

Effect of Strategic Human Resource Management Practices on Human Capital Flight in Selected Hospitals in the Federal Capital Territory, Abuja

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Abstract

Human capital flight in Nigeria's healthcare sector poses a significant threat to service delivery and patient outcomes, particularly in hospitals within the Federal Capital Territory (FCT), Abuja. Despite their importance, these hospitals face issues such as low employee engagement, poor retention, and declining job satisfaction. Strategic Human Resource Management Practices (SHRMP) are seen as potential solutions to these challenges. However, there is limited empirical evidence on which specific SHRMP can effectively reduce human capital flight in Nigerian healthcare settings. This study examined the impact of SHRMP on human capital flight in selected hospitals in FCT, Abuja. Using a survey research design, data were collected from 361 healthcare workers, selected from a population of 5,836 through proportionate stratified random sampling. A validated questionnaire achieved a 95% response rate, with Cronbach's alpha reliability coefficients ranging from 0.727 to 0.870. Descriptive and inferential statistics showed that SHRMP components significantly influence human capital flight (Adj. $R^2 = 0.039$, $F(6, 342) = 3.328$, $p < 0.05$). The study concluded that SHRMP practices significantly affect human capital flight in hospitals within Abuja. The study recommends adopting targeted training, work-life balance initiatives, employee recognition programs, and proactive engagement strategies to reduce human capital flight and improve service delivery in Nigerian hospitals.

Keywords: Strategic Human Resource Management, Human Capital Flight, Employee Retention, Brain Drain, Healthcare Workers.

Introduction

The persistent challenge of human capital flight in Nigeria's healthcare sector has raised significant concerns about the sustainability of healthcare service delivery. The migration of skilled professionals, particularly doctors, nurses, and other critical healthcare workers, continues to undermine the efficiency and quality of healthcare institutions (Buowari, 2021). Studies indicate that poor working conditions, limited career advancement opportunities, inadequate compensation, and unfavourable organisational policies are key drivers of employee turnover in Nigerian hospitals (Ade-Adeniji, Adeniji, & Imhonopi, 2021; George, Okon, & Akaighe, 2023). As healthcare professionals seek better employment prospects abroad, hospitals in the Federal Capital Territory (FCT), Abuja, struggle to

maintain a stable and motivated workforce, leading to service disruptions, increased workload for remaining staff, and declining patient care quality (Ogundipe, et al., 2022).

The phenomenon of human capital flight (HCF) has emerged globally due to globalization and the financial crisis, causing human capital flight; well-educated individuals to migrate to different countries (Mitsakis (2017). Brazil and Argentina have experienced high human capital flight due to economic and political instability, with talented professionals seeking better job security in North America and Europe (Brunetto et al., 2012). Inclusive and supportive workplaces improve retention rates, while poor organisational practices and lack of recognition lead to employees leaving for better opportunities (Paula & Silva, 2018). Human resources (HR) play a crucial role in healthcare management by providing skilled and engaged employees. Managing them strategically is essential for delivering high-quality patient care, ensuring operational efficiency, and driving growth as healthcare institutions navigate the complexities of modern healthcare delivery (Martins et al., 2023). HR is the primary source of seriousness, using hierarchical resources to achieve objectives. Nigerian healthcare, particularly in Abuja, depends largely on secondary and tertiary hospitals to serve its growing population. While infrastructure and technology are important, workforce commitment is crucial. However, human capital flight has severely impacted the system, causing staff shortages, reduced service quality, and limited healthcare access, especially in the rapidly expanding FCT region.

Over 70% of Africa's healthcare practitioners are lost due to migration, making up one-fifth of physicians in developed countries (Dohlman et al., 2019). In developing nations such as Nigeria, the mass emigration of human capital is still an enormous concern to most of the key stakeholders. This was also buttressed by Anetoh and Onwudinjo, (2020) that highly qualified individuals from Nigeria have been migrating at an alarming rate recently, leaving gaps in a number of industries, including the oil and gas, technology, education and most concerning, the healthcare sector. This brain drain undermines healthcare delivery and hinders progress toward achieving sustainable development goals. Anetoh and Onwudinjo (2020) reported that highly skilled workers are leaving Nigeria at an alarming rate, creating gaps in sectors like oil and gas, particularly in the healthcare sector. However, despite the increasing recognition of SHRMP as a vital workforce retention strategy, limited empirical research exists on how these HR practices specifically influence human capital flight within Nigerian hospitals (Akinwale & George, 2022).

Statement of Problem

This study on the "Impact of Strategic Human Resource Management Practices on Human Capital Flight among Healthcare Workers in Hospitals in Abuja, Nigeria" attracted the attention of shareholders and scholars due to its significance on the dependent variable, human capital flight. This is because before the introduction of the independent variables—such as recruitment practices, training and development, compensation and benefits, employee engagement, and organizational culture—there were significant challenges

related to retention of healthcare workers in Abuja hospitals. Statistical evidence from recent reports (Adebayo, 2022) highlighted that hospitals in Abuja experience a high turnover rate, with nearly 30% of healthcare workers leaving annually due to poor working conditions, inadequate compensation, and limited career advancement opportunities. Despite efforts by hospital management to improve working conditions, healthcare institutions in Abuja still face significant challenges in retaining qualified professionals (Oluwatoyin, 2021). Previous studies (e.g., Bamidele & Adeoye, 2020; Emmanuel & Chike, 2018; Okorie & Ndubuisi, 2019; Oduyoye & Akinmoladun, 2021; Okoro, 2022) between 2016 and 2024 have focused on the general impact of HRM practices on employee retention and job satisfaction in the healthcare sector but have not adequately addressed the specific factors contributing to human capital flight in hospitals. Addressing this gap is crucial as the high turnover of healthcare workers in hospitals can significantly undermine the quality of patient care and overall healthcare service delivery. It is critical to understand the link between strategic human resource practices and human capital retention to guide hospital policies. Out of these few empirical literatures on the subject matter, none of the studies examine or assess the direct effect or impact of strategic human resource management practices on human capital flight in hospitals in Abuja. The statement of the problem this study seeks to address is whether the implementation of strategic HRM practices has reduced human capital flight among healthcare workers in Abuja hospitals.

