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Awareness and International Migratory Intent Amongst Final Year Undergraduate Medical Students at the University of Ibadan

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Abstract
International migratory intentions among undergraduate medical students is fast becoming a norm and crippling healthcare. A cross-sectional survey was conducted with 158 medical and nursing undergraduate final-year students, who were selected using selective sampling technique. Hinged on the theory of the new economics of labour migration, neo-classical economics micro and macro-migration, migration intention, perception, and awareness of international migration and familial interaction were surveyed. The analysis and presentation of the study's data was in percentage distribution, frequency counts, charts, and a chi-square test of associations with a significance level of 0.05. Respondents were aged 21 to 36 with mean age of 25.1+3.0, females (52.5%) males (47.5%) of whom (93.0%) single and (7%) married. 64.6% were Christians, 34.8% Muslims. 88.0% of respondents considered working overseas after graduation, 48.1% possess information necessary to practice overseas, 74.7% have requested information about doing so, and 56.3% wish to work abroad. Interest accounted for 72.7% of all factors in choosing a course of study. The total programme quality was assessed at 89.2%, academic experience in the programmes 90.5%, instruction facility was evaluated at 67.1%. Main reasons for wanting to leave included 8.9% to further education, 8.2% unsettled environment, 7.6% economic problems and corruption, 6.3% job insecurity, 5.1% better career opportunities, arbitrary strikes and 7.6% expressed no intentions. The findings recommend that government should invest more in healthcare education, healthcare systems, eliminate industrial strike, provide suitable employment opportunities, enhance course of study, improve and maintain basic infrastructure, and foster a secured, hospitable enabling environment.
Keywords: Migration, Undergraduate, Intention, Awareness, Medical, Nursing
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BACKGROUND TO THE STUDY/STATEMENT OF THE PROBLEM

Large-scale internal and international migration, which has led to a pluralistic society, characterizes the modern world. Research has shown that the process of migration, the preparation leading up to migration, and the postmigration all have various effects on people. Migration is caused by a number of circumstances, such as push and pull forces. Recent migratory trends and the underlying causes of those trends are modeled after the new forces of globalization. Growing social inequality and poverty in the late 1960s and early 1970s inspired a range of movement patterns. Recent years have seen a significant exodus of primary healthcare providers from Nigeria to other countries, with Nigerian healthcare or medical schools training approximately 40% of all sub-Saharan African healthcare workers in the United States (Hagopian 2004). News articles in prestigious Nigerian national dailies and international media have highlighted the problem of healthcare brain drain. Migration of healthcare physicians has cost the country much in terms of economics, health resources, efficacy of service delivery and worker morale. There are no simple solutions to this brain-drain, as there are still strong incentives for health professionals to go to receiving countries and push variables for them to return to their home countries. (Dwyer 2007) noted that healthcare experts who choose to leave the country are exercising their rights, so managing the issue will involve striking a balance between the need for social justice and a person's freedom to leave in quest of an improved life. Migration data is sometimes scarce and incomparable (Diallo, 2004).

Workers in primary healthcare in Nigeria do not have the best working conditions. In many elementary, secondary, and tertiary public health facilities, there is a lack of essential healthcare infrastructure and equipment. The majority of primary healthcare providers in the nation, are said to be unhappy with their jobs (Akinyemi, 2013). There is also an issue of inter-professional rivalry and inadequate good team interactions in the healthcare industry, notably in tertiary and secondary institutions (Omosire, 2017). Industrial actions have resulted from these circumstances before (Akinwunmi, 2010). These factors, together with low pay, have led many primary healthcare providers to quit, especially young medical graduate students, and many more are currently planning to immigrate to other countries in order to find employment. The greatest predictor of real turnover or relocation in healthcare workers, according to research, was turnover or migration intention (Zhang, 2011). It is believed that early staff detection and undergraduate primary healthcare students' migration intentions would be very beneficial to address the exodus issue before it worsens. There is research on the relocation or migration of healthcare professionals to other industrialized nations from sub-Saharan Africa (Ogilvie, 2007), but there have been less studies on the subject. of relocation among healthcare professionals pursuing training in the African

continent (Blacklock, 2014).

