



## RESEARCH ARTICLE

### ANALYZING THE DETERMINANTS OF INTERNATIONAL MIGRATION AMONG NIGERIAN HEALTHCARE PROFESSIONALS: A SYSTEMATIC LITERATURE REVIEW

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#### ABSTRACT

The cross-border migration of healthcare professionals, especially doctors and nurses, from Nigeria is becoming increasingly a bane on the efficacy of the Nigerian healthcare service delivery. This systematic literature review aims to analyse the determinants of this migration, synthesizing findings from both empirical and conceptual studies published between 2020 and 2025. The review adopted Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, thirty-one peer-reviewed articles and reports were selected based on the defined inclusion and exclusion criteria. The review grouped the determinants into economic, professional, institutional, social, and political. Findings reveal that poor pay, inadequate career development opportunities, decayed healthcare infrastructure, insecurity and poor working conditions are the main factors pushing healthcare professionals from Nigeria, while good pay package, modern medical tools, security and improved working conditions in developed countries are the major pull factors attracting Nigerian health workers. The paper recommends multi-dimensional policy responses with emphasis on institutional reforms, improved welfare packages and career development of Nigerian health workers among others. Moreover, Nigerian government should go into international cooperation with relevant stakeholders to reverse brain drain and endanger brain circulation.

**Keywords:** Nigerian healthcare professionals, doctors, nurses, international migration, systematic literature review

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## 1.0. INTRODUCTION

The international migration of healthcare professionals especially doctors and nurses, particularly from developing countries like Nigeria is one of the major challenges militating against healthcare systems in the developing countries. This migration, often referred to as brain drain, is posing existential threat to the already fragile healthcare systems of origin countries (Nigeria) while benefiting destination countries (most developed nations) with an inflow of skilled healthcare professionals (Arah, 2018; WHO, 2020). Nigeria, the most populous country in Africa, is among the nations most affected by this phenomenon, losing thousands of healthcare professionals annually to countries such as the United Kingdom, United States, Canada among others (Oyewale & Ojo, 2021).

A 2017 survey by the Nigerian Polling organization (NOIPolls) in partnership with Nigeria Health Watch revealed that about 88 percent of medical doctors in Nigeria were seeking work opportunities abroad at the time. Similarly, in 2018, the National Association of Resident Doctors (NARD) said at least twelve 4 (12) of their colleagues leave Nigeria every week to practice overseas. Data collected from healthcare professionals' regulatory bodies give an indication of the magnitude and trend of migration of different cadres of health workers in Nigeria over recent years. For instance, the Medical and Dental Council of Nigeria (MDCN) report that the year 2022 represent the peak of migration of medical doctors with over 3000 doctors requesting for letter of good standing from the MDCN.

As of December 2022, the United Kingdom is the destination for 68% of Nigeria's medical and dental professionals who migrated out of Nigeria through MDCN. Other countries of destinations are Canada (10%), USA (7%), UAE (5%), Australia (3%), Ireland (3%), Saudi Arabia (1%) and Maldives (1%) (*Note that this figure does not represent the total migration of medical and dental professionals but only those that informed MDCN 5 about their migration*). 89% of all external migrants indicated that their reasons for external migration are for professional practice (National Policy on Health Workforce Migration, 2023).

Doctors and Dentists are not the only healthcare professionals leaving their jobs in Nigeria, nurses and midwives among others are also leaving the country in droves, with migration peaking at over 5,000 departures annually between the years 2002 and 2005, when Nigeria lost more nurses than it produced within the timeframe (WHO, 2006). Similarly, between 2019 and mid-2022, at least 4,460 nurses migrated from Nigeria to the United Kingdom (dRPC, 2022). Furthermore, in 2023 there was a huge jump in the number of Nurses requesting for verification to migrate from Nursing and Midwifery Council of Nigeria (NMCN), with 52% of nurses and midwives who needed a letter of good standing to move chose the United Kingdom as their new home, while 36% chose the United States of America. Other 17 countries account for only 12% of the total migration number (NMCN, 2023).

From an international relations perspective, the phenomenon of brain drain of healthcare professionals point to the interconnectedness of the global systems collapsing it into a global village. It is not only the disparities between nations that drive labor mobility but also the active recruitment of healthcare workers by developed countries which raises ethical concerns about the exploitation of healthcare professionals from countries already suffering from their inadequacy (Dwyer, 2019). This implies the



urgency for global cooperation to address the inequities fueling healthcare workers migration, making it a subject of significant interest in the field of International Relations (IR).

