

Labour Migration among Skilled Workers: A Sociological Analysis of Existing Working Conditions in Nigeria

Ipole, Peter Afi (Ph.D)

¹*Cross River State Civil Service, Nigeria*
Corresponding Author: Ipole, Peter Afi (Ph.D)

Abstract : Recent studies have shown that most developing countries in sub-Saharan Africa including Nigeria are facing high rates of emigration of her skilled professionals such as doctors, nurses, engineers, social workers, pharmacists, architects, lecturers, lawyers among others, migrate in droves, seeking greener pastures in developed countries where they perceive friendly working conditions and greater economic opportunities are available. The migration of these professionals in Nigeria is a well-established constraint to building a sustainable, quality industrial and economic system towards achieving development. It has been argued that the international migration of skilled workers exacerbates the Human Resource for Health (HRH) crisis and contributes to the widening global inequality in development issues, which also applies to every other sector where brain drain occurs. The main thrust of this paper was to provide a sociological analysis on the linkages between working conditions and labour migration in Nigeria. In order to achieve the objectives of this paper, world system theory was adopted. The paper through literature established that one of the leading causes of labour migration among Nigerian skilled workers is poor working conditions. It was recommended among other things that policy options that discourages skilled workers migration should be formulated and implemented. Similarly, destination countries could implement strict regulations that make it difficult for skilled workers to enter their country and source countries could make it more difficult for them to leave.

Keywords: Labour migration, skilled workers, sociological analysis, and working conditions.

Date of Submission: 12-07-2018

Date of acceptance: 29-07-2018

I. INTRODUCTION

Labour migration is often associated with de-skilling of emigrants in their country of destination, while their country of emigration experiences the draining of skilled individuals. This occurs when skilled professionals from a particular country (mostly developing countries) migrate into other countries (mostly developed nations) to practice their profession and benefit these countries economically, socially and otherwise (Udom, 2016). Nigeria and most developing countries in sub-Saharan Africa are facing high incidents of emigration of their skilled professionals namely doctors, nurses, engineers, social workers, pharmacists, architects, lecturers, lawyers among others, migrate in droves seeking greener pastures in developed countries where they believe friendly working conditions and greater economic opportunities abound (Machayo & Keraro, 2013). Available statistics records that in 2008 more than half of Nigerian skilled workers live and work abroad (Udom, 2016). Paradoxically, in the United States, Canada, Britain, and other developed countries in the world, with adequate conducive and friendly working conditions has continued to attract and recruit skilled workers from Nigeria and other developing African countries where these resources are woefully inadequate. The migration of professionals from developing countries, Nigeria inclusive, is a well-established constraint to building sustainable, quality industrial and economic systems, and achieving development (World Health Organization, 2006). For instance, the scarcity of health workers particularly doctors and nurses constitutes a major barrier to the provision of essential primary health care services, such as safe delivery, childhood immunisation and the prevention and treatment of HIV/AIDS (WHO, 2006^a; Taylor, Hwenda, Larsen & Daulaire, 2011).

Similarly, Taylor, Hwenda, Larsen and Daulaire (2011) upholds that the inadequate number of doctors and nurses who are essential for adequate healthcare delivery in Nigeria threatens the health sector particularly that of individuals and the entire population, which destabilises health systems, and further deepens existing global health inequalities, resulting in more inequality in societies. It is widely agreed, that the international migration of health workers exacerbates the Human Resources for Health (HRH) crisis and contributes to the widening global (health) inequality (Udom, 2016). This situation also affects other sectors where brain drain occurs. Calculations for the potential loss of human capital from Nigeria and other sub-Saharan Africa alone, as a result of 'brain drain', varies, but are estimated to be in billions of US\$ (dollars) (Mensah, Mackintosh &

Henry, 2005; Mills, Kanters, Hagopian, Bansback, Nachega, Alberton, Au-Yeung, Mtambo, Bourgeault, Luboga, Hogg & Ford, 2011). More so, Mensah, Mackintosh, and Henry (2005) posit that skilled/trained professionals from less developed or developing nations are said to have migrated to well-established or developed nations due to the deplorable and unfriendly working conditions in their nations. In Nigeria, most skilled professionals like doctors, nurses, and lecturers work in dangerous and unfriendly work environment, where they are exposed to poor working conditions, such as unsatisfactory hygiene facilities and poor reward system (Ipole, 2016; Igbe, Okpa & Aniah, 2017). Other prevalent problems associated with working conditions as identified by Igbe, Okpa and Aniah (2017) are insufficient working space, inadequate lighting, poor and epileptic power supply, shortage of working tools, routine refusal to pay overtime, unfriendly welfare packages, as well as, poor health insurance scheme, among others.

