



Exodus of Nigerian Medical Professionals from Nigeria: Looming Danger Incubating!

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Abstract

Background: Shortage of medical manpower due to loss of medical personnel to brain drain is usually a big problem in developing countries like Nigeria. Many young doctors in the residency training today wouldn't have done so were alternatives available. This has deleterious effects on the training and health care delivery as the general medical personnel and specialists being produced might not be well trained, knowledgeable enough in their chosen career and not have finest for their chosen specialist career. Aim of this study is to determine the reasons for the choice of specialist's career among resident doctors and their ultimate fate after residency.

Subjects and Methods: A cross sectional study of resident doctors using a prevalidated questionnaire was done collecting data from the resident doctors from the three regions (western, southern and Northern) of Nigeria.

Results: The most common factor influencing choice of specialty was lack of alternative career, 136(49.8)/273 of the respondents. A higher proportion of males 8/166 (4.8%) compared to females 4/107 (3.7%) chose a specialist career because of brighter prospect (P = 0.01).

Conclusion: The most frequently reason for the pursuit of specialist training was lack of alternative career. Majority of doctors in the specialist training plan to travel out of the country at the conclusion of their training and the main reason for this action is security threat in the country.

Keywords: Exodus; Career; Resident doctors; Specialty; Nigeria

Introduction

There is a wakeup call for change in the Health care systems around the world in order to meet the demand of the increasing human population. There is need for appropriation and distribution of medical workforce in the face of predominant disease and population at risk [1]. In view of this, the interest, the training as well as availability of medical/dental specialists must be taken into consideration.

Recently, there has been dramatic exodus of medical personnel out of Nigeria to other countries in search of greener pasture and there have been changes in the pattern of choice of career among

medical graduates as many of them are in search of greener pastures abroad [2]. In developing countries like Nigeria, the continuing exit of qualified health personnel due to poor remuneration [1] and lack of employment creates the urgent need to assess and evaluate gaps in medical personnel with respect to specialization [1], and security threat all over the nation is now having a lion share in the reason for this mass exodus.

The increase number of female in the medical workforce and the demand for a better work/life balance by both genders are eye openers to prediction of shortages of specialists in some countries

[3, 4], of which Nigeria should be greatly concerned, and see it as a state of emergency. This shortage has resulted to drain of the nation's economy as the affluent seek medical attention abroad and those that cannot afford such expensive trips suffer various morbidities due to the absence of proper and timely interventions and ultimately death as a result [1].

Subjects and Methods

This study is a cross sectional survey of 273 resident doctors (102 from the west, 98 from the north and 73 from the east) across Nigeria. The study was carried out between 2017 and 2020.

A pre-validated self administered questionnaire was completed by willing respondents employed in their respective teaching hospital, who gave informed consent. Information obtained were age, gender, marital status, specialty, and reasons for the choice of specialist career as well as intentions for future practice.

The participants' confidentiality was duly preserved. Data were analyzed using Statistical Package for Social Sciences (SPSS) 23.0 (Chicago Illinois). Chi square test was used to test for significant association of the categorical variables and t test was used to compare the mean of outcome continuous variables. P values <0.05 was considered to be significant. There is no known interest of conflict.

Results

A total of 273 respondents were involved in the study; (166 males and 107 females) (Table 1). Their median age was 31 years (range 22-40 years). 53 (19.4 %) of the 273 respondents were

single, 218(79.9 %) were married and two person (0.7 %) were divorced (Table 2).

Lack of alternative career, (72) 26.4% of the respondents, was the most common reason for venturing into residency. This was followed by interest and money, while brighter prospect is the least (Table 3).

Having other opportunities aside residency training, 216 (79.1 %) would have preferred to travel abroad for greener pasture, 23(8.4 %) would have chosen one private practice or the other while 21(7.7 %) would have gone for business as alternative to residency or specialist training and 13(4.8 %) would still have chosen residency training to becoming specialists (Tables 2 and 3).

172(78.9 %) of 218 married respondents want to leave the country, given another chance, 42(79.2 %) of 53 single and the entire divorcee, 2(100.0 %) want to leave the country either for greener pasture and/or safety (Tables 2).

