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ADAPTATION CHALLENGES FOLLOWING RELOCATION AMONG HEALTHCARE WORKERS IN A TERTIARY HOSPITAL IN NIGERIA

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ABSTRACT

Introduction: The relocation of a healthcare facility is often initiated to expand capacity, improve access, infrastructure and patient care, or to meet regulatory standards. Such transitions are however rarely seamless and often induce disruptions to interpersonal and professional networks. This study assessed the adaptation challenges faced by healthcare workers in a recently relocated tertiary hospital in Nigeria as well as the coping mechanisms they adopted in mitigating these challenges. **Methodology**: A cross-sectionalal analytical study was carried out using a self-administered questionnaire to obtain data among 130 healthcare workers, selected through multi-stage sampling technique from the tertiary hospital. Data were analyzed using SPSS version 26. Statistical significance was set at $p \leq 0.05$. **Results:** The mean age of the respondents was 34.96 ± 8.82 years and most of them (66.9%) were aged less than 40 years. Sixty five point four (65.4%) of the respondents experienced adaptation challenges following the relocation. The most commonly cited challenges were cost of transportation (50.8%) followed by changes in workflow or processes (32.3%) and difficulty in navigating the new physical environment (31.5%) while the most

significant challenge adapted to was changes in work schedule (40.8%). the most common coping mechanism adopted by the respondents was maintaining a positive outlook (49.2%) followed by seeking support from colleagues (39.2%) and talking to family and friends (38.5%). **Conclusion:** Many of the healthcare workers experienced adaptation challenges following the relocation of the teaching hospital. This was mainly with transportation, changes in workflow, and unfamiliarity with the new environment and was worsened by the lack of involvement of most of the health worker in the planning process, lack of orientation, and inadequate pre-relocation training. The hospital management should therefore involve the staff in their planning processes and provide adequate orientations and trainings to the workers to lessen the adaptation challenges faced in future relocations.

KEYWORDS: Adaptation, challenges, healthcare workers, hospital, Anambra State, Nigeria.

INTRODUCTION

Relocation of a healthcare facility involves the physical movement of buildings and equipment as well as the reconfiguration of systems, workflows, staff relationships, and community linkages (Pomare et al., 2019). This process is often initiated to expand capacity, improve access, infrastructure and patient care, or to meet regulatory standards (Tocchetto et al., 2025). Such transitions are however rarely seamless and often induce disruptions to interpersonal and professional networks (Schram et al., 2022; Bellagamba et al., 2016). A hospital's physical relocation may affect all healthcare workers and disrupt established organizational dynamics, professional routines and personal lives (Adebayo et al., 2019). It therefore presents unique adaptation challenges. For instance, healthcare workers may need to adjust to new equipment and protocols without adequate training. This may often lead to potential errors and performance anxiety (Uneke et al., 2017). This is echoed by findings from studies in high-income countries which show that relocations are frequently accompanied by increased staff anxiety, workflow disruptions, and short-term productivity declines (Schram et al., 2022; Bellagamba et al., 2016). The transition may in addition disrupt operational norms and team dynamics, and healthcare workers may face adaptation challenges including housing challenges, commuting difficulties, and socio-cultural adjustments. (Okoroafor et al., 2022; Ebuehi & Campbell, 2011). The healthcare worker is then therefore left to navigate both the loss of familiar environments and the challenges of mastering new ones especially if the new site is in a different community. These challenges

also have the potential to undermine quality of care, job satisfaction, and employee retention as shown in a cross-sectional study among hospital staff across two sites of a public university in France by Bellagamba et al., (2016) where the prevalence of psycho-organizational constraints was higher in the relocated group than in those who did not relocate and the workers who formed part of the relocated group either planned to leave their job or were seriously considering doing so.

