

**Gender Difference, Job Satisfaction and Emigration Intention Among Health Care Professionals  
in Selected Hospital, Lagos State**

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### Certification

This is to certify that **Abiodun Olawale OGUNSEMI** with Matriculation Number **LCU/PG/002080**, carried out this study titled “**Gender Difference and Job Satisfaction on Migration Intention of Health Information Management Practitioners in Lagos State**” in the department of Information Management, Faculty of Communication and Information Sciences, Lead City University, Ibadan, Oyo State, For the Award of Master Degree (M.Sc) in Health Information Management and that this work has not been previously submitted elsewhere.



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### **Dedication**

This thesis is dedicated to God Almighty for His sufficient grace over my life and at the point of Motor vehicle accident, He sustained my life.

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“Even though the above-mentioned institutions and persons have assisted in the process of this research work, I alone stand responsible for the errors, if any, found in the work”

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## Abstract

The emigration of health information managers from Nigeria to other countries around the world has great implication for the health sector. As a result, researchers have examined various factors that can promote emigration intention among Nigerian health information managers. This study examined the influence of gender difference and job satisfaction on migration intention of Health information management practitioners in Lagos State. Descriptive survey research design was adopted for the study. A structured questionnaire was adopted as the instrument for data collection. The study population is made up of eighty (80) HIM practitioners selected from two tertiary health institutions in Lagos State. Total enumeration was adopted. The quantitative data collected was analysed using both descriptive and inferential statistics. The study found that migration intention is high among the respondents (Mean = 3.06). It was also found that majority of the respondents were female (n=45) compared to male (n=35). In addition, the level of job satisfaction among the respondents is moderate (Mean = 2.64). The inferential statistics showed that job satisfaction of HIM practitioners (Adj.  $R^2 = 0.911$ ,  $F(1, 49) = 503.515$ ,  $p = 0.000$ ) has a significant influence on their migrations while gender status [ $t(69) = 2.740$ ,  $p = 0.008 < .05$ ] has no influence. However, multiple regression analysis shows that both gender difference and job satisfaction have a significant combined influence on emigration intention among health workers in Lagos state, Nigeria. The study concluded that job satisfaction is highly important to both male and Female HIM practitioners and, irrespective of gender, HIM practitioners are more likely to have migration intentions when their work conditions are not conducive. It was therefore recommended that stakeholders in the health sector review the condition of service of HIM practitioners and establish motivational practices to encourage them to remain with their employers.

**Keywords:** Migration, Gender Issues, Job Satisfaction, Health Information Management,

**Word Count:** 295

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## **Chapter One**

### **Introduction**

#### **1.1 Background of the Study**

Emigration is the outward movement of people from one geographical location to another for various reasons. Emigration can be categorized into internal and external. Internal emigration is when people move out from one location to live or work in another part of a state or country<sup>1</sup>. External emigration, on the other hand, is regarded as the outward movement of people from one country to another or from one continent to another to live or work for an extended period of time. The reason for emigration has also been identified as social, economic, political, or environmental<sup>1</sup>. The main focus of this study is emigration in which people leave their country and move to another country in order to earn their livelihood.

Large-scale migration of health information managers first became an issue in 1940. That period saw the beginning of mass migration of health information managers from Europe to the United Kingdom and the United States of America. This trend continued and it became so rampant in the 1960s, that several European governments became alarmed and tried to stop it. The issue also caught global attention. The World Health Organization (WHO) published a detailed study spanning 40 countries in 1979 to highlight the importance and flow of health workers, with the findings indicating that nearly 90 percent of all migrating physicians were moving to just five countries: Australia, Canada, the Federal Republic of Germany, the United Kingdom, and the United States<sup>2</sup>.

The migration of health practitioners to these developed countries still continues. However, a significant portion of the current inflow of health practitioners is coming from Africa, particularly, Nigeria. Researchers have spoken about a culture of migration among Nigerian health practitioners<sup>3</sup>. This is a situation in which students in medical, nursing and other health-related courses are indoctrinated right from schools by lecturers, parents and colleagues that the best path for them is to seek greener pastures after their education<sup>4</sup>. While accurate statistics is difficult to obtain, available figures show that more than nine thousand Nigerian doctors are currently working outside the country. In addition, the Nursing and Midwifery Council of Britain reported that 3,782 Nigerian nurses trained by taxpayer fund in Nigeria are now practicing in England and Scotland<sup>5</sup>. These figures represent only those who are recognized as health practitioners by the countries they have migrated to. There are still several who have not secured employment as health practitioners or who are as working menial labourers and other jobs apart from the health sector. This large-scale migration of health practitioners has been viewed from different perspectives in the literature.

Some scholars view the migration of health information managers from developing countries to industrialised countries as an unavoidable aspect of the globalization process. They submitted that this process has its positive consequences. The often-cited benefit is the remittances that these citizens will send back home to boost their country's foreign exchange earnings and help members of their immediate families escape economic hardships affecting the majority of Nigerians. Another benefit is the long-term hope of these diaspora Nigerians coming back in later years to use the experience they have gained abroad to help develop their home countries. In addition to this, trained health

information managers are required in every corner of the world so any country contributing her workforce to help others is playing the role of a global citizen<sup>6</sup>. However, others view the disadvantages as outweighing the advantages.

To this category of people, the issue of remittance is untenable as the amount lost in human capital flight is huge. It was reported that migration of health information managers is causing Africa billions of dollars in human capital loss. This is why the migration of health information managers from developing to developed countries is simply a brain drain. This is defined as the situation where the best-trained citizens of a country are lost to other countries. It is also called human capital flight. Viewed from this perspective, it would be difficult to see any advantage in the migration of health information managers from Nigeria to other countries. According to current figures, one in every four doctors and one in every twenty nurses trained in Africa are now working in developed nations, accounting for a shortage of over 1.5 million health information managers in Africa. In Nigeria, the ratio of health information managers to the population is projected to be 1.95 per 1000 inhabitants<sup>7</sup>. This portends a great problem for healthcare delivery in the continent in general and Nigeria in particular.

The health-care system in underdeveloped countries is beset with various challenges. Already, the continent bears the burden of dealing with numerous communicable diseases such as malaria, tuberculosis and HIV/AIDS. There is also an increasing rate of chronic diseases such as diabetes and hypertension and the current COVID-19 pandemic<sup>8</sup>. The high propensity to migrate among health practitioners can only increase the challenged, the most serious of which is an acute shortage of human resources. The system is mostly unstable and ineffective on a structural and systemic level to deliver effective service

where it is most needed. A study of Ghana's healthcare facilities discovered that an acute lack of manpower has rendered 72 percent of health facilities in the country incapable of delivering the entire range of expected services. The breakdown showed that 43% were unable to provide children with inoculations, 77% were unable to provide 24-hour emergency assistance and round-the-clock safe deliveries for women in labour. In Zimbabwe, it was reported that over 70% of trained doctors were lost to brain drain in the span of a decade<sup>9</sup>. This is the story of the majority of healthcare system in Africa.

The World Health Organisation (WHO), for instance, reported that just about 100 qualified doctors and 2000 nurses are available to serve 12 million Malawians. Furthermore, hospitals in many developing countries are full and overflowing. Health information managers are finding it difficult to keep up with the seemingly endless flow of patients<sup>10</sup>. According to a research report, the shortage of health information managers in Nigeria is compounded by gross disparities in access to healthcare, as there is no national policy guiding the postings and transfers of health information managers. The health of the citizens, especially the underprivileged, is jeopardized as a result of this condition. Given that health information managers, especially doctors swore an oath to take care of people, questions can be raised as to the factors that inform their decisions to migrate to other countries and leave people in their home countries vulnerable to various diseases.

Scholars on migration have identified various documented factors that influence the migration of healthcare professionals. The factors are categorized under “push” and “pull” factors as determinants of migration decisions. “Push factors” are those economic, cultural and environmental factors that exist within the county of origin, motivating

professionals to leave. While 'pull factors' are the economic, cultural and environmental factors that attract health information managers originating from the recipient country's policies and actions<sup>11</sup>. The push factors are present in Nigeria as a country and it is driving the outward flow of health practitioners to other countries especially in Europe and America where there are also pull factors. The push and pull factors for Nigerian health information managers has been have been identified as an issue in their job satisfaction which is a factor that can determine emigration intention among them<sup>10</sup>.

The push factors for health practitioners are often in form of understaffing, exhaustion through overwork, poor working condition, poor pay and lack of professional recognition among others. In addition to these work-related issues, there are also environmental factors such as insecurity, lack of basic amenities, political instability and other socio-cultural issues relating to the prestige given to people working abroad in the Nigerian society. All of these are problems that any individual, including health professional may want to avoid and in time, the become the reason why health information managers develop, emigration intentions. Studies that have been conducted in Nigeria show that these push factors exist to a significant extent<sup>12, 13</sup>. These push factors are often made more intolerable by the pull factors existing in foreign countries.

Pull factors are described desirable conditions that may attract an individual or group to another country. These pull factors include positive perception of quality of infrastructure, better wages, opportunities for learning, better living conditions and the prestige associated with working abroad<sup>11</sup>. Healthcare professional in Nigeria are often bombarded with how lucrative it is to work abroad, the quality of available infrastructure and living condition on developed countries. When this information is contrasted with the existing

condition in their current workplace, it is expected to influence their level of job satisfaction

Job satisfaction has been described as the feel-good factors attached to an employee's task. However, job satisfaction is wider than just the satisfaction of one's tasks. Job satisfaction covers the level of contentment that health professional has with their job. As in other professions, job satisfaction is derived from various sources categorised as intrinsic and extrinsic satisfaction. Intrinsic satisfaction is based on personal factors or perceptions of the employee about his/her job. It depends on the feeling and opinions of individual employees concerning various aspects of the job. These include perceived level of achievement associated with the job, recognition for a job well done, the nature of the work itself, level of responsibility, the opportunity for growth and advancement. The other aspect of job satisfaction is the extrinsic satisfaction.

Extrinsic job satisfaction is derived from tangible and measurable aspects of the job. Extrinsic satisfaction is determined by issues such as compensation, work conditions, supervision, relationship with co-workers, and job security. Extrinsic satisfaction is therefore external to the employee as it depends mostly on policies and actions of the employer and the condition created in the workplace which encourage the employee to commit his/her future to the organisation. This is because each employee has particular emotional and psychological needs that they expect to fulfil through the jobs they do and when they have perception that the job, particularly, the organisation they work for is not helping them to fulfill these needs. This is true for health information managers as is it for other workers.

Health information managers in Nigeria often complain about various aspects of their jobs that they considered unsatisfactory. This includes low remuneration, poor conditions of service, management shortcomings, overwork, and lack of the necessary facilities that enhance their job performance. In addition to these, they live in a society where security of life is not guaranteed and infrastructural facilities such as power supply, adequate housing and road networks that can make life convenient are not available<sup>14</sup>. When all these are contrasted against conditions of work in other places such as Europe and America, a true picture of the push and pull factors that encourage health practitioners to migrate begins to emerge.

While lack of satisfaction of health professionals with several aspects of their jobs such as remuneration, working conditions and opportunity for career advancement constitute the push factors that encourage migration, there are also pull factors that encourage them to migrate. These pull factors include higher remuneration, opportunity for advancement, and the prestige associated with working abroad, especially among citizens of developing countries. Many health information managers in developing countries have reported having someone who encourages them to migrate in order to enjoy better working conditions. The migration of health information managers for better opportunities both within countries and across international borders is of growing concern worldwide because of its impact on health systems in developing countries.

Gender disparity in paid employment is a long-standing, long-existing challenge which has remained in the public discourse over a long period of time. The key issue is that women are mostly at a disadvantage when it comes to paid employment. While the health sector has more females than males, health management is predominantly a male affair with

females mostly occupying the lower echelon<sup>15</sup>. Majority of female healthcare practitioners are more likely to be employed in low-paying jobs, part-time roles, temporary contracts, and provided with less social protection, whereas men are more likely to hold higher-paying jobs, more opportunities for advancement, and higher-level positions<sup>16</sup>. As previously noted, the discrepancies are particularly noticeable in two areas: employment quality and job satisfaction. Job quality has evolved from a single-dimensional concept to a multidimensional concept. Gender differences in employment quality have been observed in a range of categories, including pay, contract type, working hours, working conditions, skill and training possibilities, promotion prospects, relationships with coworkers and leaders, and work-life balance.

Numerous studies have reported that women show greater job satisfaction than their male counterparts. Analyses suggest that besides the systematic differences in working qualities experienced by women and men, different job expectations and values in job rewards cause the differences in job satisfaction between men and women. In some studies, the gender job satisfaction gap in favor of women has been attributed to their lower job expectations. The more or less pronounced disadvantage in the labor market, forces women to reduce their job expectations. What this suggests is that job satisfaction a matter of perception and so long there is a perception that working abroad offers more reward than staying home, health information managers would not be satisfied and may seek to migrate abroad. However, the decision to migrate abroad can also be determined by the gender of the health professional.

The gender of health professional is very important especially in Africa. Although substantial progress has been made toward bridging the gender gap in medicine in the

past few decades, there are still some culture norms and conventions that ensure male and female health information managers do not always receive equal treatments, even in the developed world. Gender therefore become an issue in migration of health information managers because of the different roles assigned to men and women both by nature and the society. These roles have various implications that can affect the decision of health practitioners to migrate or stay at home.

Male are seen as the head of the family and the family has to follow the direction set by the head. This may make it possible for men to make unilateral decision to migrate expecting the family to follow him or wait for him at home while he goes out to find provision for the family. This may not be easy for the female who is expected to be support the husband and take care of the family. The patriarchal nature of the African family has ensured that women are expected to follow their husbands and not the other way round. Even if the woman desires to migrate, she may suppress the urge in order to keep her home together.

Studies have shown that females often make career decision based on family and relationship considerations. It is reported that females have often had to quit their jobs or move to another organisation in order to fulfil their obligation to their children and husbands<sup>17</sup>. Those obligations include educating children and carrying out household chores. In addition, many female health information managers often have change job when their husbands moved to another town or country. This can be interpreted that gender of healthcare professionals is a factor in their decision to migrate because male have more level of autonomy when it comes to making decision about migration than women who may have to seek the permission of their partners before making such

decisions. This is not to say that women would be less likely to migrate than men. It is also possible that men, especial when they are married may be reluctant to move abroad and start afresh due to the uncertainty that surrounds economic migration. It is therefore possible for men to decide against migration in order not to cause economic hardship for their children. This makes it imperative to examine the influence of gender on migration decision among health information managers.

The need for health information managers to migrate abroad to seek greener pastures may be logical on the individual level but it is detrimental to the society which trained and placed its hope on their expertise. This dictates that the factors that influence migration must be properly understood so that the appropriate strategy can be devised to ensure that the health sector does not collapse as a result of lack of the required skilled personnel. However, there is a dearth of literature on the influence of job satisfaction and gender on the migration of health information managers, particularly in Lagos state Nigeria. In the light of this, it is considered relevant to examine gender differences, job satisfaction and emigration intention among health information managers in Lagos State.

## **1.2 Statement of the Problem**

Job satisfaction is one of the major factors causing the emigration intention of health information managers from Nigeria to other countries around the world and it has great implication for the health sector. Health information managers are professionals trained to collect collate, preserve and disseminate health information for effective running of health institutions. The current trend of brain drain being observed in every sector of skilled labour in Nigeria suggest that there may soon be an acute shortage of health information managers in Nigeria due to emigration. When health information managers

are satisfied with their career prospects, it results in dedication to their jobs, proper management of health information and most importantly, the intention to continue working with their current employers. However, preliminary investigation, close observation and review of related literature has shown about half of the 74,543 doctors on the register of the Medical and Dental Council of Nigeria (MDCN) have migrated and are now working in various hospitals around the world<sup>18</sup>This is alarming considering the fact that Nigeria has a very low concentration of doctors with the World Health Organisation projecting that the country needs more than 300,000 doctors in order to attain the global benchmark of recommended doctor-to-patient ratio of 1:600<sup>3</sup>. The poor human resource for health situation in the country is further worsened by the recent COVID 19 pandemic. At the height of the first wave of the pandemic, in December, 2020 about 20 doctors lost their lives in one week after becoming infected with the virus.<sup>19</sup>If this trend is left unchecked, it may lead to the collapse of the health system and exposure of the citizens to various disease because of lack of any professional to give treatment and provide guidance on how to move forward. Health information managers' gender and their level of job satisfaction have been identified as major factors in the likelihood of migrating abroad.

Health practitioners are often reported to face gender discrimination at work and are also expected to play different roles in the family. In addition, they also suffer from lack of job satisfaction due to low or irregular wages, lack of recognition and unconducive work environment among others. This is happening in a globalized environment where the health information managers have access to the conditions of service in other countries which they can see is better than what they are experiencing. Several studies have

acknowledged the fact that migration of health information managers abroad is on the rise, few have however attempted to examine the factors causing the migration and how to propose the most relevant solution to the problem in order to halt the descent of the healthcare delivery system in the country. In order to fill this gap, the study examines the influence of job satisfaction and gender status on economic migration among health information managers in Ogun state hospitals.

### **1.3 Aim and Objectives of the Study**

The aim of the study is to examine the influence of job satisfaction and gender difference on migration of health information managers in Nigerian health sector with particular reference to the National Orthopaedic Hospital, Igbobi and Federal Neuropsychiatric Hospital, Lagos. The objectives that guided the study were to:

- i. determine the level of migration intention among health information managers in Lagos state;
- ii. identify the level of job satisfaction among health information managers in Lagos state;
- iii. identify the prevalent gender of health information managers in Lagos state;
- iv. ascertain the influence of job satisfaction on the intention to migrate among health information managers in Lagos state
- v. ascertain the influence of gender difference on the migration intention of health information managers in Lagos state

- vi. ascertain the combine influence of job satisfaction and gender status on the migration intention of health information managers in Lagos state

#### **1.4 Research Questions**

- 1 What is the level of migration intention among health information managers in Lagos state;
- 2 What is the level of job satisfaction among health information managers in Lagos state;
- 3 What is the prevalent gender of health information managers in Lagos state;

#### **1.5 Hypotheses**

The following null hypotheses will be tested at 0.05 level of significance

H<sub>01</sub>: There is no significant influence of gender difference on the emigration intention of health information managers in Lagos state

H<sub>02</sub>: There is no significant influence of job satisfaction on the emigration intention of health information managers in Lagos state;

H<sub>03</sub>: There is no combine influence of job satisfaction and gender status on emigration intention among health information managers in Lagos state

#### **1.6 Scope of the Study**

This research examines gender difference, job satisfaction and migration factors among health information management professionals in Lagos State. The dependent variable is migration which is measured by migration push and pull factors. The independent

variables are job satisfaction and gender status. Job satisfaction is measured by motivators and hygiene factors while gender status is measure by number of male versus number of female in the study population. The geographical scope of the study is Lagos state and the health institution to be considered are National Orthopaedic Hospital, Igbobi and Federal Neuropsychiatric Hospital, Yaba. These health institutions were selected because of the better opportunity they present for effective data collection which is crucial to the success of the study.

### **1.7 Significance of the Study**

The study is considered as significant because the findings of the study will be relevant to policy makers in the health sector, hospital administrations, general populace as well as make a significant contribution to the available knowledge on healthcare management in Nigeria.

Policy makers in the health sector will find the study useful because it is expected to provide empirical evidence to show the real factors responsible for the decision of health information managers to emigrate and practice in other countries even when they know that their country sorely need their services. Having this information will help in making the necessary interventions to halt the brain drain caused by regular emigration of health information managers.

The findings will also be useful for hospital administrator who are in charge of the day-to-day activities of health information managers. The findings on the level of care satisfaction among the health information managers and the factors responsible for job satisfaction and dissatisfaction will also help hospital administration in plugging the gaps

and devise the necessary strategies to boost job satisfaction among health information managers under them and win their commitment so they have little or no intention to emigrate in search of better offers.

In addition, the general populace is expected to benefit from the study especially when it prompts policy makers and administrators to find solutions to various factors that increase health information managers' intention to migrate. The people will have access to better health care when the health information managers are dedicated and discharge their duties effectively.

Most importantly, the findings of this study will be a useful contribution which bridges the gap left by previous studies. It will therefore be useful to other researchers both locally and internationally.

### **1.8 Limitation to the Study**

Although the researcher is aware that health information managers across the country face similar challenges, the study was limited to Lagos state and the health institutions to be considered are National Orthopaedic Hospital, Igbobi and Federal Neuropsychiatric Hospital, Yaba and Federal Medical Center, Ebute Metta, all in Lagos State of Nigeria. This is to ensure a successful data gathering exercise. In addition, expanding the study to other states in southwest Nigeria would have made the study more representative, the time required to conduct a study of such magnitude is simply not available to a Master's student who has to complete his studies under three semesters.

### **1.9 Operational Definition of Terms**

**Emigration:** emigration is the decision of health information managers to leave their country or state of origin for the purpose of working abroad.

*Economic Factors:* this refers to the perceived economic advantage that healthcare professional perceive they would gain by emigrating to other countries.

*Cultural Factors:* this refers to the norms and values of the healthcare professionals regarding working abroad. It is the level of importance or prestige attached to working abroad among the Nigerian society

*Environmental Factor:* this refers to the natural and man-made factors such as political instability, famine, earthquakes, drought that may prompt health practitioners to leave Nigeria to work in other countries

**Job Satisfaction:** This arises as a result of any combination of psychological, physiological, and environmental circumstances which makes health information managers to be content with their role and decide to continue in the employment of National Orthopaedic Hospital and Federal Neuro-Psychiatric Hospital, and Federal Medical Center, Ebute Metta Lagos.

*Motivation:* Motivators are intrinsic factors that contribute to job satisfaction of health information managers in the employment of National Orthopaedic Hospital and Federal Neuro-Psychiatric Hospital, and Federal Medical Center, Ebute Metta Lagos. It also takes into account their requirement for growth, self-realization, and fulfillment. The role of motivators is not to decrease the amount of job dissatisfaction.

*Hygiene Factors:* these are parts of the workplace experience that do not necessarily add to job satisfaction of health information managers in the employment of National Orthopaedic

Hospital and Federal Neuro-Psychiatric Hospital, and Federal Medical Center, Ebute Metta Lagos but. guard against job dissatisfaction. They are also sometimes described as job dissatisfiers.

**Gender Differences:** this refers to the differences between males and females health information managers in the employment of National Orthopaedic Hospital and Federal Neuro-Psychiatric Hospital, and Federal Medical Center, Ebute Metta Lagos. In this study, gender difference is based on the difference between men and women are actually their gender roles (i.e., differences in how men and women are supposed to act).

## Endnotes

1. N. Tilikina, *Study of Forced Migration as A Major Reason for Internal and External Migration in Ukraine*. **Eureka: Social and Humanities**, (4), 2016. Pp.23-28.
2. A.A. Naqvi, Zehra, F., Naqvi, S.B.S., Ahmad, R., Ahmad, N., Usmani, S., Badar, S., Younus, I. & Khan, S.J., *Migration Trends Of Pharmacy Students Of Pakistan: A Study Investigating The Factors Behind Brain Drain Of Pharmacy Professionals From Pakistan*. **Indian Journal of Pharmaceutical Education And Research**, 51(2), 2017, Pp.192-206.
3. C. Muanya, *Nigerian Medical Doctors Among Least Paid Globally*. **The Guardian**. (2020, 24 September). Retrieved From <https://Guardian.Ng/News/Nigerian-Medical-Doctors-Among-Least-Paid-Globally/>
4. E. I. Awire, *Social and Structural Factors Affecting the Culture of Medical Migration In Nigeria: Insights From Four Public Medical Schools (Doctoral Dissertation)*. 2017.
5. D. Tolu-Kolawole, "3,782 Nigerian Nurses Migrated ToUk In 2021 – Nmc." *The Punch* (Nigeria), January 25, 2022. <https://Punchng.Com/3782-Nigerian-Nurses-Migrated-To-Uk-In-2021-Nmc>
6. M.K. Bimal, R. Kaur, R., & Kaur, *Factors Intend To Brain Drain Among Staff Nurses*. **International Journal Of Advances In Nursing Management**, 4(4), 2016. Pp.327-330.
7. P. Singh & J. D Sachs. *1 Million Community Health Information Managers In Sub-Saharan Africa By 2015*. **Lancet**. 2013;382(9889):363–5.
8. Who. *World Health Statistics 2017: Monitoring Health For The Sdgs, Sustainable Development Goals*. Geneva: World Health Organization; 2017. Retrieved from [Http://Apps.Who.Int/Iris/Bitstream/10665/255336/1/9789241565486-Eng.Pdf?Ua=1](http://Apps.Who.Int/Iris/Bitstream/10665/255336/1/9789241565486-Eng.Pdf?Ua=1)
9. T., Dzinamarira, & Musuka, G. *Brain Drain: An Ever-Present; Significant Challenge To The Zimbabwean Public Health Sector*. **Public Health In Practice**, 2, 2021, 100086.
10. M., Shirmohammadi, Beigi, M., & Stewart, J. *Understanding Skilled Migrants' Employment In The Host Country: A Multidisciplinary Review And A Conceptual Model*. **The International Journal of Human Resource Management**, 30(1), 2019 96-121.

11. L. Sasso, A. Bagnasco, G. Catania, M. Zanini G., Aleo, & R. Watson, *Push And Pull Factors Of Nurses' Intention To Leave*. **Journal of Nursing Management**, 27(5), 2019, 946-954.
12. K. Amorha, C., Irobi, & A. Udoh, *The Brain Drain Potential Of Skilled Health Information Managers From Sub-Saharan Africa: A Case Study Of Pharmacy Students In Nigeria*. **Pharmacy Education**, 22(1), 2022. 654-663.
13. A. Adebayo, & O. O. Akinyemi, "What Are You Really Doing In This Country?": *Emigration Intentions Of Nigerian Doctors And Their Policy Implications For Human Resource For Health Management*. **Journal of International Migration and Integration**, 1-20. 2021
14. Ramalan, M.A. & Garba, R.M., *Determinants Of Nigerian Medical Doctors' Willingness To Practice In Foreign Countries*. **Nigerian Journal Of Medicine**, 30(5), 2021. P.543.
15. B.Wu, N. Bhulani, S. Jalal, , J. Ding& F. Khosa, *Gender Disparity In Leadership Positions Of General Surgical Societies In North America, Europe, And Oceania*. **Cureus**, 11(12). 2019
16. A. J.Chadwick, R. & Baruah, *Gender Disparity And Implicit Gender Bias Amongst Doctors In Intensive Care Medicine: A 'Disease' We Need To RecogniseAnd Treat*. **Journal OfThe Intensive Care Society**, 21(1), 2020.12-17.
17. Peng, E. X., Sarip, A., Arif, L. S. M., & Khair, Z..*Relationship Between Human Resource Management Practices and Employee's Turnover Intention: An Empirical Study*. **Sains Humanika**, 13(2-2). 2021
18. O. Ezigbo, Population of Doctors in Nigeria Hits 74,543. *This Day*, 2020, 4 March).. Retrieved From <https://www.thisdaylive.com/index.php/2020/03/04/population-of-doctors-in-nigeria-hits-74543/#>
19. Anadolu Agency. 20 Nigerian Doctors Die in One Week From COVID-19. *Africa, Latest on Coronavirus Outbreak*. Retrieved from <https://www.aa.com.tr/en/africa/20-nigerian-doctors-die-in-one-week-from-covid-19/2089037>

## **Chapter Two**

### **Literature Review**

This chapter examine existing literature relating to the migration of health professional and factors the stimulate the intention to migrate among health professions in general and among Nigerian health information managers in particular. The literature review is necessary to provide researcher the theoretical justification for the present research based the gaps noticed in existing literature. The chapter is organised under the following subheadings;

#### **2.1 Conceptual Review**

2.1.1 The Concept of Emigration Intention

2.1.2 The Concept of Job Satisfaction of Health Information Managers

2.1.3 GenderDifference of Healthcare Professionals

#### **2.2 Theoretical Review**

2.2.1 Gender Schema Theory

2.2.2 Lee's Push-Pull Theory of Migration (1966)

2..2.3 Herzberg Theory of Job Satisfaction.

