

# Innovations

## Federal Tertiary Hospitals and Causes of Brain Drain in South west Nigeria

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**Abstract:** *The state of federal medical hospitals has come under the scrutiny of many stakeholders including scholars and human resource managers due to the challenge of brain drain. The brain drain is a paramount challenge facing Nigeria's health institutions, with many leaving the shores of Nigeria in search for better opportunities. This study examines the causes of brain drain in Federal Tertiary Hospitals in Nigeria, aimed at identifying the factors responsible for the brain drain. A mixed method approach was used, having both qualitative and quantitative data, collected from primary and secondary sources. The study population comprises 1974 medical doctors in the selected Federal Teaching Hospitals in South western Nigeria. A two-stage sampling technique was used for this study. In the first stage, stratified random sampling techniques were used to select Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) and Lagos University Teaching Hospital (LUTH) from the three Federal Teaching Hospitals and Federal Medical Centre Owo and Federal Medical Centre Abeokuta from the three Federal Medical Centres in the Southwest. In the second stage, simple random was used to administer a questionnaire to 333 respondents. The result showed that poor remuneration of professionals, shortage of equipment and infrastructural facilities, and security challenges in the country are contributing factors to brain drain in the selected Federal Hospitals. The study recommended that the managements should increase the salary and wages of their employees particularly among health workers, to ensure parity with other developing countries' salary scales.*

**Key words:** *Brain drain, Hospital, Healthcare Professionals, Tertiary Hospitals, Southwest*

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### Introduction

In recent years, the healthcare industry in Nigeria has faced significant challenges regarding the retention of employees in Tertiary Hospitals. Tertiary Hospitals play a crucial role in providing specialised medical care, conducting research, and offering advanced medical education to healthcare professionals.

However, maintaining a stable and skilled workforce has become a pressing concern for hospital management due to various factors such as poor economy and poor living standard. Unfortunately, brain drain is having a ripple effect on the nation particularly the Southwest federal hospitals of Nigeria where there is a clamour for more skilled workers in the health sector. Given the current poor rate of economic growth and development in the nation, many Nigerians living overseas, particularly in Europe and North America, either finished their education in a variety of fields and chose to stay behind and work there; or they migrated there as a fallout or brain drains. Due to the pull factor, a significant portion of Nigeria's highly qualified medical professionals left the country. This is not scholarly at all! Others have fled the country having been pushed by the urgent need to support their families (Moyosore, 2015).

Specialists including medical physicians, pharmacists, nurses, medical laboratory scientists, and industrial chemists frequently experience brain drain. Others include lawyers, university professors, researchers, engineers, and computer scientists. Initially, the phrase "brain drain" referred to the exodus of technological employees from a country. Today, however, it refers to the movement of educated and skilled individuals from one nation, industry, or expertise to another, frequently in search of higher pay or better living conditions (Merriam Webster Dictionary, 2018).

### **Brain Drain**

The term "brain drain" also refers to the mass exodus of highly skilled workers from a variety of developing nations, primarily African nations, to more developed nations like the United States, Canada, the United Kingdom, Germany, France, Italy, Holland, New Zealand, and Australia. As was already said, the desire for greater prospects is the main driver of this trend. The Longman Dictionary of Contemporary English describes brain drain in a similar way as "a movement of highly skilled or professional people from their own country to a country where they can earn more money." Utile (2018), conceptualises brain drain as "the mass exodus of highly trained and well-experienced employees from countries with poor conditions of service to those with better work conditions in search of greener pastures."

Brain drain, according to Pillay (2017) and Afaha (2019), is the pervasive migration of experts from one nation to another. In this instance, it refers to the transfer of health care workers in the field of mental health from poor to developed nations, including physicians, psychiatric nurses, clinical psychologists, etc. It may also be used to describe the movement of engineers, farmers, pilots, etc. The "brain drain" problem is viewed as a significant barrier to the growth of developing countries, despite the fact that this is of considerable concern to the industrialized nations. According to research, there were 20 million immigrants working in the health professions (foreign-born employees with higher education) in the Organisation for Economic Co-operation and

Development (OECD) member nations by the year 2016, a two-third rise in 10 years. 70% of these immigrants were from developing or transitional countries. Lack of employment prospects, wars, and political unrest in less developed nations were the causes of the employee movement (Minda 2016). Brain drain is typically viewed as an economic loss to the countries that are releasing people. This is due to the fact that migrants frequently carry the value of training supported by governments or other organisations with them. It may be compared to "capital flight," which describes the same flow of monetary capital. Brain gain is the opposite of brain outflow. As a result, while industrialized countries are experiencing brain gain, developing countries that are losing qualified workers are experiencing brain outflow.