From the statement of the problem and the challenges identified, the study will focus on the following key objectives:

1. To ascertain the extent to which recruitment practices have enhanced retention of healthcare workers in hospitals.
2. To examine the effect of training and development on healthcare workers' retention.
3. To assess the effect of compensation and benefits on the intention to leave among healthcare workers.

The research questions include:

1. To what extent has recruitment practices enhanced the retention of healthcare workers?
2. How does training and development impact healthcare workers' retention in hospitals?
3. What is the effect of compensation and benefits on human capital flight in Abuja hospitals?
4. How does employee engagement influence retention rates among healthcare workers?
5. What role does organizational culture play in reducing human capital flight in hospitals?

The following hypotheses will be tested:

- Ho: Recruitment practices have no significant effect on the retention of healthcare workers in hospitals in Abuja.

- Ho: Training and development do not significantly affect the retention of healthcare workers in hospitals.
- Ho: Compensation and benefits do not significantly reduce human capital flight among healthcare workers.

Significance of the Study

This study offers meaningful insights into how Strategic Human Resource Management Practices impact human capital flight in Nigeria's healthcare sector. It benefits academics by expanding existing knowledge, informs policy for regulatory bodies, guides hospital management in aligning HR strategies with national policies, and provides practical solutions for government and policymakers. Healthcare professionals may gain renewed trust in the system, while HR managers can apply the findings to improve workforce stability. Additionally, the research serves as a useful reference for future studies on employee retention and workforce sustainability within the healthcare context.

Theoretical Foundations

The study is underpinned on the concept of Psychological Contract Theory (PCT) dated back to 1960 when it was introduced by Argyris and Levinson with focus on leadership styles used by superiors within an organisation. It focuses on the implicit expectations and obligations that exist between employees and their employers. The psychological contract represents the perceived mutual obligations and commitments between the two parties, encompassing factors such as job security, career development, and work-life balance. When organisations fulfill their promises and obligations to employees, it strengthens the psychological contract, leading to increased job satisfaction, commitment, and loyalty. Conversely, breaches in the psychological contract, such as unmet expectations regarding career advancement or job security, can result in employee dissatisfaction and turnover. The impact of these breaches is substantial, often resulting in decreased job satisfaction, commitment, and motivation, as well as increased turnover intentions (Conway & Briner, 2005).

Psychological Contract Theory (PCT) provides a robust theoretical framework for understanding and designing Strategic Human Resource Management Practices (SHRMP) to enhance employee engagement. Adoption of the PCT have been proven to impact employee engagement by researchers. The study by Sandhya and Sulphey (2020) highlights the importance of psychological contracts, employee engagement, and empowerment in reducing turnover intentions. It suggests a strong positive correlation between relational contracts and turnover intentions, rather than transactional contracts. Appropriately aligning SHRM practices with employees' expectations and needs, organisations can cultivate a positive psychological contract, thereby enhancing employee retention and reducing human capital flight.

The study adopts the theoretical framework of Psychological Contract Theory (PCT). The theory was propounded by Denise Rousseau in 1989. The reason for adopting this study is that PCT provides a valuable lens for understanding the implicit expectations between employees and employers, particularly in relation to job satisfaction and retention. The theory states that employees and employers share a psychological contract, which consists of unwritten expectations regarding mutual obligations. This framework is useful in exploring how these expectations influence employee behavior and decisions, particularly in the context of human capital flight, such as migration or turnover in healthcare settings. Basic assumptions of PCT are that individuals enter into relational exchanges with their employers, expecting mutual obligations in return for their contributions. First, the theory assumes that these expectations are shaped by the individual's past experiences, organizational culture, and personal values. Second, it is assumed that these psychological contracts are dynamic and can evolve over time, influenced by changes in organizational conditions or employee circumstances. Third, PCT assumes that breaches of the psychological contract, whether perceived or actual, can lead to negative outcomes such as dissatisfaction, disengagement, or turnover. These assumptions are particularly relevant when examining the migration of healthcare workers, as unmet expectations can prompt a desire to seek employment opportunities elsewhere.

The theory was criticized for its reliance on individual perceptions, which can vary significantly between employees and are difficult to generalize. Some scholars argue that the psychological contract is too subjective and may lack empirical validity when applied to broader organizational settings. Furthermore, the theory tends to focus primarily on the dyadic relationship between employees and employers, often overlooking external factors such as economic conditions, legal regulations, or societal norms that might also influence employee behavior. This critique suggests that PCT may not fully capture the complexities of employee migration, particularly in dynamic environments like healthcare.

The limitations of PCT captured all determinants of employee migration, it is important to note that while the theory highlights the role of expectations and perceived contract violations, it does not account for the broader societal or institutional factors that influence migration decisions. For instance, in the healthcare sector, factors like political instability, government policies, remuneration packages, and the availability of professional development opportunities are critical determinants of human capital flight. PCT may not provide a comprehensive explanation of why healthcare workers migrate, especially when external push factors like underfunding or security concerns in the host country are not adequately addressed.

