

Original Article

IMPACT OF BRAIN DRAIN IN ORL PRACTICE IN NIGERIA

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Abstract

Background: Brain drain simply refers to migration of workers. In the health sector, it refers to the movement of health personnel in search of an improved or better standard of living and quality of life, higher wages access to advanced technology and a more stable political climate.

Aim: The aim is to assess the impact of brain drain practice in ORL practice in Nigeria.

Materials and Methods: This is a prospective study. Questionnaire was distributed to participants of the ORLSON EKO 2019 Conference that held at Sheraton Hotel, Ikeja, Lagos State in November, 2019. Data generated was analysed using SPSS 20 version.

Results: Males were 57.5% and 42.5% females. Half (50%) of the participants are Consultants, 21.3% senior registrars, 26.3% Registrars. Majority of the participants agreed that there is an increase in brain drain in ENT, decrease in the number of well-trained ENT Surgeons and this had contributed to an increase in medical tourism, morbidity and mortality.

Conclusion: Brain drain exists in ENT and has its subsequent effect on the health sector at large, the surgeon and the patient.

Keywords: Brain drain, Health sector, ORL practice, Advanced technology.

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INTRODUCTION

Brain drain simply refers to migration of workers. It has been defined in numerous ways by analysts. However, brain drain in this study would be defined as migration of workers in the health sector. It refers to the movement of health personnel in search of an improved or better standard of living and quality of life, higher wages, access to advanced technology and a more stable political climate.¹

It could be internal, however in majority of cases it involves a cross-border or international migration usually from developing to developed countries. Most write-ups regarding brain drain in Nigeria are found in Newspapers and magazines.

International migration was first recorded as a major public health issue in the 1940's when there was emigration of health workers into the United Kingdom and United States and by the mid 1960's the impact was significant enough to cause concern.

The WHO African region continues to experience loss of a significant number of highly skilled health professionals (Physicians, nurses, dentist and pharmacists) to the European Union, Australia, North America.²

The health work force is highly unevenly distributed around the world. In many African countries, there are less than 23 or fewer doctors for every 10,000 people.³ The WHO estimated that Health care system with less than 23 health care workers per 10,000 is unable to deliver essential health care service.³

How to exactly substantiate the direct effect of health on workers emigration on morbidity and mortality is highly contested.

Emigration results from a combination of push and pull factors.² The push factors are related with the source countries and the pull factors are with the recipient countries.² The key push factors driving health workers out include: weak health systems, insecurity, poor working conditions, low remunerations, lack of professional

development opportunities.² Pull factors Includes: availability of information, easy access to communication and technology.² The push and pull factors in tandem have led to brain drain of health professionals from African countries including Nigeria.²

The emigration of health workers poses a short- and long-term consequence for the originating country. Sub-Saharan Africa faces the greatest challenge with 11% of the world's population and 25% of the global disease burden, and yet the doctor-patient ratio is very low.⁴ This mass migration of trained and skilled health professionals includes doctors from low-income to high-income countries.⁴

In the case of Nigeria, the migration of medical doctors has created a huge problem for public health system; it worsens the already weak health care system, making it extremely difficult for countries in the region to achieve the Millennium Development Goals.⁵

According to some estimates, about 2,000 Nigerian doctors have left Nigeria over the past few years and this has been blamed on poor budget allocation to health, better facilities and work environment in other climes, higher salaries, career progression and an improved quality of life.⁶

The World Health Organization puts Nigeria's doctor to population ratio at 0.3 per 1,000 persons, which is grossly inadequate. The country needs at least 237,000 doctors.⁷

The causes of brain drain includes: harsh economic conditions, under employment, political instability, security risks, lack of research and other facilities, unsatisfactory working condition, desire for better career recognition.² Factors that pull professionals to developed countries includes: better remuneration and working condition, secure and conducive living condition.^{8,9}

The effect of brain drain includes: reduction in the quality of skilled man power, retardation of socioeconomic and technological growth, indirectly causes adverse effects on all health outcomes especially maternal.¹⁰

Another study stated the effects of brain drain in Nigeria and this included: high mortality rate, under development of the nation etc.^{11,12} The real beneficiaries of medical migration are the destination countries. The aim of this study was to assess the impact of brain drain practice in ORL practice in Nigeria.

