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بعث أفريقيا الغد في سياق التحولات المعولمة :

رهانات و آفاق

Nurses' International Migration and the Crystallizing 'Culture of Exile' in Nigeria: Engaging the Trends, Dynamics and Consequences

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Abstract

As one of the most sought after “highly skilled professionals” from sub-Saharan Africa, nurses often migrated in reasonable numbers to the developed and/or high-income economies. This paper examines an oft-neglected but fundamental feature of the international migration of nurses: social changes, disruptions and/or dislocations of their normal ways of living in source societies in response to the exigencies of these migrations, and the eventual consequences of these in both source and destination societies. An exploratory Nigerian case-study, it takes the hypothetical perspective that the socio-economic effects of nurses' international migration have engineered and engendered a crystallizing ‘culture of exile’ among significant youth population. The paper examines the lures and motivation of training as a nurse among the youth and establishes that a new motivation – the urge to migrate to the developed and/or high-income economies – has been the dominant drive behind many young people's interest in joining the nursing profession. It is argued that this development is as a direct result of the privileged fortunes which nurses' migrations and work abroad have produced in the local society over time. Furthermore, the paper argues and shows how society's belief in the high probability of trained (or in-training) female nurses to have ‘overseas’ suitors/husbands also feeds into this ‘culture of exile’ narrative, as it ultimately led to the hoped migrations, thus, further encouraged the taking up of the nursing profession among young people. Important dire socio-economic consequences of this development showing emerging social changes among those affected in both source and destination societies were also noted. It thus demonstrates how policies in developed economies inadvertently impact on developing societies by creating new social conditions.

Introduction

Most of the developed economies have long turned to ‘immigration countries’ for their population needs. For this they have been experiencing immigration from such ‘immigration countries’ for more than three decades.¹ An important point to note about immigration into these developed countries is that rules and measures were put in place to ensure that the ‘right kind and quantity of persons’ wanted were attracted for the purposes of establishing long-term residence.² The preferred group have often been people in the “highly skilled” category,³ and

¹ Susan K. Brown and Frank D. Bean. 2006. “International Migration”, 347; in Dudley L. Poston and Michael Micklin (eds.) *Handbook of Population* (New York: Springer).

² Ibid, 354.

³ S. Mahroum. 2001. “Europe and the Immigration of Skilled Labour”, *International Migration Quarterly Review*, Vol. 39, Suppl. 1; A. Findlay. 2002. *From Brain Drain Exchange to Brain Gain: Policy Implications for the UK of recent trends in Skilled Migration from Developing Countries* (Geneva: International Labour Office).



these tended to be, overwhelmingly, healthy adults in their early 20s and most likely college-educated and unmarried.⁴ A prominent region of 'immigration countries', where there is

"targeted recruitment drives", is sub-Saharan Africa (SSA), while one of such most sought after "highly skilled professionals" from this region have been nurses.⁵ Indeed, while the international mobility of nurses is nothing new,⁶ some of its oft-neglected side effects remain sources of conflict and discontent in source communities.

Nursing, as a global profession with one of the highest caring careers, is recognized worldwide and there is high demand of nurses in so many countries.⁷ In recent years most of the developed economies have seen a significant increase in the number of immigrant trained nurses working in health and social care environments. Research shows that nurses of sub-Saharan African origin have been migrating in reasonably great numbers to several developed countries, including Canada, Finland, Ireland, Portugal, United Kingdom and the United States of America. They have also immigrated to selected countries of the Gulf-region and South East Asia. According to the *Physicians for Human Rights* (2003) "[T]he richer countries of the North [have been] acting like a vacuum cleaner, unethically sucking in labour from some of the poorest countries in the world that can ill-afford to lose health sector staff."⁸

Nurse migration development is thought to be mutually beneficial, though certainly lopsided: the destination countries get a crop of young highly skilled personnel needed for development, while the immigrant nurses themselves broaden their professional nursing practice, social experience, may acquire skills and earn good money that is often critical to their original communities and families. Though it has been argued that these immigrant nurses have the most potential to benefit from the move,⁹ especially since the skills and experiences they have acquired would help boost their employment prospects on returning to their own country, it should be pointed out that these acquisitions were also put to productive use to the benefit of their host countries. In reality then, the migration of such skilled professional nurses from developing to developed countries must be seen and considered as "one of the double-sided features of globalization, representing both individual opportunities

⁴ Brown and Bean, "International Migration...", 349; Barbara Stiwell, Khassoum Diallo, Pascal Zurn, Marko Vujicic, Orvill Adams, and Mario Dal Poz, 2004. "Migration of Health-care Workers from Developing Countries: Strategic Approaches to its Management", *Bulletin of the World Health Organization*, Vol. 82, No. 8, (August).

⁵ Stiwell et al, "Migration of Health-care Workers...", 595-596; J. Buchan, R. Jobanputra, P. Gough, and R. Hutt, 2006. "Internationally Recruited Nurses in London: A Survey of Career Paths and Plans," *Human Resources for Health*, Vol. 4, No. 14.

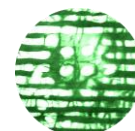
⁶ RCN, International and European Nurse Recruitment, 1.