THEORETICAL FRAMEWORK

Neoclassical macro-migration theory

This theory according to Massey (1993) predicts that if wage disparities were removed, labour migration would end. Capital moves in the opposite direction in expectation of a good return on asset made in capital-poor economies, with the large percentage of worker mobility taking place between countries that are capital-rich and unskilled labour (Hagen-Zanker, 2008). This hypothesis states that salary differences between the nations of source and endpoint are the main cause of international migration, and removing these differences will end it. The creation of new and different source and recipient nations, as well as the moving of emigration "from Europe to the developing world," have led to the emergence of newer theories on migration.

Neoclassical economics: micro theory

Neoclassical economics is used in this theoretical model to apply it to the level of the individual. The micro theory of migration suggests that the migrant is a "rational actor" with all the necessary information and knowledge about the costs and advantages of moving across both the originating and endpoint countries. It states that when all other variables are held constant, elements that decrease the expense of migration and enhance the probability of employment and an increased income relative towards the originating country increase the probability that the rational person will migrate (Massey et al. 1993). However, this hypothesis ignores the bigger cultural and spatial implications on the rational people' final choice as well as the impact of information disparity. Studies on mobility or migration have demonstrated that employment and income differences, as proposed by neoclassical economics theory, play an important part in migration, but concepts based solely on such differences have been found to be insufficient to explain a significant number of population movements. Governments can affect immigration by enacting laws that have an impact on predicted income levels both in the nation of origin and the nation of destination.

New economics of labour migration

Neoclassical economics is a theory that contends that individuals do not act alone when deciding to migrate, but rather a larger unit of linked individuals, primarily the family, decides to do so in order to maximise prospects for income and employment and to reduce dangers (Stark 1991); Hagen-Zanker, 2008). The central claim of this concept revolves around how families control the risk to their entire financial situation. In developing or poor nations, the household is responsible for addressing all of these risks. Migration is a risk-diversification strategy, with the primary motivation being to diversify risks in addition to income. Additionally, this theory incorporates the idea of relative deprivation, which can change the economic distribution within a community, which in turn encourages additional people to migrate. Governments have the power to affect migration through policies on the labour market and other markets. A further factor that may increase the likelihood of migration is government measures in receiving nations that raise the mean income of the populace while leaving behind the poorest households. The new economics of labour migration concept has its share of problems, such as being ambiguous on the migrant's actual destination choice, being impersonal, biassed sending side, and failing to include other aspects of family dynamics, like the part gender plays. (kurekova 2011). Alternative theories such as network, cumulative causation, or institutional theories would be better able to explain how migration continues and, in particular, how people decide where to move. While it is plausible that the family made the decision to immigrate instead of the lone emigrant, there is also a possibility that pay disparities between the endpoint and the origin countries contributed to the start of migration.

RESEARCH METHODOLOGY

The study was conducted at the University College Hospital in Ibadan, Oyo State, Nigeria. It comprised 158 undergraduate final year medical, dental and nursing students studying clinical sciences, at the University of Ibadan, Ibadan. The study was a descriptive cross-sectional survey aimed at assessing factors associated with migration intentions among final-year undergraduate medical and nursing students at the University of Ibadan, Nigeria. It first collected data using a quantitative approach, followed by a qualitative approach. This was used because it provides a decisive result as well as measures the extent of influence of the factors assessed.

