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GOVERNANCE CRISIS AND MIGRATION OF HEALTH WORKERS FROM LAGOS STATE UNIVERSITY TEACHING HOSPITAL, IKEJA, NIGERIA:2019-2023

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ABSTRACT

The migration of health workers from Lagos State University Teaching Hospital (LASUTH), Ikeja, has become a pressing concern, driven by persistent governance challenges. This study critically examines the governance crisis and its role in the exodus of skilled health professionals from LASUTH between 2019 and 2023. Guided by Institutional Theory, this research explores the role of inadequate governance, including poor remuneration, lack of job security, and substandard working conditions, in driving this migration trend. The study adopts a descriptive survey design, obtaining quantitative data from a web-based questionnaire administered to 300 medical staff of LASUTH. Findings reveal that governance deficiencies, particularly inadequate medical facilities, poor remuneration and unfair working conditions, have fostered unfavourable conditions, compelling health workers to seek opportunities abroad. This is further compounded by the noticeable shortage of staff, job dissatisfaction and decline in patient satisfaction at LASUTH. The study concludes that the governance crisis has fostered the migration of health workers from LASUTH. The study recommends healthcare governance reforms that facilitate competitive salaries for health workers and investment in medical facilities to curb workforce shortages and improve healthcare delivery in LASUTH.

Keywords: Governance Crisis, Migration, Healthcare Delivery, Lagos State

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Introduction

The emigration of healthcare professionals from Nigeria, particularly from institutions like the Lagos State University Teaching Hospital, has become a critical concern, exacerbated by a confluence of factors including governance challenges, inadequate resources, and the allure of better opportunities abroad (Adepoju, 2024). The persistent shortage of healthcare workers in many nations has been further aggravated since the onset of the COVID-19 pandemic, with a discernible trend of doctors and nurses migrating from low-income to high-income countries, thereby exacerbating existing disparities in healthcare access and quality (Ebeye & Lee, 2023). Nigeria, like many other low-to-middle-income countries, faces significant challenges in retaining its healthcare workforce, leading to a situation where the nation's health system is deprived of its most valuable asset (Yarhere & Adeboye, 2023). The continuous departure of skilled labour from Nigeria is especially alarming, given the backdrop of unemployment, rising poverty, and socioeconomic inequalities that plague the nation's economy (Adeosun & Popogbe, 2021). It has been observed that the rate of emigration has increased, thus posing a challenge for developing countries (Bahrami et al., 2025).

A major contributor to this exodus is the perceived lack of motivation among healthcare workers within the public sector, with many finding greater financial and professional satisfaction in private practice or with non-governmental organisations (Kamarulzaman et al., 2022). The dissatisfaction among healthcare professionals in public hospitals, which serve a significant portion of the population, is particularly disturbing (Kodom et al., 2019). This situation is further complicated by the existing disparities in the distribution of healthcare personnel, with a disproportionate concentration in urban areas, leaving rural communities underserved. This creates a pattern of inaccessibility and inequality in the delivery of healthcare (Adedeji, 2013).

The shortage of health workers is a universal challenge, with both low, middle, and high-income countries struggling to recruit and retain experienced and qualified medical professionals (Bashar et al., 2022). The decision of healthcare workers to leave their home countries is often influenced by a combination of factors, including the pursuit of better career prospects, improved quality of life, and safer working environments

(Adhikari & Smith, 2023). The pervasive issues of poor working conditions, inadequate compensation, and lack of opportunities for professional advancement have been identified as major push factors driving healthcare professionals away from their home countries (Health, 2023). These are issues within the realm of governance. Okotoni (2017) further enumerated three distinct elements of governance; first, the ability of the government to create, formulate, and execute policies and to carry out its fundamental functions; second, the structure of a country's political regimes; and third, the method by which power is utilized in the management of a nation's social and economic resources for development. In order to measure the effectiveness of state institutions, decision-making procedures, and the public-official interaction in achieving sustainable human development goals, governance is a crucial metric (Landell-Mills & Serageldin, 1991). It focuses on the processes that governments should take to ensure the longevity of their monetary, administrative, and political systems (Grindle, 2004). Process management is essential in translating policy goals into outcome in order to actualise the tenets of good governance (Adedeji & Oluwalogbon, 2024).

