

Nurses Japa Syndrome Amidst Substandard Healthcare Delivery in Nigeria: The Efforts of Religious Organizations in Addressing the Problem

Ikechukwu Jonathan Opara^{1*}, Chukwudi Charles Ezikeudu²,
Chimaobi Okorie³, Chris Iwejuo Nwagboso¹, Lily Nnenna Ozumba¹,
Amalachukwu Esther Uzomba⁴, Kenneth Onah Odibu⁵,
Florence A Undiyaundeye⁶, Raymond Amanzie Njoku¹,
Sunday Betembiaye Abunimye⁷, Christiana Efiog Awatt¹

¹Department of Public Administration, University of Calabar, Cross River State, Nigeria, ²Department of Criminology and Security Studies, University of Calabar, Cross River State, Nigeria, ³Department of Social Work, University of Calabar, Cross River State, Nigeria, ⁴Department of Public Health, University of Calabar, Cross River State, Nigeria, ⁵Department of Religious and Cultural Studies, University of Calabar, Cross River State, Nigeria, ⁶Department of Guidance and Counselling, University of Calabar, Cross River State, Nigeria, ⁷Department of Political Science, University of Calabar, Cross River State, Nigeria. *Corresponding Author's Email: oparaiyke@unical.edu.ng

Abstract

A robust healthcare delivery system is the mainstay of every functional society, providing preventive and curative services to the people. The nurses' 'Japa' syndrome has depleted the Nigerian workforce, exacerbated the shortage of talented, trained and experienced nurses and heightened the brain drain problem. Although huge remittances from diaspora nurses are a major boost to the Nigerian economy. This situation highlights the bittersweet nature of the nurses' japa syndrome. This study examined the contributions of religious organizations to the training of nurses in Imo State, Nigeria, from 2016 to 2025. Cross-sectional descriptive research design was deployed. It employed a documentary data collection method. Permission was obtained from all the four colleges of nursing sciences owned by religious organizations in Imo State, requesting their admission and graduation lists from the year 2016 to 2025. Regression analysis was utilized to analyse the data. The findings of this study show clearly that religious organizations have contributed significantly toward the training of nurses in the study area. They have established Colleges of Nursing Sciences at Amaigbo, Emekuku, Mbano and Umulogho-Obowo, all in Imo State. These schools have trained 3,211 nurses from 2016 to 2025. They have impacted substantially towards human capacity development in the study area. The study recommended that the Tertiary Education Trust Fund should, as a matter of national interest, include religious organization-owned colleges of nursing sciences in their intervention projects, so as to enhance their capacities to train more nurses and solve the nurse shortage in Nigeria.

Keywords: Diaspora Nurses, Japa Syndrome, Nigerian Nurses, Nursing Colleges, Nursing Education, Religious Organizations.

Introduction

It is generally acknowledged that a highly developed healthcare delivery system is a critical component of human survival and societal stability. It provides structured mechanisms for individuals to access essential medical interventions, ranging from preventive enlightenment to curative and rehabilitative treatments. Progressive nations prioritize the optimization of their healthcare sectors, as these frameworks yield significant socio-economic progress. Strategic investments in health systems not only reduce maternal and infant mortality rates, but also

stimulate socio-economic growth by generating employment opportunities, fostering allied industries and boosting medical tourism (1). Regrettably, the Nigerian healthcare system is confronted with inadequate funding, poor infrastructure, a shortage of diagnostic tools and inefficient service delivery. Others are a shortage of talented, trained, experienced and motivated medical professionals, brain drain and poor working conditions (2, 3). Unquestionably, nurses are an integral part of the lifeblood of all functional healthcare systems. Nurses provide care to

This is an Open Access article distributed under the terms of the Creative Commons Attribution CC BY license (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted reuse, distribution and reproduction in any medium, provided the original work is properly cited.