RESULTS AND FINDINGS

Table 1: Percentage distribution of Socio-demographic characteristics of respondents

Variables	Frequency (n=158)	Percentage (%)
Age		
Mean (SD)	25.1±3.0	
Age of respondents in groups		
<25 years	66	41.8
=>25 years	92	58.2
Gender		
Male	75	47.5
Female	83	52.5
Marital Status		
Single	147	93.0
Married	11	7.0
Religion		
Christianity	102	64.6
Islam	55	34.8
Atheist	1	0.6
Where Respondents grow up		
Rural Area	15	9.5
Urban Area	90	57.0
Rural Urban Area	53	33.5
Father's level of education		
Secondary Education	23	14.6
Tertiary Education	130	82.3
None/Primary Education	5	3.2
Mother's level of education		
Secondary Education	33	20.9
Tertiary Education	102	64.6
None/Primary Education	23	14.6

Table 1 shows the socio-demographic characteristics of respondents. The mean age of respondents was 25.1+3.0 years and 58.2% were in the age group 25 years and above. Slightly over half (52.5%) were females and 93.0% were single. On religious affiliation, 64.6% were Christians and 34.8% were Islam. 57.0% of respondents grew up in Urban, 33.5% Rural Urban, and 9.5% in the rural area. An examination of the educational qualification of the respondent's father and mother's level of education showed that the majority had tertiary education, suggesting that the parents were well enlightened and literate.

Table 2: Cross-tabulation of Respondents Course of Study and Migration Intention and Awareness

Course of Study	Intention to Migrate			Chi-square	df	p-value
	Yes	No	Total			
Medicine	117 (88.6%)	15 (11.4%)	132 (100.0%)	.332	1	.382
Nursing	22 (84.6%)	4 (15.4%)	26 (100.0%)			
Total	139 (88.0%)	19 (12.0%)	158 (100.0%)			

Table 2 highlights the cross tabulation of the intentions of medical and nursing undergraduate final-year students at the University of Ibadan to migrate. These findings show from the study that a majority (88.6%) of medical students and 84.6% of nursing undergraduate students were willing or had the intentions to migrate out of the country. This constitutes a total of 139 respondents out of the 158 respondents interviewed actually have the intentions of migrating out of the country. The table above reported very high initiation of plans (88.0%) toward actualizing of their intent to migrate abroad amongst undergraduate medical and nursing students undergoing training at the University of Ibadan. This result is in line with what (Humphries et al. 2018) discovered in a qualitative study of Irish early-career doctors, where it was discovered that 60% of respondents had urgent intentions to immigrate abroad. The Irish survey's qualitative character suggests that there are methodological distinctions amongst the respondents at the University of Ibadan at the moment. An IDI respondent stated:

> "I am not ready to leave my mother land, I am here to stay and bless it back. I really want to help people particularly in the rural areas" **(28-year-old-female)**

