

HUMAN RESOURCES IN THE HEALTHCARE DELIVERY SYSTEM: THE NIGERIA'S EXPERIENCE

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ABSTRACT

The weightiness of human resources being the hallmark and life wire of every organization across the globe especially the healthcare delivery system cannot be overestimated even in Nigeria. Therefore, this paper examined human resources in the healthcare delivery system with an eagle eye on Nigeria's experience. The specific objectives of the paper included a look at the challenges facing human resources in Nigerian healthcare delivery system and the strategies to strengthening human resources in the Nigeria healthcare delivery system. Secondary sources of data were reviewed and content analyzed while organizational lifecycle theory of human resources management was utilized buttress the paper. Meanwhile, the paper revealed among others that inadequate budgetary allocation in the healthcare sector, insecurity/unsafe workplaces; inadequate career structures; poor remuneration/unfair pay leading to brain drain are the major factors driving human resources challenges in Nigeria healthcare delivery system. The paper therefore advocates provision of effective political leadership, facilitating public-private partnerships in the healthcare and implementing enhanced health sector salary scheme among others to strengthen the human resources in the Nigeria healthcare delivery system.

Keywords: Healthcare, delivery system, Human resources, Nigeria, Experience.

1. INTRODUCTION

The concept of human resources can be seen as the set of people who make up the workforce of an organization, business sector, industry, or economy. A narrower concept is human capital, the knowledge and skills which the individuals command. Similar terms include manpower, labour, personnel, associates or simply: people. Human resources, when pertaining to health care, was defined by WHO (2000) as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention (Howard et al., 2006 cited in Oyewola, 2018). Human resources in healthcare system play indispensable roles as it enable effective healthcare service delivery through staff performance monitoring and evaluation, compensation as well as recruitment of competent employee.

In the healthcare services, human resource (HR) is not only involved in securing and developing the talents of individual workers, but also in implementing programs and policies that enhance communication and cooperation between those individual workers in order to support organizational development (Elarabi & Johari, 2014). Numerous documented literatures have disclosed the roles of human resources in developing the quality of healthcare services and found that the incentives and providing motivation to work and follow the system of bonuses by competencies improve the performance of individuals working in hospitals. Organizations in general, deploy Human Resources (HR) departments with the aim of improving performance. Despite great roles played by the HR department in the health sectors, a number of healthcare systems are still experiencing poor service delivery (Oyewole, 2018).

Within many health care systems worldwide, increased attention is being focused on human resources management (HRM). Specifically, human resources are one of three principal health system inputs, with the other two major inputs being physical capital and consumables (WHO, 2007). As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services (WHO, 2007).

To strike a balance between the human and physical resources, it is also essential to maintain an appropriate mix between the different types of health promoters and caregivers to ensure the system's success (WHO, 2007). Due to their obvious and important differences, it is imperative that human capital is handled and managed very differently from physical capital

Both the number and cost of health care consumables (drugs, prostheses and disposable equipment) are rising astronomically, which in turn can drastically increase the costs of health care. In publicly-funded systems, expenditures in this area can affect the ability to hire and sustain effective practitioners. In both government-funded and employer-paid systems, HRM practices must be developed in order to find the appropriate balance of workforce

supply and the ability of those practitioners to practise effectively and efficiently. A practitioner without adequate tools is as inefficient as having the tools without the practitioner.

However, it is no longer new neither is it a news that Nigeria as a nation has been experiencing braindrain of healthcare professionals (human resources) especially to the western countries hitherto, and one of the major reasons for this emmigration have not been far from searching for greener pastures and better welfare packages, abrupt insecurity and negligence of healthcare system. Consequently, this paper therefore aimed at reviewing human resource in healthcare services with the main focus on Nigeria's experiences and to offer considerable suggestions.

2. AIM AND OBJECTIVES

The general aim of this paper is to examine human resources in the healthcare delivery system with the eagleeye on Nigerian experience. The specific objectives of the paper are:

- a) To examine the situation of human resources in the Nigeria healthcare system
- b) To identify the challenges of human resources in Nigeria healthcare delivery system.
- c) To examine the strategies for strengthening human resources in Nigeria healthcare delivery system.

3. MATERIALS AND METHODS

Secondary source materials or method of data collection was utilized for this paper in which databases were searched for relevant literatures on recent journal and internet based articles on the subject matter among others were reviewed and content analysed in accordance with the aim and objectives of the paper.