⁷ Anon. "Factors that Influenced Students to take up Nursing".

http://www.ifeet.org/factors_that_influenced_students_to_take_up_nursin.html (1 April, 2012).

⁸ Friedman, E. 2004. *An Action Plan to Prevent Brain Drain: Building Equitable Health Systems in Africa* (Boston: *Physicians for Human Rights*); Bach, S. 2004. "Migration Patterns of Physicians and Nurses: Still the Same Story? *Bulletin of the World Health Organization*, Vol. 52, No. 8..

⁹ Royal College of Nursing (RCN). 2010. *International and European Nurse Recruitment: RCN Guidance for Nurses, Health Care Assistants, Health Care Employers, and RCN Officers*. London: RCN.



and international exploitation”.¹⁰ On the one hand, it is noted as representing individual opportunities because a good number of these professionals embark on their migratory mission “to gain experience and new knowledge” which they could eventually bring back

with them on their return for the benefit of their society. On the other hand, this phenomenon is equally another manifest form of the continued international exploitation of the developing world by the developed world.

Undeniably, all these migratory developments have gained considerable scholarly attention in contemporary times. Dominant scholarly literature on international migrations trends and dynamics among health workers has focused more on the trends, nature and volume of migrations, associated push/pull factors, the “brain drain” and/or ‘brain gain’ debates, migrants’ remittances, and implications of such migrations on source countries’ health sector development. However, it has tended to ignore a fundamental feature of these migrations: that more often than not source countries and communities witness some forms of social disruptions or dislocations of their normal ‘traditional’ living, or the development and reinforcement of novel cultures in response to the exigencies of such international migrations and their benefits.

This paper is an exploratory study of a Nigerian case. Incidentally, the nursing profession is one of the female-dominated carriers in Nigeria, and similarly fairly so across the world. Essentially, it seeks to answer the following pertinent questions: At what stage do young people conceive the intention to migrate? How does this ‘intention to migrate’ influence their choice(s) of career profession? What is/are the lure(s) to the nursing profession among young people? In other words, though this paper agrees that the decision to migrate is essentially a personal one and therefore susceptible to changing personal circumstances,¹¹ it argues, nevertheless, that it is important to consider the overall socio-economic context in which decisions to migrate and the means to do so are made.

This essay takes the view that the cultural and economic processes of international migration of nurses have engineered and engendered a social culture of migration especially among many young females in the society. The paper does so by critically examining and explaining the drive and motivation behind many young people’s interest in joining the nursing profession and the exigencies of a ‘culture of exile’ they have produced over time. Indeed, this has been an area of research largely neglected over time. The essay begins with a historical framework of the dynamics of international migration of nurses before surveying the motivations of and developments associated with such migrations, and the cultural trends they have produced.

¹⁰ Breier, Mignonne Angelique Wildschut, Thando Mgqolozana. 2009. *Nursing in a New Era: The Profession and Education of Nurses in South Africa*. Cape Town: HSRC Press, 43

¹¹ Stiwell et al, “Migration of Health-care Workers...”, 596.



Historical Perspectives and Framework

Dolvo has pointed out that the nurse workforce in SSA is a significant component of its health workforce, perhaps more than on other continents.¹²

However, while the ratio of nurses to doctors is high in the region, the ratio of nurses to population in the same region tends to be much lower than in most other regions of the world.¹³ One factor that contributed to this trend is the often mass migration of qualified nurses from SSA to the developed world. In the discussion of migration flows from SSA, Nigeria often has a unique position and history due to its significance in the entire region. As Mberu and Pongou have remarkably noted of Nigeria, Africa's most populous country with a population of about 150 million people and the continent's third largest economy, it...deals with a range of migration issues, from massive internal and regional migration to brain drain and a large, well-educated diaspora in the West (mainly the United States and the United Kingdom) that it sees as key to future development. Thousands of Nigerians seek refuge and asylum each year, and some also migrate illegally, transiting through North Africa and then crossing the Mediterranean to Europe.¹⁴

Nigeria came out of colonialism in 1960 a strong and virile country with enhanced capacity for food sufficiency and human capital development for its vast citizenry. Thus, migratory flows from the country to countries beyond the West African sub-region did not occur on a large scale until well after independence. Even in the 1960s through the 1970s such migratory flows, though increasing proportions and involving highly skilled elite populations,¹⁵ were still very much 'insignificant'. Their destinations were mainly to the United Kingdom due to colonial legacy and ties, for educational pursuit, and in a few cases for administrative matters, and then, to the United States of America for study, business, and work.¹⁶ It is also significant that most Nigerians who had their education abroad in the 1960s and 1970s readily returned home (to Nigeria) after completing their education and took up jobs in the civil service or the burgeoning oil and private sectors of the economy.¹⁷ This continued to be the case until the late 1970s.

But all these were to change in the late 1970s through the 1980s as debilitating signs of economic stagnation and political strains and tensions began to emerge and eventually engulfed the country. This condition that made things to "take a turn for the worse" could be

¹² Delanyo Dovlo. 2007. "Migration of Nurses from Sub-Saharan Africa: A Review of Issues and Challenges," *HSR: Health Services Research*, Vol. 42, No.3, Part II (June), 1375.