Tertiary hospitals are apex health institutions that provide specialized and advanced medical, surgical and diagnostic services in addition to training and research. Consequently, their relocation has wide-reaching implications for health systems functioning (World Health Organization, 2022). This is especially so in Nigeria where healthcare workers operate within resource-constrained settings characterized by inadequate infrastructure, staff shortages, and heavy workloads (Akinwumi et al., 2022; World Health Organization, 2022). The relocation of a tertiary hospital therefore adds an additional layer of strain and potentially exacerbates the existing systemic challenges in a health system. The difficulties in logistics, increase in commuting distances and inadequate orientation to new facilities may further affect service delivery and job satisfaction. These effects may further be amplified by limited institutional preparedness, poor communication, and inadequate support systems. Weak institutional communications and limited staff participation in planning relocations may also worsen the adaptation challenges and reduce the morale of healthcare workers (Pomare et al., 2019). Available evidence suggests that such disruptions may increase staff turnover by 20-30% and compromise care quality of care (Okoroafor et al., 2022). However, specific data on the effects and impacts of hospital relocation are scarce. Following the recent relocation of a tertiary hospital in Nigeria, anecdotal reports indicate that healthcare workers are facing several adaptation challenges including increased commuting burden and psychosocial stress. Such challenges may compromise their job performance, professional satisfaction, and ultimately safety. Without targeted interventions, these challenges could further exacerbate Nigeria's healthcare workforce crisis thereby undermining Nigeria's quest for universal health coverage (World Health Organization, 2016). However, limited empirical evidence that documented the specific nature, extent, and predictors of these adaptation challenges exist and the the impact of hospital relocation on healthcare workers remains largely underexplored, particularly in Nigeria. This study therefore assessed the adaptation challenges and the factors that influence these among healthcare workers in a recently relocated tertiary hospital in Nigeria. It also assessed the coping mechanisms adopted by

these healthcare workers in mitigating the adaptation challenges. The findings from this study will contribute to informing strategies to enhance staff preparedness, mitigate stress, and sustain quality healthcare delivery. It will also assist in guiding policymakers and hospital administrators in designing targeted interventions to ease the transition process as well as contribute to the development of a national framework for managing large-scale institutional relocations in the health sector.

METHODOLOGY

Study Area - The study was carried out in Nnamdi Azikiwe University Teaching Hospital, Nnewi. Nnewi is a commercial and industrial city in Anambra State, SouthEastern Nigeria. It is located on coordinates 6°1'N 6°55'E and is the second largest and the second most populated city in the state. Nnewi as a metropolis has one local government area, Nnewi North, which comprises four quarters - Otolo, Uruagu, Umudim, and Nnewichi. According to the 2006 Nigerian census, Nnewi has a population of 391,227 people. In 2025, with a population growth rate of 4.68%, it's estimated population is 1,361,840 (Business Day NG, 2014). Their major means of transportation is motorcycle. The indigenes are mostly traders at the famous Nkwo Nnewi market as well as and farmers. There are some indigenous manufacturing companies in Nnewi such as Ibeto group of companies, Cutix cables, Coscharis group, Innoson group of companies, Chikason group of companies, etc. Because of the presence of these manufacturing companies, Nnewi is colloquially referred to as the 'Japan of Africa'(Business Day NG, 2014).

The Nnamdi Azikiwe University Teaching Hospital, Nnewi is a multi-specialist tertiary health institution with a current bed capacity of approximately 1,500. It was established by the government of Anambra State of Nigeria (ASN) Edict No. 10 of 1988 as Anambra State University of Technology Teaching Hospital Nnewi, and was renamed in 1992 to Nnamdi Azikiwe University Teaching Hospital in honour of Rt. Hon. Dr. Nnamdi Azikiwe. The hospital functions as a teaching institution that provides practical clinical training to medical, nursing, and allied health students from Nnamdi Azikiwe University and other institutions. It also serves as a research centre for promoting biomedical and public health research aimed at addressing local and national health challenges as well as a tertiary healthcare facility that offers referral and specialized services in medicine, surgery, pediatrics, obstetrics, and other specialties. It employs about 2,000 staff and caters to over 30 million people across Anambra and the neighbouring states. In 2023, the hospital relocated from its temporary site in Uruagu

Nnewi to a permanent site of over 54 hectares of land in Akammili at the confluence of Nnewi, Oraifite and Ozubulu. This new site is approximately 10 kilometers away from the temporary site of the hospital (Development Aid, 2024).