A governance crisis is a situation that is characterised by political instability and poor management of resources due to a lack of competent leadership, resulting in corruption (Okotoni, 2017). One of the symptoms of a governance crisis is a failed state where the state is tense, deeply conflicted, dangerous and unbearable for citizens to live in, which is actively present in many African states. Nigeria, as a nation blessed with abundant human capital and vast resources, has been grappling with persistent governance crises that have significantly impacted its trajectory towards development. Issues such as corruption, political instability, insecurity of life, jobs and properties, poor and inadequate infrastructure, inadequate funding of government institutions, socioeconomic disparities, etc., have formed a complex web, hindering the country's ability to fully harness the potentials of its skilled workforce. In the sphere of public policy formulation, stakeholders particularly those saddled with implementation are not involved in the formulation process (Adedeji, 2006).

Similarly, Adedeji (2007:40) in a study of policy making process in Nigeria using the Nigerian Fertilizer Policy as a case study noted that “fertilizer policy formulation in

Nigeria does not exhibit the rigour and rationale shown by policies emanating from countries like the United Kingdom". A situation when policies are not evidenced based and fails to achieves its objectives, governance crises is likely to occur. Singh and Hurley (2017) emphasised that governance crises have become formidable barriers to the optimal utilisation of skilled professionals. Skelton (2004) averred that corruption can erode the quality of life and hinder the development of a skilled workforce. When governance is tainted by corruption, meritocracy often takes a back seat, leading to suboptimal utilization of human resources. This scenario creates frustration among skilled workers who find their expertise undervalued and stifled within a system marred by corrupt practices.

Adepoju (2000), and Adesote and Osunkoya (2018) noted that a number of Africans, Nigerians in particular, had voluntarily migrated from West Africa to the Western Hemisphere for a variety of reasons, including political stability, residency, economic prosperity, employment opportunities, conducive working condition, job and life security, and training in various professions such as in health, law, medicine, astronomy, engineering, administration, etc. These became unprecedented in the period of the 2000s. According to Okunade and Awosusi (2023), it is disturbing that there has been a recent flurry of emigration among young Nigerians, the vast majority of who possess skills. Its prevalence within the healthcare sector is particularly alarming, as many healthcare professionals are seeking better opportunities abroad. This has led to a scarcity of healthcare personnel which has negatively affected healthcare delivery (Abdullahi & Shehu, 2022). This scenario is highly undesirable and poses a threat to the country's socio-economic growth and development. The Lagos State University Teaching Hospital, Ikeja, Nigeria, is not insulated from this sad development (Bello & Fagbemi., 2023).

Adediran (2020) stated that Nigerian health workers are overworked and operate at a doctor-to-patient ratio of 1:5,000 instead of 1:600, as suggested by WHO. The nation's health system is grappling with interconnected challenges, including impaired patient treatment, low staff morale, and excessive strain on the remaining healthcare workforce. These issues reflect deeper systemic failures in health governance, which undermine both healthcare delivery and public confidence in

institutions and policies. Addressing these challenges requires strategic initiatives aimed at stabilising the healthcare workforce and improving patient care. These strategic initiatives should be grounded in a clear understanding of governance issues, health worker migration patterns, and their broader implications. Therefore, addressing the governance and socioeconomic factors driving health worker migration is crucial to ensure sustainable healthcare delivery in Lagos State and Nigeria as a whole. This study seeks to identify the specific governance crisis that has contributed to the migration of health workers in Nigeria, using Lagos State University Teaching Hospital as a case study. Apart from this introduction, this paper has five other sections. These include literature review, theoretical framework, method of research, discussion of findings and conclusion.

