



CHALLENGES OF HUMAN CAPITAL FLIGHT TO ECONOMIC DEVELOPMENT IN NIGERIA

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ABSTRACT

Human capital flight remains one of the most important indices that negatively impact development amongst developing nations. In Nigeria, capital flight of medical personnel has intensified since the decade of the 1980s, with causal factors such as infrastructural decay of government owned medical facilities, poor remuneration, insecurity amongst other debilitating factors that has bedeviled the nation's economic growth. This paper posits that Human capital flight of medical personnel negatively impacts developmental indices and slow down the Gross domestic product of the country. How can Nigeria curb the migration of its trained professionals and revert the brain emigration to create an enabling environment for developmental growth? This is a focal point of research interrogation for this paper. The study adopts both primary and secondary sources to generate data for substantiation of the research postulations. The study adopted the neoclassical macroeconomic and microeconomic theory and dependency theory. It is discovered that the frequent migration of medical personnel is a result of push factors such as; poor condition of service, negative socio-political environment, insecurity, poor remuneration and decaying medical infrastructure, and pull factors of developed nations includes; good security, better working conditions and remuneration, and better welfarist package with social security advantages. It is a conclusive postulation therefore, that an address of the social conditions of medical facilities and a good welfarist package with governmental intervention in the nation's woes will arrest the negative trend. It is further suggested that a holistic reformation of the entire health sector and an address of the trending socio-political cum economic indices will go a long way to positively reorder the situation and promote development.

Key words- human capital flight, migration, medical personnel, economic development, Nigeria.

INTRODUCTION

Africa is bedeviled with challenges that negatively impact its development. These includes such factors as infrastructural decay, lopsided development, corrupt leadership and followership, insecurity, poor remuneration and bad governance, which inhibits developmental growth in Africa. Capital flight of medical personnel have in the recent decade been identified as a fallout of the developmental challenges of Africa. Thus creating a new factor which could be taken as one of the ground coherence of the challenges that inhibit the continents growth and development.

Human capital flight continues to remain one of the banes of African development. It is the exodus or emigration of skilled labour to a foreign country, which often influences the economic growth of the destination country positively, while having a negative impact on the source country. Human capital is considered an important determinant of economic growth, particularly in this era of globalization, and with transnational dynamic import. (Schultz, 1971 cited in Haque and Se-Jik Kim, 1995). It is scholarly adduced that lack of effective and efficient human capital management can paralyze growth and development (ibid). Despite the agreed importance of human

capital to national development, it has been observed for many years, that some countries do not attach the necessary value to human capital development thus leading to human capital flight. Human capital flight is regarded as an element of brain drain or oftentimes a synonym to the concept, which consequently leads to a permanent reduction in income and growth of the country of emigration relative to the country of immigration (Haque et al., 1995).

The origin of human capital flight is dated as far back as the 1960s. During this period, it was often referred to as “brain drain”, a term coined by the spokesmen for the Royal Society in London to describe the movement of scientists and technologists from North America to post-war Europe (Cervantes et al., 2002). Initially, the term was used to describe the movement of technological workers. Its meaning later widened to describe the departure of educated or professional people from one country’s economic sector or field, usually for better pay or living conditions (Merriam-Webster Dictionary, 2010). Hence, the perception of human capital flight is connected with “brain drain”. This means that “human capital” refers to the skilled, talented and professional populace, while “flight” refers to their migration or emigration from their initial native country. The term human capital is believed to have a significant relationship with economic development. Economic development is the process in which the economy grows or changes and becomes more advanced, especially when both economic and social conditions are improved (Cambridge dictionary, 2021) and this cannot be separated from the nexus of human capital and human capital flight in general. This is why a country’s development is usually measured by the Human Development Index (HDI) of life expectancy, the standard of living and education. In essence, human capital flight is the movement of highly skilled individuals from a particular geographical region of origin to another region (Oluyemi Theophilus Adeosun et al., 2021). Human capital is the total stock of knowledge, skills, competencies and innovative capabilities possessed by a country (Robinson and Florence, 2016). Hence, human capital flight is the transfer of the total stock of knowledge, skills, competencies and innovative capabilities from a home country to a host country. Inferentially therefore it would be logical to synonymously adopt brain drain, brain migration, skill exodus, and intelligence flight to further explain this concept. This flight often affects both the home and host countries as earlier stated. The net benefit of a receiving country is referred to as “brain gain”, while the impact on the initial home country is often referred to as “brain drain”. Brain gain is the net advantage of human capital flight to a destination country (Aravossitas and Sugiman, 2019). The “gain” here explains the profit these host countries derive from migrant services.

Africa, and specifically Nigeria, continually suffers from the burden of human capital flight. Nigeria has been explained as the largest source of medical migration in Africa. The country which is located in the western hemisphere of Africa boasts of a population of about 213,285,130 (Worldometer December 9, 2021). The high population index has earned Nigeria the designation “giant of Africa”, making her the most populated country on the continent. However, despite these prospects, Nigeria continues to be faced with various challenges like insecurity, bad governance, crime and terrorism, recession, unemployment, brain drain, corruption and paucity of infrastructure. All of these trigger the migration of these skilled and talented professionals to developed countries like the United States of America (U.S.A), the United Kingdom (U.K) and Canada, to mention a few. The social, economic and political conditions in Nigeria repeatedly encourage its indigenes to move to these developed countries where there are better living conditions. Accordingly, medical professionals such as medical doctors, nurses, pharmacists and medical laboratory scientists are examples of the human capital of a nation. As stated earlier development can be measured by the human development index of life expectancy, hence, medical doctors, nurses and pharmacists play vital roles in achieving the objectives of living. However, in Nigeria, the life expectancy is 55.12 years, a 0.57% increase from 2020 (Macrotends 2010-2021) as opposed to other African countries, Europe and across the globe, Nigeria has a very low life expectancy. Therefore, could low life expectancy in Nigeria be traceable to capital flight and the eventual mass movement of medical personnel to more developed countries? Medical migrants are trained and talented individuals that impact the economic development of a country, but in the case of Nigeria, these professionals often migrate. Apart from earlier assertions, the challenges of medical migration began in the 1970s in West Africa (BBC World Service, 1999). Nigeria is one of the more affected countries in Africa, negatively impacted by the frequent loss of its professionals in the medical field. It is estimated that over 500,000 Nigerians are in the USA alone (Federal Ministry of External Affairs, 2006). Nigeria’s migration statistics for 2015 was 1,199,115.00, a 30.32% increase

from 2010 (Macrotrends 2010-2021). This frequent population loss persistently affects the economic development of Nigeria., argued Adu (2018). What factors predispose medical professionals to emigration? could it be a result of poor remuneration? lack of infrastructural facilities? insufficient financial remuneration? Or work overload?