(Received 21st April 2026; Accepted 25th August 2026; Published 13th October 2026)

patients, through the administration of medications, wound care, monitoring vital signs and other patient conditions. They equally support their patients psychologically, educate patients and their relatives on the need to make healthy lifestyle choices, treatment strategies and health conditions (4, 5). It is generally acknowledged that migration is part of human history. For the past ten years, the Nigerian health sector has witnessed a mass exodus of nurses from the system. The migrations of Nigerian nurses to Europe, America and Asia have been a source of diaspora remittances, which boosts and stimulates the Nigerian economy (6-9). However, from a contrasting standpoint, the devastating effects of the migrations of Nigerian nurses to other countries cannot be overstated. It has led to depletion of the workforce, thereby exacerbating a shortage of trained nurses in the system, leading to the brain drain problem. It has led to poor quality of care and a compromised healthcare practice. In sum, this leads to an increasing case of preventable deaths. In an attempt to bring to limelight, the damage done to healthcare institutions by japa syndrome, it was noted that a critical deficit of clinical personnel has compelled the management of the Lagos University Teaching Hospital, Idi-Araba, to decommission approximately five wards, resulting in a loss of 150 bed spaces (10). The far-reaching negative implications of this situation for Nigerian development include: weakened healthcare infrastructure, high mortality and poor life expectancy, economic loss due to widespread medical tourism, compromised workforce productivity, technological backwardness and obstacles to actualizing universal health coverage (11, 12).

Contemporary studies highlighted poor working conditions, a shortage of healthcare professionals, poor infrastructure, inadequate human resource and healthcare financing, poor leadership as factors driving nurses' japa syndrome (13-20). Similarly, past study focused on the consequences of human capital flight on healthcare delivery in Nigeria (21). Accordingly, 42,000 nurses left Nigeria between 2022 and 2024, causing significant problems for the healthcare sector. These studies recommend an enhanced conditions of service for healthcare professionals, so as to stem the tide of nurses' japa syndrome. Furthermore, other studies delved into organisational factors, Mitigation Strategies, Policy

issues and made case for a better condition of service and a responsive leadership which would create enabling environment for business to thrive and reverse the migration pattern (22-24).

Nevertheless, these studies have advanced resounding arguments regarding the poor state of the Nigerian system. However, indications show that little is known in the academic works that methodically explains the contributions of religious organizations toward solving the shortage of nurses in Nigeria. This discourse is significant because it provided policymakers with relevant information necessary for enacting sustainable policy that would encourage individuals and organizations to take an active part in training nurses in Nigeria. This would lead to improved funding for nursing education, enhanced quality of care and better health outcomes for the people. This inquiry was conceived out of the need to train more nurses, in Nigeria. It answered the question: What are the contributions of religious organizations toward the training of nurses in Imo State, Nigeria? Against this context, the study assessed the contributions of religious organizations towards the training of nurses in Imo State, Nigeria, from 2016 to 2025.

This research adopted structural functionalism theory. The theory uses a biological analogy to view society as a system of interdependent parts functioning together for collective survival, stability and maintenance (25). Structural functionalism theory is suitable for this study because religious organizations are integral components of the substructure of Nigerian society. In other words, the religious organizations are among the major stakeholders in the health and education industry in the study area. They have established, maintained and funded colleges of nursing sciences, where nursing students are being trained. These colleges of nursing sciences include College of Nursing Sciences Aboh-Mbaise, Umulogho-Obowo, Emekuku, Amaigbo, Mbano and Ahiazu Mbaise. These schools are in the business of training nursing students. By establishing nursing schools and training of nursing students, religious organizations are really contributing toward filling the gap of shortage of nurses and also addressing the problem of poor healthcare workforce development in the country. These are crucial functions that help to make the society cohesive and stable for development.

Furthermore, 'Japa' in this study refers to flee. It is a form of Nigerian brain drain. It is a mass migration of talented, trained and experienced professionals from Nigeria to America, Europe and Asia for a better condition of living. Similarly, religious organizations refer to church bodies or denominations that operate as a unified groups that share a common faith in Jesus Christ. Religious organizations are also known as faith-based institutions.

