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Examining the Impact of Push Factors on the Retention and Workforce Stability of Nigerian Medical Workers: A Study in Kano State

Aliyu Mohammed

Department of Management, School of Arts, Management and Social Sciences, Skyline University Nigeria, Kano.

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***Corresponding Author:** Aliyu Mohammed

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Abstract **Original Research Article**

The retention of workers in the medical field directly influences the efficiency of healthcare systems and workforce stability. In Kano State, Nigeria, several challenges hinder the retention of medical workers, including poor working conditions, low wages, limited career advancement opportunities, and other factors. This study examines the effects of these challenges on the retention and workforce stability of Nigerian medical workers in Kano State. Primary data was collected using structured questionnaires, and the study adopted a quantitative research approach. The population comprised medical workers from Muhammad Buhari Specialist Hospital and Hasiya Bayero Pediatric Hospital in Kano State, with a sample size of 322. All of the completed questionnaires were responded to by 160 individuals. In this study, SEM was used to test the push factors (IVs) and workforce stability (DV). This research supported the hypothesis that the state of the working environment and low wages affect the employee turnover and labor force continuity of medical employees. Briefly, the study recommends that working conditions be improved, and wages, to boost the stability of the workforce. It is these push factors that need to be addressed to strengthen and stabilize the retention of medical workers in the healthcare sector in Kano State.

Keywords: Medical workers, retention, workforce stability, push factors, Kano State.

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1.0 Introduction

Brain drain, the migration of medical professionals from developing countries to high-income regions, significantly impacts Nigeria's health system. Key push factors include poor working conditions, low remuneration, limited promotion prospects, and inadequate facilities, impairing healthcare delivery, particularly in underserved areas like rural Nigeria. Nwankwo et al. (2022) emphasize that unequal distribution of healthcare workers disproportionately affects rural areas, including Ebonyi State, resulting in poor health outcomes, especially in maternal and child health.

Globally, factors such as low wages, poor training, insecurity, and insufficient healthcare facilities drive health worker migration. Ahmad (2023) found that 47% of Nigerian physicians intend to migrate due to such challenges. Udom et al. (2024) underscore that political instability and poor governance exacerbate these issues by impeding policies to retain medical workers, leading to workforce disruptions and declining national health standards.

Unsustainable policies towards healthcare welfare have in the past caused brain drain in Nigeria. Elegbede et al. (2024) claims that health and education sector is the most affected and Nnoruga and Osigwe (2023) said that brain drain has negative

impact in skilled labour that is needed for development of any nation. According to Siankam (2011), this has been as a result of system failures and low capital investment on the health system.

Although literature discusses the antecedent of brain drain as well as the implications that come with it, literature lacks sufficient information identifying the push factors to destruct workforce stability in Kano State. This paper fills this research gap by focusing on working conditions such as wages, productivity, promotion, and buildings and facilities to guide on how to minimize migration and maximize retention.

Ogaboh et al. (2020), Ajayi et al. (2022), & Tankwanchi (2018) indicated that steps should be taken to increase wages, create employment security and enhance working conditions as a way of reducing migration. Using concepts drawn from healthcare policy as well as migration and economics, this study seeks to improve the retention of health workers and the quality of health services, in response to Nigeria's urgent health sector needs.

1.1 Statement of the Problem

This migration from nations such as Nigeria has resulted in these workforce implications especially in the consideration of the quality of health care or the establishment of human resource. This has compounded itself in the current years to severe scarcity of professional career staff especially in the rural areas. Low wages, obnoxious work environment, poor infrastructure, political instabilities, and poor career progression are other factors that are pushing the healthcare system in the Nigeria (Ahmad, 2023; Ogaboh et al., 2020).

Nwankwo et al., (2022) posited that the distribution of health care personnel in Nigeria has its unfair share favouring the urban areas leading to a higher degree of heath social injustice and consequently compromising health outcomes in the rural areas. In particular, real-life factors including poor governance and uneven distribution of resources make matters worse and the current models do not offer lasting resolutions.