Although Nigeria is endowed with rich natural resourced, the country remains clothed in social depravities. The push factors implicated for medical personnel emigration include vices like corruption, bad governance, unemployment and insecurity. Banjo (2021) stated that Professor Innocent Ujah, a former President of the Nigerian Medical Association (NMA), in an interview with Channels Television explained that circumstances found around the medical work environment, and insecurity among other issues, are the reasons Nigerian doctors and other health professionals leave the country in droves and seek greener pastures abroad. He further stated that half of the doctors trained in Nigeria have moved abroad because they do not have to worry about work equipment and the safety of their families.

Medical migration remains a major challenge of the Nigerian health system, often resulting in a notable reduction in the number of doctors in the country. According to the Organization for Economic Co-operation and Development (OECD), Nigeria is one of the three leading African sources of foreign-born physicians (Ilesanmi, 2019). Tauna (2021) posits that over 50% of Nigerian doctors are outside the country. He estimated that about 80,000 Nigerians have been trained as doctors, but only about 40,000 are at home.

Ilesanmi (2019) argued that doctors leave for many reasons depending on where they are in their careers. According to him, many leave immediately after graduation to pursue international residency training and usually do not return. They prefer to work where their newly acquired skills can be put to better use. Ilesanmi (2019) also noted that there are two sets of leavers, those who leave 5 to 10 years after graduation, usually for better pay while some leave after specialist training, which can be up to 10 to 15 years after graduation. These specialists, who are often referred to as the most qualified and competent doctors, leave because of better prospects in other countries. This mass exodus has led to a decline in the quality of health care services, consequent upon the absence of skilled personnel. The persistently low and uneven distribution of health care workers remains a major challenge in the Nigerian health sector.

Bangdiwala *et al.*, (2010) stated that, there is a global crisis in the health workforce that is shown in severe shortages and uneven distribution of health workers in several settings. Often resulting in brain drain and the eventual underdevelopment of medical facilities. In Nigeria, the health workforce density is estimated at 1.95 per 1000 population (WHO, 2016). Abimbola *et al.* (2016) reported that this shortcoming in Nigeria has been further complicated by gross favouritism in the health workforce distribution, as there is no national policy guiding the postings and transfers of health workers. The redeployment is often based on the discretion of administrative officers with multiple influences and several competing interests.

Omoluabi, (2014) stated that there is also the issue of poor remuneration and welfare of health workers. He posits that that health workers have embarked on a series of industrial actions due to several months of owed salaries and poor working conditions. According to him a survey of the senior management staff of health institutions in Nigeria, reveals massive disparities in remuneration of health workers on the same grade levels across the federal, state and local governments. Oleribe *et al* (2016) stated that in some health centres experience very difficult working conditions, mostly due to lack of power supply and poor call rooms and meals. They further stated that several health facilities are extremely under-supplied, no provisions for regular clinical training across several health centres,

According to Ogundipe, (2022). The National Association of Nigeria Nurses and Midwives (NANNM) Lagos State chapter, reported that more than 496 of 2,350 nurses in the employment of Lagos State have left between 2019 and 2021, with less than 15 per cent due for statutory retirement.

Human Capital Flight and Nigeria's Economic Development

Elechi (2013), identified the effect of human migration on Nigeria's Economic Development. According to him, this includes a drastic fall in standard education, reduction of skill manpower in Nigeria's teaching hospitals and research centres, poor development of socio-economic and technological outcome with a resultant effect in retarding Nigeria's economic development, as well as a reduction in the gross domestic product (GDP), etc. One of the most significant contributions of the Nigeria Diaspora (Medical Personnel forming a bulk) can be located in the number of remittances that flow into Nigeria annually. According to Braimah and Oyewole (2021), diaspora remittances increased from 5.6 billion dollars in 2010 to 17.57 billion dollars in 2019 representing an increase of 210%.

According to Ewubare and Okpoi (2018), medical diaspora remittances have aided poverty reduction in many communities in Nigeria, as they formed significant sources of private income for many Nigerian households. Sharkdam, Akinkuotu and Ibonye (2014) posited that Nigeria's financial remittances from Nigeria's diaspora has to a very large extent assisted in abetting poverty and also boosting economic development through knowledge transfer. However, Tyburski (2014) posited that in spite of the increasing financial remittances from medical and other Diasporas several factors including corruption, lack of transparency and ineffective policy in the financial sector and lack of policies on remittances utilization have to a large extent impeded the gains of Diaspora remittances. According to the Guardian Editorial Board (2022), the Nigerian Medical Association reported that over 1 billion dollars are spent by Nigerians annually on medicare abroad. According to the association, this development has impacted negatively on the nation's healthcare system. The association, according to the report fingered the medical brain drain as responsible for the worsening health care resources in Nigeria.

Sixty-five (65) Nigerian medical diaspora in different specialties collaborated with about 200 Edo-based medical experts and 200 non-medical personnel attended to over 4,000 medically challenged persons in Edo state, out of which 600 were screened for surgeries and 300 operated upon for free. This was disclosed by a former Edo state Commissioner for health Professor Obehi Akoria while announcing that over 2,000 volunteers were trained by the Nigerian medical diaspora personnel to render health assistance to the people of Edo state (Punch report, 2022).

As reported by Nweke and Chimere (2021), the growing trend in the number of migrating health personnel from Nigeria could prove detrimental to achieving Sustainable Development Goal (SDG) 3 (good health and well-being in Nigeria). According to them, medical personnel migration has largely drained the countries' human capital, who were trained with government resources. This is also a negation of SDG target 3, which is aimed at improving the recruitment, professional development and retention of health personnel and professionals in developing countries.

