

THE BRAIN DRAIN SYNDROME AND THE ROLE OF RESPONSIBLE LEADERSHIP IN HEALTH CARE SERVICE ORGANISATION IN NIGERIA

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Purpose: The purpose of this article is to explore the role of responsible leadership in mitigating the brain drain syndrome in Nigerian healthcare service organizations. It aims to provide a conceptual model that highlights the need for responsible leadership and its impact on employee and social well-being.

Design/methodology/approach: The article is based on a review of existing literature on responsible leadership, employee well-being, and social well-being in the context of healthcare service organizations. It incorporates and analyses studies that examine the causes and consequences of the brain drain syndrome and proposes responsible leadership as a solution. The conceptual model is developed by extending the role of responsible leadership and its relationship with employee and social well-being.

Findings: The findings suggest that responsible leadership can positively influence organizational citizenship behaviour, innovative behaviour, commitment, job satisfaction, and overall wellbeing of medical personnel. The brain drain syndrome negatively affects employee wellbeing and social wellbeing in healthcare service organizations. The proposed conceptual model highlights the importance of responsible leadership in addressing the brain drain syndrome and promoting the well-being of medical personnel and society.

Research limitations/implications: The article is based on a conceptual model of experiments undertaken by various scholars and their outcomes. The study is focused on the Nigerian context, and its findings may have limited generalizability to other countries or regions.

Practical implications: The article emphasizes the need for healthcare service organizations to adopt responsible leadership practices to minimize the brain drain syndrome. It highlights the importance of providing employment opportunities and delivering innovative healthcare services to retain medical personnel and promote employee and social well-being.

Originality/value: The article contributes to the literature by providing a comprehensive conceptual model that extends the role of responsible leadership in overcoming the brain drain syndrome in healthcare service organizations. The article offers a unique perspective on the role of responsible leadership in the Nigerian healthcare context and provides insights that can be valuable for policymakers, leaders, and researchers.

Keywords: Responsible Leadership, Brain Drain Syndrome, Social Wellbeing, Employee Wellbeing, Healthcare in Nigeria.

Category of the paper: Desk Research.

1. Introduction

The current situation in Nigeria reveals a significant impact on healthcare delivery due to a shortage of skilled healthcare professionals and their migration, leading to a decline in the quality of care experienced by the majority of patients and attendees Olusegun and Olusoji (2022). The brain drain syndrome has imposed an unprecedented challenge to the health care service organisation.

The need for responsible leaders came to limelight with the collapse of major health care system which negatively affected the country (Arici et al., 2022). In the pursuit of improving employee wellbeing and social wellbeing, health care service organisations need to adopt green innovation and demand more responsibility in their leadership approach to minimise the brain drain syndrome (Hamouche, 2020; Leite et al., 2020). Therefore, it is the country's job to provide employment to health care workers and deliver innovative health care services to the people.

The interest of responsible leadership (RL) was emphasized by irresponsible corporate health care providers who were blamed for their gross unethical practices (Verschoor, 2015). Responsible leadership has an effect on organizational citizenship behavior which means that a responsible leader is not only seen as a method of motivate employee (Brown, Trevino, 2014), it can also lead to innovative behavior (Brumm, Drury, 2013) and promotes commitment and job satisfaction (Celik, DeDeglu, Inanir, 2015) which is beneficial to wellbeing (Ruiz et al., 2013) of the business, employees and society at large (Hughes, 2012).

Extending the role of RL (Maak, Pless, 2006; Zhao, Zhou, 2020), this paper provides a multilevel conceptual model to overcome the brain drain syndrome and promotes the wellbeing of medical personnel and society. Extending the role of RL (Maak, Pless, 2006; Zhao, Zhou, 2020), this paper provides a multilevel conceptual model to overcome the brain drain syndrome and promotes the wellbeing of medical personnel and society. The model contributes to the need for a detailed and contextual understanding of brain drain in the health care service organisation in several ways. Most of all, helps to understand the challenges of brain drain and the need to use the responsible leadership as a point of addressing this issues

2. Responsible leadership

Responsible leadership (RL) is a phenomenon that connects the social and ethical aspects of leadership through the interaction of different stakeholders (Maak, Pless, 2006). Responsible leadership has attracted the attention of scholars and policymakers (Frangieh, Yaacoub, 2017). Therefore, RL constitutes effective leadership which focuses on ethics in businesses. Maak and Pless (2006) defined RL as the relationship and sustainable phenomenon that is experience from the interaction with people who are involved and affected by leadership and have a stake in realising a positive outcome. RL has a responsibility to build progressive system that benefits different stakeholders (Maak, Pless, 2006). Ethical behaviour of a responsible leader can lead to a positive beneficial relationship from the employee to the society (Maak, Pless, 2006). This reconciles the companies' goal to balance three considerations: profit, society welfare and satisfaction (Maak, Pless, 2006).

