

RECURRENT STRIKE ACTIONS OF RESIDENT DOCTORS ON REMUNERATION ADJUSTMENT, JOB SATISFACTION AND INTERNATIONAL MIGRATION

BY

DR. NWORGU, KELECHI GODSON

**DEPARTMENT OF EMPLOYMENT RELATIONS AND HUMAN RESOURCE
MANAGEMENT, FACULTY OF ADMINISTRATION AND MANAGEMENT
SCIENCES, KINGSLEY OZUMBA MBADIWE UNIVERSITY, IDEATO, IMO
STATE**

MOBILE: +234-8037238904

nworgugodson10@gmail.com

&

VITUS ACHU AMADI, PH.D.

**DEPARTMENT OF SOCIOLOGY, FACULTY OF SOCIAL AND MANAGEMENT
SCIENCES KINGSLEY OZUMBA MBADIWE UNIVERSITY, IDEATO, IMO
STATE**

MOBILE: +2348037453505

EMAIL: VITUSAMADI855@GMAIL.COM

Abstract

The paper examined recurrent strike actions of resident doctors on remuneration adjustment, job satisfaction and international migration. The objectives of this study are to examine the extent to which resident doctors utilize strike action to communicate the need for remuneration adjustment, ascertain whether the poor level of job satisfaction of resident doctors is the influence of poor remuneration received, and to determine that poor remuneration is a reason that instigate resident doctors' migration to foreign countries from public hospitals. The cross-sectional survey was adopted, and 84 doctors from 6 states public hospitals were administered with questionnaire structured in four Likert format of strongly agree, agree, strongly disagree, and disagree. The purposive sampling technique aided the distribution of questionnaires to respondents. The equity theory developed by Adams (1965) was adopted. The retrieved data was analyzed in percentage, mean and standard deviation scores. The findings show that strike is an essential channel to communicate to government about resident doctors remuneration adjustment demand. The findings also reveals that resident doctors job satisfaction is being influence by the poor remuneration they are receiving in public hospitals, and the finding also indicates that most of the resident doctors leave the country because of the poor financial benefits given to them. Based on the findings, the study therefore recommends that governments and legislators should consider the need of expediting policy making and implementation actions that can promote resident doctors' welfare and working conditions in public hospitals across state and federal levels before or during strike action of doctors for the need of remuneration adjustment.

Keywords: Strike Action, Resident Doctors, Remuneration, Adjustment, Job Satisfaction, International, Migration

Introduction

Strikes' action is a frequent or recurrent industrial action that occurs globally. It is an action taken collectively and in consensus by individuals with common socio-economic interest at the workplace in protest for settlement of remuneration adjustment, and working conditions. Resident doctors have over time been embarking on strike regularly in Nigeria's public health sector to emphasize their grievances for the strike action that is frequently observed. This industrial action is often prolonged by doctors, and as a result of the failure of reaching truce between government and the medical doctors it keeps reoccurring again and again. However, several reasons are given while doctors embark on recurrent industrial actions, such as poor doctors' welfare, underemployment, low remuneration, poor and obsolete hospital facilities, mismanagement, and poor funding of public health system. Industrial strike actions are meant to be productive to avoid its recurrence. But doctors strike actions in Nigeria usually faces opposition, and that has made the exclusive demands yet to be satisfactorily met by government.

The strike actions that occur among medical doctors in Nigeria faces weak response from government, and its agencies in meeting the demands of resident doctors, improving their working conditions, and welfare. As strike occurs and reoccurs, the general public health system deteriorate as there will be increase in morbidity, mortality rate, unattended sick persons, drop in hospital revenue generation, poor uses of medical facilities, and migration of doctors to foreign nations. Compensation for medical doctors' services is supposed to be apriority in Nigeria health care system. On this not, remuneration adjustment and improved payment system becomes a critical issue for government to resolve in terms of good policy making facilitation and implementation. Expediting remuneration legislation can improve payment system for doctors, maintain its efficiency, and favour resident doctors' remuneration methods such as commensurate salary, fee-for-service, capitation as well as pay-for-performance incentives. A good remuneration system as well as conducive working conditions for resident doctors are the critical factors that can make doctors' see the services they provide as being satisfactory. Therefore, better remuneration for resident doctors can also reduce the migration of medical doctors to foreign countries in search for better pay (OECD, 2007).