One of the integral parts of the health care system is the workforce. Even though the shortage of health workers in Nigeria has negatively affected the nation's health sector, it has also affected the economic sector of the country (Ojimadu, 2007, Stilwell *et al.*, 2003). Hence, the economic progression and development of the country are hindered. From a wider economic perspective, medical doctors are often regarded as integral entities of the social and economic sector of a country, as they contribute to the market for consumer goods and the political, social and economic stability of a country. Thus, the health of a country's population is key to economic growth (Hagopian *et al.*, 2005). Significantly, migration is an essential variable that measures a country's capability in managing capital investments and other wealth as opposed to foreign debt repayment. The fast-growing pace of increased illicit capital outflows in some of the developing countries denote poor governance and weakening policy regulations. In the case of Nigeria, the gross outflow of funds through capital flight has destructed the growth potentials of the economy, draining the nation's foreign reserve and capital investments.

Olaopa *et al.*, (2019). Explained that the shortage of available medical personnel can negatively affect the economy of a country, in a situation where there is a poor medical landscape, where health workers are lacking, poor persons who cannot afford overseas treatment may die from different diseases or poor health infrastructure. He contended that the retention of health professionals in Nigeria is essential for strengthening the country's fragile health infrastructure, improving the overall quality of life and reducing high mortality rates, Vanguard news (2020) reports that Nigeria has spent an estimate of over \$2billion, training doctors who have subsequently migrated. Ratha (2020) argued that among the lasting effects of human migration includes a drop in the quality

of service due to the absence of skilled personnel in the home countries to the economic benefits made from remittances. Remittances according to Ratha (2020) refer to when Migrants send home part of their earnings in the form of either cash or goods to support their families, especially those in their home country. These transfers are generally referred to as workers' or migrant remittances.

In the case of Nigeria, international remittances per capita from the Nigerian diaspora in the U.S. to Nigeria is estimated at US\$22,107 (N9,194,965) per emigrant (Nevin *et al.*, 2019). Additionally, one of the palpable consequences of human migration is the shortage of qualified manpower in critical sectors like education, health, science, technology, and business. Adepoju (2008) noted that the absence of competent individuals has a direct and negative effect on the quality-of-service delivery to the public in the home countries. He maintained that in the educational sector, the outflow of proficient academics and teachers have resulted in a fall in the quality of education. He further noted that the problem has also discouraged the process of knowledge creation.

Ogun (2017) investigates the impact of capital flight on the Nigerian economy based on two different approaches and further evaluates the effect of general economic factors on capital flight. The result shows that trade deficit, nominal exchange rate (the domestic price of the foreign currency) and capital control are important determinants of short-run capital flight in Nigeria. According to Ndikumania (2017), over \$1 trillion (N415,930,000,000,000) had been lost through capital flight since the 1970s from the African continent. This exceeded the total sum borrowed or received by the continent in the form of financial aid within the same period (Miftahu Idris, 2021). Nigeria has lost large amounts of revenue from tax as a result of human migration of these medical migrants from the perspective of Oyekanmi;s (2021) He postulates that Nigeria is in serious need of qualified and skilled medical personnel to develop the country, but unfortunately, most of these skilled individuals are abroad boosting the Gross Domestic Product (GDP) of North America and Europe. According to him a review of the Central Bank's balance of payment data, shows that Nigeria has spent about \$11.01 billion on health-related services abroad between 2011 and the first quarter of 2021, recording the highest in 2019 with \$2.56 billion in foreign health expenses, and the least in 2016 at \$17 million.

Theoretical Underpinning.

This paper adopted the Micro and Macro economic theories of migration to situate the study. The microeconomic theory of migration focuses on individual migration decisions values, desires and expectancies (micro). Sjaastad (1962) asserts that migration is treated as an individual investment decision to increase the productivity of human capital. According to Bueno and Rosas (2019) the mid-20th century saw the extension of the neo-classical economic theory to multiple areas of the social sciences. Relying on Massey et al (1933, they elucidated that the neo-classical theory of migration perspectives is a combination of individual decisions driven by income maximization with the country's other structural determinants (macro), including wages and other employment conditions. Sjaastad (1962) therefore asserts that centering on the labour market and at the same time explaining the selectivity of different migrants, individuals make a rational cost-benefit (profitable) calculation of the expected discounted returns of migration over future periods. Then, migrate only when the expected returns are positive. This according to him means that migrants usually weigh their options in terms of profit, especially in the future time before deciding to migrate. In this sense, medical migrants only migrate because they have weighed their options and calculated their profits in future times before deciding to leave their home country. This illustrates that the medical migrants would not migrate if the future does not portend profit in the long run.