3. Impact of brain drain on employee well-being

The concept of employee well-being is defined as the subjective and objective individual experience of health in physical, emotional, mental and psychological aspect and also the accomplishment of prosperity in the workplace (Rafimnia, Sharifirad, 2015). Medical personnel's quality of life promotes benefit to the health care service organization as their well-being and motivation that can affect their performance at work (Rahimnia, Sharifirad, 2015).

The idea of medical personnel well-being has been examined in various disciplines such as sociology (Peccei, 2004) or science (Warr, 2002). Hence, medical personnel well-being facilitates to improve their motivation and overall organisation performance either economic and environmental performance (Rahimnia, Sharifirad, 2015). The brain drain syndrome has put an enormous challenge on the Nigerian health care service organisations and impacted negatively the emotional, physical and mental well-being of the medical personnel (Hamouche, 2020).

Currently, the brain drain syndrome is influenced by several factors such as economic, natural disaster, socio political variables, demographic growth (Carbajal, Demiguel Caloo, 2021). As these medical personnel migrate, it jeopardizes the health care system and quality delivery services (Atte, 2020). The medical personnel well-being should be a programme that is planned through responsible leadership to foster their satisfaction in the workplace (Storman et al., 2022).

The concept of brain drain impacts medical personnel and has a negative consequence on the organisations' cultural values (Eche et al., 2022) that leads to burnout and stress which can negatively trigger the well-being of the employees. The medical personnel quality of life and well-being is not available in Nigeria that is why the country loses its most skilled personnel through migration to developed countries.

The impact of brain drain on EWB reveals a lack of quality of life which enabled them to support the brain drain syndrome and find a quality environment where their skills can be appreciated, motivated and valued (Khalid, Urbanski, 2021). Hence, research has continuously documented reasons behind the movement of medical personnel from developing countries to developed countries. This paper reflects the importance of medical personnel well-being when the organization experiences brain drain syndrome.

4. Impact of brain drain on the social well-being

WHO defined health "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (<https://www.who.int/...>). In the economic field, SWB is the use of quantitative criteria (gross domestic product) to reflect the prosperity of the community and society. While in social science discipline, social wellbeing is the behaviour that is reflective of organisation participation, communities, group membership, social capital and community members.

The concept of social well-being involves societal and environmental system the business operates (Boudreau, Ramstad, 2005). More so, the definition of social wellbeing is the idea of achieving success in the society and environment without compromising the future needs from the perspective of leadership (Colbert, Kurucz, 2007), society well-being is an aspect of managerial ideology that plays a role in accomplishing strategies outside of the organization (Howieson et al., 2019).

The pursuit of society well-being will require leaders to expand their versatile role in the environment to accommodate different stakeholders. Additionally, society wellbeing is the relationship within the organisation that can promote a sound, safe and healthy environment by meeting the needs and demand of society (Cornell, 2020). Promoting society wellbeing creates a meaningful value that shapes managerial strategies to make decision in building a culture for different stakeholders (Cornell, 2020).

Brain drain has unleashed some challenges that has led to the limitation of health care service organisations in response to SWB. The brain drain of the medical personnel may affect the outcome of health through its negative aspect in the society due to the increased rate of migration of medical personnel. The medical personnel who remain in the hospitals are few and experience more workload and stress that have a serious physical and emotional health on their

wellbeing. Consequently, these few number of medical personnel leave public hospitals to find jobs in private hospitals.

The brain drain has imposed a huge threat to social sustainability for the health care of the medical personnel, organization and external stakeholders. For example, Obokoh (2020) has noted that the mismanagement of the country by irresponsible leaders is one major cause of brain drain. Obokoh (2020) expressed that the Nigerian health care quality have been recognized as an unbalanced force to society welfare and also to the economy. In this situation, society wellbeing for health care service organisation is threatened and patients will be at risk for shortage of medical personnel.

