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Information and Health Implications of Health Worker's Migration on Nigeria's Medical Practice

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The wave of migration across Africa has continued to raise scholarly discourse. It has equally affected the economic development of most African countries especially Nigeria. Although previous studies on immigration focused on migration driven by the search for greener pasture, recent cases of migration of health workers from Nigeria to other countries raises serious health concerns. The study adopted a content-analysis of select three documents on the migration of health workers in Nigeria viz: Nigeria HealthWatch,; Migration in Nigeria: Thematic Document on Migration and Development in Nigeria,; and Migration in Nigeria: A Country Profile. The study found inaccessible health information as a problem of migration of health workers on medical practice in Nigeria. The study recommended a mainstreaming of migration into development policies through health information-seeking approach.

Keywords: Communication, migration, health information, health.

Introduction

The last decade has witnessed unprecedented migrations across the world. Migration is a change of residence by an individual over a long period usually in search of improved conditions of living, labour, natural disasters or other reasons. What distinguishes migration from other forms of change of residence is that migration aims at making a permanent settlement in a new location (Encarta, 2009). It, therefore, means that people migrate to another place in search of food, labour, safety from life-threatening disasters or other reasons. Citing a European Union policy, Funk, Namara, Pardo and Rose (2017) state that the concept of 'root causes' of irregular migration can be said to encompass a wide range of causalities such as poverty, human rights violations, conflicts, political instability, food security and lack of access to natural resources. It has two forms: emigration and immigration. Immigration is the inward movement into a country and emigration is the outward movement to another country. By whatever causes of migration, it hinges on the notion that there is a decline in socioeconomic

development and workforce of the country of emigration to another country. To this end, this study narrowed its scope to the nature of migration of Nigerian health workers to other countries (emigration) and implications of such migration curve on Nigeria medical practice vis-à-vis health information.

Nigeria's health sector has witnessed unabated migration of medical health workers from Nigeria to other countries in search of greener pastures and better working conditions. The World Health Organisation recently alerted Nigeria to the increasing migration of health workers outside the country and stressed the attendant effects on the country's health sector (Daily Sun, 2016). Operationally, health workers include doctors, nurses and other health workers other than laboratory technicians. The effect of migration of these health workers is the resultant brain drain syndrome that has characterised medical practice in Africa. Adesulu (2016) explains 'brain drain' as an abnormal form of scientific exchange in which one country exchanges with another country without an equivalent degree of exchange. This is a negative aspect of unchecked migration of medical workers from one country (especially from developing countries) to another (usually the developed countries).

The essence of health information is to examine the information flow vis-à-vis migration trends. There is a need for adequate information on the movement of people and goods within and across international boundaries. It is not enough for migration to take place; there is a need for appropriate information on the direction and pace of migration. The crux of this study simply looked at migration trends in the Nigerian health sector by measuring the prominence given to health information. The study focused on investigating the nature and pattern of information flow in migration trends in the Nigerian health sector.

Statement of Problem

Migration has far-reaching implications for Nigeria's national development plan in the health sector. A disproportionate concentration of health workers in a country creates recognisable gaps in medical practice in a country. In Nigeria, there is an unabated increase in the migration of Nigerian health workers which has resulted in an acute shortage of competent healthcare providers. More unfortunate is the fact that there is a relative shortfall on the availability of information on migration trends of affected health workers. In areas where data is available, it is either based on individual speculations on several

affected medical workers or information lacks authenticity. There is also a problem of lack of official documents that chronicle the migration figures of health workers in Nigeria. This lack of adequate documentation has affected the proper monitoring of the rate of migration of Nigerian health workers. Some previous studies are based on the positions of practising health workers instead of government accredited health ministry. The inaccessibility to accurate information on the migration trend in the health sector has crippled valid and reliable inferences from previous studies. To this end, this study adopted an information-seeking approach by examining the nature and pattern of health information in reporting cases of migration of health workers in Nigerian health sector.

Objectives of Study

The general objective is to examine the place of health information on migration of health workers on Nigeria medical practice. The specific objectives include:

a. To investigate the pattern of migration vis-à-vis health information on migration of Nigerian health workers.
b. To examine prominence of health information on migration of Nigeria health workers.
c. To evaluate modes of health information on migration of Nigerian health workers.

