

EXPLORING ASYMMETRICAL RELATIONS AND DIVERSE PROCESSES OF ENSLAVEMENT IN NIGERIA'S HEALTH SECTOR: A THEORETICAL REVIEW

Samuel, Kinikanwo-Chimenim Paul, Ph.D.

Reader, Industrial Relations and Human Resources Management,
Department of Sociology,
University of Port Harcourt, Nigeria.

Abstract:

The Nigerian health sector is a sector that is fundamental to the health of its citizens. It is plagued by structural inequalities and exploitation in its labour systems. This paper aims to examine critically the asymmetrical power relations and the dynamics of enslavement in relation to the context of the health sector in Nigeria and how the power relations affect the working environment, labour relations and social mobility of the healthcare workers. By relating the theories of modern slavery, unfree labour, and state-corporate power, the paper will synthesize modern literature and theory to demonstrate how asymmetry, exploitation, and coercion within the context of the health sector are not by chance but are placed within the very structure of the industry. This study, through an exploration of outsourcing, contractualisation, low pay and limited job security and the neglect of the rights of workers, adds to the discussion on modern slavery in the Global South and shows how the relationship between labour exploitation, governmental failure and systemic inequality in health governance interconnect.

Keywords : Asymmetrical Power Relations; Modern Slavery; Unfree Labour; Health Sector Governance; Nigeria

Introduction

The health sector is an important sector in any given country, charged with the responsibility of supporting the well-being and health of the people. In Nigeria, the health sector has also played a significant role in the economy as it has helped the country with a large portion of GDP and social infrastructure (World Health Organization [WHO], 2023). Nevertheless, there is a high level of structural inequalities in this sector, and there are great disparities in the manner in which power, resources, and opportunities are distributed. These disparities are not only evident in the nature of healthcare services offered but also in the nature of labour relations that determine the life of healthcare workers.

The problem of asymmetrical relations within the health sector is not just the issue of wage inequality or unfavourable working conditions but much more complex and is characterized by systemic mechanisms of control and coercion which have been termed as enslavement-like labour practices [1]. Such practices are characterized by high levels of vulnerability, lack of options, employment insecurity, and economic coercion, which can be referred to as modern slave-like conditions [2], [3].

The paper addresses the aspects of how these asymmetrical relations are formed and preserved in the Nigerian health sector, as well as the influence of multinational healthcare companies, the Nigerian state, and local actors that provide a system that perpetuates exploitation and powerlessness among workers. It provides a critical analysis of power relations between the state, healthcare organizations and workers as it contends that labour relations in the industry are strategically organized to restrain agency of workers, weaken collective bargaining and foster reliance on exploitative strategies.

This theoretical review is a synthesis of important concepts concerning political economy, unfree labour theory, and modern slavery to interpret the complicated network of power relations in the health sector in Nigeria. Through evaluation of existing literature and bridging the theoretical frameworks with the real world labour practices, the paper seeks to add to the body of literature on modern slavery in the health sector, and explore the effects of power, exploitation and labour relations to the welfare and growth of workers in resource-based economies such as Nigeria.

Methodology

Literature Review

The Structure of Labour Relations in Nigeria's Health Sector

The health sector in Nigeria, much like in developing countries, is typified by a stratified and hierarchical labour force in the sector. This labor force is usually categorized into permanent laborers, contractual laborers, and casual laborers, all of whom differ in the degree of benefits, job stability, and collective bargaining power [4]. The relatively better remuneration, job security, and healthcare benefits are enjoyed by the permanent employees who are usually highly skilled professionals. Conversely, precarious working conditions are experienced by contractual and casual workers, most of whom offer critical services in hospitals and clinics, such as low wages, no social protection, and limited chances for career growth.

Outsourcing has become a pervasive practice within the Nigerian health sector, where most of the healthcare institutions have turned to third-party contractors to offer essential services, including cleaning, security, and even medical staffing [1]. This does not only diminish the monetary burden of healthcare providers, but also opens up the possibility of exploiting workers who tend to be subjected to temporary employment, reduced pay, and fewer legal rights [5].

The hierarchical workforce dynamics are part of the reinforcement of the asymmetrical power dynamics in the industry. The decision-makers in the government structures, hospitals, and healthcare corporations also tend to control the conditions of employment and labour relations with little concern about the welfare of workers at the bottom [2]. This is aggravated by the fact that there are no powerful regulatory mechanisms that could be used to enforce labour laws and protect workers because of this imbalance of power.

Structural Inequality and Power Inequality.

