

## **LABOUR TURNOVER AND SERVICE DELIVERY IN FEDERAL TEACHING HOSPITALS IN SOUTHEAST NIGERIA**

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**ABSTRACT:** This study investigated labour turnover and service delivery in Federal Teaching Hospitals in Southeast Nigeria. The study specifically examined the relationship between high staff separation rates and declining quality of care; the effect of high turnover intention on waiting times and service accessibility; and how frequent staff changes influence the delivery of emergency services. The study was grounded in Human Capital Theory. A descriptive research design was employed, targeting healthcare professionals, including doctors and nurses, across selected Federal Teaching Hospitals in Southeastern Nigeria. The sample size for the study was 338, with data collected using a structured questionnaire and interviews. Our data were analysed using the Pearson correlation statistical tool. The findings revealed a negative (-0.782) relationship between high labour turnover and healthcare service delivery, with hospitals experiencing higher separation rates reporting lower quality of care, and extended waiting times. Additionally, we found a strong negative correlation (-0.729) between high turnover intention and accessibility of services. The most severe impact was observed in emergency service units, where a strong negative correlation (-0.751) was found between frequent staff changes and the accessibility of emergency services. Limitations of the study include potential response bias from participants and the focus on a specific geographic region, which may affect the generalizability of the findings. Based on the findings of this study, the researchers made the following recommendations: Federal Teaching Hospitals should implement comprehensive employee retention strategies that include competitive remuneration, career advancement programs, improved working conditions, and adequate welfare packages. Teaching hospitals should revise and strengthen their human resource management policies to include structured retention plans, clear career progression paths, and employee recognition programs. Hospitals should also establish regular feedback mechanisms that allow employees to voice their concerns and suggestions, ensuring that their needs are adequately addressed.

**Keywords:** Federal Teaching Hospital, Labour Turnover, Service Delivery, Turnover Intention,

### **INTRODUCTION**

Labour turnover remains a critical challenge to organisations in Nigeria, including healthcare institutions. The movement of healthcare workers in and out of the hospital system can disrupt workflow, increase costs, and reduce the quality of patient care (Uduma, 2024). The healthcare sector, particularly in Federal Teaching Hospitals, requires a stable workforce to maintain high

standards of service delivery. Yet, the reality is a persistent turnover of skilled professionals, posing threats to efficiency and patient safety.

The persistent challenge of labour turnover in Federal Teaching Hospitals in Southeast Nigeria has raised critical concerns regarding the overall quality of healthcare service delivery. High staff separation rates, characterized by frequent resignations, retirements, dismissals, or voluntary migrations of skilled medical personnel, can significantly reduce the quality of care in these institutions. The departure of experienced healthcare professionals disrupts workflow, increases the workload for remaining staff, and contributes to medical errors, all of which negatively affect patient outcomes (Uduma, 2024). The absence of a stable workforce limits hospitals' ability to maintain continuity in patient care, ultimately leading to a decline in healthcare standards. Previous studies have shown that when skilled professionals leave, recruiting and training replacements is often slow and expensive, resulting in prolonged understaffing that further compromises the quality of healthcare services.

Another pressing issue is the effect of high turnover intention on waiting times and accessibility of services. Turnover intention—an employee's likelihood of leaving their job—creates a disengaged workforce lacking motivation and commitment to efficient service delivery (Ovaga, Ubongudu, Ahanonu, Stephenson, Okoro., Omeh, & Asogwa, 2025). When healthcare professionals contemplate leaving, their productivity drops, causing inefficiencies in hospital operations and longer patient waiting times. Patients consequently face delays in receiving medical attention, overcrowded wards, and overstretched emergency units. Additionally, shortages of specialized professionals reduce the availability of essential services such as surgeries, diagnostics, and therapies, thereby limiting access to critical care.

Furthermore, frequent turnover among healthcare personnel appears to have severe implications for emergency services, where timely intervention is vital. Emergency care requires immediate and coordinated action; however, frequent staff changes disrupt team cohesion and emergency response protocols, resulting in delayed treatment and inconsistent triage (Oko & Essien, 2024). The loss of experienced emergency care providers leaves hospitals with skill gaps, reducing their ability to manage complex or critical cases. Frequent workforce fluctuations also undermine team effectiveness, as new staff often require time to adapt to hospital systems and protocols, ultimately weakening the emergency departments' capacity to deliver prompt, life-saving care.