Methodology

This study utilised cross-sectional design, a type of descriptive research design. This design was selected because it aligns with the purpose of the study which targeted at providing a comprehensive explanation of the contributions of religious organisations toward training of nurses in Imo State, Nigeria. In line with the above, the study employed documentary data collection method. Documentary method was staunchly chosen because it made it easier for the researchers to access the required data from the records of the colleges of nursing sciences in the study area. Also, records from reputable institutions like colleges of nursing sciences are accurate, factual and reliable. This study took place in Imo State, Nigeria. Imo is one of the thirty-six states that make up Nigeria. It is located in the South East of the country. Imo state was created in the year 1976. Imo people are predominantly Igbo by tribe. Imo State is made up of 27 Local Government Areas. The state covers a geographic range of approximately 5,530 square

kilometers, lying within latitudes 4°45' N and 7°15' N and longitudes 6°50' E and 7°25' E (World Geodetic System 84 datum). Four colleges of nursing sciences in Imo State were studied. They include Holy Rosary College of Nursing Sciences, Emekuku, Imo State, College of Nursing Sciences St. Mary joint hospital, Amaigbo, Imo State, College of Nursing Sciences, Mbano, Imo State and College of Nursing Sciences, Umulogho-Obowo, Imo State. These schools were selected because they have started graduating nursing students before the year 2016. The researchers wrote letters to all the colleges of nursing sciences, owned by religious organizations in Imo State, requesting for their admission and graduation lists from the year 2016 to 2025. The admission and graduation lists were compared in order to ascertain the authenticity and reliability of the graduation lists.

Nevertheless, regression analysis was utilized to analyze the direction of the association between religious organizations and training of nurses in the study area. The choice of regression analysis was to test whether there is a relationship between religious organization and training of nurses in the study area. All statistical computations were performed using statistical package for social science (SPSS version 23). This software was initially launched in the year 1968. Currently, it belonged to the International Business Machines (IBM). This statistical software was deployed because of its computational accuracy, comprehensive and user-friendliness nature.

Results

Table 1: Total Number of Nursing Students Graduated from Colleges of Nursing Sciences Established by Religious Organizations in Imo State from 2016 to 2025

Name of School	Owned By	Number of Nurses Graduated	Percentage (%)
Holy Rosary College of Nursing Sciences, Emekuku, Imo State	Catholic Archdiocese of Owerri, Imo State (Established in 1953)	600	18.7
College of Nursing Sciences St. Mary joint hospital, Amaigbo, Imo State	Catholic Diocese of Orlu, Imo State (Established in 1956)	789	24.6
College of Nursing Sciences, Mbano, Imo State	Catholic Diocese of Okigwe, Imo State (Established in 1983)	842	26.2
College of Nursing Sciences, Umulogho-Obowo, Imo State	Catholic Diocese of Okigwe, Imo State (Established in 1983)	980	30.5

Total	3211	100
-------	------	-----

Table 1 shows that Holy Rosary College of Nursing Sciences, Emekuku, Imo State, graduated 600 nurses, which represents 18.7 percent of 3211 nurses trained by the four institutions. While College of Nursing Sciences St. Mary joint hospital, Amaigbo, Imo State, graduated 789 which represent 24 percent. Similarly, College of Nursing Sciences, Mbano, Imo State, educated 842 nurses. This represents 26.2 percent of 3211. College of Nursing Sciences, Umulogho-Obowo, Imo State, trained 980 nurses from 2016 to 2025.

This section empirically evaluates the initial hypothesis at a 0.05 significance level. The null hypothesis is rejected if the p value is less than 0.05

and retained if the p value is 0.05 or greater. The hypothesis avers that religious organizations have not contributed substantially towards training of nurses in Imo State, Nigeria. The independent variable is religious organizations while the dependent variable is training of nurses. The data was taken from Table 1.