The asymmetry of power in the Nigerian health sector is established in the structural economy of the country, in which the level of economic reliance on the oil and gas industry and the political economy of extractive capitalism are high [6]. The Nigerian state, as a controlling power as well as a key recipient of oil revenues, has been traditionally either unwilling or incapable of enforcing labour rights, especially in areas that are highly dominated by multinational corporations.

Another major problem in the health sector of Nigeria is regulatory capture, as the interests of the private sector take over the regulatory agencies. The institutions of the state that are supposed to promote labour standards and healthcare practices are not well-financed, underprepared, and prone to political interference, with the strong companies that can bend the rules and do not have to face any critical consequences [7]. This governance collapse is a primary cause of how labour exploitation in the sector has been perpetuated because it sets up an environment where it becomes easy to coerce workers, subject them to job insecurity and underpayment.

Global production networks (GPNs) are also the sources of these power asymmetries as they incorporate multinational healthcare companies into the Nigerian market. These GPNs are focused on cost reduction tactics and profit maximization, which might harm the welfare of workers [4]. By labour outsourcing, the multinational corporations minimize their financial responsibilities and avoid the accountability of the poor working conditions in Nigeria among health workers. Unemployment and underemployment in Nigeria are also high and can serve to worsen the situation by making the workers vulnerable and subjecting them to the need to accept exploitative conditions to have employment [8].

Theoretical Frameworks

This paper relies on three theoretical perspectives to conceptualize the asymmetrical power relations and labour exploitation within the Nigeria health sector: political economy of extractive capitalism, unfree labour theory and state-corporate power relations.

Political Economy of Extractive Capitalism.

The political economy paradigm focuses on how capital, labour, and the state have a structural relationship in extractive industries. The oil and gas revenues in Nigeria have induced the need to depend on extractive capitalism, where the wealth of natural resources is accumulated without the need to diversify the economy through productive means [9]. This framework causes total disparities with the economic strength of multinational corporations and the state tending to jeopardize the well-being of health sector employees.

The Nigerian government has not put its emphasis on other sectors, including healthcare, by focusing on the extraction of oil revenues, which has resulted in the accumulation of wealth and power in the hands of the few elites (World Bank, 2023). Such inequality has been manifested in the labour environment in the health sector, with workers being exploited and subjected to precarious employment terms that restrict their agency and security.

Unfree Labour Theory

The concept of unfree labour theory can be used to give a critical perspective to the exploitative labour practices in the health sector. According to this theory, labour is unfree when the workers cannot decline or quit their jobs because of the economic pressure, absence of options, or because of institutional barriers [2]. Unfree labour in the health sector of Nigeria is reflected in forms of debt-bonded labour, temporary arrangements, and even the threat of being fired [10]. These circumstances lead to a coercion system where employees are not given many options and are compelled to work under exploitative conditions just to survive.

The unfree labour theory is also applicable in the case of Nigeria and the health sector because employees are at economic risk because of poverty, job insecurity, and the absence of strong labour laws. Such circumstances ensure that the economy puts the workers in a state of slavery, as they cannot get themselves out of the exploitative working conditions.

State-Corporate Power Relations

State-corporate relations are those factors that involve the interaction between state actors and the directives of the corporate world to influence labour to respond in a specific manner and to perpetuate power relationships. Regulatory capture and the absence of accountability in exploitative labour practices within the oil and gas industry in Nigeria are a result of the strong ties between the government and multinational corporations [11]. Given that the Nigerian state is a regulator and a beneficiary of the oil proceeds, there arises a conflict of interest, which does not favour the implementation of labour legislation and protection of workers in the health sector.

The given framework can be used to understand why exploitative labour practices are still prevalent in the Nigerian health sector because the government does not always want to address multinational corporations regarding the violations of workers' rights. The state is strengthening the unequal power dynamics with corporations, and it helps to maintain the presence of unfree labour in the industry by prioritizing the interest of corporations over the well-being of the employees [12].

Results and Discussion

This part provides a synthesis of reviewed literature and theoretical frameworks proposed above, hinged on the establishment and sustenance of asymmetrical relations of power in the health sector of Nigeria. The discussion uses the theoretical constructs of extractive capitalism, unfree labour, and state-corporate patterns of power to identify how power imbalances influence labour relations, structural components, and governmental failure in the industry. The consequences of such relations on the rights of workers, stability in society, and national development are also discussed in this section.