Available literature on the migration of skilled professionals, documents the “push” and “pull” factors as influencing decisions to migrate. The “push” refers to those factors that occur within the country of origin, motivating professionals to leave. The “pull”, on the other hand, refers to factors that involve the deliberate and/or unintended actions that attract skilled workers originating from the recipient country’s policies and actions. Push factors includes: poor funding, lack of career opportunities, poor remuneration and conditions of service, insufficient retirement provision, poor working conditions and low job satisfaction, management shortcomings and civil unrest, as well as personal security. Pull factors on the other hand, may arise because of increased demand for skilled professionals in developed countries, (e.g. aging populations requiring more care) and economic changes that make the professions such as nursing, unattractive to job market entrants. In addition, opportunities for further training and career advancement, the attraction of centres of medical and educational excellence, greater financial rewards, and improved working conditions, and availability of job opportunities, now often combined with active recruitment by prospective employing countries (Saraladevi, Jacob, Roger & John, 2009 and Ipole, Agba, & Okpa, 2018).

Although, it is acknowledged that, this ‘perverse subsidy’ from poorer countries of developing economic to wealthier nations of developed economics contributes to the development crisis of the former. Brain drain among skilled professionals, particularly, doctors and nurses, is said to have serious consequences in terms of the right to health of those who rely on health systems for care and treatment in developing countries. The denial of health care in turn undermines the rights to life, and adequate nutrition for those who need care (Udom, 2016). In the event that skilled workers are denied their rights to freedom, including; adequate remuneration, a safe and healthy working environment, an adequate standard of living, re-training and freedom from torture and violence, they may be more likely to migrate from underserved areas to better served areas in their countries or to a high-income country (Mensah, Mackintosh & Henry, 2005). Moreover, because of the nature and complexity of the problems of brain drain, sincere and committed efforts are needed from both stakeholders and government of developing and developed countries. To address the challenges related to international labour migration of skilled workers, which remains an issue of debate among scholars. This study is designed to examine the link between working conditions and brain drain among skilled workers in Nigeria.

II. LITERATURE REVIEW

Working conditions and labour migration in Nigeria

The term ‘working condition’ covers a broad range of topics and issues, from working time (hours of work, rest periods, and work schedules) to remuneration as well as the physical conditions and mental demands that exists in the workplace. According to the Business Dictionary, “Working conditions refers to working environment and all existing circumstances affecting labour in the work place, including: job hours, physical aspects, legal rights and responsibility, organizational culture, work load and training”. Ali, Abdiaziz and Adam (2013) defined working condition as the interaction created by the employee with their organizational climate, and includes psychological as well as physical working conditions. Brain drain is generally recognised as one of the major problems faced by developing nations and occurs anywhere skilled professionals are found across the globe. According to Tucho (2009), labour migration refers to the international transfer of resources in terms of human capital which mainly applies to the migration of relatively highly educated personnel from developing to developed nations. Tefara (2000) defined labour migration as the migration of highly skilled and educated people to industrialised nations of the world.

A poor working condition limits the social and organizational conditions of workers and is one of the valid factors that encourages brain drain and breeds unhealthy relationship between workers and employers of labour. It also negatively impacts on their productivity (Elson and Pearson, 1981). An employee, according to International Labour Organisation (2007), was supposed to be entitled to a living wage, good working conditions, leave allowances, and vacations, among others. The extent, to which these benefits are made available to the employees in the workplace, leaves much to be desired (Becker & Huselid, 2006). Studies, on labour related matters, reveals that employees tend to put in their best, work effectively and efficiently if the work environment is conducive and the management and corporate executives demonstrate the flexibility that

they often demand of their employees (Fernández, Junquera & Ordiz, 2003). In order to discourage brain drain among skilled workers in Nigeria, apart from what the law prescribed to be given as benefits to employees, employers should also be more innovative and humane when it comes to dealing with workers welfare (Nativel, 2006). Indeed, this will serve as incentive and motivate workers to remain calm and committed to their task.