From Table 2, it is noticeable that F value of religious organizations and training of nurses is 46.026 and the P value is 0.021. This shows that there is an association between the religious organizations and training of nurses. This is because 0.021 which is the P value is less than 0.05 which is the level of significance.

Table 2: Analysis of Variance (ANOVA)

Model		Sum of Squares	Df	Mean Square	F-value	Sig.
1	Regression	71162.450	1	71162.450	46.026	0.021 ^b
	Residual	3092.300	2	1546.150		
	Total	74254.750	3			

Note: A. Dependent variable: Training of Nurses.

B. Predictor: (constant), Religious organizations.

Df = Degree of Freedom, Sig. = Significance, ^b = model is statistically significant.

Table 3: Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	T-value	Sig.
	B	Std. Error	Beta		
1 (constant)	504.500	48.158		10.476	0.009
Religious organizations	119.300	17.585	0.979	6.784	0.021

Note: a. Dependent Variable: Training of Nurses.

b. Predictor: (constant), Religious organizations.

B = Unstandardized coefficient, Std. Error = Standard Error, Beta = Standardized coefficient, Sig. = Significance.

From Table 3, it is evident that the T value of religious organizations and training of nurses is 6.784 and the P value is 0.021. This clearly shows that there is a substantial association between the independent and dependent variables. This is so because, 0.021 which is the P value is less than 0.05, which is our significance level. Thus, the null hypothesis which avers that religious organizations have not contributed substantially towards training of nurses in the in Imo State, Nigeria is hereby rejected and the alternative hypothesis which says that religious organizations have contributed substantially towards training of nurses in the study area is accepted. This is because the P vales in tables two and three are less than 0.05 which is our significance level. The result has demonstrated clearly that religious

organizations have contributed significantly toward training of nurses in the study area.

Discussion

This inquiry assessed the contributions of religious organizations toward training of nurses in Imo State, Nigeria. The study discovered that religious organizations have impacted substantially towards human capacity development in the study area. The result shows clearly that faith-based organizations (particularly the Roman Catholic denomination), have made a conspicuous impact toward education of nurses in Imo State, Nigeria. Accordingly, the findings of this study show in table 1 that from 2016 to 2025, the College of Nursing Sciences, Umulogho-Obowo, trained nine hundred and eighty nurses while the College of Nursing Sciences, Mbano, educated eight hundred

and forty-two nurses. Similarly, the College of Nursing Sciences, St. Mary Joint Hospital, Amaigbo, trained seven hundred and eighty-nine nurses, while Holy Rosary College of Nursing Sciences, Emekuku, educated six hundred nurses during the period under review.

While religious organizations are predominantly focused on the spiritual transformation of parishioners and upholding moral sanctity, they have demonstrated proactive leadership by establishing colleges of nursing sciences to train nurses within their districts. This indicates that faith-based organizations are effectively bridging the gaps created by systemic deficiencies in Nigeria's health sector. Significantly, religious organizations not only enhance nursing education in Nigeria by facilitating access but also imbue the curriculum with a high sense of compassion and morality central to their instructions. This investment in the human capacity development of the nurses is a priceless service to the society. It is indeed a commendable feat. Given the noteworthy contributions of faith-based organizations to nurse training, increased collaboration with the government could foster improved healthcare delivery in Nigeria.

This finding corroborates the theoretical underpinning of structural functionalism which suggests that religious organizations are structures that significantly perform functions within the Nigerian health sector (25). The findings of this research are similar to the study on Faith-based health institutions and rural health improvement in Benue North West senatorial district of Nigeria, which discovered that religious organizations have established health institutions that have improved the well-being of the people of Benue State (12). Although, the findings of this study differ from those studies (12), because this research focused on the contributions of religious organizations towards the training of nurses while other study considered establishment of health-care centres by religious organizations (12). Comparably, the findings of this study align with other study (26), which affirms that faith-based organizations play an essential role in healthcare delivery. However, another study differs from this research because it focused on the contributions of faith-based organizations towards general health insurance coverage and financial risk protection (26).