From the literatures of Ajayi et al. (2022) and Udom et al. (2024) this show that low pay and bad conditions are also a cause of work discontentment and turnover among health care staffs. Ahmad (2023) also again discusses the assistance of minimal career advancement as the reason for professionals to look for better prospects and supportive conditions and training availed outside the country.

This gives rise to brain drain and has its ripple effects on the economy, and according to Nnoruga and Osigwe (2023) this impairs' the Operations, economic growth, human and nation building. Continual migration weakens the ability of the facility to produce vital services and services while capitalizing on its human capital.

Global studies analyse the brain drain phenomenon but relatively scanty publications focus on the regional push factors influencing the stability of healthcare workforce that low and middle income countries such as Kano State. Similar, Elegbede et al. (2024) and Blacklock et al. (2014) emphasize the need for more focused research on the effects of such factors and more specifically in underdeveloped and rural areas which are the main area of migration.

This study fills this gap by focusing on the push factors that include working conditions, wages, career promotion and working facilities that compel medical personnel to either to remain in Kano State or to emigrate. This is the reason the findings presented will seek to guide the formulation of monetary policies that will promote the stability of the workforce across the region.

1.2 Research Objectives (RO):

1. To examine the relationship between poor working conditions and the retention and workforce stability of Nigerian medical workers in Kano State.
2. To analyze the impact of low wages on the retention and workforce stability of Nigerian medical workers in Kano State.

1.3 Research Questions (RQ):

1. What is the relationship between poor working conditions and the retention and workforce

stability of Nigerian medical workers in Kano State?

2. How do low wages impact the retention and workforce stability of Nigerian medical workers in Kano State?

1.4 Research Null Hypotheses (H_0):

H_{01}: There is no significant relationship between poor working conditions and the retention and workforce stability of Nigerian medical workers in Kano State.

H_{02}: Low wages have no significant impact on the retention and workforce stability of Nigerian medical workers in Kano State.

1.5 Significance of the Study

This research addresses a critical knowledge gap in the retention and workforce stability of medical professionals in Kano State, Nigeria, contributing both theoretically and practically to existing literature. It explores why doctors either persist in challenging work environments with low pay or migrate for better opportunities, establishing a link between workforce challenges and the quality of healthcare service delivery in Nigeria.

The study offers practical insights for policymakers, hospital managers, and healthcare institutions on strategies to improve workforce retention. Educational and practice improvements include improving working environment, increasing pay and other incentives, and ensuring promotion of a permanent pool of medical personnel.

Also, this research offers fact-finding results on Kano State only, which will act as a benchmark for other subsequent research endeavors in Nigeria and sub- Saharan Africa. Finally, it seeks to design brain-drain solutions and come up with policy suggestions that would enhance Nigeria's health sector.

2.0 Literature Review

This brings out a synthesis of empirical evidence on imperatives that affect staff retention and stability in Nigeria's health sector with special reference to factors such as working environment, wage, promotion and physical facilities that either compel workers to remain in or abandon their chosen careers in health profession. Health workforce, especially the medical personnel, is redundant and, therefore, retaining them in an organization/ healthcare institution is pivotal and plays a decisive role in the quality of health service provided and the health system as a whole. Prior empirical research on healthcare workforce migration and retention are also reviewed from the Nigerian angle with a view of establishing the research gaps that can ground this study.

2.1 Theoretical Framework

A theoretical framework is useful in research because of the structural angle it brings to bear on a given subject matter. There are several theories pertinent to the retention and migration of the Nigerian medical workers; the theories help in explaining some of the factors that influence flow.

1. Push-Pull Theory of Migration

This popular framework defines migration as being driven by push factors, such as poor working conditions, low wages and fewer promotional opportunities in the country of origin and, pull factors such as higher wages and better conditions in the host country. It shows how these factors interact with each other and provides information regarding, the Nigeria's medical workers leave or stay depending on how push factors are managed.