### **Causes of Brain Drain in Federal Teaching Hospitals in Southwest Nigeria**

The impact of the health professional brain drain on service delivery has been the subject of numerous studies. According to Oladeji and Gureje (2016) titled "Brain Drain: A Challenge to Global Mental Health" that the current disparity in access to mental healthcare for those in need around the world is a result of medical professionals moving from lower-income to higher-income nations, and this hinders efforts to scale up mental health care services in resource-constrained settings, especially in sub-Saharan African nations. The mobility or migration of talented workers is influenced by a number of factors, such as the globalization of the skilled labour market and affluent countries' capacity to attract and retain qualified individuals from less developed countries. To address the global shortage of mental health professionals, young doctors must be encouraged to choose careers in mental health and psychiatry. Additionally, initiatives should be undertaken to enhance the retention of medical personnel in underdeveloped nations.

Similarly to this, Minda (2016) evaluated the causes of through a case study of two public hospitals, this article examines brain drain and its consequences on the development of Addis Abeba's health sector. The primary objective of the study was to assess the causes of brain drain and the consequences for the expansion of the healthcare industry. To do this, the study and evaluation took into account other key causes in addition to the push factors in the source countries and the pull factors in the diasporas.

Afu (2016) also evaluated the effects of brain drain and migration in Cameroon. The goal was to look into the origins, effects, patterns, dynamics, and, finally, options for slowing this unprecedented phenomenon. Secondary and primary sources were used to gather the data for this investigation. Surveys were distributed to randomly selected respondents based on the world's continents for the core data, and some strategic interviews were also used to complement it. In a similar vein, the author also employed secondary data sources that had been published and were relevant to the study in a variety of ways, including documented proof of pilot study. The author followed Neo-Classical economic

theory on a theoretical level. The study's findings confirmed that push factors (unfavourable socioeconomic conditions in the country) and pull factors (favourable socioeconomic conditions in the Western world) drive foreign migration in Cameroon.

Shukla and Sinha (2018) looked at the banking industry's staff turnover. The research design used in the study was descriptive. The mean, standard deviation, and linear correlation were used to analyse the data that had been obtained. According to the study's findings, poor work conditions and a lack of job satisfaction were major contributors to employee churn. Employees were eager to switch to a new position that offered them greater pay and working conditions. This shows that improving the working environment and paying people more is a smart strategy to lower employee turnover.

The study found a substantial negative link between work engagement and migrant engineers, with 104 responses being useful. Engagement inside the organisation was another issue with engineers' motivation to relocate. The following, however, were not shown to be associated with the desire to move migrant engineers: work satisfaction, high job compensation, social welfare, and human security. According to the study, the two control factors that were shown to be associated with engineers' intentions to relocate to Penang were their ages and educational levels. Engineers' intention to immigrate was negatively impacted by age, whereas their intention to immigrate was positively impacted by their degree of education. The survey also shows that Penang migrants' purpose to migrate was moderate.

According to a different ICMH (2018) study, more than 80% of professionals would rather go from their own nations due to the quality of the job market, advancements in technology, and opportunities for professional growth. In a related study, Kiang, et al (2015) identified the prospect of pursuing an engineering profession, terrible working circumstances, and better engineering techniques as the main causes of Penang's professional engineers migrating from their home countries in search of a more environmentally friendly workplace.

Andrew and Baomin (2015) did research titled "Investigating Determinants of Brain Drain of Health Care Professionals in Developing Countries: A Review." The study examines what motivates health professionals in Malawi to relocate to Pasteur, which has a greener environment. Healthcare workers from developing nations suffer from intolerable living and working circumstances as well as low or inadequate compensation packages. As a result, they search abroad for better jobs, higher pay, and better quality of life in developed nations.

The aforementioned issue has been linked for several years to the characteristics of the exodus of talented employees from their home nations, where they are most required. This causes more issues for the already weak and inadequate healthcare delivery system. The study usually sheds light on the problems relating to the migration of medical professionals from poor to industrialised nations.