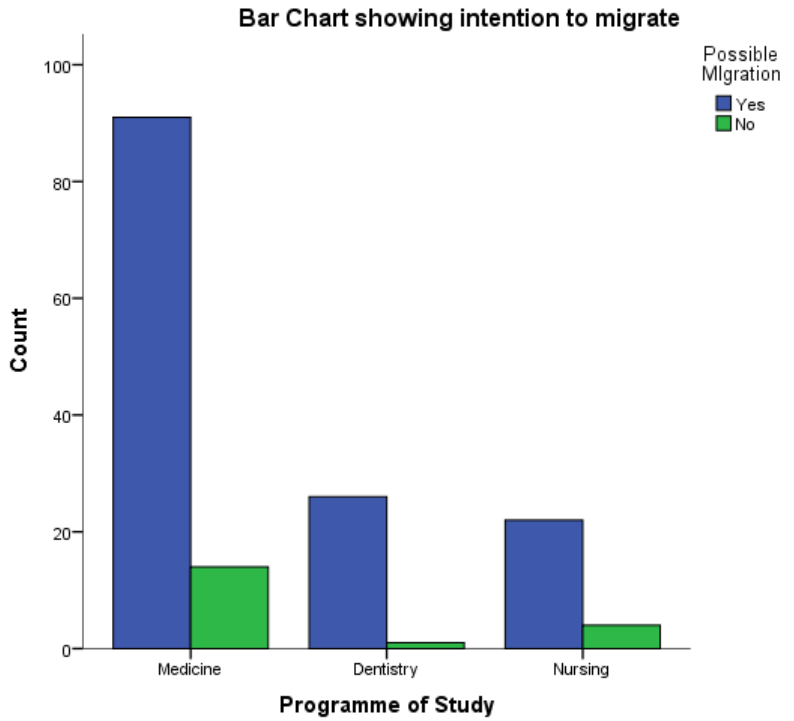

Figure 1 Clearly shows the migration intention of respondents. A total of 158 respondents including Medicine, Dentistry and nursing were interviewed and 139 respondents which constitutes 88.0% out of the 158 respondents have the intentions of migrating out of the country. More than half of the respondents had emigration intentions This result is comparable to that of the NOIPolls (2018), which found that 88.0% of Nigerian doctors who participated in the web survey and indicated that they were evaluating job prospects abroad. The NOIPolls (2018) sampled different categories of Nigerian doctors, whereas this survey was limited to undergraduate doctors and nursing students in their final year, which may account for the lower proportion reported in this study.

Table 3: Cross-tabulation of Respondents Socio-demographic factors on Intention to Migrate

Age Group	**Intention to Migrate**			Chi-square	df	p-value
	Yes n=158	**No**	**Total**			
< 25	57 (86.4%)	9 (13.6%)	66 (100.0%)	.278	1	.387
=>25	82 (89.1%)	10 (10.9%)	92 (100.0%)			
Fathers level of Education						
Secondary	20 (87.0%)	3 13.0%	23 100.0%	.716	2	.699
Tertiary	114 (87.7%)	16 (12.3%)	130 (100.0%)			
None/Primary Education	5 100.0%	0 0.0%	5 100.0%			
Mothers level of Education						
Secondary	27 (81.8%)	6 (18.2%)	33 100.0%	1.572	2	.456
Tertiary	91 (89.2%)	11 (10.8%)	102 (100.0%)			
None/Primary Education	21 (91.3%)	2 (8.7%)	23 (100.0%)			

Table 3 highlights the cross-tabulation between parents' level of education and their wards. Though the table judging by figures show that, at the tertiary level, 144(87.7%) fathers are more read or learned than their wives 91 (89.2%) and they seem to have a level of influence on the respondent's choice and intentions to make a decision on migration. The influence of the level of either of parent's education on migration intention shoes a p-

value of 0.456 stating there is no relationship between parents and respondents' intention to migrate abroad. The chi square computation to test if there is a significant association between respondent's parent's education was obtained at .716 for fathers and 1.572 for mothers with a degree of freedom of 2 and a significant level of 0.699 and 0.456. Hence, there is statistically no significant relationship between the two variables considered.

Table 4: Percentage distribution on perception of the medical and nursing students regarding their undergraduate Programme

Variable	Excellent N (%)	Very Good	Good	Indifferent	Poor
Experience Studying Programme	11 (7.0)	71 (44.9)	61 (38.6)	14 (8.9)	1(.6)
Quality of Programme	5 (3.2)	41 (25.9)	95 (60.1)	17 (10.8)	
Rating of Instructional Facilities	1 (.6)	18 (11.4)	87 (55.1)	47 (29.7)	5 (3.2)
Level of Assistance provided by Institution/Lecturers	7 (4.4)	28 (17.7)	93 (58.9)	28 (17.7)	2 (1.3)
Curriculums relevance to current health concerns in Nigeria	3 (1.9)	13 (10.1)	77 (48.7)	59 (37.3)	6 (3.8)

Generally, on the good side, the respondents gave positive feedback on perception of their program. Table 4 shows that Respondents rated their experience studying the program 44.9% as very good, Quality of the program as good at 60.1%, Instructional facilities as equally good at 55.1%. The level of assistance from the institution and the lecturers was also concluded as good at 58.9%. Curriculum on the other hand had a 48.7% rating as good according to the respondents. This shows a satisfactory and a well commendable curriculum based on the respondent's level of exposure and satisfaction. A cross-tabulation was conducted to look at the correlation between specific programme experiences and course of study in order to better evaluate the results of the perception of the medical and nursing students concerning their undergraduate programme.