4. LITERATURE REVIEW

Relevant and related literatures were reviewed on the following subheadings:

4.1 Healthcare delivery system

Basically, healthcare system comprises all medical services provider saddled with the responsibility to prevent, diagnose, treat and rehabilitate patients with a ailment, illness or disease. The system, therefore, entails the health structure, workforce – medical practitioners that render services, the government, private organisations and non-governmental agencies that finance the service delivery (Ferlie & Shortell, 2010).

4.2 Human Resources

In any organization, human resources is the department in charge of all employees and employee-related operations. As a term, we also use it to describe the entire workforce of an organization both in the private and public sectors.

4.3 The Roles of Human Resources Management in healthcare services

The relevance of human resource management in healthcare services is more concerned with the development of both health workers and non-health workers in both privates and public health sectors (Oyewole, 2018). In his own views, Keating (2011) stated that human resource professionals in the health sectors carryout fundamental activities in monitoring daily routine activities of the healthcare workers as well as regulate and implement staff recruitment, performance and appraisal. Since human resource management in healthcare services can greatly influence health system involving healthcare workers with a complex mixed of skills and motivations through evolving training and development workshop on staff engagement and performance (Uneke et al., 2007). Effective HRM practices have been found to positively influence outcomes connected to organizational commitment, service delivery and patient care in health sectors therefore making it a crucial element in promoting healthcare quality and safety (Pereira et al., 2013). According to Elvira (2013), the significant role of human resource department in healthcare services is to find qualified candidates for various positions in health care institutions thereby, working closely with them and training them on the responsibilities that individual are required to carry out hence ensuring that they comprehend their job description. Oyewole, (2018) in his own contribution outlined the following roles of HR in the healthcare system:

1. Recruitment of competent staff that will build and encourage patients-focused culture

HR can impact in healthcare services by recruiting competent employees who fit into the organization's culture, focusing on retention and contributing to learning initiatives that increase employee engagement as regarded to patient's safety (Becker, 2012). Most important component of maintaining patient safety is making sure employees buy in to a healthcare organization's values and culture. Russell (2018), similarly reported that health care facility needs the expertise of qualified and reliable members to ensure adequate delivery of health care services, limit complaints from patients and prevent sanctions from authorities which is being evaluated by the HR manager. HR manager must ensure that the performance of recruits and employees is up to par and must address disputes arising between employees and management and finding working solutions to address such disputes (Russell 2018).

2. Training and development of health workers

The HR professionals must carefully design programs that benefits the overall organization as well as the individual. The training initiatives includes apprenticeship, internship, job rotation, mentoring and new skills programs (Greenlaw & John, 1986).

3. Performance appraisal of health workers

Performance appraisal and training activities of health workers happened to be one of the primary function of human resource department in health care system as it provides feedback on the staff performance which allows them to evaluate the appropriateness of their behaviour in the eyes of their coworkers and correct weaknesses and improve contributions (Minehan, 1997).

4. Healthcare workers remuneration and compensation

Compensation refers to HRM duties related to payment of employees' wages and provision of incentives. Greenlaw & John (1986), asserted that HR professionals are typically charged with developing wages and salaries system that accomplish specific organizational objectives such as employee retention, quality, satisfaction, appraisal and motivation.

4.4 Theoretical models

This paper is premised on the organizational lifecycle theoretical model to explain how key is human resources in the healthcare delivery system:

4.4.1 Organizational Lifecycle Theory

The organizational life cycle is a theoretical model based on the changes organizations experience as they grow and mature. Just as living organizations grow and decline in predictable patterns, so do organizations. The idea of the organization's life cycle was developed by business consultant and American professor Ichak Adizes in 1979. He postied that organizations go through five stages of development: birth, growth, maturity, decline, and death. Historians and academicians have observed that organizations, just like that of living organisms, have life cycles. They are born (established or formed), they grow and develop, they reach maturity, they begin to decline and age, and finally, in many cases, they die.

The diagram below explains more of the theory of organizational lifecycle theory:



Fig.1 Flowchart Explaining the five phases of Organizational Lifecycle Theory of Human Resources

Study of the organizational life cycle (OLC) has resulted in various predictive models. These models, which have been a subject of considerable academic discussion, are linked to the study of organizational growth and development. Organizations at any stage of the life cycle are impacted by external environmental circumstances as well as internal factors. The rise and fall of organizations and entire industries have been witnessed. Products also have life cycles, a fact that has been long recognized by marketing and sales experts. It seemed reasonable, for academicians, to conclude that organizations also have life cycles.