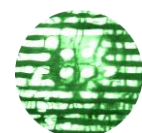
¹³ Ibid.

¹⁴ Blessing Mberu, and Rowland Pongou, 2010. "Nigeria: Multiple Forms of Mobility in Africa's Demographic Giant", Country Profiles: Migration Information Source (June).
<http://www.migrationinformation.org/Profiles/display.cfm?ID=788> (accessed 18 April 2012).

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.



explained in the context of a grossly weakened political system owing to the effects of the civil war. This was aided by the corrupt tendencies of government officials, especially since the oil boom era. Over the past fifty-four years since independence (1960), Nigeria has drawn over \$600 billion from its oil revenue.¹⁸ It has also received over \$400 billion in foreign aid.¹⁹ These, unfortunately, never translated into social and economic prosperity for millions of its citizens. Rather, the country, in spite of the immense human and mineral endowments, is in deep poverty, largely due to systemic corruption.

The social malaise and severe socio-economic strains of the period flung the once prosperous, promising and self-styled 'giant of Africa' into a deep economic recession and political instability. In a bid to reverse the worsening economic fortunes and rescue the downward trend of events in the country, the newly emergent democratic government of Alhaji Shehu Shagari (1979-1983) embarked on an aggressive austerity measure programme in 1982 which led to severe hard times for so many in the country. This, in conjunction with the uncertain political climate in the country, became the main trigger of mass emigration of people, especially professionals, from the country to elsewhere around the world. For many of these professionals, the progressive socio-economic conditions of the global west were quite alluring. With these developments, the stream of emigrants began to increase. Unlike previous emigrants, these largely economic migrants tended to stay abroad for longer periods, and some never returned. It was from this period that a well-developed culture of professional migration began to emerge.²⁰

Indeed, medical professional migrants, especially nurses, typically followed these trends too. Interestingly, most of the study's respondents agree with this position. Articulating this position, a Fidelia noted thus:

I remember that from the late 1960s up to the mid-1970s I and many other of my colleagues had ample opportunities to leave the country [Nigeria] and go to Europe or North America to work. We were young and newly qualified staff nurses and midwives. But we could not accept these offers that were being thrown at us because Nigeria was good enough, if not better than those countries then. Things literally worked in the country and we were 'OK' with the conditions, both of living and of work, then.²¹

Another retired nurse, who had schooled abroad but came back to work in Nigeria, bared her mind why she thinks many of them at the time did not consider travelling abroad to work as nurses. According to Mary:

¹⁸ Michael Watts, "Has Globalization failed Nigeria?" (April 2009): <http://insights.som.yale.edu/insights/has-globalization-failed-nigeria> (accessed: 28 October 2013).

¹⁹ Michael Burleigh, "A Country so Corrupt it would be Better to Burn Our Aid Money", Daily Mail Online (9 August 2013): <http://www.dailymail.co.uk/debate/article-2387359/Nigeria-country-corrupt-better-burn-aid-money.html> (accessed: 28 October 2013).

²⁰ Mberu and Pongou, "Nigeria: Multiple Forms of Mobility...".

²¹ Mrs. Fidelia, Retired Nursing Matron, Owerri, Nigeria. Interviewed 15 August 2012.



The general belief then [in the 1970s and 1980s] was that only the 'never-do-well' in the community left the country in search of job elsewhere. So, many of us did not want to move or take the chance of the overseas opportunities at that time. It really was not that popular. But soon after, things began to take a turn for the worse in the country and many of us began to reconsider our positions. Some who were lucky enough made it to the Western world.²²

From the mid-1980s, things became even worse for Nigerians. The reckless and grossly corrupt successive military dictatorships, which spanned for over fifteen years, ruined Nigeria's economy, alienating many of its citizens, enriching only a privileged few and leaving the vast majority of the populace in varying degrees of poverty and destitution. These military dictatorships also embarked on an uncontrollable collection of loans from diverse foreign donors, many of whom gave stringent conditions for the granting of such loans. Unfortunately, much of these were misappropriated. Notwithstanding the buoyant oil wealth, Nigeria began to witness declining growth, increasing unemployment, galloping inflation, high incidence of poverty, debilitating debt burden and increasing unsustainable fiscal deficits, among others. To check these downward trends, the Babangida dictatorship put in place an extensive Structural Adjustment Programme (SAP) in 1986. Though some benefits were achieved at the initial stage of this stringently regulated economic policy package by the Bretton Woods institutions – IMF and World Bank – such benefits could not trickle down to the poor, but instead also “created serious social and economic crisis and exacerbated the conditions of poverty in Nigeria.”²³ Thus, with this economic policy the incidence of poverty kept on increasing.²⁴ These ultimately strangled Nigeria's economy, making even basic nutritional needs become known as “essential commodities”, and virtually eliminated the middle class in Nigeria's social structure and polity. In this regard, Mberu and Pongou have noted that:

In addition to the poor economy, Nigerian-based professionals left because of the austerity measures of the Structural Adjustment Program, which the government agreed to as a condition of a loan from the International Monetary Fund in the mid-1980s. Because the program included devaluing the national currency, wages for professionals became lower and working conditions worsened.²⁵

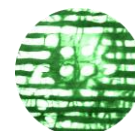
Thus, by the 1990s it had become very fashionable for professionals to exit the Nigerian state in search of better abodes for work and living. Incidentally, this was even more so for nurses,

²² Mrs. Mary, Retired Public Health Nurse, Owerri, Nigeria. Interviewed 12 August 2012.

