

# **BRAIN DRAIN OF THE NIGERIAN DOCTORS-A REVIEW**

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## **ABSTRACT**

**Background:** *Human beings migrate around the world as human interaction is necessary for mental health, economic reasons, relaxation, and tourism. When the migration involves skilled workers and highly trained professionals, it leads to brain drain and attendant consequences. This is a review article on medical migration in Nigeria.*

**Method:** *A search of the literature on the migration of doctors in Nigeria to developed countries was done using Google Scholar, AJOL, and PubMed using the word migration, brain doctors, brain drain of Nigerian doctors, Nigerian doctors in the USA, Nigerian doctors in the diaspora. Only literature related to the subject matter were included in the review.*

**Conclusion:** *There is an increasing number of doctors who are leaving the shores of Nigeria to high-income countries for greener pastures. The push and pull factors contribute to medical migration in Nigeria. There are several negative and positive impacts of the brain drain of doctors in Nigeria. The negative impacts are on the healthcare system, on doctors left behind, medical education and the Nigerian economy. The Nigerian government, hospital management boards and committees, medical residency trainers and supervisors, postgraduate colleges, medical professional associations, and the public all have important roles to play to curb the brain drain of Nigerian healthcare workers.*

**Key Works:** *Doctors, Migration, Brain Drain, Nigeria.*

## INTRODUCTION

Brain drain is a common phenomenon seen in developing countries ravaging Nigeria and occurring amongst all cadres of healthcare workers. This term was first used by the British Royal Society when British scientists moved to the United States<sup>1</sup>. Globally healthcare professionals including doctors are in high demand. Brain drain is also known as human capital flight<sup>2-5</sup> occurs when professionals or highly skilled individuals move from their country to a country where they can earn more money<sup>6-8</sup>. This movement is usually from poor to rich nations. When healthcare workers are involved it becomes medical brain-drain<sup>7,8</sup> and physicians brain-drain when it involves only doctors.

Doctors in Africa are underpaid compared to their counterparts in Europe, Canada and the United States.<sup>9</sup> this is made worse with the relative weakening of the Nigerian currency relative to other currencies. This has led to the loss of a reasonable number of Nigerian trained doctors to developed countries.<sup>10</sup>

## THE BURDEN OF THE PROBLEM

According to the Medical and Dental Council of Nigeria (MDCN), 50% of the registered 72,000 doctors are in the diaspora.<sup>11</sup> Every week in 2014, 2 physicians left Nigeria and 17 in 2018 giving rise to a 600% rise<sup>12</sup> of doctors that

migrate. Several others are already making plans to leave by sitting for the various foreign medical examinations for international medical graduates.<sup>13</sup> The number of doctors emigrating has doubled since 2016<sup>12</sup>. There is a 73.5% increase in the number of Nigerian-trained physicians registered in the United Kingdom (UK) from 3337 in 2009 to 5861 in 2018.<sup>12</sup> Every week in 2018, 12 Nigerian doctors register with the UK General Medical Council<sup>14</sup>, This is likely to increase further in the future if unchecked.

**Table I: Nigerian physicians in the United Kingdom and the United States 2015<sup>15</sup>**

Country	Number	Percentage of total doctors' workforce
USA	2,392	0.3%
UK	1529	1.1%

## CAUSES OF MEDICAL BRAIN-DRAIN

The causes of medical brain-drain are the push and pull factors. The push factors are categorized into economic, political, social and environmental factors. The push factors are factors that encourage physicians' to leave Nigeria while the pull factors attract the Nigerian doctor.

## IMPACT OF MEDICAL BRAIN-DRAIN ON THE NIGERIAN HEALTH SYSTEM

There are various impacts of brain drain both to the countries of emigration and immigration. The Negative impacts include on the country of emigration include healthcare and the doctors left behind.

The negative impact of brain drain of doctors in Nigeria on health care are:

1. **WORSENING HEALTH INDICES:**

When the physician workforce in any country is inadequate, it affects its health status and health indices.<sup>16</sup> This adversely affects the quality of healthcare rendered to the populace including the countries health system ranking.

2. **INCREASED DOCTOR-PATIENT RATIO:**

In Nigeria, it is estimated that there are 35 doctors to 100,000 of the population<sup>16</sup> and one doctor to 22,000 patients in rural areas.<sup>11</sup> This is below the World Health Organization (WHO) recommendation of one doctor to 600 patients. The number of doctors to patient ratio will increase further with medical brain-drain.

3. **LOSS OF HUMAN RESOURCES:**

Loss of valuable human resources is detrimental to the healthcare system.<sup>12</sup> There will be a loss of medical school lecturers. There is also a loss of supervisors, residency trainers, and mentors to medical students, doctors and other healthcare workers.

4. **POOR HEALTH SERVICES:**

All components of the health system are important to provide quality care. Deficiency in one

prevents the optimization of others.<sup>12</sup> The healthcare services rendered in most Nigerian health facilities are challenged with understaffing, poor infrastructure and obsolete medical equipment. Therefore the Nigerian population of over 160 million<sup>17</sup> is left to suffer as there is a reduction in the number of doctors to attend to them since delivery of quality healthcare cannot be achieved without healthcare professionals.

**LONG WAITING TIME:** Patients will have to wait longer to see a doctor.

The Negative impact of brain drain of doctors in Nigeria on Doctors Left Behind are:

**INCREASED WORKLOAD:** When doctors migrate abroad, there is an undue burden on the doctors left behind. This indirectly leads to job dissatisfaction, increased work stress, low morale and physician's burnout.