#### **2.3 Empirical Review**

2.3.1 Job Satisfaction and Migration Intention of Health Information Managers

2.3.2 Gender and Migration Intention of Health Information Managers

### 2.3.3 Job Satisfaction, Gender Issues and Migration Intention among Health Information Managers

## 2.4 Conceptual Framework

## 2.5 Summary of Literature Reviewed

### Endnotes

## 2.1 Conceptual Review

This section examines the key concepts in the study. The main concept discussed were drawn from the study variables which are job satisfaction, gender issues and migration. All these are examined from various viewpoints in order to properly clarify the aims and objectives of the study.

### 2.1.1 The Concept of Emigration Intention

Migration is literally the act of conscious and deliberate movement from one geographical area to another for various purposes such as self-preservation or simply recreational purposes. Immigration refers to the process through which people move to a new country, either voluntarily or involuntarily, with the intention of establishing a permanent residence there for an extended length of time<sup>1</sup>. Migration is however a natural phenomenon that is not restricted to human beings. Scientists have reported that animals such as birds, fishes, penguins, and even snakes migrate to find food, mating partners, breeding ground, and/or better living conditions<sup>2</sup>. However, while animal migration is an interesting and significant phenomenon human migration is even more complex with

different aspects that are of interest to various stakeholders globally<sup>3</sup>. The complexity of human migration can be understood right from various terms that have been applied in the attempt to capture all of its aspects.

Literally, emigration and immigration are opposite sides of the same coin. Emigration is the act of leaving one's native nation and settling permanently in another, resulting in a shortage of nurses in the home country. Emigration refers to the outflow of people from one country due to certain factors that make citizens feel that they would have a better life somewhere else. Immigration on the other hand is the inflow of people into a particular country from other countries for the purpose of settling down for a long period of time. Foreigners who come into other countries to settle down and leave either permanently or for a long period of time in which they plan to earn a living in the host countries are called immigrants, that is; those who have immigrated into the country. Immigrants are different from tourists or visitors who usually engage in short visits to another country for the purpose of relaxation, business or social visits. The third term, migration, is the umbrella term that is supposed to cover both the act of emigration and immigration.

However, probably because the concept of emigration simply defines the beginning of a process that must culminate in immigration into another country, the term emigration is rarely used except in elementary textbooks. Taking a critical look at the concept, someone can only be said to emigrate after they have successfully completed their journey and are allowed to settle in the host country. This probably explains why emigration is not popular in the literature. However, it is difficult to explain why the term immigration is more popularly used in literature and official language than the umbrella

term which is migration. However, immigration is the more popular and it is used interchangeably in this review.

A casual perusal of literature, as well as formal and informal discussions, would reveal terms such as migration, immigration, and emigration being used interchangeably to represent the movement of people from one place to the other. A dictionary definition of human migration presented the term as representing a lasting change of location by an individual or group<sup>4</sup>. This definition touches on the core aspect of migration which is the permanence or the intention to live and work permanently in a new land. This means that travelers, tourists, and seasonal workers are not involved in migration simply because they have the intention of shortly returning to the place of origin. But this does not mean that the definition of migration is definite.

Another definition of migration, different from the dictionary definition presented migration as the act of moving from one sovereign nation to another or from a territory governed by another administration different from where the individual or group originated, for a particular amount of time. The author listed forms of migration to include asylum seeking, economic migration, and migration of people who move for other reasons or as a result of other factors, such as family reunification. This definition further shows the complexity of defining what is meant by migration. The inclusion of 'certain amount of time' may mean that migration has to last for a particular period before it is accepted as migration. It may also mean that the scholar takes the first conditions in the definition as the most important. This is the inference that migration involves moving between two separate and/or differently governed territories. This is further elucidated in another definition of migration

Another organisation involved in the issue of migration also defined migration as representing the movement of people from one country or state to another for several purposes chief of which is to establish themselves either permanently or temporarily in that country or state. In line with other definitions, the organisation also outlined those who are involved in migration. These include groups, individuals, refugees, and displaced persons. The recognition of groups in migration stems from the fact that migration has historically been a group affair. The world itself is a product of migration.

The history of the human race is that of endless migration. From the ancient times, civilisations have risen and fall as a result of migration. History and science have traced the emergence of society as far as Asia to the migration of people from Africa who have moved across continents carrying with them cultures and skills that have contributed to the economic and socio-demographic development of their new countries<sup>5</sup>. The Bible also narrated the various instances of migration among peoples of Israel to and from their homeland. In recent history, the Jews also migrated from all over the world to Israel in 1946, aided by the United Nations to reclaim their homeland. Similarly, a great migration led to the reconfiguration of the Chinese empire during the Eastern Jin dynasty (317–420 AD) when there was massive migration of the Southern dynasties and the Northern dynasties<sup>6</sup>. In the 17th and 18th centuries, a period considered the darkest hour in migration history, millions of enslaved black Africans were forced to migrate across the Atlantic Ocean to America and the Caribbean to work in the sugar and tobacco plantations and to serve their masters in various other family and household chores<sup>7</sup>. In Africa, history has been told of the Great Trek by Boers of South Africa who left the settled Cape Town due to unfavourable government policies and journeyed for around six

hundred and fifty Kilometers into the hinterlands to settle permanently. Today, migration within and across borders continues but the modern era has witnessed individual migration most of which has been more or less voluntary.

In recent years, the number of people migrating from developing countries to more developed ones has risen to historically unprecedented levels. Around 232 million international migrants live in the world now, making up around 3.2% of the global population, and this number is anticipated to rise in the near future. According to a Gallup poll conducted in 2012, roughly 640 million persons (or 13% of the global adult population) would move to the United States if given the opportunity<sup>1</sup>.

The ways in which countries that receive immigrants treat newcomers and the measures they enact to bring them in differ dramatically. Immigration is seen as a valuable commodity in some countries, particularly in Canada where many immigrants are accepted on the basis of their potential economic benefits. While the United States places a greater priority on family reunions, immigration policy in other countries, such as Australia, focus more on avoiding large numbers of illegal immigrants. There are still other countries that deny they are a nation that accepts immigrants and only recently have formal rules been put in place to do so<sup>1</sup>.

In the 21st century, people from all over the world have continued to migrate, voluntarily leaving their birthplaces or countries of origin to live, work, study or link up with loved ones in other countries. It must however be recognized that there are still people today who migrate as refugees or forced migrants, fleeing wars, political and religious persecution, economic breakdown etc<sup>8</sup>. However, the focus of this study is on those who voluntarily make the decision or have the intent to migrate to better their lives. People

who leave their countries to work or live in other countries, especially when such countries are more developed than their countries of origin, are regarded as migrant. Human migration has become such a big issue across the world that there is an international agency dedicated to advocating for the right of migrants.

The International Organisation on Migration (IOM) defined a migrant as an individual on a journey to another country or who has crossed across his own country's border into another country for the purpose of living in the new country. Such individuals would hold the status of 'migrant' irrespective of whether they reached the new country through legal or illegal means or whether the movement is voluntary or involuntary. Their status is also not affected by their motivation for migration or for the duration of time they plan to stay in the new country<sup>9</sup>. The people who came from other countries to work in a new country are often called migrant workers.

The voluntary movement of people from one country to the other for economic reasons has been on the rise since the 1980s. Before this period, there was a steady drift of labour from one country to the other. However, the period witnessed the highest jump in migration with over two hundred million international migrants, with women making up half of those numbers<sup>10</sup>. Scholars who studied human migration submitted that it is a phenomenon that touches the whole world as some countries serve as the destination while others have served as source countries for migrants. The flow of migration has mostly been from low-resourced to high-resourced areas. In modern terms, citizens of developing countries are usually attracted to developed countries where there are better opportunities for skilled workers. Generally, migrant workers include seasonal labourers, contract workers, skilled migrant workers such as lawyers, engineers and health

information managers among others<sup>11</sup>. While all people are considered as equal in the eyes of the law, some citizens are more valuable to the overall development of the society than others. Among these valuable citizens are health information managers.

Available literature suggests that health information managers have been moving from one country to another in search of greener pastures for many years now. It is only in the past two decades that migration has occurred in such a high proportion that it has attracted world attention, including that of international organizations such as the International Council of Health information managers (ICN) and the World Health Organization (WHO)<sup>9</sup>In recent years, the migration of health information managers has been on the increase with majority of the movement emanating from developing countries to developed countries as increasing numbers of health information managers, midwives, and doctors seek employment across borders due to various factors<sup>12</sup>.

Socioeconomic, political, professional and personal factors in their countries of origin have been identified as playing a major role as motivators for migration among the international nurse recruits. Labour migration has been facilitated by globalisation, as a “set of processes involving increasing liquidity and the growing multi-directional flows of people, objects, places and information as well as the structures they encounter and create”<sup>13</sup>. Globalisation has involved increasing human mobility of not just refugees but also people visiting other countries, the result of which has increased diversity among country populations and sharing of cultures<sup>14</sup>. The workforce has become so globally mobile that country residents, for example, Nigerians, depart permanently or temporarily to seek employment in other countries. Related to this globalisation are also processes that connect individuals across geopolitical borders. For example, fast and easily

available transportation and interaction between people in different countries through the World Wide Web on the Internet have facilitated international migration for workers seeking employment across country borders and maintenance of communication with their loved ones<sup>15</sup>.

The global migration of health practitioners is a matter of supply and demand. Health information managers are increasingly migrating from developing countries to developed ones as a result of both a critical global shortage of healthcare professionals and unprecedented global demand. Because of the ever-increasing need for healthcare workers, developed countries have increased their recruitment to record levels. Healthcare workers have been migrating around the world for decades now, with governments and recruitment agencies playing increasingly important roles<sup>16</sup>. New markets and new competition for health information managers are constantly emerging<sup>17</sup>.

While the demand for nursing care has increased in developed countries like the United Kingdom, United States of America, Canada and Australia, the supply of health information managers from those countries has been low<sup>18</sup>. As a result of these factors, there is a shortage of health information managers in developed countries. Increased demand for health information managers has occurred globally over the years due to an increasing population, an aging populace that requires more nursing care and technological advances in medical science, as well as decreased community healthcare activity. In developed countries, a number of strategies have been employed to increase the supply of health information managers; these include improving nurse retention, attracting men and mature entrants, and encouraging returnees and ethnic minorities to return, but this has not been enough to meet the demand. Developed countries are

therefore been compelled to fill the void created by the gap between demand and supply by actively recruiting health information managers from other countries.

Reports indicate that there is a high demand for qualified health information managers, particularly in wealthy countries. Health information managers in developing countries are lured to their countries by perks such as higher wages and better working conditions that poorer countries cannot compete with<sup>19</sup>. Today, both the public and private healthcare sectors in the developed world are actively encouraging trained professionals to come and work for them with mouth-watering incentives. This has created a vibrant recruitment market where recruitment agents, friends, and family members actively act as 'scouts' to identify and entice health professional development with excellent working conditions and financial security; two critical needs that their countries of origin are unable to meet. This muddled and mostly unregulated practice has been noted to create an environment where the migrating health information managers could be exploited and the system abused.

In order to prevent the abuse of migrant professionals and mitigate the impact of brain drain on the source countries, the WHO made a proclamation on the need for developing countries to be responsible in their effort to fill the gaps in their own healthcare systems so that they do not jeopardise the wellbeing of entire countries. The proclamation is referred to as the Code which was expected to guide countries in overseas health professional recruitment. Despite this Code, developed countries are still able to put their interest above that of developing nations by actively encouraging the migration of health information managers from even the least resource countries around the world. Only a

few countries such as Australia has adapted the code to limit the migration of health information managers from disadvantaged countries and regions.

The Nursing and Midwifery Board of Australia, in its bid to limit the influx of health information managers from other countries to into Australia, set very strict criteria for intending immigrants<sup>20</sup>. However, while this may reduce the number of immigrant health information managers, it also ensured that the country is able to recruit only the best output from other countries. This is therefore not a policy that actually helps disadvantaged countries as it ensures that only the mediocre health information managers who are not wanted by other countries remain in the country. Both the sending and receiving countries have been affected by the entire migration process.

Studies have shown that the direction of health information managers' migration has always been from less developed countries in Africa, the Caribbean and Asia to the developed world. Migration patterns have been predominantly from developing countries to developed countries. For instance, it was reported that nearly half of health information managers trained in Nigeria have already migrated or has the intention of migrating to countries in Europe, America, Australia, Asia and the Middle-East<sup>21</sup>. Developing countries are seen as cheaper and quicker source of health information managers for rich countries with expanding systems in dire need of personnel. Health professional from countries shared language, historical ties (e.g.; colonial ties) and others are usually attractive to rich countries<sup>22</sup>. These countries are also attractive to health information managers from low-income countries because of the prestige and the comparative economic advantages they offer<sup>22</sup>. However, while the host country and the migrating

health information managers can point to certain advantages, it is often difficult for countries that lose their professionals to see any positives.

Health information managers who leave their countries of origin to work in other countries deprive their own countries of highly needed skilled human resources with implications for the poor masses in the home country<sup>23</sup>. While scholars in the recipient countries tend to hail the free movement of qualified health information managers from one country to another as a sign of globalization and greater freedom of movement, those from the countries and continents from where these professionals emigrate tend to view it as a negative. This negative perception has led to scholars referring to the migration of health information managers from developing countries as 'brain drain'<sup>24</sup>. This term is used to represent the human capital flight that have negative impacts on the source both in the present and in the future. Indeed, health administrators from developing countries raised the issues at the 2001 International Council of Health information managers Congress in Copenhagen and demand for a policy to limit the recruitment of health information managers from developing countries by developed countries<sup>25</sup>.

However, it is difficult to achieve this because of different perspectives of people in the government. The ministry of health and the international agencies campaign against the outflow of health information managers and urge governments to find a way to stop on limit it. This is because various health programs and initiatives may collapse due shortage health information managers to implement them. Other ministries such as the ministry of finance may not see the migration of health information managers as a problem because of remittances that they expect from the diaspora<sup>26</sup>. In some countries such as India and Philippines, authorities have even attempted to capitalize on the staff shortage in

developed countries by conceiving the training of health information managers for export as a national development strategy<sup>27</sup>. The remittances coming from the health information managers Indian and Filipino origins constitute a significant portion of the foreign exchange earnings of both countries<sup>28</sup>. These conflicting interests in the developing nations work to the advantage of foreign countries who continue to harvest health information managers trained at great costs by developing countries.

While the effects of this mass migration of health information managers can be beneficial to individuals and society as a whole, the repercussions for countries in West Africa is not promising. It was reported that about 60% of doctors who graduated from the Universities in Ghana yearly migrates to other countries such as the United Kingdom and the United States. Other West African countries have also seen a decrease in the number of medical professionals due to emigration. Reports in the Gambia indicate that between 30 and 50 percent of public-sector nurses, physicians, and health information managers resigned in 2005. According to a report, none of the cadres (physicians, nurses, and environmental health officers) have met the necessary 1: 1,000 health worker population ratio. This is evident. The impact on public health and the economy of the exodus of medical personnel has far-reaching ramifications<sup>29</sup>.

According to reports, the lack of nurses in Zimbabwe has contributed to an increase in patient waiting times and, as a result, the deaths of many patients who could have been saved if given prompt medical assistance. The money invested in training and educating health information managers in Africa also has a negative impact on the continent's economy. For instance, it was reported that, every time a doctor leaves the country, Kenya loses an estimated \$500,000 in investment<sup>30</sup>. Ghana has lost an estimated \$60

million in healthcare worker training due to emigration. From 1998 until the early 2000s, Save the Children (a UK-based nonprofit organisation) showed that the UK saved 65 million pounds in training costs by recruiting health information managers from developing countries. The Gambia's example is similar to that of Kenya and Ghana, where healthcare staff were brought in from other nations to cut down on training expenditures. Despite the fact that the Gambia's government pays for the training of nearly all of the country's nurses, a sizable portion of the country's budget is allocated to hiring outside professionals, most notably nurses and doctors<sup>29, 31</sup>

What these reports have established is that the migration of health information managers' has both economic and social consequences for their countries of origin. Most of those who are able to migrate are usually the best who can meet the high standards demands by developed countries. As a result of the lack of experienced workers to mentor and supervise new health information managers, as well as students in the medical field, the future growth of the field could be jeopardised, as could the quality of health care provided to patients as a result of inadequate supervision and mentoring in line with this, scholars from around the world have developed interest in highlighting the effect of migration on the societies from where these professionals originate.

To many countries, the loss of health information managers to migration means a loss of economic investment, time and money to train these health information managers by their countries of origin. In addition, it led to understaffing of health facilities with inadequate qualified health information managers to carry out basic activities. The knock-on effect of this is increased workloads and stress for the health information managers who remain in the country. This one of the causes for low morale, poor motivation lack of job

satisfaction among health information managers in developing countries, the emigration of health information managers is real cause for headache among administrators. This unbridled migration has implication for the countries of origin as well as the migrants themselves<sup>32</sup>.

For health information managers, the migration to another country can be a dream come as it may mean the end of frustration and unfulfilled dreams arising from situations in their home countries. However, it can also turn out to become a nightmare. The challenge often starts from the immigration process which is often tedious, expensive, time-consuming and frustrating. In addition, migrant health information managers have reported various negative experiences such as racism, discrimination, culture shock, isolation, and limited job opportunities due to their status as immigrants<sup>32</sup>. Despite these challenges, many health information managers in Nigeria are still nursing the intention to migrate to other countries in search of better life. This strong intention to migrate can be linked to job satisfaction among health information managers. Reports indicate that there is a high demand for qualified health information managers, particularly in wealthy countries. Health information managers in developed countries are lured to their countries by perks such as higher wages and better working conditions that poorer countries cannot compete with<sup>17</sup>.

Away from the migratory axis, developing countries struggle to employ their health care graduates due to a combination of lack of adequate healthcare facilities and lack of funding to manage the existing ones. This has led even those who are employed to believe that better rewards for the labour could be obtained elsewhere in the world. In today's fast-paced social environment, this is not an assumption as health care workers

have access to information on what is obtainable in terms of working conditions and remuneration globally thanks to easier Internet access and more rapid transportation. The globalized nature of the world also means that health information managers in Nigeria and other parts of the world are aware of employment opportunities available in other countries.

Despite their lack of resources, Sub-Saharan Africa, the Indian subcontinent, and the Caribbean are home to the biggest number of migrant health care workers, according to official statistics. These figures reaffirm the global imbalance that has a direct impact on resource-poor countries. Due to the increasing demand for health personnel in high-income countries like the United States and the United Kingdom, the imbalance will continue to expand. As the European Union grows in the region, it has helped to lower the obstacles to entry and opened up new routes for health care workers from developing nations. The United States of America is also attracting healthcare professionals from Nigeria and around the world.

As a result of the United States' health reform, which aims to provide health care to a large number of people who are currently uninsured, international health information managers will inevitably migrate to the country. When it comes to dealing with an additional millions of people needing health care, even while cost-control measures have been implemented to lessen their effect on health spending, it is critical not to forget that additional health information managers will be required to meet the additional demand<sup>29</sup>.

The demand for health information managers in resource-poor countries rises as a result of this growth in demand. It is critical to understand the causes of emigration in order to appreciate the health worker issue at the global, regional, and national levels. There are

some academics who have referred to these issues as the "pull and push" factors of international migration. These are the reasons in the country of origin that cause health information managers to leave the country due to the attraction of factors in the country of receipt or destination<sup>31</sup>.

The migration of healthcare professionals is borne out of a variety of personal reasons, and the results of their choices are rarely clear in advance. Future opportunities are not yet completely known, and whether or not migration is a personal success or failure largely rests on conditions that are both unknown before migration and uncontrollable after the migration process is completed. This suggests that the decision to migrate does not come easily or simply to health information managers. Experts have identified three dimensions relating to the formation of migration intentions, the first is searching and evaluating information about migration options, the second is setting a timescale for realizing migration decisions, and the third is the locus of control and degree of agency in making migratory decisions<sup>33</sup>. All of these combined shows the seriousness or otherwise of the migration intention and the possibility of the individual going through with the decision to migrate.

A number of factors have been identified that contribute to healthcare professionals' decision to migrate. There is an interplay of different forces that encourage people, including health information managers to consider migration. These forces are situated at either end of the migratory axis. They are classified these forces as 'push' and 'pull' factors<sup>34</sup>. Push factors are those issues and circumstances that make the position of an individual so uncomfortable that they believe leaving is the best solution. Push factors ensure that health information managers would develop the intention to migrate, even

when their fate in the new location is not certain. A good example of push factor is the inability of countries such as Nigeria to provide decent employment for the health information managers it has trained due to financial constraints. In addition to this, experts have pointed to other factors such as insecurity, rising poverty level, endemic corruption lack of social amenities as factors pushing Nigerians including health information managers, to make the decision to 'try their luck' abroad<sup>36</sup>. These push factors can also be made more unbearable due to the pull factors. Pull factors are those conditions in the destination location that encourage an individual to make the decision to migrate to a particular country or location. Health information managers are attracted to the developed world due to the perception of better opportunities in terms of employment, working conditions, remunerations, and opportunities for career advancement<sup>36</sup>. While pull factors seem directly the opposite of push factors, both of them can operate independently of each other. For instance, health practitioners can develop the intention to migrate as not because of hardship or lack of career opportunities, but due to the encouragement of family members, friends and colleagues who are already abroad. This shows that motivation creating the intention to migrate among health information managers is multifold and complex.

The motivations for current migration trends among health information managers relate to migratory forces that include political, social, economic, legal, historical, cultural and educational factors. Whilst individual factors are described, there is also an overlap between motivations; for instance, economic factors are closely linked to political and social factors and these also impact on professional factors. Indeed, scholars have warned that making migration decisions is not always logical. As a result, migration decisions are

typically based on personal demands, stress, urgency, and a lack of knowledge and information about the job market in their new home country. Migrants cannot predict the future, so whether or not their move is a success or a failure is primarily dependent on factors they are rarely aware of before they left their home countries and cannot control once they arrive in their new destinations. as a result, the process of making migration decisions follows certain parts which are; forming aspirations, evaluating information, setting timescales, and considering the level of agency<sup>34</sup>.

Setting Aspirations: People from all walks of life including health information managers want satisfaction, well-being, or simply put, a "good life.". Scholars have however pointed out that achieving satisfaction, whether in one's professional or personal life is not a destination but a journey that continues indefinitely<sup>34</sup>. It is not a state to be achieved but a continual yearning for something greater that lends significance to life's activities<sup>37</sup>. Material and non-material requirements, including economic, social, cultural, and psychological aspects, are crucial to the development of life ambitions<sup>38</sup>. People can only be encouraged to migrate when external causes such as economic and social conditions in their countries stimulate their will and motivational power to change the location. Aspirational gaps, that is, a mismatch between health information managers' aspirations and their real life and/ or career circumstances, are therefore conceptualised as the internal cognitive motivator that activates a personal reflection, desire, and decision-making process on migration<sup>39</sup>.

For health information managers to develop migration intention requires the existence of disparities between the level of requirements satisfaction and individual goals. This means that they may desire to migrate when they realize that the current job condition

does not meet the level they aspire to reach. While some long-term life objectives and moral and ethical principles may take years to develop, other aspirations potentially develop and alter more rapidly in response to unmet individual needs. A hierarchy of ambitions exists, with the lowest aspirations corresponding to unfulfilled basic requirements, similar to Maslow's hierarchy of needs. Unemployed trained health information managers may be willing to take just any job that comes. However, after a few months or years of being employed, they may realize that there are some things bigger than simply being employed, such as seeking for a conducive work environment, recognitions, career advancement etc.

Furthermore, aspirations for a better quality of life are not static but can change dynamically as a result of external stimuli, such as interactions with peers, social comparisons of one's own status quo with relevant others' lives, observation of other ways of living, or simply exposure to information as it is transmitted through media and social networks.. The quest of a better life sometimes necessitates a move to a new location, which is why migration is so important. Migrating to a new location typically changes one's aspirations because of the new lifestyle and environment they are exposed to, which often leads to an increase in one's expectations<sup>40</sup>. This situation however cut both ways

The continuous review of one's expectations means that it is also possible for health information managers to feel more impoverished and unsatisfied in the new environment even if their initial expectations for migration have been met. For instance, some who desire for more pay may be unhappy for not having enough time to enjoy their new status<sup>41</sup>. A person's life and migration goals can also be influenced by the migration

experiences of others, both good and bad, through social comparisons and role modelling. By learning about other people's successes, failures, and states of well-being, one's own desires can evolve. Scholars have thus warned against being overtly ambitious because it is often more painful to lower one's expectations when they have been raised so high<sup>41</sup>

Seeking and Evaluating Information. When it comes to making a migration choice, gathering information is highly important. It is believed that collecting the necessary information needed to make a sound decision about whether to migrate is a multi-stage and multi-faceted process. There are a number of different stages in the migration process, each of which requires the collection and processing of information regarding migration chances, such as information about potential destinations and possible entrance routes, as well as information about possible work opportunities<sup>34</sup>.

Ironically, in as much as migration intention is believed to come as a result of perceived lack, migration intentions are also driven by access to and control over a wide range of resources, including knowledge and information about the better quality of life and chances for its realization in other climes. As a result, people's understanding of social, economic, political, and other options may boost their ability to dream for a better life and aspire beyond what is currently available to them. The availability of information on these opportunities has a direct impact on the level of awareness, aspirations and perceptions of a better life, as well as actual migration prospects, experiences, and outcomes may be influenced by information, but so may the costs and advantages of an actual migration<sup>34</sup>.

Migration intention and the actual migration itself can be influenced by media and the Internet information, especially in this age when the world has become a global village

due to unfettered access to information driven by modern technology<sup>42</sup>. The link between aspirations for one's life and migration, and whether or not the results of movement can match those objectives, may be further influenced by new information. An immigrant's pre-migration assessment of the costs and rewards of migrating is also influenced by the information they have access to.

Information seeking is another behavioural manifestation of migration intention. As part of the process of making a migration choice, it is important to have a good understanding of the potential destinations and the opportunities they offer. Scholars have however warned that, while information seeking is part of the migration process, care should be taken to seek factual and accurate information in order to have the clearest idea about potential destinations. Consequently, search behaviour can be directly influenced by information, but it can also have an indirect impact on ambitions, expectations, and perceptions<sup>43</sup>.

Potential immigrants are encouraged to gather as much knowledge as possible to make the best possible judgments according to neoclassical economic theory. It is, however, common knowledge that the volume of information available does not always translate into better decision-making. Instead, information overload might lead to poor or no decisions as a result of cognitive overload<sup>34</sup>. It is recommended that, while enough information is important, it is often difficult to know when enough is enough. So potential immigrants should stop seeking for information once the benefits of acquiring more information outweigh the costs. But in the information age the cost of acquiring information can often be non-existent. As a result, scholars have suggested a heuristic approach to decision-making when it comes to immigration.

Heuristics are cognitions that enable humans to solve problems and make decisions efficiently and swiftly. These rule-of-thumb tactics expedite the decision-making process and allow people to work without continually considering their next move. A heuristic is a "technique for arriving at satisfactory solutions with small quantities of computing," which is often utilised automatically or without conscious thought. Heuristics and simple decision rules are more realistic alternatives to comprehend decision-making under uncertainty, according to findings from psychological and behavioural economic research<sup>44</sup>.

