs, the Nigerian government can create a more attractive and supportive environment for health workers, addressing various push factors contributing to brain drain and enhancing overall employee retention in the public service. In order for better clarifications, these are some specific points on how Public-private Partnerships (PPPs) can help strengthen health worker retention in the Nigerian public service:

- Performance-based Incentives: PPPs can help design and implement performance-based incentive schemes for public health workers, similar to those used in the private sector (Khan, Roychowdhury, Meghani, Hashmani, Borghi & Liverani, 2020). This could include bonuses, promotions, or other rewards tied to measurable performance metrics, such as patient satisfaction, quality of care, or efficiency targets. PPPs can enable the government to leverage the private sector's resources and expertise to offer more competitive compensation packages and benefits to health workers in the public sector. Private partners can bring in best practices and innovative approaches to compensation and incentive structures, making public sector employment more attractive and retaining talent (Ezeogu, 2023).
- Training/Professional Development and Mentorship: Private healthcare organisations often invest heavily in training and professional development programmes for their staff. PPPs can facilitate knowledge-sharing and joint training programmes between public and private entities, providing public health workers with access to high-quality training and opportunities for skill enhancement (Beaumont, 2020). Also, Mentorship and Career Pathing is another strategy. Many private healthcare organisations have structured mentorship programmes and clear career paths for their employees. PPPs can help introduce similar initiatives in the public sector, where experienced private-sector professionals can mentor and guide public health workers, providing them with a sense of career progression and growth opportunities.
- Joint Recruitment and Talent Pipelines: PPPs can establish joint recruitment programmes and talent pipelines, where the public and private sectors collaborate to attract and retain the best healthcare professionals. This could involve joint recruitment drives, shared training programmes, or even staff exchange programmes between public and private facilities. Also, PPPs can facilitate capacity building and knowledge transfer between the private and public sectors (Settumba, 2022). Private partners can provide training and mentorship programmes, sharing their expertise and best practices in areas such as healthcare management, service delivery, and workforce retention strategies.
- Improved Governance and Accountability: Private sector partners can bring in their expertise in governance, transparency, and accountability measures (Pfisterer & Van Tulder, 2020). This can help address issues of mismanagement, corruption, and inefficiency in the public healthcare system, which can contribute to dissatisfaction among health workers.

**Strong Regulatory Structures and Oversight Mechanisms:** Strong regulatory structures and oversight mechanisms are indispensable to ensuring transparency, ethical practice, and restoring public trust in Nigeria's health sector. The Federal Ministry of Health, the Independent Corrupt Practices and Other Related Offences Commission, and the National Assembly Committees on Health should partner in reviewing existing laws and policies to identify loopholes and areas of insufficiency (Ohunakin, Adeniji, Oludayo, Osibanjo & Oduyoye, 2019).

- a. Accountability and Performance Management: Robust regulatory frameworks and oversight mechanisms can establish clear performance standards, metrics, and accountability measures for health workers (Vian, 2020). This can include regular performance evaluations, feedback mechanisms, and consequences for underperformance or misconduct. When health workers feel their efforts are recognised and rewarded, and poor performance is addressed, it can increase job satisfaction and motivation to excel (Mukinda, Van Belle, George & Schneider, 2020).
- b. Ethical Practice and Professional Standards: Strong regulations and oversight can promote ethical practices and uphold professional standards in the healthcare sector. This can include codes of conduct, guidelines for patient care, and mechanisms for reporting and addressing unethical behaviour or malpractice. When health workers operate in an environment that prioritises ethics and professionalism, it can enhance their sense of pride and commitment to their roles (Saks, 2021).
- c. Transparent and Fair Processes: Effective regulatory structures can ensure transparent and fair processes for recruitment, promotion, disciplinary actions, and grievance redressal. This can help build trust among health workers and create a sense of fairness and equal opportunity, reducing perceptions of favouritism or unfair treatment, which can contribute to job dissatisfaction and high turnover (Ogbu, 2019).
- d. Public Trust and Reputation: Strong regulatory structures and oversight mechanisms can help restore public trust in the healthcare system by ensuring transparency, accountability, and adherence to ethical standards. When the public perceives the healthcare system as trustworthy and reputable, it can boost the morale and pride of health workers, contributing to improved retention.
- e. Grievance Redressal and Whistle-blower Protection: Effective regulatory frameworks can establish clear processes for grievance redressal and provide whistle-blower protection mechanisms. This can encourage health workers to report issues or concerns without fear of retaliation, fostering an environment of transparency and accountability, which can positively impact job satisfaction and retention (Saloranta, 2021).