²³ Akachi Odoemene. (Forthcoming). “Evolution and Socio-Political Economy of Ransoming in Nigeria since the late Twentieth Century”.

²⁴ Ayadi, Felix O., Esther O. Adegbite and Funso .S. Ayadi. 2008. “Structural Adjustment, Financial Sector Development and Economic Prosperity in Nigeria”, *International Research Journal of Finance and Economics*, Issue 15; Anyanwu, John C. 1992. “President Babangida's Structural Adjustment Programme and Inflation in Nigeria”, *Journal of Social Development in Africa*, Vol. 7, No. 1.

²⁵ Mberu and Pongou, “Nigeria: Multiple Forms of Mobility...”.



whose services were needed and sought after particularly in the developed economies. The fact that such nursing jobs also came with fat pay further encouraged migration among this group. For the so many who emigrated from Nigeria for “greener pastures” in the developed economies, this was often a life-changing decision which most of them never regretted. Discourses about the kind of money these nurse migrants were being paid in the developed economies²⁶ were frequently engaged in and remarkably popular, both among the youth and even the elderly. Similarly, the achievements of these migrants were equally note-worthy. For instance, many of them became fully responsible for the total up-keep of their respective families in Nigeria, providing money for all kinds of needs, wants and services.²⁷ Many also built superb houses which were exquisitely decorated and furnished often times in Western fashion, which reflected their new social orientations, having been living in the Western world.²⁸ A good number of them also went into various other kinds of economic ventures and investments to get better established ‘back home’ in Nigeria.²⁹ Giving some insight into this, especially citing the example of a friend, a respondent noted thus:

Those of them that left Nigeria to go and work in the US, Britain or Canada often made a whole lot of money over there and then came back to invest here in Nigeria. Even for those who were much older. A friend of mine who had seven children here and eventually got widowed left for England and before too long she made it big over there and was able to adequately provide for all her children. They all went to good schools, ate good food and dressed well, and so on. No one ever thought that a widow with such number of children she was going to ‘make it’. But she did, and even more than people thought. She even built a very big house here in Owerri where the children were staying. It was all because she had the foresight to live Nigeria and go to work in England. Of course, her mates here in Nigeria never achieved such feats, as you may well know.³⁰

There are three other important historical aspects to note about the Nigerian nursing sector, which may have also affected its developmental trajectory especially relating to migration trends. The first is its overtly gender character. Right from the onset, nursing was considered as a female profession in Nigeria and many other SSA countries, nay globally.

Thus, this has consistently resulted in the over-whelming domination of the nursing profession by the female gender.

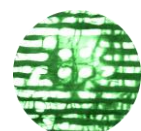
²⁶ For instance, the current minimum starting annual salary for a registered nurse is £21,176 [about \$33,511.06 USD] (for Band 1), while £97,478 [about \$154,252.08 USD] is paid to those who rose to the peak of their careers (at Band 9).

²⁷ Focus Group Discussion (FGD).

²⁸ Ms. Anthonia, Nursing Sister, University College Hospital (UCH) Ibadan, Nigeria. Interviewed 05 October 2012; Dr. Ignatius, Medical Practitioner, Lagos, Nigeria. Interviewed 28 October 2012; FGD.

²⁹ Ibid.

³⁰ Mr. Anthony, Civil Servant, Owerri, Nigeria. Interviewed 18 August 2012.



Indeed, this gendered cultural stereotype of nursing may have contributed in no small measure to what has been seen as “the feminization of migration”.³¹ In Adepoju’s words, [T]he traditional pattern of migration within and from Africa – male-dominated, long-term, and long-distance – is increasingly becoming feminized. Anecdotal evidence reveals a striking increase in migration by women, who had traditionally remained at home while men moved around in search of paid work. A significant share of these women is made up of migrants who move independently to fulfil their own economic needs; they are not simply joining a husband or other family members.³²

Importantly, a careful observation of the characterizations made by Adepoju above would reveal that they aptly suit typical nurse migrants: they were habitual ‘autonomous’ females, undertook long-distance economic migrations, oftentimes in large numbers and for the long-term. Again, the primary intention here has been “to fulfil their own economic needs”, as Adepoju noted. In other words, the female nurse is most likely cardinal to the female gendered nature, or feminization of African migrations.