Study Design - This was a cross-sectional analytical study.

Study Population – This was comprised of healthcare workers in Nnamdi Azikiwe University Teaching Hospital, Nnewi.

Inclusion Criteria - Healthcare workers who had worked at both the temporary and new sites of the hospital.

Exclusion Criteria - Healthcare workers who met the inclusion criteria but were absent during the study period.

Sample Size Determination - The sample size was determined using the formula for studying proportions with population less than 10,000 -

$nf = n/(1+ n/N)$ (Araoye, 2008)

Where:

nf = the desired sample size when the population is less than 10,000

n = the desired sample size when the population is more than 10,000

N = the size of the target population

The target population in this study was the healthcare workers in Nnamdi Azikiwe University Teaching Hospital, Nnewi with a population of 1953 (Nnamdi Azikiwe University Teaching Hospital Records, 2025)

n (the desired sample size when the population is more than 10,000) will be derived using the formula for studying proportions with population greater than 10,000 ie:

$n = z^2pq/d^2$ (Araoye, 2008)

Where;

n = minimum sample size

z = standard normal deviate at 95% confidence interval = 1.96

d = precision level set at 5% = 0.05

p = Proportion of health workers facing adaptation challenges following relocation = 92% = 0.92 (Gesing & Jennings, 2023)

q = 1 - 0.92 = 0.08

$n = 1.96^2 \times 0.92 \times 0.08 / 0.05^2 = 113.096704$

n = 113.096704 = 113

N = the size of the target population = 1953 workers

So nf = n/(1+n/N)

nf = 113/(1+113/1953)

nf = 113/(1+0.0579)

nf = 113/1.0579

nf = 106.815

Anticipating a non-response rate of 10%, nf = nf /1 – f,

nf = 106.815 /1 - 0.10 = 118.68 = 119.

The sample size was then increased to 130 for ease of administration and to increase the precision of the study.

Sampling Technique - Multistage sampling technique was used to enrol the respondents.

Step 1: The healthcare workers were stratified into the following cadres - Doctors, nurses, pharmacists, physiotherapists, radiographers, medical laboratory scientists, lab technicians, administrative officers, record officers, and health assistants.

Step 2: Proportionate allocation was used to determine the number of respondents to be sampled from each of the cadres using the following formula – $n = \frac{A \; X \; B}{C}$

Where n = Number of respondents to be sampled from each cadre

A = Total number of staff in the selected cadre (see in table below)

B = Minimum sample size for the study = 130

C = Total number of staff in all the cadres = 1953

The number of respondents studied in each of the cadres are as recorded in the table below –

Table 1: Number of Health Workers and the Respondents Studied in the Various Cadres.

Cadre	No. of workers	No. of respondents
Medical Doctors	575	38
Nurses	668	45
Pharmacists	85	6
Lab. Scientists	186	12
Lab. Technicians	32	2
Physiotherapists	25	2
Radiographers	16	1

Administrative Officers	258	17
Records Officers	47	3
Health Assistants	61	4

Step 3: Simple random sampling technique by balloting was used to enroll respondents from each of the cadres until the sample size was met.

Study Instrument - Semi-structured self-administered questionnaire adapted from previous studies (Pung & Goh, 2016; Asem & Charbel, 2024; Bellagamba et al., 2016; Gignon et al., 2017) were used to collect data from the respondents on their socio-demographic characteristics, the adaptation challenges they faced following relocation, the factors influencing these adaptation challenges as well as the coping mechanisms they adopted for mitigating these challenges.