**Improved Infrastructure and Working Conditions:** Infrastructure and working conditions are at the core of creating a conducive environment to enhance job satisfaction, productivity, and, eventually, the retention of health workers within the public healthcare system of Nigeria (Okoroafor, Ongom, Mohammed, Salihu, Ahmat, Osubor & Alemu, 2021). There should be better access to modern infrastructure and technology in these hospitals. The government should invest more time and resources in upgrading and modernising healthcare infrastructure and technology in public facilities. This can create a more conducive working environment for health workers, with access to state-of-the-art equipment and resources, improving job satisfaction and retention. With the prioritised needs based on criticality and potential impact, the investment funding is secured from the federal and state budget, international donors, and private sector investment through NSIA. The approach to executing these projects must be adopted to see that the most critical areas are covered first, and the management of such infrastructure must be effectively and transparently done with regular monitoring and reporting (Okunade, Adediran, Balogun, Maduka & Adegoke, 2023). At the same time, complete maintenance plans must be drawn up and enforced to ensure that upgraded facilities and equipment last long and function without complications to provide an enabling and sustained working environment for health workers.

**Increment in Remuneration and Benefits Packages:** A competitive compensation and benefits package should be implemented to make the Nigerian public service attractive to health professionals and encourage employees to be retained (Salau, Worlu, Osibanjo, Adeniji, Falola, Olokundun & Ogueyungbo, 2020). Federal Ministry of Health, Ministry of Labour and Employment, and National Salaries, Incomes, and Wages Commission must, therefore, take urgent collective action to revisit and benchmark current compensation structures for public health workers against standards prevalent in the private sector and international best practices to formulate policies for the revision and improvement of salary structures, allowances, and benefits accorded to public health workers, all in a way that is sustainable and sensitive to long-term financial implications(Abasilim & Obozekhai, 2024). Broad stakeholder engagement by health worker unions and associations is critical for gaining support, addressing concerns, and ensuring transparency. The revised compensation package should be rolled out in phases, starting with critical areas while closely monitoring the impact on recruitment, retention, and general job satisfaction among health workers (Nwankwo & Kifordu, 2019). An employee engagement and recognition culture are pivotal to boosting morale and commitment among health workers in the public sector. Federal Ministry of Health, State Ministries of Health, and the Public Service Institute of Nigeria should, therefore, work together to create platforms where employees can voice their concerns and provide feedback, accompanied by recognition initiatives such as Employee of the Month awards. Continuous professional development should be nurtured through workshops, seminars, online courses, and mentorship programmes. Implementing physical and mental health-focused wellness programmes, including fitness activities, stress management, and counselling services, will go a long way in fostering a supportive work environment. Critically, open and regular communication between management and employees must be maintained to nurture a sense of inclusivity, transparency, and shared commitment to public service (Ibeneme, Ukor, Ongom, Dasa, Muneene & Okeibunor, 2020).

Collaboration among key stakeholders and capacity-building investment: This is required for transformative governance strategies to strengthen employee retention. For this to occur, the Federal Ministry of Health, State Ministries of Health, the Nigerian Medical Association, and development partners, such as WHO and UNICEF, should hold regular forums and workshops to facilitate collaboration and the development of joint task forces to tackle specific challenges. Other critical capacity-building measures would include spending on training programmes to boost the skill level of healthcare workers and managers, partnering with international organisations and universities to get better at advanced training and making knowledge-sharing mechanisms functional. Collaborative research and pilot projects could test and fine-tune innovative approaches. Crucially, long-term plans and resource allocation must be in place to ensure that these capacity-building initiatives' sustainability is followed continuously through monitoring and evaluating their impacts on employee retention and overall performance in healthcare.