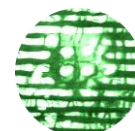
The second aspect has to do with the developing public perception of nursing as a career, due to the migration prospects it portended for the individual, and the benefits that came with such mobility, both for the individual and his/her family. Such perceptions went from one which was relatively negative,³³ to that which was favourable, admirable and encouraging advisable for young people to pursue. Consequently, unlike hitherto the case, nursing began to assume a position of a ‘career of choice’ amongst the people. This new ‘career of choice’ development of nursing was equally aided by the introduction of Nursing (Administration) as a course of study in a few universities in the country from the late 1990s. This, without a doubt, added prestige and some respect, at least for a career-course which had since its inception remained at somewhat diploma level. This is more so in a country like Nigeria where unnecessary attention and emphasis are often placed on ‘university courses’ to the near ridiculing of those of other institutions of tertiary education. Indeed, while the fat pay nurse migrants received abroad was one part of the equation about the change in the ‘motivation’ of many young people to train as nurses, the ‘respectability’ which the nursing career has gained over time rounded off that equation. This was the prelude to the surge witnessed by nursing schools in the country since the late 1990s.³⁴

³¹ Adepoju, Aderanti. 2004. “Changing Configurations of Migration in Africa”. Feature Story: Migration Information Source (September). <http://www.migrationinformation.org/Feature/display.cfm?ID=251> (accessed 17 May, 2012).

³² Adepoju, “Changing Configurations of Migration ...”.

³³ Indeed, many of my respondents alluded to the fact that nurses were initially often seen as slutty (sexually promiscuous), sometimes wicked (maybe, ‘strong-willed’), and poor. At best, they were called “doctor’s servant” (or “doctor’s maid”).

³⁴ From the perceptions of many instructors in, as well as the records of the Nursing Schools used for this study, it could be reasonably concluded that this surge became very apparent from about the mid-1990s.



The enhanced salaries and working conditions of nurses, at least in comparison to other public servants in Nigeria, constituted the third aspect of the historical developments that should be mentioned. From the mid-1990s, the nurses' association, the National Association of Nigeria Nurses and Midwives (NANNM), and other such allied unions achieved success in their spirited fight to have the working conditions of nurses reasonably improved. Soon after nurses in the country were given a different salary scale in addition to some other benefits and allowances, many of which were hitherto unknown in the public service.³⁵ This development, one argues, was a direct product international influences as well as the new reputation which the profession had acquired since the late 1990s. Accordingly, by the late 1990s and at the dawn of the 21st century, the nursing had emerged as a respectable, significant and formidable profession in Nigeria, mostly dominated by women and having great prospects and allurements for rewarding and beneficial experiences in the developed economies.

Traditional Motivators for Training as a Nurse

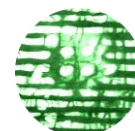
All over SSA, the traditional motivators for young people to join the nursing profession have been fairly diverse but intrinsically similar. Of course, this seeming uniformity in motivation could be explained in the context of the product of a fairly comparable socio-economic backgrounds and historical experiences in the region. To be sure, the Nigerian experience has not been radically different in this wise too. The term 'motivation' as used here implies "giving incentive to" a particular situation or condition; an "existential drive" that compels an individual to portray certain distinct behaviour. In this wise, therefore, this section would examine some of the 'traditional' factors of motivation for young people in choosing to become nurses. This would be engaged with for a better understanding of the normative shift which was later experienced, especially in terms of migration stimuli.

A factor of motivation, which was mentioned by virtually all our respondents in this study, and which also featured prominently in some other studies conducted elsewhere,³⁶ is the desire 'to help save lives', or what I may call the 'vocational motivation'. This deserves a first mention here. In truth, some people have authentic desire to care for the sick,³⁷ and one cannot rule out the fact that a lot of people have joined the nursing profession for the sole aim of making this life-saving vocation out of it. This was, of course, more likely among those who had a natural liking for human anatomy, a certain level of benevolence and a desire to make a difference in people's lives by being able to assist others.

³⁵ Mrs. Mary; Mrs. Fidelia; Ms. Anthonia, interviews; FGDs.

³⁶ For instance, see: Breier, Mignonne; Angelique Wildschut and Thando Mqolozana. 2009. *Nursing in a New Era: The Profession and Education of Nurses in South Africa* (Cape Town: HSRC Press), 83-92; Anon. "Factors that Influenced Students..."; G.H. Bower, R.R. Bootzin and R.B. Zajonc. 1987. *Principles of Psychology Today* (1st edition) (New York: Random House).

³⁷ Bower et al, *Principles of Psychology Today*.



These considerations made them gravitate towards the healthcare field, and for some, to pursue nursing vocation.³⁸ In this way, it is thought that such people, through nursing, build critical relationships with others, especially the sick, and through that become instruments of healing.³⁹ According to its definition and roles, nursing is a caring profession which enables one to show love and care to others and for humanity. In other words, as the legendary Florence Nightingale noted, 'anyone who has compassion for caring for people can become a nurse.