Table 5: Cross-tabulation of perception of the medical and nursing students regarding their undergraduate Programme

	Course of Study			Chi-square	df	p-value
	Medicine	**Nursing**	**Total**			
Academic experience studying this Programme				3.952	4	.413
Excellent	11 (100%)	0 (0.0%)	11 (100.0%)			
Very Good	61 (85.9%)	10 (14.1%)	71 (100.0%)			
Good	48 (78.7%)	13 (21.3%)	61 (100%)			
Indifferent	11 (78.6%)	3 (21.4%)	14 (100.0%)			
Poor	1 (100.0%)	0 (0.0%)	1 (100.0%)			
Quality of Programme						
Excellent	5 (100.0%)	0 (0.0%)	5 (100.0%)	1.713	3	.634
Very Good	35 (85.4%)	6 (14.6%)	41 (100.0%)			
Good	79 (83.2%)	16 (16.8%)	95 (100.0%)			
Indifferent	13 (76.5%)	4 (23.5%)	17 (100.0%)			
Quality of Instructional Facilities						
Excellent	1 (100.0%)	0 (0.0%)	1 (100.0%)	2.122	4	.713
Very Good	15 (83.3%)	3 (16.7%)	18 (100.0%)			
Good	74 (85.1%)	13 (14.9%)	87 (100.0%)			

	Course of Study			Chi-square	df	p-value
	Medicine	**Nursing**	**Total**			
Indifferent	37 (78.7%)	10 (21.3%)	47 (100.0%)			
Poor	5 (100.0%)	0 (0.0%)	5 (100.0%)			
Level of Assistance provided by Institution/Lecturers						
Excellent	5 (71.4%)	2 (28.6%)	7 (100.0%)	8.335	4	.080
Very Good	26 (92.9%)	2 (7.1%)	28 (100.0%)			
Good	80 (86.0%)	13 (14.0%)	93 (100.0%)			
Indifferent	19 (67.9%)	9 (32.1%)	28 (100.0%)			
Poor	2 (100.0%)	0 (0.0%)	2 (100.0%)			
Relevance of Curriculum to the Current health concerns in Nigeria						
Excellent	3 (100.0%)	0 (0.0%)	3 (100.0%)	1.078	4	.898
Very Good	10 (76.9%)	3 (23.1%)	13 (100.0%)			
Good	64 (83.1%)	13 (16.9%)	77 (100.0%)			
Indifferent	50 (84.3%)	9 (15.3%)	59 (100.0%)			
Poor	5 (83.3%)	1 (16.7%)	6 (100.0%)			

Table 5 shows that 85.9% of medical and nursing students felt the quality of their undergraduate program was good enough. Over a sixth (78.6%) were not sure of the quality of instruction they were receiving, describing it as indifferent. The Quality of Instructional Facilities was equally good at (85.1%). Despite a large percentage, most of the respondents were indifferent. The manner that students felt their training institutions supported them was not statistically significant ($p = 0.08$). According to those who thought positively about migration, those who were satisfied with the assistance they received from their training institutions were more likely to think negatively about doctors leaving Nigeria, while those who were dissatisfied with the assistance were more likely to think positively. An excerpt from one of the in-depth interviewees is provided below:

> "We have trouble getting in touch with the majority of professors and consultants because there is too much hierarchy. My fellow classmates are better sources of assistance, knowledge, and direction." **(IDI, University of Ibadan/2022)**

From the aforementioned, it can be inferred that students have a negative perception of the institution's degree of assistance. This lack of communication and connection will affect how students perceive their educational experiences, which may reduce their desire to pursue higher education in the nation. This can be inferred as a reason why study subjects would want to do so in a friendlier setting.