### **CONCLUSION**

The brain drain of health workers from the Nigerian public service presents a significant challenge to the country's healthcare system. This study has highlighted the critical need for transformative governance strategies to address the root causes of this issue and strengthen health worker retention. By leveraging the principles of the New Public Management (NPM) theory and the Push-Pull Theory of Migration, actionable recommendations can be developed to enhance the working conditions, compensation, and professional development opportunities for health workers in Nigeria.

To address the brain, drain and improve retention, the following recommendations are proposed:

a. Establishing public-private partnerships (PPPs) is imperative. PPPs can implement performance-based incentives, such as bonuses, promotions, and rewards linked to measurable performance metrics, motivating health workers to remain in the public sector.

Additionally, these partnerships can facilitate knowledge-sharing and joint training programmes between public and private entities, providing public health workers with high-quality training and opportunities for skill enhancement. Structured mentorship programmes and clear career paths, similar to those in private healthcare organisations, can offer public health workers a sense of career progression and growth opportunities. Joint recruitment programmes and talent pipelines can attract and retain top healthcare professionals through public and private sector collaboration. Moreover, enhancing governance, transparency, and accountability measures through private sector expertise can address mismanagement and corruption, contributing to overall job satisfaction among health workers.

- b. Strengthening regulatory structures and oversight mechanisms is crucial for ensuring transparency and ethical practices in Nigeria's health sector. Establishing robust regulatory frameworks can restore public trust by promoting regular performance evaluations, feedback mechanisms, and accountability measures for underperformance. Upholding ethical practices and professional standards can enhance health workers' pride and commitment to their roles. Transparent and fair processes for recruitment, promotion, disciplinary actions, and grievance redressal can build trust among health workers, reducing perceptions of favouritism or unfair treatment. Implementing effective grievance redressal and whistle-blower protection mechanisms can foster an environment of transparency and accountability, positively impacting job satisfaction and retention.
- c. Improving infrastructure and working conditions is essential for creating a conducive working environment for health workers. Upgrading and modernising healthcare infrastructure and technology in public facilities can enhance job satisfaction and retention. Investing in prioritised needs based on criticality and potential impact, with funding from federal and state budgets, international donors, and private sector investments, can ensure that the most critical areas are addressed first. Developing and enforcing comprehensive maintenance plans can ensure that upgraded facilities and equipment last long and function without complications, providing health workers with a sustained and supportive working environment.
- d. Increasing remuneration and benefits packages is another critical step. Revisiting and benchmarking current compensation structures for public health workers against private sector standards and international best practices can help formulate policies for revising and improving salary structures, allowances, and benefits. Broad stakeholder engagement by health worker unions and associations is crucial for gaining support, addressing concerns, and ensuring transparency in implementing revised compensation packages. Creating platforms for employees to voice their concerns and provide feedback, accompanied by recognition initiatives such as Employee of the Month awards, can boost morale and commitment among health workers. Continuous professional development through workshops, seminars, online courses, and mentorship programmes can foster a supportive work environment. Additionally, implementing physical and mental health-focused wellness programmes, including fitness activities, stress management, and counselling services, can contribute to a supportive work environment.
- e. Collaboration and capacity-building are vital for transformative governance strategies to strengthen employee retention. Regular forums and workshops involving the Federal Ministry of Health, State Ministries of Health, the Nigerian Medical Association, and development partners can facilitate collaboration and the development of joint task forces to tackle specific challenges. Investing in training programmes to boost the skill level of healthcare workers and managers, partnering with international organisations and universities for advanced training, and making knowledge-sharing mechanisms functional can enhance capacity-building efforts. Collaborative research and pilot projects can test and

fine-tune innovative approaches to health worker retention. Ensuring long-term plans and resource allocation are in place to sustain capacity-building initiatives through continuous monitoring and evaluation of their impacts on employee retention and overall performance in healthcare.

By adopting these recommendations, Nigeria can create a more supportive and attractive environment for health workers, addressing the push and pull factors contributing to brain drain. This, in turn, can strengthen the country's public healthcare system, improve service delivery, and ultimately achieve the UN Sustainable Development Goals for universal health coverage and health security.