However, many of these young people with 'vocational motivation' may have been influenced by some other extraneous factors, which could range from personal experiences of nurses at work, for a mere glimpse of their seemingly organized life in training. For instance, Lady Angelina narrated an example of such circumstance:

When I went for the nursing school interview in far away St. Luke's Hospital, Anua, I saw the cleanliness of the place, the way the Reverend Sisters in-charge of the school ran the hospital and school, and also the care given to the sick. I was so impressed that I made a decision instantly to forget about being a teacher, for which I was already being groomed, and rather become a nurse. On reaching home, I narrated my experience to my mother and told her that instead of missing out entirely, I rather offer to work as a 'Ward Maid' at Anua. That was how I developed this unquenching interest to become a nurse.⁴⁰

Indeed, this becomes more illuminating if one considers that assertions of Salgado when discussing the psychology of nurses, that people might well be frustrated if they were unable to fully utilise their talents or pursue their true interests.⁴¹

Another traditional factor for training as a nurse is role-modeling. This could be by parent(s) or other 'mentor' who was a nurse,⁴² and because they were seen as role models, these younger ones tended to follow their career paths. This was as true for nursing as it was for so many other professions – teaching, engineering, medicine, law and so on. As has been noted, some of these role-modeling aspirations were often exhibited quite early⁴³ and such flames of interest were also often fanned by such parents.⁴⁴ Closely related to this is the fact that some parents were in the habit of dictating to their wards what profession or career to take to, or the course of study to enrol into, as has been pointed out elsewhere.

³⁸ Mrs. Mary; Mrs. Fidelia; Ms. Anthonia, interviews; Ms. Francisca, Nursing Sister, Calabar, Nigeria. Interviewed 27 June 2012; FGDs.

³⁹ Anon. "Factors that Influenced Students..."

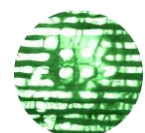
⁴⁰ Lady Angelina, Retired Public Health Nurse, Owerri, Nigeria. Interviewed 03 August 2012.

⁴¹ Salgado, Arnel B. 2009. *Psychology for Nurses* (1st edition). Selango: McGraw Hill.

⁴² This was the view of a good number of Student Nurse respondents during interviews.

⁴³ Anon. "Factors that Influenced Students..."

⁴⁴ View of some Student Nurse respondents during interviews.



This is also a widely acknowledged practice in Nigeria as elsewhere around the world. In this regard, parental influence has been a factor in many young people's decision to undertake a particular career, nursing inclusive.

Finally, there is the issue of the nobility of the profession. As a matter of fact, some young people have been noted to have taken interest in nursing due to the noble status, image, prestige and respect the career commands. Interestingly, reasons for such admiration also included the uniform and 'smart looks' of nurses.⁴⁵ All these made nurses respectable and honourable in the society. For sure, these should be reasonable points for young people to join the profession. In arguing this position, a commentator has noted that[W]hat you admire is what attracts you most, because of the way nurses appear (their dress code and code of ethics), how nurses are being respected worldwide, and some ...are being motivated to join nursing as to appear and be respected as well.⁴⁶

New Realities, New Motivations and a Crystallizing Culture

As in so many other instances, external factors elsewhere triggered off some new motivations that were to be noticed among the youth seeking to be nurses.

Without a doubt, these new motivations were in response to the 'pull' factors originating mostly from the destination countries. One of such factors was the ready and steady demand for nurses especially in many developed economies where shortage of nurses has been rife since the late 1980s. For instance, the Bureau of Health Resources and Services Administration (HRSA) 2006 report noted that nursing shortage in the U.S. – the country with the largest professional nurse workforce in the world (numbering almost 3 million in 2004)⁴⁷ – will grow to more than one million nurses by the year 2020.⁴⁸ This has been caused mainly by nursing schools' inability to increase enrolment due to scarcity of nursing school faculty.⁴⁹ It has been estimated that the U.S. will need more than 800,000 new nurses for 22-36% nursing positions available by year 2020.⁵⁰ Many of the developed economies and wealthy Gulf countries often looked elsewhere, particularly in SSA, to offset the nursing shortage by hiring and importing so many international nurses to satisfy local demands for nurses.⁵¹

⁴⁵ Ibid.

⁴⁶ Anon. "Factors that Influenced Students..."

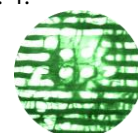
⁴⁷ Aiken, 2007

⁴⁸ R. Fox and K. Abrahamson. 2009. "A Critical Examination of the U.S. Nursing Shortage: Contributing Factors and Public Policy Implications," *Nursing Forum*, Vol. 44, No. 4.

⁴⁹ Institute of Medicine, 2011; R. Clark and L. Allison-Jones. 2011. "Investing in Human Capital: An Academic – Service Partnership to Address the Nursing Shortage," *Nursing Education Perspectives*, Vol. 32, No. 1; C. Ellenbecker. 2010. Preparing the Nursing Workforce of the Future," *Policy, Politics and Nursing Practice*, Vol. 11, No. 2; J. Buchan and L. Aiken. 2008. "Solving Nursing Shortages: A Common Priority," *Journal of Clinical Nursing*, Vol. 17, No. 24.

⁵⁰ Beechinor and Fitzpatrick, 2008.

⁵¹ M. Rosenkoetter and D. Nardi. 2007. "American Academy of Nursing Expert Panel on Global Nursing and Health: White Paper on Global Nursing and Health," *Journal of Transcultural Nursing*, Vol. 18, No. 4.