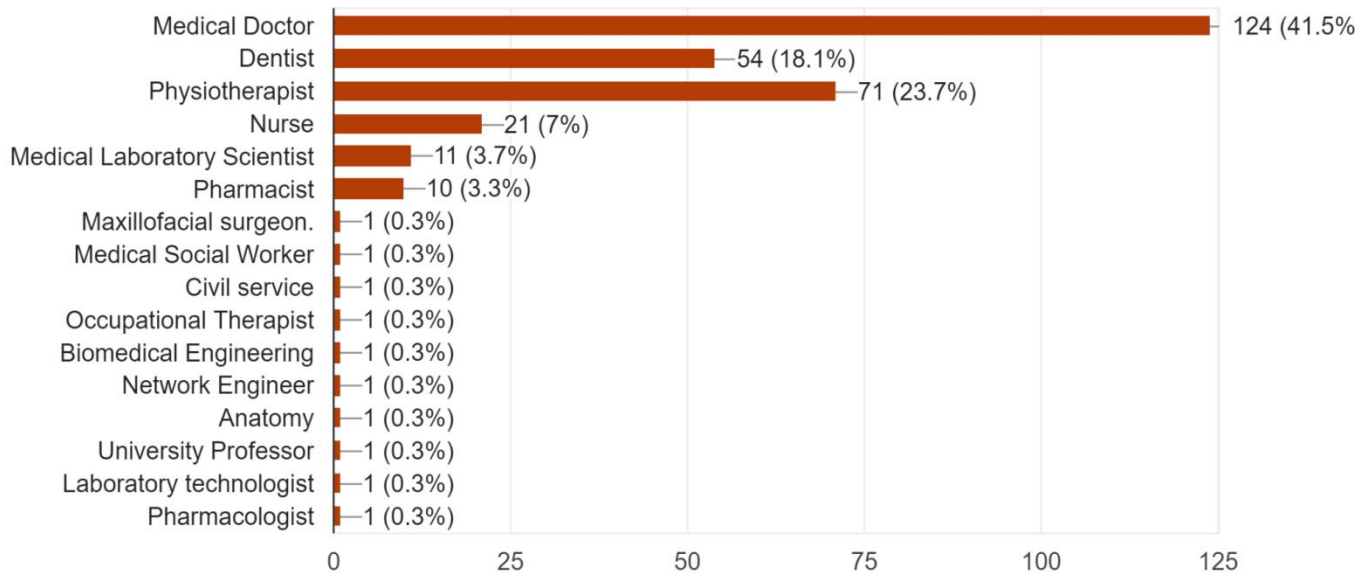
METHODS AND MATERIALS

The paper adopted the mixed method research design for the study by using the google form questionnaire to source the primary data, while the qualitative data were gleaned from secondary sources. The chain or snowball sampling method was employed to reach the respondents in the diaspora. A graphical representation of the respondent occupation and other responses are hereby presented.

A graphical representation of the respondent's occupation

7. What is your occupation?

299 responses



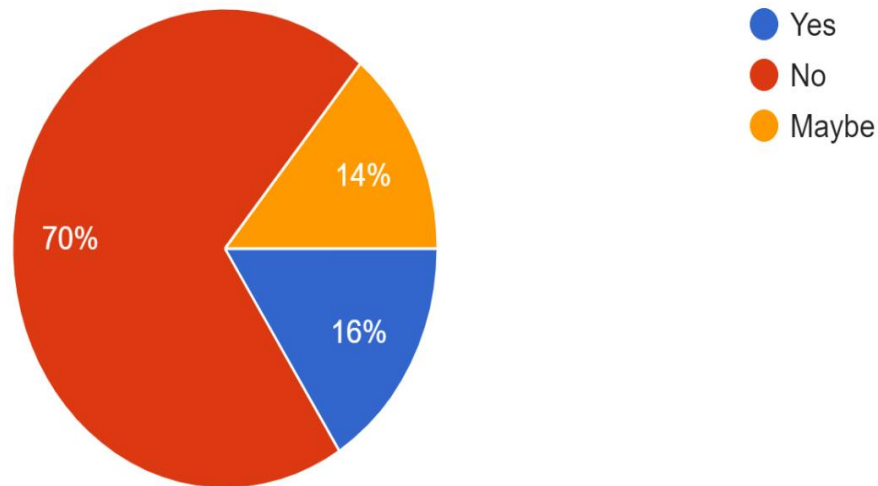
The following pie charts explained the perceptions of Nigerian medical personnel practising in Nigeria and in the diaspora, concerning their present practices.

Pie charts showcasing satisfaction in workplace facilities and persons willing to migrate



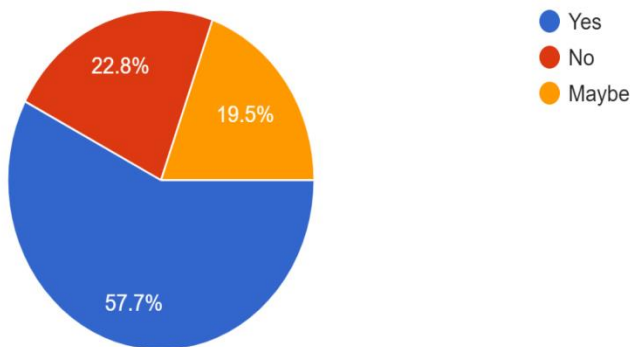
10. Are you satisfied with the facilities at your work place?

307 responses



12. If not, do you wish to migrate to another country?

307 responses

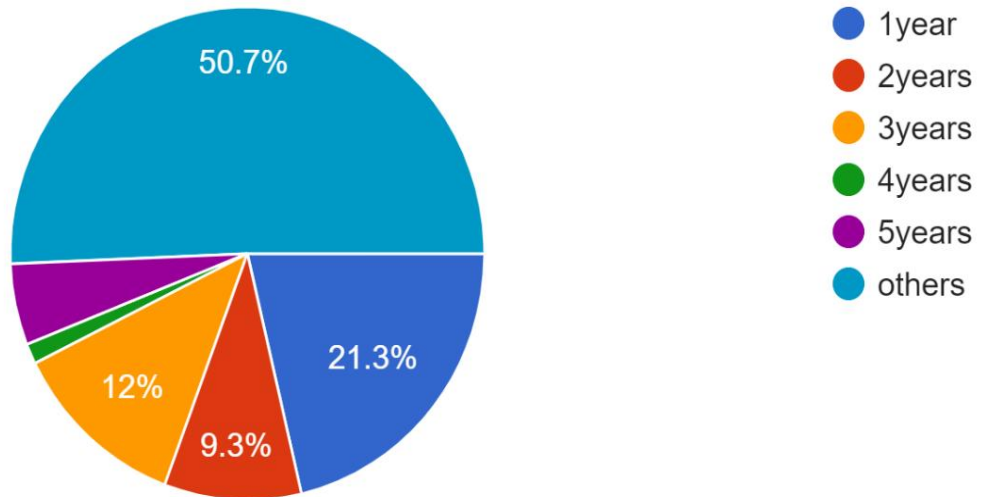


Research Through Innovation

Pie charts showcasing the responses from the diaspora in terms of their practice, position on migration and comparison of Nigerian medical practice and abroad

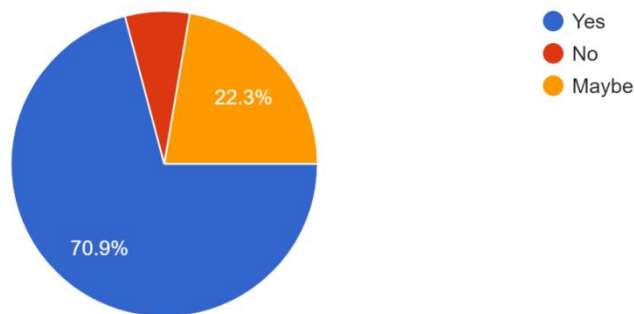
21. How long have you practiced in the diaspora?