2. Human Capital Theory

This theory assumes that every individual makes decisions based on the amount of return he or she gains from investment in education and training. Nigerian professionals in the medical field may abscond, due to poor wage-related rewards, and limited promotion chances if the Nigerian healthcare system does not provide long-term incentives.

3. Social Exchange Theory

The assumption about decisions tends to be based on cost-benefit rationale like stress to salary or poor working infrastructure to promotions. If the costs are greater than the benefits, then they are likely to have many workers leave. It gives direction to the conceptual clarification of retention as a mutual exchange between the worker and the organisation.

4. Job Embeddedness Theory

This theory looks at aspects that can cement employee in their place of work; satisfaction, peer relations and commitment. Hypothesis four posits that organisations represent an antecedant to job embeddedness; it is the proposition that Nigerian healthcare organisations can increase job embeddedness by increasing infrastructure, career development, and social supports for the staff to decrease migration.

5. Cultural Theory of Migration

Basically, this theory focuses on the cultural aspects as some of the components that shape migration apart from the economic and career choices. For instance, presumed status related to working in high income countries affecting medical workers from Nigeria to migrate regardless of improved conditions at home. This theory supplemented the previous ones with account of socio-cultural factors which may affect migration.

2.1.2 Empirical Review

Aluttis et al., (2014) conducted a study on health workforce shortage and international migration. They used a qualitative method, and they took a sample of 200 health care professionals in the regions. According to their findings, migration has a negative impact on the deterioration of health workforce shortage in the LAMICs, and thus they proposed the policies on how to retain health human resources in the facilities with shortage areas.

In the same way, Stilwell et al. (2003) investigated the HCP's behavior through cross-sectional survey of 150 such HCPs in sub-Saharan Africa. They chose migration as an ethical question and called for elaboration of strategies that would combine needed policies to protect workers and meet nations' health needs.

Ikuru and Opuala-Charles (2023) conducted a cross-sectional survey with 100 doctors to investigate Nigerian doctors' migration. They proposed that health care workers' turnover had been driven by dissatisfaction with work conditions, low wages, and limited opportunities for advancement, and suggested that an enhancement of working conditions and opportunities for career progress might go far toward preventing the turnover of health care workers. Other researchers, Otubu (2008) also affirmed want in salary and poor health facilities as other pull factor to brain drain hence called for better pay and improved Parmesan.

Healy & Oikelome (2011) pointed out that apart from the economic factors, social/ethnic factors also play a great role in migration of health care professionals. These challenges were suggested to be tackled in order to advance healthcare diversity with Nigeria. In his article, Sadoh (2023) also looked at the effect of migration on workforce development, possible reasons include low wages, job dissatisfaction, and career opportunities. To curb migration, he indicated that one should provide good wages, and enhance morale. To address these findings, Agubata et al. (2024) on the effects of brain drain in Enugu discussed the increase of salaries, carrier openings and retaining strategies to improve service deliveries.

The authors Yeates and Pillinger (2019) provided an agument why international recruitment practices deepen brain drain in developing countries through an analysis of five countries. They suggested measures concerning migration regulation and solving the problems related to it. Tankwanchi (2018) employed a conceptual framework to assess migration through oppression and health promotion perspectives and proposed that these healthcare systems ought to embrace features that help to reduce pressure towards migration. In their article Akinwale et al, (2024), the authors used Healthcare infrastructure and migration and revealed that poor healthcare structures and lack of skill advancement make people migrate. They urged the Authority to

step up on facets and capacity to enable doctors to return.

In conclusion, these studies point out the need to address both pull and push factors including working conditions, wages, promotion opportunities and access to affordable healthcare facilities, factors that enhance workforce stability in Nigeria's health care sector. Solutions include increase in the remuneration of health care workers, improvement of stringer working environment/conditions and promotion of the capacity development of health workforce in order to reduce the brain drain hurdle in the improvement of Health Care Delivery Systems in developing countries.