Similarly, the discovery of this study aligns with the findings of a study on the role of religious organizations in the sensitization against social vices, which applauded the significant contributions of faith-based organizations toward the social development of Nigeria. Accordingly, the study observed that religious organizations have made substantial contributions towards Nigerian socio-economic progress through their sermons and counselling services, education and literacy programmes, media campaigns, community outreach and youth-focused programmes aimed at instilling moral values in youngsters (27). The findings of this study corroborate similar studies on religious organizations in development, which enumerated various areas of human endeavour where faith-based organizations have demonstrated the capacity to make impactful contributions to society. According to these studies, religious organizations have the capacity to contribute toward environmental protection, trauma healing, gender-based violence and human trafficking, gender equality and female empowerment, humanitarian interventions, mental health and palliative care, normative, attitudinal and behavioural change and supporting internally displaced populations (28-30). However, past studies focused on the generic role of faith-based organizations in society, whereas this study concentrated on the contributions of religious organizations to the human capacity development of nurses in Imo State, Nigeria (27-30). They accomplished this by building classroom blocks for nursing student lectures, providing laboratories for practical work, building hostels for accommodation, purchasing school buses for the easy movement of staff and students, employing lecturers and managing the day-to-day running of these institutions. This initiative by religious organizations to establish colleges of nursing sciences to train nurses has far-reaching implications for Nigerian development. First, if this accomplishment is sustained, it will go a long way toward strengthening healthcare infrastructure and delivery. It will mitigate the brain drain by replenishing the depleted domestic workforce, enhancing rural health access and reducing maternal and infant mortality rates through adequate nurse-to-patient ratios. Secondly, this youth empowerment and professionalization drive encourages economic growth and human capital

development. It creates secondary jobs for lecturers, non-teaching staff, petty traders and landlords, while equally boosting diaspora remittances in Nigeria. Consequently, there will be adequate nurses for both domestic and international healthcare systems. Faith-based organizations are therefore important strategic partners in actualizing Sustainable Development Goals 3 and 8, which target good health, well-being, decent work and economic prosperity for the people.

Conclusion

This study delved into the contributions of religious organizations to the educational programme of nurses in Imo State, Nigeria. It is obvious that faith-based institutions have significantly contributed to professional education and personal development of nurses in the study area. They have demonstrated active involvement in the training of nurses by establishing colleges of nursing sciences at Aboh-Mbaise, Umulogho-Obowo, Emekuku, Amaigbo, Mbano and Ahiazu Mbaise. These institutions of higher learning have educated not less than three thousand two hundred and eleven nurses from the year 2016 to 2025. This has clearly shown that religious organizations are alive to the medical needs of the society and they are filling the gaps, by establishing institutions where nurses are being trained. If this feat is sustained and improved upon, it would go a long way toward solving the nurses' shortage in Nigeria.

Based on the findings of this study, the researchers recommend strengthening the synergy between the government and religious organization-owned colleges of nursing sciences to align with national reality. This can be done by including the students of these schools as beneficiaries of the Nigerian education loan fund (NELFUND). It is recommended that admission quotas in these institutions be expanded to increase access to nursing education. Additionally, the Tertiary Education Trust Fund (TET Fund) should, as a matter of national interest, include religious organization-owned colleges of nursing sciences in their annual intervention programmes and projects. Lastly, the study strongly encourages donor agencies, world Health Organizations and philanthropists to make their donations directly to these nursing schools. If this is done, it would go a

long way to enhance their capacities to train more nurses for local and foreign healthcare needs.

The researchers encountered some obstacles in the course of data collection. These include the initial institutional unwillingness to share data which was solved by providing academic verification. The researchers showed their official identification alongside verified Scopus and Google scholar profiles to prove their credibility and secure administrative clearance. Further research is required to ascertain the accessibility of these institutions.