Research Questions

The following research questions guided the study:

a. What is the pattern of migration vis-à-vis health information on migration of Nigeria health workers?
b. What is the prominence of health information on migration of Nigerian health workers?
c. What are modes of health information on migration of Nigerian health workers in Nigeria?

Migration: An Overview

The concept of migration is key to understanding the implication of movement of people and goods from one place to another. It is the permanent change of residence by an individual or group (Encyclopedia Britannica, 2015). The pattern of migration varies among different societies. There is a rural-urban migration which is a movement of people from one rural area to urban area. This pattern of migration takes place within a country. A significant implication is an increase in urbanisation which is characterised by population explosion, inadequate infrastructure and competition.

On the other hand, another pattern of migration involves the movement of people beyond the territorial boundaries of a country. This is characterised by a quest for better living conditions, labour or as refugees. Encyclopedia Britannica (2015) identifies two migration trends: First, internal and international migration may be distinguished. Within any country, there are movements of individuals and families from one area to another (for example, from rural areas to the cities), and this is distinct from movements from one country to another. Second, migration may be voluntary or forced. Most voluntary migration, whether internal or external, is undertaken in search of better economic opportunities or housing. Forced migrations usually involve people who have been expelled by governments during war or other political upheavals or who have been forcibly transported as slaves or prisoners. Intermediate between these two categories are the voluntary migrations of refugees fleeing war, terrorism, or natural disasters.

Migration of Health Workers: Nigeria's Experience

A healthy citizenry is the greatest asset of a nation. This supports the maxim that health is power. Moullan (2014) agrees that one of the essential resources in a health system is the human capital that constitutes it. A decline in numeric strength of health workers in a country exerts tremendous effects on both the healthcare provision and workforce in the country's health sector. In the case of Nigeria, studies show worrisome trends in migration graphs of health workers from Nigeria to other countries. Adesulu (2016) observes that 227 doctors migrated from Nigeria in 12 months; another set of 35,000 doctors left Nigeria for the United Kingdom and United State (Obinna, 2017). This is a worrisome development for Nigeria. It points to a dangerous trend in the health sector as a UK-based Nigerian doctor, Dr Harvey Olufenmilayo alerted the country of about 1,000 Nigerian doctors that passed the Professional and Linguistic Assessment Board (Plab 1) medical examination in March 2018 to enable them to practice in the UK. Based on doctor-to-patient statistics in Nigeria, the Medical and Dental Council of Nigeria (MDCN) stated that there were 4000 patients to one doctor in Nigeria, describing the trend as unacceptable (Lawal, 2018). This implies that Nigeria's health sector is disproportionate in terms of the doctor-to-patient index. This trend portends danger in the Nigerian health sector when there is still unabated migration of available health workers.

The implication of Migration of Health Workers on Nigeria

Migration is a change agent as it adds to socioeconomic strengths of a country to the disadvantage of another country. Little records exist on account of immigration of health works into Nigeria. The emphasis of the study is the emigration trend which involves the outward movement from one country to another. Positive implications of migration of health workers include:

a. It boosts the economy of the country of immigration.
b. It increases technical know-how of country of migration through inter flux of ideas between immigrants and citizens.
c. It boosts a practitioner's self-esteem as he or she finds his sojourn in foreign lands as a symbol of status.

Negative implications of migration of health workers include:

a. It weakens the strength of medical practice and workforce in a country.
b. It leads to an acute shortage of competent healthcare providers in a country.
c. It perpetuates the problem of brain drain syndrome, leading to an increase of loss of Nigerian health professionals to other nations.