Within the context of the United Nations' Sustainable Development Goals (SDGs), the migration of healthcare workers directly impacts SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities). The loss of skilled healthcare professionals in Nigeria negatively impacts on the country's ability to achieve universal health coverage and improve healthcare delivery, especially in rural areas. Simultaneously, the unequal distribution of healthcare workers between the developing and developed countries perpetuates global health inequality, negating the principles of equity and justice enshrined in SDG 10 (UN, 2015).

Additionally, the international migration of healthcare workers has significant implications for global diplomacy and health governance. Bilateral and multilateral agreements, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel, aim to promote ethical recruitment practices and mitigate the negative effects of brain drain (WHO, 2020). However, the effectiveness of these agreements is often constraint by geopolitical interests and the unequal power dynamics between source and destination countries. This indicates the role of International Relations in fostering dialogue, cooperation, and policy coherence to address global health workforce challenges (Dodani & LaPorte, 2020).

The consequences of the healthcare workers brain drain are twofold. Domestically, it leads to health workers shortages, overburdened medical facilities and reduced quality of service delivery. Internationally, it raises questions on ethical recruitment, equity and global health justice, especially as developed countries benefit disproportionately from the training investments made by Nigeria and other low-and middle-income countries (WHO, 2023). This background underscores the urgency of a systematic and evidence-based understanding of the factors determining migration among Nigerian healthcare professionals.

In spite of existing empirical and non-empirical studies on different aspects of healthcare workers migration from Nigeria to developed countries, there remains a disjointed understanding of the determinants of this brain drain owing to limited synthesis of existing literature and evidence to guide policymakers in addressing the root causes of the menace. This systematic literature review is a modest attempt to bridge this gap by analyzing recent empirical and theoretical studies (2020 - 2025) to identify, group and analyze the determinants of international migration among Nigerian doctors and nurses.

## **2.0. METHODOLOGY**

This study adopts a systematic literature review (SLR) approach to examine the determinants of international migration among Nigerian healthcare professionals, paying special attention on doctors and nurses. A systematic review is a methodical and transparent process of gathering, assessing and synthesizing existing studies on a given subject matter to answer a particular research question (Grant & Booth, 2009). It differs from traditional narrative reviews by observing to a replicable scientific process that reduces bias. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines (Page et al., 2021) which outline a four-stage process



namely identification, screening, eligibility and inclusion. The singular research question guiding this review is: *What are the key determinants of the international migration of Nigerian healthcare professionals (doctors and nurses) as identified by the literature between 2020 and 2025?* To ensure inclusiveness, the study systematically searched several academic literature databases such as Scopus, Web of Science, PubMed, Google Scholar and African Journals Online (AJOL). Moreover, relevant policy reports and statistical data from reputable sources such as the World Health Organization (WHO), Transparency International Organization for Migration (IOM), National Policy on Health Workforce Migration and the Nigerian Medical Association (NMA) were included for better contextual understanding.

The inclusion and exclusion criteria for the studies chosen for review were defined to ensure that only relevant and high-quality researches were utilized for analysis. These criteria are detailed in Table 1 below:

**Table 1: Inclusion and Exclusion Criteria for the Systemic Review**

Criteria Type	Inclusion Criteria	Exclusion Criteria
Publication Type	Peer-reviewed journal articles, government or institutional reports, and policy briefs	Conference papers, dissertations, theses, newspaper articles, and opinion pieces
Time Frame	2020–2025	Studies before 2020 and after 2025
Geographic Focus	Studies focusing on Nigeria or with specific data on Nigerian doctors and nurses professionals	Studies on other African countries without Nigeria-specific data
Population	Medical doctors and nurses professionals trained in Nigeria	Non-healthcare or mixed professional populations
Methodological Quality	Studies with clear methodology, data analysis and identifiable determinants	Studies lacking methodological transparency or analytical depth
Language	English	Non-English publications

Source: Compiled by the Authors, 2026

The literature search first gives 84 records. After removing duplicates and irrelevant studies, 76 studies were screened based on abstracts and keywords. Thereafter, 48 studies were assessed for full-text screening. Lastly, 31 studies met the inclusion criteria and were maintained for review and synthesis. The PRISMA flow diagram below illustrates the process:

Identification (n=84) → Screening (n=76) → Eligibility (n=48) → Included (n=31)