Many of Nigeria's brightest minds have emigrated to other regions of the world, mainly the West, for a number of reasons. The difficult economic circumstances that the majority of Nigeria's intellectuals and professionals operate in have been identified as a major motivator of intellectual and professional potential. The desire to go to nations that would pay them and use their competitive skills is another issue (Adebayo, 2018).

Jenkins, Kydds, and Mullen (2018), Pillay (2017), and Afaha (2019) assert that the mobility of health professionals is influenced by individual values as well as the interaction of intricate economic, social, and political dynamics that originate in both their home countries and other nations. We can also be aware of the psychological, social, and political forces that push Nigerian intellectuals and professionals to relocate to more favourable environments for their work and lifestyles. Therefore, it should not be surprising that individuals take advantage of greater possibilities when they arise in other nations.

### **Other causes of Brain Drain in Federal Teaching Hospitals**

Dissatisfaction with the reward system (poor remuneration of experts and professionals: Due to the fall in the value of the Naira, the remuneration of Nigerian workers is very low in comparison to that of foreign workers). Fringe benefits are not comparable to those in the civil service and private sector. Frustration and a lack of job satisfaction or professional fulfilment: This has resulted in inadequate and sometimes non-existent facilities for teaching and research, poor library facilities and a lack of textbooks, the inability to attend conferences overseas, the inability to subscribe for journals and membership in professional associations, inadequate office space, inadequate municipal facilities such as telephones, consistent electricity, and water, and a conducive environment.

Ineffective or bad leadership, combined with tribalism, nepotism, and favouritism in appointment and promotion, is a major contributor to the brain drain in Nigeria. The feeling of insecurity of life and property (security challenges in the country): most workers have been kidnapped as a result of the nature of their job, thereby leaving their loved ones behind because some of them were killed in the process. Fear of retiring empty (lack of good retirement packages): most employees migrate to earn enough money to meet their needs and expectations. Shortage of equipment and supplies, Lack of adequate or sponsored training and development for career advancement, Lack of proper personal protective equipment for health workers, Allowance and failure to implement a commensurate or hazardous allowance, Hostile work environment and inter-professional conflict, Bad government policies, Poor recreational facilities, Crises (politics, religion, economics, education).

## Theoretical Framework

Equity theory was developed by John Stacey Adams in 1963. This principle is primarily based on the perception that employee motivation is based on equality. In the same organisation, role, and sector, they desired equal treatment with their counterpart, irrespective of the extrinsic bonus that the employer might want to give. John Stacey Adams advanced the equity theory of thought in the early 1960s; this idea acknowledges that motivation can be affected by an individual's perception of fair treatment among their colleagues.

The Adams Equity Principle stated that there should be equality between the input they bring to a job and the results they get from it, as they perceived others' efforts and results. The theory is based on people's views of the organisation's justice, fairness, and equity. The theory assumes that employees are trying to maintain equality between the effort they put into the work, such as dedication, training, effort, and time, and the result they get. For example, the motivation rate of an individual is influenced by how he or she perceives equity, fairness, and justice (Nzure, 2017). The truth of this theory is that the higher the degree of justice perceived by employees, the greater their desire to succeed and also their degree of engagement, and the more likely they are to stay there for the long term. The equity theory indicates that employees should be equal between the input they bring to a job and the results they get from it, as they perceived others' efforts and results. The theory is based on people's views of the organisation's justice, fairness, and equity. The theory assumes that employees are trying to maintain equality between the effort they put into the work, such as dedication, training, effort, and time, and the result they get. For example, the motivation rate of an individual is influenced by how he or she perceives equity, fairness, and justice (Nzure, 2017). The truth of this theory is that the higher the degree of justice perceived by employees, the greater their desire to succeed and also their degree of engagement, and the more likely they are to stay there for the long term. The equity theory indicates that employees' "insights into the running state of affairs as to how well they are treated as equals to others affect their level of motivation."

In line with the equity theory, an organisation makes comparisons and compares its outputs with the outputs and inputs of other organisations. If they perceive that their comparison is similar to what others get, they will believe that the organisation's treatment is fair and equitable. We could anticipate that their care is fair and equitable, and we could determine that their evaluation is similar to what others get for comparable efforts. Education, commitment, experience, and capability, among others, are the employee input factors that can affect the retention of employees. The outputs that employees obtain from their jobs are also different indicators for the retention of an organisation and encompass salaries, benefits, and bonuses for promotions. A fairness Organisation denotes the ratio of the results of a person's inputs to their outcomes being equal to the ratio of other outcomes to their colleague's efforts.