## **REFERENCES**

- Abasilim, U. D., & Obozekhai, E. E. (2024). Dynamic Retention Strategies for Mitigating Health Workers Brain Drain. *Academic Journal of Interdisciplinary Studies*, 13(4), 210-222.
- Adebayo, A., & Akinyemi, O. O. (2021). "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*(3), 1377–1396. https://doi.org/10.1007/s12134-021-00898-y
- Adepoju, A. (2006). Leading Issues in International Migration in Sub-Saharan Africa. *Africa Development*, 31(3), 1-30.
- Akinwumi, A. F., Solomon, O. O., Ajayi, P. O., Ogunleye, T. S., Ilesanmi, O. A., & Ajayi, A. O. (2022). Prevalence and pattern of migration intention of doctors undergoing training programmes in public tertiary hospitals in Ekiti State, Nigeria. *Human Resources for Health*, *20*(1). https://doi.org/10.1186/s12960-022-00772-7
- Alabi, (2022). NMA urges FG to declare emergency on brain drain. Retrieved on 12th January 2024. From <a href="https://guardian.n/news/nma-urges-fg-to-declare-emergency-on-brain-drain/">https://guardian.n/news/nma-urges-fg-to-declare-emergency-on-brain-drain/</a>.
- Awuah, G. B. (2019). The case for privatisation of South African state-owned companies: A critical assessment.
- Beaumont, S. (2020). The Impact of Training and Development on Employees in the Northeast Region of Florida State Government: An Evaluation of The Northeast Region Professional Development Training Program. The Impact of Training and Development on Employees in the Northeast Region of Florida State Government. <a href="https://digitalcommons.wcupa.edu/all-doctoral/86">https://digitalcommons.wcupa.edu/all-doctoral/86</a>
- Castles, S., & Miller, M. J. (2009). The Age of Migration: International Population Movements in the Modern World. Palgrave Macmillan.
- Christensen, T., & Lægreid, P. (2022). Taking stock: New Public Management (NPM) and post-NPM reforms trends and challenges. In Edward Elgar Publishing eBooks (pp. 38–49). <a href="https://doi.org/10.4337/9781839109447.00010">https://doi.org/10.4337/9781839109447.00010</a>
- Connell, J., Zurn, P., Stilwell, B., Awases, M., & Braichet, J. M. (2007). Sub-Saharan Africa: Beyond the health worker migration crisis? *Social Science & Medicine*, 64(9), 1876-1891.
- Dunleavy, P., & Hood, C. (1994). From Old Public Administration to New Public Management. *Public Money and Management*, 14(3), 9-16.
- Ekpe, N.A. (2021). The Nigerian Public Service and the Challenge of Sustainable Development. *AKSU Journal of Administration and Corporate Governance (AKSUJACOG)*. 1(2), 1-12. <a href="https://aksujacog.org.ng/articles/21/08/the-nigerian-public-service-and-the-challenge-of-sustainable-development/aksujacog 01 02 07.pdf">https://aksujacog.org.ng/articles/21/08/the-nigerian-public-service-and-the-challenge-of-sustainable-development/aksujacog 01 02 07.pdf</a>
- Ezeogu, O. (2023). The effects of Performance-Based Financing on the uptake of health services in low-and-middle-income countries: A systematic review. <a href="https://open.uct.ac.za/items/1f47b3f0-fc85-4e46-a3a2-2170301b5119">https://open.uct.ac.za/items/1f47b3f0-fc85-4e46-a3a2-2170301b5119</a>
- Gruening, G. (2001). Origin and Theoretical Basis of New Public Management. International *Public Management Journal*, 4(1), 1-25.