Hence, it is critical for healthcare organization to be socially sustainable so that they can accomplish their role to medical personnel and the society at large. Poor administration of the government and lack of funding has rendered the public hospitals to be at the point of extinction. Therefore, the biggest challenge in the Nigerian health care service organization is the lack of policy formulation. According to Omoleke and Taleat (2001) the Nigerian Ministry of Health needs to formulate policies that are generated from the federal government and other agencies so that it can improve the society well-being.

Hence, the leaders of the health care service organization have the responsibility to overcome the brain drain syndrome and survive their business through social sustainability. In addition, medical personnel must stay in the country to fight for their own and society well-being. Therefore, brain drain syndrome creates a long term crisis for vulnerability and leads to challenges to overcome the long term society benefit.

5. Medical Personnel Brain Drain Syndrome in the Nigerian Context

In the bid to explain the brain drain syndrome in under-developed nations, Adesote and Osunkoya (2018) have revealed that in the last 30 years, the African continent as a whole has gradually thrown away skilled workforce to foreign countries especially in the health care sector. The Nigerian Medical association (NMA) has stated that Nigeria has a large population of 200 million citizens which will affect the number of medical personnel to manage patients in the next 15 years (Kareem, 2021). This unequal ratio of medical personnel to patients has led to poor quality of health care services. For example, research has recorded the low number of medical personnel to rate of mortality in Nigeria (Suleiman, Mikail, 2020). This low number is as a result of emigration of medical personnel for a better quality of life.

In the year 2021, the NMA denoted only a national budget of 7% approved for health care services which is below the 15% that has been approved and accepted by the World Health Organisation (WHO) and the African countries (Kareem, 2021). The NMA have reported that over 5000 medical personnel who are well-trained have migrated to the United Kingdom

between 2020 to 2022 which ranks Nigerian doctors as the highest number of emigrate in three years (Amorha, Irobi, Udoh, 2022). This situation has created a huge gap in the health care service organisation and caused that citizens have lost their trust for the sector.

Adesote and Osunkuya (2018) attributed reasons of brain drain syndrome in Nigeria. The push factors that are cited for medical personnel leaving are poor working conditions, infrastructural deficit for proper health care service, systematic breakdown of leadership while the pull factors that pull medical personnel away is the part of better career fulfillment, safe environment and better salaries or wages. O'Connor (2018) described factors that led to dissatisfaction, mental and emotional health drain such as inadequate communication, performance and inadequate opportunity for growth, excessive supervision, poor salaries and lack of recognition for their performance.

Therefore, brain drain syndrome is a threat to medical personnel physical and mental health (Ripp et al., 2020). Several researchers have suggested that the brain drain of the medical personnel are negatively influenced and call for need for the provision of innovative infrastructure, adequate salaries and wages, organizational support and security of the medical personnel (Ripp et al., 2020)

6. Methodology

This articles presents the outcomes of the analysis of selected scientific articles and their surveys and experiments on the topic of Responsible Leadership and Brain Drain Syndrome in Nigeria. Three articles are going to be analysed: “Challenges of Clinical Leadership in Nigeria”; “Exploring Issues and Challenges of Leadership among Early Career Doctors in Nigeria Using a Mixed-Method Approach: Charting Study”; and “Personnel brain-drain syndrome and quality healthcare delivery among public healthcare workforce in Nigeria”.

The choice of the above mentioned articles was made because of their relevance to the topic of this article. Two first articles deal with the concept of leadership in the healthcare sector in Nigeria, and the last one provides an extensive description of the research on brain drain among healthcare personnel in Nigeria.

The analysis is divided into two parts, the first one demonstrates the results in terms of Brain Drain Syndrome in Health Care in Nigeria and the second one deals with Responsible Leadership in Healthcare sector in Nigeria based on the analysis and summary of collected data from above-mentioned articles.

7. Brain Drain Syndrome in Health Care in Nigeria

The research methods undertaken by Akinwale, O.E. & George, O.J. (2020) used in a study on the brain drain syndrome of Nigerian medical personnel in government hospitals in Lagos State are going to be discussed in this subchapter. The study employed a diagnostic research design, which aims to investigate the causes and relationships associated with the brain drain phenomenon. The design was chosen to understand the factors that led to the migration of Nigerian physicians and healthcare workers in these hospitals. The research focused on discovering associations between variables.