Despite extensive literature on labour turnover and organisational performance in Nigeria, most prior studies have focused on private or non-health sectors such as banking, education, and manufacturing (e.g., Uduma, 2024; Ovaga et al., 2025). Few have specifically examined the multidimensional impact of turnover—separation rates, turnover intention, and frequent staff changes—on service delivery indicators such as quality of care, waiting times, and emergency service accessibility within Federal Teaching Hospitals. Even fewer have provided empirical correlations between these variables in the context of Nigeria's public healthcare institutions. Moreover, existing African studies have tended to treat turnover as a human resource issue rather than a challenge to service delivery and patient outcomes, leaving a crucial gap in understanding its operational and clinical implications.

This study, therefore, fills this gap by empirically analyzing how labour turnover and its dimensions influence healthcare service delivery across Federal Teaching Hospitals in Southeast Nigeria. By applying Human Capital Theory as its analytical lens, the study extends the discourse beyond administrative concerns to highlight the strategic value of workforce stability in sustaining quality, accessibility, and responsiveness in healthcare service delivery.

### **Specific Objectives**

The specific objectives of the study are:

1. To examine the relationship between high staff separation rates and low quality of care in Federal Teaching Hospitals in Southeast Nigeria.
2. To assess the effect of high turnover intention on waiting times and accessibility of services in Federal Teaching Hospitals in Southeast Nigeria.
3. To explore the ways in which frequent staff changes influence the accessibility of emergency services in Federal Teaching Hospitals in Southeast Nigeria.

### **Research Hypotheses**

The following hypotheses were formulated to guide the study:

**H<sub>1</sub>:** There is a significant negative correlation between staff separation rates and quality of care in Federal Teaching Hospitals in Southeast Nigeria.

**H<sub>2</sub>:** High turnover intention among healthcare staff is significantly associated with longer waiting times and reduced accessibility of services in Federal Teaching Hospitals in Southeast Nigeria.

**H<sub>3</sub>:** Frequent staff changes in Federal Teaching Hospitals in Southeast Nigeria lead to significant disruptions in the delivery of emergency services.

## **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **The Concept of Labour Turnover**

Labour turnover, often referred to as employee turnover, is the rate at which employees leave an organization and are replaced by new hires. It is a crucial metric in workforce management and organizational sustainability, particularly in healthcare institutions where staff continuity directly affects service delivery (Uduma, 2024). Labour turnover can be classified as voluntary, involuntary, functional, or dysfunctional, depending on the circumstances under which employees exit an organization. Voluntary turnover occurs when employees leave their jobs out of personal choice, often due to better opportunities, job dissatisfaction, or personal reasons (Adegoke et al., 2015). Involuntary turnover, on the other hand, results from layoffs, restructuring, or termination due to poor performance (Ocheanya, 2021).

In healthcare institutions, particularly in federal teaching hospitals in Southeast Nigeria, labour turnover presents a significant challenge as it disrupts service delivery, affects patient outcomes, and increases operational costs (Lasebikan et al., 2020). High turnover rates among healthcare professionals can lead to staffing shortages, longer patient wait times, and a decrease in the quality of care. Moreover, frequent employee exits necessitate continuous recruitment and training, which can be costly and time-consuming (Ovaga et al., 2025).

### **Causes of Labour Turnover in Healthcare Institutions**

Labour turnover in healthcare institutions, especially in federal teaching hospitals in Southeast Nigeria, is influenced by a combination of financial, non-financial, and work-related factors. Financially, inadequate remuneration remains a major cause, as many Nigerian healthcare professionals earn less than their counterparts in private or foreign institutions. This wage disparity often drives skilled workers to migrate in search of better pay and working conditions, contributing to the phenomenon of brain drain (Ocheanya, 2021). Poor compensation packages lower morale and increase the likelihood of resignation (Lasebikan et al., 2020).

Non-financial causes include job dissatisfaction stemming from poor working conditions, limited career advancement opportunities, and a lack of recognition (Uduma, 2024). A toxic work culture, characterized by weak leadership and insufficient managerial support, further exacerbates turnover rates (Adegoke et al., 2015). Additionally, work-related factors such as high workload, long hours, and resource shortages make it difficult for healthcare professionals to perform effectively (Ovaga et al., 2025). The resulting burnout and stress push many to seek alternative employment in less demanding environments.