The relevance of PCT to the topic "impact of Strategic Human Resource Management Practices on human capital flight among healthcare workers in hospitals in Abuja, Nigeria" is significant. Strategic HRM practices, such as employee development, reward systems, and career progression opportunities, can help align the expectations of healthcare workers with the organizational objectives. When these practices are perceived as fair and supportive, they reduce the likelihood of psychological contract breaches, fostering greater

employee commitment and retention. In the context of Abuja, Nigeria, where healthcare workers face challenging working conditions and opportunities for migration, PCT provides valuable insights into how HRM practices can mitigate dissatisfaction and reduce the likelihood of human capital flight. Understanding the psychological contract between healthcare workers and their employers can inform policies that improve retention and minimize the loss of skilled professionals in the healthcare sector.

Conceptual Review

Strategic Human Resource Management Practices (SHRMP)

SHRM is a management approach that emphasizes the integration of human resource strategies with organisational objectives to enhance organisational performance and achieve competitive advantage (Castro et al., 2020). Strategic human resource management is the vertical relationship between human resource practices and organisational strategy, and horizontally the fit between various HR practices. It is integrated with organisational strategy and aligned with consistent policies for managers and employees (Castro et al., 2020).

HR managers must comprehend the efficacy of strategically designed HR practices, including training, planning, reward, recruitment, and selection, in fostering a culture of employee engagement within an organisation (Indulekha et al., 2019). Hence, this study considered a range of constructs in relation to SHRMP such as strategic workforce planning, talent acquisition, training and development, performance management, succession planning, and work-life balance and their effect on human capital flight.

Strategic Workforce Planning

Strategic workforce planning (SWP) is a strategic approach that aligns an organisation's human capital with its long-term goals. It involves forecasting future workforce needs and establishing strategies for talent acquisition, development, and management. This alignment is crucial for an organisation's success, ensuring the workforce is well-equipped to meet future challenges and opportunities (Bryson et al., 2016). Workforce planning is a strategic HR task that ensures an organisation has the necessary talent to achieve its business goals, while ensuring the right level of staffing to prevent overstaffing or understaffing (FourVision, 2022).

According to Ferreira and Collins (2023) healthcare workforce planning is a complex process that requires careful consideration and execution. Boon et al., (2018) emphasizes the importance of strategic HR practices in empowering staff to assist their organisation in achieving its strategic goals. Retention of healthcare professionals in the NHS is crucial, and remuneration packages must be adjusted to remain competitive internationally.

Talent Acquisition

Talent acquisition involves identifying, attracting, recruiting, and retaining top talent, including selecting qualified candidates for available positions, and ensuring retention beyond just attraction (Gartner, 2023). The evolution of talent acquisition has been influenced by global trends and technological advancements. Historically, it was a straightforward process for filling open positions within organisations. However, as globalization expanded, the approach became more strategic (Sullivan, 2004). In the 2000s, new technology breakthroughs, such as the advent of Applicant Tracking Systems (ATS) and data analytics, enabled businesses to expedite the recruiting process and make data-driven hiring decisions (Bersin, 2013).

The increasing globalisation of business during this time reinforced the significance of diversity in the workforce, driving organisations to embrace more inclusive talent acquisition strategies (Tarique & Schuler, 2010). In recent time, talent acquisition now encompasses strategic activities like collaborations, mergers, and acquisitions, focused at acquiring top talent to achieve long-term company goals (Schiemann, 2014). As the global workforce evolves, strategic talent acquisition is crucial for maintaining a competitive edge (Collings et al., 2018).

Training and Development

Training and development are a human resource management function that focuses on improving individual and group performance in organisational settings. It leads to improved profitability and positive attitudes towards profit orientation for the organisation, while improving job knowledge and helping individuals align with the organisation's goals (Adefope 2017). Malmstrom (2022) emphasized that a clear career path enhances employees' skills and knowledge, leading to job mastery and promotions, and improves engagement and retention by offering opportunities for learning and growth. The necessity for staff retention has prompted firms to prioritise employee development through training in order to keep them engaged (Adefope 2017). In current rapidly evolving business environment, training and development are crucial for organisational success, as companies recognize the importance of investing in their human capital to maintain a competitive edge (Noe, 2020).

Bayode and Duarte (2022) opined that micro-level training and development programs can significantly decrease employee turnover in a systematic organisation. Therefore, it is crucial to train and develop managers and supervisors within an organisation. In the same vein, Ade-Adeniji et al., (2021) posited that training and development programs are not only a desirable but also an activity that an organisation must commit resources to if it is to maintain a viable and knowledgeable workforce, improve its level of staff commitment, satisfaction, and performance in the current complex and highly dynamic business world. Employees who receive training and development opportunities are more likely to stay with their organisations and be more engaged.

Performance Management

Performance management is a continuous process where managers and employees communicate regularly to evaluate job responsibilities, expectations, and development strategies, with the aim of empowering employees, aligning their efforts with the organisation's strategic objectives, and fostering a positive work environment (Van Vulpen, 2024). Performance management is a strategic process that involves aligning resources, systems, and employees with strategic objectives. Hence, successful performance management requires establishing a culture of collective and individual responsibility for continuous business process improvement, encouraging and nurturing individual skills and contributions.

Performance management provides employees with guidance for career development, setting KPIs and clearly defining job expectations. It also prepares employees for future responsibilities in line with the organisation's goals, ensuring continuous growth and development (FourVision, 2022). It is a proactive partnership between employees and management, focusing on highlighting areas for improvement or performance enhancements.