The subconscious application of a heuristic is contingent on the decision-makers' access to relevant heuristics. Personality traits, cultural upbringing, and social learning are all capable of influencing the available heuristics. A fundamental search and choice heuristic, individuals should stop exploring for migratory options as soon as they find one that satisfies them and whose predicted results are expected to reach or exceed some minimum level, which is typically lower than the desired level.

During the processing of migration-related information, such as when locating, editing, and evaluating migration options, it is necessary to evaluate the anticipated obstacles and predicted effects of the available migration alternatives, as well as the status quo option of non-migration. During the editing and review process, heuristics are used to simplify, organise, reformulate, order, select, delete, and overlook information such as migration risks and possibilities<sup>45</sup>. A migration decision-maker compares and converts perceived or expected absolute outcomes into relative outcomes, which are reference-dependent and framed as gains or losses relative to their own status quo. That is, they must consider

whether they wish to risk their current level of comfort for a greater but uncertain level of comfort in a relatively unknown land<sup>41</sup>.

The length of time it will take to plan and make migration decisions. When making decisions on migration, it is important to keep in mind the context in which they are made. Most migration events are preceded by a period of thorough planning and preparations for the actual move, not just the choice itself. The decision to migrate is also anticipatory: it considers the advantages of migrating in the future over the disadvantages of remaining. Thus, migration decisions can be seen as a non-sequential and geographical example of choice. Even while the future remains fundamentally uncertain, there are some parts of it that are predictable and about which we already know some.

It is crucial to note that demographic parameters such as age and health status influence time preference. Some studies have already shown that younger health information managers are more disposed to migration than older ones. Older health information managers who have migration intentions may therefore wish to conclude this process as soon as possible compared to younger ones who may feel that they still have enough time to decide on what is best for them. There are several ways in which a person's life trajectory influences their choice of a new location<sup>46</sup>.

Making a choice to migrate takes time and is done in stages. For example, the theory of planned behaviour explains how norms, attitudes, and control interact to produce intentions, which in turn lead to decisions and ultimately drive actual human behaviour.

With regard to migration, researchers have adopted the theory of planned behaviour, in conjunction with the theory of reasoned action, to examine migration decisions based on surveys. These theories were utilised to identify several stages of the decision-making

process and to determine who is ready to migrate and who is not<sup>47, 48</sup>. This use theory of planned behaviour can also explain the third dimension of migration intention which is locus of control.

The right to make one's own migration decisions and the ability to exert control over the process. The third dimension of migration intention is the locus of control and the degree of self-determination in migratory decision-making. It is important to remember that the decisions made by migrants themselves are only one part of the larger picture. Scholars believe that a variety of other social and political variables have an important role as well. When it comes to migration decisions, the previous position of scholars is that all the decision depends on an individual agent who determines whether or not to migrate. However, recent findings have shown that there are often several others involved in the decision making although they have varied level of influence on the actual decision<sup>34</sup>.

Recent studies on family migration decisions and the development of the New Economics of Migration theory have highlighted the importance of groups, such as families or households, on the decision to migrate. Families and households use migration as a tool to manage financial and employment risk by dispersing labour activities across different markets, which is a common thread running through all of these studies. Sociologically and demographically, the group level locus of control is obviously linked to the life course and the household and family composition<sup>50</sup>. While all of these explain the process from having the intention to migrate to the actual migration, studies have also examined the primary factors that encourage individuals such as health information managers to migrate. Generally, studies on the intention to migrate by health information

managers have focused on factors such as, economic factors, professional factors, socio-political factors and personal factors among others.

#### Economic Factors as Determinants of Emigration

Economic factors have been found to play a significant role in the migration of nurses, according to a large number of studies. Many medical professionals cited the prospect of earning more money in a different country as a reason for making the move. Because the economies of many of their countries of origin are in decline, international migration is a viable option for many medical professionals<sup>49</sup>. Earlier in the migration peak in 2001–2002, studies found that a higher percentage of overseas trained health information managers registered in the UK came from low- and middle-income countries than from high income countries<sup>50</sup>. Other studies reported that migrant health information managers were driven by the desire to send money back to their countries of origin as remittance to help family members<sup>52</sup>. These studies included reports of better benefits packages and earning more to improve themselves financially<sup>53</sup>. The majority of studies found evidence to back up the widely held belief that a person's decision to migrate is influenced by the possibility of financial gain. Research contradicting the commonly held belief that medical professionals relocate primarily for financial reasons has been conducted. In the literature, nurse migrants frequently cite professional, socio-political, and personal factors<sup>53</sup>.

#### Professional Factors as Determinants of Migration

Sometimes, health information managers cross international borders in response to motivators related to the job itself<sup>54</sup>. Professional development was a frequent reason for

migration as health information managers in both developed and developing countries sought opportunities for employment and advancement in their careers. Younger health information managers in developing countries, in particular, emigrate because of inadequate educational opportunities and lack of support for continuing education. Those who have a desire to advance in the profession get demotivated when resources are diverted to other national projects like HIV/AIDS control programs<sup>55</sup>.

Even for those nurse migrants whose main motive was economic gain, professional advancement was an additional incentive<sup>56</sup>. Health information managers migrated because they anticipated a recognition of their profession, good working conditions and societal respect<sup>57</sup>. Some migrated expecting improved job security and reduced workload as well as autonomy for health information managers<sup>58</sup>. Other migrant health information managers were influenced by colleagues who were already abroad and by advertised incentives from prospective employers and recruiting agencies<sup>58</sup>.

Professional push factors from source countries included differences in working conditions between countries, such as lack of resources and lack of adequate facilities within the healthcare system and high workloads, nepotism in the workplace and the low social status of the nursing profession<sup>57</sup>. Decisions by some health information managers to migrate out of Lebanon were triggered by the organisational culture in hospitals where nepotism occurred or health information managers not being actively involved in managerial decision making<sup>58</sup>. Medical professionals in India were considering leaving the country due to the discriminatory treatment they were receiving as a result of government promotion rules that only promoted members of specific social classes or castes. Pessimism among Indian health information managers over the profession's ability

to live up to their goals also drove many of them to seek employment abroad. Migration to countries where everyone has equal access to opportunity was the only alternative for the majority of the healthcare workers<sup>59</sup>.

In the case of Africa, it has been suggested that the HIV/AIDS pandemic in many African countries often lead to high workloads which health information managers have to accomplish with inadequate equipment. These issues have contributed to the infection and death of several health information managers and motivated the surviving health information managers to migrate. The fact that many health information managers working in poor nations have been killed by the disease and have not been replaced has led to an increase in the amount of work that must be done by those still working in the field. Researchers found that the majority of Zimbabwean health information managers who choose to migrate abroad do so because they are forced to do so by a very high risk of HIV exposure<sup>60</sup>.

This is due to the fact that the government was unable to provide these professionals with the necessary protective equipment to treat HIV patients in a safe manner. High workloads and inadequate equipment in Africa have been reported to be linked to the HIV/AIDS pandemic which has contributed to the loss of nursing staff and health information managers' intent to migrate. Many health information managers in developing countries have succumbed to the disease and have not been replaced, resulting in high workloads for the remaining health information managers. Researchers found that majority of Zimbabwean health information managers who choose to migrate abroad were pushed by a very high risk of HIV exposure because the government was unable to provide them with the necessary protective equipment to safely treat HIV

patients. As a result of fearing for their lives, many of the health information managers left the country. While those who remain are also making efforts to migrate<sup>61</sup>.

The migration of international health information managers has also been linked to several other issues aside from those affecting health information managers in their professional practice. Poor pay, stressful working conditions, high workloads, job insecurity, and a lack of appreciation from superiors are just a few of the problems that workers face today. The job of a health professional isn't always the driving force behind a person's decision to relocate. It has been observed that the socio-political environment in which health information managers leave their countries is influenced by some of these professional factors.

#### Socio-political Factors as Determinants of Migration

The high intention to migrate among health information managers has been linked to a variety of socio-political factors. Many studies have found that health information managers migrate in search of a better quality of life even when there are no direct economic or professional incentives to do so<sup>61</sup>. Having a better quality of life isn't just about economics; it's also about living in a better and safer environment because their current living conditions were unmanageable and a threat to their families. Some medical professionals moved to another country to open doors for family members to experience a different culture<sup>62</sup>, while others were prompted to do so by family members<sup>63</sup>. Since the expansion of the European Union, there has been an increase in the number of health information managers moving between EU countries, and some of the most common social motivations include a desire for better living conditions<sup>64</sup>.

Some health information managers migrated in search of security for themselves and their families; they left their countries due to political instability and violent conflict, particularly in countries like Lebanon and some of those in sub-Saharan Africa<sup>59</sup>. As already stated above, this political instability can be directly linked to a poorly performing economy. Political factors are closely aligned with social and other factors as the political situation provides the context for the social and work environment. High levels of violence and crime in the country, a general sense of despondency and seeing no future motivated health information managers to move. For example, Lebanese health information managers wanted to raise their families in a politically safe environment that also showed signs of economic growth<sup>59</sup>.

Motivations related to social and political factors have been seen to influence international nurse migration. Some serve as push factors while others take the form of 'pulling' health information managers to other countries. These economic, professional and socio-political factors were not the only motivations for health information managers. Linked with these factors were personal reasons to migrate.

#### Personal Factors as Determinants of Migration

The penchant for emigration among health information managers is also understood to be influenced by also personal and familial factors. This assertion is based on the fact that not all health information managers left their countries due to unfavorable social and political conditions, although these factors play a significant role. Study after study have shown a strong correlation between the desire to travel and the desire to work in a new and challenging environment in a foreign country<sup>65</sup>. In the wake of divorce or family breakdown, a number of health care professionals have also been reported to relocate in

order to pursue a new lifestyle. To some professionals, being a qualified health professional is also viewed as conferment of global citizenship which encourage them to move to countries where there were no language barriers and where their credentials were easily recognized.

The literature suggests that economic, professional, social-political, and personal factors all play a role in international nurse migration. The economic and professional factors were those that dealt with financial issues and working conditions. Health information managers are usually control everything that happens in society, but you can influence how people interact with each other and with the political and governmental decisions that are out of your control. Personal characteristics of health information managers and their individual desires and needs were considered personal factors. All of these medical professionals have one thing in common: a desire for a new way of life and stability for their families. A decision to migrate may be motivated by more than one factor, as these motivations tend to influence each other.

### **2.1.2 The Concept of Job satisfaction**

The dictionary definition of job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. This implies that when employees perceive that their needs are met at work, they report more happiness at their jobs. However, some of the definitions available for job satisfaction suggest that job satisfaction is only demonstrated by being happy with one's job. For example, while some scholars focus on an individual's overall emotional response or attitude toward their job, others take into account both the overall nature of their job and their expectations and perceptions about work environment components. According to these newer definitions,

the factors that determine whether or not a job is satisfying or dissatisfying should be examined<sup>66</sup>.

The foundation for the line of thinking was laid by earlier researchers on the concept of job satisfaction who opined that job satisfaction is comprised of two parts: how people feel about their jobs in general, and how they feel about specific aspects of their jobs in particular. Available literature shows that the concept that employee satisfaction extends beyond financial aspect of the job dates as far back as the 1930s<sup>67</sup>. However, the study of job satisfaction is a recent term because in prior centuries a person's occupation was determined by a parent's occupation and not by a person's desire to work for a particular company. In those days, individual simply went into the 'family business'<sup>68</sup>. It is what is expected as a family source of livelihood, be it farming, blacksmith, hunting trading, is an integral part of the family identity. However, with the rise of industrialization and paid employment, attention began to shift to issues relating to the human resources who are considered as very important to the success of business organisations. Job satisfaction could therefore be said to be a product of industrialization and the emergence of the market economy.

The term "job satisfaction" has been defined in various manners by several scholars. One of the simplest definitions defined job satisfaction as a measure of a person's feelings toward their job position . Another definition posits that a worker's attitude toward his or her entire job structure is the measurement of his or her level of job satisfaction . In the same vein, another scholar defined job satisfaction as an employee's level of contentment with their work<sup>69</sup> . This is further supported by another author who viewed job satisfaction as an employee's overall impression of the job.

Another way to measure job satisfaction is to look at how well employees are able to express their emotions on the job<sup>70</sup>. Job satisfaction can be defined as the level of contentment employees feel toward various aspects of their work lives<sup>71</sup>. Although there may be a variety of definitions of job satisfaction, there is a central theme of personalization of feelings by the employee that remains constant. Employees who perform at the top of their game are more likely to report feeling content in their work environments, even if job satisfaction is not a science<sup>72</sup>. These definitions view job satisfaction from the viewpoint of the emotion or attitude of employees towards their job. While this is accurate, they both neglect to account for what can be behind the emotions or attitudes. There is an attempt to rectify this by another scholar added that job satisfaction is influenced by both internal and external factors<sup>73</sup>. This acknowledgment of factors that lead to job satisfaction was the bedrock of the most popular theory in the field of management and organisational behaviour; Herzberg's two-factor dimensions of job satisfaction and dissatisfaction.

The early study on job satisfaction focused on the link between wages and employee productivity. The study was significant because it was the first to focus on job satisfaction. It was established that better working relationships between employees and their employers can be fostered by paying them well, leading to satisfied workers and higher productivity. Indeed, the early studies were so particular about the importance of paying good wages that they came to the conclusion that better wages rather than effective management is a significant contributor to productivity. However, as research progressed, researchers began to point out that there are other factors that determine productivity. It was found that the productivity of workers was related to the informal

interaction of group members rather than physical conditions of work or financial incentives, which is relevant to this study which focuses on job satisfaction in a skilled environment like teaching hospitals<sup>74</sup>.

There is an increasing awareness that an employee's job is more than just a way to make money; it is also a requirement for survival and a factor in determining his or her social status. People's lives and job satisfaction are essential components of overall well-being, as have been shown in previous studies. As a result, job satisfaction became a key concept in management literature which has been studied by various scholars. However, the concept of job satisfaction has continued to evolve with scholars making attempts to develop solid theories. The main attempt has been to properly define every aspect of job satisfaction.

Job satisfaction, according to contemporary scholars is comprised of two parts: how people feel about their jobs in general, and how they feel about specific aspects of their jobs in particular. This is the key foundation in discussing job satisfaction in the modern literature. Today, the "global" approach was the first, and the "facets" approach was the second. An individual's overall satisfaction with their job is the focus of a global approach, while facets of the job, such as pay, working conditions, and promotion opportunities, are the focus of a facets approach. In psychology, "affective job satisfaction" refers to an individual's overall "global" feelings about his or her job, while "cognitive job satisfaction" refers to the specific "facets" of a job. Researchers often focus on either or both of the facets.

However, the focus gradually began to shift to the 'unitary concept' which adequately recognizes that job satisfaction is a product of both affective and cognitive influences

which may not mutually reinforce each other. While researchers recognize that the financial aspect of the job is important to job satisfaction, it may not be the ultimate factor. When it comes to wages and salaries, for example, an employee may be satisfied with that facet of their job, but not with the work environment or promotion opportunities. Affective versus cognitive job satisfaction may have distinct origins. Rather than focusing on specific aspects of a job, affective job satisfaction considers how an individual's emotional reactions to a job affect their overall sense of well-being. It is also opined that job satisfaction is not limited wages and other work-related issues.

Research suggests that there may be a link between cognitive job satisfaction and non-work-related effects. The concept of job satisfaction expands when we consider both the affective and cognitive aspects of the job. These earlier works laid the foundation for the theory of job satisfaction developed by Herzberg when he devised a two-factor theory that looks at effective extrinsic motivators (recognition, individual growth, advancement, etc.) as well as cognitive intrinsic hygiene factors (such as a sense of self-worth, pay, relationship with colleagues and supervisors, working conditions and job security, etc.). Herzberg's theory has been widely discussed and used by a wide range of individuals and groups. This is the origin of the intrinsic and extrinsic aspects of job satisfaction.

Various researchers have thus proceeded to study job satisfaction from the dual perspective of intrinsic and extrinsic satisfaction. Outside of this, employees' perceptions of job satisfaction are influenced by a wide range of factors, according to research. Job satisfaction is influenced by both internal and external factors, such as gender, management style, and organizational culture<sup>77</sup>. However, all of these are subsumed under intrinsic and extrinsic factors which are linked to an increase in employee

satisfaction<sup>75</sup>. Job characteristics have the potential to influence job satisfaction. Five aspects of a job have been identified as influencing job satisfaction: the nature of the work, the significance of the work, the range of skills required, the level of autonomy, and feedback on the quality of the work. Some researchers believe that job satisfaction is derived from basic responsibilities and the positive emotions derived from undertaking work tasks, as opposed to simply the workplace environment. All of these were later articulated into two distinct aspects.

The importance of job satisfaction for both employee retention and turnover intention have been extensively discussed in literature. In line with this focus on the relevance of job satisfaction on migration intention of health information managers, the focus of the review is on those factors that prompt health professionals to think of leaving their jobs and moving abroad. The factors that can lead to satisfaction and those that may not cause dissatisfaction but nonetheless facilitate employee loyalty and/or commitment has been well outlined in the Herzberg theory of employee motivation<sup>76</sup>.

Some of the factors that can lead to job satisfaction or lack of satisfaction include salaries and wages which should be reasonable and in line with the work being performed. It has to be on par with other what is obtainable in other markets that the employee has access to. There is also company's policies and procedures. These are expected to be fair and straightforward. Flexible working hours, dress code, breaks, and vacation should all be included. It is also important that the physical environment in which workers do their duties is safe, clean, and healthy. Also, providing up-to-date facilities and equipment is highly important so is job clarity. Employees should be aware of their position in the organisation and be able to clearly understand what is expected of them. Employees'

relationships with their coworkers, supervisors, and subordinates must all be appropriate and acceptable in the workplace. Then there is the issue of having a sense of security about their jobs. While all of these are determinants of job satisfaction, they may not be enough to ensure job commitment unless they are supplemented with motivational factors.

Experts have also acknowledged that factors that lead to satisfaction must also be accompanied by motivating factors in the workplace. The success of any health institutions or even health system may depend on all of these elements. These aspects encourage people to go above and beyond in their work. The term "satisfiers" refers to those elements. These are aspects of the job that must be considered by any organisation seeking to retain its best hands. These aspects are gratifying to employees on an internal level. As an extra benefit, the motivators represented psychological requirements. Factors that motivate people include recognition from managers and reward to employees for their hard work. Employees must also be made to feel like they are accomplishing something in their roles. The job has to provide some emotional reward. Also, employees are more likely to perform successfully if there are opportunities for advancement and growth in the workplace. Employees must also be able to take personal responsibility for their work. That is, they must be able to feel that they are in control of their actions. All of these would endear employees to their employers. As a result, job satisfaction is usually discussed in line with the level of presence or absence of these factors<sup>77</sup>. In addition, the two aspects are also categorized under intrinsic and extrinsic factors of job satisfaction.

Intrinsic job satisfaction runs counter to the submission that employees' job satisfaction is just about the money. Intrinsic job satisfaction is about how an employee feels about

things such as their coworkers, their job, and their relationships with clients and customers. They are directly linked to the job and the results that come from it. It is widely accepted that intrinsic factors, rather than extrinsic factors, have a greater impact on employees than extrinsic factors. Individuals who have a strong sense of self-worth are more likely to step up and assume leadership roles within their organizations. They also tend to sacrifice themselves for the good of the group<sup>78</sup>. Intrinsic satisfaction refers to an individual's sense of well-being stemming solely from their own actions. When a person's behavior is guided by his or her unique set of interests, abilities, and skills, he or she is more likely to feel a sense of fulfillment. In intrinsic satisfaction, the individual's expectations are met and evoked by her/his perceptions.

Intrinsic factors are things that make a person want to do a certain task because it fits with his or her beliefs or makes him or her happy. Intrinsic factors include activity, personal autonomy, variety, progression, recognition, moral values, achievement, social service, authority, ability use, creativity, responsibility, and achievement. Because of this, a person will be disappointed rather than satisfied if his or her expectations are not met. As a result, both the employees and the manager are responsible for a variety of tasks. The primary responsibility of the employee is to be aware of their abilities, to know themselves, and to clearly communicate their expectations. Among the manager's responsibilities is to avoid giving employees false hope and to be pragmatic. As a result, employees will not be subjected to irrational expectations about their jobs<sup>79</sup>.

Intrinsic job satisfaction is derived from factors such as a sense of achievement, being recognized for the job done, aspect of the work itself, responsibility, and opportunities for career growth or advancement<sup>80</sup>. Health information managers are also affected by

intrinsic job satisfaction. Many of them often feel a sense of accomplishment due to the prestige associated with health information managers in society. There is also a sense of responsibility with health information managers responsible for both life and death in the form of bringing babies to the world and saving the lives of those who might have died of various ailments and injuries without medical care. Furthermore, as mentioned earlier, intrinsic motivation is mainly about expectation.

Health information managers expect to work in a conducive environment and be promoted as at when due. They are also expected to be recognized for the great work they are doing in the society especially by their employers, which in the case of developing countries, mostly means government at various levels. Intrinsic satisfaction is a major challenge for health information managers as they often have to work in the direst of environments. Hospitals are not equipped with the right facilities, basic tools are often not provided, and there is the challenge of power supply which often affect major medical procedures and put patients' lives in jeopardy. In addition to this, there have been reports of overwork of health information managers with hospitals being grossly understaffed and bed spaces being at a premium<sup>81</sup>. All of these are against the backdrop of endemic corruption on the part of the government with funds meant for the health sector being mismanaged by those in power. This is likely to negatively impact on the intrinsic job satisfaction of health information managers.

In contrast to intrinsic job satisfaction which comes from the personal conviction and cognitive processes of individual employees and is driven by elements such as; skill utilization and autonomy, extrinsic job satisfaction points to a situation where an employee derives job satisfaction from things or factors external to themselves. Extrinsic

factors include things like the job itself, the freedom that comes with it, the significance of the job to the employee, their involvement in management, their willingness to assume responsibility, and the opportunity to make full use of their abilities and abilities as a whole<sup>82</sup>. Extrinsic traits are those that come from outside forces. These are salary, allowance, supervision, working conditions, relationships with other people, company policy, and management. Modern management theory recognises that job satisfaction among health information managers comes from effective management and has a strong link with good leadership, motivation, and job engagement in healthcare organizations.

One major source of dissatisfaction among health information managers, especially in Nigeria is the issue of money. Health information managers in Nigeria believed they are overworked and grossly underpaid. This issue has led to numerous strike actions among various health personnel in Nigeria with an average of two strikes each year since the return to democratic governance in 1999<sup>83</sup>. It is expected, though, that health information managers who are satisfied with their jobs will stay on the job and be loyal to their organization<sup>84</sup>. On the other hand, those who are not satisfied have the tendency to underperform and eventually leave their employers for better offers elsewhere, even abroad. Indeed, it can be seen that the studies conducted on job satisfaction among employees have the ultimate goal of benefiting their employers by ensuring that employees remain productive and are willing to commit long term to the employers.

It is essential for an organization's long-term success that its employees are happy and content. Employee job satisfaction leads to increased customer satisfaction, which in turn increases the potential for organizational profitability and longevity<sup>88</sup>. Organizational leaders set long-term objectives that are critical to the organization's survival. As part of

the goal-setting process, job satisfaction is critical. When employees are not satisfied, the result is increased absenteeism, fatigue, and a lack of interest in their work. The ultimate outcome of job dissatisfaction is the desire to leave an organization due to a lack of job satisfaction and emotional exhaustion.

The fact that many health information managers in Nigeria lack job satisfaction have negative implications on the healthcare system of the country as well as the masses who rely on the system. Health services are provided around the world on a foundation built on motivated human resources, and health infrastructures<sup>85</sup>. The availability of human resources is the most important factor in delivering health care services. As a result of this, it is very important for management and stakeholders in health care institutions, to investigate or regularly evaluate the level of employee satisfaction. This will help make sure that people get good care and that the organization is efficient and effective. Also, job satisfaction keeps health care workers in the health care systems for a long time. Dissatisfied health care workers are more likely to be slow and give bad care, and they may sometimes act in nonchalant ways that put their patients at risk. People know that workers sometimes go on strike to show how unhappy they are with their work environment. But a strike in health care is the worst thing that could happen because it leads to terrible things. So, we need to know what makes our health care workers happy at work so that this doesn't happen again in the future. Several studies on job satisfaction have been done in different parts of the world, but they have mostly focused on the general aspects of job satisfaction and motivation and not on the real factors that affect job satisfaction<sup>86</sup>.

Job satisfaction of health information managers is directly linked to the overall satisfaction of patients and, in turn, to the quality of healthcare. On the other hand, if an employee is unhappy, they are more likely to miss work, get into fights, and leave the company. Employees who aren't happy with their jobs are more likely to say they want to leave, and job satisfaction is said to have as much of an effect as pay. Job satisfaction is an important part of nurses' lives, and it can have an effect on patient safety, employee morale, efficiency and performance, healthcare quality, retention, loyalty to the organization and the job, and the hiring and training of new staff for the organization<sup>87</sup>. In addition, researchers also added that the quality of care received by patients in any health facility is directly related to how satisfied health information managers are with their jobs. When nurses are satisfied with their jobs, they take good care of their patients. Patient outcomes and the quality of care have a direct link to a health worker's job satisfaction, and the two can be linked in a positive or negative way<sup>79</sup>.

The importance of employee job satisfaction to the overall achievement of organisational objective has been widely recognized. This has led to the several attempts to properly measure job satisfaction among various categories of employees. The wide acceptance of two dimensions of job satisfaction; intrinsic and extrinsic satisfaction has therefore guided scholars and theorists in developing standard measures to effectively measure the construct in order to suggest appropriate strategies for each organization to ensure that their employees achieve job satisfaction. One of the attempts by researchers resulted in the Minnesota satisfaction questionnaire (MSQ).

The Minnesota Satisfaction Questionnaire (MSQ) was developed in 1967 by Weiss et al. The questionnaire is a self-administered measure of job satisfaction. It is not the only

questionnaire available to measure employee job performance but it appears to be the most widely accepted among researchers. In the past 40 years, the MSQ has been utilized more frequently than any other instrument designed to measure job satisfaction<sup>88</sup>. The MSQ scale is intended to measure individual employee job satisfaction. Currently, the scale is available in both long and a short form. The scale is more popular than others because it provides more specific information than more general measures of job satisfaction regarding the aspects of a job that an individual finds rewarding. The long form has 100 questions and takes approximately 15 to 20 minutes to complete. The short form is approximately 5 minutes long and contains 20 questions.

The MSQ collects information regarding intrinsic and extrinsic factors, in addition to overall job satisfaction. The MSQ strength lies in the fact that it distinguishes between intrinsic and extrinsic factors. It is also more acceptable to busy respondents because the average time required to answer the twenty questions is five minutes. The MSQ utilizes a five-point Likert scale, is gender-neutral, and measures job satisfaction. MSQ consists of a series of summary questions designed to gauge a respondent's satisfaction with their employment situation<sup>89</sup>. The scale helps researchers to determine the overall measure of job satisfaction by combining the responses of the respondents.

The MSQ measures both intrinsic and extrinsic job satisfaction factors. Intrinsic factors are a person's desire to perform a particular task because its outcomes align with his or her beliefs or satisfy a desire. Activity, independence, variety, advancement, recognition, moral values, achievement, social service, authority, ability utilization, creativity, and achievement are intrinsic factors. Extrinsic factors are external factors that control an individual's desire to perform a task because they are rewarding for the individual.