The findings of the study conducted by Okereke and Daniel (2010) revealed general awareness and importance of staff welfare among the employees and ability to identify the elements of welfare, which was absent in the council. The working environment was poor, in terms of office accommodation and furniture, paucity of working materials, scarcely available monetary incentives, unreliable health, and safety facilities, which altogether causes brain drain in Nigeria. One notable recommendation from the work of Okereke and Daniel (2010) is that “pragmatic efforts should be made to enhance employee’s job capabilities through training; to improve working conditions of the employees and their general welfare in order to elicit job satisfaction and reduce brain drain among skilled workers.” In addition, the study by Chirdan, Akosu, Ejembi, and Bassi (2009), showed that workers would be discouraged from taking offers from foreign companies and will be more motivated to do their work if salaries are competitive and market related. They noted that, if management supports staff welfare and encourage managerial career development, as well as availability of tools in the workplace, this would play a role in workers motivation. Similarly, Akintayo (2012) in his study established that there is a significant relationship between working environment, workers` morale, and brain drain. He revealed that working environment significantly relates to workers` morale and brain drain. He therefore recommended that, “the working environment which embraces organizational support programmes, training and development, substantive welfare package and a conducive socio-political environment should be provided for workers for efficient service delivery.

Studies have also shown that the issues of welfare and incentives in the workplace are now becoming a global phenomenon and there is a high increase in welfare-related activism to ensure that workers welfare is taken more seriously by the employers (Daly, 2002). In spite of this, there has long been conflicting expectations of the nature of companies’ responsibilities to the employees and the society (Eichhorst & Hemerijck, 2008). Employers are therefore, enjoined to do this in order to dissuade workers from migrating to other countries for greener pastures (Moir, 2001). In the employment sphere, according to Griffin (1986) “Well-being, welfare, utility”, and quality of life are all closely related concepts. They are also at the centre of morality, politics, law, and economics (Griffin, 1986). Nadler and Lawler (1983) indicated that, “the real thrust of quality-of-work-life programs-improving organizational life and behaviour and the fundamental health of the organization-should result in a higher level of organizational performance and a better work environment”. According to Cohen and Prusak (2001) and Armstrong (2007), employee’s welfare gives a reputation that shows care and concern on the part of the employee and helps improve the local image of the establishment as a good employer. Good reputation assists the organisation’s recruitment processes and productivity on the long run. Grigore and Stancu (2011) assert that welfare may not directly increase productivity, but it may add to the general feelings of satisfaction with the company, improve the self-worth of the employee, and cut down on employee turnover.

III. FACTORS RESPONSIBLE FOR LABOUR MIGRATION AMONG SKILLED WORKERS IN NIGERIA

The Nigeria mobility of skilled professionals depends on their personal values as well as on the interplay of complex social, political, and economic forces operational in both sending and receiving countries. The underlying factor in all these issues is the prevailing working conditions, which is characterised by poor infrastructure and minimal equipment in the sending countries. A combination of push and pull forces often results in the net outflow of skilled professionals from Nigeria. It is crucial for policy makers to understand the interaction between these forces in order to make informed decisions about retaining workers and improving the service delivery, consequently resulting to sustainable development. Push factors in developing countries like Nigeria are “low salaries and poor working conditions, which includes lack of incentives and lack of proper supervision” (Manongi, Marchant, & Bygbjerg, 2006; Muula, 2005). Researchers in Nigeria are grapple with lack of laboratory facilities and funds to support innovation. The working environment consists of poor infrastructure and lack of diagnostic equipment, which translates to decreased morale among the workers. As reported by a female clinical technician, “We don’t have a microscope or even a laboratory, therefore, we are only doing diagnosis and using our experience to decide” (Manongi, Marchant & Bygbjerg, 2006).