Power Relations that are Asymmetrical within the Health Sector

The structural inequalities and the existing asymmetry between multinational corporations, the state, and healthcare workers contribute to the power dynamics in the health sector of Nigeria in a significant way. These disparities are the result of the reliance of the government on extractive industries, especially the oil sector, which has concentrated power and wealth in the hands of multinational organizations and a small elite group [13]. This upper class of the government/private sector participants is known to govern the nature of employment, such as wage compensation, employment benefits, job security, and job promotion. Consequently, healthcare professionals in Nigeria, especially the contract and casual ones, are exposed to exploitative labour schemes with limited power to alter and change their working environments [14].

In addition, the government of Nigeria, as both an overseer and beneficiary of the oil industry, is unable to defend the rights of the workers properly because it is reliant on the oil incomes. Such conflict of interest undermines the capacity of the state to implement the labour laws efficiently and ensure the protection of vulnerable employees in the health sector. Recent research indicates that a weak level of enforcement of labour standards and the lack of sufficient punishments for breaches make the regulatory environment prone to a situation where multinational companies and local health providers can avoid legal protections with no serious consequences [1].

One of the main causes of the asymmetry in the power relations is the absence of effective governance of labour. Without a strong control mechanism, the rights of the workers tend to be disregarded, and exploitation becomes an ordinary situation, as workers are placed under rigorous working conditions without having any other jobs to offer. The result of such circumstances is the change of power where corporations and state actors can dictate terms of employment and workers have a low sense of agency (World Health Organization, 2023).

Organized Worker Exploitation and Organizational Coercion.

The Nigerian health sector is particularly prone to institutionalized exploitation, manifested in the use of outsourcing, casualization, and contractualization of healthcare jobs. This is a form of labour contracting that exposes employees to short-term contracts, and when the contract ends, the employee has no job prospects, nor additional advantages, which allows the corporations and healthcare institutions to push the risks of employment and reduce their financial liabilities [4]. Economic coercion is usually applied against the workers, such as suppression of wages, absence of social benefits, and unknown extension of contracts, which further impedes their capacity to address exploitative terms.

The issue is made worse by the process of outsourcing, where healthcare institutions entrust critical functions to third-party contractors, leading to the disintegration of collective bargaining structures and eroding the responsibility of the employers [1]. The majority of health workers who are engaged in such outsourcing deals do the same work as those that are employed on a permanent basis but are paid lower salaries and benefits and have fewer chances of redressing their grievances. The practice does not only decrease the bargaining power of workers but also strengthens the employer to exercise control over the working conditions in order to maximize profits at the expense of the workers [15].

Such practices are characteristic of unfree labour, whereby even when workers are officially employed, they are caught in the traps of exploitative labour regimes because of low wages, bad working conditions, and being under the constant fear of losing their jobs. Although not always by the use of physical force, this system of coercion works by creating economic dependency, social pressures, and absence of alternative job-seeking opportunities. These traits are consistent with the theory of unfree labour, in which workers are financially attached to their workplaces and have a hard time breaking the cycle [2].

State-Corporate Power/Regulatory Capture.

The connection between the Nigerian state and multinational corporations that work in the health sector is one of the central determinants of the continuation of asymmetrical power relations. The reliance on oil incomes by the Nigerian state has resulted in a scenario where, in many cases, political elites and corporate interests are in agreement with each other to influence labour performance in their favour [16]. Since the Nigerian government also makes much of its revenues out of the oil industry, its economic interest tends to override the interests of the Nigerian citizenry, especially those individuals who occupy other sectors of the economy, including healthcare, which are not prioritized by the state [16].

Regulatory capture can be used to understand why this partnership between the state and multinational corporations contributes to the loss of labour protections in the health sector of Nigeria. Regulatory capture is whereby government agencies that are supposed to regulate labour standards and healthcare practices are infiltrated or owned by the very corporations they are supposed to regulate. This leads to the laxity of labour laws, where corporations can leverage their political power to discourage the formulation of labour laws that would safeguard the workers [17]. As a result, healthcare employees remain exposed to exploitative working conditions, and their complaints are hardly addressed or compensated.

Moreover, the absence of political goodwill to introduce and enforce labour standards is augmented with corruption in regulatory authorities. The government representatives who are supposed to enforce labour laws have personal or political connections with the same corporations which they are expected to supervise. It results in the fact that the infringements of the rights of workers are not punished, and exploitation becomes a new standard [14]. What is left behind is a system of governance that favours corporate interests, at the expense of concerns and welfare of employees, further deepening asymmetrical power dynamics in the industry.