Data collection method - The semi-structured questionnaires were self-administered to the respondents by the trained research assistants. Prior to the administration of the questionnaire, each participant gave verbal informed consent. The questionnaire took about twenty minutes to be completed and data collection was carried out within eight weeks. The principal researcher was present for in-process monitoring of data collection as much as possible to ensure quality control.

Data Management –

Measurement of Variables - The main outcome and the dependent variable for this study was the adaptation challenges faced by the healthcare workers while the independent variables were the factors that influence these. The adaptation challenges were assessed using 12 questions on a likert scale of 1 - 5 with 1 representing 'Strongly Disagree' and 5 representing 'Strongly Agree', giving a lowest score of 12 and a highest score of 60. Respondents scoring 12 – 27 were seen as having low adaptation challenges, those scoring 28 – 43 were seen as having moderate adaptation challenges while those scoring 44 - 60 were seen as having high adaptation challenges.

Statistical Analysis - Data analysis was carried using with International Business Machines-Statistical Package for Social Sciences (IBM-SPSS) version 25.0. Frequency distribution of all the relevant variables was developed. Relevant means and proportions were calculated. Associations between variables were tested using Chi-Square or Fishers Exact tests as

appropriate. Level of statistical significance was set at p-value ≤ 0.05 for all inferential statistics and standard deviations.

Ethical Considerations – Ethical clearance for the study was obtained from Nnamdi Azikiwe University Teaching Hospital Ethics Committee (Ref: NAUTH/CS/66/VOL.17/VER.3/057/2025/69). Permission to carry out the study was obtained from the Chief Medical Director, NAUTH, Nnewi. Verbal informed consents were obtained freely and without coercion from all the respondents prior to the administration of the questionnaire. In addition, the respondents were assured of the confidentiality of the data obtained and that they are free to opt out of the study at any time without any repercussion.

RESULTS

A total of 130 questionnaires were administered to the respondents. All the 130 questionnaires were retrieved giving a response rate of 100%.

Table 2: Sociodemographic Characteristics of the Respondents

Variable	Frequency (n = 130)	Percentage (%)
Age (Years)		
<=29	46	35.4
30-39	41	31.5
40-49	32	24.6
50-59	11	8.5
Mean age	34.96 ± 8.82 years	
Sex		
Male	62	47.7
Female	68	52.3
Marital status		
Single	62	47.7
Married	59	45.4
Divorced	9	6.9
Religion		
Christianity	120	92.3
Islam	6	4.6
ATR	3	2.3

Atheist	1	0.8
Ethnicity		
Igbo	123	94.6
Yoruba	6	4.6
Others	1	0.8
Educational Attainment		
Doctorate (PhD or equivalent)	9	6.9
Masters	10	7.7
Post graduate diploma	6	4.6
Bachelor's degree	87	66.9
HND	8	6.2
Diploma	6	4.6
Certificate in a health-related field	1	0.8
SSCE	3	2.3
Years of Service		
2 - 5 years	90	69.2
6 - 9 years	21	16.2
above 9 years	19	14.6

*ATR= African Traditional Religion

Table 2 shows that the mean age of the respondents was 34.96 ± 8.82 years and that most of them (66.9%) were aged less than 40 years. Most of the respondents were Igbos (94.6%), Christians (92.3%), females (52.3%) and single (47.7%). Sixty six point nine percent of the respondents had acquired a Bachelor's degree 69.2% of them had worked between 2 to 5 years.