Abbreviations

IBM: International Business Machines, LUTH: Lagos University Teaching Hospital, NELFUND: Nigerian Education Loan Fund, SPSS: Statistical Package for Social Science, TET Fund: Tertiary Education Trust Fund.

Acknowledgement

We are grateful to the managements, staffs and students of the following schools: Holy Rosary College of Nursing Sciences, Emekuku, Imo State and College of Nursing Sciences St. Mary joint hospital, Amaigbo, Imo State, College of Nursing Sciences, Mbano, Imo State and College of Nursing Sciences, Umulogho-Obowo, Imo State.

Author Contributions

Ikechukwu Jonathan Opara: Conceptualisation, Writing – Original Draft, Background of the Study, Statement of the Problem, Data Collection, Chukwudi Charles Ezikeudu: Actual Data Curation, Chimaobi Okorie: Conceptualisation, Writing – Original Draft, Justification of the Study, Data Collection, Chris Iwejuo Nwagboso: Theoretical Underpinning of the Paper, Lily Nnenna Ozumba: Writing – Original Draft, Methodology, Amalachukwu Esther Uzomba: Writing – Original Draft, Methodology, Kenneth Onah Odibu: Data Collection Instrument, Writing – Original Draft, Methodology, Data Analysis, Florence A Undiyaundeye: Work Coordination, Writing – Original Draft, Abstract, Raymond Amanzie Njoku: Data Analysis, Sunday Betembiaye Abunimye: Data Collection, Writing – Original Draft, Discussion, Christiana Efiog Awatt: Writing – Original Draft, Conclusion, Recommendation of the Study.

Conflict of Interest

We the authors avowed that there is no conflict of interest with regard to the authorship, research and publication of this article.

Data Availability

The data can be made available from the corresponding author on a reasonable request.

Declaration of Artificial Intelligence (AI) Assistance Process

We author of this work affirm that we did not use generative AI in the course of writing this paper. The authors take full responsibility for the content's originality, interpretation and accuracy.

Ethics Approval

Although no human or animal experiment was conducted. However, we wrote letters to the institutions that we studied and explained the purpose of the research, before they gave us the data.

Funding

We the authors of nurses japa syndrome amidst substandard healthcare delivery in Nigeria: The efforts of religious organizations in addressing the problem did not receive financial support from any organization or individual.