2.3 Research Gap

Empirical studies have identified some of the factors that lead to healthcare professionals migration like push factors such as non-favourable working environment, below average remuneration and limited upward mobility that really fuels Emigration in Nigeria and other developing nations. According to Aluttis et al (2014) and Ikuru & Opuala-Charles (2023)migration is instigated by job insecurity and low wages. More from Healy & Oikelome (2011) and Sadoh (2023) for further elaboration on socio-cultural factors including ethnic factors as some of the causes of migrations. Yeates & Pillinger (2019) and Agubata et al. (2024) Elaborate how the above phenomenon affects the health systems development and strategies of governance for human retention.

However, there are still limitations to the knowledge as they exist in the case of Nigeria's health workforce; specifically, the connection between push factors on one hand including low wages and poor working conditions, and on the other, worker retention and stability in the country's healthcare sector. Since calls for enhancement of salaries and conditions of work are easily made, little exists in the way of research on the outcomes of interventions by human resources in relation to these aspects. In the same vein, little is known about how exactly the existing and/or new HR interventions could help build the bridge between the push factors and the ultimate goal of workforce stability within the civil servants in Kano State.

This work will be timely to fill these gaps by establishing the push factors and evaluating the effect of HR Interventions on workforce retention and stability in Kano State, Nigeria. These two approaches will help to give us a better understanding of the developments going on then and also come up with recommendations that may help in solving the woes of a unstable workforce in the Nigeria health sector.

2.4 Conceptual Framework: Independent and Dependent Variables

In this research, Push Factors is considered as the independent variable, while Retention and Workforce Stability of Nigerian medical workers are the dependent variables. It examines ways in which different push factors affect the stock and distribution of health workers in Kano State, Nigeria.

1. Independent Variable (IV): Push Factors

Push Factors fall under an umbrella dimension that has various sub dimensions that affect the employment status of medical professionals. These include:

- **Poor Working Conditions**

Working conditions include; substandard health care hospitals, absence or shortage of medical equipment, long working hours and insecurity at work stations. All these results in job dissatisfaction, burnout and high turnover levels. Iwu et al., (2021) argue that due to unreliable electricity and inadequate equipment they develop frustration that forces them to look for other jobs.

- **Low Wages**

Poverty wages include low wages that healthcare workers in Nigeria earn as compared to their counterparts in developed countries, which creates frustration and financial instability. Aluttis et al. (2014) mentioned that low pay is a key reason for migration because employees get better wages from other countries.

- **Lack of Career Growth Opportunities**

Restricted career mobility in the organizations deters healthcare personnel. Sadoh (2023) posits that workers who find that there are few opportunities for mobility tend to transfer to areas of easier promotion.

- **Inadequate Infrastructure**

Lack of physical resources with defaced commodity, poorly maintained equipments and lack of adequate medical personnel puts constraints of work. Healy & Oikelome (2011) opine that it becomes easy for medical professionals to pull out from such positions having no adequate structures to support quality practice.

1. Dependent Variable (DV): Employee turnover and staffing retention

Retention and Workforce Stability implies the stability of staff employed in the health care delivery systems. Staff turnover diminishes service delivery, raises the recruitment expenses, and decreases the quality of patients' care. According to Yeates & Pillinger (2019) highlighting that the retention is important to organizational success especially where the resources are limited like in Nigeria. Attitude of Job satisfaction and commitment and engagement directly impacts the overall retention rates by the work environment remuneration satisfaction and career paths. Some tasks revolve around push factors that are so vital in maintaining workforce stability.