Implication of Enslavement-like Labour Practice to Workers

The health sector in Nigeria is especially sensitive to the aftermath of enslavement-like labour practices, which impact the workers and the entire socio-economic layer of the country. Employing the workers in the field does not only demean their rights and dignity, but also affects their overall performance and sustainability of the healthcare system. Precarious working conditions have a strong influence on the morale and productivity of the workers, which results in high labour turnover, burnout, and general lack of interest in the work [18].

Such practices have implications on a system beyond individual workers, which is why it applies to the health system as a whole. The quality of care given to patients is bound to be affected once workers do not have job security, proper remuneration, and career promotion. This results in healthcare institutional inefficiencies, since disillusioned or demotivated workers will do their best.

Besides the short-term impact on the welfare of the workers, such exploitative labour practices also help in perpetrating inequality and social exclusion. Medical staff members, especially those in the lower cadres, usually belong to the underprivileged groups with fewer chances of getting access to education and job prospects. The exploitation they encounter in the health sector becomes systemic and perpetuates poverty cycles and patterns of inequality, which makes it hard for workers to get out of that socio-economic situation.

Social Stability and Development in the Context of Asymmetrical Power

The underlying imbalances in the healthcare system in Nigeria have profound implications not only for the employees but also for the stability of the social fabric and the economy in general. The mistreatment of healthcare employees, as well as the inherent inefficiency of the industry structure, forms a circle of inequality and underdevelopment. Being the biggest industry that plays a role in the well-being of people, any malfunction within the healthcare system is bound to have a wider impact on the well-being of society.

Labour Rights and its Implication to Sustainable Development.

The systematic exploitation of healthcare workers in Nigeria is not only compromising the integrity of the healthcare system, but also has far-reaching effects on human rights and sustainable development. The UN Declaration on Human Rights (UNGA, 2020) states that the right to decent working conditions and fair payment is a basic human right. Nevertheless, the exposure and manipulation of healthcare staff, especially those working in precarious contractual positions, is a breach of this principle and the cycling of inequality and social injustice. The lack of proper enforcement of labour laws and the further subjugation of labourers confirm the need to reconceptualise the governance of labour in Nigeria. The campaign against these predatory activities should not merely focus on the employment conditions. They should also combat issues that cause exploitation, such as structural inequalities and power imbalances that characterize the health sector. The reform agenda required should be comprehensive and must address better labour policies, open governance, and the elimination of informal elites in decision-making. Nigeria will not be able to overcome the coexistence of poor health outcomes, poverty, and inequality without such reforms.

Solving Structural Problems in the Health Sector of Nigeria

The results of this theoretical review reflect the fact that the health sector in Nigeria requires a radical change. Such reforms should be patterned in a manner that tackles the structural problems that enable asymmetrical power relations to exist. Major areas of intervention are:

1. **Enforcing Labour Standards:** Labour laws should be reinforced to prevent the exploitative nature of working conditions for employees. This involves ensuring that they are paid good wages, healthcare benefits, job security, and the right to organize. The collective bargaining mechanisms should be promoted, as workers should have a say in how their working conditions should be.
2. **Increasing Regulatory Oversight:** The regulatory agencies should be given increased flexibility and resources to implement the labour laws efficiently. This will assist in fighting

- corruption and collusion between the state and the corporate sector that continues to perpetuate exploitation in the health sector.
3. **Increasing Transparency and Accountability:** Procurement process, hiring and budget allocation processes must be encouraged to be a transparent process in order to limit the influence of informal power networks. This will be facilitated by setting up independent checks and balances, as well as promoting citizen involvement in decision-making to ensure that resources are distributed fairly and effectively.
 4. **Ensuring Inclusion and Empowerment:** Campaigns should be undertaken to ensure that the marginalized communities and workers are involved in decision-making. The education, training, and career development of workers will enable them to gain higher agency and become less vulnerable to exploitation.

Conclusion

This paper explores the institutional problems in the healthcare sector in Nigeria, including the effects of the unequal power dynamics and exploitation as the modern enslaving form of power. Results highlight the remarkable importance of informal power network, political patronage, and corruption in promoting inequality and inefficiency in the system. As much as the legal frameworks are established to safeguard the workers in the healthcare sector, the inability to enforce the law and poor governance systems have continued to destroy the rights of the workers and provoke exploitation particularly to the contract and casual workers. Such workers can easily be exploited as they are exposed to unfavorable working conditions, lack of job security and minimal access to benefits, which has locked them in a cycle of unfree labor and modern slavery-like practices.

