

Strategic HRM for Organizational Resilience in Nigerian Healthcare

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Abstract

Nigeria's healthcare sector has experienced recurrent crises of clinical and administrative staff turnover, burnout, and occupational stress, which undermine service quality and progress toward universal health coverage. In the context of the Sustainable Development Goals (SDG 3 on good health and well-being and SDG 8 on decent work and economic growth), stabilizing the healthcare workforce through strategic human resource management is a prerequisite for Nigeria to meet its 2030 Agenda and build climate-resilient, pandemic-ready health systems. This research aimed to identify the key determinants of job satisfaction, turnover intention, and work-life balance among healthcare workers in Nigerian hospitals, to compare retention practices between public and private facilities, to assess the direct and indirect costs of staff turnover, and to develop an evidence-based, context-adaptive HRM retention model. The study synthesized relevant publications, Nigerian policy documents, health reports from WHO, World Bank, and previous empirical HRM studies in low- and middle-income countries, using human capital theory as the analytical lens. The results showed that private facilities had better retention (annual turnover ~18%) than public hospitals (~38%), due to flexible scheduling, formal dispute-resolution policies, employee assistance programs, and performance-based rewards, whereas public facilities suffered from bureaucratic inertia, underfunding, and unresolved workplace conflicts. A novel Context-Adaptive HRM Retention Model is proposed, integrating wellbeing frameworks, early conflict detection, and performance incentives. When compared with neighboring African countries such as Ghana and Kenya, which have implemented decentralized HRM reforms and achieved 20–25% lower turnover, Nigeria lags significantly. At the same time, Russia's polyclinic management system offers transferable tools such as mandatory psychological support for physicians, career-long mentorship, and regional crisis command centers for staff redeployment. Mutual benefits exist where Nigeria can adapt Russia's structured change management protocols for primary care, while Russia can learn from Nigeria's community health worker models and traditional medicine integration (including herbal medicine). In conclusion, the proposed HRM model provides a cost-effective, management-driven strategy for hospital administrators and policymakers. From a change management perspective, a phased approach is recommended: 1) short-term piloting of the model in selected public and private hospitals (0–12 months), 2) medium-term scaling of wellbeing programs and performance-linked pay (1–3 years), and 3) long-term embedding of HRM metrics into national health accreditation and establishing a Nigeria-Russia exchange fellowship for health managers (3–5 years). Without systematic change management addressing resistance, engaging unions, and building managerial capacity even the best HRM models may fail in Nigeria's complex decentralized health system.

Keywords

SHRM, Leadership, Organizational Resilience, Healthcare, Job Satisfaction, Work-life Balance