Of 273 respondents, only 11(4.0 %) wish to go into specialist practice in Nigeria after qualification, while 9 (3.3 %) want to go into Business and 253(92.7 %) wants to travel abroad for greener pasture (Table 4). Of the 253 who want to go abroad, 127(50.2%) chose that option due to security threat in Nigeria, 83(32.8%) chose that option due to low remuneration, while 43(17.0 %) made such a decision due to poor facility/working condition in Nigeria (Table 5).

Greater percentage of male than female wish to travel abroad after their qualification as specialists, even though the difference was not statistically significant ($X^2 = 0.307$, P Value = 0.85)

Table 1

ALTERNATIVE					
GENDER	Travel abroad	Business	General practice	Specialists career	Total
MALE	131(78.9)	15(9.0)	13(7.8)	7(4.2)	166(100.0)
FEMALE	85(79.4)	6(5.6)	10(9.3)	6(5.6)	107(100.0)
Total	216(79.1)	21(7.7)	23(8.4)	13(4.8)	273(100.0)

Table 2

ALTERNATIVE					
MARITAL STATUS	Travel abroad	Business	General practice	Specialists career	Total
SINGLE	42(79.2)	2(3.8)	7(13.2)	2(3.8)	53(100.0)
MARRIED	172(78.9)	19(8.7)	16(7.3)	11(5.0)	218(100.0)
DIVOICED	2(100.0)	0(0.0)	0(0.0)	0(0.0)	2(100.0)
Total	216(79.1)	21(7.7)	23(8.4)	13(4.8)	273(100.0)

$X^2 = 3.77$

P = 0.707

Table 3

REASONS						
GENDER	Interest	No alternative	Financial consideration	Prestige	Brighter prospect	Total
MALE	38(22.9)	88(53.0)	22(13.3)	10(6.0)	8(4.8)	166(100.0)

FEMALE	22(20.6)	48(44.9)	26(24.3)	7(6.5)	4(3.7)	107(100.0)
Total	60(22.0)	136(49.8)	48(17.6)	17(6.2)	12(4.4)	273(100.0)

$\chi^2 = 5.745$

$P = 0.219$

Table 4

FUTURE				
GENDER	abroad	Specialists career	business	Total
MALE	155(93.4)	6(3.6)	5(3.0)	166(100.0)
FEMALE	98(91.6)	5(4.7)	4(3.7)	107(100.0)
Total	253(92.7)	11(4.0)	9(3.3)	273(100.0)

Table 5

Travel Abroad	Frequency	Percent
Security threat	127	46.5
Low remuneration	83	30.4
Poor facility/working condition	43	15.8
Total	253	92.7

Discussion

Medical brain drain is defined as the migration of health personnel in search of better opportunities [5]. Another definition by Wright, Flis and Gupta [6] describe brain drain as the migration of physicians from developing to developed countries and between industrialized nations [6]. In all these definition, there is movement of medical personnel, usually from less developed or developing geographical areas to developed ones.

The majority of skilled emigrants to developed nations, in health sector, come from developing countries, this has generated controversies at international level as regard its impact on the health system and economic growth of the donor countries [7].

The decision of emigrants to leave their country for a developed country is due to some factors such as economic, social and personal factors [5] and some studies have identified these factors as push and pull factors [7].

Pull factors are those factors in the country of destination that tend to attract emigrants to such a country and these include better remuneration and working conditions, prospects for career development, job satisfaction and security [7].

Push factors, on the other hand, are associated with the country of origin, these are discouraging factors responsible for emigrants decision to leave his/her local environment, to seek better options in other country and these include low level of income, poor working conditions, the absence of job openings and social recognition, oppressive political climate and security threat [7], as is the case in Nigeria. Other factors that have been mentioned in the literature include the stick and the grab factors. The "stick factors" are linked with personal or social aspects of life [8] while Grab factors" are tied with developed countries [9].