Table 3: Adaptation Challenges Following Relocation Among the Respondents

Variable	**Frequency (n = 130)**	**Percentage (%)**
Experienced any difficulty adapting to the new location		
Yes	85	65.4

No	45	34.6
Challenges faced in the new location (Multiple response)		
Difficulty in navigating the new physical environment	41	31.5
Cost of transportation	66	50.8
Changes in workflow or processes	42	32.3
New technology or equipment	23	17.7
Team dynamics or communication changes	15	11.5
Ways relocation affected daily work routine (Multiple response)		
Increased workload or job demands	53	40.8
Impaired communication and team relationships	21	16.2
Better access to resources and equipment	22	16.9
Reduced ability to focus and perform tasks	13	10.0
No significant change observed	22	16.9
Most significant challenge adapted to (Multiple response)		
Change in schedule	53	40.8
New roles or responsibilities	33	25.4
New equipment or technology	36	27.7
Different patient load or case types	15	11.5
Change in workplace culture	25	19.2
Longer or more complex procedures	16	12.3
Increased workload	35	26.9

Table 3 shows that 65.4% of respondents experienced difficulty adapting to the new hospital location. The most commonly cited challenges included cost of transportation (50.8%), changes in workflow or processes (32.3%) and difficulty in navigating the new physical environment (31.5%) while the most significant challenge adapted to was changes in work schedule (40.8%).

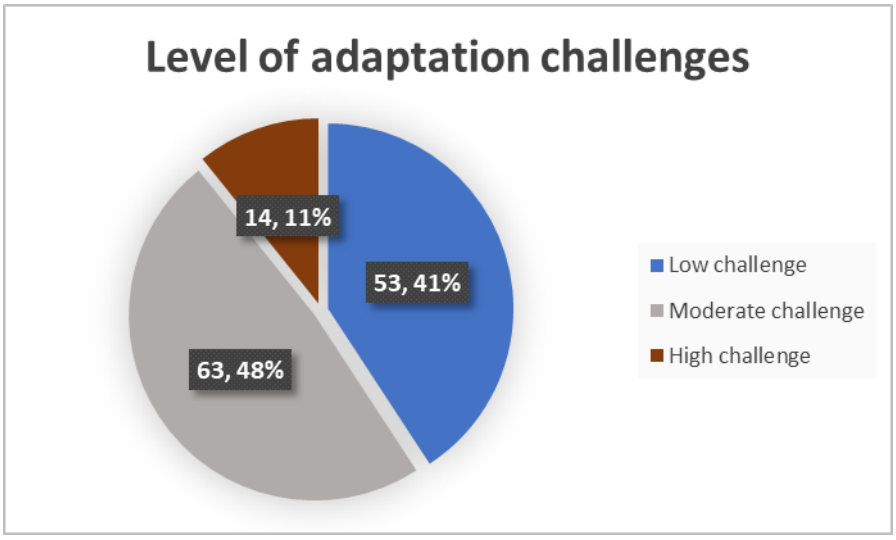

Fig 1: Levels of Adaptation Challenges Following Relocation Among the Respondents.

Figure 1 shows that most of the respondents (63.48%) experienced moderate levels of adaptation challenges following the relocation.

Table 4: Effect of Relocation Among the Respondents.

Variable	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
	n (%)	n (%)	n (%)	n (%)	n (%)
Workload feels heavier	11(8.5)	29(22.3)	36(27.7)	37(28.5)	17(13.1)
Workload adjusted due to recent changes	7(5.4)	16(12.3)	28(21.5)	61(46.9)	18(13.8)
Struggling with time management	18(13.8)	35(26.9)	43(33.1)	30(23.1)	4(3.1)
Disruption of workflow	18(13.8)	51(39.2)	32(24.6)	22(16.9)	7(5.4)
Decrease in productivity	24(18.5)	56(43.1)	36(27.7)	12(9.2)	2(1.5)
Less efficient with work	28(21.5)	48(36.9)	35(26.9)	15(11.5)	4(3.1)
Difficulty with using the new systems	29(22.3)	44(33.8)	34(26.2)	19(14.6)	4(3.1)
Longer time to complete tasks	23(17.7)	52(40)	28(21.5)	23(17.7)	4(3.1)
Feels confused when using the new tools	31(23.8)	58(44.6)	29(22.3)	10(7.7)	2(1.5)
Feels stressed with adjusting					

to the changes	22(16.9)	38(29.2)	28(21.5)	36(27.7)	6(4.6)
Feels mentally drained from adapting	21(16.2)	44(33.8)	44(33.8)	17(13.1)	4(3.1)
Overall wellbeing negatively impacted	27(20.8)	54(41.5)	34(26.2)	11(8.5)	4(3.1)