Inequity exists where the situation is alternative, resulting in low retention of employees; for instance, Equal compensation for workers with higher levels of education and experience and newer, less qualified workers may be regarded as unfairness, which increases the likelihood that the former may quit the company.

### **Methodology**

The study adopted a descriptive survey research design. Primary data were utilised for the study. Primary data was collected through the administration of a questionnaire and the conduct of an interview. The study population comprises 1974 medical doctors in the selected Federal Teaching Hospitals in South western Nigeria. A two-stage sampling technique was used for this study. In the first stage, stratified random sampling techniques were used to select Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) and Lagos University Teaching Hospital (LUTH) from the three Federal Teaching Hospitals and Federal Medical Centre Owo and Federal Medical Centre Abeokuta from the three Federal Medical Centres in the Southwest. In the second stage, simple random was used to administer a questionnaire to 333 respondents, derived using the Taro Yamane formula. Proportionate sampling was used in selecting and administering questionnaires to the three categories of doctors, namely: consultants, resident doctors, and medical officers. Secondary data were gathered from relevant books, and hospital records for such variables as reports of total number of patients admitted, discharge, and surgeries performed in Federal Teaching Hospitals.

### **Data Presentation and Findings**

This section seeks to empirically examine the perceived causes of brain drain in the selected federal teaching hospitals in southwest Nigeria by exploring the responses generated from the survey. Table 1 reveals that the majority of respondents were aware of the idea of brain drain, whereas small minorities were unaware of it.

The research in Table 1 showed that 95.0% of the respondents reported that they had heard the term "brain drain" in their field, while 5.1% had not. Also, 92.5% reported that their organisation and other organisations they know have also experienced brain drain in recent years, while 7.6% did not agree with the above statement. The analysis of the finding showed that the majority of the medical doctors agreed that their organisation and other organisations they knew had experienced brain drain in recent years.

**Table 1: Distribution of Respondents on Awareness and Experience of Brain Drain among Respondents**

Variable	Yes	No	Total
Ever heard the term “brain drain” in your profession?	304 (95.0%)	16 (5.1%)	320 (100%)
Your organisation or any other that you know experienced brain drain in recent years	296 (96.4%)	8 (3.6%)	304 (100%)

**Source: Field survey, 2023**

Table 1 shows the reported categories of experiencing a brain drain. It also showed that 75.0% of the resident doctors have encountered brain drain in their organisations; 13.8% were consultants, and 11.3 were medical officers. This indicated that the majority of the staff who have experienced brain drain were resident doctors. Also, consultants, medical officers, and others in other fields experienced brain drain.

**Table 2 Categories of Reported staff who Experienced Brain Drain**

Professional	Frequency	Percentage
Medical officers	36	11.3
Resident doctors	240	75.0
Consultants	44	13.8
Total	320	100.0

**Source: Field survey, 2023**

The analysis in Table 2 shows the perceived causes of brain drain in the selected federal teaching hospitals in southwest Nigeria. According to the findings, 93.8% of respondents reported that low pay for experts and professionals is a cause of brain drain. 91.2% agreed that shortages of equipment and supplies are causes of brain drain, 73.8% agreed that brain drain is a result of inadequate training and development for job progress. 71.2% agreed that lack of proper personal protective equipment is a cause of brain drain. Allowance and non-implementation of commensurate or hazardous allowance were cited as causes of brain drain by 86.2% of respondents. 81.2% agreed that a hostile work environment and inter-professional conflict are causes of brain drain. 70.0% agreed that a lack of good retirement packages is a cause of brain drain. 78.8% agreed that lack of professional fulfilment and job satisfaction are causes of brain drain. 90% agreed that the country's security challenges are caused by brain drain. Bad government policies, according to 88.8% of respondents, are causes of brain drain. 61.2% agreed that the untimely death of manpower assets is a cause of brain drain. Brain drain is caused by poor recreational facilities, according to 61.2% of respondents. 70.0% agreed that crises (political, religious, economic, and education) are causes of brain drain, while other causes of brain drain

identified by the respondents were lack of residency space, the safety of life and property, and the social and economic condition of the country.