The health care system in the developing countries faces lots of problems and human resources being one of the major. The system is systemically and structurally fragile and weak to provide health services where it is most needed and brain drain appears to have complicated the situation and made matters worse.⁴ Migration of medical personnel impact more negatively on the health care of the exporting countries than positively.⁴

The WHO African region continues to experience loss of a significant number of highly skilled health professionals (Physicians, nurses, dentist and pharmacists) to the European union, Australia, North America.²

Factors influencing brain drain among Medical Personnel in Nigeria revealed that the reason for migration is mainly caused by the working conditions within an organization. About 36% of respondents agreed that the motivation of workers is at a very low level and that the effect of brain drain was also significant on the provision of medical services, training and development of future medical personnel.⁹

The search for a greener pasture accounted for about 75%, better working condition was considered as the very important reason for migration.¹⁰

Trained health practitioners are needed in all parts of the world thus climes that provide enabling environment to practice and optimize their skills, improve their quality of life and that of their children permit brain drain.⁴

Relocation to these countries provide better standard of living and quality of life, higher salaries, access to advanced technology and more stable political conditions.⁴

This should be of growing concern to our government, because of the impact on the health systems of developing countries.

Another study revealed that the movement of physicians from lower to higher income settings has substantial economic consequences and also increased mortality seen on the host countries where the physicians migrate from.¹¹ The WHO estimates a global shortage of 2.8 million physicians with severe deficiencies especially in low- and middle-income countries.¹¹

In another finding, it was difficult to exactly substantiate the direct impact of health worker emigration on mortality and morbidity.¹² Sceptics pointed out that casual direct

impacts of brain drain are difficult to show with absolute certainty.³

MATERIALS AND METHODS

This is a cross-sectional questionnaire-based survey. Questionnaire was distributed to participants of the ORLSON EKO 2019 Conference that held at Sheraton Hotel, Ikeja, Lagos State, November, 2019. Data generated was analysed using SPSS 20 version.

RESULTS

Distribution of participants

Males accounted for 57.5% of the participants and females accounted for 42.5%. Half (50%) of the participants were Consultants, 21.3% were senior registrars and 26.3% were registrars.

ENT Consultants (37.5%) agreed that there is an increase in brain drain in ENT while 12.5% disagreed. Registrars (20%) and senior registrars (20%) respectively were of the opinion that there is brain drain.

Of all the respondents, 31.25% strongly agreed that there is a decrease in the number of well-trained ENT Surgeons, 23.75% agreed, 28.75% of respondents disagreed, 11.25% indifferent while 5% strongly disagreed.

Forty percent of respondents strongly agreed that brain drain has contributed to increase in medical tourism, 30% agreed, 12.5% undecided, 15% disagreed and 2.5% strongly disagreed.

Forty-five percent of respondents agreed that Brain drain affected staff morale, 38.75% strongly agreed, 10% were undecided, 3.75% disagreed.

Twenty-five percent agreed that brain drain contributed to job dissatisfaction amongst the ENT surgeons, 23.75% however 30% were indifferent with majority of Consultants contributing to this number. 16.25% of respondents disagreed while 5% strongly disagreed.

Of all the respondents, 11.25% agreed that Surgeons remuneration contributed to brain drain, 12.5% Quality of equipment, and 8.75% socio-economic and or political situation in home country.

Those that agreed and strongly agreed that brain drain is linked to increased morbidity were 36.25% and 31.25% respectively. However, 12.5% and 5% disagreed and strongly disagreed respectively, while 15% were indifferent.

Those that agreed and strongly agreed that brain drain is associated with an increase in mortality were 31.25% and 26.25% respectively, while 21.25% were undecided; 13.75% disagreed while 7.5% strongly disagreed.

DISCUSSION

Most of the respondents in this study were of the opinion that there is brain drain in ENT. Though there are limited publications in this area with regards to impact of brain drain in ORL practice in Nigeria, the study reveals the bigger problem of brain drain in the health sector in Nigeria and sub-Saharan Africa as shown in most studies.

Part of the possible reasons for ENT surgeons to emigrate from Nigeria in this study were poor remuneration, socio-economic and the political situation in the country and presence of better equipment in foreign countries. This is in support of the study on factors influencing brain drain among medical personnel in Nigeria, which revealed that the reason for migration was mainly caused by the working conditions within an organisation.⁹

Relocation to these countries provide better standard of living and quality of life, higher salaries, access to advanced technology and more stable political conditions.

Another study revealed the causes of brain drain which includes: harsh economic conditions, under employment, political instability, security risks, lack of research and other facilities, unsatisfactory working condition and desire for better career recognition. Factors that pull professionals to developed countries includes: better remuneration and working condition, secure and conducive living condition.⁸

Those that agreed and strongly agreed that brain drain is linked to increased morbidity were 36.25% and 31.25% respectively. This is in tandem with a study which stated that in the case of Nigeria, the migration of medical doctors has created a huge problem for public health system; it worsens the already weak health care system making it extremely difficult for countries in the region to achieve the Millennium Development goals.⁵ However a fewer percentage disagreed while 15% were indifferent.

CONCLUSION

Brain drain exists in ENT and has its subsequent effect on the health sector at large, the surgeon and the patient.

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CONFLIT OF INTEREST

The authors declare that there are no conflicts of interest.

ETHICAL APPROVAL

The research work was examined and approved by the hospital research and ethics committee.

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