Extrinsic factors include company policies, social standing, compensation, supervision-technical and supervision-human relations, working conditions, coworkers, and safety. All data are measured using an ordinal measurement scale. The MSQ employs a 5-point Likert scale: extremely satisfied (5- VS), satisfied (4-S), neither satisfied nor dissatisfied (3-N), dissatisfied (2-DS), and extremely dissatisfied (5-DS) (1-VDS). The total score is calculated by summing or averaging item responses; the lower the score, the lower the level of job satisfaction.

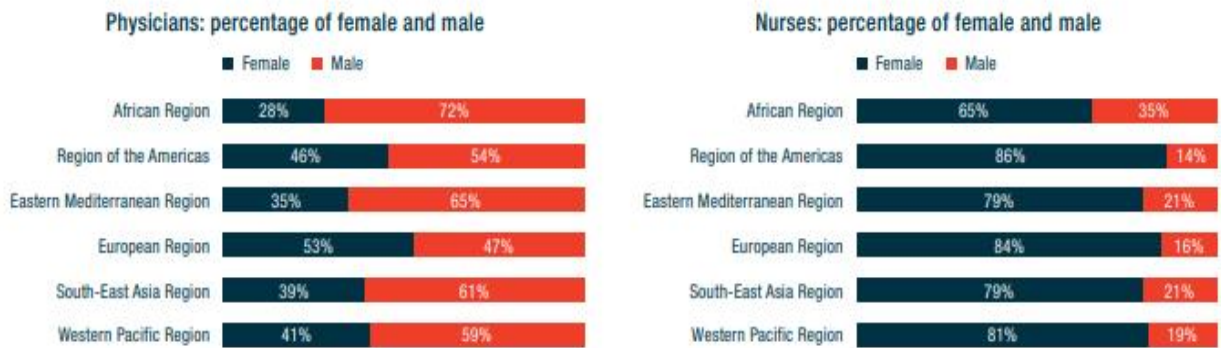
The scale is expected to be administered to respondents in a 'paper-and-pencil format with the researcher ensuring that each respondent keeps to the time frame of 5 minutes. However, contemporary researchers have also converted the questionnaire to an electronic format which can be answered via an internet link<sup>87</sup>. Unlike paper-and-pencil surveys, online surveys are easier for participants to access and complete, and they produce results more quickly. Internet accessibility is increasing, making online surveys a viable data collection method for academic and government surveys. The only disadvantage of an online survey is that if a participant finds the questionnaire to be too lengthy, they can stop and abandon the survey<sup>90</sup>.

### **2.1.3 Gender Differences Among Health Information Managers**

The International Labour Organisation (ILO) revealed that the health and social sector employ over two-hundred (234) million employees across the world. This has made the health sector the largest employer of labour in the whole world, particularly of women<sup>91</sup>. Recent statistics indicate that gender is a significant issue in the health sector. Analysis shows that more than a third (70%) of skilled employees in the health sector are women.

This means that out of every ten health information managers, seven are women<sup>92</sup>. However, what the statistics also show is that the female dominance in the health sector does not necessarily mean that they rule the sector.

Majority of female health information managers around the world are nurses. This means that male dominate the most 'prestigious' position in health facilities (being a medical doctor). Except for Europe where there are female doctors constitutes 53% compared to 47% for male doctors, all other continents in the world have more male than female doctors. For the African region, male doctors constitute 72% of the total medical doctors while female constitute just 28%. On the other hand, 65% of nurses in Africa are female compared to 35% who are male (figure 2.1)<sup>97</sup>. However, while the African continent has the lowest number of male doctors in the world, it also has the highest number of male nurses. While the gender disparity in the health sector and other element of the science, technology, engineering and mathematic (STEM) has been widely discussed in line with Africa's conservative culture which often discriminate against women, there is ample evidence that the entire global society has a significant issue with gender equality which is recently been rectified.



Source: Data from NHWA for 91 countries for physician data and 61 countries for nursing data.

Figure 2.1: Distribution of health information managers according to gender.

Source: (Boniol, M., McIsaac, M., Xu, L., Wuliji, T., Diallo, K. et al.)

Researchers from the United States found that female applicants often face difficulties in securing internship into surgical programmes because majority of referees often fail to look beyond their gender in writing recommendation letters for them. It was found that majority of those in positions to write letters of recommendation for applicants were male and they often allow their gender bias to influence the way they write about the applicants. For one, they normally write longer letters for male applicants as compared to what they write for female applicants. Also, they use words that speak to the skills and ability of the male applicants while they use endearing words to describe female aspirants which often made these aspirants look like they are applying to nursing programmes<sup>93</sup>.

This shows that gender bias is widespread. In Africa, there is a widely cultural norm that promotes the erroneous belief that women are only fit for ‘soft’ or ‘human’ sciences such as nursing because of their natural empathy and caring nature. This cultural norm views women as ‘delicate’ beings who may not be able to cope with the physical and emotional

demand of being a surgeon or medical doctor. Several efforts at creating awareness and promoting gender inclusivity has started to yield meaningful results. It is reported that the number of women in the most highly paid health occupations has been improving steadily since 2000. However, there is still a long way to go.

Gender roles is still more restrictive to women than men even when they are health information managers. Majority of the labour force in full-time employment are still men with women being asked to stay at home and take care of the family. Overall, an average gender pay gap of around 28% exists in the health workforce. Once occupation and working hours are accounted for, the gender pay gap is 11%. Although the sector performs well regarding women's participation, gender-transformative policies are needed to address inequities and eliminate gender-based discrimination in earnings, remove barriers to access to full-time employment, and support access to professional development and leadership roles<sup>97</sup>.

Lack of women in leadership roles has great implications for the interest of women in the health sector. It means policies are going to be made by men who constitute the majority at the management level but the minority on the hospital floors. This has the potential to make it difficult to push female-oriented agendas in the workplace. This may lead to a sense of helplessness in female health information managers. The male health professional rarely has this issue because they often relate better with the management and in some society, are usually accorded more respect than their female counterparts. However, the gender issues that face male and female health information managers also extends to the home front.

The traditional family structure in Africa and other parts of the world often see men as the head of the family and women as homemakers. In this arrangement, role of both genders is clear as men play the role of provide and women are expected to play the role of caregivers and homemakers. The traditional notion holds that a woman does not need to pursue the highest level of education because she will ultimately become a housewife. Therefore, when a woman attempts to channel her abilities by working, she is often stigmatised by the surrounding community and her obligations as a housewife are deemed to take precedence<sup>94, 95</sup>.

With the passage of time, tradition perception of the family structure began to be gradually supplanted by a more modern mindset. With men and women enjoying equal rights in social life, an increasing number of women began to explore their talents by working outside the home including as health information managers. In this age of globalisation, both men and women serve as parents and employees. However, with these new opportunities comes various challenges such as work-family conflict.<sup>96,97</sup> This is mainly because someone is still expected to take care of the home. Despite the modern notions, men still consider homemaking the sole responsibility of women which they only help out of generosity and gentlemanly charity.

Women in all professions, include the health profession have to strike a balance between career pursuits and managing the home. The main types of conflict-related to the dilemma of the role of women between household and career responsibilities. First, is time-based conflict, which is a conflict that occurs because time is used to fulfill one role and cannot be used to fulfill other roles, including division of time, energy, and opportunities between work and household roles<sup>98</sup>.

Second, strain-based conflict, which refers to emergence of tension or emotional state that is produced by one role makes it difficult for someone to fulfill demands of his other roles. For example, a mother who is working all day will feel tired, and that makes it difficult to sit comfortably with the child to complete her homework. Third, behavior based conflict, is a conflict that arises when expectations of a behavior are different from expectations from other role behaviors. Mismatch of individual behavior when working and when at home, which is caused by differences in the behavior of a career woman is usually difficult to change between the roles that she lives with one another<sup>99,100</sup>.

Being a wife, parent and employee at the same time can lead to disharmony in one of several roles played. One problem that arises is related to dual role of women's work, work-family conflict. Work-family conflict is one form of inter role conflict that is pressure or imbalance of roles between roles at work and roles within the family. High working hours and heavy workloads are a direct sign of work-family conflict due to excessive time and effort spent on work. This results in a lack of time and energy that can be used to carry out family activities<sup>101</sup>.

What all these amount to is that the challenges facing male and female health practitioners are very different. This would affect the ability to maneuver in their job differently. When it comes to migration intention, men and women may not be able to make similar decisions based on their gender and the roles they are expected to play, both at work and in their homes.

## **2.2 Theoretical framework**

A theoretical framework is used to narrow the scope of the relevant data by focusing on specific variables and defining the specific point of view (framework) that the researcher will use to analyze and make sense of the data to be gathered. Experts have always emphasised how important it is for a research work to use a theoretical framework. For a research study, the theoretical framework is the base from which all knowledge is built. It gives the reason for the study, the problem statement, the purpose, the importance, and the research questions a framework and a way to back them up. The theoretical framework gives the literature review and, most importantly, the methods and analysis a place to start, or an anchor. The theories on which the current study is based include Theory of Planned Behaviour, Lee's push-pull theory of migration, and Herzberg's Two-Factor Theory.

### **2.2.1 Gender Schema Theory**

The gender schema theory was predicated on the basic assumption that every human culture of organizing itself along gender lines upon which obligations, rights and privileges were shared. The theory submitted that all human societies assign duties to their members on the basis of sex. The specific tasks that are given to each gender can vary from society to society, but all societies allocate adult roles on the basis of sex. However, as children were born without knowing the concept of sex or boundaries along gendered lines, it became the duty of parents and the larger society educate children right from the infancy about what is expected of each gender<sup>101</sup>. Not only is it expected of boys and girls to acquire sex-specific skills, but it is also expected of them to have or to acquire sex-specific self-concepts and personality attributes, to be masculine or feminine as defined by that particular culture. The transformation of male and female into

masculine and feminine roles is referred to as the process of sex typing. This transformation takes place within every society including Nigeria<sup>102</sup>.

The gender schema theory posits that every society engage in sex typing and the process begins straight from birth, ably enabled by parents, media, educational institutions and other agents of socialization. This process of sex typing has result in individuals forming what is called gender schema which goes on to form the basis for processing information. A schema is a mental structure made up of a network of connections that organises and guides how a person sees the world. A schema works as a structure that is ready to look for and understand new information in terms that are related to the schema. Schematic processing is therefore very selective and allows the individual to make sense of the large number of incoming stimuli. The gender schema theory says that perception is a building process in which what is perceived is the result of how incoming information interacts with the perceiver's already-formed ideas.

While ascribing roles to each gender and highlighting the difference between both sexes helps to make sense of the world, ascribing certain attributes and roles to people based on their gender which is a social construct can have adverse effects<sup>107</sup>. While the gender schema theory was developed by an American, its assumptions are highly applicable to the Nigerian society where patriarchy reigns and women are the subject of society wide campaign aiming to depict them as delicate, less intelligent and docile appendages to men.

In Nigeria, gender as a social constructs effective project females as inferior to males.

While researchers often focus on physical barriers against females in the society, the focus of the gender schema theory is the 'conditioning' of males and female to accept certain things as 'normal'. Social norms, family condition, orientation or parents, and the

society at large are among the agents that conspire together to suppress the rights of females to education and other fundamental human rights. However, what these agents often do is not limited to physically restricting females from aspiring to be the best but also to accept that it is natural for men to rule the world<sup>103</sup>.

Another way of perpetuating gender stereotype is through the promotion of different attribute in male and female children. For instance, adults would usually praise show of strength in male while neglecting to notice the same in female or, in case when it is so obvious, the girl is said to be acting, 'like a man'. On the other hand, they would praise girls for growing more beautiful and looking lovely, a complement they would not normally given to male children<sup>104</sup>. The gender schema theory posits that society impresses in each individual, right from infancy, some kind of unwritten code of acceptable and unacceptable behaviour for each gender. This is done in such manners that children start pick up the verbal and non-verbal cues and use them to judge their actions, utterance, and appearance among others. They also judge others through this prism. The result is that males and females form a mental framework or schema into which they input all information received and which determines their information processing manner. In time, individuals do not simply imbibe the expectations of the society, they also help perpetuate the same gendered notions that they have been subjected to and which are still being adhered to in the society in which they live<sup>104</sup>.

The effect of this conditioning is that each gender actually come to believe in the appropriateness of the boundaries that have been set for them by the society. This later guide them in making life decisions. Indeed, females have so much bought into the gendered narrative that they would make conscious efforts not to engage in activities

reserved for males, even when they are capable of doing much better than the males. Researchers observed that masculinity and femininity does not refer to biological differences but rather, they are concepts that embody the characteristics and expectations that any particular society place on its members according to their biological compositions.

### **2.2.2 Lee's Push-Pull Theory of Migration**

The push-pull theory of migration by Lee was propounded in 1966. The theory holds that, in order to predict migration intention among groups and individuals, it is important to analyse the push and pull factors as well as other intervening variables. The theory also submitted that intervening obstacles can block migration to certain areas, while the push and pull factors can promote migration out of an old area to a new one.

According to the theory, push factors are those factors that induce people to leave their countries of origin or a place where they have lived for long to another place. Simply put, a Push Factor is anything that compels Nigerian healthcare professionals to leave the country and move abroad. The three most important types of push factors are economic, cultural, and environmental. There are numerous push factors within these three groups, including limited opportunities, discrimination, loss of wealth, war, etc. As indicated by the model, push factors are what motivate people to leave Location A which in the context of this study, is Nigeria.

Pull factors are opposite of push factors. They are regarded as motive for people to relocate to a new location. In other words, it is the factors that cause health information managers from Nigeria to migrate to a particular country. Pull factors, like push factors,

are divided into economic, cultural, and environmental factors, but unlike push factors, pull factors deal with the reasons for moving to a certain location. There are numerous pull factors, including employment opportunities, improved living conditions, an attractive climate, safety, etc. Pull factors are essential to Lee's migration model because they illustrate why certain groups such as health information managers desire to move to particular places (In the model, reasons for going to Location B). The theory however recognizes that people with the intention to migrate may not be able to act on their intention due to intervening obstacles.

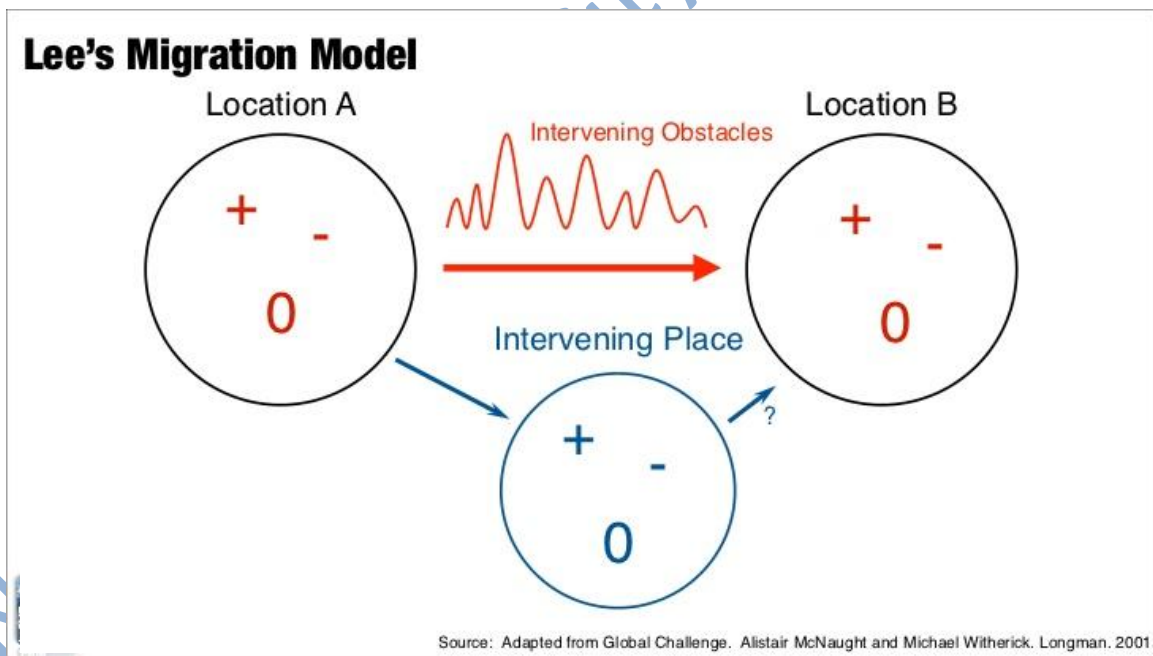
Intervening obstacles, as outlined in the model, include environmental or cultural characteristics of the land that impede migration. In simpler terms, intervening obstacles are the things that prevent an individual making attempt to migrate from reaching a particular area. These intervening obstacles are primarily natural features such as deserts, rivers mountains, and other topographical barriers. There are also cultural and environmental obstacles are the two most prevalent types of obstacles. Some cultural intervening obstacles are cultural taboos on travel or traversing hostile territory. Migrants may decide against moving to some countries due to religious and social restrictions whereas some environmental intervening obstacles can be physical features like mountains or deserts.

While Lee has become renowned with the push-pull theory, the theory actually originated from Ravenstein's *The Laws of Migration* (1885) which was the first attempt to prove that migration actually following natural laws<sup>105</sup>. The concepts of absorption and dispersion were central to Ravenstein's emerging migration model. He defined an absorbing county as one with "a population greater than or equal to the number of its natives counted

throughout the kingdom." In other words, it was a nation that, on average, accepted more people than it deported. A county of dispersion, then, would be one of the counties that lost population over time, or, in the words of Ravenstein, "the population falls short of the number of its natives counted throughout the kingdom." What this means is that some countries are able to attract citizens from other countries while some countries are unattractive, even to their own citizens.

The work of Lee built on the published work by Ravenstein through the addition of the effect of obstacles on the migration process. The push-pull theory that emerged argued that distance, physical and political barriers, as well as the presence of dependents such as children, spouse, aged parents could discourage migration. Moreover, according to the theory, other variables such as age, gender, and social class influenced the effect of push-pull factors, which frequently impacted an individual's ability to overcome obstacles during migration. According to the push-pull theory, migration-causing factors fall into two categories: push factors and pull factors. Push factors are undesirable characteristics of the migrants' country of origin, whereas pull factors are attractive characteristics of the destination country. Push factors include few employment opportunities, primitive conditions, desertification, famine or drought, political fear or persecution, inadequate medical care, loss of wealth, natural disasters, death threats, lack of political or religious freedom, pollution, substandard housing, landlord/tenant issues, bullying, discrimination, and low marriage rates. Pull factors include employment opportunities, improved living conditions, political and/or religious freedom, enjoyment, education, better medical care, a pleasant climate, security, family ties, the presence of an industry, and increased chances of marriage.

While many studies have adopted the push and pull model, there are others who have sought to further broaden its basic assumptions. Despite the attractiveness of the pull factors, researcher argued that an individual would only migrate if strong push factors are also present. The push factors for health information managers worldwide included low salary, diaspora or being forced to leave the country, poor quality of life, high crime, armed conflict, political repression, lack of education/employment opportunities, work-related risks, heavy workloads, and ineffective management. High compensation, job satisfaction, a safe working environment, better-resourced health systems, professional development opportunities, political and economic stability, travel opportunities, active recruitment strategies, a large expatriate community, and the presence of family were attractants for health information managers<sup>106</sup>.



**Figure 2.2 Lee's Push/Pull Theory of Migration Model.**

**Source: Howell and Paturi: Lee's migration model, 2020**

### 2.2.3 Herzberg's Motivator-Hygiene Theory

The Motivator-Hygiene theory model was developed by a behavioural scientist named, Frederick Herzberg which is also known as the motivator-hygiene theory in the 1959<sup>110</sup>.

According to the theory, there are certain aspects of a job that might lead to feelings of satisfaction, while other aspects of a job can serve to keep workers from being dissatisfied. The theory holds that job satisfaction and job dissatisfaction are not direct opposites. Instead, the opposite of the word "satisfied" is the word "no satisfaction," and the opposite of the word "dissatisfaction" is the word "no dissatisfaction." Therefore, the factors relating to job satisfaction are called hygiene factors while those related to dissatisfaction are called motivators.

According to the Herzberg's theory, the management of health institutions (hospitals) have an obligation to place an emphasis on ensuring that the appropriate levels of hygiene factors are maintained in order to ensure job satisfaction among healthcare professionals. In addition, employers and management in the health sector are responsible for ensuring that the job of healthcare delivery is both engaging and fulfilling in order to encourage healthcare professionals in their employment to work hard and perform to the best of their abilities. This idea places an emphasis on the importance of job-enrichment as a means of motivating healthcare professionals. The healthcare professionals abilities and experience should be utilised to their full potential in the role. The quality of work can be improved by placing more emphasis on the variables that motivate healthcare professionals.

The hygiene factors represented the physiological requirements that the healthcare professionals wished to have satisfied and anticipated that the job should meet. Some aspects of hygiene are as follows<sup>107</sup>:

**Compensation:** The compensation or wage structure of healthcare professionals ought to be suitable and reasonable. It is imperative that it is on par with, and competitive with, those operating in the same market and sector.

**Policies of the hospital as well as administrative policies -** The policies of the hospital should not be overly strict. They ought to be just and unambiguous. It should include a flexible dress code, breaks, lunch breaks, and vacation time, among other things.

Healthcare professionals ought to be provided with various incentives such as benefits for their family members, employee assistance programmes, and so on as part of the fringe benefits package.

**Physical Working Environment:** It is important that the working conditions for healthcare professionals be safe, clean, and hygienic. It is important to provide the latest medical equipment and technologies as well as other tools that make the jobs of healthcare professionals easy to perform. The status of the healthcare professionals in any given hospital is something that should be made clear to them and documented.

**Interpersonal relations:** An healthcare professional's interaction with his peers, bosses, and subordinates should be appropriate and acceptable. This applies to all levels of the organisation. There should not be any elements that involve conflict or humiliation present. Job Security is something that the organisation is obligated to provide for its staff members.

On the other hand, motivating factors are different from hygiene factors considered to be in any way motivating. The factors that motivate healthcare professionals bring about a sense of fulfilment. These aspects are inextricably linked to the job itself. Healthcare professionals are motivated to deliver a superior performance as a result of these variables. These components are referred to as motivators. These are some considerations that go into carrying out the work. These are the kinds of things that healthcare professionals find to be genuinely satisfying. The motivators stood as a representation for the psychological requirements that were understood to be an added advantage. The following are examples of motivating factors:

Praise and acknowledgment ought to be provided to healthcare professionals by management on the basis of their contributions to the organisation. Healthcare professionals also need to have a sense of accomplishment in order to do their jobs properly. This is something that is job-specific. There ought to be a reward of some kind associated with the work. Then, there should also be opportunities for development and growth - If a hospital wants its healthcare professionals to be motivated to do a good job, it needs to provide employees with opportunities for advancement and growth.

The healthcare professionals have to realise that they are the only ones who can take responsibility for their work. It is the responsibility of the management to give them ownership of the task. They should exercise as little control as possible while preserving responsibility. The task itself ought to be meaningful, engaging, and hard for the employee to execute so that they can get motivated, and this should be the case in order for the work to be meaningful.

The relevance of the Herzberg theory can be seen in its adoption by various scholars from around the world in their studies. Several scholars have confirmed that employee satisfaction and turnover intention can be measured using Herzberg's two factor theory, also known as the motivation-hygiene theory, as a guide<sup>107</sup>. This was further confirmed by other studies from various regions of the world. For instance, a study conducted among public school teachers in Ghana shows that the models accurately predict job satisfaction among the respondents<sup>108</sup>. There are further evidence that the theory is as applicable to employees across various professions.

A study of primary school teacher in the United States also showed that most teachers were happy with their jobs and planned to stay for the long haul. In another study, it was also found that there is a link between job satisfaction and intention to leave<sup>109</sup>. The validity of Herzberg's motivation-hygiene theory was also examined by researchers in Pakistan. The study confirmed that work itself and sense of achievement were the strongest motivators, followed by recognition, responsibility, and opportunities for advancement, according to the teachers<sup>110</sup>.

In the health profession, previous studies have also been based on the Herzberg theory. Research conducted using Herzberg's motivation-hygiene theory found that nurses strongly advocated for administrators to recognize the importance of enhancing employee well-being in order to retain top talent, enhance instruction, and reduce overall operating expenses<sup>111</sup>. Reducing employee turnover and increasing employee loyalty are both made possible by increased incentives, a type of compensation. According to the findings of the study, employees were willing to leave an organization if they felt the incentives, both

monetary and non-monetary, were not sufficient<sup>112</sup>. Despite its popularity around the world, the Herzberg two-factor theory has some criticisms.

First, it has been observed that the theory does not take into account environmental factors which may affect the judgement of employees regarding what can bring satisfaction. This criticism suggests that employee from different background may have different expectations which means that some may be satisfied with less. Also, the Herzberg theory made the assumption that productivity and satisfaction were linked. Herzberg, however focused on satisfaction and overlooked productivity in his research. One cannot be confident of the theory's validity. The raters must perform the analysis. The results can be tainted if the raters use different methods to analyse the same response. It was not possible to employ a complete measure of satisfaction. Even if an employee dislikes or objects to some aspects of his employment, he or she may nevertheless find the job tolerable.

Because the two-factor theory is based on the natural response of employees when asked about the reasons of their pleasure and dissatisfaction at work, it is susceptible to prejudice. Their displeasure will be attributed to things outside their control, such as their employer's compensation structure, policies, and interpersonal relationships. Additionally, employees will attribute their level of contentment at work to their own efforts.

Despite all the perceived flaws, the Herzberg's motivation-hygiene theory is still considered relevant and it is being adopted worldwide in the studies about job satisfaction among all kind of employees<sup>113</sup>. Several studies show whether Herzberg's list of work attitudes has anything to do with employees' plans to leave their positions. There are some studies that do not support Herzberg's theory, while there are others that do.

However, Herzberg's findings have served as the foundation for many organizations' motivational policies and practices<sup>110</sup>



**Figure 2.3 Herzberg's Theory of Job Satisfaction.**

**Source: Kumar & Heger, 2019**

### **2.3 Review of Empirical Studies.**

This section examines various empirical studies related to the study variables.

#### **3.1 Job Satisfaction and Migration Intention Among Health Information Managers**

As outlined in the conceptual review, studies regarding job satisfaction often focus on two main categories of job satisfaction namely intrinsic and extrinsic job satisfaction.

Both categories has certain elements peculiar to them. For instance, extrinsic job satisfaction include factors such as financial rewards, attitude of colleagues and supervisors etc. Intrinsic job satisfaction also comes from factors such as In a study which focused on west Africa, researchers examined factors that inform the decision to

migrate among health information managers. The study was an international study which adopted a survey research method. The study population included health information managers who have participated in an international manpower development program out of which 118 were selected as the study sample. A structured questionnaire was used to collect data.

The results of data analysis showed that more than 93 percent of the factors that influenced migration intentions among the health information managers were career-related, including greater prospects for career advancement, an appropriate job match, job promotion, and independent control of practice. Some of the personal variables highlighted included self-actualization (85%), an appropriate workload (84%) and a higher level of life satisfaction (80%). More than eighty-nine percent of respondents cited social and environmental elements in their responses, including better working conditions (89%), suitable equipment to use (84%), family or social support (70%), and other forms of social security, such as pensions (69%). An overwhelming majority of respondents (89%) listed the desire to earn more money or get a raise as a reason in their decision to leave their current employer (80%). Health insurance coverage (64 percent) and social safety nets (58 percent) were the two most popular reasons for people to relocate (69%)<sup>29</sup>. This study shows that financial incentives can make health information managers to overlook the pull factors of other countries and stay committed to their countries even when other conditions are not satisfactory.