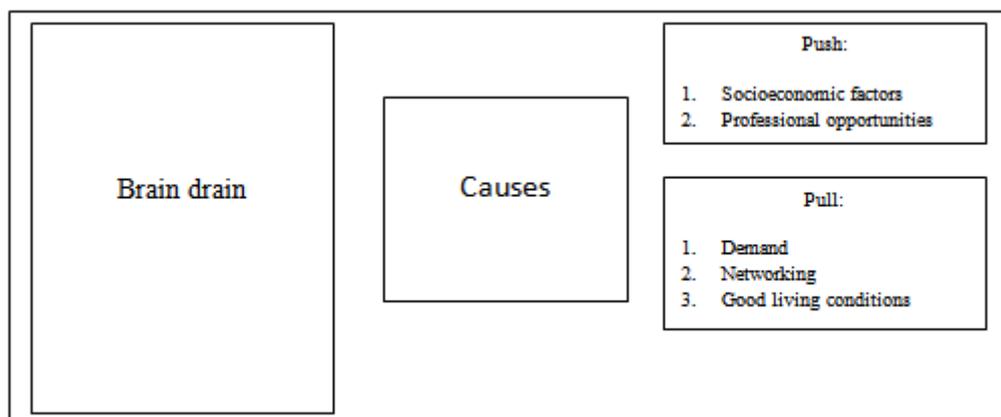
Pull factors in developed countries are higher salaries and better living standards and facilities. As one medical intern puts it, “I earn insufficient money to cope with daily expenses like school fees, food, and transport, yet I could earn 20 times more than what I am earning here if I decide to migrate” (Medical Intern, interviewed on June 13, 2010). This single economic factor has been crucial in migration decisions. It affects the individual’s quality of life and the stability of the individual’s family. It allows skilled workers to meet the social pressure to provide for the extended family as well. Non-economic forces that pull people to migrate

include promising career prospects and professional opportunities, better research facilities, educational opportunities for children, and strong job satisfaction (Organisation for Economic Cooperation and Development – OECD, 2002). Developed countries also have vast opportunities for career advancement and development that are not available in Nigeria.

The fact that professional achievement is recognized and rewarded is seen as an incentive for working hard. The academic environment of most developed countries encourages intellectual freedom, in contrast to Nigeria, where intellectual freedom is stifled and it is difficult to translate one’s ideas into new programs. The existence of migrant professional networks in the receiving countries also helps facilitate the movement of these professionals (Sullivan, 2011). Provision of social services has thus become highly dependent on foreign workers. The Organisation for Economic Co-operation and Development (OECD) countries has created programs to actively “poach” African skilled workers. The United States, for example, welcomes international medical graduates, and its healthcare workforce depends on them (Zoghbi, *et al.* 2004; Juma, Kangalawe, Dalrymple & Kanyenda, 2012). The U.S. Diversity Immigrant Visa Program, commonly known as the D.V. program, is intended to encourage the immigration of “underrepresented nationalities”. The program requires applicants to have at least a high school education, but most successful applicants possess higher degrees in strategic fields as stipulated by the US labour market. In 2007, more than 19,000 of the 50,000 slots in the DV program were given to Africans. Nigeria contributed about half a percent, with Egypt, Ethiopia, Tanzania, and Kenya taking a large share of the pie (United States Department of State, 2012). In contrast, to the US program, the UK. Highly Skilled Migrant Program was specifically created to supplement the country’s labour force. Candidates are ranked based on their qualifications, with PhD holders the most highly ranked. Professors and researchers also fall into this category, and those with lower degrees are ranked lower.

Other factors such as spouse qualifications and access to capital also play a role in determining whether an application is successful. Clearly, the migrants benefit from better living conditions for themselves and their families, and they can look forward to a better life and abundant career opportunities for themselves and their children. A doctor moving from, for example, Nigeria to the UK can expect his or her annual salary to rise from £300 to more than £100,000 and the life expectancy of his or her children to increase from 40 to 79 years of age (Hooper 2008). Medical professionals from Nigeria with similar qualifications could expect similar results. Despite the prospects of better wages and living conditions, some of the professionals interviewed expressed a desire to remain in their home country. The primary reason for not migrating was cultural and family ties. One of the medical interns interviewed said, “I don’t want to leave relatives and family and everything familiar”. Other reasons for staying in Nigeria were the lack of networks that would enable them migrate easily, the difficulty in transferring money to their families who remain in Nigeria, the impending culture shock, and the different lifestyle. A less common reason cited was the high cost of migration.