Conceptual Framework Diagram

This represents how the **Push Factors** Influence **Retention and Workforce Stability**; the following model can be used:

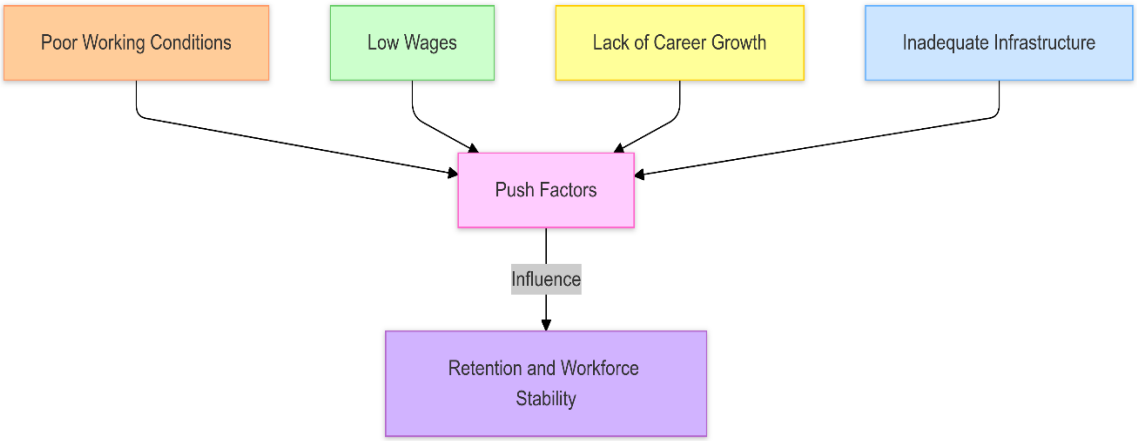

Fig 1: *Conceptual Framework of Push Factors and Their Impact on Retention and Workforce Stability*

The conceptual framework in figure 1 sums up how push factors such as poor working conditions, low wages, lack of career growth opportunities, and inadequate infrastructure force the workforce instability in the Nigerian health sector. These push factors contribute to job dissatisfaction, high turnover and organizational insecurity. The failure to provide decent working conditions and remuneration puts workers on the lookout for other employers, absence of promotion opportunities means that the employees hit a dead end, and weak infrastructure leads to shoddy work, and high turnover rates. All these results combine to create a state of turbulence in the workforce, and hence, the employees are hard to retain, consequently affecting the performance of healthcare facilities.

3.0 Research Methodology

3.1 Introduction

The effects of push factors which include performances of working condition, salary remuneration, career advancement, and infrastructural facilities on workforce retention and stability in Nigerian medical personnel are explored in this study. The study adopted a quantitative research design and self-administered questionnaires were administered to veterinary doctors in Kano State Computer Operating Centers located at Hasiya Bayero Pediatric Hospital and Muhammad Buhari Specialist Hospital. A quantitative approach was adopted, using both online and physical questionnaires, and respondents comprised 322 medical workers (doctors, nurses, and other health care workers) to determine the antecedents to workforce stability.

3.2 Research Design

Using the quantitative research approach, data regarding push factors and its correlation with the Retention and Stability of work force were sampled and analyzed. Questionnaire based survey was appropriate for collecting high volume data. The study seeks to quantify its findings to make concrete policy recommendations in the direction of increasing workforce stability of medical personnel in Kano State, Nigeria.

3.3 Population of the Study

The total target population was composed by 322 medical employees of Muhammad Buhari Specialist Hospital and Hasiya Bayero Pediatric Hospital in Kano state. This group comprised doctors, nurses, pharmacists, laboratory scientists, and radiographers and was purposely chosen because they directly experience the push factors under discussion and the survey aimed to get a broad picture of the healthcare workforce in general and pediatric settings.