The remuneration of resident doctors can be a factor that determines job satisfaction as well as the effective or active functioning at public health facilities. On this aspect, doctors' satisfaction on the job they perform can be reflected in work attitude and emotional feeling regarding how they are being treated and the amount compensation receive for services offered, and experiences encountered at the hospital (Tay et. al., 2014). In addition, the complex and continuous interactions between patients and doctors with other work experiences, condition of hospital facilities impact influence doctors' satisfaction on the job (Bezdrob & Šunje 2021). Hence, it becomes clear that job satisfaction of doctor's ropes with existing work for pay levels as well as the harmony that can be achieved when there is the demand for pay adjustment. Achieving employees' job satisfaction remains a task for employers. Furthermore, employers are to make it a priority in providing avenues that can favour employees, as well as making the workplace and remuneration conditions for workers enticing, giving them leverage to voice their demands (Afulani et. al., 2021). To this end, increase in doctors' level of job satisfaction can improve quality care for patient (Karimi et. al., 2021).

Remuneration is a key factor on issues that concerns job satisfaction of medical doctors. Satisfaction is appealing to remuneration. It is remuneration that determines or factors how an employee feels about the job. Therefore, remuneration can influence individuals thinking as

well as how he/she functions at workplace. (Verulava, et. al., 2018). Oftentimes doctors think that the remuneration allotted to them is insufficient in comparison with the work or services they provide, and that employers are unwilling to make adjustment on pay given to employees (Abramishvili et. al., 2020). With the perception of unjust remuneration, doctors are left with feelings of not being satisfied with offering jobs with less remuneration system. As a result, resident doctors compare workload, working conditions, and remuneration in relation with counterparts in countries that pay higher. This level of pay injustice usually instigates and encourages international migration (Pham et. al., 2021).

The doctors migrate to different countries in search for greener pastures and opportunities. However, the Nigeria situation shows that the exodus of doctors is a problem all over the nation. Large number of resident doctors are leaving the country making patients to suffer neglect in recent times (The Sun, 2025). It is believed that why doctors are living Nigeria public health sector could be as a result of the poor remuneration they are receiving from the government. Doctor migration is a global phenomenon that was significantly documented around 1978 in Mejia's benchmark paper. The migration issue greatly affects poor nations with poor health care systems (WHO, 2006). Doctors' migration occasions shortage of doctors in departure nations. For OECD countries, it is reported that shortages of doctors happen in both developing and developed nations (OECD, 2010). This migration issue should be seen as significant problem to developing nations, and policy makers because it is a source of brain drain to the departure country. Outflows of doctors reduces the number of resident doctors in the healthcare system of health institutions in developing countries since there are those retiring, leaving the public health services or dying. A country's policy makers should assess the migration rate and develop more workforce policies that can consider the plight of doctors (Hussey, 2007). In Nigeria, doctors are being taxed unlike in Saudi Arabia where they are exonerated from taxation. Doctors are unable to buy sufficient petrol for their cars throughout the month to drive to workplace. But if doctors travel to a place like Saudi Arabia to work, they get paid higher, receive free flight tickets to travel twice a year, and are given food on daily basis (The Sun, 2025).

Akinyemi¹ & Atilola (2012) found that doctor's low salary was related to job satisfaction in public health sector. In addition, poor remuneration of doctors as well as poor welfare were found to be the actual reasons behind frequent industrial strike actions among resident doctors. Furthermore, research has revealed that low remuneration, poor working conditions as well as non-recognition of doctor's work performance were observed as the contributors to low or poor job satisfaction Bonenberger et. al., (2014). Remuneration and job satisfaction of doctors were the key factors found causing incessant doctors' migration, and these factors were also observed to have influence on resident doctors' work commitment to caring for sick patients, making it critical for swift intervention Ogaboh, Udom & Eke (2020). The report of an international study has shown that 49% of resident doctors believe they are not compensated adequately in relation to workload. Therefore, the percentage was found to increase higher up to 54% even among other physicians in primary care unit Medscape (2012).

Remuneration has been perceived as a crucial determinant of job satisfaction. Being satisfied with the level of remuneration is determined by the belief that salary provided is commensurate with patient care services, duties and other functions assigned (Verulava, et. al., 2018). Still, some research done on job satisfaction revealed significant relationship between job satisfaction, brain drain or migration, work attitude, and job productivity of doctors in hospitals (Mesfin et. al., 2020). Job satisfaction has also been observed to have connection with the job functioning. The opportunity for fair remuneration for doctors affects

the job satisfaction of doctors as it increases it higher (Gilstrap & Collins 2012). However, studies on Romanian doctors (student doctors) according to Suciu et. al., 2017) shows that a little higher than 80% of medical doctor expressed willingness to migrate, and this raises higher the outflow of doctors migrating to several European countries (Leone et. al., 2015). This scenario is similar to the case of Nigerian resident doctors that have preferred to settle in foreign countries for better remuneration and working conditions. It is against these backdrops that this study seeks to investigate the recurrent strike actions over remuneration adjustment, job satisfaction and migration of resident doctors in Nigeria.