Studies has also shown that lack of satisfaction with financial incentives attached to their job due to harsh economic conditions is a major factor responsible for decision to migrate among skilled professionals such as health information managers. A research looks at the

effect of economic reforms on the exodus of skilled workers from developing countries. The study was based on the hypothesis that economic freedom play a significant role in the rate of brain drain from developing countries. An ordinary least squares two-way fixed effects estimator is used to examine the hypothesis in a real-world context using panel data from 142 countries between 1990 and 2010. Brain drain is the dependent variable, and it includes both emigration of medium- and high-skilled workers. An emigrant's skill level is considered moderate if he or she has at least a secondary education, which is what is used to calculate the first statistic. The latter is based on the percentage of emigrants who hold a postsecondary degree, such as a bachelor's or master's. On a scale of 0–10, the Economic Independence Index (EFI) measures economic freedom, with a score of 10 indicating total freedom. EFI has a negative connection with medium-skilled emigration when other variables are held constant, according to our data. Emigration of highly skilled workers is most adversely affected by EFI. According to the findings, increased economic freedom should lessen the brain drain, which is in line with our hypothesis<sup>113</sup>.

Researchers from Poland also examined the factors that contribute to the migration intention among health information managers in the country. The study adopted a quantitative, cross-sectional survey research method. The population of the study include health information managers. There were 15 Polish hospitals involved in the research (7 general, 5 specialist, 3 university). A self-administered online questionnaire was issued to physicians working in the participating hospitals to collect the data. As part of this study, demographic and work-related indicators and overall happiness were correlated with the

intention to migrate. Multivariate logistic regression analysis was used to identify important determinants of migration in a simple regression analysis.

A total of 1003 surveys were examined (response rate: 38 percent). 4.5 percent of 273 doctors said they were "certainly" or "probably" going to migrate, while 22.7 percent said they were "probably" going to go. Work-life balance, greater wages, and better working circumstances all played a role in their decision to migrate to another country. The study found that, due to the perception of better conditions of service abroad, sixty-two percent of doctors in Poland plan to migrate for at least, a short-term stay in another country<sup>114</sup>.

Several studies show that the strength of the relationship between job satisfaction and intention to leave is determined by the strength of the expectation-actual job relationship<sup>112,115</sup>. Studies have shown that satisfaction of nurses' is directly linked with the patients' overall satisfaction and ultimately to quality of healthcare whereas, dissatisfaction of an employee leads to absenteeism, conflicts, and increase turnover. Unsatisfied employees report an increase in intention to leave, while the influence of job satisfaction is reported to be as powerful as that of pay. Job satisfaction is a key factor of nurses' lives which can have an effect on patient protection, employee's morale, efficiency and performance, healthcare quality, retention, dedication to the organization and the job and hiring and training of new staff for the organization<sup>116</sup>.

A descriptive examination of data received from African countries found that the application of financial incentives has had favourable results in some African nations. Botswana established significant overtime allowances of up to 30 percent of pay, part-time employment, flexible hours, and accommodation in an effort to retain nurses. In 2001, Zambia similarly quadrupled nurses' compensation. Donors provided Malawi with

\$278 million in 2004 to strengthen the recruitment and retention of health information managers through compensation increases, better staff housing, and other incentives. The number of registered nurses leaving Malawi decreased from 111 in 2001 to six in the first half of 2008, yet enrollment at nursing schools doubled<sup>117</sup>.

The influence of financial incentive on commitment of health information managers was also demonstrated in China. A group of Chinese scholars reported that in order to address the issue of brain drain in rural towns, health care workers in the Pudong district of Shanghai were offered monthly bonuses in 2004. As a result of this initiative, the total rate of health brain drain declined from 8.1% in 2013 to 4.6% in 2015, and the rate of decline was smaller in rural areas where the largest bonuses were offered than in metropolitan areas where no bonuses were offered<sup>116</sup>. The examination of the replies to the questionnaires provided to ninety Romanian physicians with international experience demonstrated that an increase in income is not necessarily an effective retention measure for healthcare professionals. Only one of the twelve medical practitioners who have already returned home cited a strong wage as a factor in his decision, in addition to family considerations. Others said that their decision was motivated by personal (family) considerations, patriotism, and the desire to contribute to the transformation of the Romanian health sector<sup>117</sup>.

In the same vein, researchers from Portugal investigated the factors that determine migration intentions among early-career medical doctors in the country. The study adopted a survey research method. The study sample included 503 Portuguese early-career medical doctors. The instrument for data collection was a structured questionnaire. The data collected was analysed using both descriptive and inferential statistics. The finding

showed that although lack of satisfaction with financial reward for their jobs was the main reason for their intention to migrate, there were other, non-monetary considerations such as research possibilities and opportunity for career advancement<sup>118</sup>. This study further shows that the combination of intrinsic and extrinsic motivation is significant in the decision of health information managers to migrate.

On the African continent, researchers reported that the challenges of health information managers is often beyond financial matters. For instance, when the Sierra Leone government's devise a strategy to combat brain drain through a 10 percent salary increase for all government employee, it did not work on health information managers. It was reported that majority of health information managers in the country found the increment unsatisfactory as they demanded for better working conditions, opportunities for career advancement through continuous education<sup>119</sup>. This incentive did not stop the health information managers from having migration intentions and acting on them to travel to other countries with better health systems. The implication of this finding is that other factors such as career advancement, work environment and aspects of the work itself are as important as financial consideration when it comes to migration intention.

This was further demonstrated in a study conducted among Greek health information managers. Researchers conducted a survey to determine how the economic recession has affected migration intention among the respondents. The study found that, with the effort of the government to increase salaries of health information managers in order to discourage them from emigrating, many health information managers still left the country due to adverse economic conditions and lack of basic amenities. are not an effective means of preventing brain drain. Some of the incentives demanded by the health

information managers include paid training leaves, educational support by government or donor entities through scholarships or specialised training as a kind of financial motivation. Despite the fact that this technique may not have totally eliminated healthcare brain drain, studies demonstrate that it has been highly effective in lowering it<sup>120</sup>. The idea of on the job training was also found useful in Africa

Expansion of national surgical training efforts has proven to be an effective strategy for combating the brain drain in the surgical workforce in East, Central, and Southern Africa. A 2016 descriptive analysis of data obtained on 1038 surgical graduates of 15 institutions covered by the College Of Surgeons Of East, Central And Southern Africa (COSECSA) revealed that 85.1% were retained in the country they trained in, 88.3% were retained within the COSECSA region, and 93.4% were retained in Africa<sup>121</sup>.

Similarly, a family medicine scholarship training programme developed by the University of California, Los Angeles for international medical graduates to address the shortage of diverse physicians to meet the needs of California's Hispanic communities has assisted in the placement of 54 graduates of the programme in family medicine residency programmes and, ultimately, in underserved communities. This programme was developed to address the shortage of diverse physicians to meet the needs of California's Hispanic communities. There is evidence to suggest that a highly focused merit-based financial assistance programme that is supported by the state has had a favourable influence on Missouri State University's capacity to keep high-quality human resources.

In order to evaluate the results of the Bright Flight Scholarship programme in the state of Missouri, administrative statistics were gathered from ACT Inc., the Missouri Department of Higher Education, and the Missouri Department of Labour and Industrial

Relations (DOLIR). The dataset contains 154,888 student records, and when analysed with regression analysis, it was discovered that 52% of the sample was employed in Missouri. This is a 9% increase from the previous year's findings<sup>122</sup>.

In addition, an explanatory review of a case study on the rising number of Egyptian physicians migrating to the United Kingdom, which has resulted in a decrease in the number of available psychiatrists, was conducted. After studies shows that majority of the health cited lack of on-the-job training as part of the reasons that they migrated, the country set up an initiative called the Mental Health network(Mehenet). This project was run by an Egyptian-Italian initiative executed between 2010 and 2012, and the international collaborative REMEDY project, 2013–2015. Both projects focused on the training of primary care physicians, nurses, and health visitors to combat the rising case in mental health in the country. Not only was this successful in establishing the first community mental health centre in Egypt, but it also enabled the educated primary care physicians to recognise the onset of mental health illnesses and refer patients to the local community mental health centres<sup>123</sup>.

Also, in an effort to increase the number of psychiatric nurses and psychiatrists and decrease brain drain, the Kenyan government supported continuing professional development for almost 2,000 mental health information managers between 2005 and 2010. A UK Department for International Development-funded pragmatic clustered randomised controlled trial/study conducted by the University of Nairobi and Great Lakes University demonstrated that clients of trained health information managers had better health, social, and quality-of-life outcomes than clients of untrained health information managers<sup>124</sup>.

Researchers also shows that motivators are not only responsible for migration intention, they can also work to bring back those who have migrated. This was the main focus of a study conducted in Kenya where the researcher revealed that healthcare brain drain might be substantially reversed by encouraging the return of these experts by providing a settlement allowance, compensation, funding their return, and even paying them the same salary they would earn outside. The results indicate that return subsidy is beneficial in preventing brain drain, although to a little extent. Before using this method, the researcher also feels that a cost-benefit analysis and assessment of the impact of asymmetric knowledge should be conducted<sup>125</sup>.

Using China as a case study, researchers revealed that China has experienced a severe brain drain problem over the past several decades, with few students opting to return home. However, this trend began to shift following the recent implementation of a series of subsidy schemes by the Chinese government to entice their international talent back home. To lure those with overseas work experience, the government offers larger compensation packages, but those who return directly after their studies receive only a minimal allowance. Despite the fact that, on the one hand, it can attract more returns, research indicates that the influence of asymmetric information will not cause it to attract the highest quality returnees<sup>107</sup>.

To determine the migration/return intention of Romanian Medical Doctors, a descriptive analysis of statistics obtained from the destination countries (Germany, United Kingdom, France, Sweden, and Iceland), statistics on permanent migration obtained from the National Institute of Statistics, and primary data obtained from questionnaires distributed to doctors with international experience at the Romanian College of Physicians (2008-

2013) was conducted. The 42.55 percent rise in the number of physicians who emigrated in 2011 was attributed to the 25 percent wage cutbacks implemented in 2010. 3.7% of the 90 respondents do not plan to return, 8.9% plan to return, and 40% are undecided. Those who are indecisive are predominantly between the ages of 25 and 34 and lack the essential knowledge and experience. The potential for a turnaround hinges on the capacity to provide them with incentives to return<sup>108</sup>

A Pakistani study investigated the impact of return migration on the microeconomic performance of a developing nation. According to his opinion, a country's government should subsidise the back migration of its skilled citizens working overseas by offering them the same income they would earn abroad. Research Funding According to two studies, supporting medical research and demonstrating infrastructural incentives to health information managers are excellent strategies for preventing health care brain drain<sup>126</sup>.

The importance of personal, professional, and infrastructural factors on surgeons' migration from Low and Medium Income Countries (LIMC) to the United States and countries in the West was determined by descriptive analysis of an internet-based survey questionnaire administered to US surgeons born, raised, and educated in LIMC. Improved specialist education and surgical infrastructure have the potential to boost retention of surgical workers in the LIMC, according to the findings of sixty respondents<sup>127</sup>.

Thailand and Ireland are two nations that have successfully reversed brain drain by providing generous research funding and monetary incentives, as well as services and assistance to their health care workforce. This was accomplished through forward-

thinking leadership and a commitment to improving domestic conditions. Bonding  
Another approach designed to encourage the return of migrants is bonding. In the  
majority of African nations, students sent overseas for training are contractually obligated  
to serve the government upon their return, however this is frequently ineffectual due to  
lax enforcement<sup>128</sup>.

In a descriptive examination of data received from African nations, Eritrea required  
students travelling to South Africa to pay a \$15,000 return guarantee bond. In order to  
make immigration less attractive, all health care personnel trained at government expense  
in Ghana are bonded for three to five years or must repay training costs if they leave the  
country; the Nurses and Midwives Council has also implemented a policy that prevents  
nurses from obtaining verification of their certificates until they have worked for at least  
two years in Ghana. Due to low compliance and corruption, however, bonding has  
typically failed in Ghana<sup>129</sup>.

According to the evidence, stringent measures like as bonding are rarely helpful at  
preventing brain drain. Healthcare help This can be separated into two categories:  
financial health support and technical assistance (or human capital aid). Financial health  
aid encompasses any health-related funds donated to a developing nation in the form of  
monetary flows. A study demonstrating the inefficacy of utilising it alone to prevent  
health care brain drain was conducted. From 1991 to 2004, the data covers emigration  
from 192 originating countries to 17 destination countries. 87.5 percent of the data was  
gathered from the medical associations of the destination nations, and 12.5% from the  
medical associations of the source countries (country of birth or nationality). Data on  
health aid were gathered from the Country Reporting System (CRS) database compiled

by the OECD's development Assistance Committee (DAC). To handle and regulate endogenous variables, the Generalised Method of Moments (GMM) model was implemented. This effect happens through technical support as opposed to financial flows, probably because monetary funding from foreign health aid might be diverted to other uses, whereas technical assistance is a direct contribution to the health system<sup>130</sup>.

Researchers in Nigeria also highlighted the influence of intrinsic and extrinsic factors on job satisfaction among health information managers. The study adopted a survey research design to randomly sample 227 Nurses working at two government-owned hospitals in Lagos State. The instrument for data collection was a structured. The empirical data collected was then analyzed using descriptive and inferential statistics. The result indicated that there is a low level of job satisfaction among the respondents. The test of hypotheses also revealed a significant relationship between work environment and job satisfaction; (Mean =6.545; df=3; p<0.05); supervision and job satisfaction; (Mean =130.2; df=2; p<0.05); organisation and administrative policy; (Mean =6.018; df=3; p<0.05); interpersonal relationship and job satisfaction (Mean =142.7; df=1; p<0.05) and between salary and job satisfaction; (Mean=8.107; df=2; p<0.05). while all of these represents extrinsic factors, the intrinsic factors identified to influence nurses job satisfaction include: sense of achievement; (Mean =345.6; df=3; p<0.05); recognition (Mean=60.7; df=3; p<0.05); responsibility (Mean =617.7; df=4; p<0.05); opportunity for advancement (Mean=265.02; df=1; p<0.05); work itself; (Mean=674.9; df=5; p<0.05) and communication; (Mean=178; df=2; p<0.05)<sup>89</sup>

The fact that these factors affect job satisfaction and the nurses were not satisfied means that the factors are not adequately present or they are present in a negative manner. The

nurses have reported low remuneration for their work and lack of recognition among other factors that can cause dissatisfaction. While these may not cause poor performance, it can lead intention to leave. In essence, these are push factors which may encourage migration intention among nurses. When these nurses hear of fat pays and sophisticated equipments in foreign hospitals (Pull factors), their intention to migrate may become strengthened. That is why it has been suggested that adequate remuneration, creating healthy practicing environment and improve their staffing of nurses to retain the practicing nurses and attract younger generation into the profession.

### **2.3.2 Gender and Migration Intention Among Health Information Managers**

Available data suggests that gender plays a role on migration and actual migration of health professional around the world in general and Nigeria in particular. The recent statistics supplied by the International Organisation for Migration (IOM) gave an indication of which health professional is more likely to have migrate. The IOM, a United Nation's agencies responsible for monitoring and reporting on issues relating to global migration, reported that the number of males who moved to other countries for economic purposes far outnumbered that of females by 28 million in 2017. According to the report, there were 96 million male migrant workers(58%) and 68 million female migrant workers(42%). The report also show that Nigeria ranked 6<sup>th</sup> among the top 20 African countries in term of citizens who have migrated to other countries<sup>131</sup>.

This figures has implication for the migration of male and female health information managers in Nigeria. There are three assumptions that can be made from the global statistics. The first is that males are more likely to have migration intention or more likely to act on them than their female counterparts hence, their superior number than females.

Second, the high proportion of male migrants compare to females may mean that males are more likely to have migration intention and also have someone to help them in succeed in the process than female. The third is that, potential female immigrants are discouraged by the awareness that a comparatively few of their contemporaries are making it abroad so they do not have migration intention or act on their intention. However, available literature shows that few of success or lack of role model are not the only deterrent of gender imbalance in migration of health information managers.

Researchers from Poland also examined the factors that contribute to the migration intention among health information managers in the country. The study adopted a quantitative, cross-sectional survey research method. The population of the study include health personnel There were 15 Polish hospitals involved in the research (7 general, 5 specialist, 3 university). A self-administered online questionnaire was issued to physicians working in the participating hospitals to collect the data. As part of this study, demographic and work-related indicators and overall happiness were correlated with the intention to migrate. Multivariate logistic regression analysis was used to identify important determinants of migration in a simple regression analysis. The study population include 1003 doctors working in various health facilities in Poland. The sample was however made up of 273 doctors. The result showed that women were 54% less likely than men to have any plans to relocate (OR = 0.46, 95% CI 0.33-0.65)<sup>101</sup>.

A study conducted in Ethiopia to evaluate the factors causing health information managers in one of the country's regions to leave their jobs also showed that men may be more predisposed to change their jobs than female health information managers . The study population included professional from the public sector in Amhara region, Ethiopia.

A survey research of the cross-sectional was adopted. The study sample was made up of six hundred and twelve (612) health information managers working in public health institutions of North Shoa Zone, Amhara region, Ethiopia. The multistage stratified sampling technique was used to select the sample. Instrument for data collection was a structured questionnaire. The empirical data collected was analysed using both descriptive and inferential statistics. The results indicated a high level of turnover intention among the health information managers as 61% of them reported to have the intention to leave their current workplaces.

It was also found that male health information managers, specifically, doctors (95%) have the highest rate of turnover intention because they are the more likely to be unsatisfied with the work nature [AOR = 1.822 (95% CI: 1.206, 2.753)], rewards system [AOR = 1.668 (95% CI: 1.105, 2.517)], supervision [AOR = 1.916 (95% CI: 1.274, 2.881)]. This study from Ethiopia as a low-income country has implication for this study because the doctors who are unsatisfied with their remunerations are more likely to have migration intention and act on them. However, the study failed to point out factors that might predispose female health information managers to be tolerant of or be satisfied with a workplace that is considered unsatisfactory by males<sup>132</sup>.

While the previous study suggests that being male and a doctor is significant factors in migration intention of health information managers, others studies suggests that, irrespective of job specification, females are less inclined to migrate than males. This was supported by a study conducted in the Philippines to evaluate the organisational commitment and turnover intention among rural nurses in the country. The study adopted a cross-sectional research design and used a structured questionnaire to collect data. The

study sample is made up of two hundred nurses from nine rural hospitals in the Central Philippines. The results showed that majority of the nurses (mean = 3.13) exhibit moderate level of commitment most importantly, it was found that female ( $t = -2.25$ ,  $P=0.026$ ) and highly educated ( $t = 2.38$ ,  $P=0.048$ ) are less likely to have migration intention<sup>131</sup>.

In a study which focused on west Africa, researchers examined factors that inform the decision to migrate among health information managers. The study was an international study which adopted a survey research method. The study population included health information managers who have participated in an international manpower development program out of which 118 were selected as the study sample. A structured questionnaire was used to collect data. The findings of the study showed the main factors determining intention to migrate include with being male (OR = 1.93; 95% CI 1.22-3.06), married (OR = 1.72; 95% CI 1.11-0.07). this study also validate the findings of other study including the IOM report that male are the more likely to leave their jobs and move to other countries.

Studies conducted in Nigeria also show that the health information managers in the country main reflect the global trend of male health information managers more likely to leave their jobs and migrate than their female counterparts. This is reflected in the study by a group of researchers from northern Nigeria who examine the role of demographic factors on the turnover intention among registered nurses in Zaria, Kaduna state. The study adopted a crosssectional research method. The study population included all nurses working in public hospitals in the town of Zaria, Kaduna State. The study sample include 175 registered hospitals. The research instrument was a structured questionnaire which

was administered physically on the study sample. The study found that male nurses (mean = 4.25, SD = .59) were more likely to leave their organizations than their female counterparts (mean = 3.97, SD = .90). However, the study also found that nurses within the 21-30 years age group (mean = 4.23, SD = .77) had the highest turnover intention. This finding indicates that age may be determinant factor in the intention of health information managers to migrate. This does not however mask the fact that older males are more likely to have migration intention than older female health information managers.

The theme of higher migration intention among male compared to female health practitioners was further supported by a study conducted in southern part of Nigeria. The study examined the influence of factors such as perceived organisational justice, job stress, and job hopping on turnover intention among health information managers working for private and public health institutions in Lagos State, Nigeria. The study adopted a survey research design and drew from a convenience sample of 200 respondents, of which 109 (54.5% of the total) were male and 91 (45.5% of the total) were female. These individuals came from both governmental and private organisations in Lagos. The findings demonstrated that perceptions of organisational fairness, job stress, and job hopping significantly predict individuals' propensity to leave their current position. Additionally, job stress, job hopping, and distributive fairness, which is one of the organisational characteristics, independently predict employees' intention to leave the organisation. There were considerable differences between private and public sector employed health information managers' turnover intentions. The study found that men and young health information managers were more likely to experience job stress and

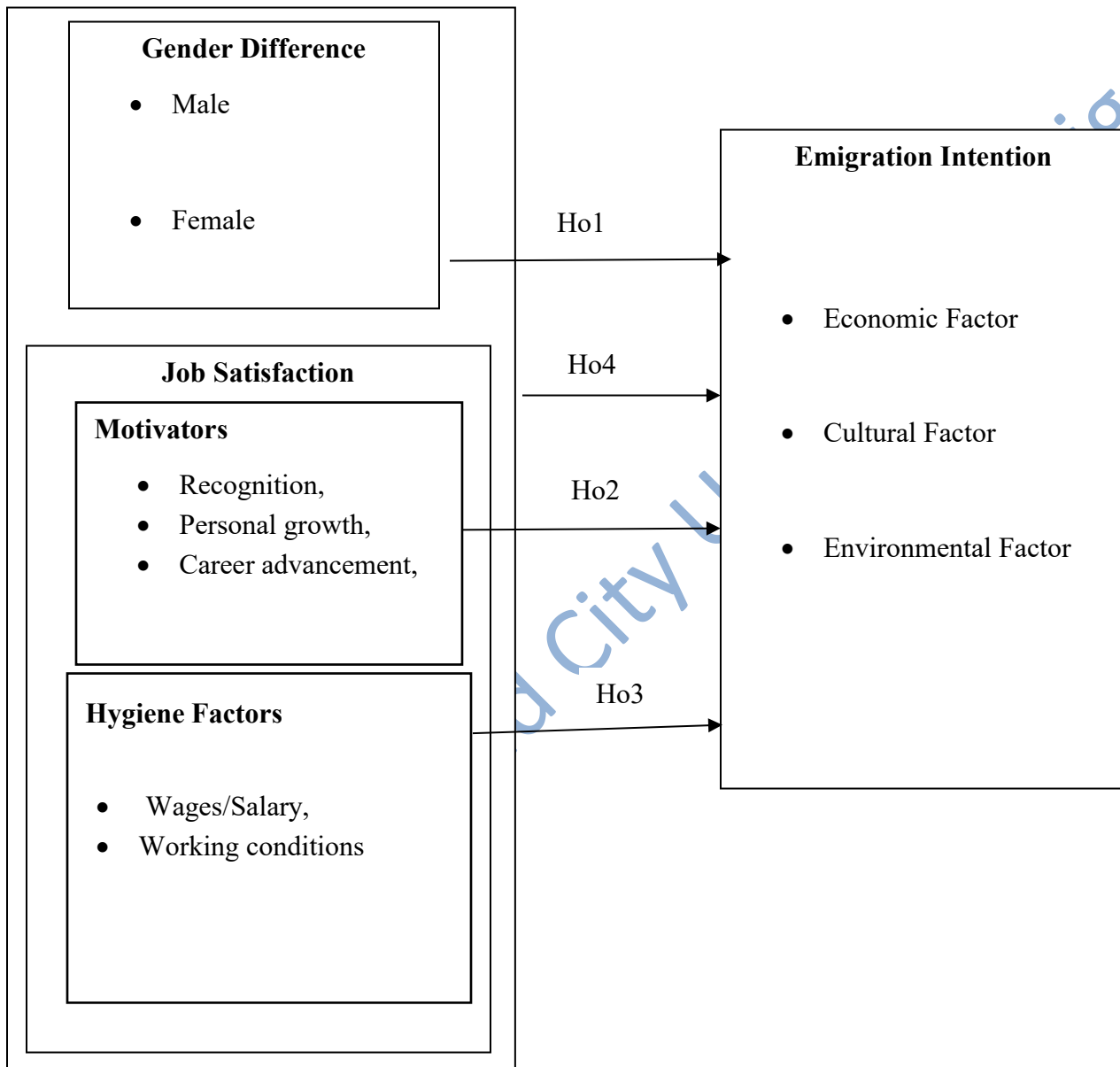
organizational justice than women and employees in the public sector<sup>132</sup>. Researchers in Indonesian observed that employee turnover is a major challenge to managers in the Indonesian health sector. Based on the observation that Nurses constitute the largest number of employees in the health sector, the study therefore focus on the influence of demographic factors among nurses such as; gender, age, education level, marital status, employmentstatus, tenure, work unit on their intention to leave their workplaces. The study adopted a crosssectional research design. The population is made up of nurses from selected hospitals in Indonesia. The study sample consisted of 119 nurses employed in strategic units of the hospitals. Sample is selected by simplerandom sampling method. Data were analyzed by using inferential statistics. The result shows thatgender and work unit (  $p = 0.034$  and  $p = 0.023$ . respectively) have influence on turnoverintention among the nurses. Specifically, it was found that female nurses have a higher turnover intention thanmale nurses and nurses working in places with high stress such as hemodialysis room also increase thechances of nurses to have the intention to leave the hospital<sup>133</sup>.

One of the interesting findings of this study is that marital status has no significant influence on migration intention. This means that married men are as likely to seek foreign migration as well as married women. Scholars put this down to the responsibility expected of each partners in the marriage and other issues such as the age of children<sup>134</sup>.

What this suggests is that gender may nor really affect migration intention among health information managers. It would therefore seems that migration is driven purely by economic reasons. That health information managers desire to travel abroad simply to make more money. However, available literature does not totally agree with this.

A study was conducted by a group of Nigerian researchers to determine the impact of nurses' emigration on health care service delivery in Nigeria. The study followed a descriptive cross-sectional study with the sample consisting of 270 nurses selected from three different Benin-city Edo state hospitals with the help of stratified sample. Researchers employed a self-structured survey with open-ended and Likert scale questions to investigate how the emigration of nurses affects the health care system as a whole. The study finding showed that emigration of nurses has an average impact on the health-care delivery system. It was also found that gender has no significant influence on the decision of the nurses to migrate to other countries ( $t = 3.84$ ,  $P 0.001$ )<sup>135</sup>. Given that the study did not focus on factors that may determine the decision to emigrate, this means that, given equal chances, female and male health information managers would both be willing to migrate.

## 2.4 Conceptual Framework



**Figure 2.4: Conceptual Model on Gender and Job Satisfaction on Migration Intention of Health information managers.**

**Source: Researcher's Fieldwork, 2022**

The conceptual model highlights the study variables and depicts the relationships between and among the study variable. The dependent variable is migration intention. The variable is measured by constructs adapted from the theory of planned behaviour, i.e.; attitude towards migration, subjective norms and locus of control. There are also two independent variables namely; gender and job satisfaction. Gender is measured by males and females while job satisfaction metrics are intrinsic and extrinsic job satisfaction. The relationship between these three variables forms the basis of the research hypotheses. The first hypothesis focus on the relationship between gender on job satisfaction. This is meant to test whether being male or being female has any significant influence on migration intention. In other words, the researcher wants to know which gender is more likely to have migration intention.