- Hood, C. (1991). A Public Management for All Seasons? *Public Administration*, 69(1), 3-19.
- Hood, C. (1995). The "New Public Management" in the 1980s: Variations on a Theme. Accounting, *Organizations and Society*, 20(2-3), 93-109.
- Ibeneme, S., Ukor, N., Ongom, M., Dasa, T., Muneene, D., & Okeibunor, J. (2020). Strengthening capacities among digital health leaders for the development and implementation of national digital health programmes in Nigeria. In BMC proceedings *BioMed Central.* 1(14), 1-12. <a href="https://link.springer.com/article/10.1186/s12919-020-00193-1">https://link.springer.com/article/10.1186/s12919-020-00193-1</a>
- Ipinnimo T. M., Ajidahun E. O., & Adedipe A. O. (2023). Medical Brain Drain in Nigeria: A Health System Leadership Crisis. *Ibom Medical Journal*, 16(1), 94–97. <a href="https://doi.org/10.61386/imj.v16i1.300">https://doi.org/10.61386/imj.v16i1.300</a>
- Jacob, O. N., & Atobauka, I. S. (2019). Effects of Brain-Drain on Higher Institutions' Administration in Nigeria. Nigerian Journal of Management, 33(1), 111-223. <a href="https://www.researchgate.net/profile/Ishaya-Samaila-Atobauka/publication/373215941">https://www.researchgate.net/profile/Ishaya-Samaila-Atobauka/publication/373215941</a> Effects of Brain-Drain on Higher Institutions' Administration in Nigeria/links/64e06508caf5ff5cd0c5f758 /Effects-of-Brain-Drain-on-Higher-Institutions-Administration-in-Nigeria.pdf
- Jacob, O. N., Jegede, D., & Musa, A. (2021). Problems facing academic staff of Nigerian universities and the way forward. *International Journal on Integrated Education*, 4(1), 230–241. <a href="https://doi.org/10.31149/ijie.v4i1.1176">https://doi.org/10.31149/ijie.v4i1.1176</a>
- Kadel, M., & Bhandari, M. (2019). Factors intended to brain drain among nurses working at private hospitals of Biratnagar, *Nepal. BIBECHANA*, 16(1), 213-220. <a href="https://www.academia.edu/download/109510264/b514b03562756fe03a0b154af12603c86d17.pdf">https://www.academia.edu/download/109510264/b514b03562756fe03a0b154af12603c86d17.pdf</a>
- Khan, M., Roychowdhury, I., Meghani, A., Hashmani, F., Borghi, J., & Liverani, M. (2019). Should performance-based incentives be used to motivate health care providers? Views of health sector managers in Cambodia, China and Pakistan. *Health Economics, Policy and Law, 15*(2), 247–260. https://doi.org/10.1017/s1744133118000506
- Kline, D. S. (2003). Push and Pull Factors in International Nurse Migration. *Journal of Nursing Scholarship*, 35(2), 107-111.
- Lee, E. S. (1966). A Theory of Migration. *Demography*, 3(1), 47-57.
- Massey, D. S., Arango, J., Hugo, G., Kouaouci, A., Pellegrino, A., & Taylor, J. E. (1993). Theories of International Migration: A Review and Appraisal. *Population and Development Review*, 19(3), 431-466.
- Mukinda, F. K., Van Belle, S., George, A., & Schneider, H. (2019). The crowded space of local accountability for maternal, newborn and child health: a case study of the South African health system. *Health Policy and Planning*, *35*(3), 279–290. <a href="https://doi.org/10.1093/heapol/czz162">https://doi.org/10.1093/heapol/czz162</a>
- Nwankwo, O. N. O., Ugwu, C. I., Nwankwo, G. I., Akpoke, M. A., Anyigor, C., Obi-Nwankwo, U., Andrew, S., Nwogu, K., & Spicer, N. (2022). A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria. *PloS One, 17*(3), e0266159. <a href="https://doi.org/10.1371/journal.pone.0266159">https://doi.org/10.1371/journal.pone.0266159</a>
- Nwankwo, W., & Kifordu, A. (2019). Strengthening private sector participation in public infrastructure projects through concession policies and legislations in Nigeria: A Review. *Journal of Advanced Research in Dynamical and Control Systems*, 77(3), 249-260. https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3565156
- Ogbu, E. (2019). Migration and the philosophy of brain drain in Nigeria. *Journal of African Studies and Sustainable Development,* 2(4), 1-4. <a href="https://www.acjol.org/index.php/jassd/article/view/2696">https://www.acjol.org/index.php/jassd/article/view/2696</a>
- Ohunakin, F., Adeniji, A. A., Oludayo, O. A., Osibanjo, A. O., & Oduyoye, O. O. (2019). Employees' retention in Nigeria's hospitality industry: The role of transformational leadership style and