SUMMARY OF THE CAUSES OF LABOUR MIGRATION



Source: Juma, Kangalawe, Dalrymple & Kanyenda (2012)

A complex combination of both ‘push’ and ‘pull’ factors lead to a threshold decision to labour migrate. These combined ‘push-pull’ factors are described in terms of the rise between situations in the country of origin of the skilled worker and in the receiving country. The following push and pull factors are considered below:

- (i) Economic factor: The differences in salaries and allowances between the home and recipient countries, is viewed as a major causal factor for migration. Skill workers migrate to developed countries of the world to enjoy better and enhanced salaries and allowances.
- (ii) Work Satisfaction: The desire to function in a conducive and friendly atmosphere, where skill utilization, professional and technical proficiency are valued, is one of the main reasons privileged skilled workers migrate to foreign countries.

- (iii) Work environment and career development: Skilled workers are aware of opportunities for advancement in career and in specialization, which is fair and accessible. A fair and well-governed work environment for workers will help attract and retain staff.
- (iv) Political factor: This is related to the organizational environment discussed above as well as to the level of administrative bureaucracy, friendly government policies, and the differences in efficiency with which services are managed.
- (v) Hazard insurance: There are indications that the lack of protective gear and a perception of increased occupational risk when working in Nigeria, compared to that in receiving countries, plays a role in the decision to leave and work abroad.
- (vi) Social security and benefits: Skilled workers are concerned with basic comforts during their working life, but also with security after retirement. Retirement and Pension benefits are thus important motivating factors. Some Nigerian migrants posit that, one of the main reasons (given by all but especially 50 years and above emigrants) is to save money for housing and sustenance for retirement.

IV. LABOUR MIGRATION IN NIGERIA'S HEALTH SECTOR

The health care system has the highest number of labour migration in Nigeria (Udom, 2016). The World Health Organisation (WHO, 2006^b) asserts that currently, there is high shortage of 4.25 million health care practitioners in the world. This shortage is fuelled in part, by labour migration of healthcare workers mainly, doctors, and nurses. Researches has shown that healthcare personnel in Nigeria migrate to developed nations such as United States, United Kingdom, Canada, Australia, Germany, etc; thus, denying their nation the benefit of their training (Kaba, 2011). Dodani and LaPorte (2005) defined healthcare brain drain as the migration of healthcare workers in search of educational and professional advancement, higher remuneration and a better quality or standard of life, often in a more stable socio-political environment. According to Connell & Brown (2004) and Ikenwilo (2007), brain drain among health workers is pervasive in sub-Saharan African countries. The World Health Organisation maintained that sub-Saharan Africa has an estimated 145,000 physicians to serve a population of 821 million and the major cause of this is the brain drain.

Tucho (2009) in his study of brain drain in the health system of Tanzania maintained that, the country with a population of about 40 million had only 1,264 doctors working in the country, and 1,356 doctors working abroad. In Zimbabwe, because of the political instability, 51 percent of the nation's doctors and 24 percent of its nurses are estimated to be working elsewhere in the world (Clemens & Petterson, 2008). Similarly, the Nigerian health sector has suffered labour migration of her medical personnel to countries perceived to have better working conditions. The brain drain of health workers, especially, doctors and nurses, is attributed to several factors. These factors include unreasonable low wage paid to health care practitioners, political instability, the poor socio-economic condition of the home nation, regional and international conflicts, unfriendly government policy, employment of health workers in field other than theirs, low level of development and the frustration of practising in an uncondusive work environment (Keba, 2009).