Migration intention is also linked to job satisfaction in the second hypothesis. It seek to understand whether being satisfied or dissatisfied has any real influence on migration intention among health information managers the third hypothesis also aims to evaluate the combined influence of both gender and job satisfaction on migration intention. The metrics of the variables further show clearly the issues that might arise in the relationship between the variables.

Migration intention is based on attitude towards migration. Would being male or female affect attitude towards migration considering the different role each gender is expected to play in the society. Also, subject norm, which relates to societal expectation, is a metric of migration intention. It is important to know whether gender will affect subjective norm based on who they society expects should 'stay at home' and who has the freedom

of movement between the genders. The same is true for perceived behaviour control. Are female likely to be more in control of being able to make migration decisions than males?

The same is true for job satisfaction. The study aims to examine how job satisfaction can influence all aspect of migration intention such as attitude, subjective norm, and perceived behavioural control.

## **2.5 Summary of Literature Reviewed**

The review of existing literature has shown the state of the art regarding the key variables on the study. Generally, migration is a global issues with various aspects which have been broadly categorized into voluntary and involuntary/forced migration. Both aspects of migration have received global attention with a multilateral organisation dedicated to all issues relating to human migration. This is because migration has been identified to have social, economic, political, and environmental implications. In line with this, many study on migration exists focus on different subgroups in the global society. The migration of health information managers is therefore one of the various demographics that have been the focus of migration studies all over the world.

What is obvious from the studies review is the fact that the majority of the studies focusing on the migration of health information managers focusing on a particular group such as nurses and doctors with only a handful focusing on all health information managers. While this reveals the particular issues relating to each subfield in the health sector, focusing on a homogenous population such as nurses or doctors often denied the researcher the opportunity to make the necessary comparisons on the migration of health

information managers. Apart from this, majority of the available studies are quite revealing about the pattern of migration among health information managers.

It is obvious from the available literature that the direction of flow of health information managers is from developing countries to developed ones. This flow is driven by different factors. One, developed countries have universal healthcare policies which focus on taking care of all citizens. This requires a large pool of health information managers which they either do not have or they have no time to train. As a result, they entice trained professionals from other countries with improved offers such as salaries, better living conditions and a better working environment. This often works on health information managers from developing countries where the quality of life is usually what is obtainable in developed countries. Indeed, some health practitioners from developing countries need little incentive to move to foreign countries.

Literature has detailed various issues in their home countries often encourage health practitioners to seek employment outside the country. In many countries, particularly in Africa to which Nigeria belongs, there is a sheer mismanagement of resources which has made it difficult for health information managers to carry out their duties effectively. Studies also show that the disease burden in Africa is more than in any other continent. So, as health practitioners struggled to contain various disease outbreaks, they have to do so with inadequate equipment which often expose them to risk of infection. In addition to this, many of them are usually overworked and underpaid. Scholars have therefore combined the attractive situation abroad and the difficult situations that health information managers have to deal with at home to form what is called the push-pull factor. As the developed world entices them with mouth-watering offers, their home

countries are making it difficult for them with low salaries, unfriendly work environment, insecurity and lack of attention to their welfare. The study of migration of health information managers reveals the impact on both the country of origin and the destination countries.

Researchers from Africa see the migration of health practitioners and other skilled labourers to Europe and America as 'Brain Drain'. They view this mass migration to foreign countries as a danger to the wellbeing of African countries who lose their best professionals to other countries. Many of the studies also examined the factors that motivate health information managers to migrate abroad with recommendations on how to stem the tide of this migration. Scholars from western countries, even those from Africa however see no need to stop the migration.

These scholars believe that the mobility of labour is a key issue in the 21<sup>st</sup> century and it is within the right of health information managers to seek employment where they will receive the highest benefit. These studies are therefore focused on issues facing migrant health information managers and relevant policies that affect migrant workers. These studies often fail to consider the condition that made these professionals leave their home countries but rather focus on their experiences in their new homes and how the hosts can benefit from the expertise of the professionals. As a result, the job of identifying the variables that affect the intention to migrate among health information managers is left to scholars from developing countries.

Most of these studies have rightly identified the shortcomings in their countries as the reason why majority of the health practitioners migrate abroad. They have also described the economic and social impact of these migration on the country. This is where experts

differ. While some see the migration as a total loss for the country in term of resources committed to the training of those health practitioners by poor countries and the human life they are supposed to save or prolong after their training which they would not be able to do once they go abroad.

Other scholars however see benefit in the migration of these health information managers in term of the foreign exchange they would earn for their countries through remittances. These scholars also submitted that, by working and gaining experience at the best health facilities around the world, these health information managers can later come back home to help develop the health sectors in their countries of origin. However, this analysis is not enough to satisfy majority of those who believe that strategies must be developed to retain the health information managers with others even looking at encouraging their health information managers in the diaspora to return.

However, looking at most of the studies conducted especially in Nigeria where researchers have different categories of health information managers such as nurse and doctors, it can be seen that there are gaps to be filled. One, none of the studies have examined the gender factor in the migration intention of health information managers. Also, while several studies have been conducted on job satisfaction of health information managers and the influence it has on various issues such as job performance, service delivery, productivity and turnover intention among others, none of the studies have directly measure the influence of job satisfaction on migration intention of health information managers in Nigeria. In addition, there are few studies that have combined several health information managers such as Doctors, Nurses, Health Information Managers, Medical Laboratory Scientists. This study is there significant

## Endnotes

1. V. M. Esses, J. D. Wright, C. Thomson, & L. K. Hamilton. "Immigration." In *The Sage Encyclopedia Of Political Behavior*. Thousand Oaks: Sage Publications, 2017. Pdf. <http://dx.doi.org/10.4135/9781483391144.N177>.
2. J. Berger, *The Endangered Phenomenon of Animal Migration, And The Dissonance Between Doing Science and Achieving Conservation*. **The Ecological Citizen**, 3(Suppl A), 2019. Pp.79-85.
3. V. Kubelka, B. K. Sandercock, T. Székely, & R.P. Freckleton, *Animal Migration To Northern Latitudes: Environmental Changes And Increasing Threats*. **Trends In Ecology & Evolution**. 2021.
4. "Human Migration: Definition, Overview, & Facts." **Encyclopedia Britannica**. Accessed May 14, 2022. <https://www.britannica.com/topic/human-migration>.
5. E. Foner, N., Deaux, K., & K. M. Donato, *Introduction: Immigration And Changing Identities*. **The Russell Sage Foundation Journal Of The Social Sciences**, 4(5), 2018, 1-25.
6. A. Hu, *The Population Migration and Its Influence in The Period Of The Eastern Jin, The Sixteen States, And The Northern And Southern Dynasties*. **Frontiers Of History In China**, 5(4), 2010. 576–615. Doi:10.1007/S11462-010-0112-X)
7. S. Dywili, *The Experience of Sub-Saharan African Overseas Qualified Health Information Managers Working In Rural Nsw: A Hermeneutic Phenomenological Study*. **Phd Diss., School Of Nursing, Midwifery And Indigenous Health Faculty Of Science, Charles Sturt University**, 2017.
8. M. Crock, *Creating New Futures: Settling Children And Youth From Refugee Backgrounds*. **Annandale, Australia: The Federation Press**. 2015
9. E. Fong, Verkuyten, M. & Choi, S.Y., *Migration And Identity: Perspectives From Asia, Europe, And North America*. **American Behavioral Scientist**, 60(5-6), 2016. Pp.559-564.
10. International Labour Organization. *Executive Summary: International Labour Migration – A Rights-Based Approach*. Retrieved From [http://staging.ilo.org/public/libdoc/ilo/2010/110b09\\_59\\_Executive\\_Summary.pdf](http://staging.ilo.org/public/libdoc/ilo/2010/110b09_59_Executive_Summary.pdf))

11. *International Organization For Migration. World Migration Report 2015 – Migrants And Cities: New Partnerships To Manage Mobility.* Retrieved From [Http://Publications.Iom.Int/Books/World-Migration-Report-2015-Migrants-And-Cities-New-Partnerships-Manage-Mobility](http://Publications.Iom.Int/Books/World-Migration-Report-2015-Migrants-And-Cities-New-Partnerships-Manage-Mobility)
12. G. Cometto, J. Buchan, & G. Dussault, *Developing The Health Workforce For Universal Health Coverage.* **BulletinOf The World Health Organization**, 98(2), 2020, 109.
13. G. Ritzer, & P. Dean,. *Globalization: The Essentials.* **Oxford, United Kingdom: John Wiley & Sons.,** 2019
14. M. Satlykgylyjova, *The Social Process Of Globalization: Return Migration And Cultural Change In Kazakhstan.* **Central Asian Survey**, 36(2), 2017. 283–285. Doi:10.1080/02634937.2016.1252134,
15. V. M. Drennan, &F.Ross. *Global Nurse Shortages: The Facts, The Impact And Action For Change.* **British Medical Bulletin**, 130(1), 2019, 25-37..
16. É. Ní Shé, &R.Joye, *The Health Systems Workforce In An Era OfGlobalised Superdiversity—Exploring The Global Care Chain Landscape In Ireland.* In *Work And Identity.* **Palgrave Macmillan, Cham.** 2018. Pp. 101-116281-298.
17. Y. Zhou, C. Roscigno, & Sun, Q. *Why Do China-Educated Nurses Emigrate? A Qualitative Exploration.* **International Journal Of Nursing Studies**, 53, 2016 163–172. Doi:10.1016/J.Ijnurstu.2015.08.00
18. R. Adhikari, & K. M. Melia, *The (Mis)Management of Migrant Nurses In The Uk: A Sociological Study.* **Journal Of Nursing Management**, 23(3), 2015, 359–367. Doi:10.1111/Jonm.12141;
19. M. Beaton, & J. Walsh, *Overseas Recruitment: Experiences Of Nurses Immigrating To NewfoundlandAnd Labrador, 1949–2004.* **Nursing Inquiry**, 17(2), 2016. 173–183. Doi:10.1111/J.1440-1800.2009.00471.X 2016
20. National Human Genome Research Institute, *Genetic And Genomic Science And Research.* Retrieved From [Https://Www.Genome.Gov/19016904/Faq-About-Genetic-And-Genomic-Science/](https://www.genome.gov/19016904/Faq-About-Genetic-And-Genomic-Science/) (2017)
21. A. Adebayo, & O. O. Akinyemi, *What Are You Really Doing In This Country?: Emigration Intentions Of Nigerian Doctors And Their Policy Implications For Human Resource For Health Management."* **Journal Of International Migration And Integration**, 2021. Doi:10.1007/S12134-021-00898-Y.

22. N. Nursalam, C. H. E. N. Ching-Min, Efendi, F., Hidayati, L., & Hadisuyatmana, S. The Lived Experiences Of Indonesian Nurses Who Worked As Care Workers In Taiwan. **Journal Of Nursing Research**, 28(2), 2022, E78.
23. D. O. Olayungbo, & Quadri, A. Remittances, Financial Development And Economic Growth In Sub-Saharan African Countries: Evidence From A Pmg-Ardl Approach. *Financial Innovation*, 5(1), 2019. 1-25.
24. O.G. Enibe, C.R. Umeh, & I. J. Eze, *Brain Drain And Sustainable Development In Nigeria, 2000-2015*. **University Of Nigeria Journal Of Political Economy**, 11(1). 2021.
25. R. Adhikari, & K. M. Melia, *The (Mis)Management Of Migrant Nurses In The Uk: A Sociological Study*. **Journal Of Nursing Management**, 23(3), 2015. 359–367. Doi:10.1111/Jonm.12141
26. C. J. Okafor, & C. Chimereze, *Brain Drain Among Nigerian Nurses: Implications To The Migrating Nurse And The Home Country*. **International Journal Of Research And Scientific Innovation**, 7(1), 2020. Pp.15-21.
27. E. Cabanda, “We Want Your Nurses!”: Negotiating Labor Agreements In Recruiting Filipino Nurses. **Asian Politics & Policy**, 12(3), 2020. Pp.404-431.
28. . M. Marć, A., Bartosiewicz, Burzyńska, J., Chmiel, Z., & P. Januszewicz, *A Nursing Shortage—A Prospect Of Global And Local Policies*. **International Nursing Review**, 66(1), 2019, 9-16.
29. M. Lowe, & D.R. Chen, *Brain Drain Issue And Health Information Managers’ Migration From West Africa*. **Journal Of Population Studies**, (53), 2016. Pp.61-96.
30. M. N. Nwakobi, *On The Efficiency Of Health Systems In West Africa: A Data Envelopment Analysis Approach*. **Communication In Physical Sciences**, 6(2). 2020.
31. P. Nkansah, *Migration Intentions of Health Information Managers: The Case Of Final Year Medical Students, University Of Ghana (Doctoral Dissertation, University Of Ghana)*. 2019.
32. H. Kratou, & N Khlass, *Remittances, Income Inequality, And Brain Drain: An Empirical Investigation For The Mena Region. In Key Challenges And Policy Reforms In The Mena Region Springer, Cham.*, 2022. Pp. 85-101.
33. M. Czaika, J. Bijak, & T. Prike, *Migration Decision-Making And Its Key Dimensions*. **The Annals Of The American Academy Of Political And Social Science**, 697(1), 2021. Pp.15-31.

34. M.A. Mohamed, & A.N. Abdul-Talib, *Push–Pull Factors Influencing International Return Migration Intentions: A Systematic Literature Review*. **Journal Of Enterprising Communities: People And Places In The Global Economy**. 2020.
35. D. Onogbosele, & O. Adenuga, “Challenges Of Human Capital Formation In Nigeria: A Descriptive Analysis”, **Lafia Journal Of Economics And Management Sciences**, Vol. 3 No. 2, 2018, Pp. 75-101.
36. O. Popogbe, & O.T. Adeosun, *Empirical Analysis of The Push Factors Of Human Capital Flight In Nigeria*. **Journal Of Humanities And Applied Social Sciences** 4, No. 1 2020, 3-20. Doi:10.1108/Jhass-07-2020-0093..
37. L. Cele, Willen, S. S., Dhanuka, M., & Mendenhall, E. *Ukuphumelela: Flourishing And The Pursuit Of A Good Life, And Good Health, In Soweto, South Africa*. **Ssm-Mental Health**, 1, 2021. 100022.
38. M. Aslany, J. Carling, M. B. Mjelva, & T. Sommerfelt. *Systematic Review Of Determinants Of Migration Aspirations*. *Quantmig Project Deliverable D2.2*. **Southampton: University Of Southampton**, 2021.
39. K. H. Greenaway, M. Frye, & T. Cruwys. *When Aspirations Exceed Expectations: Quixotic Hope Increases Depression Among Students*. **Plos One** 10 (9): 2015.E0135477.
40. S.S. Lim, *Aspirations of Migrants And Returns To Human Capital Investment*. **Social Indicators Research**, 138(1), 2018.Pp.317-334.
41. P. Engzell, *Aspiration Squeeze: The Struggle Of Children To Positively Selected Immigrants*. **Sociology Of Education** 92 (1): 2019. 83–103.
42. S. Grubanov-Boskovic, S. Kalantaryan, Silvia Migali, & M. Scipioni, "The Impact Of The Internet On Migration Aspirations And Intentions." **Migration Studies** 9 (4), 2021, 1807-1822. Doi:10.1093/Migration/Mnab049
43. M. Thompson, *Migration Decision-Making: A Geographical Imaginations Approach*. **Area**49 (1): 2017. 77–84
44. C. Vafeas, & J. Hendricks, *A Heuristic Study Of Uk Nurses' Migration To Wa: Living The Dream Downunder*. **Collegian**, 25(1), 2018. Pp.89-95.
45. E. Koksalmis, & Kabak, Ö..*Deriving Decision Makers' Weights In Group Decision Making: An Overview Of Objective Methods*. **Information Fusion**, 49, 2019, 146-160..

46. P. W. De Jong, & He. De Valk. *Intra-European Migration Decisions And Welfare Systems: The Issing Life Course Link*. **Journal Of Ethnic And Migration Studies** 46 (9): 2020.1773–91.
47. S. Kley, *Facilitators and Constraints At Each Stage Of The Migration Decision Process*. **Population Studies** 71 (S1): 2017. 35–49
48. A. Klabunde, S. Zinn, F. Willekens & M. Leuchter. 2017. *Multistate Modelling Extended By Behavioural Rules: An Application To Migration*. **Population Studies** 71 (S1): 2017, 51–67. .
49. H. Bludau, *Global Healthcare Worker Migration*. In **Oxford Research Encyclopedia Of Anthropology**.6 2021.
50. V.M. Drennan, & F. Ross, *Global Nurse Shortages: The Facts, The Impact And Action For Change*. **British Medical Bulletin**, 130(1), 2019. Pp.25-37.
51. D. K. Thapa, D. Visentin, R. Kornhaber, & Cleary, M. *Migration Of Adult Children And Mental Health Of Older Parents 'Left Behind': An Integrative Review*. **Plos One**, 13(10), 2018, E0205665.
52. M. Walton-Roberts, *Asymmetrical Therapeutic Mobilities: Masculine Advantage In Nurse Migration From India*. **Mobilities**, 14(1), 2019. Pp.20-37.
53. A. Domagała, M. Kautsch, A. Kulbat, & Parzonka, K., *Exploration Of Estimated Emigration Trends Of Polish Health Information Managers*. **International Journal of Environmental Research And Public Health**, 19(2), 2022. P.940.
54. F. Stubbs, *Recruitment Of Nurses From India And Their Experiences Of An Overseas Nurses Program*. **Nursing In Critical Care**, 22(3), 2017. Pp.176-183.
55. T. Dzinamarira, & G. Musuka, *Brain Drain: An Ever-Present; Significant Challenge To The Zimbabwean Public Health Sector*. **Public Health In Practice**, 2, 2021. P.100086.
56. K. Neumann, & F. Hermans, *What Drives Human Migration In Sahelian Countries? A Meta-Analysis*. **Population, Space and Place**, 23(1), 2017. P.E1962.
57. L. S. Davda, J. E. Gallagher, & D. R. Radford, *Migration Motives And Integration Of International Human Resources Of Health In The United Kingdom: Systematic Review And Meta-Synthesis Of Qualitative Studies Using Framework Analysis*. **Human Resources For Health**, 16(1), 2018, 1-13.
58. Ş. M. Suci, C. A. Popescu, M. D. Ciumageanu, & A.D. Buzoianu, *Physician Migration At Its Roots: A Study On The Emigration Preferences And Plans*

- Among Medical Students In Romania. Human Resources For Health*, 15(1), 2017. Pp.1-9.
59. H. Oda, Y. Tsujita, & S. Irudaya Rajan, *An Analysis of Factors Influencing The International Migration Of Indian Nurses. Journal Of International Migration And Integration*, 19(3), 2018. Pp.607-624.
60. T. Dzinamarira, & G. Musuka, *Brain Drain: An Ever-Present; Significant Challenge To The Zimbabwean Public Health Sector. Public Health In Practice*, 2, 2021. P.100086.
61. M. Mudzonga, *Migration Management And Health Service Delivery: A Case Of The Zimbabwe Public Health Sector. Development Southern Africa*, 2021. Pp.1-12.
62. Bond, S., Merriman, C., & Walthall, H. *The Experiences Of International Nurses And Midwives Transitioning To Work In The UK: A Qualitative Synthesis Of The Literature From 2010 To 2019. International Journal of Nursing Studies*, 110, 2020, 103693.
63. De Jong, P. W., & De Valk, H. A. *Intra-European Migration Decisions And Welfare Systems: The Missing Life Course Link. Journal Of Ethnic And Migration Studies*, 46(9), 2020, 1773-1791.
64. P. Galbany-Estragués, & S. Nelson, *Migration Of Spanish Nurses 2009–2014. Underemployment And Surplus Production Of Spanish Nurses And Mobility Among Spanish Registered Nurses: A Case Study. International Journal Of Nursing Studies*, 63, 2016.Pp.112-123.
65. M. A. Frota, C. D. M. W., Wermelinger, L. J. Mvieiraximenes F. R. Neto, G., Queiroz, R. S. M., & Amorim, R. F. D. *Mapping Nursing Training In Brazil: Challenges For Actions In Complex And Globalized Scenarios. Ciência&SaúdeColetiva*, 25, 2019, 25-35.
66. A. Dilig-Ruiz, I. Macdonald, M. D. Varin, A. Vandyk, I.D. Graham, & J.E. Squires, *Job Satisfaction Among Critical Care Nurses: A Systematic Review. International Journal Of Nursing Studies*, 88, 2018. Pp.123-134.
67. B. Girma, J. Nigussie, A. Molla, & M. Mareg, *Health Professional's Job Satisfaction And Its Determinants In Ethiopia: A Systematic Review And Meta-Analysis. Archives Of Public Health*, 79(1), 2021.Pp.1-11.
68. T. J. Rothausen, & K. E Henderson, *Meaning-Based Job-Related Well-Being: Exploring A Meaningful Work Conceptualization Of Job Satisfaction. Journal Of Business And Psychology*, 34(3), 2019. Pp.357-376.

69. M. Aslan, & H. Atesoglu, *The Effect Of Innovation And Participation As Workplace Values On Job Satisfaction And The Mediating Effect Of Psychological Ownership*. **Sage Open**, 11(4), 2021. P.21582440211061530
70. R. Rosdaniati, & M. Muafi, *The Influence Of Workplace Happiness And Innovative Work Behavior On Job Satisfaction Mediated By Work Engagement*. **International Journal Of Research In Business And Social Science** (2147-4478), 10(7), 2021. Pp.186-198
71. A. Khaskheli, Jiang, Y., Raza, S. A., Qureshi, M. A., Khan, K. A., & Salam, J. *Do Csr Activities Increase Organizational Citizenship Behavior Among Employees? Mediating Role Of Affective Commitment And Job Satisfaction*. **Corporate Social Responsibility And Environmental Management**, 27(6), 2020, 2941-2955.
72. M. Qing, M. Asif, A. Hussain, & Jameel, A., *Exploring The Impact of Ethical Leadership On Job Satisfaction And Organizational Commitment In Public Sector Organizations: The Mediating Role Of Psychological Empowerment*. **Review Of Managerial Science**, 14(6), 2020. Pp.1405-1432.
73. J. Idiegbeyan-Ose, R. Opeke, A. Aregbesola, S. Owolabi, & T.A. Eyiolorunshe, *Relationship Between Motivation And Job Satisfaction Of Staff In Private University Libraries, Nigeria*. **Academy Of Strategic Management Journal**, 18(1).2019.
74. O.E. Akinwale, & O.J. George, *Work Environment and Job Satisfaction Among Nurses In Government Tertiary Hospitals In Nigeria*. **Rajagiri Management Journal**. 2020.
75. A. G Woldearegay, *Predictive Model of Organizational Justice, Job Satisfaction, And Commitment: The Context Of The State Media Sector In The Ethiopian Federation*. **Cogent Social Sciences**, 7(1), 2021. P.1930866.
76. S. Alrawahi, Sellgren, S.F. Altouby, S., N. Alwahaibi, & M Brommels., *The Application Of Herzberg's Two-Factor Theory Of Motivation To Job Satisfaction In Clinical Laboratories In Omani Hospitals*. **Heliyon**, 6(9), 2020. P.E04829.
77. Herzbergs Two-Factor Theory of Motivation." *Management Study Guide - Courses for Students, Professionals & Faculty Members*. Accessed June 4, 2022. <https://www.managementstudyguide.com/Herzbergs-Theory-Motivation.htm>.
78. B. Xie, Zhou, W., Huang, J. L., & Xia, M. *Using Goal Facilitation Theory To Explain The Relationships Between Calling And Organization-Directed Citizenship Behavior And Job Satisfaction*. **Journal Of Vocational Behavior**, 100, 2017, 78-87

79. G. James, *Relationship Between Intrinsic Job Satisfaction, Extrinsic Job Satisfaction, And Turnover Intentions In Luxury Hotels*, **Doctoral Dissertation, Walden University**. 2020.
80. F. Ayalew, Kibwana, S., Shawula, S., Misganaw, E., Abosse, Z., Van Roosmalen, J., Stekelenburg, J., Kim, Y.M., Teshome, M. & Mariam, D.W., *Understanding Job Satisfaction And Motivation Among Nurses In Public Health Facilities Of Ethiopia: A Cross-Sectional Study*. **Bmc Nursing**, 18(1), 2019. Pp.1-13.
81. C. Musinguzi, L. Namale, Rutebemberwa, E., A., P. Dahal, Nahirya-Ntege, &Kekitiinwa, A. *The Relationship Between Leadership Style And Health Worker Motivation, Job Satisfaction And Teamwork In Uganda*. **Journal Of Healthcare Leadership**, 10, 2018. P.21.
82. G. Gedif, Y. Sisay, A. Alebel, &Y.A., Belay, *Level of Job Satisfaction And Associated Factors Among Health Care Professionals Working At University Of Gondar Referral Hospital, Northwest Ethiopia: A Cross-Sectional Study*. **Bmc Research Notes**, 11(1), 2018. Pp.1-7.
83. O.A. Lasebikan, O. Ede, N.N. Lasebikan, U.E. Anyaehie, G.C. Oguzie, & E.D. Chukwujindu, *Job Satisfaction Among Health Information Managers In A Federal Tertiary Hospital In Nigeria*. **Nigerian Journal Of Clinical Practice**, 23(3), 2020.Pp.371-375.
84. R. T. Keвер, S. S. Oyibo, A. M. Gana, J. F. Ukende, Damkor, P. I., & S. Danlami. *Survey Of Factors Influencing Job Satisfaction Among Nurses In Ahmadu Bello University Teaching Hospital Zaria, Nigeria*. **Asian Journal Of Research In Nursing And Health**, 1(1), 2018, 1-14.
85. A.O. Olajide, C.O. Sowunmi, & B.O. Adeleke, *Intrinsic And Extrinsic Factors Influencing Job Satisfaction Among Nurses Working In Two Selected Government Owned Hospital In Lagos, Nigeria*, **Journal Of Medical Science And Clinical Research**, Jmscr 08 (4) 2020
86. A. Olaniran, B. Madaj, S. Bar-Zeev, A. Banke-Thomas, & N. Van Den Broek, *Factors Influencing Motivation And Job Satisfaction Of Community Health Information Managers In Africa And Asia—A Multi-Country Study*. **The International Journal Of Health Planning And Management**, 37(1), 2022. Pp.112-132.
87. S Mpongoshe, M., *The Effectiveness Of Ideal Clinic System In Increasing Job Satisfaction In The Rural Areas: A Case In The Eastern Cape Province, South Africa*. **Journal Of Human Resource And Sustainability Studies**, 10(3), 2022. Pp.557-578.
88. S. Bello, D.A. Adewole, &R.F. Afolabi, *Work Facets Predicting Overall Job Satisfaction Among Resident Doctors In Selected Teaching Hospitals In Southern*

- Nigeria: A Minnesota Satisfaction Questionnaire Survey.* **Journal Of Occupational Health And Epidemiology**, 9(1), 2020. Pp.52-60.
89. T.J. Lee, *Relationship Between Intrinsic Job Satisfaction, Extrinsic Job Satisfaction, And Turnover Intentions Among Internal Auditors (Doctoral Dissertation, Walden University)*. 2017.
90. C. Blumenberg, & A. J. Barros, *Response Rate Differences Between Web And Alternative Data Collection Methods For Public Health Research: A Systematic Review Of The Literature.* **International Journal Of Public Health**, 63(6), 2018, 765-773.,
91. ILO. *Report for Discussion At The Tripartite Meeting On Improving Employment And Working Conditions In Health Services.* **Geneva: International Labour Organization**; 2017.
92. M. Boniol, M. Mcisaac, L. Xu, T. Wuliji, K. Diallo, & J. Campbell, *Gender Equity In The Health Workforce: Analysis Of 104 Countries.* **Working Paper 1. Geneva: World Health Organization**; 2019
93. F.E. Turrentine, C.N. Dreisbach, A.R. St Ivany, J.B. Hanks, & A.T. Schroen, *Influence Of Gender On Surgical Residency Applicants' Recommendation Letters,* **Journal Of The American College Of Surgeons**, 228(4), 2019. Pp.356-365.
94. E. Hardiyanti, F. Firman, & R. Rusdinal, *The Dual Role Of Women In Supporting The Household Economy To Fulfill Family Needs In The Musi River, South Sumatra.* **Tambusai Education Journal**. 3(6): 2019, 1549-1555. <https://jptam.org/index.php/jptam/article/view/400>
95. M. Sánchez-Vidal, D. Cegarra-Leiva, & C. Cross, *Gender Differences In Inter-Role Conflict In Spain.* **Employee Relations**. 42(2): 2019, 437-452. <https://doi.org/10.1108/Er-02-2019-0120>
96. Y. Gu, X. You, & R. Wang, *Job Demands And Emotional Labor As Antecedents Of Female Preschool Teachers' Work-To-Family Conflict: The Moderating Role Of Job Resources.* **International Journal Of Stress Management**, 27(1), 2020. 23–34. <https://doi.org/10.1037/Str0000130>
97. Y. Gu, & R. Wang, *Job Demands and Work-Family Conflict In Preschool Teachers: The Buffering Effects Of Job Resources And Off-Job Recovery Experiences.* **Current Psychology**. 2019. <https://doi.org/10.1007/S12144-019-00349-Z>
98. H. Bilal, & H. Y. Sari, *Relationship Between Burnout And Patient Safety Attitudes In Pediatric Nurses In A Hospital In Turkey.* **Enfermería Clínica**, 30(1), 2020, 37-41.

