

#### PREVALENCE, ASSOCIATED FACTORS AND POLICIES ON MEDICAL BRAIN DRAIN AMONG HEALTHCARE PROFESSIONALS IN GENERAL HOSPITALS, LAGOS STATE

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#### ABSTRACT

The study was carried out to investigate the prevalence, associated factors and policies on medical brain drain among healthcare professionals in Generals Hospital, Lagos State. Three research questions and hypotheses were postulated. The study adopted descriptive survey research and the sample for the study consisted of healthcare professionals working in General Hospitals, Lagos State using the purposively sampling technique. A self-developed instrument titled "Medical Brain Drain and Healthcare Questionnaire (MBDHQ)" and designed in line with a four-point scale for data collection. The instrument was validated by experts in the Department of Human Kinetics, Sports, and Health Education and Department of Community Health College of Medicine Lagos State University for the face and content validity of the instrument. The reliability of the instrument was ensured using test-retest method and reliability coefficient of 0.76 was recorded and considered appropriate. A total of 150 copies of the valid questionnaire were administered to the respondents same copies were collected on the spot which ensured high percentage return. The data collected was analysed using descriptive statistics of frequency counts and percentage for demographic data while inferential statistics of Chi-square was used to analyze all stated hypotheses at 0.05 alpha level significance. Findings from the study revealed that there was a significant relationship between the prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos State; there was a significant relationship between demographic characteristics (age, gender, and marital status) of medical brain drain among healthcare professionals in General Hospitals Lagos State; and existed policies and initiatives aimed at addressing medical brain drain in General Hospitals in Lagos State are ineffective in reducing the prevalence of medical brain drain. It's also recommended that the government should improve compensation and benefits: one of the most significant factors driving healthcare professionals to seek employment abroad is inadequate compensation. To retain skilled workers, it is essential to offer competitive salaries that reflect the demands of the profession and the rising cost of living in Nigeria.

Keywords: Prevalence, Associated Factor, Policies, Medical Brain Drain, Healthcare Professionals

### Introduction

Brain drain refers to the migration of highly educated professionals from underdeveloped countries to both developing and developed nations, driven by the allure of improved



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compensation and enhanced career prospects. When it comes to medical doctors, this phenomenon entails the emigration of healthcare experts to foreign shores to pursue superior healthcare standards and fulfill personal aspirations, including higher remuneration, state of-the-art medical facilities, and professional growth. In the study conducted by Botezat, & Ramos, (2020) they precisely characterized the brain drain of medical doctors as the migration of health professionals seeking better opportunities abroad. Brain drain is succinctly defined as the impact of globalization and its mobility effect due to increased opportunities in the industrialized nations with the attendant better working and living conditions. Brain drain is also understood as the international transfer of valuable resources in the form of human capital, primarily involving the movement of highly educated and skilled individuals from developing countries to developed nations (Chand, 2018). Most healthcare professional are facing job stress which result into burnout (emotional, physical and mental stress), job dissatisfaction, occupational illness and injuries, employee or labour turnover, reduced mental health, depression, and even suicide (Ogunbamowo, Oladipupo, Ashon & Ligali, 2022).

In the healthcare sector, brain drain is defined as the migration of health personnel in pursuit of a superior standard of living and quality of life, more lucrative salaries, access to advanced technologies, and more stable political and working conditions in various locations worldwide (Ebi Eko, 2017). Migration of health workers 'brain-drain' is defined as the movement of health personnel in search of a better standard of living and life quality, higher salaries, access to advanced technology and more stable political conditions. Migration of health workers from the developing to the developed world has remained pertinent for decades now. Regardless of the push and pull factors, migration of health care workers from developing countries to developed ones, have done more harm than good on the health care deliveries in the developing countries (Manzuma-Ndaaba, Harada, Romle, & Shamsudin, 2015).