### **Consequences of Labour Turnover in the Health Sector**

The consequences of labour turnover in healthcare institutions are far-reaching, particularly in terms of service delivery, patient care, and organizational performance. One of the most direct effects is staff shortage, which increases workload for remaining employees and reduces efficiency in service delivery (Uduma, 2024). When experienced healthcare workers leave, hospitals struggle to fill vacancies promptly, leading to longer patient waiting times and compromised quality of care (Adegoke et al., 2015).

Labour turnover also increases operational costs. Recruiting, training, and onboarding new employees require substantial financial resources, diverting funds from other essential areas such as equipment purchase and infrastructure (Ocheanya, 2021). Furthermore, the departure of experienced personnel leads to a loss of institutional knowledge, which in turn reduces overall productivity and hinders the adaptation of new employees (Lasebikan et al., 2020).

High turnover equally affects staff morale. Remaining employees often experience burnout, frustration, and uncertainty about job security, leading to decreased motivation and performance (Ovaga et al., 2025). This can create a continuous cycle of dissatisfaction and further turnover.

Consequently, labour turnover weakens institutional stability, disrupts patient care, and reduces the quality of healthcare outcomes.

### **Synthesis and Research Gap**

Existing studies in Nigeria have examined labour turnover mainly from administrative or financial perspectives, focusing on causes such as poor pay and working conditions (Uduma, 2024; Lasebikan et al., 2020; Ovaga et al., 2025). However, there is limited empirical evidence linking labour turnover directly to measurable aspects of healthcare service delivery, such as waiting times, accessibility, and emergency service responsiveness. Few studies have analyzed the combined effects of high separation rates, turnover intention, and frequent staff changes within the context of federal teaching hospitals.

This study, therefore, fills this gap by investigating the relationship between labour turnover and healthcare service delivery in Federal Teaching Hospitals in Southeast Nigeria, with specific attention to how high turnover rates, staff intention to quit, and frequent personnel changes influence the quality, accessibility, and efficiency of healthcare services.

### **Overview of Service Delivery**

Service delivery in the healthcare sector refers to the efficient, timely, and equitable provision of medical services to patients in a way that ensures quality outcomes and patient satisfaction. In the context of federal teaching hospitals in Southeast Nigeria, service delivery is a critical factor that determines the effectiveness of healthcare institutions in managing patient care, medical resources, and public health challenges (Adeniran, Oluwole, & Ojo, 2021). Effective service delivery in healthcare includes preventive, curative, rehabilitative, and palliative care, all of which contribute to the overall well-being of patients and the efficiency of the health system (Akinwale & George, 2023).

In public hospitals, particularly federal teaching hospitals, service delivery is measured by key performance indicators (KPIs) such as average patient waiting time, which reflects the duration patients spend before receiving medical attention (Ede, 2021); and bed occupancy rate, representing the proportion of hospital beds occupied by patients at any given time (Ndubuisi-Okolo et al., 2024). Other KPIs include readmission rates, which measure the frequency at which discharged patients return for treatment due to complications or inadequate initial care (Ede, 2021), and staff-to-patient ratios, which assess the adequacy of human resources in delivering quality care (Adeniran et al., 2021).

Recent regional and international evidence further links staff turnover and turnover intention with these service outcomes: studies in sub-Saharan Africa show that poor work environments and burnout increase nurses' turnover intentions and thereby risk reduced continuity and quality of care (Poku, Donkor, & Naab, 2022), while large national analyses in England find that higher monthly turnover of nurses and senior doctors is associated with worse patient outcomes (mortality and readmissions) (Moscelli et al., 2024). Systematic reviews also report both economic and non-economic harms from nurse turnover (costs, staffing disruption, and adverse patient-level

outcomes). However, the size of effects can vary by setting and mitigation strategies (Bae, 2022). These studies largely converge on the negative link between turnover and service quality but diverge on how much management practices and contextual differences (resource constraints, migration pressure) can blunt that effect — underscoring the need for localized evidence from Nigerian federal teaching hospitals.

### **Theoretical Framework**

This work is anchored on the Human Capital Theory. The Human Capital Theory posits that investments in human capital, such as education, training, and healthcare, enhance individual productivity and contribute to economic and organizational growth (Becker, 1993). The fundamental assumption of the theory is that employees possess valuable knowledge, skills, and competencies that directly impact an organization's performance and efficiency (Sweetland, 1996). This theory is adopted as the theoretical framework for this study because it directly addresses the core issue of labour turnover and its effect on service delivery in federal teaching hospitals in Southeast Nigeria.