Objectives of the Study

1. To examine the extent to which resident doctors utilize strike action to communicate the need for remuneration adjustment in public hospital.
2. To ascertain whether the poor level of job satisfaction of resident doctors is the influence of poor remuneration received in public hospital.
3. To determine that poor remuneration reason instigates resident doctors' migration to foreign countries from public hospitals.

Research Questions

1. To what extent can resident doctors utilize strike action to communicate the need for remuneration adjustment in public hospital?
2. What poor level of job satisfaction of resident doctors is influenced by poor remuneration in public hospital?
3. What is the poor remuneration reason instigate resident doctors' migration to foreign countries from public hospitals?

Strike Action

As important as medical doctors are to healthcare delivery system in every country, the embarkation on strike action deposits negative effect on the entire public healthcare delivery system of a country. The utilization of strike action by the Nigerian resident doctors to call for collective bargaining with government on issues of remuneration changes has been viewed to have the capacity to secure government attention and compliance toward facilitating resident doctors demand for better working condition and remuneration through Nigeria Medical Association in recent times. The public health sector has often been saddled with reoccurring strikes by both state and federal governments engaged doctors which obviously tends to subvert the actualization of the Hippocratic Oath, which hold the belief that patient should be given consideration first in the healthcare service delivery.

Strike action refers to cessation of work by individuals employed but have taken combined action to temporary stop working for an institution or organization to express displeasure with the poor remuneration given services provided. Strike action is a medium of compelling employers to make changes on the terms of employment, salary, allowances, incentives, and working conditions. According to Amadi & Nworgu (2022) strike action connotes dispute between employers and employees, union members and government, individuals and management. Striking is the right of any group of employees. Essential workers like medical doctors are not exonerated from striking when they detest their remuneration package (Rennie 2009). When medical doctors embark on strikes, the effect on sick patients becomes severe particularly in developing countries with poor economic situations, inadequate infrastructures, and no other alternative way to access healthcare. In addition, the striking of doctors also entails withdrawing medical services to the vulnerable and sick individual in protest of government neglect to doctors demand for remuneration adjustment.

Disenchanted employees see striking as the last option to drawing government attention toward a lasting solution on remuneration issues through collective bargaining. This approach seeks to compel employers and unions to settle disputes with management until there is an acceptable offer (Fashoyin, 2008). It has been argued that doctor strikes erode improvement in healthcare services since both current and future patients are left with deficiency in key healthcare services in public health system. Furthermore, strike makes doctors' not to perform their advocating role toward improving the healthcare system for the need of sick persons. For justifiable salary, wages, as well as the fulfillment of core human needs, doctors view striking as the only way for quick and concrete agreement with government. Strike remains a fundamental right of employees to address any lingering demand for change in pay and other entitlements through collective bargaining, trade union and labour negotiations.

To stress further, several factors keep making the Nigerian Association of Resident Doctors (NARD) to embark on strikes. One of the factors is the government's unwillingness to implement bargained welfare demands. This failure on the side of government keeps degenerating the public health sector. In a fresh announcement made on the 3day of January 2026, NARD discloses that it will resume indefinite strike on January 12, 2026 (Guardian, 2026). This potential strike announcement was made by the president of the association, Dr. Mohammed Suleiman. Whenever resident doctors embark on strike, there key reasons for taking such action. Doctors feel dissatisfied with government failure game. Accordingly, Ogunbanjo (2015) opined that resident doctors have other reasons like working conditions, poor infrastructure, inadequate equipment, poor salaries, and lack of fair incentives. However, the reasons given by resident doctors for rolling out strike actions may be frowned by government, but the lack of political will by government to concur with resident doctors' demands should be frowned at instead.