Literature Review: Governance Crisis and Migration of Health Workers

Nigeria contends with a myriad of governance challenges that significantly impact its socio-economic landscape. Corruption, a pervasive issue, has infiltrated various facets of Nigerian society, affected governance structures and impeded national development (Ighoshemu and Ogidiagba, 2022). Nwanegbo, Umara and Ikyase (2017), emphasize the importance of good governance in creating an environment conducive to effective utilization of skills. In 2021, the Economic and Financial Crimes Commission (EFCC) commented that corruption remains a significant obstacle to effective governance in Nigeria, impacting various sectors and undermining public trust (Okoi & Iwara, 2021). Since 1999, scholars have observed and recorded the governance crisis faced by Nigeria in the twenty-first century. These crises include issues bordering corruption, inadequate service delivery, lack of accountability, and electoral violence.

Okotoni (2017) emphasised that the deteriorating infrastructure and collapse of public goods and services, including the educational system, medical and healthcare facilities and services, transportation, power supply, food security, and so on, have led to the further impoverishment of the common Nigerian. Migration becomes an attractive choice for professionals in Nigeria due to the country's unreliable infrastructure, which hinders their ability to prosper in their areas. They seek situations where their skills may be put to good use. In terms of collaborative governance, which emphasises effective partnership between the multiple

stakeholders in the health sector, has exhibited fragmentation and duplication of efforts. Collaborative governance in Nigeria is characterised as ineffective and hinders the attainment of policy goals in areas such as primary education (Adedeji, 2021 and 2025). Skilled migration sets the stage for understanding the intricate dynamics between governance crises in Nigeria and the movement of its skilled workers (Singh & Hurley, 2017). Skilled migration, as a composite phenomenon, involves the movement of individuals possessing specialised knowledge and expertise across national borders (Abejide, 2014). Skilled migration is not solely about geographic relocation; it encompasses the transfer of skills and knowledge across borders (Egbule, 2023). Migration patterns of skilled workers in developing nations offer insights into the unique dynamics of population movement in contexts characterised by economic disparities, political instability, and inadequate infrastructure (Olubiyi, 2020).

Motivations for skilled migration are diverse and multifaceted which serves as drivers that prompt skilled professionals in Nigeria to consider migration as a viable option. Skilled professionals may be driven by a quest for better career opportunities, improved quality of life, or access to advanced research and developed environments (World Bank, 2019). Migrants' motivations for leaving their home countries can be better understood when we assess the current state of affairs through the lens of migration's push and pull elements. Those features of one's home country that can discourage migration are known as "push factors," according to Spitzberg and Cupach (1984). On the flip side, pull factors are the things that draw in talented workers to a particular country. According to Okunade and Awosusi (2023), the push-pull factors in Nigeria include deteriorating economic circumstances, career aspirations, burnout, the pursuit of a stable future for their children, the illusion or fixation on migration, and continuous security concerns.

Theoretical Framework: Institutional Theory

Institutional Theory, notably developed by economist Douglass North, (1990), provides a valuable structure for comprehending the function of institutions in shaping governance and migration patterns. This theory is particularly useful for understanding the issues surrounding the governance crisis and health workers' migration from Lagos State, Nigeria,

between 2019 and 2023. North's work highlights how institutions, both formal and informal, shape economic and social interactions by establishing the "rules of the game." These rules, encompassing laws, regulations, norms, and cultural practices, significantly influence individuals' decisions, including the choice to migrate. North emphasised that effective institutions reduce uncertainty and promote cooperation, essential elements for economic development and social stability. North's insights suggest that weak formal institutions, such as ineffective government policies and poor regulatory frameworks, create an environment where skilled workers are incentivised to relocate in pursuit of more favourable circumstances. This, in turn, leads to brain drain, where talented individuals seek more stable and supportive environments abroad.

The idea of institutional isomorphism was introduced by DiMaggio and Powell (1983) as an expansion of Institutional Theory. Institutional isomorphism describes how organisations and states tend to adopt similar structures and practices as a result of demands from within. In the health sector, the governance crisis may create coercive pressures, where skilled workers feel compelled to migrate due to deteriorating conditions. Moreover, mimetic pressures could arise as individuals observe peers successfully relocating to countries with better governance and more opportunities, motivating them to follow suit. Normative pressures, shaped by professional standards and networks, also play a role in influencing migration decisions, as skilled workers seek environments where their expertise is recognized and valued.