References

1. Mohta NSMD, Prewitt EMPP, Gordon L, Lee THMD. Demystifying the complexities of health care delivery. *NEJM Catal Inov care deliv*. 2021;2(10). doi: 10.1056/CAT.21.0335
2. Umar AA, Salihu HM, Azuine RE. Crisis of brain drain in Nigeria's health sector: Challenges, opportunities and the path forward. *International Journal of Maternal and Child Health and AIDS. IJMCHA*. 2025;14(e011). doi: 10.25259/IJMA_11_2025
3. Yarhere IE, Adeboye M. An Evaluation of Push and Pull Factors associated with the Emigration of medical consultant from Nigeria. *Niger Med J*. 2023;64(1):104-14. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11180291/pdf/nmj-64-104>
4. Peters G, Moffat B, Peters EE. The Economic Importance of Nursing Care Practice and its Future Role in the Health Care Delivery in Nigeria. *IJRIS*. 2025;10(1):226-30. <https://doi.org/10.47772/IJRIS.2025.9010021>
5. Ogunyemi AO, Balogun MR, Ojo AE, *et al*. Factors influencing primary health care service provision to older adults in Lagos, Nigeria: understanding the experiences of the demand population. *BMC Public Health*. 2025;25(1):3016. doi: 10.1186/s12889-025-23965-w
6. Ngene IA, Nnaji FC, Itumo A. Diaspora remittances flows and Nigeria's socio-economic development: lessons for the Southeast. *South East Journal of Political Science*. 2023;9(2):73-84. <https://journals.npsa-se.org.ng/index.php/SEJPS/article/view/38/38>
7. Orji BI, Oluatosin A, Kohol SS, Onumonu UP. Beyond Borders: The Impact of Migration and Remittances on Nigeria's Economic Growth. *Nsukka Journal of the Humanities*, 2025;33(3):189-201. <https://orcid.org/0000-0001-6465-0414>
8. Olumoyo AE, Abiri OC. "Japa" Syndrome: Causes, Effects and Solutions for Sustainable National Development. *International Journal of Development and Economic Sustainability* 2023;11(5):87-95. <https://doi.org/10.37745/ijdes.13/vol11n58795>
9. Korinya, MT, Dansale TJ. The japa syndrome and the dwindling socio-economic development of Nigeria: The way forward, 2014 – 2024. *AMAMIHE: Journal of Applied Philosophy*. 2025;23(6):42-55. <https://www.researchgate.net/publication/399565563>
10. Ayetoto-Oladehinde T. Nigeria's healthcare crumbling under 'japa' hurricane. *Business Day*. 2023. <https://businessday.ng/health/article/nigerias-healthcare-crumbling-under-japa-hurricane>
11. Samuel G, Haruna JJ. Analyzing the Brain Drain of Nigerian Nurses to the United Kingdom: A Narrative Review of Challenges and Efforts to Address the Phenomenon. *Policy, Politics and Nursing Practice*. 2025;26(3):177-87. <https://doi.org/10.1177/15271544251325483>
12. Anaureyi EJ. Japa syndrome and national development: An analysis of brain drain effect on innovation and social cohesion in Nigeria. *Wukari International Studies Journal*. 2025;9(7):343-56. <https://doi.org/10.64633/wissj.v9i7.25>
13. Salami B, Dada FO, Adelakun FE. Human Resources for Health Challenges in Nigeria and Nurse Migration. *Policy, Politics and Nursing Practice: PPNP*. 2016;17(2):76-84. doi: 10.1177/1527154416656942
14. Oleribe OO, Momoh J, Uzochukwu BS, Mbofana F, Adebisi A, Barbera T, Williams R, Taylor-Robinson SD. Identifying key challenges facing healthcare systems in Africa and potential solutions. *International Journal of General Medicine*. 2019;12:395-403. doi: 10.2147/IJGM.S223882
15. Kyernum N, Nyamibo K. Faith based health institutions and rural health improvement in Benue North – West senatorial district of Nigeria. *International Journal of Management, Social Sciences, Peace and Conflict Studies (IJMSSPCS)*. 2023;6(4):335-53. file:///C:/Users/HP/Downloads/619-2438-1-PB-3.p
16. Badru OA, Alabi TA, Okerinde SS, *et al*. Investigating the emigration intention of healthcare workers: A cross-sectional study. *Nursing Open*. 2024;11(5):e2170. doi: 10.1002/nop.2.2170
17. Uroko F, Morgan PR. Challenges in accessing healthcare services in Awo-Omamma, Oru East Local Government Area, Imo State, Nigeria: a cross-