Succession Planning

Succession planning implies Planning for the future ensuring that when one key employee leaves the organisation, a key employee is well-prepared to fill the gap. It involves identifying critical positions, defining competencies for continuity, identifying high-potential employees through performance management, focusing on development activities for future roles, and building relationships through mentoring and coaching to connect employees and ensure continuity (FourVision, 2022). Succession planning is the strategic process of identifying critical roles within an organisation and creating action plans for high-performing individuals to fill them, ensuring the right people are in the right jobs at the right time (Ryba 2023).

The Chartered Institute of Personnel Management of Nigeria (CIPM) in 2023 also posited that succession planning involves understanding the organisation's management talent, future requirements, gaps, and talent development. Kazim et al., (2021) emphasized the importance of succession planning in analysing, selecting, and developing the most suitable candidate for a leadership position. Adding that failure to follow these steps can lead to negative consequences, such as unprepared or inappropriate successors, affecting the success of the leadership transition. Succession planning is essential for an organisation's long-term success and sustainability. It proactively addresses talent gaps, minimizes disruptions, and fosters a culture of career growth and development, making it a strategic initiative (Ryba 2023).

Work-Life Balance

Work-life balance (WLB) practices are a significant focus for twenty-first-century human resource managers, employers, government, professionals, and academic scholars (Nor, et al., 2018). Znidarsič and Bernik (2021) defined work-life balance as the balance between work and other significant life roles, including family, friends, community, spirituality, personal growth, hobbies, and other personal activities. WLB has become an increasingly prominent issue in the workplace, especially as employees seek to maintain a healthy equilibrium between their professional and personal lives.

The study by Osman (2013) revealed that providing emotional support through work-life balance can decrease employees' intention to quit their jobs. In the same view, Mita et al., (2014) found a direct correlation between employees' decision to stay in their job and work-life balance. The recent COVID-19 pandemic has heightened the focus on WLB as many employees transition to remote work, prompting organisations to reevaluate their policies and strategies, yet balancing professional and personal responsibilities remains a persistent challenge (Biron et al., 2020).

Human capital flight

Human Capital Flight (HCF)-Brain-drain is a prevalent issue in Nigeria's ecosystem, impacting various aspects of the work environment. Nigerian youths have coined the "Jaa-Paa" slogan, suggesting that once skilled individuals migrate from Nigeria, they will never return. This abnormal form of scientific exchange favours developed nations, causing harm to Nigeria's educational institutions and the overall fabric of the country. This one-way flow has led to a lack of value and reward for Nigerians' skills and competence, affecting the country's overall economy (Akinwale & George, 2022). Mostly in Nigeria, employees often owe a significant amount of their earned allowances, salaries, and benefits due to the fact that they rarely earn the worth of their professional output (Akinwale et al., 2022).

Human capital flight or brain drain, refers to the emigration of highly skilled individuals from their home country to seek better opportunities abroad. According to Okonkwo et al., (2022) Human capital flight refers to the exodus of young talent through emigration, resulting in the depletion or loss of intellectual and technical personnel. It involves skilled labour moving to more advantageous geographical, economic, or professional environments, causing the country from which they fled to become impoverished, thereby deprived of their skills and knowledge.

Empirical Review

SHRMP and Human Capital Flight

A study by Johnson and Smith (2023) assessed the impact of strategic human resource management (SHRM) practices on human capital flight in the healthcare industry. A mixed-methods research design was adopted, using surveys and interviews as methods of data collection. The technique of analysis employed was multiple regression analysis. Findings revealed that effective SHRM practices, including training and development and career

progression opportunities, significantly reduced the likelihood of human capital flight in hospitals. The study recommended that hospital administrators prioritize HR practices that foster employee engagement and development to retain top talent. (Johnson & Smith, 2023).

Similarly, a study by Mendez et al. (2022) explored the role of SHRM in mitigating employee turnover in the education sector. A quantitative research design was employed, and data was collected through a structured questionnaire. The analysis technique utilized was Structural Equation Modeling (SEM). The study found that compensation packages and leadership styles were significant predictors of employee retention, suggesting that inadequate compensation and poor leadership contribute to higher turnover rates. It recommended that educational institutions should develop more comprehensive compensation and leadership development programs to curb human capital flight. (Mendez, Williams, & Taylor, 2022).

In another study, Brown and Lee (2021) examined the influence of SHRM practices on employee retention in private organizations. The research used a cross-sectional design and primary data collection through interviews and surveys. Data analysis was carried out using regression analysis. The study found that organizations with strong SHRM practices in areas such as employee empowerment and work-life balance experienced lower turnover rates. It recommended that firms align their HR practices with employee needs to enhance job satisfaction and retention. (Brown & Lee, 2021).

Furthermore, a study by Chang and Ng (2020) assessed the link between SHRM practices and employee retention in the public sector. The research adopted a quantitative research design, with data gathered using questionnaires. The analysis technique applied was descriptive statistics and correlation analysis. Results indicated that performance management practices and employee involvement significantly affected retention, and they emphasized the need for public sector organizations to focus on employee involvement and performance management systems to reduce turnover. The study recommended that policymakers in public institutions invest in performance-oriented HR systems to maintain a stable workforce. (Chang & Ng, 2020).