Understanding the 'Brain Drain' Syndrome

In medical parlance, brain drain syndrome is described as the international transfer of knowledge and resources in the form of human capital and applies to the migration of academics, skilled professionals, technical human resources and experts from developing to developed countries (Adesulu, 2016). It is a shift of labour from developing nations to developed nations in the form of a shift in the utilisation of expertise in another country. It is characterised by one-way flow in labour distribution either by enticement, coercion, payment or willingness to join the workforce of a foreign country. Lofters (2012) identifies 'brain drain' as one major cause of the shortage of health workers from developing to developed nations. Causes of brain drain among health workers include poor working conditions in poorer countries and active recruitment by more affluent countries. Other causes include inaccessibility to modern health technology in developing countries, poor health policies and adventurous expeditions by some health workers that used health practice as decoys to migrate to foreign countries.

However, brain drain syndrome takes two forms: (1) Direct migration from a country to another for medical practice and (2) Consistent refusal drain of foreign-trained health workers to return to their

home-country after training. Relating this brain drain trend in Nigeria health sector, Lofters (2012), Adesulu (2016) and Uchenunu-Ibeh and Fabamise (2018) agree that brain drain has negative impacts on health sector of developing nations as it drains the home-country of the adequate workforce. The migration of health workers from developing nations to developed nations has raised fear of an African medical brain drain by reducing the workforce of the health sector in the developing countries.

Health Information: An Insight

Information is an essential element of communication. It simply means cognition and health is the state of complete physical, mental and social wellbeing. The mass media collect, store, process and disseminate news and message to bring about attitudinal change and make the audience to take appropriate decisions (Kenechukwu, 2014). This implies that information is the live-wire of the society. Doctors need the mass media for dissemination of information on health trends, and media provide health worker endless arrays of information about health and innovations in the health sector.

This symbiotic relationship between mass media and medical practice encourages the utilisation of information in the health sector. Health information covers the process of gathering information on health and health-related matters (Nwabueze, 2009). Health information involves the dissemination of health-related communication and messages through mainstream media outlets (Kenechukwu, 2018). News on migration occupies media coverage either in print, broadcast or social media. Health regulatory bodies need the information to monitor the number of health workers that migrated to other countries and monitor the output of domestic health workers.

Modes of Information on Migration of Health Workers

There are different media of health information on the migration of health workers. The media of communication include print, broadcast, social media, health newsletters. The effectiveness of each medium is dependent on the characteristics of each medium. The print media, for instance, have two outstanding features: permanence and reviewability. It is a durable mode of disseminating information on the migration of health workers and the most widely used medium of information. The broadcast media have the qualities of audio (radio) and audiovisual (television). These characteristics are most effective in the display of visuals of migrated health workers on television screens. Social media is another veritable mode of dissemination of information on the migration of health workers. The use of

health newsletters circulates within the health sector. It is limited in use as it may not serve a public need.

Regrettably, these media of communication have not been efficiently used in the dissemination of health information on the migration of Nigerian health workers to another country. Most sources of information on the migration of health workers are based on individual statistics than official statistics from the Ministry of Health, Medical and Dental Council of Nigeria (MDCN) or the Immigration Service. There is also a problem of stating an actual number of health workers that migrated to another country within a stipulated time. This lack of adequate health information raises the question of whether the health sector has reliable documents that chronicle the actual number of health workers that have left the country and what the present numeric strength of the sector is. A provision of a functional database of total licenced and practising health workers in Nigeria will eradicate misleading figures in print, broadcast or social media.

Managing Crisis in Nigeria's Health Sectors: An Information-Seeking Approach

Migration is a global phenomenon. People move from one country to another in search of better living conditions and safety but rarely do we consider the positive and negative implications of migration on socioeconomic strength of a country. Previous strategies of reducing the incidence of migration of health workers included (a) equipping government hospitals with digital equipment, (b) upward review of doctors' salaries and (c) better condition of service. These measures have reduced the rate of migration but not eradicated the trend. The study, therefore, proposes the adoption of an information-seeking approach as a veritable means of checking rising migration trends in the health sector.