75 responses



22. Would you encourage your colleagues to also migrate?

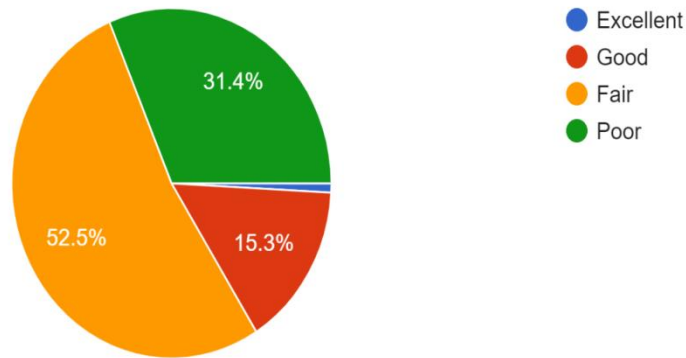
103 responses



Research Through Innovation

16. How would you rate medical practice in Nigeria compared to your present work place?

118 responses



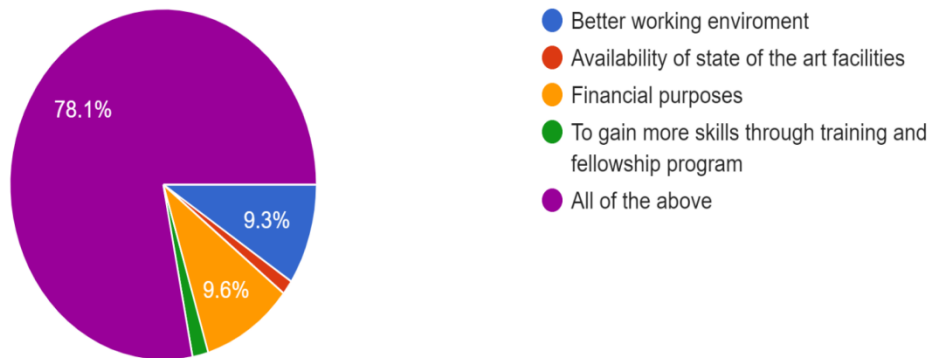
Factors that mitigate against the development of medical facilities and manpower across Nigeria

Questions: Which of the reasons below best explain the reasons for medical health workers' migration in Nigeria?

The responses from 301 respondents to the google form are thereby presented as follows:

14. Which of the reasons below best suite the reasons for medical health workers migration in Nigeria?

301 responses

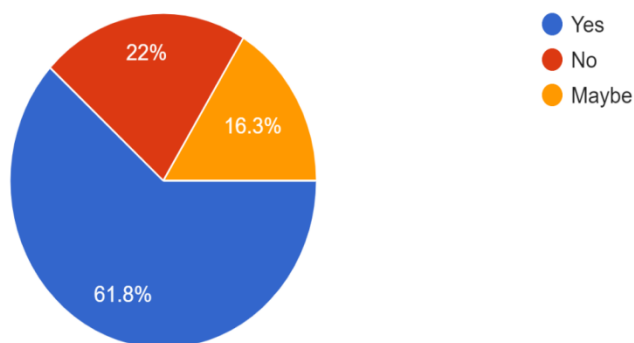


Questions: Do you consider the negative socio-political climate in Nigeria to be the basic reason for the increased migration of health workers to the diaspora?

The responses from 123 responses to the google form are thereby presented as follows:

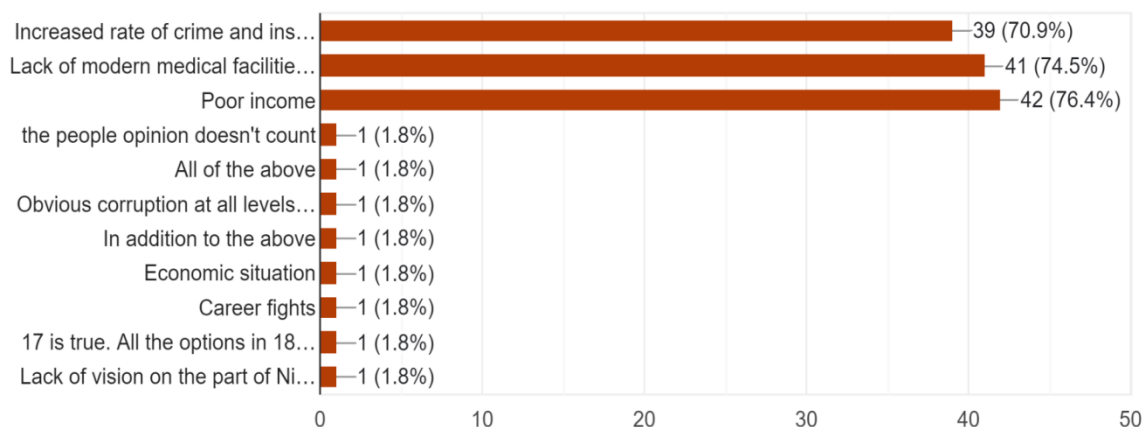
17. Do you consider the negative socio-political climate in Nigeria as the basic reason for the increased migration of health workers to the diaspora?

123 responses



18. If no to question 17, tick the possible reasons.

55 responses



Addressing “Nigerian Medical Economic Development” challenges in \view of human medical capital flight:

Question: Kindly proffer suggestions for reducing health worker's migration from Nigeria