World System Theory (WST)

Immanuel Wallerstein developed the world systems theory in (1970). Other thinkers of world system theory are Samir Amin, Cardoso and Falleto, Dos Santos, Rodney, and Andre Gunder Frank. The major assumption of the WST is that, there is a world economic system in which some countries benefit while others are exploited (Boundless Sociology, 2014). It describes the current world system as a bounded structure, operating along distinct rules and incorporating mini-systems, world empires and world economy. The accumulation of private capital through exploitation of production, by sales or marketing of products and labour, for profits, are the main driving forces of the theory (Lechtner, 2001). The theory viewed the world system as divided among the 'core', 'periphery', and 'semi-periphery' nations (Letchner, 2001). The core nations (Western Europe and America) have higher levels of technology, manufacturing of complex products, and have a lot of influence in global affairs. Where periphery nations provide, to the world system, primary goods like raw materials, agricultural products, and cheap labour. The periphery nations (southern hemisphere like Nigeria, Ghana, Serbia, and Haiti) does buy products and services from the core at high prices, have poor technology, limited capital base and lack sway in global affairs. The third group semi-periphery nations are struggling but better than the periphery and are found across different areas of the world. They act as core (buffer) to the periphery and periphery to the core, smoothing the relationship (China, South Korea, Brazil, India and South Africa). Core and periphery nations may exist next to each other, but the differences can be identified by the extent and quality of technological production, wages, valuation of products and influence on global policies (Halsall, 1997).

Labour migration seems to be an unavoidable and even expected consequence of current power relations within the modern day capitalist "world system". The theory contends that penetration of capitalist market relations in peripheral, non-capitalist societies creates disruptions and dislocations, which produces

mobile and migratory populations to Western countries. The theory posits that the flow of people, despite the often-stringent controls imposed by states, follows the well-trodden international flows of commodities, capital, services, and information; all spawned and reproduced by an expanding global market. The theory is relevant to this work in the sense that it pointed out the push and pull factors that encourage the migration of skilled workers in a country to Western countries. Some of the factors revealed in this theory have their roots in global economic structures such as the Structural Adjustment Programmes.

V. CONCLUSION

Nigeria and many developing countries are facing high levels of emigration of their skilled workers. This situation has deprived Nigerians of vital services in the health sectors, educational sectors, and other sectors of the economy, as personnel needed to carry out critical services have migrated to developed countries. The loss of skilled workers, especially health workers, has resulted in declines in quality of primary health care, caused by increased workloads as well as loss of support and supervision from experienced supervisors. The movement of skilled workers leaves the sending country not only with a shortage of skilled workers, but also affects the socio-economic development of the country. The prevailing working conditions have been blamed on an unhealthy relationship between employees and employers as well as the migration of skilled workers. An employee is supposed to be entitled to a living wage, good working conditions, leave allowances, vacations, among others. The extent to which these are actually made available and beneficial to the employees determines the reaction of the employees to offers from foreign countries (Becker & Huselid, 2006).

RECOMMENDATIONS

- (i) Employers of labour in both private and public organisations should improve the existing working conditions of workers in Nigeria.
- (ii) Employers of labour should introduce and strengthen existing programmes that ease stress at work, encourage work autonomy, as well as potentials for career advancement of workers in the country.
- (iii) Government should create policy options that discourage skilled workers from migrating should be formulated and implemented. Similarly, destination countries could implement strict regulation(s) that makes it difficult for skilled workers to enter their country and source countries could make it more difficult for them to leave.