- job satisfaction. *Journal of Human Resources in Hospitality & Tourism./Journal of Human Resources in Hospitality & Tourism,* 18(4), 441–470. https://doi.org/10.1080/15332845.2019.1626795
- Okafor, C., & Chimereze, C. (2020). Brain drain among Nigerian nurses: Implications to the migrating nurse and the home country. International Journal of Research and Scientific Innovation, 7(1), 15-21. <a href="https://www.researchgate.net/profile/Caleb-Chimereze/publication/338741425">https://www.researchgate.net/profile/Caleb-Chimereze/publication/338741425</a> Brain Drain among Nigerian Nurses Implications to the Migrating Nurse and the Home Country/links/5e283ba7a6fdcc70a1411a4a/Brain-Drain-among-Nigerian-Nurses-Implications-to-the-Migrating-Nurse-and-the-Home-Country.pdf
- Okonedo, B. (2023). Brain drain: WHO lists Nigeria among 55 countries short of health workers. Retrieved on January 7, 2024 from <a href="https://nigerianobservernews.com/2023/03/brain-drain-who-lists-nigeria-among-55-countries-short-of-health-workers/">https://nigerianobservernews.com/2023/03/brain-drain-who-lists-nigeria-among-55-countries-short-of-health-workers/</a>
- Okoroafor, S. C., Ongom, M., Mohammed, B., Salihu, D., Ahmat, A., Osubor, M., ... & Alemu, W. (2021). Perspectives of policymakers and health care managers on the retention of health workers in rural and remote settings in Nigeria. *Journal of Public Health*, 43(1), 2-19. <a href="https://doi.org/10.1093/pubmed/fdaa262">https://doi.org/10.1093/pubmed/fdaa262</a>
- Okunade, B. A., Adediran, F. E., Balogun, O. D., Maduka, C. P., & Adegoke, A. A. (2023). Capacity building in Nigeria's healthcare sector: A review of skill development and mentorship initiatives. *World Journal of Advanced Research and Reviews*, 20(3), 906-923.
- Owonikoko, O. (2021). How Nigeria produces medical graduates for external markets. Reteiveed on 4th march 2024 from <a href="https://www.thecable.ng/how-nigeria-produces-medical-graduates-for-external-markets">https://www.thecable.ng/how-nigeria-produces-medical-graduates-for-external-markets</a>
- Pfisterer, S., & Van Tulder, R. (2020). Navigating governance tensions to enhance the impact of partnerships with the private sector for the SDGs. *Sustainability*, 13(1), 111. <a href="https://doi.org/10.3390/su13010111">https://doi.org/10.3390/su13010111</a>
- Pollitt, C., & Bouckaert, G. (2011). Public Management Reform: A Comparative Analysis: New Public Management, Governance, and the Neo-Weberian State. Oxford University Press.
- Radonjić, O., & Bobić, M. (2021). Brain drain losses–A case study of Serbia. *International Migration*, 59(1), 5-20. <a href="https://doi.org/10.1111/imig.12710">https://doi.org/10.1111/imig.12710</a>
- Saks, M. (2021). The regulation of healthcare professions and support workers in international context. Human resources for health, 19(1), 74.
- Salau, O., Worlu, R., Osibanjo, A., Adeniji, A., Falola, H., Olokundun, M., ... & Ogueyungbo, O. (2020). The impact of workplace environments on retention outcomes of public Universities in Southern Nigeria. *Sage Open*, 10(2), 111-123. <a href="https://doi.org/10.1177/2158244020930767">https://doi.org/10.1177/2158244020930767</a>
- Saloranta, J. (2021). The EU Whistleblowing Directive: An Opportunity for (Operationalising) Corporate Human Rights Grievance Mechanisms?. European Business Organisation Law Review, 22(4), 753-780. https://link.springer.com/article/10.1007/s40804-021-00226-y
- Settumba, J. P. (2022). An assessment of public private partnerships in the healthcare sector in Uganda: a case of government referral hospitals (Doctoral dissertation, North-West University (South Africa)). <a href="https://orcid.org/0000-0002-9954-9938">https://orcid.org/0000-0002-9954-9938</a>
- Vian, T. (2020). Anti-corruption, transparency and accountability in health: concepts, frameworks, and approaches. *Global Health Action*, 13(sup1), 1694744. https://doi.org/10.1080/16549716.2019.1694744