3.4 Sample size and sample selection Method

In order to decide the sample size for the proposed study, Cochran's formula for sample size estimation was used. The above formula is suitable when you want to estimate sample sizes in large population and the size of the population is already known. The formula is as follows:

$$n_0 = \frac{(Z^2 \times p \times (1-p))}{e^2}$$

Where:

- n_0 = sample size
- Z = Z-value (1.96 for a 95% confidence level)
- p = estimated proportion (0.5 is used for maximum variability)
- e = margin of error (0.05)

Given:

- Z = 1.96
- p = 0.5
- e = 0.05

$$n_0 = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$n_0 = \frac{3.8416 \times 0.25}{0.0025}$$

$$n_0 = \frac{0.9604}{0.0025} = 384.16 \approx 384$$

Since the population of 322 is smaller than 10,000, we apply the **finite population correction** formula:

$$n = \frac{n_0 \times N}{n_0 + N - 1}$$

Where:

- n_0 = 384 (calculated sample size)
- N = 322 (total population size)

$$n = \frac{384 \times 322}{384 + 322 - 1}$$

$$n = \frac{123168}{705} = 174.56 \approx 175$$

The sample size consisted of 175 respondents. A

simple random sampling technique was used to minimize bias, ensuring all medical workers had an equal chance of selection. Random selections were made from doctors, nurses, pharmacists, laboratory scientists, and radiographers at both hospitals. Questionnaires were distributed both online and physically to increase response rates and represent various work environments.

A total of 160 questionnaires were retrieved, yielding a 91.4% response rate, with 15 excluded due to non-pickup. The high response rate indicates reliable data reflective of the study population.

3.5 Data Collection Procedure

1. **Questionnaire Preparation**: The questionnaire was formatted for both online and physical distribution. It was sent via email or WhatsApp for online respondents and distributed in-person at the hospitals.
2. **Pilot Testing**: The instrument was pilot-tested with 30 medical workers to check question clarity and reliability. Adjustments were made based on feedback.
3. **Distribution**: A two-week period allowed for the distribution of 175 questionnaires to medical workers at Muhammad Buhari Specialist Hospital and Hasiya Bayero Pediatric Hospital.
4. **Data Collection**: Surveys were administered during working hours to minimize disruptions. Respondents had time to complete the questionnaire online or in person.
5. **Data Retrieval**: After two weeks, 160 completed questionnaires were collected, yielding a 91.4% response rate.

3.6 Statistical Tools and Analysis

1. **Structural Equation Modeling (SEM)**: SEM assessed how push factors related to retention and workforce stability, accounting for direct and indirect effects.
2. **Confirmatory Factor Analysis (CFA)**: CFA validated the measurement model by testing how well questionnaire items captured the latent variables (push factors and workforce stability).
3. **Regression Analysis**: Multiple regression determined the impact of individual push factors on retention and workforce stability.
4. **Hypothesis Testing**: T-tests and p-values tested the relationship between poor working conditions, low wages, and workforce retention against the research hypotheses.

Table 1: Questionnaire Distribution and Response Rate

Hospital Name	Distributed Questionnaires	Returned Questionnaires	Response Rate (%)
Muhammad Buhari Specialist Hospital	105	95	90.5
Hasiya Bayero Pediatric Hospital	70	65	92.9
Total	**175**	**160**	**91.4**

Source: Researcher's own compilation, 2025.

The questionnaires were administered in a total of 175, and out of which 160 were filled correctly which provide evidence of the high level of participation of the respondents. Validity of the conclusions and recommendations derived from the study will be arrived at by using statistical methodologies such as

SEM, CFA and regression analysis or hypothesis testing in revealing relationship between the push factors and workforce retention and stability.

3.7 Data Analysis Techniques

The present section details the methods employed in the analysis of the data for the testing of the hypotheses and answering of the research questions. On the 160 questionnaires that were retrieved, both descriptive and inferential statistics were used.

Reliability Testing

The degree of internal consistency was measured with Cronbach's Alpha, which greater than 0.7 shows satisfactory reliability.

Table 2: Cronbach's Alpha for the Variables

Variable	Cronbach's Alpha Value
Poor Working Conditions	0.85
Low Wages	0.78
Lack of Career Growth Opportunities	0.81
Inadequate Infrastructure	0.82
Workforce Stability (DV)	0.90

Source: Researcher's own compilation, 2025.