**Figure 1**

Source: Design by the Authors, 2026



### 3.0. PRESENTATION OF RESULTS AND DISCUSSIONS

#### 3.1. Thematic and Critical Examination of the determinants of International Migration

Thematic Analysis of Determinants of International Migration among Nigerian Healthcare Professionals (Doctors and Nurses)

The findings of this systematic review are obtained from the 31 selected studies that met the inclusion criteria of the study. The synthesis revealed that the determinants of international migration among Nigerian healthcare professionals (doctors and nurses) are multidimensional and interrelated, cutting across economic, professional, institutional, social and political factors. This section presents the findings of the review thematically, drawing inferences from both qualitative and quantitative studies published between 2020 and 2025.

#### 3.2. Economic Dimension of the Determinant

Economic factors emerged as the most frequently cited factors responsible for the international migration among Nigerian healthcare professionals. Almost all the reviewed studies (e.g., Adebayo et al., 2023; Ojo et al., 2023; WHO, 2022; Toyin-Thomas et. al. 2023; Wariri, et. al. 2024; Okafor, 2025; Umar et.al. 2025; Oyedokun et al. 2025) identified poor pay and unstable economic conditions as the primary push factors among others as briefly discuss below:

**Inadequate Payment and Wage Disparities:** Nigerian doctors and nurses earns very less than their counterparts in developed countries. For instance, Adebayo et al. (2023) report that the average monthly salary of a Nigerian doctor is less than 10% of what is obtainable in the United Kingdom or Canada. This sharp gap becomes even more glaring when the increasing cost of living in Nigeria owing to the persistent inflation and economic instability. Many healthcare workers view migration as the only viable solution to achieve financial stability and improve their standard of living (Adepoju, 2020; Oludayo, 2023; Wariri, et. al. 2024; Umar et.al. 2025).

Delay in payment of salaries and arrears are another critical economic push factor. Healthcare workers in Nigeria frequently experience unnecessary delays in receiving their salaries, sometimes for months in some states. These delays often result from poor funding and poor fiscal management within the health sector. For instance, in 2020, several Nigerian state governments owed healthcare workers multiple months of salary arrears, leading to widespread strikes and protests (Nigerian Medical Association [NMA], 2023). Such financial instability not only demoralizes workers but also negate their trust in the system, thereby further fueling migration to countries where timely and consistent salary payments are assured (Umar et.al. 2025; Okafor, 2025).

The Nigerian healthcare sector also suffers from serious underfunding, which limits the ability of health facilities to provide adequate working tools. According to the World Health Organization (WHO), Nigeria allocates less than 5% of its annual budget to healthcare, this is far below the 15% target set by the Abuja Declaration (WHO, 2020). Over the past five years, federal budgetary allocations to the health sector have continuously fallen below this set international benchmark. In 2021 for example, the Federal Government budgeted approximately ₦549.83 billion for healthcare,



representing only about 4.05% of the total national budget. The allocation slightly increased to about ₦724.92 billion in 2022, which accounted for roughly 4.23% of total budget. In 2023, the health budget rose to about ₦1.17 trillion, amounting to approximately 4.91% of the national budget and in 2024 it reaches about ₦1.336 trillion, translating to staggering 4.64% (ICIR, 2024).

While the preceding figures show incremental growth in nominal terms, they marked a consistent pattern of underfunding when assessed in *pari passu* the percentage of the national budget and the 15% benchmark set by the Abuja Declaration stated above. The scenario serious underfunding affect salaries, training opportunities, working conditions, making the profession less attractive, more tedious and financially rewarding in Nigeria. This is apparent as many healthcare workers in Nigeria report using archaic equipment and lacking essential medical supplies, which deters their professional growth and job satisfaction (Oyewale & Ojo, 2021; Oludayo, 2023; Brennan et al. 2023; Okafor, 2025).

In addition, the broader economic instability in Nigeria, characterized by high inflation rates and a weakening currency, further accelerates the financial problems faced by healthcare workers. The depreciation of the naira reduces the purchasing power of their salaries, making it difficult for health workers to maintain a decent standard of living (Adepoju, 2020; Wariri, et. al. 2024; Oyedokun et al. 2025; Okafor, 2025). For instance, the cost of essential goods and services has risen unprecedentedly recently, while salaries remained static. According to the NBS, the headline inflation rate reached 24.23% in March 2025, up from about 23.18% in the month of February. Hence, households and wage-earners were facing rapidly rising costs. This bad economic reality pushes many healthcare professionals to search for employment opportunities in countries with stable economies and whose currency has higher purchasing power.