International migration of highly skilled professionals first emerged as a major public health issue in the 1940s, when many European health professionals emigrated to the United Kingdom and the United States. By the mid-60s, the losses were enough to cause concern. The proportion of effects of brain-drain depends on the extent of a country's development (Mohamed & Abdul-Talib, 2020). According to the 1993 UNDP Human Development Report, more than 21,000 Nigerian doctors are practicing in the United States of America, with an additional 30,000 Nigerian doctors spread across the rest of the world. Recent data confirms that 5,400 Nigerian-trained doctors and nurses are actively working within the National Health Service (NHS) of the United Kingdom. Furthermore, official reports from the British Government indicate that Nigerian medics constitute 3.9 percent of the 137,000 foreign staff representing 202 nationalities alongside British doctors and nurses (Onyekwere & Egenuka, 2019). Nigerians form the most substantial African migrant population in the United States, with an estimated 376,000 Nigerian residents (Muogbo, Eze & Obananya, 2021).

Additionally, Onyekwere and Egenuka (2019) highlight Nigeria as one of the top 13 African countries whose citizens desire to emigrate to Europe and other nations, primarily due to poverty and hardship. Consequently, Nigerian professionals across various fields, particularly health and education, consistently leave their home country searching for better opportunities abroad. Developed nations like the USA and UK often serve as destination countries for registered nurses and doctors from donor or source nations, adversely impacting the optimal functioning of healthcare systems in developing countries (Ogaboh, Udom & Eke, 2020). The



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Nigerian government has implemented various policies aimed at addressing medical brain drain, including the establishment of the Medical and Dental Council of Nigeria (MDCN) and the implementation of the National Health Act (2014). However, the effectiveness of these policies in curbing medical brain drain remains unclear. Medical brain drains, the emigration of healthcare professionals from low- and middle-income countries to high-income countries, poses a significant threat to the healthcare system in Nigeria, particularly in General Hospital, Lagos State. The hospital faces challenges in retaining healthcare professionals, leading to a shortage of skilled healthcare workers, decreased quality of healthcare, and compromised health outcomes. Despite efforts by the Nigerian government to address medical brain drain, the problem continues to persists, and the effectiveness of existing policies and initiatives remains unclear. Medical brain drains, characterized by the emigration of healthcare professionals from low- and middle-income countries to high-income countries, is a pressing issue in Nigeria.

Despite the significance of medical brain drain, there is a paucity of research on the prevalence, associated factors, and policy effectiveness in Nigeria, particularly at the hospital level. This study aims to address this gap by investigating the prevalence, associated factors, and policy on medical brain drain among healthcare professionals in General Hospital, Lagos State.

### **Purpose of the Study**

This study investigated the prevalence, associated factors and policy on medical brain drain among healthcare professionals in General Hospitals, Lagos, Nigeria. Other purposes of this study are:

- 1. To determine the prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos State.
- 2. To identify the associated factors contributing to medical brain drain among healthcare professionals in General Hospitals, Lagos State.
- 3. To assess the existing policies and initiatives aimed at addressing medical brain drain in General Hospitals, Lagos State.

### **Research Questions**

The following research Questions were answered for the study:

1. What is the prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos State?

2. What are the associated factors contributing to medical brain drain among healthcare professionals in General Hospitals, Lagos State?

3. There is no significant association between existing policies and initiatives aimed at addressing medical brain drain in General Hospitals, Lagos State?

### **Research Hypotheses**

The following research Hypotheses were postulated for the study

1. There will be no significant prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos, Nigeria.

2. There will be significant association between demographic characteristics (age, gender and marital status) and medical brain drain among healthcare professionals in General Hospitals, Lagos State.



3. Existing policies and initiatives aimed at addressing medical brain drain in General Hospitals are ineffective in reducing the prevalence of medical brain drain.