This theory is very important in the context of this paper because one may think that the modern era of competitive disruption has made traditional life cycles less relevant, but the opposite is true.

Since most of today's industry including healthcare system disruptions are in technologies, life cycles and the conditions that shape them are even more critical because of the speed of change. Cycles that once lasted years or decades can now pass in months. As one will see, if a business fails to take a proactive stance toward organizational life cycle changes, it is likely to fall into crisis and decline.

Organizational life cycles are the product of human behaviour. Likewise the survival of functional healthcare system in Nigeria is a product of government policies and programmes towards healthcare sector, as well as the behaviour of healthcare practitioners. In organizations, managerial policies and attitudinal behaviour has predictable patterns that result in foreseeable crises. Preparing for those crises can determine whether an organization moves to the next stage of development or fails. Arising from above, it's safe to posit that the downturn slope, decaying structures and inadequacy of healthcare providers are due to the government inactions in funding and retaining the existing healthcare workers in Nigeria.

Moreover, the Nigerian healthcare delivery system can remain matured and functional if the government can review the emoluments and conditions of service of healthcare practitioners to avoid brain drain of doctors and then keep training and retraining the existing workforce in line with the modern technological trends to global standards.

4.5 The Situation of Human Resources in Nigeria's Healthcare System

Africa's most populous country, Nigeria needs more high-quality health workers to meet the health needs of its 173 million people. The country has 20 nurses, midwives, and doctors for every 10,000 people, less than the minimum recommended by the World Health Organization to provide adequate access to care. Although Nigeria's ratio of health workers is better than many other countries in sub-Saharan Africa, its health workers are inequitably distributed. Most health professionals choose to work in Lagos and other urban areas in the south leaving acute shortages in the north and in rural areas. As a result, there are wide disparities in health status and access to health services across the country. Nigeria's health indicators are very poor and are only slowly improving. The country has some of the world's highest infant and maternal mortality rates—women have a 1 in 29 lifetime risk of dying in childbirth and only 38% of births are attended by skilled health workers. Nigeria has a 3.2% adult HIV prevalence rate and HIV/AIDS is the second leading cause of death. Women have an average of 6 children and the contraception prevalence rate is 14% (Deborah, 2022).

Several direct and indirect factors have perpetuated the reality of the gross inadequacies in Nigeria's health workforce. Some of these factors are poor levels of compensation/benefits with epileptic payment of salaries; poor and degraded health infrastructure; restricted opportunities for career development; increased migration of health workers in search of greener pastures; low health budget and inefficient management of financial resources; inadequate training capacity in public health training institutions; erratic health sector leadership and poor commitment of leadership to addressing human resources challenges in the healthcare sector; use of primitive practices and technology which limit productivity and increase the burden on health workers; amongst other factors (Deborah, 2022).

Among these many challenges facing the health system in Nigeria also, is acute shortage of competent health care providers. As a result of inadequate infrastructure and poor compensation packages, a sizeable number of physicians, nurses and other medical professionals are lured away to developed countries in search of fulfilling and lucrative positions (Awofeso, 2008). In fact, some of these countries have established recruiting agencies and examination protocols targeting the best and brightest medical minds in Nigeria, prompting the government to require that these agencies register with the Federal Ministry of Health and operate within an established framework (Awofeso, 2008). Nigeria is a major health-staff-exporting nation, and according to records from the nursing and midwifery council of Nigeria, 7,000 nurses left Nigeria to work abroad in the year 2021 alone. This translates to 600 nurses leaving per month (Nnamuchi, 2007). This figure appears to be underreported as it fails to take into account the vast number of nurses who migrate abroad under different pretexts.

A report from the Punch Newspaper on the 25th of May, 2022 seems to be more precised as it reported that No fewer than 7,256 trained nurses in Nigeria relocated to the United Kingdom between March 2021 and March 2022. The figure is contained in information obtained from the Nursing and Midwifery Council of the United Kingdom on Thursday. Deborah (2022) reported that Nigeria has continued to witness an increase in the rate of health workers migrating from the country. According to the data, 2,796 Nigerian nurses migrated to the UK between March 2017 and March 2018 while there was an influx of 3,021 Nigerian nurses to the UK between March 2018 and March 2019. So far, the data revealed that Nigeria has the third highest number of foreign trained nurses in the UK, coming after

the Philippines and India. The efflux has resulted to acute shortages in local health facilities and drastically impacted access.