Table 4 shows that 44.6% of the respondents agreed that they felt confused when using the new tools while 43.1% of the respondents agreed that there was a decrease in their productivity following the relocation. In addition, 33.8% of the respondents agreed that they felt mentally drained from adapting while 41.5% of the respondents agreed that their overall wellbeing was negatively impacted by the relocation.

Table 5a: Association between Adaptation Challenges and Some Sociodemographic Characteristics of the Respondents.

Variable	**Level of adaptation challenge**			**X^2**	**p-value**
	Low challenge	**Moderate challenge**	**High challenge**		
Age (Years)				9.76	0.14
≤ 29	15(32.6)	23(50)	8(17.4)		
30-39	16(39)	23(56.1)	2(4.9)		
40-49	14(43.8)	14(43.8)	4(12.5)		
50-59	8(72.7)	3(27.3)	0(0)		
Sex				2.12	0.35
Male	29(46.8)	26(41.9)	7(11.3)		
Female	24(35.3)	37(54.4)	7(10.3)		
Marital status				7.44	0.11
Single	31(50)	26(41.9)	5(8.1)		
Married	20(33.9)	30(50.8)	9(15.3)		
Divorced	2(22.2)	7(77.8)	0(0)		
Religion				22.57	*0.01
Christianity	51(42.5)	60(50)	9(7.5)		
Islam	1(16.7)	2(33.3)	3(50)		
ATR	0(0)	1(33.3)	2(66.7)		

Atheist	1(100)	0(0)	0(0)		
Ethnicity				1.74	0.78
Igbo	50(40.7)	60(48.8)	13(10.6)		
Yoruba	2(33.3)	3(50)	1(16.7)		
Others	1(100)	0(0)	0(0)		

*ATR= African Traditional Religion

Table 5a shows that adaptation challenges were statistically significantly associated with the religion of the respondent ($\chi^2 = 22.57$, $p < 0.01$).

Table 5b: Association between Adaptation Challenges and Some Sociodemographic Characteristics of the Respondents.

Variable	**Level of adaptation challenge**			**X^2**	**p-value**
	Low challenge	**Moderate challenge**	**High challenge**		
Educational attainment				30.36	*0.01
Doctorate	8(88.9)	1(11.1)	0(0)		
Masters	3(30)	7(70)	0(0)		
Post graduate diploma	2(33.3)	3(50)	1(16.7)		
Bachelor's degree	30(34.5)	46(52.9)	11(12.6)		
HND	3(37.5)	4(50)	1(12.5)		
Diploma	6(100)	0(0)	0(0)		
Certificate course	0(0)	0(0)	1(100)		
SSCE	1(33.3)	2(66.7)	0(0)		
Years of Service				12.50	*0.05
2 - 5 years	32(35.6)	48(53.3)	10(11.1)		
6 - 9 years	7(33.3)	11(52.4)	3(14.3)		
above 9 years	14(73.7)	4(21.1)	1(5.3)		

Table 5b shows that adaptation challenges were statistically significantly associated with the educational attainment of the respondents and their years of service ($p < 0.05$).

Table 6: Coping mechanisms for the adaptation challenges following relocation among the respondents.

Variable	Frequency (n = 130)	Percent (%)
Seeking support from colleagues	51	39.2
Seeking support from supervisors	27	20.8
Attending training or orientation programs	30	23.1
No coping mechanisms	30	13.1
Talking to family and friends	50	38.5
Maintaining a positive outlook	64	49.2
Taking breaks or adjusting work schedules	31	23.8
Using emotional coping techniques (e.g., venting, journaling)	14	10.8

Table 6 shows that the most common coping mechanism adopted by the respondents was maintaining a positive outlook (49.2%) followed by seeking support from colleagues (39.2%) and talking to family and friends (38.5%).