The Cronbach's Alpha values indicate high reliability and internal consistency for both the independent and dependent variables.

2. Descriptive Statistics

Descriptive statistics were used to summarize the characteristics of the data, including mean scores, standard deviations, and frequency distributions for push factors and workforce stability.

Table 3: Descriptive Statistics for Push Factors and Workforce Stability

Variable	Mean	Standard Deviation
Poor Working Conditions	3.65	0.89
Low Wages	3.45	0.91
Lack of Career Growth Opportunities	3.80	0.84
Inadequate Infrastructure	3.70	0.88
Workforce Stability (DV)	3.95	0.82

Source: Researcher's own compilation, 2025.

According to the results, the push factors received an overall acceptance from the respondents with the 'Absence of career advancement' receiving the highest mean score of 3.80. Since the push factors were highly regarded, the mean score of Workforce stability was also comparatively higher (Mean=3.95).

4.0 Data presentation and analysis

This section only highlights the findings of the data gathered using descriptive and inferential measures to test the hypothesis relating push factors as independent variables to workforce stability as the dependent variable.

4.1 Descriptive Analysis

The demographic information for the 160 respondents is presented showing age, gender, education, position and number of years of experience. A majority of respondents were male (59.4%), and nurses made up the largest group (56.3%).

4.2 Inferential Statistics

Inferential statistics, including SEM, CFA, and regression analysis, were used to test the hypotheses and explore correlations between the variables. Significant relationships were found between push factors and workforce stability.

Figure 3: SEM Path Diagram

The path model indicates that working environment and wages have negative impacts on workforce volatility, and career advancement prospects as well as infrastructure have moderating effects on these factors.

4.2.1 Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis (CFA) is another form of factor analysis that is used when the concepts under study have been theoretically developed and hypothesis-formative are available. CFAs were performed for assessment of the measurement models so that the observed variables were a proper reflection of the latent variables. It is shown below that the fit indices for the model were adequate:

Table 4: CFA Model Fit Indices

Fit Index	Value	Threshold	Interpretation
CFI (Comparative Fit Index)	0.95	≥ 0.90	Good Fit
RMSEA (Root Mean Square Error of Approximation)	0.06	≤ 0.08	Good Fit
TLI (Tucker-Lewis Index)	0.94	≥ 0.90	Good Fit
SRMR (Standardized Root Mean Square Residual)	0.05	≤ 0.08	Good Fit

Source: Researcher's own compilation, 2025

Accordingly, the current study also revealed satisfactory fit of the CFA model and all indices were acceptable confirming the validity of the observed variables in representing the latent factors.

4.2.2 Regression Analysis

The push factors were directly the independent variables while the workforce stability became the dependent variable and regression analysis was used to determine their connections. The regression model tested the following hypotheses:

Hypothesis 1 (H_{01}): Poor working conditions negatively affect workforce stability.

Hypothesis 2 (H_{02}): Low wages negatively affect workforce stability.

The results showed significant relationships between poor working conditions, low wages, and workforce stability, with poor working conditions having the strongest effect on workforce stability.

Table 5: Regression Analysis Results

Independent Variable	Beta (β)	t-value	p-value	Interpretation
Poor Working Conditions	-0.32	-4.50	0.000	Significant Negative Effect
Low Wages	-0.28	-3.80	0.001	Significant Negative Effect
Lack of Career Growth Opportunities	-0.21	-2.45	0.015	Significant Negative Effect
Inadequate Infrastructure	-0.18	-2.10	0.039	Significant Negative Effect

Source: Researcher's own compilation, 2025.

The regression analysis reveals significant negative effects of all push factors, especially poor working conditions and low wages, on workforce stability, with p-values below 0.05, leading to the rejection of the null hypotheses.