Further in this study, students' criticisms tended to center on training facilities, which they criticised as being unfit for purpose. There were either no equipment, or the ones that were there were either broken or in poor condition. The lack of instructional tools (or the inadequate condition of those available) placed a significant amount of stress on the academic and clinical personnel, who had to find ways to provide the scientific method using whatever facilities were obtainable (and functioning). Either they (facilities) break down frequently or repairing them takes a while. To support the findings above, an excerpt from the in-depth Interview was presented below:

> "The amenities are completely unmaintained, ancient, and dilapidated. Our fathers undoubtedly utilised the same facility." **(25-year-Old. Female)**

Table 6: Cross-tabulation showing how societal/social factors impact medical and nursing students' desires and plans to immigrate after graduation

	Course of Study			Chi-square	df	p-value
	Medicine	**Nursing**	**Total**			
Economic Opportunities				2.590	4	.629
Strongly Agree	57 (82.6%)	12 (17.4%)	69 (100.0%)			
Agree	54 (85.7%)	9 (14.3%)	63 (100.0%)			
Neither Agree nor Disagree	18 (85.7%)	3 (14.3%)	21 (100.0%)			
Disagree	2 (66.7%)	1 (33.3%)	3 (100.0%)			
Strongly Disagree	1 (50.0%)	1 (50.0%)	2 (100.0%)			
Social Amenities						
Strongly Agree	57 (85.1%)	10 (14.9%)	67 (100.0%)	10.083	4	.039
Agree	64 (87.7%)	9 (12.3%)	73 (100.0%)			
Neither Agree nor Disagree	9 (56.2%)	7 (43.8%)	16 (100.0%)			
Disagree	1 (100.0%)	0 (0.0%)	1 (100.0%)			
Strongly Disagree	1 (100.0%)	0 (0.0%)	1 (100.0%)			
Job Insecurity						
Strongly Agree	49 (83.1%)	10 (16.9%)	59 (100.0%)	4.597	4	.331
Agree	60 (87.0%)	9 (13.0%)	69 (100.0%)			
Neither Agree nor Disagree	19 (79.2%)	5 (20.8%)	24 (100.0%)			
Disagree	2 (50.0%)	2 (50.0%)	4 (100.0%)			
Strongly Disagree	2 (100.0%)	0 (0.0%)	2 (100.0%)			
Everybody is migrating, it's the norm (Trending Japa Syndrome)						
Strongly Agree	8 (80.0%)	2 (20.0%)	10 (100.0%)	2.900	4	.575
Agree	23 (74.2%)	8 (25.8%)	31 (100.0%)			
Neither Agree nor Disagree	57 (85.1%)	10 (14.9%)	67 (100.0%)			
Disagree	29 (87.9%)	4 (12.1%)	33 (100.0%)			
Strongly Disagree	15 (88.2%)	2 (11.8%)	17 (100.0%)			
No good future Prospect in the Country						
Strongly Agree	46 (80.7%)	11 (19.3%)	57 (100.0%)	5.905	3	.116
Agree	70 (86.4%)	11 (13.6%)	81 (100.0%)			
Neither Agree nor Disagree	16 (84.2%)	3 (15.8%)	19 (100.0%)			
Disagree	0 (0.0%)	1 (100.0%)	1 (100.0%)			

Table 6 shows that there is a strong association between respondents' course of study and social factors. A

majority of the respondents indicated that part of the reason why they intend to leave the country is due to the poor economic state of their own country and the good economic state of the country they intend to migrate to. Job insecurity is another major blow to reasons for migration intentions. The trending “japa syndrome” is yet another disease plaguing the country, everyone in all their various profession intending to migrate to greener pastures through any means. Beyond family ties and sense of patriotism, the majority of respondents came to the conclusion that there is no good future prospect for the country, with (86.4%) 70 medical respondents strongly affirming the unlikelihood of such a prospect. Insecurity, the availability of possibilities for career growth, research opportunities, and nations with more sophisticated technology for patient care are also identified for the intentions to migrate among respondents. More IDI participants provide more insight into the following findings to support the findings above:

> "Every day, when I sleep, wake up, and walk around, I feel such intense fear. I'm lost on this. Kidnapping, police brutality, and greedy and unscrupulous politicians all contribute to the high level of insecurity. Even the general people is egotistical, and everyone is competing for their own personal gain and purpose. In addition, employment after graduation is not guaranteed, and the value of education has decreased. I believe It is time to relocate." (**25-year-old Male Student)**

