

## Skills Gap and Organizational Performance in the HealthCare Sector of Nigeria, A Conceptual Review

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### ABSTRACT

**Research Objective:** This paper investigated how skills gaps resulting from medical labor migration influence organizational performance in Nigeria's healthcare sector, with a particular focus on the consequences of workforce shortages for institutional effectiveness and resilience.

**Methodology:** The study adopted a qualitative, desktop-based conceptual review, synthesizing data from journal articles, policy reports, and institutional documents published between 2021 and 2025 to analyze the relationship between skills gaps and performance outcomes in healthcare organizations.

**Findings:** The review revealed that persistent medical labor migration has intensified both quantitative and qualitative skills gaps, disrupting daily operations, reducing efficiency, and weakening resilience within Nigerian healthcare institutions. These shortages have led to increased workloads, service delivery delays, diminished institutional memory, and financial inefficiencies. Effective management responses, including improved remuneration, structured mentorship, and strategic workforce planning, were identified as essential for mitigating these negative impacts.

**Conclusion:** The study concludes that the skills gap, driven largely by emigration and poor institutional management, is a critical determinant of organizational performance in Nigeria's healthcare sector. Addressing this challenge requires comprehensive reforms targeting both retention and systemic workplace improvements.

**Recommendations:** It is recommended that policymakers prioritize retention-focused workforce reforms, expand training and professional development opportunities, and strengthen governance through digital HR technologies and leadership accountability to stabilize and enhance healthcare organizational performance.

**Keywords:** Skills Gap, Labor Migration, Organizational Performance, Healthcare, Nigeria

## 1.0 INTRODUCTION

Labour has historically been recognised as a fundamental factor of production, alongside land, capital, and entrepreneurship, constituting the foundation of economic and organisational development (Smith, 1776; Ricardo, 1817; Becker, 1993; Schultz, 1961). In the last few decades, the idea of labour has changed from focussing on physical input to a more dynamic view of human capital. This new view includes the skills, knowledge, technical abilities, creativity, and experience that people need to make a meaningful contribution to the growth and performance of an organisation (Becker, 1993; OECD, 2022; Schultz, 1961). A well-trained workforce is a strategic resource that boosts innovation, cuts down on downtime, improves service delivery, and helps institutions grow. On the other hand, a lack of workers or the right skills can cause big problems in the workplace, lower the performance of the organisation, and show deeper systemic inefficiencies (ILO, 2023; OECD, 2024)..

A significant "skills gap" has emerged as a primary concern for organisations and policymakers globally, especially in sectors vital to national development, such as healthcare (OECD, 2022; World Bank, 2023). This term usually refers to two main problems: (a) a lack of qualified professionals in important fields (OECD, 2024; WHO, 2021), and (b) a mismatch between the skills that are available and the skills that employers need. Nigeria experiences both types of skills gaps, but the severe lack of skilled medical professionals, worsened by high emigration rates, significantly jeopardises the performance and sustainability of the healthcare system (ILO, 2023; OECD, 2024; WHO, 2021). The rapid migration of healthcare workers, known locally as the "japa syndrome," has led to persistent deficits in doctors, nurses, and allied health professionals across hospitals, laboratories, and primary care centres (Adepoju, Okeke, & Olawale, 2024; Meshioye, 2025).

The effects of these workforce shortages are very bad, including service interruptions, more work for everyone, less efficiency, less institutional memory, and less ability for leaders to lead (Kpurunee, Toluhi, & Ejiogu, 2024; Umoh, Adeyemi, & Nwankwo, 2022). Numerous studies have investigated the factors driving health workforce migration, including suboptimal working conditions, restricted career progression, and employee burnout. However, there is a paucity of research addressing the operational and managerial ramifications of enduring skills deficits on healthcare organisations in Nigeria (Akafa, Okeke, & Oreh, 2023; Obi, Adeyemi, & Okoro, 2020; Yakubu, Musa, & Ojo, 2025). This deficiency in the literature hinders decision-makers from correlating staff shortages with specific performance issues in healthcare institutions (Kpurunee et al., 2024; Er-Rays & M'dioud, 2024).