99. K. A. French, & T. D. Allen, *Episodic Work-Family Conflict and Strain: A Dynamic Perspective*. **Journal Of Applied Psychology**. Advance Online Publication, 2019. <https://doi.org/10.1037/Apl0000470>
100. E. A. Ohu, C. Spitzmueller, J. Zhang, C. L. Thomas, A. Osezua, & J. Yu, *When Work-Family Conflict Hits Home: Parental Work-Family Conflict And Child Health*. **Journal Of Occupational Health Psychology**, 24(5), 2019. 590-601. <https://doi.org/10.1037/Ocp0000145> 2019
101. N. Gahlawat, R. S. Phogat, & S. C. Kundu, *Evidence For Life Satisfaction Among Dual-Career Couples: The Interplay Of Job, Career, And Family Satisfaction In Relation To Workplace Support*. **Journal Of Family Issues**, 40(18), 2019. 2893-2921.
102. Bourgeois, B., *Implications of Gender Dysphoria On Gender Schema and Social Cognitive Theories Of Gender Development*, **Doctoral Dissertation, University Of Mississippi**, 2022
103. B. Akinola, *Influence Of Gender Leadership On The Portrayal Of Women On Television In Nigeria*. **International Journal Of Advanced Academic Research** 5, No. 3, 2019.
104. A. S. Albalawi, S. Naughton, M. B. Elayan, & M. T. Sleimi, *Perceived Organizational Support, Alternative Job Opportunity, Organizational Commitment, Job Satisfaction And Turnover Intention: A Moderated-Mediated Model*. **Organizacija**, 52(4), 2019, 310-324.
105. S. Rani, *Analysing Lee's Hypotheses Of Migration In The Context Of Malabar Migration: A Case Study Of Taliparamba Block, Kannur District*. **International Journal Of Research In Geography**, 4(1), 2018. Pp.1-8.
106. E.T. Nigem, *Integration of Lee's and Kammeyer's Migration Models*. **International Social Science Review**, 55(1), 1980. P.42.
107. J. A. Reukauf, *The Correlation Between Job Satisfaction And Turnover Intention In Small Business* **Doctoral Dissertation, Walden University**, 2018.
108. G. M. Shah, A. S. Shah, & N. M. Jamali, *Impact Of Financial Incentives On Employees Performance: A Case Study Of National Bank Of Pakistan (Nbp) 2004-2015*. **Grassroots**, 51(2). 2018.
109. Holmberg, C., Caro, J., & Sobis, I. *Job Satisfaction Among Swedish Mental Health Nursing Personnel: Revisiting The Two-Factor Theory*. **International Journal Of Mental Health Nursing**, 27(2), 2018, 581-592.

110. S.G. Saad, & A.M. Hasanein, *Impact Of Herzberg's Theory On Job Satisfaction And Organizational Commitment In Egyptian Hotels: Frontline Employees-Case Study*. **Egyptian Journal Of Tourism Studies** Vol, 17(1). 2018.
111. J.H. Aarhus, & T.G. Jakobsen, *Rewards Of Reforms: Can Economic Freedom And Reforms In Developing Countries Reduce The Brain Drain?*. **International Area Studies Review**, 22(4), 2019. Pp.327-347.
112. A. Domagała, & K. Dubas-Jakóbczyk, *Migration Intentions Among Physicians Working In Polish Hospitals—Insights From Survey Research*. **Health Policy**, 123(8), 2019. Pp.782-789.
113. J. F. Ryan, R. Healy, & J. Sullivan, *Oh, Won't You Stay? Predictors Of Faculty Intent To Leave A Public Research University*. **Higher Education**, 63(4), 2012. Pp.421-437
114. H. Ullah, A. Sehrish, , C.H. Anwar & S.M. Rana, *Factors Influencing Job Satisfaction Of Nurses In Public And Private Sector's Hospitals: A Cross-Sectional Study*. **Pakistan Journal of Public Health**, 8(3), 2018. Pp.147-151.
115. R.A., Adeyemi, Joel, A., Ebenezer, J.T. & Attah, E.Y., *The Effect Of Brain Drain On The Economic Development Of Developing Countries: Evidence From Selected African Countries*. **Journal Of Health And Social Issues (JOHESI)** Vol, 7(2), 2018. Pp.66-76.
116. G. Marini, & Yang, L. *Globally Bred Chinese Talents Returning Home: An Analysis Of A Reverse Brain-Drain Flagship Policy*. **Science And Public Policy**, 48(4), 2021, 541-552.
117. A. Botezat, & A. Moraru, *Brain Drain from Romania: What Do We Know So Far About the Romanian Medical Diaspora?* **Eastern Journal of European Studies**, 11(1). 2020, Pp.80-87.
118. P. Ramos, & H. Alves, *Migration Intentions Among Portuguese Junior Doctors: Results from A Survey*. **Health Policy**, 121(12), 2017. Pp.1208-1214.
119. F. M. Showers, *Moving Onward And Upward In A "Dead-End" Job: Extrinsic Motivations And Rewards In Health Care Work*. **In Sociological Forum**. 2022.
120. E. Anastasiou, G. Anagnostou, G.Theodossiou, & V. Papamargaritis, *Physicians' Brain Drain: Investigating The Determinants To Emigrate Through Empirical Evidence*, **International Journal Of Business And Economic Sciences Applied Research**. 2020.
121. A. Hutch, A. Bekele, E. O'flynn, A. Ndonga, S. Tierney, J. Fualal, & K. Erzingatsian, *The Brain Drain Myth: Retention Of Specialist Surgical Graduates*

- In East, Central And Southern Africa, 1974–2013. World Journal Of Surgery*, 41(12), 2017. 3046-3053. <https://doi.org/10.1007/S00268-017-4307-X>
122. A. T. Cowan, K. Cowan, & S. T. Walsh, August). *Mitigating High-Skill Brain Drain In Low-Growth Economies: An Examination Of Existing Brain-Drain Threats In New Mexico And Strategy And Policy Alternative To Address Them. In 2019 Portland International Conference On Management Of Engineering And Technology (Picmet)*, 2019, Pp. 1-8).
123. A. Vega-Muñoz, P. González-Gómez-Del-Miño, & Espinosa-Cristia, J. F. *Recognizing New Trends In Brain Drain Studies In The Framework Of Global Sustainability. Sustainability*, 13(6), 2021, 3195.
124. N. D. Emmanuel, M. Elo, & R. Piekkari, *Human Stickiness As A Counterforce To Brain Drain: Purpose-Driven Behaviour Among Tanzanian Medical Doctors And Implications For Policy. Journal Of International Business Policy*, 2(4), (2019, 314-332.
125. A. Akinto, *Critical Review Of The Use Of Financial Incentives In Solving Health Information Managers' Brain Drain. International Journal Of Research In Business And Social Science (2147-4478)*, 10(4), 2021. Pp.446-454.
126. S. M. Hussain, *Reversing The Brain Drain: Is It Beneficial?. World Development*, 67, 2015. 310-322. <https://doi.org/10.1016/J.Worlddev.2014.10.023>
127. Anastasiou, E., *Populations In Crisis: Migration Plans And Determinants Among Medical Students During The Covid-19 Pandemic. Migration Letters*, 19(1), 2022. Pp.15-28.
128. Akinto, A., *Critical Review Of The Use Of Financial Incentives In Solving Health Information Managers' Brain Drain. International Journal Of Research In Business And Social Science (2147-4478)*, 10(4), 2021. Pp.446-454.
129. United Nations. *World Migration Report 2020. Madison: Un, Iom*, 2020.
130. A. Ferede, G. D. Kibret, Y. Million, M. M. Simeneh, Y.A. Belay, & D. Hailemariam, *Magnitude Of Turnover Intention And Associated Factors Among Health Information Managers Working In Public Health Institutions Of North Shoa Zone, Amhara Region, Ethiopia. Biomed Research International*, 2018. 1-9
131. L. J. Labrague, D. M. Mcenroe-Petitte, K. Tsaras, J. P. Cruz, P. C. Colet, & D. S. Gloe, *Organizational Commitment And Turnover Intention Among Rural Nurses In The Philippines: Implications for Nursing Management. International Journal Of Nursing Sciences*, 5(4), 2018. Pp.403-408.

132. M.Agmasu, *Study On Job Satisfactions And Turnover Intentions Of Academic Staff Employee At Woldia University*. **International Journal Of Education And Management Studies**, 10(4), 2020.Pp.376-380.
133. N. H. Qowi, Nursalam& T. J. A. Yuswanto, *Demographic Factors Affecting Turnover Intention Among Nurses Working In Hospital*, **Proceedings Of The 9th International Nursing Conference (Inc)**, 2018, Pages 110-115
134. Bhuyan, R., Mcintyre, J., &Klieb, L. *Examining The Relationship Between Organizational Culture And Turnover Intention: A Study Of A Five-Star Hotel In Bangkok, Thailand*. In **8th Advances In Hospitality And Tourism Marketing And Management (Ahtmm) Conference**,2018,P. 183.
135. O. D. Olorunfemi, A. Idenyi, O.M. Olorunfemi, & E.O.Okupapat, *Impact Of The Emigration Of Nurses On Health Care Delivery System In Selected Hospitals, Benin-City, Edo State, Nigeria*. **Journal Of Integrative Nursing**, 2(3), 2020.Pp.110-115.

## **Chapter Three**

### **Methodology**

This chapter outlines the scientific framework to be adopted in conducting this study. It provides a step by step of explanation of the research process and the guidelines to be followed in conducting the study. The chapter is organised under the following subheadings; research design, population, sample size and sampling techniques, description of the research instrument, validity of the research instrument, reliability of the research instrument, data collection, method of data analysis.

#### **3.1 Research Design**

The survey research design was used in this study. The survey is ideal for this study since it aims to obtain insight into a phenomenon while also giving fundamental information on the study's variable. Furthermore, a survey is the most efficient in the collection of primary data from a large number of respondents such as those targeted for this study.

#### **3.2 Population of the Study**

The population of this study comprises of health Information Management professionals working at National Orthopaedic Hospital Igbobi and Federal Neuropsychiatric Hospital, Yaba all in Lagos State Nigeria. From the preliminary investigations conducted by the researcher, there are eighty (80) health information management professionals in the hospitals. The analysis of the study population and sample is provided in table 3.1.

### 3.3. Sample Size and Sampling Techniques

The sample size is the number of sampling units drawn from a population for the purpose of detailed examination. A sample is a representative of the population, which allow valid conclusions about the entire population. The sample size for this study is eighty (80) health information management professionals working in both hospitals under study. Total enumeration was used which means that the entire population is sampled. This is considered appropriate because the number of respondents are within the manageable range.

**Table 3.1: Population Distribution**

S/N	Professions	Population	Sample
1	National Orthopaedic Hospital Igbobi	50	50
2	Federal Neuropsychiatric Hospital	30	30
	TOTAL	80	80

Source: Information Desk of the Health Facilities.

### 3.4 Description of Research instrument

A structured questionnaire adapted from various studies was used as the main instrument for data collection. The questionnaire is divided into three main sections. Section A; This consist mainly of the demographic information about the respondents. Example of questions in the section include age, gender, academic qualification etc.

Section B contains questions related to migration intention. The items in this section were adapted from a related study<sup>1</sup>. It has two main subheadings namely; push factor and

perceived pull factors. Examples of items in the section include; “I believe moving abroad will enhance my career opportunities. “If I travel abroad, my friends and family will be happy’; ‘Hospitals abroad have better working environment’. All of the items are rated on 4 points Likert Scale, e.g.; Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Section C is the job satisfaction scale. It is adapted from an existing work<sup>2</sup>. The section has various subdivisions in line with the wide recognized types of job satisfaction i.e; intrinsic and extrinsic satisfaction. In all, the section has sixteen items. Examples of the statements and questions include; I am provided with resources that make my work effective’; “My salary is being paid as at when due” etc. All of the items are rated on 4 points Likert Scale, e.g.; Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

### **3.5 Validity of Research Instrument**

Validity is the degree to which an instrument measures what it is supposed to measure. The research instrument was tested for content and face validity by the research supervisor and other experts in the field. Their suggestions and amendments were incorporated into the final version of the instrument.

### **3.6 Reliability of Research Instrument**

The reliability of the research instrument was measured through a pre-test. The researcher administered the research instrument on thirty (30) health information management professionals from Lagos State Hospital (LASUTH) who are not part of the original

study. The responses were analysed to determine the Cronbach alpha value of each section of the scale. The results is presented in Table 3.2.

**Table 3.2: Reliability Statistic**

<b>Variables</b>	<b>Cronbach's Alpha Coefficient</b>
Emigration Intention	0.732
Job Satisfaction	0.814

Source: Fieldwork, 2022

### **3.7 Method of Data Collection**

A letter introducing the researcher as a Master's student was obtained from the Department of Information Management and Post Graduate school, Lead City University Ibadan respectively which was used to gain permission to conduct the research with approved ethical clearance from the Health facilities. The researcher administered the questionnaire with the aid of two research assistants who were be properly briefed on the process of the data collection. The collection of data lasted for two weeks.

### **3.8 Method of Data Analysis**

Descriptive and Inferential statistics were used to analyze the data. Descriptive statistics such as frequency count, mean and standard deviation was used for the demographic analysis and research questions. Independent t-test was used for hypotheses one while regression analysis was used for hypotheses two and two. Hypotheses three was tested using multiple regression analysis. The analysis was conducted using the IBM SPSS Statistics data analysis software.

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## Chapter Four

### Results and Discussion of Findings

The data collected towards the achievement of the research objective are presented, analysed and discussed in this chapter. Quantitative data was collected through the use of a structured questionnaire. The researcher administered 80 copies of the questionnaire to health information Management professional from National Orthopaedic Hospital, Igbobi and Federal Neuropsychiatric Hospital, Yaba, Lagos. All of the 80 questionnaire returned were found useful and included in the analysis. This was made possible due to diligence of the researchers and research assistants who guided the respondents clarified all issues raised by the respondents

## 4.2 Demographic Information

Table 4.1 Demographic Information of the Respondents

Items	Frequency	Percentage
<b>Gender</b>		
Female .	45	56
Male	35	44
<b>Total</b>	<b>80</b>	<b>100.0</b>
<b>Age Range</b>		
25-29	20	26
30-34	10	12
35-39	8	10
40-44	19	24
45 and above	23	28
<b>Total</b>	<b>80</b>	<b>100.0</b>
<b>Academic Qualification:</b>		
Postgraduate degree	8	10
First Degree	25	32
Diploma	23	28
Professional certificate	24	30
<b>Total</b>	<b>80</b>	<b>100.0</b>
<b>Years of Experience:</b>		
0-5 years	12	14

6- 10 years	21	26
11- 15 years	18	24
16- 20 years	11	12
21 and above	18	24
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Fieldworks, 2022.

Table 4.1 presents the demographic distribution of the respondents. The gender distribution shows that female respondents 45 (56%) has a slight majority compared to male respondents who are 35 in number, representing 44% of the total respondents. Furthermore, the analysis of the age distribution of the respondents shows that 20 (26%) of the respondents are between 25-29 years of age; those who are in the 30-34 age bracket are 10(12%). In addition, 8(10%) of the respondents are between 35-39 years while 19 (24%) are between 40-44years of age. Those aged 45 years and above are in the majority as they are 23 (28%). According to the academic qualifications of respondents 25 (32%) have first degree in related disciplines, 24(30%) of the respondent has professional certificates, 23 (28%) has diplomas while 8(10%) reported that they have postgraduate degrees. In term of job experience, 7 (14%) of the respondent has between 0-5 years of experience; 21 (26%) have between 6- 10 years; similarly; 18(24%) of the respondent shave 11- 15 years and 21 years and respectively while 11 (12%) of the respondents have between 16- 20 years of experience.

#### 4.2: Presentation of Research Questions

**Research Question One: What is the level of migration intention among health information managers in Lagos state;**

**Table 4.2: Level of Migration Intention Among Health information managers in Lagos State.**

Items	SA	A	D	SD	Mean
<b>Economic Factors</b>					
I am always thinking of migrating abroad because my pay is too low	27 (32%)	19 (24%)	17 (22%)	17 (22%)	2.66
There is poor standard of living in my country	40 (50%)	40 (50%)	--	--	3.48
I intend to travel abroad because of lack of employment opportunities in my country	23 (28%)	23 (28%)	17 (22%)	17 (22%)	3.24
I intend to travel abroad in order to be able to take care of my family	40 (50%)	22 (26%)	18 (24%)	--	2.72
<b>Weighted Mean</b>					3.03
<b>Cultural Factors</b>					
People working abroad are more respected in my society	40 (50%)	18 (24%)	--	22 (26%)	2.58
Working abroad will make me more recognized in my field	22 (26%)	23 (28%)	18 (24%)	17 (22%)	3.22
Health information managers get better recognition in Nigeria if they have practiced overseas before	36 (48%)	22 (26%)	22 (26%)	--	3.22
My overall standing in my community will be improved if I practice abroad compared to practicing in Nigeria	40 (50%)	23 (28%)	17 (22%)	--	3.28
<b>Weighted Mean</b>					3.08
<b>Environmental Factors</b>					
I wish to travel abroad to escape insecurity in	41	22	17	--	3.30

Nigeria	(52%)	(26%)	(22%)		
I wish to travel abroad to because of the poor working environment in Nigeria	23 (28%)	23 (28%)	17 (22%)	17 (22%)	2.62
I wish to travel abroad because I am overworked in my present workplace	18 (24%)	40 (50%)	22 (26%)	--	2.98
I wish to travel abroad because of the mismanagement of the health sector in Nigeria	36 (48%)	36 (48%)	4 (2%)	4 (2%)	3.42
<b>Weighted Mean</b>					<b>3.08</b>
<b>Grand Mean</b>					<b>3.06</b>

Decision rule 1.00 – 1.49= very low, 1.50 – 2.49= low, 2.50 – 3.49 = high, 3.50-4.00= very high.  
 Note: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).  
 Source: Field Survey Results (2022)

Table 4.2 present the result of analysis of the level of migration intention among health information managers in Lagos State. Migration intention was measured with economic factors, cultural factor and environmental factors. According to results in Table 4.2, 32% of the respondents strongly agreed that they are always thinking of migrating abroad because their pay is too low while 24% agreed. On the other hand 22% disagreed and another 22% strongly disagree with the statement., 33.8%. On average, the respondents indicated that they are always thinking of migrating abroad because their pay is too low has a mean of 2.66. Results also indicated that 50% of the strongly agreed that there is poor standard of living in their country, 50% also agree while no one disagreed. On average, the respondents indicated that there is poor standard of living in their country has a mean of 3.48. Results also indicated that 28% of the respondents strongly agree and agree respectively that they intend to travel abroad because of lack of employment opportunities in their country, 22% also disagree and strongly disagreed respectively. On average, the respondents indicated that they intend to travel abroad because of lack of

employment opportunities in their country has a mean of 3.24. Furthermore, 50% of the respondents strongly agreed that they intend to travel abroad in order to be able to take care of the family, 26% of the respondents also agreed while 24% disagreed while no one strongly disagree. On average, the respondents indicated that they intend to travel abroad in order to be able to take care of the family has a mean of 2.72 . Overall, the weighted mean for economic factor of migration is 3.03.

Table 4.2, also shows the result of cultural factors of migration among the respondent. It shows that 50% of the respondents strongly agreed that people working abroad are more respected in their society while 24% agreed. On the other hand, 26% of the respondents strongly disagree with the statement. On average, the respondents indicated that people working abroad are more respected in their society has a mean of 2.58. Results also indicated that 26% of the respondents strongly agreed that working abroad will make them more recognized in their field, 28% also agree, 24% disagree while 22% strongly disagreed. On average, the respondents indicated that working abroad will make them more recognized in their field has a mean of 3.22. Results also indicated that 50% of the respondents strongly agree that they intend to travel abroad because their standing in the community will be improved if they practice abroad compared to practicing in Nigeria, 28% also agree while 22% also disagree. On average, the respondents indicated that they intend to travel abroad because their standing in the community will be improved if they practice abroad compared to practicing in Nigeria has a mean of 3.28. Overall, the weighted mean for cultural factor of migration is 3.08.

The third construct of emigration intention is environmental factors. The responses in table 4.2 shows that 52% of the respondents strongly agreed that they wish to travel

abroad to escape insecurity in Nigeria, 26% of the respondents also agree while 22% disagreed. On average, the respondents indicated that they wish to travel abroad to escape insecurity in Nigeria has a mean of 3.30. The results also show that 28% strongly agreed and agree respectively that they wish to travel abroad to because of the poor working environment in Nigeria, 22% also disagree and strongly disagree respectively. On average, the respondents indicated that they wish to travel abroad to because of the poor working environment in Nigeria has a mean of 2.62. Furthermore, 24% strongly agreed while 50% agree that they wish to travel abroad because they are overworked in their present workplace, 26% disagree to this statement. On the average, the respondents indicated that they wish to travel abroad because they are overworked their present workplace has a mean of 2.98. Also, 48% of the respondents strongly agreed that they wish to travel abroad because of the mismanagement of the health sector in Nigeria, 48% also agreed to this while 2% disagreed and strongly disagreed respectively. On the average, the respondents indicated that they wish to travel abroad because of the mismanagement of the health sector in Nigeria has a mean of 3.42. Overall, the weighted mean for environmental factor of migration is 3.08.

Given the weighted mean of economic factors is 3.03, it is considered high according to the decision. This mean that economic reasons is one of the major aspect of the intention to migrate among the respondents. Similarly, given that the weighted means for cultural faction is 3.08, it also indicates a high level of cultural factor that can raise the intention to migrate among the respondents. Also, the weighted mean of environmental factors is 3.08 indicating that there is a high level of environmental factor driving the intention to

migrate among the respondent. Taken together, the grand mean derived from the three metric is 3.06 which shows that the intention to migrate among the respondents is high.

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**Research Question Two: What is the Level of Job Satisfaction among Health information managers in Lagos State?**

**Table 4.3: Level of Job Satisfaction among Health Information Managers in Lagos State**

Items	SA	A	D	SD	Mean
<b>Recognition</b>					
My supervisor appreciate my input at work	18 (24%)	45 (54%)	17 (22%)	--	3.02
My employer do recognizes my contribution to its success	17 (22%)	45 (54%)	18 (24%)	--	2.98
I have always received commendation for any extra effort I put into my work	17 (22%)	19 (26%)	40 (50%)	4 (2%)	2.68
<b>Weighted Mean</b>					<b>2.89</b>
<b>Career Advancement</b>					
My employer ensure that deserving employees are promoted in due time	17 (22%)	46 (56%)	17 (22%)	--	3.00
I am satisfied with the criteria for promotion in my place of work	18 (24%)	24 (30%)	18 (24%)	17 (22%)	2.56
I am satisfied with rate of advancement at my place of work	19 (24%)	23 (28%)	19 (24%)	19 (24%)	2.52
<b>Weighted Mean</b>					<b>2.69</b>
<b>Personal Growth</b>					
Individual initiatives is encouraged at my current place of work	--	63 (78%)	17 (22%)	--	2.78
If I could choose the career again I would make the same decision	18 (24%)	23 (28%)	22 (26%)	17 (22%)	2.54
I am satisfied with my achievement at work	22 (26%)	40 (50%)	9 (12%)	9 (12%)	2.90

I have skills, knowledge and training required to do my job	36 (48%)	22 (26%)	22 (26%)	--	3.22
<b>Weighted Mean</b>					<b>2.86</b>
<b>Working Conditions</b>					
My work environment is very conducive with basic facilities	18 (24%)	22 (26%)	18 (24%)	22 (26%)	2.48
I am provided with necessary resources that make my work effective	17 (22%)	18 (24%)	22 (26%)	23 (28%)	2.38
My physical working condition are good	4 (2%)	22 (26%)	17 (22%)	40 (50%)	1.78
<b>Weighted Mean</b>					<b>2.22</b>
<b>Salary</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>Mean</b>
My salary is being paid as at when due	17 (22%)	46 (56%)	--	17 (22%)	2.78
My salary is adequate with the level of responsibilities I have in my workplace	17 (22%)	22 (26%)	24 (30%)	17 (22%)	2.48
My Salaries are adequate and commensurate with my level of competence	17 (22%)	22 (26%)	17 (22%)	24 (28%)	2.40
<b>Weighted Mean</b>					<b>2.55</b>
<b>Grand Mean</b>					<b>2.64</b>

Decision rule 1.00 – 1.49= very low, 1.50 – 2.49= low, 2.50 – 3.49 = high, 3.50-4.00= very high.

Note: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

Source: Field Survey Results (2022)

Table 4.3 present the result of analysis of the level of Job Satisfaction among Health information managers in Lagos State. Job satisfaction was measured has two dimensions; motivators and hygiene factors. Motivators is included in the study are recognition, personal growth and career advancement opportunities. Under recognition, 24% of the

respondents strongly agreed that their supervisor appreciate their input at work while 54% agreed. On the other hand, 22% disagreed with the statement. On average, the respondents indicated that their supervisor appreciate their input at work has a mean of 3.02. Results also indicated that 22% of the respondents strongly agreed that their employer do recognizes their contribution to organisational success, 54% also agree while 24% disagreed. On average, the respondents indicated that their employer do recognizes their contribution to organisational success has a mean of 2.98. Results also indicated that 22% of the respondents strongly agree that they have always received commendation for any extra effort they put into their work, 26% agree, 22% also disagree while only 2% strongly disagreed. On average, the respondents indicated that they have always received commendation for any extra effort they put into their work has a mean of 3.35. The weighted mean of recognition is 2.68 which indicates that the level of recognition for health practitioners is average.