Institutional Theory, therefore, provides a comprehensive framework for understanding the macro-level influences on the migration of health workers from Lagos State University Teaching Hospital. By examining both formal and informal institutions, researchers can uncover the multifaceted factors driving the governance crisis and its impact on migration patterns. This theoretical perspective highlights the importance of strengthening institutions to create an environment conducive to retaining skilled professionals.

Research Method

The study adopted a descriptive survey research design, which aligns with the nature of the study's objectives, emphasizing the need for comprehensive systematic data

collection and analysis. The use of a web-based questionnaire was employed to collect data from the study population to explore and ascertain the specific governance crises and their impact on health workers at the Lagos State University Teaching Hospital (LASUTH), Ikeja.

The research took place at LASUTH in Ikeja, Lagos State, Nigeria, which is a tertiary hospital in the State. In July 2001, the Ikeja General Hospital—founded on June 25, 1955, by the old Western Regional Government—was transformed by the Lagos State Government into the Lagos State University Teaching Hospital (LASUTH) Ikeja. Its transformation from a general hospital into a teaching hospital was driven by the necessity for a tertiary healthcare institution capable of educating future physicians and other medical professionals to deliver quality healthcare.

LASUTH has played a key role in medical education and clinical services in the Southwest of Nigeria (Ehioghae & Madukoma, 2020). The institution is integral to the state's healthcare system, with 24 clinical departments, including paediatrics, pharmacology, nursing, radiography, physiology, laboratory technology, medicine, dentistry and so on. Lagos State University Teaching Hospital (LASUTH) was chosen for this study as it is one of the tertiary healthcare institutions in the state and has played a pivotal role in providing tertiary healthcare services in Lagos State with its historical significance as a major healthcare institution.

Furthermore, LASUTH has experienced notable challenges related to the migration of its healthcare workforce. These make LASUTH an ideal case study for examining the perception of the governance crisis on health worker migration, given its central role in health development and its ongoing struggles with retaining medical professionals. Research and reports on LASUTH highlight its importance in the healthcare landscape of Lagos State and underscore its relevance for investigating the complex dynamics of healthcare workforce migration and governance.

The study population is estimated to be 1,307 health workers at the Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos State. It comprised 355 doctors, 900 nurses, and 52 personnel from sub-medical specialities (LASUTH, 2023).

The sample size for this study was calculated using the Taro Yamane (1967) formula. The Yamane formula is as follows:

$$\frac{N}{n = 1 + N(e)^2}$$

Where: n= Desired sample size

N= the entire population

e= level of significance or limit of tolerable error assumed to be 5% or 0.05

I= unit, constant figure

e = Significant level (95%)

$$n = \frac{1307}{1 + 1307\,(0.05)^2} = \frac{1307}{1+3.2675} = 306.3$$

The study used a simple random sampling technique to identify respondents, taking into account the study's design, time limits, demographic diversity, and accessibility. Using a sample size formula, 306 participants were selected through simple random sampling. An online survey was conducted, where participants were invited to respond anonymously and voluntarily. Participant responses were retrieved through a web-based, self-administered, structured questionnaire using an online link (Google Form) that was sent to doctors' and nurses' WhatsApp groups. In order to access the survey questions, participants were asked to click on the link, regardless of their willingness to participate in the study. Their responses were then collected and stored in a secure database for analysis. The web-based questionnaire was suitable for the study, as it did not require one-on-one interaction between study participants and researchers, ensuring convenience and maintaining respondent anonymity.

The research instrument for the study was a questionnaire designed to elicit information from the target respondents on their opinions on the governance crisis and migration of health workers. The target respondents are medical staff still within the services of LASUTH, who would have knowledge of the specific governance crisis that led to the migration of their colleagues.The questionnaire was based on 4 Likert scale with the response options of Strongly Agree (SA), Agree (A), Strongly Disagree (SD), and Disagree (D). These options are to measure respondents' opinions and perceptions of the governance crisis among health workers at LASUTH. The questionnaire is divided into the following sections: demographic, the specific governance crisis that instigated health

workers at LASUTH to migrate and the effect of the governance crisis on health workers and the healthcare system at LASUTH. Descriptive statistics was chosen to summarise the data effectively without venturing into inferential analysis, which would have required direct measurement of the migration process that was not undertaken in this study. Logical conclusions were drawn based on these descriptive statistics, offering valuable insights into the trends and characteristics of the study population.

