

ILIA STATE UNIVERSITY

Faculty of Natural Sciences and Medicine

Master's Programme: Public Health and Health Policy

MASTER'S THESIS

**DETERMINANTS OF MIGRATION INTENTIONS AMONG
PHYSICIANS**

**IN GEORGIA AND NIGERIA:
A COMPARATIVE MIXED-METHODS STUDY**

Researcher:	Zaid Adebola Saddiq
Programme:	MSc Public Health and Health Policy
Institution:	Ilia State University, Tbilisi, Georgia
Supervisor:	Prof. Akaki Zoidze
Email:	zaid.saddiq.1@iliauni.edu.ge
Date:	June 2026

Abstract

Background: Physician emigration represents a critical public health challenge for low- and middle-income countries (LMICs), contributing to workforce depletion and threatening health system sustainability. Georgia and Nigeria, despite differing in regional context and income classification, share structural vulnerabilities characterised by chronic physician shortages, rural–urban maldistribution, and persistent physician emigration. The determinants of physician migration intentions in both countries remain comparatively understudied.

Objectives: This study aimed to investigate and compare the determinants of migration intention among physicians currently practising in Georgia and Nigeria, using a convergent mixed-methods design integrating quantitative survey data, qualitative in-depth interviewing, and policy document analysis.

Methods: A self-administered online questionnaire adapted from Wutor et al. (2024) was distributed to physicians via purposive and snowball sampling (N = 43 valid responses: Georgia n = 29; Nigeria n = 14). Two in-depth semi-structured interviews were conducted, one per country: a Georgian senior specialist urologist (Participant GE-04) and a Nigerian surgical house officer (Participant NG-03), with the interview guide grounded in the six-phase thematic analysis framework of Braun and Clarke (2006). Quantitative data were analysed descriptively, and qualitative data were analysed thematically.

Results: Migration intention was considerably higher in this sample than initially anticipated from early data, with 20.9% of respondents indicating a definite or probable intention to emigrate and a further 18.6% remaining uncertain. The Nigerian subsample showed a striking 50.0% prevalence of migration intention, while the Georgian subsample was lower at 6.9%. Income dissatisfaction was prevalent across both countries, consistent with a relative deprivation framework in which income is evaluated against international rather than domestic comparators. Among participants with any migration intention (n = 17), the most endorsed push factors were inadequate remuneration, poor working conditions, economic hardship and high cost of living, personal insecurity, and inadequate postgraduate training (each endorsed by 88.2% of this subgroup), followed by political instability and limited career progression (82.4%). The dominant pull factors were better remuneration and quality of life (88.2%), followed by improved working conditions, postgraduate training and career development, political stability, and advanced medical

infrastructure (82.4%). Family ties and desire to serve the country were the leading retention factors across the full sample. Qualitative analysis of the GE-04 and NG-03 interviews identified a convergent set of interlocking themes across both national contexts: economic inadequacy and wage-differential awareness; macro-level political and economic instability; postgraduate training deficiencies; workload and staffing pressures; professional undervaluation; and family attachment as a retention force, though for NG-03 this was overlaid by practical barriers to departure rather than a positive preference to remain. Nigerian respondents demonstrated substantially higher migration intention (50.0%) than Georgian respondents (6.9%).

Conclusions: Physician migration intention in Georgia and Nigeria is driven by a convergent set of structural push factors — economic, professional, and political — that are broadly consistent with the international literature on health workforce migration. The study's findings are constrained by a small, geographically imbalanced sample, particularly for Nigeria. Retention policy must target the full determinant spectrum: income adequacy relative to international benchmarks, postgraduate training reform, political stabilisation, and systemic recognition of professional contributions. Larger-scale data collection is necessary to enable multivariable analysis and robust comparative conclusions.

Keywords: physician migration, migration intention, health workforce, Georgia, Nigeria, push-pull factors, Theory of Planned Behaviour, mixed methods, brain drain, retention policy