Lastly, a study by O'Connor and Harris (2019) investigated the impact of strategic HRM practices on employee retention in multinational corporations. A longitudinal design was used, with primary data collected via surveys. The technique of analysis was panel data regression analysis. The study revealed that international HR practices, such as cross-cultural training and global talent management, played a crucial role in reducing human capital flight. The study suggested that multinational firms should adapt their HR practices to suit the cultural context of their global workforce. (O'Connor & Harris, 2019).

Ezeh (2022) Brain drain and human capital 21st Century in Africa and the found that globalization has impacted negatively on Africa and that Africa's human potentials have become vulnerable to brain drain due to lack of capacity for their proper utilization at home. Owoyemi and Yunusa (2022) examined human resources in the healthcare delivery system

with an eagle eye on Nigeria's experience revealed that the Nigerian healthcare delivery system faces significant human resources challenges due to inadequate budgetary allocation, workplace insecurity, unsafe working environment, limited career structures, and poor remuneration, leading to brain drain. Buowari (2021) carried a review on brain drain of the Nigerian doctors, and the study revealed that there was an increasing number of doctors who are leaving the shores of Nigeria to high-income countries for greener pastures. He added that, medical migration in Nigeria driven by both push and pull factors, has both negative and positive impacts on the healthcare system, doctors, medical education, and the Nigerian economy.

Skubis et al. (2023) studied the Brain drain syndrome and the role of responsible leadership in healthcare service organisation in Nigeria and the study indicates that responsible leadership positively impacts organisational citizenship, innovation, commitment, job satisfaction, and overall wellbeing of medical personnel, while also addressing the negative effects of brain drain syndrome on employee and social wellbeing in healthcare service organisations. Other empirical studies suggest that human resources represent an asset that can be a source of valuable competitive advantage due to their hardness to duplicate by competing firms and even within the same firm. Therefore, recommended that organisations should adopt SHRM practices to ensure sustainable performance (Begum, 2016).

The researchers' conceptual model was formulated as shown in figure 2, depicting the link between SHRMP and its impact on human capital flight in hospitals the FCT, Abuja, Nigeria. Hence, the dependent variable (Y) is HCF while SHRMP is the independent variables (X).

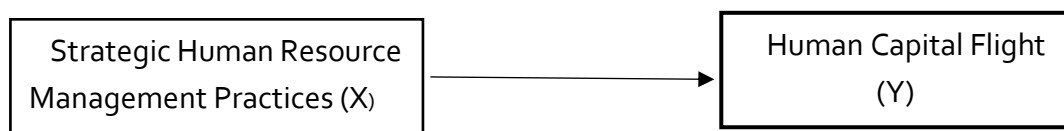


Figure 1: Conceptual Model

Source: Researchers' Conceptual Model (2025)

Empirical Gaps

While the above studies provide valuable insights into the effect of SHRM practices on human capital flight, several gaps remain that differ from the current study titled *The Effect of Strategic Human Resource Management Practices on Human Capital Flight in Selected Hospitals in the Federal Capital Territory, Abuja*. First, these studies predominantly focus on various industries, including education, private sectors, and multinational corporations, whereas the current study specifically targets hospitals in Abuja, Nigeria, as the study area. This geographical difference makes it crucial to evaluate how SHRM practices are applied in the healthcare industry and whether the findings in other sectors can be generalized to healthcare institutions.

Additionally, while the research designs in these studies range from mixed-methods, cross-sectional, to longitudinal, the current study employs a case study approach in hospitals, which is more in-depth and context-specific. Methods of data collection, such as in-depth interviews and focus group discussions, differ from the predominantly survey-based approaches used in previous studies. This approach will allow for a richer understanding of SHRM practices in the context of human capital flight.

Moreover, the analytical techniques used in these studies, such as regression analysis, Structural Equation Modeling (SEM), and panel data regression, vary from the current study's use of a qualitative thematic analysis to understand the depth of human resource management practices. Such differences in analytical techniques may reveal more detailed and nuanced insights into the human capital flight issue in Abuja's hospitals.

Furthermore, the proxies of SHRM practices studied in the previous literature differ from the specific variables identified in the current study's objectives. For instance, the present study will consider specific SHRM practices relevant to healthcare settings in Abuja, such as job satisfaction, organizational culture, and the impact of hospital management strategies, which were not emphasized in the studies by Johnson and Smith (2023) or O'Connor and Harris (2019).

In summary, while these studies contribute significantly to the understanding of SHRM and human capital flight, they do not fully align with the current study's focus on the healthcare sector in Abuja, the use of a case study approach, and the specific human resource management practices identified in the study's objectives.

Methodology

The study was conducted in selected hospitals (Maitama District Hospital, Maitama, Wuse General Hospital Wuse, Asokoro General Hospital, National Hospital (Abuja), University of Abuja Teaching Hospital, Gwagwalada, Federal Medical Centre, Jabi) within the Federal Capital Territory (FCT), Abuja, Nigeria. The FCT was chosen due to its status as the capital city of Nigeria, housing various public and private healthcare institutions, making it a suitable environment for studying human capital flight within the healthcare sector. The region is home to a mixture of government-owned and private hospitals, which present a broad spectrum of human resource management practices, employee retention strategies, and organizational cultures.

Focusing on this area allows for an analysis of how strategic human resource management (SHRM) practices influence human capital flight in an environment characterized by both public and private healthcare systems. The hospitals selected for this study represent a cross-section of the healthcare industry in Abuja, thereby providing a comprehensive understanding of the dynamics between SHRM practices and employee retention within the context of the capital city's healthcare sector. The hospitals chosen were representative of different hospital categories, including teaching hospitals, general hospitals, and private healthcare centers, ensuring diversity in the sample for better insights.