The population of the study consisted of several government hospitals in Lagos State, including Federal Medical Centres, Lagos, Lagos State University Teaching Hospital (LASUTH), Lagos University Teaching Hospital (LUTH), Federal Medical Centre (FMC), Lagos, and National Orthopedic Hospital, Igbobi, Lagos. The total population of medical staff in LASUTH and LUTH was 3,565 and 2,775, respectively, while FMC, Lagos State had a population of 1,200, and National Orthopedic Hospital, Igbobi, Lagos had a staff population of 1,250. Thus, the cumulative population for the study was 8,790.

To gather data, a probability random sampling technique was used among the participants in government hospitals. This technique ensured that all medical personnel in the population had an equal chance of being included in the study, allowing for a comprehensive representation of the population. The use of probability sampling also enhances the external validity of the study and enables generalization of the findings to a broader population.

The research was conducted in 2022 and as can be observed in the outcomes of the survey, 450 respondents took part in the survey and nearly half of them were men (46.7%) with a slight predominance of women (53.3%). In terms of education, 23.1% held a Bachelor's degree, 42.4% had a Master's degree, 18.2% were professionals, and 16.2% had a PhD. The age distribution shows that 34.4% of the respondents were between 20-30 years old, 35.4% were between 30-40 years old, and 30.2% were 40 years and above. Regarding work experience, 21.2% had 1-5 years of experience, 24.4% had 5-10 years, 21.3% had 10-15 years, 17.1% had 15-20 years, and 16% had 20 years or more. When it comes to professional length of service, 20.3% had 1-5 years, 24.2% had 5-10 years, 22.2% had 10-15 years, 21.3% had 15-20 years, and 12% had 20 years or more.

The survey included various professions, with physicians accounting for 31.6% of the respondents, nurses 34.9%, pharmacists 23.8%, X-ray operators 4.6%, and medical laboratory operators 5.1%. In terms of salary/income, 4.4% earned 1 million Naira, 31.6% earned 1-3 million Naira, 34.9% earned 3-5 million Naira, 23.8% earned 5-10 million Naira, and 4.6% earned 10 million Naira.

In terms of salary/income in Naira annually, 31.6% of the respondents earned 1 million, 34.9% of earned between 1 to 3 million, 23.8% had a salary/income ranging from 3 to 5 million. Furthermore, 4.6% of the respondents had a salary/income of 5 to 10 million and a small proportion of 5.1% of the respondents had a salary/income of 10 million Naira per year.

The analysis reveals that poor job satisfaction is the most influential predictor with a 34.8% level of prediction and a high degree of normalized importance. Poor quality of work life is another significant predictor, with a 30.1% level of prediction and a significant degree of normalized importance. Low remuneration is also a major concern, showing a 35.1% level of prediction and a maximum level of normalized importance. Overall, these variables indicate their association with brain-drain issues in the healthcare sector.

Based on the analysis undertaken by Akinwale, O.E. & George, O.J. (2020). Olusegun and Olusoji (2022) it can be concluded that poor quality work life as a predictor, poor job satisfaction as a predictor, and low wage/poor remuneration as a predictor, are all significant in influencing the brain-drain syndrome among medical personnel in Nigerian government healthcare facilities. The results of the hypotheses evaluation confirm the impact of the predictors on quality healthcare delivery.

The findings highlight the influential role of poor job satisfaction, poor quality of work life, and low remuneration in the brain-drain syndrome among medical personnel in Nigerian government healthcare facilities. These factors have a direct impact on the quality of healthcare delivery, emphasizing the need for addressing these issues to retain healthcare professionals and improve healthcare services.

The discussion of the findings highlights three key factors that contribute to the brain-drain syndrome among medical personnel in Nigerian government hospitals: poor quality work life, low job satisfaction, and poor remuneration.

Firstly, the study reveals that healthcare professionals in Nigeria face a poor quality work life, which drives many of them to seek opportunities in foreign countries where their skills and expertise are better appreciated. This negatively impacts both the healthcare workforce and the quality of healthcare delivery provided to the public. The study emphasizes the importance of improving the quality of work life for medical personnel, as it is crucial not only for their well-being but also for the overall quality of healthcare services. The study aligns with previous research that has highlighted the detrimental effects of inadequate work conditions on healthcare professionals and service delivery.

Secondly, the findings indicate that low job satisfaction among physicians in Nigerian government hospitals contributes to the insufficient quality of healthcare delivery. Medical personnel express dissatisfaction with their careers due to factors such as lack of autonomy and restrictive professional practices. The absence of recognition and rewards further exacerbates their discontentment. This study corroborates earlier research that has identified high levels of job dissatisfaction among healthcare professionals, linking it to negative patient outcomes and diminished healthcare service quality.