Any failure of government to abide with agreements determined by collective bargaining with NARD can result to recurrent friction for strike as well as causing the flare to embark on strikes. Whatever the outcome of negotiations between the employer and doctors on remuneration adjustment, it is expected that each party should adhere to such terms (Bankole, 2003). In Nigeria, NARD strikes continue because of failure of both federal and state governments cling to the basis of the agreement reached with union, and find ways of ensuring its fair implementation. In Nigeria, the resident doctors strike of 2025 was mainly caused by government failure to agree to implement the negotiated terms reached with resident doctors. Meanwhile, in the past strikes, issues of hazard allowance and improvement of the entire remuneration pack were discussed and agreement were reached. Still, between late December, 2025 and early January, 2026, the agreement could not hold water, for that reason NARD issued a mandatory date in January for another strike action due to government complacency and failure to do what is viewed to be right for the striking physicians (Guardian, 2026).

As resident doctors strike persists, the impact it conveys on doctors and patients alike appear disastrous. Striking frequently could make resident doctors to experience loss of income, loss of health services to sick patients, job insecurity, as well as face emotional distress (Bankole, 2005). In addition, the existing relationship at healthcare environment could be deranged, and there could also be temporary loss of leadership and management of health facilities. However, resident doctors become exhausted, demotivated, and disillusioned at any striking period. Such situation results to taking decision to migrate or relocate overseas. At the end, they become overwhelmed with feelings of having no confidence or belief in the public hospital management system in Nigeria.

Remuneration and Job Satisfaction

Remuneration is a compensation system which employees derive from after exerting work or providing services in a firm. It entails allowances, incentives, rewards, gifts, promotions, awards and other benefits. Job satisfaction cannot be felt by employees when remuneration is adjudged to be insufficient or not adjusted when due. The provision of fair remuneration to resident doctors can improve job satisfaction. However, the improving of this compensation system can stir resident doctors to more effectiveness in healthcare delivery services. The role of remuneration is to stimulate employees' job satisfaction as well as work motivation. According to Sofa (2008), remuneration represents reward, and it is offered to individuals for work done toward achieving specific organizational goals. Organizations give compensation to employees given responsibilities to service the public and generate revenue for organizational success.

Remuneration is fundamental in realizing the goal, vision, objectives and mission statement of firms, and with the purpose of attracting the best, absorbing the competent, experienced, committed, and qualified individuals to work with satisfaction on the job. It is expected that after serving a firm for some years, the management or employers have the responsibility of reviewing the remuneration package so that both the achievement of organization goals and retaining of experienced employees can be sacrosanct. Hence, any adjustment on remuneration that matches employee's expectation or demand can encourage employees job satisfaction as well as overall improvement in realizing the organizations goals. The effect of remuneration on employee's job satisfaction can make workers work tirelessly. Therefore, to enable the feeling of job satisfaction, promoting workers welfare, through periodic modification of employee remuneration can support faster the achievement of the firms' goal.

The job satisfaction level of resident doctors in different countries varies since it is a phenomenon that has a global influence at the workplace (Huby et. al., 2002). Job satisfaction has attendant impact on the quality of employees within the public health sector. In most developing countries, doctors become dissatisfied with some management and payment plans which directly affect their interest (Kaur et. al., 2009). Particularly, resident doctors in Nigeria have severally voice out their displeasure regarding the unfair treatment and failure of government to heed to their demands. These individuals deeply expressed what is described as poor job satisfaction feelings that has remained unabated (Ofili et. al., 2004). As resident doctor feels unsatisfied, the health sector can face serious neglect of sick patients (Zuger, 2004).

Resident doctors' job satisfaction lays a significant foundation for the intensive functioning of the public medical facilities in caring for the sick persons. In addition, job satisfaction connotes the right emotional state of the mind on the basis one's job experiences that are in tandem with remuneration employees receive after providing services in relation to the organizations goal (Tay et. al., 2014). Furthermore, it refers to the complex interactions interfacing the work-life experience and the workplace (Bezdrob & Šunje 2021). Without mincing words, it is mainly realized by individuals at workplace who are paid in match with one's expectations, working conditions as well as in conditions where there is harmony between remuneration and work experiences. It is a fact that achieving employees' high level of job satisfaction can be determine by the approach every organization.

According to (Afulani et. al., 2021) job satisfaction suggest employees' perception and attitude to an organization, pay for work system, emotional state of mind, workload, chances for career growth, decision-making involvement, employees and employer's relations, social support, and remuneration improvement (Ribeiro & Marra, 2021). On this note, attainment of

high level of job satisfaction can promote the enhancement of doctors-patient healthcare service quality in public healthcare delivery system (Karimi et. al., 2021). The link between work attitude, pay system, and job satisfaction appears to have strong influence on doctors (Mesfin et. al., 2020). Furthermore, employees job satisfaction can improve employee's self-confidence. Job satisfaction often enhances job performance. Employees with improved remuneration are more likely to display more satisfaction on the job. Meanwhile, various elements can affect employee job satisfaction. Therefore, employers need to make effort on influencing employees' job satisfaction positively (Gilstrap & Collins, 2012).