### **Research Method**

The descriptive survey research design was adopted and population consists of all healthcare professionals working in General Hospital, Lagos State. Purposive sampling technique was adopted for this study to select all the respondents. The sample for this study were one hundred and fifty (150) selected healthcare professionals working in General Hospital. A self-developed instrument titled Medical Brain Drain Healthcare Questionnaire (MBDHQ). The questionnaire was divided into two sections A, and B. Section A contained demographic data of respondents, while section B consisted of items on the questionnaire. The questionnaire adopted a four (4) point-scale ranging from Strongly Agree (SA), Agree (A), Strongly Disagree (SD) and Disagree (D). The content, construct and face validity of the questionnaire was ascertained by three experts in the Department of Human Kinetics, Sports and Health Education, Lagos State University and Department of Community Health, College of Medicine, Lagos State University, Ojo for content, construct and criterion related validity to ensure a thoroughness which indicated that the instrument measured what it intended to measure in relation to research questions and hypotheses. The test-retest method of reliability was adopted. This required the researcher to administer ten (15) copies of validated questionnaires to 15 respondents from Alimosho General Hospital, Lagos State. The reliability of the instrument was tested using the Cronbach's Alpha techniques of SPSS, with r-value of 0.82. The copies of the questionnaire were administered personally by the researcher with the help of two trained research assistants. One hundred and fifty (150) copies of the questionnaires were distributed to the respondents and same collected by the researcher at the spot and data collected last for four weeks in General Hospital, Lagos State. Copies of the administered questionnaire were checked to ensure that they were well completed before leaving the study area. The researcher monitored the process of data collection throughout. Daily review meetings were held at the beginning and end of each day with the research assistants. Data collected were analyzed using descriptive statistics of frequency count and percentage for data presentation. While inferential statistics of Chi-square was used to analyze all stated hypotheses at 0.05 alpha level significance. Statistical package for social sciences (version 22) was used to analyses all data collected.

Table 1: Distribution of Respondents b	y Gende	er, Professio	on, Age ai	nd Experience
GENDER		Frequency		Percentage
Male		66		44.0%
Female	84			56.0%
Total	150 100%			
Profession		Frequency		Percentage
Doctor		29		19.3%
Nurse		28		18.7%
Pharmacist	54			36.0%
Laboratory Technician		39		26.0%
Total	150 100%		100%	
AGE		Frequency		Percentage
20-29	22			14.7%
30-39	40			26.7%
40-49	49			32.7%
50-59	26			17.3%
Above 60	13			8.7%

### **Presentation Results**

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Total	150	100%
EXPERIENCE	Frequenc	y Percentage
Less than 1 year	19	12.7%
1-5 years	48	32.0%
6-10 years	38	25.3%
11-15 years	25	16.7%
16 years and above	20	13.3%
Total	150	100%

The demographic breakdown reveals a higher representation of females (56%) than males (44%) among respondents. Regarding profession, pharmacists form the largest group (36%), followed by laboratory technicians (26%), doctors (19.3%), and nurses (18.7%). This distribution could indicate the healthcare facility's emphasis on pharmaceutical and diagnostic services. In terms of age, the largest age bracket is 40-49 years (32.7%), suggesting a mature workforce with considerable experience, while only 8.7% of respondents are above 60, possibly indicating fewer professionals nearing retirement. The 30-39 age group (26.7%) is also prominent, hinting at a balance of experienced and mid-career professionals.

Experience levels show that the majority (32%) have 1-5 years in their role, while 25.3% have 6-10 years, indicating a relatively new but experienced workforce. A smaller portion has extensive experience, with 16 years and above accounting for 13.3%, which may provide mentorship for less experienced colleagues.

**Hypothesis one:** There will be no significant prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos, Nigeria.

Table 2: Prevalence of medical brain	drain among healthcare professionals

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Chi-Square Tests	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	122.429 <sup>a</sup>	6	.000
Likelihood Ratio	115.425	6	.000
Linear-by-Linear Association	81.114	1	.000
N of Valid Cases	150		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is 1.23.

In the table 2 above, it is observed that there is a strong association between variables, indicated by the Pearson Chi-Square value of 122.429 with 6 degrees of freedom (df) and an asymptotic significance of 0.000, which is well below the standard significance level of 0.05 suggests that the observed relationship between the variables is statistically significant. The Likelihood Ratio (115.425, df=6, p=0.000) and the Linear -by-Linear Association (81.114, df=1, p=0.000) further support this strong association. Therefore, the hypothesis is rejected. Hence, there is a significant relationship between the prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos State.