This approach is anchored on the premise that information is vital in man's actions. The problem of inaccessibility to health information has weakened effective medical practice in Nigeria. This approach suggests that when information is adequately processed and disseminated to the right audience, it brings about attitudinal change (Kenechukwu, 2014). Records show that academic curriculum for medical practice emphasises more on the interaction between health workers, patients and drugs. The information-seeking approach argues that a health worker should seek information outside the domain of medical practice and manage bits of information derived within and outside core medicine but related

to the field of medicine. Batta (2011, p.91) agrees that 'the preponderance of health issues and problems offer enough rationale for journalism to take health seriously and push the issues to the front burner.' Health issues attract media attention. Health workers need mass media for coverage of events and mass media to perform information functions by covering health issues. The information-seeking approach emphasises the need for the availability of accessible information on health trends in Nigeria. This information must be credible, accessible and objective. It offers health workers the means of accessing information on current breakthroughs in medical practice instead of migrating to other countries. The media of information include the use of newspaper, magazine, television, radio, Internet and other social media platforms.

Theoretical Framework

The study anchored on Lee's theory of migration and information-flow theory. Lee's theory of migration argues that migration is a product of four intervening variables (a) factors associated with the place of origin, (b) factors related to the place of destination, (c) intervening obstacles and (d) personal factors. Lee (1975) explains that migration is driven by an individual assessment of the place of origin before moving into another country. This postulation supports only brain drain syndrome of a direct migration from a country to another for medical practice. The theory is criticised on its inability to consider another form of brain drain syndrome as a result of the refusal of foreign-trained health workers to return to their home-country after training.

On the other hand, the information-flow theory explains how information moves from media to audiences to exert specific intended effects. It provides a theoretical basis for successful public information campaigns and helps the understanding of information flow during crises (Baran and Davis, 2006). The theory supports the information-seeking approach of the study of migration of Nigerian health workers because, there cannot be valid claims on the number of migrating health workers without a standard information system that monitors, records and disseminates information on migration index. However, a significant criticism of the information-flow theory is that it is linear and source-dominated.

Methodology

The study adopted content-analysis of select three documents on the migration of health workers in Nigeria viz: (a) *Nigeria HealthWatch*, (b) *Migration in Nigeria: Thematic Document on Migration and*

Development in Nigeria, and (c) *Migration in Nigeria: A Country Profile*. These documents were selected because of the dearth of specific documents on the migration of Nigeria health workers. Although these documents also covered every aspect of migration, they were chosen because the crux of the study centred on measuring health information aspects of migration index. Major content categories were drafted viz: (a) pattern of migration measured the nature/reasons of migration, (b) prominence measured the frequency of information on migration index, and (c) mode measured the medium of information.

Data Presentations and Discussion

Data were analysed in pie-charts based on the above major content categories

Analysis of the pattern of migration

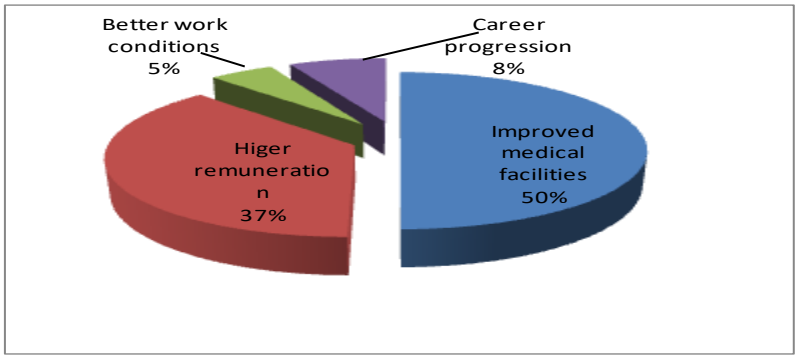

Fig: 1: Nature/reasons for migration

The *Nigeria HealthWatch* document indicated that the significant reason for the migration of health workers to developed nations is improved medical facilities in developed nations. The other documents: *Migration in Nigeria: Thematic Document on Migration and Development in Nigeria* and *Migration in Nigeria: A Country Profile* were silent on the reasons of migration of Nigerian health workers.

