Title: Co-Creating Solutions for Wellbeing and Retention Among Nigeria's Primary Healthcare Workforce

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Background

Nigeria's primary healthcare (PHC) system continues to experience chronic underinvestment in workforce wellbeing, which contributes to high levels of burnout and migration. These issues have been well- documented in anecdotal reports for some time; however, there is a lack of national data to support policy and advocacy initiatives. The goal of this study was to generate actionable insights by combining participatory stakeholder dialogue and empirical data to co-develop contextually grounded solutions.

Methods

From November 2024 to January 2025, health professionals working in Nigeria's primary, secondary, and tertiary healthcare settings completed a national cross-sectional survey. Of the 437 respondents, 359 gave consent and 299 completed the entire survey. The Oldenburg Burnout Inventory (OLBI) was used to assess burnout, and scores ≥ 2.18 indicated significant burnout. Following the preliminary data analysis, a two- part stakeholder engagement dialogue was held to allow for reflection on the findings, the sharing of lived experiences, and the development of potential practical interventions. All contributions made at stakeholder meetings were kept anonymous. The insights gained from these dialogues were used to inform the upcoming documentary, which will premiere at Africa Primary Health Care Forum (APHCF) 2025.

Results

81% of respondents reported to have burnout with nearly one-third falling into the high burnout category. Burnout was significantly influenced by the following factors: an excessive workload (66.7%), insufficient compensation (63.3%), unfair treatment (33.8%), and a lack of recognition (31.1%). Around 70% of respondents reported that their workplace did not have a formal wellbeing program. Qualitative insights from stakeholder dialogues focused on the normalization of exploitative hierarchies, emotional exhaustion, inter-professional tensions, toxic work cultures, and poorly defined scopes of practice, particularly for junior staff and interns. Positive examples included peer mentoring, leadership support, and open communication. Stakeholders advocated multisectoral retention strategies that included structured wellbeing initiatives, clear job roles, emotional intelligence training, accountability mechanisms, and supportive supervision.

Conclusion

Burnout is a widespread and preventable problem among Nigeria's healthcare workforce. This project demonstrates the value of combining participatory dialogue with quantitative data to develop solutions that are grounded in the realities of the frontlines. The upcoming documentary will serve as an advocacy tool, amplifying these voices and catalyzing policy reforms in PHC workforce governance. We urge the immediate implementation of wellbeing-centered policies in Nigeria's PHC revitalization initiatives in order to improve African health security and achieve Universal Health Coverage (UHC).