The paper also points to inefficiencies in healthcare governance whereby the accumulation of power in the hands of elites and informal networks are a major obstacle to meritocratic processes in healthcare administration. In addition, the systemic issues that have been aggravated by the dual nature of the Nigerian state as a regulator and as a beneficiary to the oil revenues complicate even more the process of alleviating the systematic problems. Such results are in line with the already existing literature on contemporary slavery and unfree labor in healthcare institutions worldwide, especially in developing states where cases of labor exploitation are entrenched in the economy.

Nevertheless, these issues notwithstanding, the study represents an important theoretical input, as it combines the concept of asymmetrical power relations, modern slavery, and regulatory capture to present a more in-depth explanation of the obstacles to change in the Nigerian healthcare system. Another focus of the study is the significance of transparent and meritocratic systems and the necessity to enhance the labor rights protection.

Policy and Practice Recommendations.

Based on the findings, there are a few recommendations based on the systemic problems of the healthcare sector in Nigeria:

Advancement of Transparent and Meritocratic Healthcare Management Systems: The Nigerian healthcare system should implement transparent and merit-driven recruitment and promotion processes in order to reduce the impact of the informal power structures and make sure that the needs-based leadership posts are occupied by qualified and competent people, and not by political and ethnic candidates. This will include the adoption of standardized procedures in the recruitment and promotion and allocation of resources in the healthcare institutions. Having to advertise vacancies publicly and using clear and merit-based guidelines to filter candidates will assist in diminishing the influence of informal elites on decision-making and create a skilled workforce that represents the Nigerian heterogeneous population.

Empowering Workers and Worker Rights: The government of Nigeria ought to create and implement strong labor regulations safeguarding the rights of the healthcare workers, and more so, contract as well as casual employees. These legislations must be in line with the international labor standards and must provide workers with equitable salaries, health coverage, and career promotions.

Moreover, the working conditions and employment practices of healthcare institutions should be subject to routine independent audits to probe their adherence to these standards. The government can also assist in making the workforce more stable and empowered by reinforcing labor protections, which will lower the chances of workforce exploitation.

Creating Stand-alone Oversight and Anti-corruption Mechanisms: With the rampant corruption and regulatory capture in the healthcare sector in Nigeria, there is need to institute independent watchdog bodies to monitor and enforce adherence to healthcare regulations. Such institutions ought to have the mandate of investigating and administering penalties to corruption and abuses in the system. There should also be a whistleblower protection mechanism that protects the employees who report unethical practices and creates a culture of accountability and transparency.

Promoting Social Discourse and Worker Empowerment: The unequal power relation within the healthcare system in Nigeria can be reduced through worker empowerment through forming independent labor unions and encouraging social dialogue. Such unions must receive the resources and legal help to negotiate higher wages, working conditions, and policy changes. Meetings that will be held frequently between healthcare workers, employers, and policymakers will establish an open communication platform through which workers can present their grievances and make contributions during decisions that can influence their working conditions and quality of healthcare provision.

Healthcare Governance with the help of Technology and Innovation: Digital tools and technology have the potential to enhance transparency and efficiency in healthcare governance to a great extent. The Nigerian healthcare system can lessen corruption opportunities and increase the quality of resources distribution by digitizing the procurement process, implementing electronic health records, and providing more opportunities to access and see information by the population. Additionally, technology may assist in controlling the number of staff, adherence to labor standards, and communication between the healthcare workers and the management.

Policy Reform in Response to Health Inequality; The solution to the issue of health inequities that are deeply rooted in Nigeria involves policy reforms that can be enacted to guarantee the provision of equitable access to quality healthcare to all citizens. This involves making more access to healthcare in the rural under-served regions, the distribution of healthcare workers in the country, and making investments in healthcare infrastructure. Furthermore, enhancing the work experiences and professional opportunities of healthcare professionals in disadvantaged areas will also help reduce the brain drain and make the healthcare system more balanced and equitable.

In summary, the Nigerian healthcare system is confronted with major challenges that connote an entrenchment of systemic problems of asymmetrical power structure, exploitation, and failure of governance. Such issues compromise the efficiency and fairness of the healthcare system, both in terms of workers and patients. Nevertheless, through the implementation of open, merit-based management principles, enhancing labor protections, and creating independent oversight systems, Nigeria will be able to start resolving these problems and creating a fairer and more sustainable healthcare system. The policy suggestions presented in this paper offer a blueprint to guide policymakers, health care administrators, and labor unions to collaborate in an attempt to reform the healthcare industry and achieve social justice in the healthcare sector.

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