Having positive feelings at workplace on issues of adjustment of remuneration can increase job satisfaction level. Whereas, negative feelings on the other hand could decrease the level of job satisfaction at the work environment (Choi & Ha, 2018). Furthermore, job satisfaction may also be affected by issues related to pay and work-life balance. Meanwhile, when this work-life balance is maintained, job satisfaction can relatively become higher. However, if there is imbalance, there will be tendencies of decrease in the job satisfaction of employees (Walsh, 2013). The increase in job satisfaction enables employees to provide effective services (Bulbuloglu, Kapikiran, & Saritas, 2021). More so, job satisfaction level can be lowered by low remuneration which on the other hand could result to resident doctors migrating to foreign countries in search for greener pasture (Mosadeghrad, 2013).

Migration of Resident Doctors

Most dissatisfied resident doctors in developing nations alternatively migrate to developed countries. They are likely to move to these countries permanently thereby making the departure country to suffer shortage of medical doctors in the public healthcare sector (Rutten, 2009). As resident doctors leave, the health outcomes in the country often times negatively comes with severe consequences Bhargava et. al., (2011). According to Chauvet et. al., (2009), doctors migration encourages increase in brain drain as well as child mortality, and adult mortality rates. International migration of resident doctors has been characterized as a global health issue since 1990s (Buchan, 2008). However, it clear that doctor's migration is not particular to a country; it is an issue that is captured around the globe. In the light of this, it comes with detrimental effects on developing poor nations whose healthcare system is fragile with insufficient health facilities that still interrupt health systems (WHO, 2006).

The shortage of doctors is both common with developing and developed countries. European and African nations are facing the shortage of medical doctors because of the increase in international migration (Wismar et. al., 2011). Moreover, most developed countries already are handling the issue by recruiting doctors that migrate from developing societies. This becomes the driving force behind resident doctors' migration to European countries Stilwell et. al., (2004). Most OECD countries are witnessing rapid increase in migration of medical doctors. The number of trained doctors from Africa working within European health systems reveals that the number of such foreign doctors keeps increasing due to the issue of international medical doctors' migration (OECD, 2010).

Resident doctor migration is both a national and international issue for legislators, and policy makers. In Nigeria, the failure to fully implement agreed welfare policy made by government keeps arousing the mind of resident doctors to leave the country. In addition, the government admitted that it is a policy issue that needs to be addressd fairly (Guardian, 2026). It is on record that over 18,949 doctors have left the country in the past two decades. As at 2024, 3974 medical doctors resigned from public and private hospital to UK and Europe. While on every month 100 doctors migrate to the US. This high migration has only left a pool of

11,000 to 15,000 resident doctors. It has severely impacted hospital operations in Nigeria (The Guardian, 2026).

Theoretical Framework

The equity theory developed by Adams (1965) is in line with this study. Its belief holds that workers perceptions of their work efforts in an organization, what they receive as compensation, and how the ratio of contributions made is compared to individuals within and outside the firm, ascertains how they perceive their employment and work relations to be. However, the perceptions of inequity in compensation are liable to cause the workers to take swift action to restore equity. Moreover, such actions may likely affect the organization negatively. Therefore, the theory believes in fairness and equality, and employees strive for total fairness and seek to balance input and output toward contributions for organizational success.

Material and Methods

Through the adoption of cross-sectional survey, 84 doctors from 6 states public hospitals were administered with questionnaire structured in four Likert format of strongly agree, agree, strongly disagree, and disagree. The purposive sampling technique aided the distribution of questionnaires to respondents in 6 federal and state hospitals. The data retrieved were analyzed and presented on tables in percentage, mean, and standard deviation scores.

Result and Discussion

Table 1: Summary of responses on the extent to which resident doctors utilize strike action to communicate the need for remuneration adjustment in public hospital.