Table 7: Effectiveness of the General Coping Mechanisms and Social Support among the Respondents.

Variable	Frequency	Percentage
Effectiveness of the general coping mechanisms		
Not effective at all	10	7.7
Slightly effective	37	28.5
Moderately effective	36	27.7
Effective	32	24.6
Very effective	15	11.5
Effectiveness of social support in the adaptation		
Not effective at all	14	10.8
Slightly effective	40	30.8
Moderately effective	24	18.5

Effective	35	26.9
Very effective	17	13.1

Table 7 shows that most of the respondents felt that the general coping mechanisms was slightly or moderately effective (28.5% and 27.7% respectively). Social support was considered effective or very effective by 40% of the respondents.

Table 8: Recommended strategies for Mitigating Relocation Challenges among the Respondents.

Variable	**Frequency (n = 130)**	**Percentage (%)**
Clear and timely communication from management	51	39.2
Involving staff in relocation planning	52	40
Creating opportunities for feedbacks	58	44.6
Providing emotional and psychological support services	37	28.5
Flexible work arrangements during relocation	57	43.8
No recommendation	30	23.1

Table 8 shows that most of the respondents recommended providing opportunities for sharing feedback (44.6%) and flexible work arrangements (43.8%) as strategies for mitigating the adaptation challenges following relocation.

DISCUSSIONS

This cross-sectional analytical study assessed the adaptation challenges and the coping mechanisms adopted by healthcare workers following the relocation of Nnamdi Azikiwe University Teaching Hospital to its permanent site in Akamili. Most of the respondents in this study experienced adaptation challenges following the relocation of the hospital. The most commonly mentioned adaptation challenges were high costs of transportation, changes in workflow/processes and unfamiliarity and difficulty with navigating the new hospital environment. This finding is comparable with the findings from a study carried out by Bellagamba et al., (2016) in France where most of workers reported adaptation challenges of

disorientation and confusion in the initial four weeks following relocation due mostly to lack of clear procedures involving the transition process. It is also comparable with the findings from a study carried out in Australia by Tocchetto et al., (2025) where most of the staff experienced adaptation challenges within the first three months of relocation. The adaptation challenges encountered in this study could have been due to the following reasons. Majority of the respondents were aged less than 40 years, indicating a relatively young workforce. Even though this age group could work relatively hard enough to contribute effectively to achieving the goals of the hospital, younger persons may not be very resilient in navigating organizational changes when compared to older persons and this may contribute to the adaptation challenges. In addition, the possession of limited resources by younger persons and consequently, their inability to afford accommodation close by may lead to their living farther away from their workplaces thereby worsening the high cost of transportation and their adaptation challenges. Secondly, the finding of a preponderance of female workers in this study which conforms with global healthcare staff trend of more female staff in the healthcare sector and is as seen in the study carried out by Brandis et al., (2016) during hospital redevelopment in Australia might also be a challenge. This is especially so as women in organized health care systems are known to multitask both professional and domestic roles and might become overwhelmed in the process. Even though gender did not achieve statistically significant associations with adaptation challenges in this study, being female with the attendant responsibilities could still worsen the adaptation challenges. However, the fact that a significant proportion of the respondents in this study mentioned that they were married could lessen the extent of the challenge. This is because marital status may positively influence coping mechanisms since married workers may benefit from emotional and logistical support from their spouses. Marital status may however also contribute to determining the location of the residence of the health workers since families are more likely to live together and relocating closer to the new health facility may disrupt family dynamics. This scenario may not be very acceptable to the married health workers especially if they are females. The preponderance of females in this study may therefore contribute more to the adaptation challenges faced by the health workers, a situation worsened by the magnitude of the transportion challenges faced in the country due to its weaker public transportion systems compared to other developed countries.