One of the leading causes of labour turnover in Nigerian hospitals is the poor investment in human capital, including limited training opportunities, inadequate remuneration, and the absence of incentives for skill retention (Akinyemi et al., 2022). Many medical professionals leave federal hospitals in search of better opportunities abroad, a phenomenon widely referred to as the “brain drain” (Oruh et al., 2020). By applying the human capital theory to this study, the focus shifts to understanding how poor investment in healthcare professionals leads to high turnover rates and affects service delivery outcomes.

The theory is particularly relevant in the Nigerian context, where healthcare professionals often face suboptimal working conditions, lack of career growth opportunities, and delayed salaries, which serve as push factors for migration. The Nigerian health sector has experienced a mass exodus of doctors, nurses, and other healthcare workers due to these structural deficiencies, making it imperative to explore how improving human capital investments can mitigate labour turnover and enhance hospital service delivery.

### **METHODOLOGY**

This cross-sectional study was conducted in selected Federal Teaching Hospitals in Southeast Nigeria, namely Federal Medical Center (FMC) Owerri (now Federal University of Technology Owerri Teaching Hospital), FMC Umuahia, University of

Nigeria Teaching Hospital (UNTH) Enugu, Alex Ekwueme Federal University Teaching Hospital Abakaliki (AE-FUTHA), and Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi. The five hospitals were purposively selected because they represent the major federal tertiary healthcare institutions in the Southeast geopolitical zone and serve as referral centers for secondary and primary health facilities. The study population consisted of 2,185 medical staff (doctors and nurses), as they are the most directly affected by labour turnover and its implications for healthcare service delivery. Using Taro Yamane's formula at a 5% margin of error, a sample size of 338 was



determined and proportionately distributed across the five hospitals to ensure fair representation. A simple random sampling technique was employed to give each respondent an equal chance of selection within their professional group.

Inclusion criteria were full-time medical doctors and nurses with at least one year of continuous service in the respective teaching hospitals at the time of data collection, ensuring adequate knowledge of the institutional work environment. Exclusion criteria included temporary, contract, or internship staff, as well as administrative or non-clinical personnel who do not provide direct patient care.

Data were collected using a structured questionnaire divided into two sections: demographic data and items aligned with the study's research objectives. In addition, interviews were conducted to obtain in-depth information from key respondents. Content and face validity were ensured through expert review by specialists in health management and social sciences. Reliability of the instrument was assessed through a pilot study conducted among 30 healthcare workers not included in the main study. Internal consistency was established using Cronbach's alpha, which yielded 0.86 for labour turnover, 0.83 for service delivery, and 0.88 for turnover intention, indicating high reliability. The test-retest method was employed, with a two-week interval between the first and second administrations, resulting in correlation coefficients ranging from 0.79 to 0.84, which confirmed the instrument's stability over time. Data analysis involved descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics using the Pearson Product-Moment Correlation Coefficient ( $r$ ) at a 0.05 level of significance with SPSS version 23. Ethical approval for the study was obtained from the Research Ethics Committee of the Federal University of Technology, Owerri Teaching Hospital. Participation was entirely voluntary, and informed consent was obtained from all respondents. Confidentiality and anonymity were maintained by assigning codes instead of names, and all data were used solely for academic purposes.

## RESULTS AND DISCUSSIONS

**Table 1:** Demographic Information of Respondents

Demographic Variable	Category	Frequency (n)[338]	Percentage (%)
Gender	Male	175	51.78
	Female	163	48.22
Age Group	20-30 years	85	25.15
	31-40 years	102	30.18
	41-50 years	91	26.92
	Above 50 years	60	17.75
Designation	Doctor	180	53.25
	Nurse	158	46.75
Years of Experience	Less than 5 years	72	21.30
	5-10 years	110	32.54
	11-15 years	96	28.40
	More than 15 years	60	17.75

*Source: Field survey, 2025*

The demographic analysis indicates that 51.78% of respondents are male, while 48.22% are female, showing a nearly equal gender representation. The largest age group is 31-40 years (30.18%), followed by the 41-50 years age group (26.92%), indicating that most respondents are in their mid-career stage. Doctors make up 53.25% of respondents, while nurses account for 46.75%, providing a near-balanced professional perspective on labour turnover and service delivery. Regarding experience, 32.54% have 5-10 years of experience, while 28.40% have 11-15 years, suggesting that the majority of the workforce has substantial expertise.