Indeed, it has been predicted that additional nurse requirements of the destination countries, especially those of the developed world, are large enough to deplete the supply of qualified nurses throughout the developing world.⁵² Such demand for qualified nurses in these destination countries have often been followed up with official legislations and policies which would enable a proper regulation and smooth transition of intending nurse migrants. In some cases, these legislations and policies could be regionally based rather than a central arrangement.⁵³ Furthermore, moving to the destination countries has a lot of benefits that come with it. These include (a) very good pay, (b) job opportunity and security, as well as improved working conditions (including more opportunities for further training), (c) nursing tourism opportunities,⁵⁴ and (d) societal recognition and respectability.⁵⁵ Nursing therefore got transformed from a 'dirty profession' to becoming one of the most lucrative professions, and nurses rated among the best paid workers globally.⁵⁶ Indeed, it is the combination of two or more of these conditions that drive the migration of nurses from developing countries to the developed economies. More than 50% of the nursing students' interviewees alluded to the fact that they wanted to become nurses to earn high salary. For them, joining the nursing profession means that their needs and those of their families will largely be met.⁵⁷

If one goes back to the issue of motivation, it is quite true that extrinsic motivation comes from outside of the performance. Without a doubt, 'money-making' is an obvious example in this case. This made the would-be nurses in most developing countries to study hard as students. This factor was the primary motivator of some students to enrol into nursing programme. Thus, for so many people from low-income countries who see nursing as money-making avenue, the desire to migrate to wealthier countries in search of a better pay (salary) was often rampant.⁵⁸ Undeniably, this was at the heart of the new motivation and lures for training as a nurse among Nigerian youth since the 1980s. This is not to say that all young people wishing to train, or already trained as nurses, did so for the purpose of migrating out of the country. However, from all indications, a substantial number of them have had this migration notion at the back of their minds. As Angelina Odalu aptly argued, "if there was no 'market' for these nurses, in the first place, this new motivation and the culture that comes with it would not have developed".⁵⁹

⁵² Linda H. Aiken, James Buchan, Julie Sochaiki, Barbara Nichois, and Mary Powell. 2004. "Trends in International Nurse Migration", *Health Affairs*, Vol. 23 (3).

⁵³ Ms. Josephine, Nursing Practitioner and Consultant, Providence (RI), U.S.A. Interviewed 02 June 2012.

⁵⁴ This is the movement of nurses from one place to another in service.

⁵⁵ While in the United State discussions were held with four nurses – one each Cape Verde and Nigeria, and two African Americans – all of who corroborated the societal perception hypotheses. This was equally the view of many of the African participants.

⁵⁶ Sr. Obioma, Nursing Student, Benin, Nigeria. Interviewed 25 July 2014.

⁵⁷ FGD.

⁵⁸ L. Nguyen, S. Ropers, E. Nderitu, A. Zuyderduin, S. Luboga, and A. Hagopian. 2008. "Intent to Migrate among Nursing Students in Uganda: Measures of the Brain Drain in the Next Generation of Health Professionals," *Human Resources for Health*, Vol. 6, No. 5., 2.

⁵⁹ Lady Angelina, Interview.



The Crystallizing Culture of Exile

Due to what was aptly described as 'poverty in the land'⁶⁰, and the high demand for qualified nurses, especially in developed and rich economies whose services are not just desired, but very well remunerated and appreciated, the chances are quite high that there would be a high and steady migration flow of such nurses to where they often considered 'greener pastures' – the developed and rich economies. Indeed, this is quite a reasonable assumption and even an expected conclusion in the prevailing circumstances of the Nigerian case. However, what was not quite envisaged was what sort of a culture such migratory trend which has occurred over a significant period, and its consequent economic effects, were not just engendering but likewise reinforcing in diverse source communities. In the Nigerian case we noted that this trend has created among the Nigerian youth a novel mind-set which is tied to 'migration' in the long term – in so many instances rarely coming back to Nigeria for any substantial periods after such migrations. This, in our opinion, constituted an 'exile' of sort, while the emergent trend has inadvertently been crystalizing into a common culture amongst the people.

The 'culture of exile', as we argue was beginning to crystalize among the country's youth, was engendered by the dire socio-economic conditions in the country. Thus, in a bid to survive, a good number of the country's youth began to seek alternative abodes, particularly in the developed economies of America and Europe.

This was being sought through all manner of ways, both legitimate and otherwise. Indeed, from about the late 1980s it became a big deal for the so many citizens of the country who sought to 'check out' of the country due to hardship. In this whole development the mobility of nurses – who were sought after and paid very well – seemed to be a clear attraction. Experiences have shown that the migrations of nurses to the developed world have almost always paid off as there are usually significant changes in the economic and social status of the families of the migrated nurses not so long after they have travelled. The pictures painted and the stories told of life abroad, as well as the physical transformations which these nurses brought to bear on their families back home in Nigeria were very attractive and enthralling. These made the life of an average Nigerian student nurse one "in transit" hoping for her turn in the migration episode.⁶¹

In other words, the effects of the remittances and subsequent upward socio-economic mobility of mostly professional nurses who were able to migrate to and get employment in most high-

⁶⁰ Mrs. Mary, Interview.