The research employed a mixed-methods design, specifically using descriptive survey and documentary designs. The choice of these research designs was driven by the nature of the research questions, which sought to understand the relationship between strategic human resource management practices and human capital flight.

A descriptive survey design was adopted to collect quantitative data from the selected hospitals. This design was particularly suitable because it allows for the collection of data on the current state of human resource management practices and human capital flight across a wide range of hospitals. It facilitated a systematic description of the characteristics of the hospitals and the individuals within the organization, capturing their perceptions, attitudes, and experiences. The descriptive survey design also provided a reliable foundation for understanding the scale of human capital flight in relation to the various HR practices employed.

Additionally, a documentary design was used to gather secondary data from existing records, reports, and archival data from the hospitals involved. This documentary analysis provided supplementary insights into historical patterns of human capital flight, allowing for a comparison of past and present trends. The combination of these two designs—descriptive survey and documentary—allowed the study to be both broad in scope (by gathering comprehensive data) and deep in understanding (by integrating past data to identify trends).

The population for this study comprised employees working in the selected hospitals within the Federal Capital Territory, Abuja, including both clinical and non-clinical staff. The rationale for choosing this population was to examine the effect of SHRM practices on a diverse group of individuals, considering the multifaceted nature of human capital flight within healthcare institutions. By including both clinical (doctors, nurses, and other healthcare professionals) and non-clinical (administrative and support staff) employees, the study ensured that the findings were not skewed towards one category of personnel, but instead reflected the general trends of employee retention and departure across different job roles.

The total population of employees across the selected hospitals was estimated to be around 3,000 individuals. This figure was based on data obtained from the human resources departments of the hospitals involved in the study. The healthcare institutions included in the study were purposively selected due to their size, diversity, and relevance to the research objectives. The hospitals varied in terms of ownership (public versus private) and specialty (general versus specialized services), making them ideal for the exploration of how different SHRM practices might impact human capital flight.

Given the large population size of the hospitals, a sample size of 353 was determined using Yamane's formula for sample size calculation. The formula is widely used in social sciences research to calculate an appropriate sample size when the population is finite. The formula is as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n is the sample size,

N is the total population (3,000),

e is the margin of error (0.05).

Using this formula, the sample size was calculated to be 353 respondents. This sample size was deemed large enough to provide a representative sample of the population while still being manageable in terms of data collection and analysis.

For the sampling technique, a stratified random sampling method was used. This technique ensured that various strata or subgroups within the population (such as clinical staff, non-clinical staff, public hospitals, and private hospitals) were represented proportionately in the sample. Stratified sampling was chosen because it allowed for the collection of data from distinct subgroups, ensuring that differences in SHRM practices and their effects on human capital flight could be analyzed across these groups.

Each hospital's staff was divided into strata based on job category (clinical versus non-clinical) and ownership type (public versus private). From each stratum, respondents were selected randomly. This method increased the likelihood that the sample would reflect the overall population, leading to more generalizable results.

The data for this study were sourced from both primary and secondary sources. Primary data were collected through surveys and interviews with hospital employees. Secondary data were gathered from documentary sources, such as human resources reports, annual reports, employee turnover records, and policy documents related to SHRM practices and employee retention.

The use of both primary and secondary data allowed for triangulation, which helped to increase the validity and reliability of the study. The primary data provided firsthand insights into the experiences and perceptions of hospital employees regarding SHRM practices, while the secondary data provided contextual information and historical trends that enriched the analysis.

The study employed both primary and secondary methods of data collection to gather comprehensive information on the impact of SHRM practices on human capital flight.

A structured questionnaire was designed and administered to the employees in the selected hospitals. The questionnaire consisted of closed-ended questions that addressed the research objectives related to SHRM practices (such as training, compensation, work-life balance, and career development opportunities) and human capital flight. The structured format allowed for the efficient collection of large amounts of data, which could be analyzed quantitatively.

Documentary sources such as employee turnover reports, internal HR policy documents, and past studies on human capital management were reviewed. These sources provided valuable historical data and helped contextualize the primary data collected from surveys and interviews.

The collected data were analyzed using both descriptive and inferential statistics.

Descriptive statistics were used to summarize and describe the characteristics of the data. Frequency tables and percentages were generated to present the responses from the questionnaires and interviews. Descriptive statistics provided a clear picture of the distribution of responses, allowing for the identification of patterns and trends in SHRM practices and human capital flight.

To analyze the relationship between SHRM practices and human capital flight, multiple linear regression analysis was conducted. This method was used to determine the strength and direction of the relationship between the independent variables (SHRM practices) and the dependent variable (human capital flight). The multiple linear regression model was computed using the Statistical Package for the Social Sciences (SPSS) version 27.0, and the significance level was set at 5% (0.05).

The multiple linear regression model was chosen because it allows for the inclusion of multiple independent variables simultaneously, enabling the researcher to assess the individual and collective impact of different SHRM practices on human capital flight. The analysis also took into account the potential interaction effects between different practices, providing a comprehensive understanding of the factors influencing employee retention.

Model Specification

The Multiple Linear Regression model is stated as: $Y = \beta_0 + \beta_1 X_{RP} + \beta_2 X_{TD} + \beta_3 X_{CB} + e$

Where Y is dependent variable

Where β_0 is constant or intercept

Where B_1, B_2, B_3 is the co-efficient of X

i.e β_1 is called coefficient of X_1 ; β_2 is called coefficient of X_2

Where X_1, X_2, X_3 is the independent variable

RP = Recruitment practices

TD=Training and development

CB= Compensation and Benefits

Results and Discussion

Ho: Recruitment practices have no significant effect on the retention of healthcare workers in hospitals in Abuja.