Related to brain drain is the problem of geographical distribution of health care professionals. There is a disproportionate concentration of medical professionals in urban areas. While access to medical personnel is readily available in cities, rural dwellers often have to travel considerable distance in order to get treatment. Health workers in underserved areas usually have motivational problems at work which may be reflected in a variety of circumstances, but common manifestations include: (i) lack of courtesy to patients; (ii) failure to turn up at work on time and high levels of absenteeism; (iii) poor process quality such as failure to conduct proper patient examinations, and (iv) failure to treat patients in a timely manner (Raufu, 2002).

Doctors and nurses are reluctant to relocate to remote areas and forest locations that offer poor communications with the rest of the country and few amenities for health professionals and their families. Urban areas in Nigeria are more attractive to health care professionals for their comparative social, cultural and professional advantages. Large metropolitan centers in the country offer more opportunities for career and educational advancement, better employment prospects for health professionals and their family (i.e. spouse), easier access to private practice (an important factor in Nigeria because public salaries are relatively low) and lifestyle- related services and amenities, and better access to education opportunities for their children (Chankova, et al. 2007). In addition, the low status often conferred to those working in rural and remote areas further contributes to health professionals' preference for settling in urban areas, where positions are perceived as more prestigious. This has significant consequences on the health of inhabitants of rural areas as unavailability of physicians and nurses within close proximity often leads to delaying and postponing visits to health care facilities until the condition becomes unbearable. Transporting the patient on treacherous roads to urban facilities may take several hours and this may mean the life or death (Raufu, 2002).

In Nigeria scarce data on the availability, distribution, and trends in human resources for health (HRH) has been a barrier to effective HRH planning. Nigeria has 13 doctors, 92 nurses/midwives, and 64 community health workers (CHWs) in the public sector per 100,000 population. However, an urban resident has access to 3 times more doctors and twice as many nurses/midwives, compared to a rural resident.

4.6 Factors Driving Human Resources Challenges in Nigerian Health Care Delivery System

Human resource professionals face many obstacles in their attempt to deliver high-quality health care to citizens. Some of these constraints include budgets, lack of congruence between different stakeholders' values, absenteeism rates, high rates of turnover and low morale of health personnel (Awofeso, 2008).

The main factors driving this problem have been identified by Awofeso, (2008) and these include: (i) insecurity in Nigeria (ii). Insufficiently resourced and neglected health systems; (ii). Poor human resources planning and management practices and structures; (iii). Unsatisfactory working conditions characterized by: heavy workloads; lack of professional autonomy; poor supervision and support; long working hours; unsafe workplaces; inadequate career structures; poor remuneration/unfair pay; poor access to needed supplies, tools and information; and limited or no access to professional development opportunities; (iv). Internal and international migration of health workers.

The continual drain of health workers from Nigeria, combined with decades of harsh economic policies, has led to chronically under-funded health systems. Health workers are paid meager salaries (for instance the purchasing power of a Nigerian doctor is 25% lower than that of a doctor even in Eastern Europe) and they work in insecure areas and have heavy workloads, but lack the most basic resources, including insufficient drugs or medical equipment; they have little chance of career advancement [9]. Doctors complain of 'brain waste', and seek better opportunities for professional development in countries with better medical infrastructure.

Furthermore, scores of Nigerian doctors currently overseas are willing to return to Nigeria provided appropriate employment opportunities are available. Unfortunately, not only are such opportunities very scarce, there is growing unemployment among registered doctors in Nigeria. Awofeso (2008) further asserted that there is little enthusiasm by locally based senior medical staff to create openings for overseas- based doctors. Also, accreditation processes tend to be based on the principle of reciprocity, thus disadvantaging overseas- based doctors willing to return [10]. In Nigeria the main source of increase in health workforce comes from new graduates (83% of total new incoming staff); 60% of new graduate doctors but only 25% of new graduate nurses/midwives entered public sector; new graduate nurses accounted for only 1% increase in the number of public sector nurses (Chimezie & Ofura, 2022).

The deficit in skilled professionals and the entire health workforce in Africa continues to be a massive set back on the pathway to achieving universal health coverage on the continent. Although Nigeria's health system has always been confronted by a grossly understaffed workforce, increasing economic strains and fragmentary health service reforms

have resulted in a massive brain drain, which further weakens the already fragile health system (Chimezie & Ofura, 2022).