**Table 2 Distribution of Respondents on the Causes of Brain Drain**

Causes	Yes	No
Poor remuneration of experts/professionals	300 (93.8%)	20 (6.2%)
Shortage of equipment, infrastructural facilities, and supplies	292 (91.2%)	28 (8.8%)
Lack of adequate training and development for career advancement	236 (73.8%)	84 (26.2%)
Lack of proper personal protective equipment for health employees	228 (71.2%)	92 (28.8%)
Allowance and non-implementation of commensurate/hazard allowance	276 (86.2%)	44 (13.8%)
Hostile work environment and inter-professing conflict	260 (81.2%)	60 (18.8%)
Lack of good retirement packages	224 (70.0%)	96 (30.0%)
Lack of professional fulfillment/job satisfaction	252 (78.8%)	68 (21.2%)
Security challenges in the country	288 (90.0%)	32 (10.0%)
Bad government policies	284 (88.8%)	36 (11.3%)
The untimely death of manpower assets	196 (61.2%)	124 (38.8%)
Poor recreational facilities	196 (61.2%)	124 (38.8%)
Crises (political, religious, economic, educational)	224 (70.0%)	96 (30.0%)

**Source: Field survey, 2022**

### Discussion of Findings

The causes of brain drain in selected federal teaching hospitals in south western Nigeria. According to the statistical findings, poor employee paying well motivates health professionals to leave the field. The results demonstrate that healthcare professionals, particularly those working in Federal Teaching Hospitals, are not being paid fairly. Additionally, it was shown that the exodus of health professionals is due to inadequate remuneration. It also claims that poor pay drives medical professionals to migrate because of it.

The findings concur with those of Noll (2019), who claims that a fair compensation structure and incentives can help prevent brain drain, especially

among health professionals. According to Heneman (2018), Lawler and Jenkins (2018), and Agba et al. (2019), "pay in its various forms influences the employee-organisational relationship." It was highlighted that brain drain had occurred as a result of "payment of employee remuneration" delays. Similar to this, Murray (2019) noted that compensation has a big influence on employees' sentiments within the company. Similar to this, Padarath and Chamberlain (2018) assert that compensation may be the most significant and determining factor driving the movement of health professionals. According to Awases, Gbany, Nyan, and Chatora (2019), as well as Hamada, Maben, McPake, and Hanson (2019), low wages play a significant role in the movement of medical professionals to wealthy nations with greater pay. Thereby, they tend to move out of Nigeria to neighbouring countries that pay them a greater amount. This finding is in agreement with the findings of Terry and Zubair (2017) that wage and pay have a positive and considerable influence on job-related brain drain and the economic state of the nation.

Brain drains among medical doctors may be caused by a lack of equipment, insufficient infrastructure, the hospital management's failure to supply necessary tools for the job and its inability to maintain and replace worn-out equipment. The result is consistent with the research of Manongi, Marchant, and Bygbjerg (2019), which found that health professionals who struggle with a lack of funding for innovation and laboratory infrastructure are more inclined to immigrate to other nations. This conclusion is also confirmed by Ikenwilo (2017), who claims that most developing countries share the problem of inadequate healthcare facilities and a supportive work environment. Most frequently, these shortcomings force medical professionals to relocate to neighbouring nations where these services are accessible.

Eyerusalem (2016) described Health professionals relocate throughout the world in quest of a better quality of life, greater incomes, access to cutting-edge technologies, and more stable political environments, which is referred to as "brain drain.". According to Terry and Zubair (2017), brain drain is defined as the widespread exodus of people with technical skills or knowledge, typically as a result of a lack of opportunities, political unrest, armed conflict, or health problems and risk factors. A necessary component of globalization, the movement of highly qualified employees from developing countries to industrialized countries has both good and negative effects.