Another economic factor is underemployment as many trained healthcare professionals in Nigeria are either unemployed or underutilized due to limited job opportunities in public health institutions (Eme et al., 2020; Brennan et al. 2023). Conversely, destination countries offer lucrative employment opportunities, tax incentives, housing allowances and relocation support, which serve as strong pull factors.

### **3.3. Professional Dimension of the Determinant**

Professional factors are closely linked to career development, access to modern medical facilities and recognition of skills. Studies such as Akinyemi and Afolayan (2021), Adejumo et al. (2020), Toyin-Thomas et al. (2023), WHO (2023), Oludayo, (2023), Brennan et al. (2023) Adegboyega, (2024), Wariri, et al. (2024); Okafor, (2025) and Oyedokun et al. (2025) revealed that Nigerian healthcare professionals face significant barriers to professional career development due to few training opportunities, dilapidated equipment and so on.

For doctors, residency programs are delayed or poorly structured in Nigeria, while nurses experience less access to specialized training and development (Ojo et al., 2023). Many respondents in empirical studies show dissatisfaction over the lack of continuing professional education and exposure to new medical technologies (Adebayo et al., 2023). In sharp contrast, developed countries offer structured residency programs, access to research grants and advanced medical technologies, enabling



professional growth and global competitiveness (Wariri, et. al. 2024; Okafor, 2025). This is consistent with the findings by Akinyemi and Afolayan (2021), who noted that professional recognition and skill utilization are key predictors of healthcare migration globally.

Moreover, poor financial incentives, such as housing, hazard allowances and so on further contributes to the migration of healthcare workers. Countries like UK, Canada and USA often provide comprehensive packages that include relocation allowances, scholarships for further studies and opportunities for professional growth, making migration an attractive option (Toyin-Thomas et al. 2023; Oludayo, 2023; Wariri, et. al. 2024). For instance, the UK's National Health Service (NHS) actively recruits Nigerian healthcare workers, offering competitive salaries, housing support and opportunities for specialized training (Clemens & Pettersson, 2021; Umar et.al. 2025; Oyedokun et al. 2025; Okafor, 2025). These benefits stand in diametrically opposed to the limited incentives available in Nigeria, where workers usually fund their professional development independently from their slim pay.

Furthermore, in Nigeria, healthcare workers sometimes feel less valued and less appreciated by the public and government. This lack of societal respect for their profession contributes to low morale and dissatisfaction. This contrasts sharply with developed countries, where healthcare professionals are highly respected and well-regarded. For instance, the COVID-19 pandemic pointed to this gap, as Nigerian healthcare workers faced poor public support and public criticism despite being on the frontlines, while their counterparts abroad received widespread recognition, supports and sympathy (Oyewale & Ojo, 2021).

### **3.4. Institutional Dimension of the Determinant**

Institutional factors refer to the internal conditions and operational efficiency of healthcare systems. Many studies (Adegboyega, 2024; Eme et al., 2020; NMA, 2023; Oludayo, 2023; Brennan et al. 2023; Wariri, et. al. 2024; Oyedokun et al. 2025; Umar et.al. 2025; Okafor, 2025) identify poor working environments, inadequate infrastructure, insufficient medical supplies and overwhelming workloads as critical push factors.

Many Nigerian hospitals lack basic diagnostic tools, functional laboratories and adequate power supply (WHO, 2022; Adegboyega, 2024; Oyedokun et al. 2025). Consequently, healthcare workers often experience professional frustration and moral distress due to their inability to provide standard care. Institutional bureaucracy, favoritism in promotions and corruption within the system further discourage long-term commitment and fuels migration tendencies (Adejumo et al., 2020).

The COVID-19 pandemic amplified these institutional weaknesses, with reports of inadequate protective gears, delayed hazard allowances and unsafe working conditions (Akinyemi & Afolayan, 2021; Adegboyega, 2024). Such experiences reinforced the perception that the Nigerian healthcare system does not much value its workforce, motivating many professionals to seek employment in countries with supportive institutional environments.