According to the World Health Organisation (WHO), 57 countries globally have less than 23 health workers per 10,000 people, with sub-Saharan Africa accounting for 63 percent of these countries. In Nigeria for instance, Chimezie and Ofura, (2022) argued that the distribution of health workers is skewed in favour of urban areas to the disadvantage of rural areas, as most health professionals are reluctant to stay in primary health facilities that are typically unequipped and in rural areas where social amenities are lacking. Also, staff in these deprived and rural communities are often forgotten in terms of incentives, promotions, and career-related scholarships.

4.7 Strategies to Strengthen Human Resources in Nigeria's Public Healthcare Delivery System

Professionals are available in the right numbers, evenly distributed geographically across urban and rural communities, and are sufficiently motivated to deliver quality health services. Achieving this will require addressing the multidimensional factors that influence the healthcare human resources capacity (Chimezie & Ofura, 2022).

These strategies will include as suggested by Chimezie and Ofura (2022) as follows:

Providing effective political leadership:

Strong political commitment and engagement is needed to improve the health workforce in Nigeria. Nigerian governments should fulfil the commitment made by the leaders of the African Union (AU) in April 2001 at Abuja where the heads of state and government of the AU made a commitment to allocate 15% of their annual budget to improve the health sector. While countries like Rwanda and South Africa have lived up to this commitment, others like Nigeria still lag behind; in Nigeria, the health budget for 2022 is 4.3% of the entire budget.

Facilitating public-private partnerships:

Nigerian governments need to provide legislature and incentives that will facilitate public-private partnerships. Such public-private initiatives should invest in the training and capacity building of health workers, strengthening and equipping healthcare facilities, and providing more incentives for health workers.

Implementing enhanced health sector salary scheme:

To attract and retain trained health professionals, Nigerian governments should redesign the remuneration system to prioritize health workers; improve salaries and implement improved welfare and benefits schemes, and extend the working life of healthy health professionals.

Establishment of a Deprived Area Incentive Scheme:

To improve the distribution of human resources to rural communities, African governments should provide financial incentives for health workers in rural areas. Also, there should be prioritization of access to further training and fast-tracking of promotions and career development opportunities for staff working in under-served areas.

Adoption of technology to improve productivity and reduce the burden on health workers: The use of innovative solutions and new technologies in service delivery will increase productivity of health workers, allowing them to reach more patients effectively, particularly those in remote areas. This will reduce the immense burden on the limited human resources available in healthcare.

5. DISCUSSION

This paper reviewed human resources in the healthcare delivery system from the perspective of Nigeria's experiences. And in accordance with the aim and objectives of the paper, it discovered from the submissions of academics such as Chimezie and Ofura, (2022), Awofeso (2008) and Raufu (2002) among others that factors such as insecurity in Nigeria; Insufficiently resourced and neglected health systems; poor human resources planning and management practices and structures; Unsatisfactory working conditions characterized by: heavy workloads; inadequate budgetary allocation; lack of professional autonomy; poor supervision and support; long working hours; unsafe workplaces; inadequate career structures; poor remuneration/unfair pay and poor access to needed supplies are the challenges of human resources in the Nigeria's healthcare delivery system which in turn are influencing lack of courtesy to patients; failure to turn up at work on time and high levels of absenteeism; poor process quality such as failure to conduct proper patient examinations, and failure to treat patients in a timely manner.

The paper further revealed from the reviews of submissions of scholars such as Chimezie and Ofura (2022) that the healthcare workforce in Nigeria can be strengthened through adoption of technology to improve productivity and reduce the burden on health workers. For instance, a glucose meter allows patients suffering from diabetes to monitor their blood sugar level at the comfort of their home and take the right diet accordingly. Same goes for the use of digital thermometers, digital sphygmomanometers, weighing scales and vital signs monitors among others. Other ways to

boost the healthcare workforce in Nigeria can be through implementing enhanced health sector salary scheme to encourage and retain health care professionals.

6. CONCLUSION AND RECOMMENDATIONS

The healthcare sector in Nigeria needs a strong workforce to handle the huge endemic and pandemic burden of diseases on the country's citizenry. Addressing the various challenges confronting human resources retention and productivity should therefore be accorded the highest priority for achieving better health outcomes.

The Federal Government of Nigeria should be called upon by critical stakeholders to regulate the migration of medical doctors, nurses and midwives in the country, while providing an effective political leadership, facilitating public-private partnerships in the healthcare and implementing enhanced health sector salary scheme to discourage brain drain among healthcare practitioners.

Experts in the health sector should continue to advocate better working conditions for doctors, nurses and other health workers in a bid to regulate the export of human capital. The budgetary allocation to healthcare sector should be reviewed in such a way that will cover needs of both the human and material resources in the healthcare.

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