To fill this gap, this study brings together existing empirical and theoretical literature to show how skills gaps caused by medical labour migration affect the performance of organisations in Nigeria's healthcare sector. The study specifically seeks to (1) examine the dimensions and determinants of skills gaps, particularly those associated with migration; (2) elucidate the impact of workforce shortages on organisational performance by synthesising evidence from management, human resources, and health systems research; and (3) recommend management-oriented strategies to enhance workforce planning, institutional resilience, and performance amid ongoing skills shortages (OECD, 2022; Onah & Rojas-García, 2022; World Bank, 2023).

This review is important for healthcare administrators, policymakers, and researchers because it helps them understand the complicated link between skills gaps caused by migration and organisational outcomes. This helps them make better decisions about workforce planning and policy changes. This study offers practical insights for leaders, contributes to ongoing policy discussions, and establishes a foundation for future research on health management and organisational performance in Nigeria (Kpurunee et al., 2024; World Bank, 2023).

## **2.0 LITERATURE REVIEW**

Skills gaps have been widely discussed in workforce and management literature, typically defined as the mismatch between the skills available in the labor market and those required by employers to achieve their operational and strategic objectives (OECD, 2022; WEF, 2020). This gap can manifest in two primary ways: a qualitative mismatch, in which current workers lack the competencies needed for evolving job roles, and a quantitative shortage, where there are insufficient numbers of skilled professionals to fill essential positions (ILO, 2023; WHO, 2021). In healthcare, the consequences of a skills gap are often profound, leading to reduced organizational efficiency, increased operational delays, and heightened recruitment and training costs (Er-Rays & M'dioud, 2024; Molefi et al., 2022).

The concept of labor migration is closely intertwined with the skills gap, especially in low- and middle-income countries. Labor migration refers to the movement of skilled professionals from one region or country to another, often in search of better opportunities, improved working conditions, and higher remuneration (IOM, 2022; Likupe et al., 2025). In the context of Nigeria's healthcare sector, the migration of doctors, nurses, and allied health professionals has reached critical levels, resulting in persistent workforce shortages and disruptions in service delivery (Adepoju et al., 2024; Meshioye, 2025). This phenomenon, popularly known as "brain drain," has been linked to both push factors, such as low pay and poor infrastructure, and pull factors,

including structured career pathways and advanced medical technologies in destination countries (Akafa et al., 2023; Yarhere & Adebayo, 2023).

Theoretically, three interrelated frameworks dominate the literature on skills gaps and migration: Push–Pull Theory, Human Capital Theory, and Systems Theory. Push–Pull Theory posits that migration is driven by negative conditions in the home country (push factors) and attractive opportunities abroad (pull factors), with empirical studies confirming that inadequate remuneration, insecurity, and limited career growth are major drivers of health worker emigration from Nigeria (Akafa et al., 2023; Yakubu et al., 2023). Human Capital Theory, as articulated by Becker (1993), underscores the economic and institutional costs of losing trained professionals, noting that each emigrant healthcare worker represents a significant loss of national investment and organizational knowledge (World Bank, 2023). Systems Theory, meanwhile, highlights the interconnectedness of organizational subsystems, demonstrating that workforce shortages can trigger widespread disruptions across clinical, administrative, and operational domains (Bertalanffy, 1968; Dabok et al., 2022).

Empirical evidence consistently illustrates the detrimental effects of skills gaps on organisational performance within the healthcare sector. Quantitative studies, including Data Envelopment Analysis (DEA), indicate that as much as 70% of inefficiencies in African health systems are due to workforce shortages (Er-Rays & M'dioud, 2024). In Nigeria, particular studies indicate that facilities with insufficient staffing exhibit significantly reduced efficiency scores, prolonged patient wait times, and elevated rates of service disruption (Adejoh et al., 2022; Kpurunee et al., 2024). When experienced professionals leave an organisation to move to another country, it not only lowers productivity but also breaks down mentorship structures and institutional memory, making the organisation even less resilient (Okafor et al., 2020; Umoh et al., 2022).

Management's responses to the skills gap crisis have focused on reforms that keep workers and strategic workforce planning. Research shows that better pay, ongoing professional development, helpful supervision, and chances for career advancement can all help keep staff (Armstrong & Taylor, 2020; Onah & Rojas-García, 2022). National reforms, like Nigeria's 2024 Health Workforce Migration Policy, try to fix the root problems by raising salaries, expanding training, and improving welfare (Nigeria Health Workforce Migration Policy, 2024). International frameworks, such as WHO's Safeguard List, seek to mitigate aggressive recruitment from countries experiencing shortages (Tang et al., 2023). Nonetheless, challenges in implementation persist, and research underscores that enduring enhancements in performance rely on cohesive management strategies that tackle both internal and external factors contributing to workforce attrition (Siyam et al., 2023; Kpurunee et al., 2024).