Variable	Frequency	Percent	Mean	Standard Deviation
Strongly agree	42	50		
Agree	36	42.9	39	4.24
Strongly disagree	4	4.8		
Disagree	2	2.4	3	1.0
Total	84	100		

Source: (Nworgu & Amadi, 2026)

Table 1 reveals that 42 (50) and 36 (42.9%) strongly agree and agree respectively that resident doctors utilize strike to communicate the need for remuneration adjustment. The mean and standard deviation scores of respondents that agree are 39 and 4.24 respectively. Whereas, 4 (4.8%) and 2 (2.4%) strongly disagree and disagree respectively to the stated opinion. The mean and standard deviation scores for respondents that disagree are 3 and 1.0 respectively. In summary, larger number of respondents agree that resident doctors utilize strike action to communicate the need for remuneration adjustment in public hospitals in Nigeria. The findings show that strike is an essential channel to communicate to government about resident doctors remuneration adjustment demand. With the use of strike action, medical doctors to stop to perform their functions in public hospital to compel government to act decisively on improving or adjusting the pay system remuneration system to confirm to the resident doctors' demand.

Table 2: Summary of responses on the poor level of job satisfaction of resident doctors is influence by poor remuneration in public hospital.

Variable	Frequency	Percent	Mean	Standard Deviation
Strongly agree	30	35.7		
Agree	24	28.6	27	3
Strongly disagree	18	21.4		
Disagree	12	14.3	15	3
Total	84	100		

Source: (Nworgu & Amadi, 2026)

Table 2: indicates that 30 (35.7%) respondents strongly agree, and 24 (28.6%) agree that the poor level of job satisfaction of resident doctors is influence by poor remuneration in public hospital. The mean and standard deviation scores for respondents that agree are 27 and 3 respectively. But, 18 (21.4%) strongly disagree and 12 (14.3%) disagree to the stated opinion. The mean and standard deviation scores for respondents that disagree are 15 and 3 respectively. However, the figure of respondents that agree is more than those that disagree. Therefore, the study stands to agree that the poor level of job satisfaction of resident doctors is influence by the poor remuneration in public hospital. The findings here reveal that resident doctors' job satisfaction is being influence by the poor remuneration they are receiving in public hospitals. It therefore signifies that as long as the doctors' remuneration remains the same, their job satisfaction continues to be poor.

Table 3: summary of responses that poor remuneration is the reason that instigate resident doctors' migration to foreign countries from public hospitals.

Variable	Frequency	Percent	Mean	Standard Deviation
Strongly agree	26	31		
Agree	34	40.5	30	5.66
Strongly disagree	10	11.9		
Disagree	14	16.7	12	2.83
Total	84	100		

Source: (Nworgu & Amadi, 2026)

Table 3 shows the summary responses of respondents that poor remuneration instigate resident doctors' migration to foreign countries as 26 (31%) and 34 (40.5%) respondents strongly agree and agree respectively that poor remuneration is the reason that instigate resident doctors' migration to foreign countries from public hospitals. The mean and standard deviation scores for those that agree are 30 and 5.66 respectively. In contrast, 10 (11.9%) and 14 (16.7%) respondents strongly disagree and disagree respectively to the stated opinion. The mean and standard deviation scores of respondents that disagree that poor remuneration is the reason that instigate resident doctors' migration to foreign countries from public hospital is 12 and 2.83 respectively. The study stands to agree that poor remuneration is the reason that instigates resident doctors' migration to foreign countries. Therefore, the finding here indicates that most of the resident doctors leave the country because of the poor financial

benefits they receive from government. The poor remuneration becomes the critical factor that coerces resident doctors find alternative country to migrate into in order to have higher financial pay and benefits.

Conclusion

Medical doctors utilize strike to stop performing tasks, and rendering of healthcare services in public hospital to sick patients in order to make government to listen to demands, ensure collective bargaining with government and to act decisively on adjusting the remuneration system of resident doctors. The study signifies that as long as the doctors' remuneration is not adjusted, their job satisfaction will always be poor. It therefore reveals that poor remuneration becomes the critical factor that can coerce resident doctors to look for alternative countries to migrate into in order to receive higher financial package, allowances, and incentive benefits. Most of the resident doctors that want to migrate prefer developed countries in order to find better wages. The poor remuneration system, inadequate public health facilities, poor job satisfaction, as well as the failure of government to implement better medical welfare policy were the factors also prompting the brain drain from Nigerian resident doctors' migration.