Consequently, Professionals from Nigeria in a variety of fields—particularly those working in the health and education sectors—regularly migrate to industrialized nations in pursuit of better opportunities. (Adetayo & Bakare, 2018). Industrialised countries like the USA, Canada, Dubai, China, and the UK often became recipients or destination countries for registered health workers, which undermined the optimal functioning of health systems and education systems in developing countries. Recently, it was revealed that the National Health Service (NHS) in the United Kingdom employs no fewer than 5,405 medical

professionals with training in Nigeria. In a similar vein, the British Government's figures showed that Nigerian health professionals make up 4% of the 137,000 foreign employees from 202 different nations who work alongside British physicians and nurses (Saheed, 2019). Additionally, it was shown that political unrest significantly enhances the brain drain of medical professionals from Nigeria's government teaching hospitals. This suggests that a rise in political unrest will bring about a noticeably greater exodus of medical professionals from Nigeria's government teaching hospitals. It has become common knowledge that Nigeria is not at peace at present. Daily, the rise of insurgency, killings here and there, kidnapping, and the like keeps increasing. Hence, the health workers tend to leave the nation for better nations with a peaceful and progressing economy compared to Nigeria. This finding agrees with the conclusion of Saheed (2019) that the factors affecting the brain drain of young people from Nigeria include political instability, level of corruption, living standards, job opportunities, lack of travel opportunities, the environment, and health.

These results indicated that the majority of the respondents agreed with the listed perceived causes of brain drain in Southwest Nigerian Federal Teaching Hospitals. Poor remuneration of experts and professionals is identified as the major reason for the incessant brain drain in the selected Federal Teaching Hospital in south western Nigeria, which had about 94 percent of the total respondents. The results also depict that the remuneration of employees in Federal Teaching Hospitals is very low in comparison with developed countries. This is followed by a shortage of equipment and supplies, which about 91 percent of the respondents identified as one of the causes of brain drain. Due to a lack of equipment and infrastructure, many employees migrated to developed countries where their skills would be valued. In addition, among the reasons for brain drain in federal teaching hospitals was a lack of adequate training and development for career advancement.

People aspire to work and remain in organisations that offer a pleasant and happy work environment where employees feel appreciated and make a difference, claims Ramlall (2019), but the absence of that frustrates employees and causes them to leave for better ones.

Furthermore, a lack of good retirement packages, job satisfaction, security challenges in the country, bad government policies, poor recreational facilities, and crises (political, religious, communal, and educational) discourage employees from staying with their organisation for an extended period.

Existing research has shown that brain drain is a major issue for developing countries. Brain drain is generally associated with employees leaving their current location (their nation of residence) for one where their abilities are adequately compensated. This incident is most prevalent in developing countries like Nigeria, particularly in the health sector. More than half of doctors in Nigeria resided and worked overseas (Naicker et al., 2019).

The outcome supports Tessema's (2019) claim that medical professionals believe their incomes earned overseas cannot be compared to those received locally. Tessema notes that highly qualified healthcare professionals are drawn to wealthy nations by greater wages and benefits. The finding agrees with Kiraya (2016) and Tessema (2019), who posit that poor remuneration is a major cause of brain drain. The majority of professionals are given wages that are significantly less than those of their counterparts in industrialized nations due to the dismal economic conditions in developing countries. Professionals in developing countries, particularly in Africa, struggle to make ends meet on their meagre salaries, and many more are living in poverty. In the health sector, greater incomes, better work prospects, and technology in industrialized nations spur healthcare professionals in underdeveloped nations to move, according to Dimaya, McEwen, Curry, and Bradley (2020).

### **Recommendations**

It is expedient for the management of the Federal Teaching Hospitals to curb the causes of brain drain in the medical profession. This paper therefore put forth the following recommendations to aid the Management in this pursuit. The management should increase the salary and wages of their employees particularly among health workers, to ensure parity with other developing countries' salary scales. Management should take appropriate steps to improve the workplace environment because a toxic workplace environment can frustrate employees and cause them to quit. The expense of replacing an employee cannot be compared to the cost of creating a better working environment. Therefore, Federal Teaching Hospitals should take the initiative to always provide their staff with comfortable working conditions.

### **Conclusion**

The study concluded that the causes of brain drain in Nigeria has had an adverse effect on the employees in the selected Federal Tertiary Hospitals in South western Nigeria. As a result, it can be stated that this has affected employee retention in the organisations. As employees' needs and wants are different from one another, every employee has a varied degree of perception, making it challenging to combat the brain-drain phenomena, employees' needs and satisfaction. The brain-drain phenomenon among healthcare workers includes poor remuneration, a poor working environment, unavailability of equipment and infrastructural facilities, and political and economic instability.

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