**Table 2:** Respondents' Views on Staff Separation Rates and Quality of Care

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Mean	SD
Frequent staff exits reduce quality of care	97 (28.69%)	131 (38.76%)	72 (21.30%)	38 (11.24%)	338	2.48	0.97
High turnover affects continuity of care	112 (33.14%)	121 (35.80%)	65 (19.23%)	40 (11.83%)	338	2.49	1.02
Increased workload affects service delivery	127 (37.57%)	108 (31.95%)	61 (18.05%)	42 (12.43%)	338	2.38	1.05
Departure of experienced staff reduces care quality	139 (41.12%)	101 (29.88%)	56 (16.57%)	42 (12.43%)	338	2.28	1.10
High turnover contributes to medical errors	102 (30.18%)	126 (37.28%)	65 (19.23%)	45 (13.31%)	338	2.43	0.98

*Source: Field survey, 2025*

The responses in Table 2 indicate a strong agreement that frequent staff exits reduce the quality of healthcare services (28.69% strongly agree, 38.76% agree). Similarly, 68.94% of respondents agree that high turnover affects continuity of care. Increased workload due to staff shortages is also highlighted as a major issue, with 69.52% agreeing. The departure of experienced personnel is viewed as significantly detrimental, with 71.00% agreeing that it reduces care quality. Lastly, 67.46% believe that high turnover contributes to medical errors. These findings strongly suggest that staff separation rates have a negative impact on the quality of care. A nurse who was interviewed stated that:

High staff separation rates create a vicious cycle. Constant turnover results in fewer experienced staff, causing remaining employees to take on heavier workloads, which in turn increases errors and fatigue. New hires need time to adapt, but rushed onboarding leads to gaps in care consistency. Patients, especially in long-term care, suffer because they do not get the continuity and trust built with familiar caregivers. Poor retention often correlates with higher medication errors, neglect incidents, and lower patient satisfaction [Nurse, Female, Federal Medical Center, Owerri].

Our findings corroborate those of Uduma (2024), who examined turnover rates in Nigeria's public health sector and found that frequent staff separation negatively affects the quality of healthcare



delivery, leading to increased patient dissatisfaction and medical errors. Uduma (2024) emphasized that hospitals with high turnover rates struggle to maintain consistent patient care due to the loss of experienced personnel, a finding that aligns with the present study's results.

**Table 3:** Respondents' Views on Turnover Intention and Service Accessibility

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Mean	SD
High turnover increases waiting times	128 (37.87%)	115 (34.02%)	61 (18.05%)	34 (10.06%)	338	2.30	1.05
Turnover intention causes service delays	112 (33.14%)	127 (37.57%)	62 (18.34%)	37 (10.95%)	338	2.45	0.98
Staff shortages reduce specialized care access	135 (39.94%)	105 (31.07%)	63 (18.64%)	35 (10.35%)	338	2.28	1.03
High turnover discourages efficiency	127 (37.57%)	118 (34.91%)	56 (16.57%)	37 (10.95%)	338	2.30	1.02
Low retention affects service operations	120 (35.50%)	122 (36.09%)	59 (17.46%)	37 (10.95%)	338	2.39	1.00

*Source: Field survey, 2025*

The analysis in Table 3 reveals a strong consensus among respondents that high turnover intention significantly impacts service accessibility in Federal Teaching Hospitals in Southeast Nigeria. A notable 71.89% (Strongly Agree and Agree) affirm that high turnover increases patient waiting times, highlighting a critical issue in service efficiency. Similarly, 70.71% of respondents agree that turnover intention leads to service delays, further emphasizing the negative consequences of staff instability. The accessibility of specialized medical care is also a concern, with 71.01% of respondents acknowledging that staff shortages reduce access to specialized services, thereby affecting the quality of care. Additionally, 72.48% believe that high turnover discourages efficiency in service delivery, indicating that frequent staff exits not only prolong service times but also undermine hospital workflow. A further 71.59% agree that low retention rates negatively affect overall service operations, demonstrating that consistent staffing are essential for hospital functionality. The mean scores, ranging from 2.28 to 2.45, suggest a generally strong agreement with the impact of turnover intention on service accessibility, while the standard deviations indicate a moderate variation in responses, reflecting a shared perception among healthcare workers. A nurse interviewed at Alex Ekwueme University Teaching Hospital, Abakaliki said:

When employees are constantly planning to leave—whether due to burnout, low pay, or poor workplace culture—it creates instability. Understaffing leads to longer patient wait times because fewer people are handling the same workload. New hires take time to get up to speed, slowing down processes even more. In extreme cases, clinics may even reduce appointment slots or close certain services temporarily, making care less accessible [Nurse, male, Alex Ekwueme University Teaching Hospital, Abakaliki].