Under career advancement, 22% of the respondents strongly agreed that their employer ensure that deserving employees are promoted in due time, 56% of the respondents also agreed while 22% disagreed while no one strongly disagree. On average, the respondents indicated that their employer ensure that deserving employees are promoted in due time has a mean of 3.00. Also, 24% of the respondent strongly agreed that they are satisfied with the criteria for promotion in their place of work, 30% agree, 24% disagree while 22% strongly disagree. On average, the respondents indicated that they are satisfied with the criteria for promotion in their place of work has a mean of 2.56. Furthermore, 24% of the respondents strongly agreed that they are satisfied with rate of advancement at their place of work, 28% agree while 24% disagree and strongly disagreed respectively. On

average, the respondents indicated that they are satisfied with rate of advancement at their place of work has a mean of 2.52. Overall, the weighted mean for career advancement is 2.69 which indicates a moderate level of career advancement opportunities for the respondents.

Table 4.3, also shows the result of personal growth as a motivator for employee satisfaction. It shows that 78% of the respondents agreed that individual initiatives is encouraged in their current place of work while 22% of the respondents disagreed. On average, the respondents indicated that individual initiatives is encouraged in their current place of work has a mean of 2.78. Results also indicated that 24% of the respondents strongly agreed that if they could choose the career again they would make the same decision, 28% also agree, 26% disagree while 22% strongly disagreed. On average, the respondents indicated that if they could choose the career again they would make the same decision has a mean of 2.54. Results also indicated that 26% of the respondents strongly agree that they are satisfied with their achievement at work, 50% agree, while 12% also disagree and strongly disagreed respectively. On average, the respondents indicated that they are satisfied with their achievement at work has a mean of 2.90. Furthermore, 48% of the respondents strongly agreed that they have skills, knowledge and training required to do their job, 26% of the respondents also agreed while 26% disagreed while no one strongly disagree. On average, the respondents indicated that they have skills, knowledge and training required to do their job has a mean of 3.22. Overall, the weighted mean for personal growth is 2.86 which indicates a moderate level of personal growth opportunities for the respondents.

The second construct of job satisfaction is hygiene factors. Hygiene factors examined in this study include working conditions and salary/wages. For working condition, the responses in table 4.3 shows that 24% of the respondents strongly agreed that their work environment is very conducive with basic facilities, 26% of the respondents also agree while 24% disagreed and 26% strongly disagreed. On average, the respondents indicated that that their work environment is very conducive with basic facilities has a mean of 2.48. The results also show that 22% of the respondents strongly agreed that they are provided with necessary resources that make their work effective, 24% agree, 26% also disagree and 28% strongly disagree respectively. On average, the respondents indicated that they are provided with necessary resources that make their work effective has a mean of 2.38. Furthermore, 2% strongly agreed that their physical working condition are good, 26% agree, 22% disagree and 50% strongly disagree to this statement. On the average, the respondents indicated that their physical working condition are good has a mean of 1.78. Overall, the weighted mean for working is 2.22.

The table 4.3 also revealed that 22% of the respondents strongly agreed that their salary is being paid as at when due, 56% agreed to this and 22% strongly disagreed. On the average, the respondents indicated that their salary is being paid as at when due has a mean score of 2.78. Likewise, 22% of the respondent strongly agreed that their salary is adequate with the level of responsibilities they have, 26% agreed to this while 30% disagreed and 22% strongly disagreed to the statement. On the average, the respondents indicated that their salary is adequate with the level of responsibilities they have has a mean score of 2.48. Also, 22% of the respondents strongly agreed that salaries are adequate and commensurate with their level of competence, 26% agreed, 22% disagreed

and 28% strongly disagreed. On the average, the respondents indicated that their salary is adequate with the level of responsibilities they have has a mean score of 2.40. Overall. In addition, the grand mean for job satisfaction among the respondents is 2.64 which indicate a moderate level of job satisfaction.

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### 4.3 Presentation of Research Hypotheses

**Hypothesis One:** There is no significant difference of gender difference on the emigration intention of health information managers in Lagos state

**Table 4.4: Effect of Gender Difference on the Emigration Intention of Health Information Managers in Lagos State**

#### Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Emigration Intention	Male	31	68.9677	15.69816	2.81947
	Female	41	56.9512	21.50808	3.35900

#### Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	5.552	.021	2.625	70	.011	12.01652	4.57792	2.88615	21.14689
Intention Equal variances not assumed			2.740	69.934	.008	12.01652	4.38546	3.26984	20.76320

Table 4.4 shows the results of the independent t-test conducted to determine the effect of gender difference on the migration intention among health information managers in Lagos state. An independent-samples t-test was conducted to determine whether there is a difference migration intention between male and female health information managers in Lagos state. The results indicate a not significant difference between male (M=68.9677,

SD=15.69816) and female (M=56.9512, SD=21.50808), [t(69) = 2.740, p = .008 < .05].

The 95% confidence interval of the difference between means ranged from [3.26984 to 20.76320] and did not indicate a difference between the means of the sample.

Consequently, the null hypothesis that there is no significant difference of gender status on the emigration intention of health information managers in Lagos state is accepted.

**Hypothesis Two: There is no Significant Influence of Job satisfaction on the Emigration Intention of Health Information Managers in Lagos State.**

**Table 4.5 (a-c): Influence of Job satisfaction on the Emigration Intention of Health Information Managers in Lagos State**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.955 <sup>a</sup>	.913	.911	.25336

a. Predictors: (Constant), Job satisfaction

**ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	32.322	1	32.322	503.515	.000 <sup>b</sup>
	Residual	3.081	48	.064		
	Total	35.403	49			

a. Dependent Variable: Migration Intention

b. Predictors: (Constant), Job satisfaction

**Coefficients<sup>a</sup>**

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
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		<b>B</b>	<b>Std. Error</b>	<b>Beta</b>		
1	(Constant)	.347	.126		2.749	.000
	Job satisfaction	1.020	.045	.955	22.439	.000

a. Dependent Variable: Emigration Intention

Table 4.4a-c presents the results of the simple regression analysis for the influence of job satisfaction on the emigration intention of health information managers in Lagos State, Nigeria. From the results in Table 4.4a, job satisfaction have a positive and significant relationship with the emigration intention of health information managers in Lagos State, Nigeria ( $R = 0.955$ ,  $p < 0.05$ ). The coefficient of determination (Adj.  $R^2$ ) of 0.911 shows that job satisfaction explain 91.1% of the changes in emigration intention of health information managers in Lagos State, Nigeria, while the remaining 8.9% variation in emigration intention of health information managers in Lagos State, Nigeria is explained by other variables not considered in this study.

Table 4.4b presents the results of ANOVA (overall model significance) of regression test which revealed that job satisfaction has a significant influence on emigration intention of health information managers in Lagos State, Nigeria. This can be explained by the F-value (503.515) and low p-value (0.000) which is statistically significant at 95% confidence interval. Hence, the result posited that job satisfaction has a significant influence on emigration intention of health information managers in Lagos State, Nigeria.

In addition, the results of regression coefficients in table 4.4c, revealed that at 95% confidence level, a unit change in job satisfaction will lead to a 1.020 increase in the emigration intention of health information managers in Lagos State, Nigeria, given that all other factors are held constant. On the strength of this result (Adj.  $R^2 = 0.911$ ,  $F(1, 49) = 503.515$ ,  $p = 0.000$ ), the null hypothesis one ( $H_01$ ) which states that there is no

significant relationship between job satisfaction on the emigration intention of health information managers in Lagos State is hereby rejected.

**Hypothesis Three: There is no Combined influence of Job satisfaction and Gender Difference on Emigration Intention Among Health information Managers in Lagos state**

**Table 4.6 (a-c) Combined influence of job satisfaction and Gender difference on Emigration Intention Among Health information managers in Lagos state**

**Model Summary**

Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate
1	.959 <sup>a</sup>	.919	.915		.24741

a. Predictors: (Constant), Job satisfaction, Gender

**ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	32.526	2	16.263	265.688	.000 <sup>b</sup>
	Residual	2.877	47	.061		
	Total	35.403	49			

a. Dependent Variable: Migration Intention

b. Predictors: (Constant), Job satisfaction, Gender

**Coefficients<sup>a</sup>**

Model	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
	Standardized Coefficients		Beta	

1	(Constant)	.542	.163		3.323	.000
	Gender	-.128	.070	-.076	-1.827	.074
	Job satisfaction	1.019	.044	.954	22.947	.000

a. Dependent Variable: Migration Intention

Table 4.6a-c presents the results of the multiple regression analysis for the combined influence of job satisfaction and gender status on emigration intention among health information managers in Lagos state, Nigeria. From the results in Table 4.6a, it can be seen that job satisfaction and gender status have a positive and significant relationship with emigration intention among health information managers in Lagos state, Nigeria. ( $R = 0.959$ ,  $p < 0.05$ ). The coefficient of determination (Adj.  $R^2$ ) of 0.915 shows that job satisfaction and gender status jointly explain 91.5% of the variation in emigration intention among health information managers in Lagos state, Nigeria, while the remaining 8.5% variation in emigration intention among health information managers in Lagos state, Nigeria is explained by other variables not investigated in this study.

Table 4.6b presents the results of ANOVA (overall model significance) of regression test which revealed that job satisfaction and gender status have a significant influence on emigration intention among health information managers in Lagos state, Nigeria. This can be explained by the F-value (265.688) and low p-value (0.000) which is statistically significant at 95% confidence interval. Hence, the result posited that job satisfaction and gender difference significantly influenced the emigration intention among health information managers in Lagos state, Nigeria.

In addition, the results of regression coefficients in table 4.6c, revealed that job satisfaction and gender difference has a significant relative effect on emigration intention among health information managers in Lagos state, Nigeria. Specifically, the analysis showed that, at 95% confidence level, a unit change in job satisfaction will lead to a 1.019 increase in the emigration intention among health information managers in Lagos state, Nigeria, given that all other factors are held constant. However, at 95% confidence level, gender differences will lead to a negative change in the migration intention among health information managers in Lagos state, Nigeria, given that all other factors are held constant. As a result, of the independent variables examined, only job satisfaction has a significant influence on the migration intention among health information managers in Lagos state, Nigeria, It is on the strength of this result (Adj.  $R^2=0.915$ ,  $F(2,82)=265.688$ ,  $p=0.000$ ), that the null hypothesis three ( $H_03$ ) which states that there is no combined influence of job satisfaction and gender difference on emigration intention among health information managers in Lagos state, is rejected.

#### **4.4 Discussion of Findings**

The analysis research question one revealed that the level of migration intention among health information management practitioners in Lagos state is moderately high with financial, cultural and environmental consideration service as the push and pull factors for the health practitioners. This finding aligns with what has been reported in literature.

The high intention to migrate among health information managers has been linked to a variety of socio-political factors. Scholars have found that health information managers migrate in search of a better quality of life even when there are no direct economic or professional incentives to do so<sup>1,2</sup>. Having a better quality of life isn't just about

economics; it's also about living in a better and safer environment because their current living conditions were unmanageable and a threat to their families. Some medical professionals moved to another country to open doors for family members to experience a different culture<sup>1</sup>, while others were prompted to do so by family members<sup>2</sup>. Since the expansion of the European Union, there has been an increase in the number of health information managers moving between EU countries, and some of the most common social motivations include a desire for better living conditions<sup>3</sup>

Some health information management practitioners migrated in search of security for themselves and their families; they left their countries due to political instability and violent conflict, particularly in countries like Lebanon and some of those in sub-Saharan Africa<sup>59</sup>. As already stated above, this political instability can be directly linked to a poorly performing economy. Political factors are closely aligned with social and other factors as the political situation provides the context for the social and work environment. high levels of violence and crime in the country, a general sense of despondency and seeing no future motivated health information managers to move. For example, Lebanese health information managers wanted to raise their families in a politically safe environment that also showed signs of economic growth<sup>4</sup>.

Motivations related to social and political factors have been seen to influence international nurse migration. Some serve as push factors while others take the form of 'pulling' health information managers to other countries. These economic, professional and socio-political factors were not the only motivations for health information managers. Linked with these factors were personal reasons to migrate<sup>5</sup>.

In response to the research question two the study found that the level of job satisfaction among health information managers in Lagos state is moderate with majority rating the working condition very low. In addition, other factors that determine employee satisfaction such as salary and opportunity for personal growth rated just a little above average indicating that health practitioners are out rightly not satisfied with these. This finding is also reported in various related studies.

Scholars found that intrinsic satisfaction is a major challenge for health information managers as they often have to work in the direst of environments. Hospitals are not equipped with the right facilities, basic tools are often not provided, and there is the challenge of power supply which often affect major medical procedures and put patients' lives in jeopardy. In addition to this, there have been reports of overwork of health information managers with hospitals being grossly understaffed and bed spaces being at a premium<sup>6</sup> All of these are against the backdrop of endemic corruption on the part of the government with funds meant for the health sector being mismanaged by those in power.

One major source of dissatisfaction among health information managers, especially in Nigeria is the issue of salary and other emoluments. A study found that Health information managers in Nigeria believed they are overworked and grossly underpaid. This issue has led to numerous strike actions among various health personnel in Nigeria with an average of two strikes each year since the return to democratic governance in 1999<sup>7</sup>.

The study also found the prevalent gender in the health information management practitioners are females as there were more female respondents in the study compared to men. This finding is supported by numerous empirical studies conducted by local and

international researchers. The International Labour Organisation (ILO) revealed that the health and social sector employ over two-hundred (234) million employees across the world. This has made the health sector the largest employer of labour in the whole world, particularly of women<sup>8</sup>. Recent statistics indicate that gender is a significant issue in the health sector. Analysis shows that more than two third (70%) of skilled employees in the health sector are women. This means that out of every ten health information managers, seven are women<sup>9</sup>. However, what the statistics also show is that the female dominance in the health sector does not necessarily mean that they rule the sector.

Another study reported that majority of female health information managers around the world are nurses<sup>7</sup>. This means that male dominate the most 'prestigious' position in health facilities (being a medical doctor). Except for Europe where there are female doctors constitutes 53% compared to 47% for male doctors, all other continents in the world have more male than female doctors. For the African region, male doctors constitute 72% of the total medical doctors while female constitute just 28%. On the other hand, 65% of nurses in Africa are female compared to 35% who are male<sup>10</sup>.

The study also found that job satisfaction has a significant influence on the intention to migrate among health information management practitioners in Lagos state. This implies that employees who are less satisfied are more likely to nurse an intention to travel abroad. This is supported by existing related studies. Studies has also shown that lack of satisfaction with financial incentives attached to their job due to harsh economic conditions is a major factor responsible for decision to migrate among skilled professionals such as health information managers<sup>11,12</sup>. A research looks at the effect of economic reforms on the exodus of skilled workers from developing countries. The study

was based on the hypothesis that economic freedom plays a significant role in the rate of brain drain from developing countries<sup>11,12</sup>.

Researchers also shows that motivators are not only responsible for migration intention, they can also work to bring back those who have migrated. This was the main focus of a study conducted in Kenya where the researcher revealed that healthcare brain drain might be substantially reversed by encouraging the return of these experts by providing a settlement allowance, compensation, funding their return, and even paying them the same salary they would earn outside. The results indicate that return subsidy is beneficial in preventing brain drain, although to a little extent. Before using this method, the researcher also feels that a cost-benefit analysis and assessment of the impact of asymmetric knowledge should be conducted<sup>13</sup>.

The study however found that gender status of health information management practitioners does not affect their intention to migrate. This means that female health information management practitioners are as likely to migrate as male. The implication of this is that a paradigm shift is occurring where gender roles or concept of the male as the 'breadwinner' who should do all it takes to bring food to the table, is changing. The economic situation and the effect of globalization has made it that female are now motivated as much as male to achieve economic freedom and if this demands moving abroad, then so be it. This is contrary to majority of the available literature on migration intention of healthcare practitioners. Available data suggests that gender plays a role on migration and actual migration of health professional around the world in general and Nigeria in particular. The recent statistics supplied by the International Organisation for

Migration (IOM) gave an indication of which health professional is more likely to have migrate<sup>15</sup>

This has implication for the migration of male and female health information managers in Nigeria. There are three assumptions that can be made from the global statistics. The first is that males are more likely to have migration intention or more likely to act on them than their female counterparts hence, their superior number than females. Second, the high proportion of male migrants compare to females may mean that males are more likely to have migration intention and also have someone to help them in succeed in the process than female. The third is that, potential female immigrants are discouraged by the awareness that a comparatively few of their contemporaries are making it abroad so they do not have migration intention or act on their intention. However, available literature shows that few of success or lack of role model are not the only deterrent of gender imbalance in migration of health information managers. The difference in migration intention among male and female health practitioners is not limited to Nigeria

Researchers from Poland also found that that women were less likely than men to have any plans to relocate<sup>16</sup>. Similarly, a study conducted in Ethiopia to evaluate the factors causing health information managers in one of the country's regions to leave their jobs also showed that men may be more predisposed to change their jobs than female health information managers<sup>17</sup>.

While the previous study suggests that being male and a doctor is significant factors in migration intention of health information managers, others studies suggests that, irrespective of job specification, females are less inclined to migrate than males. This is

supported by a study conducted in the Philippines to evaluate the organisational commitment and turnover intention among rural nurses in the country<sup>18</sup>.

In a study which focused on west Africa, researchers examined factors that inform the decision to migrate among health information managers. This study also validates the findings of other study including the IOM report that male are the more likely to leave their jobs and move to other countries. Studies conducted in Nigeria also show that the health information managers in the country main reflect the global trend of male health information managers more likely to leave their jobs and migrate than their female counterparts. This is reflected in the study by a group of researchers from northern Nigeria who examine the role of demographic factors on the turnover intention among registered nurses in Zaria, Kaduna state. This does not however mask the fact that older males are more likely to have migration intention than older female health information managers.

It was also found that the combination of job satisfaction and gender status have a statistical significant level of influence on the intention of the health information management practitioners to migrate to other countries with green pastures. Several studies show that the strength of the relationship between job satisfaction and intention to leave is determined by the strength of the expectation-actual job relationship<sup>18</sup>. Studies have shown that satisfaction of nurses' is directly linked with the patients' overall satisfaction and ultimately to quality of healthcare whereas, dissatisfaction of an employee leads to absenteeism, conflicts, and increase turnover. Unsatisfied employee report an increase intention to leave, while the influence of job satisfaction is reported to be as powerful as that of pay. Job satisfaction is a key factor of health information management

practitioners lives which can have an effect on patient protection, employee's morale, efficiency and performance, healthcare quality, retention, dedication to the organization and the job and hiring and training of new staff for the organization<sup>19</sup>.

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## Endnotes

1. Z.M. Al-Hamdan, A.H. Al-Nawafleh, H.A. Bawadi, V. James, M. Matiti, and B.M. Hagerty, *Experiencing transformation: the case of Jordanian nurse immigrating to the UK*. **Journal of Clinical Nursing**, 24(15-16), 2015. pp.2305-2313.
2. T. Castro-Martín, & C. Cortina, Demographic issues of intra-European migration: Destinations, family and settlement. *European Journal of Population*, 31(2), 2015. pp.109-125.
3. P. Galbany-Estragués, & S. Nelson, *Migration of Spanish nurses 2009–2014. Underemployment and surplus production of Spanish nurses and mobility among Spanish registered nurses: A case study*. **International Journal of Nursing Studies**, 63, 2016. pp.112-123.
4. Ş. M. Suci, C. A. Popescu, M. D. Ciomageanu, & A.D. Buzoianu, *Physician migration at its roots: a study on the emigration preferences and plans among medical students in Romania*. **Human resources for health**, 15(1), 2017. pp.1-9.
5. H. Oda, Y. Tsujita, & S. Irudaya Rajan, *An analysis of factors influencing the international migration of Indian nurses*. **Journal of International Migration and Integration**, 19(3), 2018. pp.607-624.
6. C. Musinguzi, L. Namale, Rutebemberwa, E., A., P. Dahal, Nahirya-Ntege, and Kekitiinwa, A. *The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda*. **Journal of healthcare leadership**, 10, 2018. p.21.
7. O.A. Lasebikan, O. Ede, N.N. Lasebikan, U.E. Anyaehie, G.C. Oguzie, & E.D. Chukwujindu, *Job satisfaction among health information managers in a federal tertiary hospital in Nigeria*. **Nigerian Journal of clinical practice**, 23(3), 2020. pp.371-375.
8. ILO. *Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services*. **Geneva: International Labour Organization**; 2017.
9. M. Boniol, M. McIsaac, L. Xu, T. Wuliji, K. Diallo, & J. Campbell, *Gender equity in the health workforce: analysis of 104 countries*. **Working paper 1. Geneva: World Health Organization**; 2019
10. Y. Gu, X. You, & R. Wang, *Job demands and emotional labor as antecedents of female preschool teachers' work-to-family conflict: The moderating role of job resources*. **International Journal of Stress Management**, 27(1), 2020. 23–34. <https://doi.org/10.1037/str0000130>

11. H. Aarhus, & T.G. Jakobsen, *Rewards of Reforms: Can Economic Freedom and Reforms In Developing Countries Reduce The Brain Drain?*. **International Area Studies Review**, 22(4), 2019. pp.327-347.
- 12.
13. A. Domagała, & K. Dubas-Jakóbczyk, *Migration Intentions among Physicians Working in Polish Hospitals–Insights from Survey Research*. **Health Policy**, 123(8), 2019. pp.782-789.
14. A. Akinto, *Critical Review of the Use of Financial Incentives in Solving Health Information Managers' Brain Drain*. **International Journal of Research in Business and Social Science (2147-4478)**, 10(4), 2021. pp.446-454.
15. United Nations. *World Migration Report 2020*. **Madison: UN, IOM**, 2020.
16. A. Ferede, G. D. Kibret, Y. Million, M. M. Simeneh, Y.A. Belay, & D. Hailemariam, *Magnitude of Turnover Intention and Associated Factors Among Health Information Managers Working in Public Health Institutions of North Shoa Zone, Amhara Region, Ethiopia*. **BioMed research international**, 2018. 1-9
17. E. A. Ohu, C. Spitzmueller, J. Zhang, C. L. Thomas, A. Osezua, & J. Yu, *When Work–Family Conflict Hits Home: Parental Work–Family Conflict and Child Health*. **Journal of Occupational Health Psychology**, 24(5), 2019. 590–601. <https://doi.org/10.1037/ocp0000145> 2019
18. L. J. Labrague, D. M. McEnroe–Petitte, K. Tsaras, J. P. Cruz, P. C. Colet, & D. S. Gloe, *Organizational commitment and turnover intention among rural nurses in the Philippines: Implications for nursing management*. **International Journal of Nursing Sciences**, 5(4), 2018. pp.403-408.
19. J. F. Ryan, R. Healy, & J. Sullivan, *Oh, Won't You Stay? Predictors of Faculty Intent to Leave a Public Research University*. **Higher Education**, 63(4), 2012. pp.421-437.
20. H. Ullah, A. Sehrish, C.H. Anwar & S.M. Rana, *Factors Influencing Job Satisfaction of Nurses in Public And Private Sector's Hospitals: A Cross-Sectional Study*. **Pakistan Journal of Public Health**, 8(3), 2018. pp.147-151.

## Chapter Five

### Conclusion

#### 5.1 Summary of Findings

The findings of this study on the influence of gender differences and job satisfaction on emigration intention of health information management practitioners in Lagos State Nigeria, can be summarized as follows;

- i. The analysis research question one revealed that the level of migration intention among health information management practitioners in Lagos state is moderately high with financial, cultural and environmental consideration service as the push and pull factors for the health practitioners.
- ii. The study found that the level of job satisfaction among health information management practitioners in Lagos state is moderate with majority rating the working condition very low. In addition, other factors that determine employee satisfaction such as salary and opportunity for personal growth rated just a little above average indicating that health practitioners are out rightly not satisfied with these.
- iii. The study also found the prevalent gender of health information management practitioners are females as there were more female respondents in the study compared to men.
- iv. The study also found that job satisfaction has a significant influence on the intention to migrate among health information managers in Lagos state. This

- implies that employees who are less satisfied are more likely to nurse an intention to travel abroad.
- v. The study however found that gender status of health practitioners does not affect their intention to migrate. This means that male health information management practitioners are as likely to have migration intention as female health information management practitioners.
  - vi. The study also found that the combination of job satisfaction and gender status have a statistical significant level of influence on the intention of the health practitioners to migrate to other countries with green pastures.

## **5.2 Conclusion**

The study has found that emigration intention among health information manager is on the increase and it is mainly due to lack of job satisfaction. What is more worrisome is that this study found that the emigration intention is similar in both male and female. What this indicate is that the situation has deteriorated to the extent that even females who are usually reluctant to migrate are now being forced to look for greener pasture. Nigeria as a country cannot afford continue losing its skilled workers to other countries because of poor condition of work and lack of all indices that promote job satisfaction. It is obvious that a total overhaul of the health sector is necessary as soon as possible to create a more conducive atmosphere for health information managers and other skilled personnel in the health sector. It is important that the implication of high emigration intention among health information managers is properly highlighted for the stakeholders so that necessary steps can be taken to reverse this trend.

### 5.3 Recommendations

Based on the finding and conclusions reached in this study, the researcher considers the following recommendations as appropriate;

- i. There is a need for the stakeholders in the Nigerian health sector to appeal to the spirit of patriotism among health information management practitioners in Lagos state. This is important because, even at its best, Nigeria would find it difficult to compete with advanced countries such as the United Kingdom and the United States of America.
- ii. It is important that hospital management in Nigeria pay attention to motivators and hygiene factors capable of contributing to the job satisfaction of health information management practitioners in Lagos state.
- iii. There is a need for gender mainstreaming in the health information management profession so that both male and female practitioners would be given equal opportunity to grow and achieve job satisfaction. Female should also be given recognition in the workplace to ensure that any privilege extended to men.
- iv. The welfare of health information management practitioners in Lagos state should be prioritized by the management. This is the only way they can achieve job satisfaction and be encouraged to commit their future to their employers.
- v. Hospital managements should pay proper attention to all issues affecting both male and female health information management practitioners in Lagos state in order to identify what they need in order to be satisfied in their work so that they will not continue to have migration intentions.

- vi. The combination of the influence of job satisfaction and gender status on migration intention among health management practitioners in Lagos state indicates the need for equitable treatment of all employees and the consideration of the peculiar nature of both gender in the workplace

#### **5.4 Contribution to Knowledge**

The study has made significant contribution to the theory and practice of health information management and the society at large. Specifically, the study made conceptual, empirical, and theoretical contribution to knowledge.

The conceptual contribution can be seen in the literature review where various key concepts are reviewed and related to the field of health information management. The concepts that have been used mainly to study nurses and other health information managers have been adapted to study health information management practitioners thereby expanding the meaning and application of the concepts. Empirically, the study has also collected empirical data, particularly on the, emigration intention, gender distributions and job satisfaction among health information management practitioners in Lagos state. A data which was not previous available. This has added to the body existing empirical knowledge of health information management practitioners in Nigeria.

Theoretically, the study is the first to apply the gender schema theory in examining gender differences among health information management practitioners in Lagos state.

This theory was also integrated with the Lee's Push and Pull Theory of Migration and Herzberg's Theory of Job Satisfaction to form a coherent model for the study. This model is now available for future researchers.

## 5.5 Suggestion for Further Studies

Future researchers can consider the following topics;

- i. The influence of push and pull factors on the emigration of health information management practitioners in south-west Nigeria.
- ii. The correlation between gender and emigration intention among health information management practitioners in Nigeria.
- iii. Work environment, leadership style and emigration intention health information management practitioners Nigeria.

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