Analysis and Discussion of Findings

Data cleansing was done to ensure the precision and dependability of the responses retrieved from the 306 questionnaires distributed electronically to health workers at Lagos State University Teaching Hospital (LASUTH), Ikeja, Nigeria. Out of 306 responses, 300 were retained after data cleansing, which involved identifying and removing incomplete, duplicate, or inconsistent entries, ensuring that only valid and relevant data were used for analysis in the study.

Table 1: Demographic characteristics of the respondents

Demographic	**Percentage (%)**
Gender	
Male	128 (42.7%)
Female	172 (57.3%)
Age	
25-30 years	26 (8.7%)
31-35 years	60 (20%)
36-40 years	132 (44%)
41-45 years	68 (22.7%)
46 years and above	14 (4.7%)
Educational Qualification	
MBBS/MBCHB	102 (34%)
BSN	100 (33.3%)
BPHARM	49 (16.3%)
MLT	49 (16.3%)
Occupation	
Doctor	102 (34%)
Nurse	100 (33.3%)
Pharmacist	49 (16.3%)
Laboratory technician	49 (16.3%)
Length of Service	
1-5 years	36 (12%)

6-10 years	96 (32%)
11-15 years	95 (31.7%)
15-20 years	55 (18.3%)
20 and above	18 (6%)

Source: Field survey (2024)

The demographic data reveals that the majority of the respondents were female, particularly within the 36–40 age range. Most participants were medical doctors, followed by nurses and sub-medical personnel. This distribution reflects the general staffing pattern within Lagos State University Teaching Hospital (LASUTH). A deduction from the age range is that a larger percentage of health workers have the propensity to migrate than remain in the country. This is based on the assumption that those younger would be more interested in career advancement and better remuneration than the older staff who will be more interested in retirement benefits and have less zeal to migrate. Likewise, a larger percentage (75 per cent) have spent 15 years and below in service. This category of staff has more years to spend in service and would be more favourably disposed to migration than other who have over 15 years in service.

Table 2: To ascertain the specific governance crisis on health workers at Lagos State University Teaching Hospital (LASUTH) Ikeja, Nigeria.

	Strongly Agree	**Agree**	**Strongly Disagree**	**Disagree**
Inadequate standard medical facilities, equipment and drugs in LASUTH, contributed to the health workers' decision to migrate	190 (63.3%)	98 (32.7%)	5 (1.7%)	7 (2.3%)
Poor remuneration structure and irregular wages of the LASUTH health workers, significantly instigated health workers' decisions to migrate abroad	191 (63.7%)	95 (31.7%)	6 (2%)	8 (2.7%)
Inconsistent and insufficient Lagos State-sponsored training programs and grants for the career development of LASUTH medical professionals contributed immensely to the migration of healthcare workers	42 (14%)	46 (15.3%)	159 (53%)	53 (17.7%)
Poor working conditions at LASUTH intensified the challenges faced by health workers	130 (43.3%)	82 (27.3%)	20 (6.7%)	68 (22.7%)
The poor retirement structure for medical professionals at LASUTH influenced health workers' decisions to migrate abroad	126 (42.6%)	78 (26.4%)	19 (6.4%)	73 (24.7%)

Source: Field survey (2024)

The findings from Table 2 reveal that inadequate standard medical facilities, equipment, and drugs at LASUTH significantly contributed to health workers' challenges, with 63.3% strongly agreeing and 32.7% agreeing. Similarly, poor remuneration structures and irregular wages were a major factor in health worker's decision to migrate, as 63.7% strongly agreed and 31.7% agreed that these issues instigated their decisions to migrate abroad. However, inconsistent and insufficient Lagos State-sponsored training programs and grants for career development did not appear to be a major factor, as 53% of respondents strongly disagreed and 17.7% disagreed. Additionally, poor working conditions were a notable concern, with 43.3% strongly agreeing and 27.3% agreeing that these challenges intensified their difficulties. Lastly, the poor retirement structure for medical professionals also played a significant role in migration decisions, as 42.6% strongly agreed and 26.4% agreed that it influenced their choice to seek opportunities abroad. These findings provide pointers to the governance crisis affecting LASUTH, emphasising the urgent need for policy interventions to improve healthcare infrastructure, remuneration, working conditions, and retirement benefits to retain medical professionals.