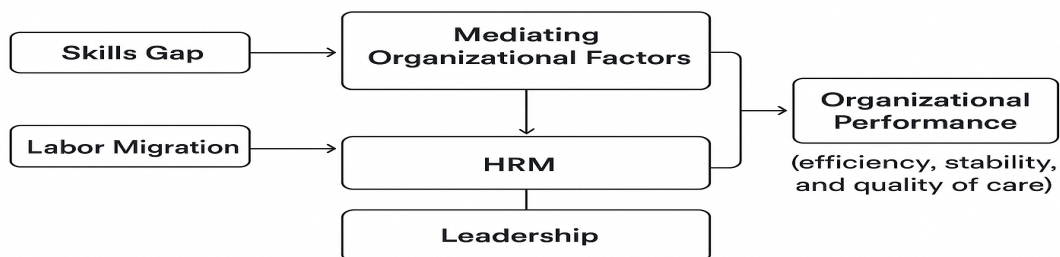
Even though there is more research in this area, there are still big gaps. Numerous studies concentrate on the motivations for migration rather than the operational consequences of skills

deficits on healthcare organisations (Akafa et al., 2023; Obi et al., 2020). There is an absence of comprehensive, longitudinal data that monitors the cumulative impact of workforce shortages on institutional performance, alongside a restricted application of management and systems theory to elucidate these phenomena (Masika et al., 2024; Umoh et al., 2022). Moreover, the efficacy of recent policy interventions has not been thoroughly assessed regarding enhanced organisational outcomes.

**A Framework for Understanding the Skills Gap, Labour Migration, and Performance of Organisations in Nigeria's Healthcare Sector.**

Skills gaps and labour migration serve as significant external and internal facilitators, comparable to digital disruptions in other sectors, influencing institutional outcomes in healthcare (OECD, 2022; Akafa, Okeke, & Oreh, 2023). Figure 1 shows how workforce shortages and migration affect the things that happen before, during, and after work, as well as how well the organisation does.

**Fig 1: Conceptual Framework for the Study**



Source: Researcher’s Design, 2025

**Drivers and Triggers of Skills Gap:** The Push–Pull Theory explains why skilled medical professionals leave Nigeria. “Push” factors like low pay, bad infrastructure, insecurity, and few opportunities for advancement work with “pull” factors like higher pay, better technology, and clear career paths to make people leave their jobs (Yarhere & Adeboye, 2023; Akafa et al., 2023; Yakubu et al., 2023). At the organisational level, inadequate human resource management, ineffective leadership, and employee burnout foster an environment that exacerbates staff turnover intentions (Obi, Adeyemi, & Okoro, 2020).

**Organisational Vulnerability & Institutional Adaptation:** Human Capital Theory underscores the loss of investment and institutional memory with the departure of a skilled health worker (Becker, 1993; World Bank, 2023). Organisations must adapt to migration by changing

workloads, redistributing tasks, and looking for new ways to hire people (Kpurunee, Toluhi, & Ejiogu, 2024). However, ongoing skills gaps make it harder for institutions to innovate, deliver services, and plan for the future, which makes them more likely to be hit by more shocks and operational problems (Er-Rays & M'dioud, 2024).

**Organisational Design and Response:** Systems Theory shows how the effects of people moving for work affect healthcare organisations. When important staff members leave, it affects not only clinical services but also administrative oversight, mentorship, and knowledge transfer (Bertalanffy, 1968; Dabok et al., 2022). Recent research indicates that Nigerian healthcare institutions frequently employ short-term solutions, such as task shifting, temporary contracts, or augmented workloads for the remaining personnel (Monyei, 2023; NBS, 2024). These steps might help for a short time, but they usually don't get to the bottom of the problem and can make morale and burnout worse (Kpurunee et al., 2024).