This medical professionals' emigration has negative impact on their country, as the size and quality of the health sector is one of the main factors responsible for the economic growth and human development in a developing country [10] and the efficiency of a health system is dependent on its human resources (both quantity and quality) [7, 10].

This study revealed lack of alternative career (26.4%) as the main reason for the choice of specialist training among the study group and this was followed by interest. This is in variance with the findings of the researchers in Lagos [4]. Eze, et al. in (2011) [11] studied older medical graduates aged 24-53 years who have taken basic sciences examination for postgraduate training in Nigeria and reported that interest was the most common reason for choice of specialty among their respondents at that time [11]. A previous study of 73 interns in Nnewi in Nigeria also showed that financial consideration did not significantly influence choice of specialization [12].

Many of the resident doctors (79.1%) who were undergoing resident training at the time of this research would have loved to go abroad in search of greener pasture. While 23(8.4 %) would have chosen one private practice had the Nigeria condition favoured the practice, and some would have ventured into different businesses but for the security treat in Nigeria.

Upon completion of the specialist training, almost all of the respondents wish to leave the coast of the nation for another country as only (4.0%) are willing to go into specialist practice in Nigeria after qualification, and this is similar to those reported by Oduanya and Nwawolo [4] in Lagos.

Of the 253 who want to go abroad, 127(50.2%) chose that option due to security threat in Nigeria, 83(32.8%) chose that option due to low remuneration, while 43(17.0%) made such a decision due

to poor facility/working condition. Conversely, this study did not observe brighter prospect and prestige as significant factors for exodus of medical professionals from the country. It is therefore inferred from this study that insecurity, poor conditions of Nigeria's health care, bad remuneration and deteriorating hospital facilities are the main factors responsible for abandonment of the country by many medical professionals, for greener pastures abroad. The present security threat in Nigeria is now a major factor in the exodus of Nigerian medical professionals, these range from Boko Haram attack on health facilities, kidnapping and incessant killing by bandits and waylaying, kidnapping and killing by Herdsmen.

The exodus of specialist following completion of their training will have negative impact on the financial institution and healthcare systems of Nigeria. It will increase the workload of those who are still in government service and are thus overlaboured, and this may result in suboptimal service delivery with attendant persistent low quality of life and this may also result in lack of qualified specialists in certain field of medicine and dentistry, which auspicates a looming danger for the country's health system [13, 14]. Another ill impact this exodus of medical professional from this country, is that patients requiring the services of this professionals will have to make expensive oversea medical trips which further deplete the country's lean resources; that could have been used in strengthening the economy.

Also there is a loss of the financial investments used in creating health professionals and their most valuable intellectuals for Nigerian health system but are now being utilized for the benefit of developed nations [7]. Rutten, (2009) [15] reported that emigration of a medical professional caused a loss of up to 184,000 USD to Africa monthly [15].

Many studies concluded that the medical brain drain is the major factor contributing to insufficient medical personnel, whose consequences are affecting not only health systems in donor countries, but also the economic development and the national security [7].

Conclusion

The main reason for choosing specialist career among Nigerian medical and dental doctors is lack of alternatives. Majority of specialists in training want to travel abroad after specialist training due to security treat in Nigeria, poor remuneration and dilapidated state of the country's health facilities.

Recommendation

The recent revelation by United Kingdom that over 7,000 Nigerians doctors are plying their trade in the country, couple with the ongoing visa on arrival policy by UK to medical practitioners from other countries is a wake-up call to the federal and state governments to act fast in order to prevent mass movement of Nigeria health practitioners abroad if only to save the country's health sector from imminent collapse [16].

The continuing exit of qualified health personnel due to security treat in Nigeria, poor remuneration and dilapidated state

of the country's health facilities creates the urgent need to assess and improve salaries and working conditions, security and career opportunities in order to reduce the emigration rate, or incentives to stimulate return migration.

As the medical brain drain represents a global and growing concern, resulting from a combination of push and pull factors the measures to stem it should be addressed at global level and should be the result of an agreed participation of developing countries, developed ones and international organizations Pang, et al. (2002) [17].

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Conflict of Interest

No Conflict of Interest.

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