Table 3: To determine the impact of the governance crisis on the healthcare system at Lagos State University Teaching Hospital (LASUTH), Ikeja, Nigeria.

	Strongly Agree	Agree	Strongly Disagree	Disagree
Noticeable shortage of staff at LASUTH, affecting the overall healthcare system.	175 (58.3%)	105 (35%)	7 (2.3%)	13 (4.3%)
High level of job dissatisfaction, workload and stress levels of remaining health workers at LASUTH.	156 (52%)	122 (40.7%)	8 (2.7%)	14 (4.7%)
The departure of health workers led to a sharp decline in patient satisfaction and general healthcare services at LASUTH.	162 (54%)	107 (35.7%)	11 (3.7%)	20 (6.7%)
Early retirement and change of profession of health workers at LASUTH.	105 (35%)	64 (21.3%)	54 (18%)	77 (25.7%)

Source: Field survey (2024)

The findings from Table 3 indicate that the governance crisis has significantly impacted the healthcare system at LASUTH. A noticeable shortage of staff was reported, with 58.3% of respondents strongly agreeing and 35% agreeing that it has affected the overall healthcare system. Additionally, a high level of job dissatisfaction, workload, and stress levels among the remaining health workers were evident, as 52% strongly agreed and 40.7% agreed. The departure of health workers also led to a decline in patient satisfaction and general healthcare services, with 54% strongly agreeing and 35.7% agreeing to this impact. Furthermore, the crisis contributed to early retirements and career shifts, though the responses were more divided, with 35% strongly agreeing, 21.3% agreeing, 18% strongly disagreeing, and 25.7% disagreeing. These findings emphasise the urgent need for strategic interventions to address staff shortages, improve working conditions, and enhance job satisfaction to stabilise the healthcare system at LASUTH.

Discussion of Findings

The findings from this study provide empirical evidence of the governance challenges affecting health workers at LASUTH and the resultant impact on the healthcare system. The discussion of findings is categorized into primary factors, which are the direct causes of the crisis, and secondary factors, which represent the broader implications and systemic consequences of the crisis.

Primary Factors Contributing to the Governance Crisis

One of the most significant issues identified in the study is the inadequacy of standard

medical facilities, equipment, and essential drugs at LASUTH. A combined total of 96% of respondents agreed that these deficiencies contributed to the dissatisfaction of health workers, leading to high migration rates. According to Willis-Shattuck et al (2008), hospitals with poor infrastructure and outdated medical equipment struggle to provide quality care, leading to a high level of job dissatisfaction among healthcare professionals. This situation forces medical practitioners to seek employment in better-equipped institutions abroad, exacerbating the problem of brain drain in Nigeria's healthcare sector.

Another factor is the poor remuneration structure and irregular wage payments, which was strongly affirmed by 63.7% of respondents, with an additional 31.7% in agreement. This aligns with the findings of Buchan (2008), who noted that economic instability caused by delayed and insufficient salaries remains a major driver of medical professionals' migration from developing countries like Nigeria to developed countries with better economic prospects. The inability of the government to ensure timely payment of wages reduces morale among health workers, leading to frequent strikes and, ultimately, workforce attrition. Additionally, inadequate career development opportunities, particularly inconsistent and insufficient Lagos State-sponsored training programs and grants, were highlighted as a major concern. This was strongly disagreed upon by 53% of respondents, indicating that the existing programs are inadequate. McPake et al. (2015) emphasizes that continuous professional development is essential for retaining skilled healthcare workers, as it provides opportunities for career growth and specialization.