**Changes to performance, retention, and policy:** The performance of an organisation is influenced by a blend of staffing stability, leadership effectiveness, resource accessibility, and the capacity to innovate in high-pressure situations (Kaplan & Norton, 2004; WHO, 2021). Empirical research substantiates that skills deficiencies diminish service efficiency, exacerbate service delays, and jeopardise institutional stability (Er-Rays & M'dioud, 2024; Molefi et al., 2022). Management reforms are needed to make the best use of the talent that is already there. These include better pay, better working conditions, structured mentorship, and data-driven workforce planning (Armstrong & Taylor, 2020; Onah & Rojas-García, 2022; Siyam et al., 2023). Policy changes, like Nigeria's 2024 Health Workforce Migration Policy, bring about bigger changes, such as rules for ethical hiring, salary reviews, and career development paths (Nigeria Health Workforce Migration Policy, 2024; Tang et al., 2023).

**Perceived Risk and Organisational Intention:** Healthcare leaders' willingness and ability to make changes are affected by perceived risks, such as losing more staff, not having enough money, and the global labour market being very competitive (Das & Teng, 1997; Umoh, Adeyemi, & Nwankwo, 2022). Companies that have strong leaders and proactive HR strategies are better able to reduce these risks, keep skilled workers, and make their institutions more resilient (Yakubu et al., 2023).

**Organisational Outcomes:** Ultimately, the outcomes of interest, service efficiency, quality of care, staff satisfaction, and institutional stability, are determined by how organisations manage and respond to the challenges posed by skills gaps and migration (Kpurunee et al., 2024; Kaplan & Norton, 2004; WHO, 2021). Organisations can lessen the negative effects and keep up their performance by using proactive retention and adaptation strategies. When these kinds of responses are not present, it is common for performance to drop, services to be interrupted, and more people to leave (Adejoh et al., 2022; Badru, 2024).

### **3.0 METHODOLOGY**

The research methodology utilised in this study is qualitative and conceptual. Qualitative research involves the gathering and examination of non-numerical data, including texts, documents, and institutional reports, to cultivate a comprehensive understanding of intricate phenomena. This study collected data through an extensive examination of secondary sources, including peer-reviewed journal articles, organisational reports, and policy documents pertaining to skills gaps, labour migration, and organisational performance within the Nigerian healthcare system.

The selection of a qualitative, desk-based review methodology was influenced by the necessity to integrate existing empirical and theoretical evidence, utilising insights from management, human resource, and health systems literature. This methodology facilitated the synthesis of findings from global, continental, and Nigerian contexts, providing a comprehensive analysis of the causes and effects of medical labour shortages.

The study employed strategies recommended for qualitative inquiry, including triangulation of sources, thematic coding, and peer debriefing when applicable, to ensure credibility and scholarly rigour (Lincoln et al., 2015). The reliability of the data was emphasised by prioritising studies from reputable journals and institutional repositories, as well as by cross-verifying key findings from various sources.

A total of fifty (50) empirical and conceptual studies published between 2021 and 2025 were systematically selected from academic databases, including Google Scholar, PubMed, ResearchGate, and Scopus, as well as reports from the WHO, OECD, ILO, and Africa CDC. The inclusion criteria emphasised relevance to skills gaps, labour shortages, and organisational performance in healthcare, particularly within Nigerian and similar low- and middle-income country (LMIC) contexts.

The data analysis was structured thematically, employing evidence-synthesis tables to classify information into three main themes: (1) empirical correlations between skills gaps and organisational performance, (2) the ways in which skills shortages affect institutional operations, and (3) management responses and strategies for mitigation. Thematic coding helped us find patterns that kept coming up, what they meant for managers, and what the literature was missing. Qualitative, desk-based research has some problems, like the possibility of bias in source selection, not being able to get primary institutional data, and having to rely on reported findings. These problems were recognised and dealt with by carefully choosing and cross-checking sources. This study utilises a qualitative synthesis of existing literature to offer a grounded and contextually nuanced comprehension of how skills gaps, induced by medical labour migration, influence organisational outcomes in Nigeria's healthcare sector.

#### **4.0 RESULTS AND DISCUSSION**

The study found that ongoing skill gaps, mostly caused by medical professionals leaving the country, have a big effect on how well healthcare organisations in Nigeria do their jobs. Evidence from the literature indicates that the scarcity of skilled doctors, nurses, and allied health professionals directly impedes operational processes, leading to heightened delays, diminished service readiness, and decreased productivity within healthcare facilities.