- sectional survey research design. *Student's Journal of Health Research Africa*. 2024;5(9):1-10.
<https://doi.org/10.51168/sjhrafrica.v5i9.1343>
18. Adelowo NOF, Bello SA, Oyewusi BM. The Impact of 'Japa Syndrome' on Human Capital Availability in Nigeria's Medical Industry. *Global Scientific and Academic Research Journal of Economics, Business and Management*. 2024;3(12):107-15.
<https://orcid.org/0000-0002-2671-1586>
 19. Olorunfemi O, Oyinloye OM, Peace TO, Adekunle OA, Owoyomi, DO, Odigie MF. Effective Strategies to Address "Japa Syndrome" among Nigerian Nurses for Better Workforce Retention. *Journal of Nursing Science and Professional Practice* 2024;1(4):146-51.
https://doi.org/10.4103/JNSPP.JNSPP_31_24
 20. Salami BO, Ajibesin KA, Lasisi SA. From japatojapada: exploring the growing trend of japasyndrome among Nigerian youths and the potential of "brain-drain" translating to "brain-gain". *Wukari International Studies Journal*. 2026;10(1):313-28.
<https://doi.org/10.64633/wissj.v10i1.22>
 21. Aloysius A, Onah CC, Eze FO. Human Capital Flight (Brain Drain) and Service Delivery in Public Hospitals in Nigeria: Enugu State University Teaching Hospital (ESUTH) in Perspective. *Sage Open*. 2025;15(3):1-18.
doi: 10.1177/21582440251365088
 22. Okunade SK, Awosusi OE. The Japa syndrome and the migration of Nigerians to the United Kingdom: an empirical analysis. *Comparative Migration Studies*. 2023;1-18.
<https://doi.org/10.1186/s40878-023-00351-2>
 23. Kurup C, Betihavas V, Burston A, Jacob E. Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*. 2023;10(12):7528-43.
<https://doi.org/10.1002/nop2.2023>
 24. Bond C, Jarden R, Watson A, Jackson D. Organisational Factors and Nurses' Well- Being in the Workplace: An Integrative Review. *Journal of Advanced Nursing*. 2025.
doi: 10.1111/jan.70333
 25. Haralabmbos M, Holborn M, Chapman S, Moore S. Haralabmbos and Holborn Sociology themes and perspectives 8th edition. HarperCollins Publishers Limited. 2013.
https://www.scribd.com/document/704394801/H-aralambos-Holborn-Sociology-Themes-and-Perspectives#google_vignette
 26. Franke,MA, Boi-Dsane NAA, Lubajo R, Yerima A, Sarabu S, Latey ADK. Faith-based organisations and religious affiliation and their interactions with financial risk protection in health in Sub-Saharan Africa: A systematic review. *The royal society for public health*. 2026;250:106014.
<https://doi.org/10.1016/j.puhe.2025.106014>
 27. Arokoyo JE, Atoyebi TA, Yunusa E, Mejiyan EY. The role of religious organizations in the sensitization against social vices: A literature review. *The International Journal of Religion and Spirituality in Society*.2024;1(2):1-22.
doi:10.5281/zenodo.12758659
 28. Marshall K, Roy S, Seiple C, Slim H. Religious engagement in development: What impact does it have? The review of faith & international affairs. 2021;19(1):42-62.
<https://doi.org/10.1080/15570274.2021.1983347>
 29. Ukommi AS, Okoronkwo UL, Ekpenyong OA. The role of Christian religious organisations in community development programmes in Cross River State, Nigeria. *The Nigerian Journal of Sociology and Anthropology*.2015;13(1):27-39.
<https://oer.fukashere.edu.ng/wp-content/uploads/2020/11/550-nasa-paper-published.pdf>
 30. Ohazulike GA. The roles of faith-based organizations (fbos) in community development: A study of Awka South Local Government Area Anambra State. *International Journal of Health and Social Inquiry*. 2023;9(1):61-69.
https://www.researchgate.net/publication/374059987_The_roles_of_faith-based_organizations_fbos_in_community_development_a_study_of_Awka_South_Local_Government_Area_Anambra_State#fullTextFileContent

How to Cite: Opara IJ, Ezikeudu CC, Okorie C, Nwagboso CI, Ozumba LN, Uzomba AE, Odibu KO, Undiyaundeye FA, Njoku RA, Abunimye SB, Awatt CE. Nurses Japa Syndrome Amidst Substandard Healthcare Delivery in Nigeria: The Efforts of Religious Organizations in Addressing the Problem. *Int Res J Multidiscip Scope*. 2026;7(4):919-926. DOI: 10.47857/irjms.2026.v07i04.011913