Analysis of the prominence of coverage

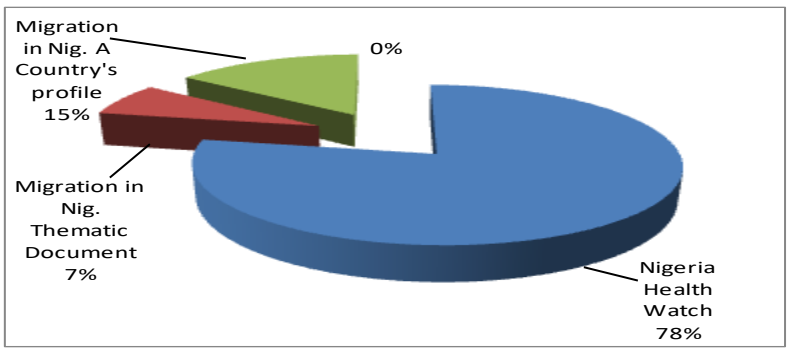

Fig. 2: Prominence of coverage

Figure 2 indicated that *Nigeria HealthWatch* gave more prominence on health information vis-à-vis the migration of Nigerian health workers to developed nations. The coverage was based on empirical studies carried out among medical doctors and other health workers. The remaining documents: *Migration in Nigeria: Thematic Document on Migration and Development in Nigeria* and *Migration in Nigeria: A Country Profile* had minimal coverage of health information on the migration trend.

Analysis of the mode of coverage

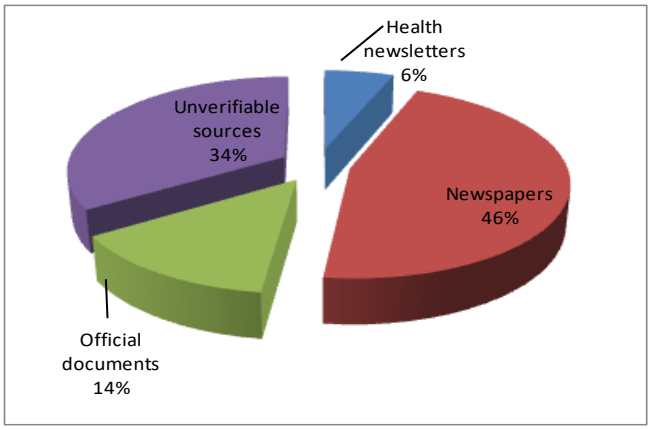

Fig.3: Mode of coverage

Figure 3 indicated that the newspaper is the most widely used medium of dissemination of health on the migration of Nigeria health workers. Significantly, the Figure identified an unconventional medium: unverifiable sources. This implies that some statistics on the rate of migration of these health workers were bogus and figures were used fictitiously.

Conclusion and Recommendations

The study emphasised health information aspect of migration trends than implications of the shift on the socioeconomic development of Nigeria. To this end, the study examined the trends from an

information-seeking approach. The study found that out of the three documents content-analysed, only *Nigeria HealthWatch* gave acceptable (empirical) coverage of migration index. Issues on the migration of health workers were thematically explained in the two documents: *Migration in Nigeria: Thematic Document on Migration and Development in Nigeria* and *Migration in Nigeria: A Country Profile*.

A significant finding of the study was the identification of newspaper as the widely used medium. Interestingly, the study indicated that some sources were unverifiable thus raising severe problems for the use of statistics (figures) in migration index. Some statistics in newspapers and health newsletters seem too fictitious because there were no verifiable sources; for example, Online newspapers of *The Nation* (December 15, 2017) and *Vanguard* (February 6, 2016) recorded that 300 and 227 doctors respectively migrated from Nigeria to other nations. The assertions were based on unverifiable sources than official documents.

Based on the findings of the study, the following recommendations are proffered:

a. It is not enough to study the migration index without examining the interaction of emigrants and workplaces. Therefore, there should be continuous studies on the place of health information on migration studies.
b. For effective information on migration, mainstream media: print, broadcast and social media should be integrated. However, the permanence ability of print media is added advantage as these documents can be preserved for ages.
c. The Ministry of Health, Immigration Service, Medical and Dental Council of Nigeria (MDCN) and other stakeholders in the health sector should develop a functional database for the registration of all migrating health workers. This measure will eradicate a situation of using fictitious figures to quantify the number of migrating health workers.
d. There should be a mainstreaming of migration index into development policies through health information-seeking approach.

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