4.2.3 Hypothesis Testing

Hypotheses were tested and rejected based on statistical evidence:

H_{01}: No significant relationship between poor working conditions and workforce stability (Rejected, $p < 0.05$).
H_{02}: No impact of low wages on workforce stability (Rejected, $p < 0.05$).

Summary of Results

Descriptive Analysis: The majority of respondents were nurses (56.3%) and aged between 20-40 years.
Inferential Statistics:

SEM showed significant negative relationships between push factors and workforce stability.

CFA confirmed a good model fit.

Regression analysis indicated significant negative impacts.

Hypothesis testing rejected both null hypotheses.

These findings highlight the importance of addressing poor working conditions and low wages to improve workforce stability in Kano State's medical sector.

Structural Equation Modeling (SEM) Representation of Push Factors and Workforce Stability

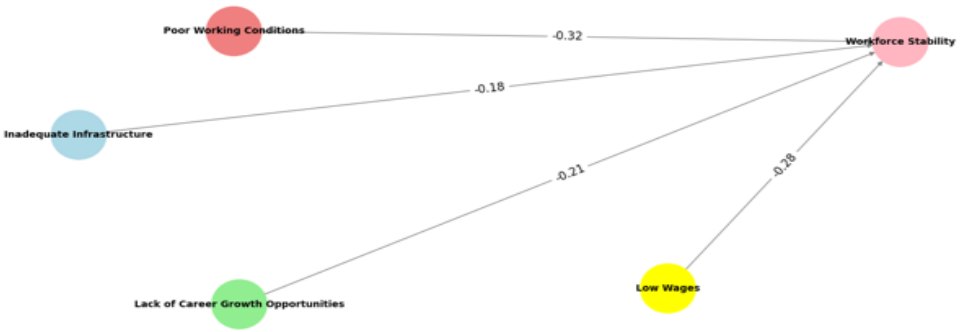

Fig 2: *Structural Equation Modeling (SEM) Representation of Push Factors and Workforce Stability*

As shown in Fig 2, the structural equation model (SEM) illustrates the relationships between push factors and workforce stability. Negative path coefficients for Poor Working Conditions, Low Wages, Lack of Career Growth Opportunities, and Inadequate Infrastructure indicate their detrimental impact on workforce stability. For example, Poor Working Conditions strongly reduce stability (-0.32). Similarly, Low Wages and other push factors contribute to workforce instability. This model visually represents how these factors destabilize the healthcare workforce in Kano State.

5.0 Discussion of Findings

The findings confirm the impact of poor working conditions and low wages on workforce stability in Kano State, Nigeria. The first objective, examining the relationship between poor working conditions and workforce stability, revealed a strong negative correlation, supporting existing literature on job satisfaction and turnover (Ogundele, 2018; Akinbo & Adewumi, 2020). As worsening working conditions results in the instability of the workforce, H_{01} was rejected. The second analyses, concerning the impact of low wages on retention, confirmed a negative impact of low wages on retention, which is in line with the findings on wage dissatisfaction and turnover (Abdullah et al., 2019). Thus, these statistics evidence that there is no support for H_{02} and support the necessity of enhancing working conditions and payment to retain people in the workplace. We got similar outcomes towards the environmental theory targeting push factors to workforce instability need policy shifts for better retention in the healthcare industry.

6.0 Recommendations

Based on the study's findings, the following recommendations are made:

1. Improving Working Conditions: Medical facilities in Kano should improve in the quality of their equipment, structural management, and promotional ladder to meet the demands of employee satisfaction and organizational retention.

2. Increasing Wages and Benefits: Leaders in policies and health care should consider evaluating and/or enhancing the salaries and other payments with an aim of minimizing on the turnover and enhancing on the health care retention.

3. Policy Reforms: New policies must incorporate issues to do with fairly pay and work conditions for medical personnel as well as dealing with shortage of workforce.

4. Employee Engagement: Promoting a positive odor organizational culture, narrow and apt care of employees, as well as the communication that occurs between employees and management can lower the

turnover.

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