Lastly, poor remuneration and income serve as another significant factor contributing to the brain-drain syndrome among Nigerian medical personnel in the public health sector. The healthcare workforce often resorts to strikes to demand better pay and improved working conditions. The low wages demotivate medical professionals, leading them to seek higher-paying job opportunities abroad. Insufficient remuneration not only drives the brain drain but also hinders healthcare professionals from delivering quality services to patients. This finding aligns with other studies that have highlighted the role of low wages in demotivating the Nigerian healthcare workforce and promoting brain drain.

In conclusion, the study underscores the importance of addressing poor quality work life, low job satisfaction, and inadequate remuneration to mitigate the brain-drain syndrome and improve the quality of healthcare delivery in Nigerian government hospitals. By improving these factors, the healthcare system can retain medical professionals and enhance patient outcomes.

8. Responsible Leadership in Healthcare sector in Nigeria

According to Donald's article (2015) "Challenges of Clinical Leadership in Nigeria" in the *Journal of Psychiatry*, to unlock high performance in the healthcare sector, it is crucial to prioritize clinical leadership. This means involving clinicians in shaping and running clinical services, making it an integral part of their professional identity. Competency frameworks, such as the Medical Leadership Competency Framework in the UK, have been developed to support clinical leadership and can be used for empirical research. A functional health system is essential for delivering basic healthcare, requiring various components like human resources, transportation, ICT, facilities, and medicines.

Governments have a responsibility to ensure equitable healthcare with transparent leadership and effective governance. Legislation and regulation play a crucial role in supporting healthcare policies. Collaboration with communities, the private sector, civil society organizations, and development partners is necessary to create an environment conducive to good health and efficient healthcare delivery.

Despite the complexity of health systems, research suggests that clinical leadership has a positive impact on organizational performance. Hospitals with high clinician involvement in management have been found to outperform those with low clinical leadership. Studies have also shown that organizations with stronger clinical leadership are more successful in delivering service improvements. Involving clinicians in leadership and management leads to higher service performance, both clinically and financially. Clinicians' involvement becomes even

more challenging in times of economic recession, but their input is crucial for resource allocation and decision-making.

Governments, like in the US and UK, have recognized the importance of engaging clinicians and have implemented policies to promote clinical leadership. The emphasis on clinical leadership has proven successful in improving patient care. The continued focus on professionally-led healthcare is evident through initiatives like competency frameworks and the involvement of general practitioners in commissioning.

As Donald (2015) states, Nigeria can learn from successful healthcare institutions in developed societies and implement policies to prioritize clinical leadership. Despite progress in healthcare quality worldwide, transformation requires leadership, particularly from doctors and clinicians who make crucial decisions and possess technical knowledge for strategic service delivery choices. However, there are barriers to clinical leadership in Nigeria, including clinicians' suspicion about the value of time spent on leadership and the lack of recognition and training in leadership and management. Changing perceptions and highlighting the value of clinical leadership can encourage clinician involvement.

Building a credible evidence base and reorganizing incentives are also important. Organizations can track clinical leadership development and its impact on quality and costs, while rewarding high-performing institutions and creating consequences for underperforming ones. Professional development support should be provided, focusing on real work and addressing practical issues. Selective processes can emphasize the value of leadership programs and create a sense of prestige. Political interferences and challenges in policy formation and implementation need to be addressed to expand clinical leadership in healthcare management in Nigeria. Effective assessment and performance appraisal, along with a commitment to building high-performing organizations, are essential for sustainable quality care.

Another article that was analysed for the following study was "Exploring Issues and Challenges of Leadership among Early Career Doctors in Nigeria Using a Mixed-Method Approach: CHARTING Study" which presents the outcomes of the research undertaken by a group of scientists, i.a. Isibor et al. (2020) As the name of the article indicates deals with the topic of leadership among young professionals in the health sector.

This study utilized a mixed research method approach to investigate leadership among Early Career Doctors (ECDs) in Nigeria. It was part of a larger ongoing study called CHARTING. Qualitative data was collected through two focus group discussions involving 14 participants, while quantitative data was obtained from a survey of 474 ECDs in seven Nigerian hospitals using a self-administered questionnaire. The participants were recruited from hospitals in different geographical zones in Nigeria.