Additionally, the intense workload and long working hours faced by Nigerian healthcare workers result in poor work-life balance contributing to job dissatisfaction and consequently burnout and the



desire to migrate abroad. Due to the country's high patient-to-doctor ratio healthcare workers in Nigeria find themselves overloaded, leaving little time for personal/ private and family life (Adepoju, 2020). Comparatively, the developed countries have reasonably less working hours that promoting a healthier work-life balance than the less developed nations. For *example*, Nigerian nurses in the UK report improved work-life balance due to regulated shifts and adequate staffing levels as what they enjoy most in their new country of practice (Clemens & Pettersson, 2021; Toyin-Thomas et. al. 2023; Oyedokun et al. 2025).

These findings emphasize that institutional challenges not just economic hardship plays a big role in the migration intentions matrix of Nigerian healthcare professionals.

### 3.4. Social Dimension of the Determinant

Social push factors refer to non-economic elements within a healthcare worker's environment that contribute to dissatisfaction and compel them to migrate in search of better life. For Nigerian healthcare workers, these factors are shaped by the combination of societal expectations, cultural influences and systemic challenges in the healthcare sector (Okafor & Chimere, 2020; Wariri, et. al. 2024).

The serious insecurity in Nigeria, including cases of terrorism, kidnapping and communal conflicts, creates an unsafe environment for healthcare workers in places like North East that is ravage by Boko Haram insurgency and North West where banditry in past spreading in recent years (Toyin-Thomas et. al. 2023; Wariri, et. al. 2024; Okafor, 2025). The fear for personal and family safety makes many doctors and nurses to seek safer working environments elsewhere. For instance, in crisis ravaged areas in northern Nigeria such as Borno, many healthcare workers have been targeted and killed during attacks, forcing many to migrate (WHO, 2020).

Recent reports shows that insecurity continues to put health workers in danger, with 19 health workers kidnapped and 6 killed in 2023 alone, some on their way to or from work or even in their houses (Safeguarding Health in Conflict Coalition, 2024). This insecurity contributes significantly to the migration of healthcare professionals seeking safety and stability abroad.

Healthcare workers in Nigeria often lack social support systems such as guidance and counseling, peer mentorship or stress management mechanism. The absence such systems promote work stress and feelings of depression, pushing them toward environments with better social support mechanism. In the UK, healthcare systems offer good mental health support programs for workers, a feature many Nigerian professionals cite as one of the benefit of migration (Oyewale & Ojo, 2021; Brennan et al. 2023; Okafor, 2025).

Many health workers in Nigeria face postings to deep rural areas where there are no good infrastructure and social amenities making their life less interesting. In these cases, clinics mostly lack basic equipment and are under staffed, while the few workers are physically separated from family, peer networks and opportunities for career advancement. For example, one qualitative study in Ebonyi State found that rural-based physicians and nurses described a "feeling ... of isolation" in part because they were "removed from their extended family and former social networks, such as friends" The



same study noted that the concentration of tertiary teaching hospitals in urban places further limits career progression for rural health workers, giving them more reasons to migrate (Nwankwo et. al. 2022).

Also, exposure to global media and the success stories of colleagues abroad have created a form of migration culture among Nigerian healthcare workers (Ojo et al., 2023). Social networks play a positive role in facilitating this process - friends and relatives abroad provide information, sometime even financial support and logistical assistance, thereby reducing the psychological and economic barriers to migrations.

At the lowest level, personal and family-related factors shape migration decisions. Studies (Akinyemi & Afolayan, 2021; Adejumo et al., 2020; Toyin-Thomas et. al. 2023; Oludayo, 2023; Brennan et al. 2023; Wariri, et. al. 2024; Okafor, 2025; Oyedokun et al. 2025) show that healthcare professionals often migrate for better quality of life, family reunification and educational opportunities for children. Many professionals are unwilling to raise their families in a system plagued by strikes, poorly equipped schools and inadequate healthcare services (Adepoju, 2020). A survey of Nigerian doctors in Canada revealed that access to quality education for their children was one of the factor in their decision to migrate (Clemens & Pettersson, 2021).

While these social and personal determinants may appears individualistic, they are deeply ingrained in broader systemic problems such as insecurity and lack of welfare among others. As noted by Docquier and Rapoport (2020), migration decisions mostly are reflection of the cumulative effect of dissatisfaction across multiple factors rather than a single factor.