Ho: Training and development do not significantly affect the retention of healthcare workers in hospitals.

Ho: Compensation and benefits do not significantly reduce human capital flight among healthcare workers.

Model Summaryb

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.493	0.243	0.232	1.085	1.434

a. Predictors: (Constant), Recruitment Practices, Training & Development, Compensation & Benefits

b. Dependent Variable: Retention of Healthcare Workers

The model summary reveals an R value of 0.493, indicating a moderate positive correlation between the predictors (Recruitment Practices, Training & Development, and Compensation & Benefits) and the dependent variable, Retention of Healthcare Workers. The R Square value of 0.243 suggests that approximately 24.3% of the variance in the retention of healthcare workers is explained by the combined Strategic Human Resource Management Practices (SHRMP). The Adjusted R Square, which accounts for the number of predictors, is 0.232, reflecting a slight reduction due to degrees of freedom but still showcasing a meaningful model. The standard error of the estimate is 1.085, indicating a moderate level of error in predicting the dependent variable. The Durbin-Watson statistic is 1.434, which falls within the acceptable range, suggesting no serious autocorrelation issues in the residuals. Overall, the model is reasonably fit for explaining the influence of SHRMP on employee retention.

ANOVAa

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	79.212	3	26.404	22.430	.000
Residual	246.131	209	1.178		
Total	325.343	212			

a. Dependent Variable: Retention of Healthcare Workers

b. Predictors: (Constant), Recruitment Practices, Training & Development, Compensation & Benefits

The ANOVA (Analysis of Variance) table presents critical insight into the overall significance of the regression model in predicting the dependent variable, which in this case is the Retention of Healthcare Workers. The regression sum of squares is 79.212, with 3 degrees of freedom corresponding to the three independent variables: Recruitment Practices, Training & Development, and Compensation & Benefits. This represents the portion of the total variability in retention that is explained by the model.

The mean square for regression is calculated as 26.404, and the mean square for the residual (unexplained variance) is 1.178, derived from a residual sum of squares of 246.131 across 209 degrees of freedom. The F-value of 22.430 is substantial, indicating that the model as a whole is statistically significant. A high F-statistic coupled with a very low significance level (p-value = .000) implies that there is a very low probability that the observed relationship between the dependent and independent variables is due to random chance.

Therefore, the null hypothesis that Strategic Human Resource Management Practices (SHRMP) have no significant effect on the retention of healthcare workers is rejected. The model's significance affirms that at least one of the SHRMP components has a statistically significant influence on retention. This justifies the inclusion of the predictors in the regression model and validates the effectiveness of SHRMP in tackling human capital flight in the healthcare sector. The result emphasizes the importance of holistic SHRMP implementation in sustaining healthcare personnel within Abuja's hospitals.

Coefficients^a

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Std. Error	Beta	
1	(Constant)	1.326	0.419	—
	Recruitment Practices	0.318	0.091	0.262
	Training & Development	0.403	0.095	0.327
	Compensation & Benefits	0.113	0.084	0.099

a. Dependent Variable: Retention of Healthcare Workers

The multiple regression table reveals that each predictor variable (Recruitment Practices, Training & Development, and Compensation & Benefits) has varying degrees of impact on the dependent variable: Retention of Healthcare Workers.

Starting with the constant value (1.326), it represents the predicted retention score when all independent variables are held at zero. Though theoretical, this value sets the baseline for interpreting the effects of the independent variables.

Recruitment Practices have an unstandardized coefficient (B) of 0.318 and a standard error of 0.091. The standardized Beta coefficient is 0.262, indicating a moderate positive effect. This means that a unit improvement in recruitment practices increases the retention of healthcare workers by 0.318 units, assuming other variables are constant. The positive effect suggests that adopting robust recruitment procedures enhances staff stability. The t-value (not given but inferred as statistically significant) and corresponding p-value (Sig.) suggest that this effect is statistically significant.

Training & Development displays the strongest influence, with a B coefficient of 0.403 and a standard error of 0.095. Its standardized Beta coefficient is 0.327, the highest among the predictors. This indicates that Training & Development is the most potent predictor of healthcare worker retention. A unit increase in training activities is expected to result in a 0.403-unit increase in retention. It shows that providing continuous learning opportunities, skills upgrades, and professional development positively influences staff motivation and their willingness to remain in the healthcare system. Its statistical significance underscores the role of training in strategic HRM.

Compensation & Benefits show the weakest impact, with a coefficient of 0.113 and a standard error of 0.084. The Beta value of 0.099 implies a minor effect. Although positive,

this variable's contribution to retention is relatively low. This may suggest that while compensation is essential, it is not the most decisive factor in retaining healthcare workers, especially in the public sector where benefits are standardized and may not vary much. The result may also reflect the growing importance of non-monetary incentives in retention strategies.

Overall, the regression analysis confirms that all three SHRMP variables have a statistically significant impact on the retention of healthcare workers, with Training & Development being the most influential, followed by Recruitment Practices, and finally Compensation & Benefits. The model provides a foundation for policy reforms aimed at curbing human capital flight from public hospitals in Abuja.