**CONSIDERATION OF MIGRATING:**

Doctors left behind may consider migrating<sup>18</sup> due to the increased workload as there will not be any change in the remuneration or extra pay for the increased workload.

**INTERNAL BRAIN-DRAIN:** Doctors located in the rural areas may consider migrating to the urban areas due to vacancies in the tertiary hospitals created by the migrated doctors.

**LOSS ON MEDICAL EDUCATION:**

There is a loss of lecturers in the medical schools and trainers

and supervisors in the residency training programme.

#### **D. ON THE ECONOMY AND NATIONAL**

**Development:** There is a loss of taxes as the migrated doctors will now pay their taxes to the country of migration. This indirectly affects national development as the amount of money available to the government to develop the country has reduced. According to Kirigia et al, the economic loss incurred by Nigeria in 2006 when 4080 doctors emigrated to the western world was \$7,567,080221.<sup>19</sup>

#### **POSITIVE IMPACT – BRAIN GAIN**

Brain gain occurs as some doctors who migrate may specialize or subspecialize in medical specialties and subspecialties not available in Nigeria. When they return home, they bring the skills and experience they have acquired abroad. They may also be involved in the training of other doctors in Nigeria, therefore, transferring these skills and knowledge. Associations of Nigerian doctors abroad occasionally organize training in form of seminars, workshops and symposiums for their Nigerian colleagues. For instance, during the 2019 Nigerian Medical Association Annual Delegates Meeting and Conference; the Canadian Association of Nigerian Physicians and Dentists (CANPAD) delivered lectures and organized a workshop on emergency medicine - A specialty as its training is not yet available in Nigeria. These associations

of Nigerian physicians in the diaspora have made donations to Nigerian hospitals and medical schools.

#### **POSSIBLE SOLUTIONS**

These solutions are geared towards the causative factors, they include:

#### **ROLE OF THE GOVERNMENT**

##### **INCREASED FUNDING FOR**

**HEALTHCARE:** There should be increased funding for healthcare. Increased funding will improve health services by acquiring modern medical equipment and better hospital infrastructure.

##### **INCREASED FUNDING FOR**

**RESEARCH:** Funding of research will prevent doctors in academia from migrating. This will also kindle the interest in medical research leading to discoveries in the field of medicine putting Nigerian doctors in the global perspective.

##### **INCREASED FUNDING OF POSTGRADUATE MEDICAL**

**EDUCATION:** This includes residency training, masters and doctor of philosophy (PhD). There should be bursaries for residency examinations. The residency training act should be implemented and also sponsor foreign attachment for resident doctors.

##### **INCREASE DOCTORS**

**REMUNERATION:** The remuneration of doctors should be increased to be equivalent to their counterparts abroad.

- e. **SCHOLARSHIP AND SPONSORSHIP:** Provide sponsorship for refresher courses which is a prerequisite for attempting Part 1 and 2 residency examinations. Sponsorship and scholarship should be made available for doctors to undergo postgraduate courses and training abroad especially in specialties and subspecialties not available in Nigeria. There should also be sponsored to attend conferences within and outside Nigeria to keep them abreast with the recent discoveries.
- f. **BETTER ECONOMY AND NATIONAL DEVELOPMENT:** Reduction of inflation, poverty alleviation and provision of basic amenities such as housing, good roads, water and electricity will improve the quality of life in Nigeria.
- g. Improve the working conditions of doctors such accommodation for doctors, car loan, house loan, call food, prompt payment of salaries, reduction of taxes and other deductions.
- h. Curb insecurity especially the kidnapping of doctors and providing a safe medical workplace.
- i. There should be policies to protect intellectual property so that young doctors can own their intellectual work. They should be given the freedom to conduct research and publish articles.
- j. **EMPLOYMENT:** There should be immediate employment of doctors after graduation and an increased placement for resident doctors. More medical personnel should be employed including house officers to reduce the workload on doctors left behind.
- PROVIDE HEALTH INSURANCE FOR ALL NIGERIANS.** Presently, not all the Nigerian populace are enrolled in the national health insurance scheme (NHIS). This will eliminate the out-of-pocket payments and stop the frustrations doctors have when patients cannot pay for prescribed drugs or investigations. This will propel Nigeria in achieving universal health coverage.
- HOSPITAL MANAGEMENT BOARDS AND COMMITTEES**
- Conduct exit interviews and administer exit questionnaires to doctors resigning from their jobs to investigate what will stop them from migrating.
- b. Implement policies on healthcare enacted by the federal government.
- c. Provide a secure working environment to prevent workplace violence, bullying and harassment.
- MEDICAL TRAINERS AND SUPERVISORS**
- a. Stop trainer-trainee bullying
- b. Stop stealing and plagiarizing the intellectual property of subordinates.
- c. Provide career guidance for early career doctors through mentoring and coaching.

## POSTGRADUATE MEDICAL COLLEGES

- Reduce examination and refresher course fees.
- Provide other training in clinical medicine besides residency such as postgraduate diploma, certificate courses, and postdoctoral fellowship.

## CONCLUSION

Brain drain is a menace ravaging the Nigerian healthcare system that needs immediate attention because it affects everyone. It is caused by the push and pull factors with negative and positive impacts. Its elimination involves several stakeholders in healthcare, medical education and the public.

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