It was determined that workforce shortages, aggravated by elevated rates of medical labour migration, considerably compromise technical efficiency and institutional stability. Hospitals and primary healthcare centres that didn't have enough staff always had longer wait times for patients, more service interruptions, and more financial stress because of the higher costs of hiring, onboarding, and temporary staff.

The results also show that losing experienced professionals hurts institutional memory, makes supervision weaker, and breaks mentorship pipelines. This makes the remaining staff overworked and less able to keep up quality standards. This cycle of attrition leads to burnout, conflict within the company, and higher turnover intentions, which makes the workforce crisis worse and puts the company's performance at risk.

A major point that comes up in the review is that the skills gap in Nigeria's healthcare system isn't just a numbers problem; it's also a problem with institutions and management. Poor management of human resources, few chances for career growth, and difficult working conditions were all factors that led to both migration and lower performance. The data shows that the workforce crisis is mostly caused by problems within the system and the organisation, not just by problems in the job market.

In response, the literature emphasises various management-oriented strategies that have been adopted to alleviate the effects of skills shortages. These are better pay, structured mentoring, ongoing professional development, and helpful supervision. National policy changes, like Nigeria's Health Workforce Migration Policy (2024), stress the need for career advancement opportunities, better benefits, and a bigger workforce as key to keeping employees. Upgrading infrastructure, investing in digital HR technologies, and improving leadership practices are all seen as important for building long-term resilience at the organisational level.

The results also show that we need to use more complete and connected methods for planning the workforce and strengthening institutions. To close skills gaps, we need to make changes to

human resources, create supportive work environments, and make sure that policy measures are always followed. Healthcare leaders, policymakers, and academic institutions must work together to come up with new, evidence-based solutions that deal with both the short-term and long-term causes of labour shortages.

As healthcare systems continue to deal with the problems caused by a lack of workers, the changing skill needs of health professionals show how important it is to keep learning and building capacity. Training programs need to change to cover both the quantitative and qualitative aspects of the skills gap. This will make sure that healthcare workers have the technical, managerial, and collaborative skills they need to keep the organisation running at a high level.

## **5.0 CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

This paper underscores the pressing necessity to rectify the enduring skills gap, predominantly caused by medical labour migration, in Nigeria's healthcare sector. The synthesis of existing literature illustrates that the deficiency of skilled health professionals has extensive repercussions for organisational performance, resulting in decreased service delivery, diminished productivity, and compromised institutional resilience. The results show that the workforce crisis is not just a numbers game; it is also a problem with management and institutions that goes deep. For healthcare institutions to stay strong and keep doing well, they need to keep their employees, help them grow professionally, and create supportive work environments. Ultimately, strengthening the health workforce is essential for attaining enhanced health outcomes and ensuring organisational sustainability in Nigeria's evolving healthcare environment.

### **Recommendations**

A multi-faceted approach is needed to fix the ongoing skills gaps and lack of workers in Nigeria's healthcare sector. First and foremost, policymakers should focus on making big changes that will help keep healthcare workers. This means not only raising pay and benefits, but also making sure that workplaces are safe and helpful. Offering meaningful incentives, like help with housing and job security, would make jobs in the sector more appealing. This would stop people from leaving the country and help keep staffing levels stable in health facilities.

It is just as important to make more opportunities for ongoing training and professional growth available. The sector can solve both the lack of workers and the need for specialised skills by putting money into postgraduate education, structured mentorship, and programs that help people

keep learning new skills. These kinds of programs will also make it easier for experienced and new employees to share what they know, which will help keep productivity and service quality high.

For long-term progress, it is important to improve governance in the health sector. Investing in digital human resource management tools, better planning for the workforce, and more accountability for leaders can help with this. It is important that policy frameworks are well-coordinated so that investments in training and development are directly linked to better workplace infrastructure and measurable gains in performance.

Working together with important stakeholders will also be very important in solving these problems. Government agencies, healthcare leaders, universities, and other partners must work together to share information, help people get jobs, and come up with new ideas that fit the needs of Nigeria.

Finally, more research is needed in this area. Longitudinal and intervention-based studies ought to be undertaken to assess the efficacy of diverse retention and workforce development strategies. Research should also concentrate on adaptive workforce models that enable healthcare organisations to foresee and address forthcoming challenges, thereby securing a more resilient and efficient health system for the future.

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