> "This is a country our own dear president cannot go for medical care; he'll rather fly outside to get treatment. The entire system is out of kilt, dysfunctional, and in desperate need of a major overhaul; social facilities are down and non-functional; nothing appears to be working; and education in Nigeria is a failing system." (**24-year-old female student)**

An IDI snippet adds to the evidence that societal/social factors influence medical and nursing students' wants and plans to relocate after graduation:

> "I took a course that was meant to last six years for eight years, and I never had to retake a test or course. Because of how severe the industrial strike is, it has an impact on every area of students' education and future." (**28-year-old Male Student)**

often taking part in strikes The high frequency of unionised strikes in Nigeria's universities and healthcare sector is a problem for the country's medical education (Omoluabi, 2014; Oleribe 2016; and Adeloye 2017). Medical students, who typically spend at least six years in training, are more adversely affected by these industrial action stoppages. Good clinical skills are lost as a result of disruptions to ongoing hands-on training, and this adds stress on clinical staff. Numerous parents have sent their children to study in other nations with more stable educational systems due to the ongoing industrial unrest, which also acts as a "push factor" for migration. Nigerian medical professionals, both students and doctors, had a strong drive to excel in their vocations and remain relevant in whatever area of life they found themselves. Their desire to immigrate to an industrialized nation was motivated by this widespread view of the poor condition and quality of medical education as a whole. An IDI respondent stated:

> **a 25-year-old female student stated**, "Our education is insufficient; in order to receive a "real" education and rank among the top, one must travel and advance internationally. Most of the time, you might need to travel abroad to continue your education in order to at least extend your horizons. In Nigerian medical schools and hospitals, we don't have what I aspire for ". It was the poor teaching, the poor facilities, and the poor experience that intensified my drive to want to do more with myself and to want to go abroad and further my medical study. Even our instructors sway in this direction.”

CONCLUSION

The Nigerian health sector is about to face a significant issue as a result of the exodus of healthcare professionals from the country. This is not only due to the fact that Nigeria currently has a scarcity of healthcare personnel and poor economic and health indicators, but also because a dearth or shortage of experts might arise, forcing Nigerians to seek specialised medical treatment elsewhere of their own country. Despite the reality that both push and pull forces were found, it seems that the former was more important. There are certainly pull variables at play that must be taken into consideration, but it stands to reason that if Nigerian students’ doctors and nurses felt at home, they would be less inclined to leave. Furtherance of education was highlighted as important motivators by respondents in this study, most of them see it as an avenue to leave the country. Others included, economic issues and deplorable state of corruption, unpeaceful and unsettling environment, job insecurity and political instability. The government will need to make greater investments in healthcare education and the healthcare systems, devoid of industrial and strike actions, provide suitable and juicy job

opportunities, improve current curriculum of study, improved and a well-maintained fundamental infrastructure, a more conducive and enabling environment, and the creation of a more equal and inclusive society in order to solve these issues. A favourable organizational climate, reasonable compensation given the circumstances, and other non-financial incentives should all be taken into consideration by legislators and administrators of the healthcare system.

RECOMMENDATIONS

The following suggestions were offered in light of the study's findings which recommends The creation of favourable conditions that will provide gainful employment and lessen poverty. Institutional capacity-building that supports career growth, initiatives to enhance learning and working conditions should all be encouraged. The government should provide adequate security and a conducive environment, and create a more equal and inclusive society. The government will need to make greater investments in healthcare education and the healthcare systems, devoid of industrial and strike actions, and also provide suitable and juicy job opportunities, improve current curriculum of study. In addition to a solid healthcare system, the government must provide the necessary well-maintained fundamental infrastructure, accessible and cheap education, reliable basic and social amenities. Salary increases are most likely to be only a very short-term fix; instead, larger incentive packages that take into account living conditions should be taken into consideration to attract prospective graduates to the health care industry. Creating Exchange Programs Through Bilateral Arrangements entered into fixed-term agreements with foreign employers. This makes it possible for employees to receive training and skills that might not be offered domestically. Enhancing the nation's current internship and residency training programmes to increase the number of healthcare students, and generally improving the employment conditions of practitioners.

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