Poor working conditions at LASUTH were another widely acknowledged issue, with 43.3% of respondents strongly agreeing and 27.3% agreeing that these conditions intensified the challenges faced by health workers. In the absence of proper support structures, health workers experience severe mental and physical strain, negatively impacting their efficiency and job satisfaction. This, in turn, leads to high turnover rates, creating a vicious cycle of workforce depletion and declining service delivery.

Furthermore, the poor retirement structure for medical professionals was highlighted as a significant concern, with 42.6% of respondents strongly agreeing that this issue influenced migration decisions. According to Liese et al. (2003), healthcare professionals seek job security not only during their active

years but also in retirement. A weak pension and benefits system creates uncertainty about the future, compelling workers to move to countries where retirement policies are more structured and reliable.

Secondary Factors Affecting the Healthcare System

The governance crisis at LASUTH has led to severe secondary effects on the institution's overall healthcare system. One of the most evident consequences is the noticeable shortage of staff, which was strongly agreed upon by 58.3% of respondents, while 35% agreed. This aligns with the findings of McPake et al (2015), who noted that developing countries' healthcare sector has suffered from an increasing brain drain due to unfavourable working conditions. The reduction in medical personnel at LASUTH has led to an overburdened workforce, increasing the likelihood of medical errors and declining service quality. Likewise, a high level of job dissatisfaction, workload, and stress levels among the remaining healthcare workers was a key concern, as reported by 52% of respondents who strongly agreed and 40.7% who agreed. With fewer staff members to handle patient care, medical errors become more frequent, putting patient lives at risk and further straining the hospital's reputation.

Another major secondary impact is the sharp decline in patient satisfaction and general healthcare services at LASUTH due to the migration of health workers. This was confirmed by 54% of respondents who strongly agreed and 35.7% who agreed. According to Yakubu et al (2023), hospitals experiencing high turnover rates among medical staff often struggle with maintaining service quality and continuity of care. The frequent departure of skilled personnel means that new, less-experienced staff must constantly be trained, leading to inefficiencies in patient management. The essence of public health facilities is to ensure that citizens get value from the services they receive (Adedeji, 2024). Once, this is not achieved, it ultimately affects patient trust in the healthcare system, pushing many towards private healthcare facilities or medical tourism.

Finally, the governance crisis has resulted in an increase in early retirements and career shifts among health workers, as 35% of respondents strongly agreed with this sentiment, while 21.3% agreed. Research by Walton-Roberts et al (2017) suggests that healthcare professionals who feel undervalued and overburdened often opt for early retirement or transition to other professions where they perceive greater job

satisfaction. This exacerbates the healthcare staffing crisis, as skilled workers leave the sector prematurely, leading to knowledge gaps and decreased service delivery standards.

Conclusion

In conclusion, this study establishes a link between the governance crisis in Nigeria and the migration of health workers from LASUTH. The governance crisis has manifested as poor working conditions, inadequate healthcare infrastructure, and insufficient incentives for healthcare professionals to remain in Nigeria. Despite the critical importance of healthcare professionals in safeguarding public health, the three tiers of government in Nigeria have not been able to fully fund the healthcare system, creating conditions that drive talent abroad. Health workers, facing stagnant wages, poor professional development opportunities, and inadequate safety measures, have little choice but to seek better employment prospects in countries where healthcare systems are better managed and more supportive of workers' needs.

The implications of this migration are profound, not only for LASUTH but for Nigeria's healthcare system at large. The loss of skilled professionals weakens the system's ability to deliver quality healthcare, leading to a decline in better health outcomes, increased mortality rates, and a higher burden on the remaining staff. The gaps left by these departing professionals are difficult to fill, particularly given the lack of immediate policy interventions aimed at improving the situation.

Addressing this crisis requires a multifaceted approach. Governance reforms must focus on improving the working conditions for healthcare professionals, ensuring competitive remuneration, and creating a supportive work environment that encourages retention. Without these reforms, the exodus of skilled healthcare workers will continue to undermine Nigeria's ability to meet its healthcare needs and improve overall public health outcomes. Therefore, the solution lies not only in short-term fixes but in sustained, strategic governance reforms aimed at revitalising Nigeria's healthcare system and making it an attractive environment for health workers to thrive.

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