A study carried out by Pomare et al., (2019) during a hospital redevelopment in Sydney Australia showed that inadequate transport logistics and communication during relocation

increased challenges among healthcare workers. It then emphasized the role of staff involvement in the planning of the relocation process to reduce adaptation challenges. The facing of similar adaptation challenges by the healthcare workers in this study could therefore be because of the limited input they made into the relocation process. Contrary to the findings in this study, findings from a study carried out by Schram et al., (2022) in a university hospital in Denmark showed that majority of the respondents reported reduced adaptation challenges following relocation after a simulation-based orientation. This was not obtained in this study as there was a lack of formal orientation and process training during the transition period.

Many of the respondents in this study mentioned that their most commonly used coping mechanisms for mitigating their adaptation challenges were maintaining a positive outlook, followed by talking to family and friends and reaching out to colleagues for support. These findings are consistent with those in studies by Koinis et al., (2015) and Labrague (2024) who identified personal resilience and social support as central to managing adaptation challenges during transitions. This finding could be because the majority of the respondents in this study were Christians as is to be expected considering the sociocultural and religious landscape of SouthEastern Nigeria where the study was conducted (Ossai, 2025). Religion might influence how individuals interpret change and uncertainty and individuals aligning with more faith-based organizations might perceive adaptation challenges less daunting and adapt better. (Pomare at al., 2019). This is more so as many of the respondents in this study mentioned that they cope by maintaining a positive outlook. This could be due to their religious affiliations which encourages them to persevere in difficult situations. The finding that religion achieved statistically significantly associations with adaptation challenges in this study buttresses this fact. Education was also statistically significantly associated with adaptation challenges in this study. Workers with higher educational attainments are expected to adapt better to changes as they are expected to possess higher critical analytical skills and more professional experiences (Ali & Kumar, 2023). The finding of many educated persons in this study could therefore account for their ability to adopt the many coping mechanisms that enabled them to continue to function optimally. However, these findings in this study might point to a lack of structured support systems or inadequate institutional guidance, thereby leaving healthcare workers to rely more on personal and informal means of coping such as the buffering role of religion and the emotional and logistical support from spouses. Moreover, the views of the respondents in this study on the effectiveness of these coping

strategies were varied, suggesting that although some health workers may be able to adapt effectively, others still found the adaptation challenges overwhelming, thereby highlighting the need for better institutional support during major relocations. In addition, providing opportunities to share feedbacks, flexible work arrangements, clear and timely communication from management and involving staff in the planning process as mentioned by the respondents in this study and elsewhere (Ali & Kumar, 2023) could also help to lessen the adaptation challenges faced by healthcare workers in future relocations.

CONCLUSIONS

This study showed that many of the health workers faced adaptation challenges following the relocation of the teaching hospital to its permanent site. Despite being composed of a relatively young and educated workforce, more than two-thirds of respondents reported difficulties with adapting and this was mainly with transportation, changes in workflow, and unfamiliarity with the new environment. This was worsened by the lack of involvement of most of the health worker in the planning process, lack of orientation, and inadequate pre-relocation training. Factors such as age, marital status, education, and years of service influenced the degree of adaptation, with more experienced and educated staff adapting better. The coping strategies adopted by the healthcare workers were mainly emotional resilience and social support though their effectiveness varied.

RECOMMENDATIONS

1. The hospital management should prioritize staff involvement in the planning and decision-making phases in any major institutional change as well as provide adequate orientation and training among health workers prior to any change. This will promote involvement, reduce resistance, and allow the identification of potential challenges from the staff's perspective as well.
2. The hospital management should address the transportation challenges by increasing transportation allowances, arranging staff shuttle services or partnerships with local transit providers to ease access to the new location.
3. The hospital management should promote emotional and psychological support for the health workers through the provision of counselling services, peer support groups, and stress management workshops to strengthen emotional resilience and reduce psychological strain during relocations.

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