REFERENCES

- [1]. Abdiaziz, A. A. & Adam, A. A. (2013). *Working conditions and employees productivity in manufacturing companies in sub-Saharan African context: Case of Somalia*. 2(2), 67-78.
- [2]. Akintayo, D. (2012). Working environment, workers' morale and perceived productivity in industrial organizations in Nigeria. *Education Research Journal*, 2(3), 87-93.
- [3]. Armstrong, M. (2007). *A handbook of employee reward management and practice (7th Edition)*. London: Kogan Page.
- [4]. Becker, B. E. & Huselid, M. A. (2006). Strategic human resources management: Where do we go from here? *Journal of Management*, 32(6), 898-925.
- [5]. Chirdan, O. O., Akosu, J. T., Ejembi, C. L. & Bassi, A. P. (2009). Perceptions of working conditions amongst health workers in state-owned facilities in North Eastern Nigeria. *Annals of African Medicine*, 8(4), 243-249.
- [6]. Clemens, M. A., & Pettersson, G. (2008). New data on African health professionals abroad. *Human Resources for Health*, 6(1), 1-11. Online available at: <http://www.biomedcentral.com/content/pdf/1478-4491-6-1.pdf>. Accessed January 14, 2016.
- [7]. Connell, J. & Brown, R. (2004). "The Remittances of Migrant Tongan and Samoan Nurses from Australia, *Human Resources for Health* 2004, 2. <http://human-resources-health.com/content/2/1/2>.
- [8]. Daly, M. (2002). Care as a good for social policy. *Journal of Social Policy*, 31(2), 251-270.
- [9]. Dodani, S. & LaPorte, R. (2005). Brain drain from developing countries: How can brain drain be converted into wisdom gain? *Journal for the Royal Society of Medicine*, 98: 487-491.
- [10]. Eichhorst, W. & Hemerijck, A. (2008). Welfare and employment: A European dilemma? Online available at: <http://www.econstor.eu/handle/10419/35827>. Retrieved December 14, 2015.
- [11]. Elson, D. & Pearson, R. (1981). Nimble fingers make cheap workers: An analysis of women's employment in third world export manufacturing. *Ferret Review*, 7(6), 87-107.
- [12]. Fernandez, E., Junquera, B. & Ordiz, M. (2003). Organizational culture and human resources in the environmental issue: A review of the literature. *The International Journal of Human Resource Management*, 14(4), 634-656.

- [13]. Griffin, J. (1986). Well-being: Its meaning, measurement, and moral importance. Online available at: <http://philpapers.org/rec/griwim>. Retrieved December 9 2015.
- [14]. Grigore, G. E. & Stancu, A. (2011). The role of corporate social responsibility in building employer's brand. Online available at: <http://web.a.ebscohost.com/ehost/search/advanced?sid=0c77f49f-6439-4075-ba9c-e8e4b7e9c763percent40sessionmgr4002&vid=1&hid=4214>. Retrieved on August 16 2015.
- [15]. Halsall, P. (1997). Modern history sourcebook: Summary of Wallerstein on world system theory. Online available at: www.fordnam.edu/~wallerstein.asp.
- [16]. Hooper, C. R. (2008). Adding insult to injury: The healthcare brain drain. *Journal of Medical Ethics*, 34: 684–687.
- [17]. Igbe, J. E., Okpa, J. T. & Aniah, E. A. (2017). Working conditions and deviant behaviour of employees in the University of Calabar, Cross River State, Nigeria IOSR Journal of Humanities and Social Science (IOSR-JHSS) 22, (7), 74-83
- [18]. Ikenwilo, D. (2007). *Brain drain: Painting a picture for Africa*. Nairobi: African Technology Policy Studies Network.
- [19]. Ipole, P. A. (2016). Working conditions and labour union agitation in Cross River State Civil Service, NIGERIA. A Ph.D. Dissertation submitted to the Department of Sociology, University of Calabar, Calabar.
- [20]. Ipole, P. A., Agba, A. O., & Okpa, J. T. (2018). Existing working conditions and labour unions agitations in Cross River State Civil Service, Nigeria. *Global Journal of Social Sciences Studies*
- [21]. Juma, A.; Kangalawe, A. G.; Dalrymple, E. & Kanyenda, T. (2012). *Brain Drain of Health Professional in Tanzania*. New York: Cornell University Press.
- [22]. Kaba, A. J. (2011). The status of Africa's emigration brain drain in the 21st century. *The Western Journal of Black Studies*, 35(3):187-195.
- [23]. Keba, A. (2009). Brain drain of workers from poor to rich countries. *Global Issues*, April 24. <http://www.globalissues.org/article/599/brain-drain-of-workers-from-poor-to-rich-countries> (accessed July 23, 2010).
- [24]. Lechner, F. (2001). World system theory (synopsis and analysis). Retrieved online from: www.sociologyenvoy.edu/~theories01.html.
- [25]. Machayo, J. A. & Keraro, V. N. (2013). Brain drain among health professionals in Kenya: A case of poor working conditions – A critical review of the causes and effects. *Prime Journal of Business Administration and Management*, 3(6), 1047-1063.
- [26]. Manongi, R. N.; Marchant, T. C. & Bygbjerg, I. C. (2006). Improving motivation among primary health care workers in Tanzania: A health worker perspective. *Human Resources for Health*, 4(6). Online available at: <http://www.human-resourceshealth.com/content/4/1/6>. Accessed 6/9/15.
- [27]. Mensah, K., Mackintosh, M. & Henry, L (2005). *The 'skills drain' of health professionals from the developing world: A framework for policy formulation*. London: Grayston Centre.
- [28]. Mills E. J., Kanters S., Hagopian A., Bansback N., Nachege J., Alberton M., Au-Yeung C. G., Mtambo A., Bourgeault, I. L., Luboga, S., Hogg, R. S. & Ford, N. (2011). The financial cost of doctors emigrating from Sub-Saharan Africa: Human capital analysis. *British Medical Journal*, 343:7031.
- [29]. Moir, L. (2001). What do we mean by corporate social responsibility? *Corporate Governance*, 1(2), 16 – 22.
- [30]. Muula, A. S. (2005). Is there any solution to the “brain drain” of health professionals and knowledge from Africa? *Croatian Medical Journal*, 46(1), 21–29.
- [31]. Nadler, D. A. & Lawler, E. E. (1983). Quality of work life: Perspectives and directions. *Organizational Dynamics*, 11(3), 20–30.
- [32]. Nativel, C. (2006). From welfare-to-work to welfare-in-work: Concepts and policies. Online available at: http://www.paca-online.org/cop/docs/oecd_local_economic_and_employment_development_skills_upgrading.pdf#page=35
- [33]. OECD (Organisation for Economic Co-operation and Development). 2002. International migration of physicians and nurses: Causes, consequences, and health policy implications. Paris.
- [34]. Okereke, C. I. & Daniel, A. (2010). Staff welfare and productivity in Patani Local Government Council, Delta State Nigeria. *Journal of Economics and International Finance*, 2(12), 313-320.
- [35]. Prusak, E. (2001). Uniting Tanzanian medical students to reverse the brain drain. *Speaking of Medicine*. <http://speakingofmedicine.plos.org/2009/09/28/uniting-tanzanian-medical-students-to-reverse-the-brain-drain/> (accessed June 17, 2010).
- [36]. Sullivan, N. (2011). Mediating abundance and scarcity: Implementing an HIV/AIDS-targeted project within a government hospital in Tanzania. *Medical Anthropology*, 30(2), 202–221.