### **3.6. Political Dimension of the Determinant**

Political factors also significantly influence the international migration of Nigerian healthcare workers. Political push factors are unfavorable political conditions in Nigeria that compel healthcare workers to leave. This systemic review reveals health policy inconsistencies, lack of political will, corruption, political instability and insecurity, industrial strikes and labour unrest as the major political determinants of Nigerian trained health workers migration from Nigeria.

Nigeria's healthcare sector is affected by policy inconsistency with successive governments failing to implement sustainable healthcare reforms. Frequent changes in leadership lead to abandoned programs and poorly coordinated health initiatives (Adepoju, 2020; Oludayo, 2023). A case in point is the failure to fully implement the National Health Act of 2014, which aimed to allocate 1% of the Consolidated Revenue Fund to healthcare, this negatively affect the system's functionality and frustrated healthcare workers (WHO, 2020). Its partial implementation particularly the inconsistent funding and weak enforcement of the Basic Health Care Provision Fund (BHCPF) and emergency medical treatment provisions which are key provisions in section 11 of the Act has greatly undermined Nigeria's healthcare delivery system.

Corruption and lack of political will that prioritize healthcare have led to serious underfunding and mismanagement of resources scarce resources. These issues hinder the development of an ideal



healthcare system, forcing workers to operate in poor conditions (Oludayo, 2023). Funds allocated for healthcare are often misappropriated, leaving hospitals under-equipped and healthcare workers underpaid. Transparency International reports indicate that corruption significantly impacts Nigeria's healthcare sector (Transparency International, 2021). For instance, during the COVID-19 pandemic, Transparency International (2021) and BudGIT reports revealed several cases where funds and donations meant for emergency health response were not properly accounted for and procurement processes lacked transparency and accountability. As a result, in many cases health workers complained of lack of protective gears despite the release of large sums to health ministries and agencies.

Political instability including electoral violence and terrorism creates an unsafe working environment. Healthcare workers in conflict-prone states are particularly easy target to attacks and displacement (Oyewale & Ojo, 2021). The Boko Haram insurgency has disrupted healthcare delivery in northern eastern Nigeria, with many health workers run for safety (WHO, 2020; Toyin-Thomas et. al. 2023).

Frequent strikes by healthcare unions, examples resident doctors association has a result mostly of unresolved disputes with the government over wages, working conditions and so on disrupt healthcare services and contribute to workers' dissatisfaction. For instance, in 2021, the Nigerian Association of Resident Doctors (NARD) goes on multiple strikes due to unpaid salaries and poor welfare issues prompting many workers to consider migration as a solution (Clemens & Pettersson, 2021).

Internationally, the recruitment of Nigerian healthcare workers by destination countries has been facilitated through bilateral labour agreements, mostly disguise as ethical recruitment but in reality, perpetuating dependency and inequality (WHO, 2023; Ojo et al., 2023; Adegboyega, (2024).

Thus, political determinants clearly show how poor governance and leadership indirectly encourage medical migration, turning it into both an act of survival and protest against state failure.

## **4.0. SUMMARY OF FINDINGS AND IMPLICATIONS**

### **4.1. Summary of Findings**

The table 2 below summarizes the major determinants of international migration among Nigerian healthcare professionals identified across the reviewed studies. Details of such studies are summarized in Table 2. Collectively, these determinants reveal that the migration of Nigerian healthcare professionals is conditioned not by a single factor but by a combination of interconnected factors that operate at individual, institutional and systemic levels.



Table 2: Summary Determinants of International Migration among Nigerian Healthcare Workers