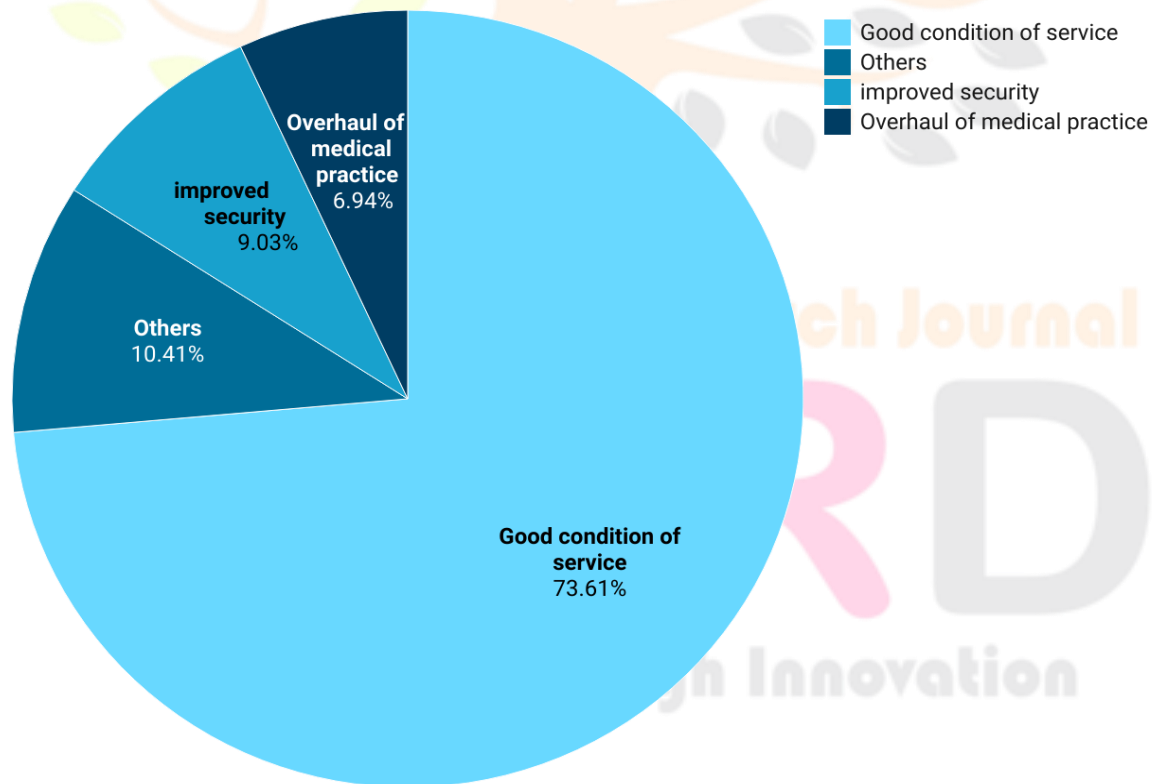
This question was directed to the medical personnel in Nigeria with a view to achieving an in-depth analysis. The responses were grouped into four themes: Improved security, Good condition of Service, Overhaul of Medical Practice and Others. Improved security includes all issues of security in the country, while Good condition of service entails better remuneration, salary, working condition, good equipment and facilities, conducive environment, hazard allowance, insurance, training and retention, welfare packages and less workload to name a few. Overhaul of medical practice on the other hand refers to the reformation and re-evaluation of the health sector including government investments and regulatory bodies. The latter, Others entails the remaining suggestions of respondents, namely; re-evaluation of the country, prioritization of healthcare, funding of the healthcare, tackling of corruption, better economy, overall improvement of human capital development, and encouraging of public-private partnership to name a few.

Responses: The responses from the google form are thereby presented as follows:

THEMES	NUMBER RESPONDENTS	OF	PERCENTAGE
Improved security	26		9.03%
Good condition of service	212		73.61%
Overhaul of medical practice	20		6.94%
Others	30		10.41%
Total	288		100%

Source: Fieldwork (2022)

A graphical representation of responses on “Nigerian Medical Economic Development” challenges in the view of human medical capital flight from the Nigeria medical personnel



Source: Fieldwork (2022)

Question: What are your suggestions for reducing health workers' migration from Nigeria? (Diaspora responses)

This question was directed to the Nigerian medical personnel in the diaspora. The total number of respondents that attempted this section (diaspora) is eighty-seven. Consequently, these responses were grouped into three themes. They include; Improved security, Good condition of Service and Others. In this light, security includes all issues of security in the country like kidnapping, while Condition of services includes the provision of state-of-the-art facilities, better working environment, payment of salaries and wages, remuneration (incentives), hazard allowance, welfare package, fairness in the healthcare sector, provision of NHIS to name a few. Lastly, Others are made up of the remaining suggestions of respondents including the overhaul of the health sector, increased political will, investment in healthcare, reduction of tax on health equipment for the private sector, better funding, a collaboration between government and private individuals, improved economy, prioritizing health system, better governance to name a few.

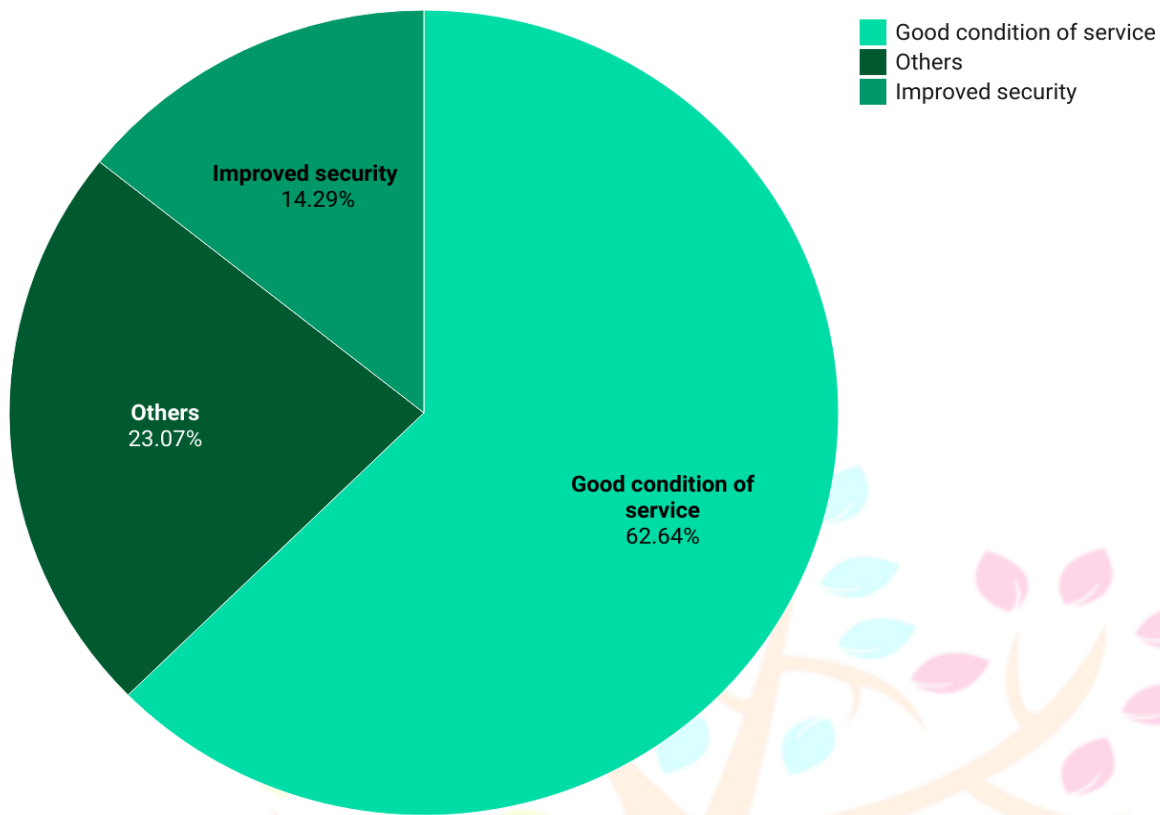
Responses: Their responses from the google form are thereby presented as follows:

THEMES	NUMBER OF RESPONDENTS	PERCENTAGE
Improved security	13	14.29%
Good condition of service	57	62.64%
Others	21	23.07%
Total	91	100%

Source: Fieldwork (2022)

A graphical representation of responses on “Nigerian Medical Economic Development” challenges in the view of human medical capital flight from the Nigeria medical personnel in the diaspora





Source: Fieldwork (2022)

Effect of medical capital flight on Nigeria's Economic Development

The data explaining the effect of medical capital flight on Nigeria's Economic Development were sourced from secondary sources already explained in the study. The secondary data outlining the effect of capital flight on Nigeria's economic development identified a drastic fall in the standard of education, a reduction of skilled manpower in tertiary medical institutions with a resultant outcome of a dip in technological progress (Elechi, 2013). Another effect of medical migration is a decline in the reduction of Nigeria's gross domestic product (Elechi, 2013). According to the Nigerian Medical Association, over 1 billion dollars is spent annually by Nigerians on medical tourism, further depleting Nigeria's gross domestic product (GDP) (Guardian Editorial Board, 2022). Another effect of medical capital flight on Nigeria's Economic Development is proven to be detrimental to the Nigerian quest in achieving the Sustainable Development Goal (SDG) 3 (Nweke and Chimere, 2021).

The secondary data also presented positive outcomes on the effect of medical personnel migration on Nigeria's economic development. Diaspora remittances increased by 210% between 2010 and 2019 (Brammah and Oyewole, 2021). In the same vein, medical personnel diaspora remittances have assisted in poverty reduction in many homes and boosting economic development through knowledge transfer (Ewubare and Okpoi, 2018), (Sharkdom, Akinkuotu and Ibonye, 2014). Nigerian medical diasporas have assisted in boosting the healthcare of Nigerians through several medical outreaches. For example, 65 Nigerian medical professionals in the diaspora in different specialties were in Edo state in 2022 to carry out medical interventions and surgeries pro-bono to vulnerable Nigerians, besides training over 2,000 volunteers in the management of different ailments (Punch report, 2022).

Data Analysis

A total of 307 questionnaires were distributed through google forms to Nigerian medical personnel that migrated from Nigeria to the diaspora and also to Nigerian medical personnel presently practicing in Nigeria. 299 responses

were received cumulatively, with 124 medical doctors representing 41.5% of respondents, 54 dentists representing 18.1%, while 71 physiotherapists representing 23.7% were received. 21 nurses, 3 medical laboratory scientists and 10 pharmacists respectively representing 7%, 3.7% and 3.3% of the total responses were received from these three groups. The data collated indicates that 70% of Nigerian medical personnel were dissatisfied with their workplace facilities in Nigeria and were willing to migrate, while 16% of Nigerian medical personnel are satisfied with facilities in Nigeria and are not willing to migrate.

The responses from Nigerian medical personnel in the diaspora showed that 50.7% of them out of the 75 responses harvested have been practicing abroad for over 5 years, while 21.3% have been there for the past 1 year. 12%, 9.3% and 5% have been practicing abroad for the past 3 years, 4 years and 5 years respectively. 70.9% of the diaspora medical immigrants are willing to encourage their colleagues in Nigeria to migrate, while 22.3% were not decided. 52.5% of Nigerian medical migrants rated medical practice in Nigeria as fair, compared to what was obtained in their present location abroad and 15.3% rated medical practice in Nigeria as good in comparison to their location. 31.4% rated medical practice in Nigeria as poor.

Factors that mitigate against the development of medical facilities and manpower across Nigeria

301 respondents were polled to indicate factors that mitigate against the development of medical facilities and manpower in Nigeria. The responses from 78.1% of the respondent show that lack of better working environment, poor availability of state-of-the-art facilities, financial consideration, inadequate training and fellowship programme opportunities are reasons why medical health workers migrate from Nigeria. In the same vein, 61.8% of 103 respondents considered the negative socio-political climate in Nigeria as the basic reason for the increased migration of health workers, while 22% disagreed. However, out of the 55 responses that constituted 22%, over 70% of them attributed increased rate of crime and general insecurity, lack of modern medical facilities and poor income as reasons for migration.

Addressing “Nigerian Medical Economic Development” challenges in the view of human medical capital flight

As explained in the data presentation 4 themes were derived from the responses of the respondents in their suggestion of addressing Nigeria’s economic developmental challenges occasioned by human medical flight. These are: Improved security, good condition of service, Overhaul of medical practice and others. As explained in the data presented. 212 respondents representing 73.61% were of the opinion that good condition of service will address the economic developmental challenges occasioned by human medical migration. Economic development within the context of this study refers to the value-added impact of medical professionals on the economy of Nigeria. In the same vein, 57 diaspora respondents representing 62.64% agreed that good condition of service will improve the economic development of Nigeria as it relates to medical practices.

Effect of medical capital flight on Nigeria’s Economic Development

The secondary data presented indicates that the effect of medical capital flight on Nigeria’s economic development has presented both negative and positive outcomes. Decrease in the gross domestic product (GDP), drastic fall in the standard of education, reduction of skill manpower in tertiary medical institutions with a resultant outcome of a dip in technological progress and also the inability of Nigeria to achieve Sustainable Development Goal (SDG) three, this represents some of the negative effects of medical capital flight on Nigeria’s economic development. Conversely, medical diaspora migration has contributed to an increase in remittances to the country. Medical doctors abroad are contributing to foreign direct investment (FDI) by their establishment of state-of-the-art medical facilities across Nigeria.