The results of the qualitative analysis revealed four main themes related to effective clinical leadership and its impact on hospital performance. These themes were perception, experience, types of leadership skills, and recommendations. The participants expressed varied views on leadership, with some considering it an innate quality or a bestowed responsibility, while others

viewed it as a passion for making a positive change and contributing to the healthcare system. The findings were supported by quotes from the participants and were attributed to the following categories:

1. General View/Perceived Attitude Towards Acquiring Leadership Skills:
 - a) Inborn Quality and Bestowed Responsibility;
 - b) Passion to Make a Notable Change;
2. Experience of Leadership Positions in Medical and Clinical Settings:
 - a) Challenging Experiences;
3. Types of Leadership Skills Essential in Clinical Settings:
 - a) Communication Skills;
 - b) Listening and Decision-Making Skills;
 - c) Integrity and Being Unbiased;
4. Recommendation:
 - a) Curriculum Review

This questionnaire survey was conducted among Early Career Doctors (ECDs) in seven selected hospitals in Nigeria. The survey included 474 out of a total of 2,317 ECDs, representing about 20.5% of the population. The majority of these hospitals (4 out of 7) were located in the South-West region of Nigeria. A significant portion (83.6%) of the surveyed ECDs were affiliated with hospitals in the South-West. The gender distribution of the respondents was skewed, with 67.3% being males. Most of the respondents (62.4%) were married, 36.1% were registrars, and on average, they had spent 3.3 years in their current job position.

The survey revealed that 91.1% of the respondents considered leadership and management skills important for doctors. However, only 55.9% of them had received training on management and leadership. Among those who received training, the majority (38.1%) received it while in medical school. About half of the respondents (52.7%) had assumed leadership roles in their medical practice.

When it came to challenges faced in leadership positions, the most common issue reported by over a third of the respondents (36.8%) was a lack of understanding from other members of the management team. However, senior colleagues and fellow trainees were identified as the most helpful sources of support when engaging in leadership and management roles.

The survey data analysis also showed that respondents' opinions on the importance of leadership and management skills, the incorporation of skill acquisition programs into medical training, and their preferred sources of acquiring these skills were significantly related to their consideration of leadership and management skills as important for doctors.

The authors of the article indicate that in the 21st century, doctors are expected to possess not only clinical skills but also strong administrative and managerial abilities. Effective clinical leadership is crucial for optimal hospital performance and is an integral part of the healthcare system. However, the Nigerian healthcare system has long been plagued by poor administration and leadership, leading to industrial actions and unrest. To address this, it is essential to develop

clinical leadership skills among Early Career Doctors (ECDs) and other healthcare professionals.

Despite the recognition of the importance of effective clinical leadership, there are significant barriers preventing ECDs from participating in leadership roles. Only a small fraction of ECDs in Nigeria show interest in such positions, and not all have access to leadership training programs that can prepare them for the demands of modern healthcare.

The challenges faced by ECDs in leadership positions include a lack of training experience, confidence, support from colleagues and senior doctors, understanding from the management team, and overall support. To overcome these challenges, it is crucial to provide targeted leadership skill acquisition training for ECDs and medical students. Currently, the postgraduate medical specialist training program focuses primarily on clinical knowledge and skills, with limited attention to leadership and management training.

Efforts should be made to incorporate leadership training modules into both undergraduate and postgraduate medical curricula. Encouraging ECDs to pursue master's degrees in medical leadership, health policy, or health management and establishing professional bodies for physician/surgeon leadership training and accreditation can also be beneficial. Leadership skills such as communication, decision-making, and integrity should be emphasized in these training programs.

Multidisciplinary leadership training should not be limited to ECDs but extended to other healthcare professionals to facilitate better communication and collaboration. Structured training platforms, including online lectures, webinars, classroom lectures, and role-playing methods, should be implemented to enhance leadership skill development in clinical settings.

Promoting leadership responsibilities for ECDs during their career progression can boost their confidence and foster a team-building spirit. This training is essential for those planning to pursue private medical practice after completing their specialist training.

While this study had limitations, its findings contribute valuable knowledge about leadership and ECDs in Nigeria. Further research and funding are needed in this under-researched area. The insights gained from this study can guide policymakers in addressing the challenges faced by ECDs and improving leadership roles in Nigerian healthcare settings.

9. Summary of Findings

The article is based on experiments undertaken by various scholars and their outcomes. The study is focused on the Nigerian context, and its findings may have limited generalizability to other countries or regions in terms of responsible leadership and brain drain syndrome.