**Hypothesis two:** There will be significant association between demographic characteristics (age, gender, marital status, etc.) and medical brain drain among healthcare professionals in General Hospitals, Lagos State.



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Table 3: A	Association	between	demographic	characteristics	and	medical	brain	drain	among
healthcare	professiona	ıls.							

Chi-Square Tests	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	47.044 <sup>a</sup>	4	.000
Likelihood Ratio	62.232	4	.000
Linear-by-Linear Association	9.868	1	.002
N of Valid Cases	150		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.72.

In the table 3 above, it is observed that there is a significant association between the variables as shown by the Pearson Chi-Square value of 47.044 with 4 degrees of freedom and an asymptotic significance level of 0. 000. This p-value, well below 0.05, suggests that the relationship observed between the variables is statistically significant. The Likelihood Ratio (62.232, df=4, p=0.000) and the Linear -by-Linear Association (9.868, df=1, p=0.002) reinforce this significant association. Hence, there is a significant association between demographic characteristics (age, gender, marital status etc.) among medical brain drain among healthcare professionals in General Hospitals, Lagos State.

**Hypothesis three:** Existing policies and initiatives aimed at addressing medical brain drain in General Hospitals are ineffective in reducing the prevalence of medical brain drain. Table 4: Existing policies and initiatives aimed at addressing medical brain drain

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Chi-Square Tests	Value	Df	Asymptotic Significance (2-sided)		
Pearson Chi-Square	67.623 <sup>a</sup>	9	.000		
Likelihood Ratio	78.080	9	.000		
Linear-by-Linear Association	41.149	1	.000		
N of Valid Cases	150				

a. 6 cells (37.5%) have expected count less than 5. The minimum expected count is 1.40.

Table 4 shows that there is a significant association between the variables as shown by the Pearson Chi-Square value of 47.044 with 4 degrees of freedom and an asymptotic significance level of 0. 000. This p-value, well below 0.05 suggests that the relationship observed between the variables is statistically significant. The Likelihood Ratio (78.080, df=4, p=0.000) and the Linear -by-Linear Association (9.868, df=1, p=0.002) reinforce this significant association. Hence, existed policies and initiatives aimed at addressing medical brain drain in General Hospitals, Lagos State are ineffective in reducing the prevalence of medical brain drain.

### Discussion

Hypothesis one revealed that there is a significant relationship between the prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos State. The findings reveal a high inclination among healthcare professionals to seek employment abroad, with 80.7% indicating either agreement or strong agreement on their desire to leave. This significant percentage reflects widespread dissatisfaction and underscores the challenge of retaining skilled professionals in Nigeria. A core finding is that brain drain poses a direct threat to healthcare services, as 49.3% agree, and 25.3% strongly agree, that brain drain can lead to staff shortages, particularly in essential roles like doctors and nurses. This situation threatens the sustainability and quality of healthcare delivery at the hospital, as the remaining workforce must cover gaps created by departing professionals. Chand, (2018) revealed that inadequate funding is one of the main causes of brain drain in the health sector. Nigeria does not provide sufficient funding for its health sector which has led to its inability to offer competitive salaries



or provide good working conditions for its health workers. As a result, many of these workers choose to leave the country and work in other countries that can offer them better pay and working conditions.

Ogaboh et al., (2020), Muogbo, Eze & Obananya, (2021) agreed that most medical facilities lack adequate medical supplies and Infrastructure leading to the demotivation of health workers and a driving factor for brain drain. Okunola, Umaru & Hassan, (2019) revealed that the causal impact of wages on physician emigration, stated that many researchers and policy experts have argued that probably the most crucial factor in health professional brain drain from underdeveloped countries is low wages, in comparison to counterparts in more developed countries.