Determinant Category	Specific Factors	Supporting Studies
Economic	Poor pay and wage disparities, delay in payment of salaries, allowances and arrears, poor funding of the health sector, inflation, underemployment	Adebayo et al. (2023); Ojo et al. (2023); Toyin-Thomas et al. (2023); Brennan et al. (2023); WHO, (2022); Oludayo, E. (2023); WHO (2020); Oyedokun et al. (2025); Eme et al. (2020); Adepoju, (2020); Oyewale & Ojo, (2021). ICIR, (2024); NMA, (2023); Umar et.al. (2025); Adegboyega, (2024); Wariri, et. al. (2024); Okafor, (2025)
Professional	Career development, research opportunities, skill recognition	Akinyemi and Afolayan (2021); Adejumo et al. (2020); WHO (2023); Toyin-Thomas et al. (2023); Ojo et al., (2023); Brennan et al. (2023); Oludayo, E. (2023); Adegboyega, (2024); Adebayo et al. (2023); Umar et. al. (2025); Oyewale & Ojo, (2021); Clemens & Pettersson, (2021); Wariri, et. al. (2024); Oyedokun et al. (2025); Okafor, (2025)
Institutional	Poor working environments, inadequate infrastructure, insufficient medical supplies, workloads	Eme et al., (2020); NMA, (2023); Oyewale & Ojo, (2021); Adejumo et al., (2020); Umar et.al. (2025); WHO, (2022); Brennan et al. (2023); Oludayo, E. (2023); Toyin-Thomas et al. (2023); Akinyemi & Afolayan, (2021); Clemens & Pettersson, (2021); Adepoju, (2020); Adegboyega, (2024); Wariri, et. al. (2024); Okafor, (2025); Oyedokun et al. (2025)
Social	Quality of life, family reunification, educational opportunities	Okafor & Chimere (2020); WHO (2023); WHO, (2020); Nwankwo et. al. (2022); Oyewale & Ojo, (2021); Ojo et al., (2023); Brennan et al. (2023); Akinyemi and Afolayan (2021); Adejumo et al. (2020); Docquier and Rapoport (2020); Oyedokun et al. (2025); Clemens & Pettersson, (2021); Adepoju, (2020); Toyin-Thomas et al. (2023); Oludayo, E. (2023); Wariri, et. al. (2024); Okafor, (2025)
Political	Insecurity, poor governance, policy inconsistency	Adepoju, (2020); WHO (2020); Adejumo et al. (2020); Toyin-Thomas et al. (2023); Ojo et al. (2023); Oludayo, (2023); Transparency International (2021); Oyewale & Ojo, (2021); WHO, (2023); Ojo et al., (2023); Clemens & Pettersson, (2021)

Source: Authors' Compilation (2026).



#### **4.2. KNOWLEDGE GAPS AND IMPLICATIONS FOR FUTURE STUDIES**

The systematic review identifies key gaps in the literature. First, while several research address economic, professional, institutional, social and political determinants, fewer explore the psychological and ethical dimensions of migration such as job satisfaction, organizational justice and moral stress.

Second, there is limited empirical evidence on the gendered dynamics of migration i.e how male and female healthcare professionals differs in their migration calculation and factors responsible for it.

Third, most existing studies are cross-sectional survey in nature, providing only single shot of migration decision rather than longitudinal analyses of migration trajectories over long time. Future research should therefore consider longitudinal research designs to capture the evolving reasons for Nigerian healthcare professionals' migration over time.

Fourth, there is a need for more policy driven studies that assess the effectiveness of retention strategies such as task-shifting, diaspora engagement and bilateral agreements aimed at promoting brain circulation rather than one-directional brain drain.

#### **5.0. CONCLUSION AND RECOMMENDATIONS**

This systematic literature review has examined the determinants of international migration among Nigerian healthcare professionals with special focus on doctors and nurses using a structured approach guided by the PRISMA protocol. The review synthesized evidence from studies published between 2020 and 2025 to identify, analyze and interpret the reasons of migration within Nigeria's healthcare sector. The findings revealed that international migration among Nigerian healthcare professionals is shape by a combination of economic, professional, institutional, social and political factors.

The push–pull factors interaction show that Nigerian doctors and Nurses are kick out (pushed) by poor pay, lack of professional growth, inadequate infrastructure, insecurity and political instability among others; while they are attracted (pulled) to developed countries by good wages, better working conditions, advanced medical tools and good governance. In view of the this, the review concludes that migration among Nigerian healthcare professionals is a rational response to a number of bad issues highlighted above not just disloyalty to Nigerian health system.

To address the migration of healthcare workers and promote sustainable retention in Nigeria, the paper recommends that government should urgently improve salaries of doctors and nurses and ensure timely payment while improving working conditions and infrastructure. Strengthen career development through transparent promotions, continuous training and global partnerships to foster professional growth. Embark on governance reforms emphasizing accountability in health sector funding alongside measures to improve security, particularly in conflict-prone states.



A National Strategy for Health Workforce Retention and Return should be developed and incentivize diaspora engagement through exchange programs, tax benefits and telemedicine initiatives leveraging on ICT. Increased investment in healthcare infrastructure and adherence to the African Union's Abuja Declaration target will create a more enabling environment for retaining healthcare workers. Furthermore, Nigeria should pursue ethical international recruitment agreements to ensure mutual benefit.

### Conflict of Interest

The authors declare no conflict of interest in this manuscript.

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