



Medical Brain Drain in Nigeria: A Health System Leadership Crisis

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Abstract

The problem of shortage of healthcare professionals in sub-Saharan Africa including Nigeria which has about 25% of the global disease burden but less than 2% of the healthcare workforce has been further compounded by the medical brain drain. The medical brain drain in Nigeria could be attributed to the failure of health system leadership in the country that stems from poor insight and neglect of the problem. Nigeria's healthcare professionals have been migrating in droves to the United Kingdoms, United States, Canada, Australia and other developed nations. To stem this tide, there is a need for the government at all levels to prioritize this menace on the political agenda and work in conjunction with healthcare institutions administrators, other leaders and stakeholders within the health sector to promote and improve welfare, working conditions, job security and satisfaction among healthcare workers as no other category of workers are so essential to the well-being of the people.

Keywords: Brain drain, Healthcare system, Leadership, Medical, Nigeria

Commentary

Nigeria experiences a significant brain drain in a variety of industries, especially in healthcare. The healthcare system in Nigeria desperately needs repair; this is no longer shocking news because it has been so obvious for a considerable amount of time that the input, process as well as outcome indicators are well below the set targets.¹ It is terrible that the country is losing a significant portion of her highly skilled medical professionals owing to brain drain daily, and it is limited to regard this as a health issue. The country's leadership has harmed the economy by depleting natural resources (oil and gas), which are a source of major revenue and as a result, many citizens have emigrated in order to provide for themselves and their families.²

In 2020, the global healthcare workforce was 65.1

million healthcare workers (HCW) (29.1 million nurses, 12.7 million medical doctors, 3.7 million pharmacists, 2.5 million dentists, 2.2 million midwives and 14.9 million additional occupations) with a reported shortage of 15 million HCW.³ However, only 1.3% of these HCW are currently working in sub-Saharan African countries despite having 25% of the global burden of disease.⁴ There is a considerable inequity in the distribution of HCW across the globe, particularly with a low count in the African regions which have been further depleted by brain drain. About one-fifth of African-born physicians and one-tenth of African-born professional nurses were working overseas in developed countries.⁵ The nine most important destination countries included the United Kingdom, United States, France, Australia, Canada, Portugal, Belgium, Spain, and South Africa.⁵ About five thousand (4,528) Nigerian doctors moved to the United Kingdom between 2015 and 2021.⁶ As of November 2021, 8,983 Nigerian trained doctors were working in the United Kingdom, and another 727 licensed in just 5 months between December 2021 and April 2022, bringing the total to 9,710 with

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at least 12 Nigerian doctors employed in the United Kingdom every week.⁷ In addition, about 3,895 Nigerian-educated doctors are licensed to practice medicine in the United State as of 2020, with Nigerians accounting for about 1 in 50 of all licensed physicians who were international medical graduates.⁸

The medical brain drain in Nigeria requires a very careful examination due to its negative effects on the nation's healthcare systems, which indirectly impair population health outcomes and heighten inequality among vulnerable populations. In the case of Nigeria, the movement of medical doctors and other HCW out of the country has been a major problem for public health systems; it exacerbates already brittle healthcare systems and widens the global gap in health disparities.⁹ Globally, Nigeria is one of the nations with the worst results for maternal health. Despite making up just 2% of the world's population, it is disproportionately responsible for about 10% of maternal death worldwide.⁹ Additionally, the continuous reduction in the number of available medical doctors and other health professionals has a variety of direct impacts on the healthcare systems including burnout among HCW, work-related stress, and medical negligence, all of which influence negatively on patient experience and health outcomes as well as HCW job satisfaction.⁹

According to studies on medical brain drain conducted in Nigeria, the main issue is that health professionals leave Nigeria for other nations where their skills are in high demand and are well compensated.^{2,10} Also, insufficient infrastructure facilities and a hospital's failure to supply necessary working equipment force medical professionals to relocate to other nations with similar facilities.¹⁰ Healthcare employees have been let down by the government and others in positions of responsibility, including hospital Chief Executive Officers/Chief Medical Directors (CEOs/CMDs), who have disregarded their screams. The National Executive Council meeting of the Nigerian Medical Association held in Gombe State from 29th August to 4th September 2022, observed that bad healthcare infrastructure, a lack of adequate government commitment and support for the health sector, outdated equipment, poor pay for healthcare personnel, abuse of the referral system and

professional competition are to blame for the large-scale exodus of HCW.¹¹ These are in addition to unfair policies, poor work ethics, unfavorable conditions, and not being able to afford to live a comfortable life with good security and value for the time and energy put into being a HCW, who barely has time to stay and enjoy life. Between 2nd August and 4th October 2021, resident doctors in Nigeria embarked on industrial action to press for some demands, some of which have been agreed upon by the government as far back as 2014 such as salary arrears, medical residency training fund, hazard allowance and many more overdue demands. Many of these demands were not granted during the strike action, as in the cases during many other industrial disputes, some of which affect workers' motivation and may further fuel the medical brain drain.¹²

Years ago, people from other nations came to Nigeria to receive medical care, but today the situation has reversed, and qualified health professionals are immigrating to other countries in search of a better living. Many young physicians who do not want to stay in Nigeria no longer attempt the residency examinations as stated by the National Postgraduate Medical College of Nigeria registrar that there has been a drastic reduction in the number of doctors enrolling for primaries, part 1 and 2 examinations. The fact that we lose these gems to other nations that did not train them is pitiful because it takes many years to train a doctor and much longer to become a specialist. Better pay and benefits, a better learning environment and chances, access to cutting-edge medical technology, better prospects for families, especially young children, a saner work atmosphere, and a comparatively safer workplace are the pull factors.

The economy of the nation is at risk when HCW leave, and communities suffer as a result, leading to developmental problems, a rise in health conditions and medical morbidity, an increase in death rates, and an overall deterioration in the health status of the citizens. It is a travesty that the government maintains that there are enough HCW including medical doctors in Nigeria, despite having 4 doctors and 15 nurses to every 10,000 Nigerians.¹³ This is in contrast to the World Health Organization (WHO) recommended 1 doctor to 600 population as well as about 30 HCWs (doctors, nurses and midwives) to 10,000 population.¹⁴ When the discussion of brain

drain in Nigeria was posed to the Minister of Labor and Employment, he stated that “we have more than enough, quote me”, herein lies the problem of brain drain with Nigeria.¹⁵ In addition to the fact that many of them are leaving daily. It is obvious that without changing the political system and its policies, the healthcare system cannot be improved. A new perspective must be taken in the medical industry.

In spite of the difficulties brought on by the lack of adequate medical doctors, the Nigerian government at every level, in partnership with health institutions and hospital administrators must collaborate to strengthen Nigeria's healthcare sector through a variety of development initiatives to control, support, and sustain the system. The effectiveness of HCWs in their organizations could be boosted by a thorough and sufficient examination of compensation packages. The incidence of brain drain would be reduced if policies that would guarantee job security, especially for post-fellowship resident doctors were implemented. Also, hospitals in the nation would work more efficiently and have less brain drain if they received enough financing and equipment.¹⁰ The government of Nigeria needs to raise the pay of healthcare workers and review it regularly to correspond with the existing economic situation, improve their job satisfaction and guarantee job security for them. Lastly, the government has to come to the awareness of the shortage of HCWs in Nigeria and change its attitude as well as deploy the right strategies towards curbing medical brain drain in the country.

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