The research findings on the brain drain syndrome in healthcare in Nigeria reveal several significant factors contributing to the migration of medical personnel from government hospitals in Lagos State. The study focused on understanding the causes and relationships associated with brain drain and its impact on healthcare delivery. The key findings are as follows:

1. **Demographic Profile:** The study included 450 respondents, with a slight majority of women (53.3%). The age distribution showed that a significant portion of the respondents were between 30-40 years old (35.4%). The majority of respondents held a Master's degree (42.4%) and had 5-10 years of work experience (24.4%).
2. **Professions and Salary:** Physicians accounted for 31.6% of the respondents, followed by nurses (34.9%), pharmacists (23.8%), X-ray operators (4.6%), and medical laboratory operators (5.1%). The majority of respondents (34.9%) earned a salary/income ranging from 1-3 million Naira annually.
3. **Predictors of Brain Drain:** The analysis identified three significant predictors of brain drain syndrome: poor job satisfaction (34.8%), poor quality of work life (30.1%), and low remuneration (35.1%). These factors were strongly associated with the brain drain phenomenon in Nigerian government healthcare facilities.

Based on these findings, it can be concluded that the brain drain syndrome among medical personnel in Nigerian government hospitals is influenced by poor job satisfaction, poor quality of work life, and low remuneration. These factors negatively impact the healthcare workforce and the quality of healthcare services provided to the public.

The study undertaken by Olusegun and Olusoji (2020) provides valuable insights into the factors contributing to the migration of medical personnel in Nigeria, however there are some limitations. First of all, the experiments took place in Lagos State, which may not be representative of the entire healthcare system in Nigeria. The findings may not fully capture the experiences and perspectives of medical personnel in other regions of the country. The authors mention a population of 8,790 medical staff, however the final sample size includes 450 respondents who participated in the survey. The study primarily relies on quantitative data and does not incorporate in-depth qualitative analysis. Moreover, it would be beneficial to compare the brain drain syndrome in Nigeria with other countries or explore potential differences in push and pull factors affecting medical personnel migration. Such comparisons could have provided a broader context for understanding the issue.

To address the brain drain syndrome and improve healthcare delivery, it is crucial to prioritize interventions that enhance job satisfaction, improve the quality of work life, and provide better remuneration for medical professionals. By addressing these factors, the healthcare system can retain healthcare professionals and ultimately enhance patient outcomes.

Moving on to the topic of responsible leadership in the healthcare sector in Nigeria, the research emphasizes the importance of clinical leadership in unlocking high performance in healthcare. Clinical leadership means involving clinicians in shaping and running clinical services, making it an integral part of their professional identity.

The research led by Isibor et al. (2020) focuses on clinical leadership in Nigeria and its impact on healthcare performance. One limitation is that the research primarily relies on qualitative data from focus group discussions and self-administered questionnaires and the sample size for the survey is relatively small which may introduce bias. Moreover, the research mainly explores the perspectives and experiences of Early Career Doctors (ECDs), potentially overlooking the viewpoints of other healthcare professionals.

Donald's article (2015) emphasizes the importance of clinical leadership in the healthcare sector but lacks empirical research or specific studies to support its claims. Nevertheless, the study by Isibor et al (ibid.) and Donald (2015) suggest that clinical leadership has a positive impact on organizational performance and can lead to improved patient care. However, there are barriers to clinical leadership in Nigeria, such as clinicians' suspicion about the value of leadership, lack of recognition and training in leadership and management, and challenges in policy formation and implementation.

To promote clinical leadership in Nigeria's healthcare sector, the study recommends implementing policies that prioritize clinical leadership, providing training and support for clinicians in leadership and management, building an evidence base to track the impact of clinical leadership on quality and costs, and addressing challenges in policy formation and implementation.

In conclusion, the findings underscore the need to prioritize clinical leadership and address barriers to leadership development in Nigeria's healthcare sector. By fostering effective clinical leadership, the healthcare system can improve organizational performance, enhance patient care, and achieve sustainable quality care. Comprehensive interventions considering multiple factors are necessary to mitigate the brain drain syndrome effectively.

The research findings can guide the development of policies and interventions to address poor job satisfaction, work-life balance, and remuneration in the healthcare sector. The above mentioned articles contribute to the ongoing discourse on healthcare leadership and brain drain and can inspire further research and initiatives in the field.

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