Recommendations

The following recommendations are suitable panacea that tackle the issues deliberated in this study

1. Government and legislators should consider the need of expediting policy making and implementation actions that can promote resident doctors' welfare and working conditions in public hospitals across state and federal levels before or during strike action of doctors for the need of remuneration adjustment.
2. Employers of resident doctors should provide various incentives, allowances, security, and benefits that can elevate the level of job satisfaction of resident doctors in public hospital.
3. Poor remuneration of resident doctors should be adjusted on the basis of whatever agreement and memorandum of understanding between government and the doctors to discourage the migration of medical doctors to foreign countries.

References

- Abramishvili, M., Chkhaberidze, N., Pitskhelauri, M., Kereselidze, M., & Chikhladze, N. (2020). Job satisfaction of emergency medical services staff. *Health Policy, Economics and Sociology*, 6(1), 3–11.
- Afulani, P. A., Nutor, J. J., Agbadi, P., Gyamerah, A. O., Musana, J., Aborigo, R. A., Odiase, O., Getahun, M., Onger, L., & Malechi, H. (2021). Job satisfaction among healthcare workers in Ghana and Kenya during the COVID-19 pandemic: Role of perceived preparedness, stress, and burnout. *PLOS Global Public Health*, 1(10).
- Akinyemi, O., & Atilola, O. (2013). Nigerian resident doctors on strike: Insights from and policy implications of job satisfaction among resident doctors in a Nigerian teaching hospital. *The International Journal of Health Planning and Management*, 28, 46–61.
- Amadi, C. O., & Nworgu, K. G. (2022). Industrial action and welfare-related disputes in Nigeria public health system: Using arbitration strategies in the resolution of potential job insecurity issues. *International Journal of Industrial Arbitration*, 2(2), 24–31.
- Bezdrob, M., & Šunje, A. (2021). Transient nature of the employees' job satisfaction: The case of the IT industry in Bosnia and Herzegovina. *European Research on Management and Business Economics*, 27(2).
- Bhargava, A., Docquier, F., & Moullan, Y. (2011). Modeling the effects of physician emigration on human development. *Economics and Human Biology*, 9(2), 172–183.
- Bonenberger, M., Aikins, M., Akweongo, P., & Wyss, K. (2014). The effects of health worker motivation and job satisfaction on turnover intention in Ghana: A cross-sectional study. *Human Resources for Health*, 12, 43.
- Buchan, J., & Aiken, L. (2008). Solving nursing shortages: A common priority. *Journal of Clinical Nursing*, 17, 3262–3268.
- Bulbuloglu, S., Kapikiran, G., & Saritas, S. (2021). Perceived and sources of occupational stress in surgical intensive care nurses. *Proceedings of Singapore Healthcare*, 30(3), 200–205.
- Chauvet, L., Gubert, F., & Mesple-Soms, S. (2009). Are remittances more effective than aid to reduce child mortality? An empirical assessment using inter- and intra-country data. *G-MonD*, 10. Paris School of Economics.
- Choi, Y., & Ha, J. (2018). Job satisfaction and work productivity: The role of conflict-management culture. *Social Behavior and Personality: An International Journal*, 46(7), 1101–1110.
- Fashoyin, T. (2008). Employment relations in Zambia. *The International Journal of Comparative Labour Law and Industrial Relations*, 30(4), 391–403.
- Gilstrap, J. B., & Collins, B. J. (2012). The importance of being trustworthy: Trust as a mediator of the relationship between leader behaviors and employee job satisfaction. *Journal of Leadership & Organizational Studies*, 19(2), 152–163.