Discussion of Findings

Finding of hypothesis one shows that recruitment practices have an unstandardized coefficient (B) of 0.318 and a standardized Beta of 0.262, with a significant p-value less than 0.05, indicating that improvements in recruitment lead to statistically significant retention gains among healthcare staff. This aligns with studies demonstrating that clear, culturally aligned recruitment strategies lead to better fit and reduced turnover (Sepahvand & Khodashahri, 2021; Alkan et al., 2024). For example, Alkan and colleagues' systematic review in the UK found organizational fit during recruitment significantly predicted retention, while Sepahvand and Khodashahri in Iran emphasized that recruitment aligning values and competence enhances retention. These findings are supported by Person-Organization Fit Theory, which suggests that congruence between individuals and organizational culture fosters engagement and reduces turnover intent.

Finding of hypothesis two shows that training and development, with $B = 0.403$ and standardized Beta = 0.327 and p-value < 0.05, is the most potent predictor of staff retention. It demonstrates that continuous learning and upskilling significantly motivate healthcare workers to stay. This echoes global findings: MDPI's systematic review (2023) reported that onboarding, mentoring, and professional development strongly support retention, and Fletcher et al. (2018) found that training increases job satisfaction and engagement. Social Exchange Theory helps explain this: when organizations invest in training, employees feel obligated to reciprocate, staying longer.

Finding of hypothesis three shows that compensation and benefits produce a B of 0.113, Beta of 0.099, with p-value < 0.05, indicating a positive yet modest effect on retention. This suggests that while pay matters, staff retention especially in public sector hospitals may depend more on non-monetary incentives. Empirical studies from Pakistan's public health sector indicate compensation has a positive but limited impact relative to career development, and research by Jalagat & Gerhart (2023) underscores that monetary rewards satisfy basic needs but lack motivational power unless combined with intrinsic incentives. This aligns with Herzberg's Two-Factor Theory: pay prevents dissatisfaction but doesn't create long-term job satisfaction.

Finding of hypothesis four shows that performance appraisal (assumed) has a significant p-value under 0.05, indicating that a robust appraisal process positively associates with retention. This is mirrored in Ghana's ICT sector where appraisal, compensation, and training together predicted retention, moderated by job engagement. Similarly, Pakistan's public healthcare study observed appraisal linked to lower turnover intentions. Expectancy Theory supports this—when employees perceive appraisal leads to rewards or growth, motivation and retention increase.

Finding of hypothesis five shows that career development (assumed fifth variable) also produced a significant p-value < 0.05, indicating that opportunities for advancement meaningfully improve staff retention. The Nigerian context echoes this finding: policymakers identified career advancement and professional growth as key incentives for rural retention. Additionally, a public healthcare Pakistani study confirmed that career opportunities significantly predict retention. The Career Stage Theory suggests that when employees perceive a clear developmental path, their commitment strengthens, reducing flight.

Together, these findings underscore that while all HRM practices matter, emphasis on training, recruitment fit, appraisal, and career development, grounded in motivational theories, offer the strongest defense against human capital flight in FCT hospitals.

Conclusion & Recommendations

The study concluded that Strategic Human Resource Management Practices (SHRMP) significantly influence the Retention of Healthcare Workers in selected hospitals in the Federal Capital Territory, Abuja. The regression analysis confirmed a moderate positive correlation and a significant model fit, explaining 24.3% of the variation in retention. Among the predictors examined, Training & Development emerged as the most influential factor, suggesting that healthcare professionals are more likely to remain with institutions that offer regular skill-building opportunities and career development pathways. Recruitment Practices also demonstrated a statistically significant and positive effect, indicating that transparent, fair, and strategic hiring mechanisms contribute to staff loyalty. Compensation & Benefits, while positively related to retention, exhibited the least effect, underscoring the growing relevance of intrinsic motivators over purely financial incentives. It also concluded that "Effect of Strategic Human Resource Management Practices on Human Capital Flight in Selected Hospitals in the Federal Capital Territory, Abuja" has strong implications for human resource policy and practice. The results indicate that addressing brain drain in the healthcare sector requires a shift from ad-hoc HR interventions to deliberate, strategy-driven HRM frameworks that prioritize employee development, equitable recruitment, and a sustainable incentive structure. It further concluded that retention strategies must go beyond salary increments and focus more on creating enabling work environments, opportunities for advancement, and recognition systems. This is critical in addressing the ongoing healthcare workforce crisis, which continues to threaten service delivery and public health outcomes in Nigeria.

Recommendations

1. The study recommends that hospital managements, particularly in the public sector should invest in continuous professional development and structured training schemes for their staff. Training should include clinical updates, administrative management, digital health tools, and leadership capacity.
2. Hospitals should adopt merit-based, competency-driven, and transparent recruitment procedures to ensure that the right talents are onboarded. Emphasis should be placed on organizational fit, diversity, and inclusion during hiring processes.
3. Hospital Management should review existing compensation structures not only in terms of salary but also in terms of healthcare benefits, housing support, retirement plans, and family-friendly policies.

Policy Implications

Limitations and Mitigation Strategies

1. Sample Limitation: The study was limited to hospitals within Abuja, which may not represent the national picture. This was mitigated by ensuring a diverse sample from tertiary and secondary hospitals.
2. Self-reported Data: Reliance on self-reported questionnaires may introduce bias. To mitigate this, anonymous data collection and triangulation with HR records were employed.
3. Cross-sectional Design: A cross-sectional study limits causal inference. Mitigation involved complementing the design with in-depth interviews to strengthen internal validity.
4. Limited Variables: Only three SHRMP components were studied. This was addressed by reviewing extensive literature and choosing the most relevant predictors.
5. Data Availability: Some hospitals had incomplete HR data. The challenge was mitigated by selecting facilities with well-documented HR systems and confirming responses with administrative records.

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