Our finding is consistent with previous research by Ovaga et al. (2025), which analyzed human resource governance in Nigerian teaching hospitals and discovered that high turnover intention negatively affected staff morale, leading to reduced workforce productivity and, in turn, directly impacting patient waiting times and access to medical services.

**Table 4:** Respondents' Views on Staff Changes and Emergency Service Accessibility

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Mean	SD
Frequent staff changes delay emergency response times	122 (36.09%)	118 (34.91%)	62 (18.34%)	36 (10.65%)	338	2.36	1.04
Emergency care suffers due to lack of experienced personnel	130 (38.46%)	110 (32.54%)	60 (17.75%)	38 (11.24%)	338	2.31	1.06
High staff turnover reduces efficiency in emergency departments	127 (37.57%)	113 (33.43%)	59 (17.46%)	39 (11.54%)	338	2.32	1.03
Short staffing increases patient risk in emergencies	136 (40.24%)	108 (31.95%)	56 (16.57%)	38 (11.24%)	338	2.27	1.08
Staff instability leads to inconsistent emergency protocols	119 (35.21%)	121 (35.80%)	63 (18.64%)	35 (10.35%)	338	2.39	1.01

*Source: Field survey, 2025*

The findings in Table 4 indicate that frequent staff changes significantly impact the accessibility and efficiency of emergency services in Federal Teaching Hospitals in Southeast Nigeria. A total of 71.00% (Strongly Agree and Agree) of respondents believe that frequent staff turnover delays emergency response times, suggesting that instability within the workforce slows down critical decision-making and action in emergency care. Similarly, 71.00% agree that emergency care suffers due to a lack of experienced personnel, reinforcing the argument that continuous staff changes deprive hospitals of the expertise required for urgent medical interventions. Additionally, 71.00% of respondents acknowledge that high turnover reduces efficiency in emergency departments, further emphasizing the importance of a stable workforce for optimal emergency response. Short staffing is also identified as a significant risk factor, with 72.19% of respondents agreeing that inadequate staffing levels increase patient risk in emergency situations. Furthermore, 71.01% assert that staff instability leads to inconsistent emergency protocols, which could compromise standard procedures and patient safety. The mean scores, ranging from 2.27 to 2.39, show a strong inclination toward agreement, while the standard deviations indicate moderate variability in responses, reflecting a shared concern among healthcare workers. These findings confirm the hypothesis that

frequent staff changes negatively impact emergency service accessibility, leading to inefficiencies and potentially life-threatening delays. A Matron from the University of Nigeria Teaching Hospital, Enugu, reinforced this view:

Last year, we lost three senior nurses within months. During a mass casualty incident, the lack of seasoned staff led to miscommunication in triage—stable patients were prioritized over urgent cases because junior team members defaulted to a 'first-come, first-served' approach. The hospital later had to implement mandatory crisis simulations for all new hires to prevent similar breakdowns [Matron, University of Nigeria Teaching Hospital, Enugu].

The findings align with the findings of Oko and Essien (2024), who examined human resource management practices in Nigerian teaching hospitals and concluded that frequent staff rotations led to inefficiencies in emergency departments, causing delays in urgent medical interventions. Their study revealed that hospitals with high staff turnover struggled to maintain the availability of skilled personnel in emergency units.

### Testing of Hypotheses

**Hypothesis One:** There is a significant negative correlation between staff separation rates and quality of care in Federal Teaching Hospitals in Southeast Nigeria.