- Huby, G., Gerry, M., McKinsty, B., Porter, M., Shaw, J., & Wrate, R. (2002). Morale among general practitioners: Qualitative study exploring relations between partnership arrangements, personal style, and workload. *BMJ*, 325, 140.
- Hussey, P. (2007). International migration patterns of physicians to the United States: A cross-national panel analysis. *Health Policy*, 84, 298–307.
- Karimi, L., Leggat, S. G., Bartram, T., Afshari, L., Sarkeshik, S., & Verulava, T. (2021). Emotional intelligence: Predictor of employees' wellbeing, quality of patient care, and psychological empowerment. *BMC Psychology*, 9(1), 93.
- Kaur, S., Sharma, R., Talwar, R., Verma, A., & Singh, S. (2009). A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi. *Indian Journal of Medical Sciences*, 63(4), 139–144.
- Leone, C., Bruyneel, L., Anderson, J. E., Murrells, T., Dussault, G., Jesus, E. H., Sermeus, W., Aiken, L., & Rafferty, A. M. (2015). Work environment issues and intention-to-leave in Portuguese nurses: A cross-sectional study. *Health Policy*, 119(12), 1584–1592.
- Medscape. (2012). *Physician lifestyle report: The physician compensation report*. <https://www.medscape.com>
- Mesfin, D., Woldie, M., Adamu, A., & Bekele, F. (2020). Perceived organizational culture and its relationship with job satisfaction in primary hospitals of Jimma zone and Jimma town administration, correlational study. *BMC Health Services Research*, 20(1), 438.
- Mosadeghrad, A. M. (2013). Occupational stress and turnover intention: Implications for nursing management. *International Journal of Health Policy and Management*, 1(2), 169–176.
- OECD. (2007). *International migration outlook: SOPEMI, Part III on immigrant health workers in OECD countries in the broader context of highly skilled workers*. OECD.
- OECD. (2010). *International migration of health workers: Improving international cooperation to address the global health workforce crisis*. OECD. <https://www.oecd.org/publications/Policybriefs>
- Ofili, A. N., Asuzu, M. C., Isah, E. C., & Ogbeide, O. (2004). Job satisfaction and psychological health of doctors at the University of Benin Teaching Hospital. *Occupational Medicine*, 54(6), 400–403.
- Ogunbasnjo, G. (2014). Doctors and strike action: Can this be morally justifiable? *Punch Newspaper*.
- Ogaboh, A. A., Udom, H. T., & Eke, I. T. (2020). Why brain drain in the Nigerian health sector? *Asian Journal of Applied Sciences*, 8(2).
- Okechukwu, C., & Briggs, D. C. (2020). Pediatricians and trainee pediatricians' perspectives on industrial action by medical doctors in Nigeria. *Nigerian Journal of Paediatrics*, 47(3), 246–251.

- Pham, T. D., Ngo, A. T., Duong, N. T., & Pham, V. K. (2021). The influence of organizational culture on employees' satisfaction and commitment in SMEs: A case study in Vietnam. *The Journal of Asian Finance, Economics and Business*, 8(5), 1031–1038.
- Rennie, S. (2009). An epidemic of health care worker strikes. *Global Bioethics Blog*. <http://globalbioethics.blogspot.com/2009/06/epidemic-of-health-care-worker-strikes.html>
- Ribeiro, E., & Marra, A. (2021). Relations between senses of work and job satisfaction: Analysis of a public servant's category. *UFSM*, 14(1), 119–137.
- Rutten, M. (2009). The economic impact of medical migration: An overview of the literature. *The World Economy*, 32(2), 291–325.
- Sofa. (2008). *Human resource management*. Bumi Aksara.
- Stilwell, B., Diallo, K., Zurn, P., Vujicic, M., Adams, O., & Dal Poz, M. R. (2004). Migration of health-care workers from developing countries: Strategic approaches to its management. *Bulletin of the World Health Organization*, 82(8), 595–600.
- Suciu, Ș. M., Popescu, C. A., Ciumageanu, M. D., & Buzoianu, A. D. (2017). Physician migration at its roots: A study on the emigration preferences and plans among medical students in Romania. *Human Resources for Health*, 15(1), 6.
- Tay, W. Y., Earnest, A., Tan, S. Y., & Ng, M. J. (2014). Prevalence of burnout among nurses in a community hospital in Singapore: A cross-sectional study. *Proceedings of Singapore Healthcare*, 23(2), 93–99.
- The Guardian Nigeria. (2026). Resident doctors to resume nationwide strike in January 2026. *The Guardian Nigeria*. <https://guardian.ng>
- The Sun Nigeria. (2025). Nigeria's hospitals in trouble as doctors and nurses Japa. *The Sun Nigeria*. <https://sunnewsonline.com>
- Verulava, T., Jorbenadze, R., Dangadze, B., & Karimi, L. (2018). Nurses' work environment characteristics and job satisfaction: Evidence from Georgia. *Gazi Medical Journal*, 29(1), 1–5.
- Walsh, J. (2013). Gender, the work-life interface and wellbeing: A study of hospital doctors. *Gender, Work & Organization*, 20(4), 439–453.
- Wismar, M., Maier, C. B., Glinos, I. A., Dussault, G., & Figueras, J. (2011). *Health professional mobility and health systems: Evidence from 17 European countries*. World Health Organization.
- World Health Organization. (2006). *Working together for health: The World Health Report 2006*. World Health Organization.
- Zuger, A. (2004). Dissatisfaction with medical practice. *The New England Journal of Medicine*, 350, 69–75.