Hypothesis two revealed that there was a significant association between demographic characteristics (age, gender and marital status) and medical brain drain among healthcare professionals in General Hospitals in Lagos State. Several factors contribute to the desire for relocation among healthcare staff, including better compensation and career growth prospects abroad. Findings indicate that 51.3% strongly agree, and 39.3% agree that their compensation is inadequate compared to the high demands and cost of living in Nigeria. Additionally, the hospital environment is reported as challenging, with respondents highlighting the lack of essential equipment and insufficient staffing. This inadequacy not only exacerbates workplace stress (44% agree, 40.7% strongly agree) but also compromises healthcare workers' capacity to perform effectively. Another major factor is the lack of career growth and professional development. Respondents feel that limited promotion opportunities within the Nigerian healthcare system frustrate ambitious professionals, pushing them toward countries where career advancement is readily attainable. This frustration is evident, as 50% agree and 35.3% strongly agree that the lack of professional development and promotional prospects is a key motivator to relocate. Respondents are further motivated by overseas recruitment campaigns that promise better working conditions, benefits, and compensation packages, aligning with the general sentiment that job satisfaction is higher outside Nigeria. According to Joshua (2014), countries like Nigeria end losing significant tax revenue due to migration of highly skilled workers. Consequently, the brain drain is causing a gap in the economic development of Nigeria. Okunola, Umaru and Hassan, (2019) outlined that Nigeria is rich in material, human, and natural resources and has the second largest economy in Sub-Saharan Africa. By those metrics, Nigeria should not be struggling economically and dealing with brain drain.

Hypothesis three shows that existed policies and initiatives aimed at addressing medical brain drain in General Hospitals in Lagos State are reducing the prevalence of medical brain drain. Respondents cite governance issues, security concerns, and economic instability in Nigeria as factors making relocation more appealing. With 34.7% agreeing and 40% strongly agreeing, healthcare professionals indicate that these national issues contribute to an unfavorable environment for retaining skilled staff. The broader social and economic challenges, such as inflation and insecurity, erode the quality of life, pushing professionals to seek better stability and economic prospects in other countries. This finding corroborates with Manzuma-Ndaaba, Harada, Romle, & Shamsudin, (2015) migration of health workers 'brain-drain' is defined as the movement of health personnel in search of a better standard of living and life quality, higher salaries, access to advanced technology and more stable political conditions. Migration of health workers from the developing to the developed world has remained pertinent for decades



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now. Regardless of the push and pull factors, migration of health care workers from developing countries to developed ones, have done more harm than good on the health care deliveries in the developing countries. Grenier, (2014) & Jenkins, (2016) asserted that, in recent times, the migration of highly skilled workers from their developing country to a developed one was done voluntarily due to circumstances presented in their country of origin such as low wages, poor working conditions, inadequate or poor resources, and inadequate governance. Truman (2018) explained that apart from the typical brain drain as it is understood, immigrant brain drain is another facet of the brain drain phenomenon that some people are facing in the United States. Immigrant brain drain refers to instances where workers who are highly qualified for a position are unable to work in that position because they are undocumented. This type of brain drain further skews data collected on the brain drain phenomenon as a whole.

### Conclusion

Based on the findings of this study, it was concluded that:

- 1. There was a significant relationship between the prevalence of medical brain drain among healthcare professionals in General Hospitals, Lagos State.
- 2. There was a significant association between demographic characteristics (age, gender, marital status, etc.) and medical brain drain among healthcare professionals in General Hospitals, Lagos State.
- 3. Existed policies and initiatives aimed at addressing medical brain drain in General Hospitals, Lagos State are ineffective in reducing the prevalence of medical brain drain.

#### Recommendations

Based on the conclusion of this study, it was recommended that:

- 1. The Government should Improve Compensation and Benefits: One of the most significant factors driving healthcare professionals to seek employment abroad is inadequate compensation.
- 2. The government should conduct regular salary reviews to ensure that healthcare professionals are compensated fairly. Additionally, providing comprehensive benefits packages, including health insurance, retirement plans, and performance bonuses, can enhance job satisfaction and loyalty among healthcare workers.
- 3. The Government should Enhance Working Conditions, the healthcare institutions must invest in improving the physical environment of hospitals and clinics. This includes ensuring adequate medical supplies, modern equipment, and a safe working environment.
- 4. Regular training and development programs should also be implemented to equip healthcare professionals with the necessary skills and knowledge to perform their duties effectively.

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