4.3. Discussions of Findings

This research work has showcased the validity of the theories of neoclassical macroeconomic and microeconomic postulations. The findings have similarly vindicated the dependency theory. The latter theory says that the Centre (developed countries) stagnates and underdeveloped the Periphery (developing countries) with its capitalist greed, whereas the former centralizes on individual migration decisions. The migration from Nigeria further vindicated this theory as discussed in the literature review. This study validates the position of other researchers that Nigeria's medical migration hinders the health sector and its economic development (Imafidon, 2018). However, it must be asserted that to have a progressive economy, the government will require adequate financing for the health sector. Majority of the respondents agree with this assertion, with one stating that there should be "more funding of the health sector".

Accordingly, this study found that poor condition of service is a major consideration among others, for why medical health workers migrate from Nigeria to more developed countries. This resonates with the position of Ilesanmi (2019) and Tauna (2021). The study also validates the position of Parker (*et al.*, 2007) that socio-political climate is a major in professional medical workers' migration. Parker (*et al.*, 2007) asserts that there are some general factors of migration and divided them into push and pull factors. This includes physical security, working conditions, political considerations and economic considerations to name a few, as illustrated in the literature review. He opines that political, radical and ethnic upheavals, gender discrimination, criminality, etc., all of which sum up some negative socio-political climate cause indigenes to migrate. Ilesanmi (2019) also explained that poor working conditions, poor pay and incentives are responsible for medical migration. A section of the respondents confirmed that insecurity and poor medical facilities were responsible for their migration. Parker (*et al.*, 2007) in their study found that poor medical facilities and insecurity are reasons for migration.

The study established that improved working conditions and improved security will improve the economic development of Nigerian medical personnel as the lack of this, according to the findings of this study, is responsible for their poor economic development. Ilesanmi (2019) argued that the economic development of Nigeria's medical personnel could be improved by the motivation of employees to work harder through better pay or incentives. The study established that Nigerian medical personnel in the diaspora have impacted positively on the economic development of Nigeria through increased remittances which have impacted the improved gross domestic product (GDP) of the country. This resonates with the position of Braimah and Oyewole (2021) and Ewubare and Okpoi (2018). However, the study found out that medical professional migration has also impacted negatively on the health sector because of the reduction in skilled manpower to deliver professional health services to the large population of the country.

This study, constructed within the theoretical frameworks of Micro and Macro economic theories of migration and Dependency, found that economic challenges prompt happenings at both the micro and macro levels. At the micro level, this is promoted by the desire to better one's position. Consequently, poverty is believed to be one of the main reasons why people migrate from their home country to another. Many seek to better their lives and as a result, seek better opportunities to improve their economic stance in the society. Although Banjo (2021) has attempted to explain the economics of migration as the reason why people move from a macro perspective, it is argued that the main recipients of immigration are likely to be the immigrants (Clarkson, 2021). This is because they are taking advantage of the opportunity to move, reckoning that they will be better off in a different country. Even though these migrants are acting on assumptions and uncertainty, the majority of the gains derived from immigration can be envisioned to result in those who take up the opportunities it presents (Clarkson, 2021).

Similarly, the findings have suggested that the phenomenon of medical migration has resulted in some challenges that continuously have lasting effects on a country as a whole, including its economy. The study has been able to suggest that these migrations also have a devastating effect on the health sector. The loss of medical professionals, which are in this case the human capital of Nigeria, can be seen as one of the sources of Nigeria's economic challenges. This is because no sick person can contribute to the gross domestic product (GDP) of a country. Hence, these medical professionals who are migrating are supposed to be the ones treating the sick but rather

they migrate to other countries. Thereby, leaving the work to the little manpower (medical personnel) left behind in the home country.

Accordingly, with the applications of the theories used in this work by the researcher, it has been proven that medical migration is often driven by “push factors”. This could be seen by the responses of the respondents to this research questions that one of the main factors that push medical personnel to migrate can be denoted as economic consideration, career progression, conducive environment and better remuneration. Therefore, this research has contributed to knowledge in the field of migration with a nucleus on medical migration by answering the proposed research questions and, by addressing the objectives that were earlier set out in Chapter one.

Conclusion

Migration is not a new phenomenon; it has been imminent since biblical times and still prevails till the present. However, the migration of medical personnel, especially from developing countries(Nigeria), has become a “cancer” to economic development and other aspects of developmental indices, thereby becoming a major concern to the nation. Although one can agree that there are some prospects for medical migration, such as remittances, which has in some instances aided economic growth, there are also some negative consequences, which have posed great hindrances to economic development. The study revealed that the more developed countries “pull” these medical professionals with very attractive policies, while Nigeria and other developing nations loses them due to appalling systemic failures. Consequently, manpower is lost and the country’s population is left in a precarious health care state. Nevertheless, push and pull factors are the two major causes of medical migration in Nigeria, as they simply sum up the general reasons why medical professionals would consider migrating from their native country.

5.3. Recommendations

Based on the findings of this study, the following recommendations are made to minimize the prevalence of medical migration in Nigeria:

1. The federal ministry of health should develop a holistic template for the reformation of the entire health sector for the approval of the Federal Executive Council, with a view to overhauling the Nigeria health care system. The template should include a re-evaluation of the present structure of the health care system and better remuneration of the medical personnel to bring it in close proximity to what obtains in the more developed countries. The template should also include adequate budgetary provisions and realizable implementation strategies to make available adequate facilities like modern diagnostic machines to reduce work overload, proper training programmes through public-private collaboration and in all, create a more conducive environment for medical personnel in line with international best practices.
2. Deliberate efforts should be made by the Federal, State and Local governments to attend to the socio-political challenges of corruption, poverty, insecurity, etc. in the country. This is with a view to creating a secured and protected environment where medical personnel need not worry about their security and well-being.
3. Health services, being in the concurrent legislative list of the constitution of the Federal Republic of Nigeria, the Federal and State governments, through their ministries of health, should develop a workable template to partner with the private sectors towards building state-of-the-art facilities to cater for the special health needs of Nigerians. This is with a view to discouraging present medical tourism, which has impacted negatively on the foreign exchange outflow of Nigeria.
4. To develop a clear delineation of duties in the different cadres of health care structure to avoid overlapping and rivalry, as presently experienced between Pathologists, Medical Doctors and Medical Laboratory Scientists.

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