- [37]. Taylor, A. L., Hwenda, L., Larsen, B. I. &Daulaire, N. (2011). Stemming the brain drain – a WHO global code of practice on international recruitment of health personnel. *New England Journal of Medicine*, 365(25):2348-51.
- [38]. Tefara, D. H. (2000). African migration and the brain drain. Paper presented at the Institute for African Studies and Slovenia Global Action, Ljubljana, Slovenia, June 20.
- [39]. Tucho, A. (2009). Factors influencing the successful retention of skilled manpower in developing nations: The case of Ethiopia and the people of Ethiopian origin in North America. *Western Journal of Black Studies*, 33(1),23-28.
- [40]. U.S. Census Bureau. (2000). Statistical abstract of the United States: 2000 (120th ed.). Washington, DC: USCB
- [41]. Udom, H. T. (2016). Working conditions and brain drain among health workers in University of Calabar, Teaching Hospital, Cross River State, Nigeria. A PGD Thesis submitted to the Graduate School, University of Calabar, Calabar.
- [42]. United States Department of State (2012). Diversity Visa Program, 2007–2013, Number of entries received during each online registration period by country of chargeability. Online available at: http://travel.state.gov/pdf/DV_Applicant_Entrants_by_Country_2007-2013.pdf. Retrieved 12/9/15.
- [43]. World Health Organisation (WHO) (2006^a). *The World Health Report: Working together for health*. Geneva: WHO.
- [44]. Zoghbi, W. A., Alegria, J. R., Beller, G. A. Doty, W. D., Jones, R. H., Labovitz, A. J., Reeder, G. S. & Ventura, H. O. (2004). Working group 4: International medical graduates and the cardiology workforce. *Journal of the American College of Cardiology*, 44(2), 245–251.

Ipole, Peter Afi (Ph.D).”Labour Migration among Skilled Workers: A Sociological Analysis of Existing Working Conditions in Nigeria.” *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)*. vol. 23 no. 07, 2018, pp. 35-42.