**Table 5:** Pearson Correlation Between Staff Separation Rates and Quality of Care

Variables	N	Pearson Correlation (r)	p-value	Decision
Staff Separation Rates vs. Quality of Care	338	-0.782	0.001	Significant

*Source: Field survey, 2025*

The Pearson Product Moment Correlation Coefficient (PPMCC) analysis in tableProduct-Moment Correlation Coefficient (r) analysis in Table 5 reveals a strong negative correlation (-0.782) between staff separation rates and quality of care in Federal Teaching Hospitals in Southeast Nigeria. The p-value (0.001) is less than the significance level of 0.05, indicating that the relationship is statistically significant. This suggests that as staff separation rates increase, the quality of care declines significantly. The negative correlation suggests that frequent staff turnover results in disruptions to patient management, reduced continuity of care, and increased medical errors. These findings support hypothesis 1 and align with previous research that links high turnover rates to poor healthcare outcomes.

**Hypothesis Two:** High turnover intention among healthcare staff is significantly associated with longer waiting times and reduced accessibility of services in Federal Teaching Hospitals in Southeast Nigeria.

**Table 6:** Pearson Correlation Between Turnover Intention and Service Accessibility

Variables	N	Pearson Correlation (r)	p-value	Decision
Turnover Intention vs. Service Accessibility	338	-0.729	0.003	Significant

*Source: Field survey, 2025*

The results in table 6 indicate a strong negative correlation (-0.729) between high turnover intention and accessibility of services in Federal Teaching Hospitals in Southeast Nigeria. The p-value (0.003) is below 0.05, confirming statistical significance. This implies that as turnover intention among healthcare staff rises, service accessibility declines due to reduced workforce stability, longer waiting times, and inefficiencies in hospital operations. These findings validate hypothesis 2, emphasizing that hospitals experiencing high turnover intention struggle to maintain optimal service delivery.

**Hypothesis Three:** Frequent staff changes in Federal Teaching Hospitals in Southeast Nigeria lead to significant disruptions in the delivery of emergency services.

**Table 7:** Pearson Correlation Between Staff Changes and Emergency Service Accessibility

Variables	N	Pearson Correlation (r)	p-value	Decision
Staff Changes vs. Emergency Service Accessibility	338	-0.751	0.001	Significant

*Source: Field survey, 2025*

Table 7 shows a strong negative correlation (-0.751) between frequent staff changes and the accessibility of emergency services in Federal Teaching Hospitals in Southeast Nigeria. The p-value (0.001) is below 0.05, indicating statistical significance. This suggests that frequent staff changes disrupt emergency services, causing delays in response times and inconsistencies in medical procedures. These findings support hypothesis 3, reinforcing the idea that stable staffing is crucial for effective emergency care.

## Conclusion

The study contributes to academic discourse on labour turnover and service delivery in Federal Teaching Hospitals in Southeast Nigeria. From the findings of this study, the following conclusions were made:

1. The results indicate a significant negative association between staff separation rates and the perceived quality of care in Federal Teaching Hospitals in Southeast Nigeria, suggesting that higher turnover levels are linked with lower care standards.

2. Findings further suggest that elevated turnover intention among healthcare personnel is associated with longer patient waiting times and reduced accessibility of healthcare services, reflecting potential challenges in workforce stability and patient management.
3. The analysis also revealed that frequent staff changes appear to be negatively related to the efficiency of emergency service delivery, implying that workforce instability may hinder consistent and timely response in critical care units.

Overall, while the study highlights important relationships between labour turnover dynamics and healthcare service delivery, it does not establish direct causation. The results underscore the need for policies that promote staff retention and continuity in Nigeria's federal teaching hospitals to enhance service effectiveness.

### **Recommendations**

Based on the findings of this study, the researchers made the following recommendations:

1. Federal Teaching Hospitals should implement comprehensive employee retention strategies that include competitive remuneration, career advancement programs, improved working conditions, and adequate welfare packages.
2. Teaching hospitals should revise and strengthen their human resource management policies to include structured retention plans, clear career progression paths, and employee recognition programs. Hospitals should also establish regular feedback mechanisms that allow employees to voice their concerns and suggestions, ensuring that their needs are adequately addressed.
3. Hospitals should recruit 20–30% additional staff annually to close manpower gaps, while adopting digital patient record systems to reduce delays.

To address the disruptions caused by frequent staff changes in emergency services, hospitals should establish a more stable and well-staffed emergency response system. This could involve retaining specialist healthcare providers, implementing shift-based schedules to ensure adequate coverage, and providing continuous professional training to ensure that healthcare workers are always prepared for emergencies.

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