⁶¹ The same economic difficulties forced many Nigerian young men to go also in search of their own greener pastures outside the shores of Nigeria. Unfortunately for many, things do not seem always as expected, partly due to the fact that they often travelled with illegal documents or because their academic backgrounds did not qualify them for any decent employment. Most of them ended up securing menial jobs. Some, however, joined the nursing profession – a hitherto professional preserve of the female folks.



income economies, was instructive and notable. But equally instructive was the fact that becoming a nurse was a clear way of enhancing one's opportunities at travelling to the

developed economies. To be sure, it is our contention, which is informed by evidence from fieldwork, that this singular (later) factor was responsible for the remarkable change of fortune which the nursing profession began to witness in the country from about the early 1990s. Records⁶² show that a good number of the Nigerian youth gravitated towards that profession from this time forward. In other words, it became clear that becoming a nurse turned out to be a surer way of eventually achieving the desire to migrate abroad, especially to the developed, high-income economies.⁶³

In this wise it needs to be pointed out that this is not merely the act or mind-set of the youth *per se*, but could be said to be a societal affair. This is because the migration trend became communal knowledge and was often sanctioned by society, and the passion and quest exhibited by families in this regard was sometimes phenomenal. For instance, it was very common for parents or other family members who had significant influence (such as uncles, aunties, etc, particularly the rich ones) to persuade (or in some extreme cases, force) their children/wards to study nursing or become a nurse. Even in poor homes, any child who took to nursing would most likely get a better attention from well-to-do relatives, due to the expected benefits in the long run, if she eventually travelled abroad for job opportunities.⁶⁴ Community leaders and the elite were not left out in this thought too, as the consideration was often an economic one and geared towards the alleviation of poverty.⁶⁵ Moreover, this practice was equally very popular among peers who influenced each (one) (an)other based on current trends and socio-economic circumstances in their respective societies.⁶⁶

There was also the *Di Obodo Oyibo* or *Oko Ilu Oyinbo* ['overseas husband'] factor, which is another dimension towards achieving the desired migration related to the 'culture of exile' development. In this regard, the society believes in the high probability of young women training/trained as nurses to 'acquire' a husband living in a developed country – a situation which is highly desirable and ultimately leads to the hoped migration. This belief is supported by several cases in which it was proven that most Nigerian males based in those high-income countries tended to prefer marriage arrangements by their families with either qualified nurses or those in training.⁶⁷ Ms. Onyinye, a student nurse at the School of Nursing, Our Lady of Lourdes Hospital, Ihiala, recalled how the oversea suitors or their relatives hang around the

⁶² Nursing enrolment records from more than ten Schools of Nursing in the country showed astronomical increments in students' application and intake from the early 1990s, which is the time we predict the 'culture of exile' through the nursing profession began to kick-in in the Nigerian society.

⁶³ FGD. This perspective was also shared by many respondents during interview sessions.

⁶⁴ FGD.

⁶⁵ FGD. Many respondents also had this opinion during the interview sessions.

⁶⁶ FGD.

⁶⁷ FGDs. Many younger student respondents also had this opinion during interviews.



nursing school in the evenings looking for no one in particular, but only trying their luck at getting a prospective bride.⁶⁸ In another instance, Ms. Ejiro, a registered Nursing Sister at University of Benin Teaching Hospital, Benin (Nigeria) disclosed that no less than eight

people have asked her to help find wives for them or their relatives living abroad. Many of them have insisted on either marrying a nurse or remaining unmarried.⁶⁹

Indeed, parents' and relatives' preferences of 'oversea suitors' (for their daughters) over even most decent men resident in Nigeria was likewise well known. Ms. Jennifer, a teenage nursing student, in narrating her ordeal in this wise, noted how her family thwarted all her efforts to get married to a man she had courted for about four years. Her elder brother insisted that she has already been 'reserved' for an 'oversea husband' and that nothing will make the family 'give her away' to a man living in Nigeria.⁷⁰ Certainly, this was not an isolated case. Mr. Oluwafemi also narrated his experience. According to him:

My uncle has agreed to help bring me over to Canada only on the condition that I married a nurse. I am desperately in need of a nurse wife now. Love is not the issue here. When we get married we will begin to learn how to love each other. I don't think I will have problem with that.⁷¹

Furthermore this was so pervasive that graduates from other fields of knowledge were sometimes enrolled in Schools of Nursing to acquire a nursing degree with the intent to better their chances of migration.⁷²

In some other circumstances where young ladies who were trained in other professions/disciplines, there were palpable pressure on them by their foreign-based suitors or husbands to 're-train' as nurses – often times this was a guarantee for their eventual travel to meet and stay with their spouses abroad.⁷³ In both cases, these scenarios were hinged and based on the belief that nurses are paid very well in the developed world, thus the desire to have one as a wife. In other words, the society placed a high premium on those who took to the nursing profession, with the whole idea geared towards migration to the developed, high-income economies.

Implications of the 'Culture of Exile' Trends

A notably trend associated with this development was a seeming changing gender roles in many Nigerian families. This is aptly exemplified in the situation where it is widely held belief in the society that these migrant nurses (mostly females) would become the

⁶⁸ Ms. Onyinye, Nursing Student, Ihiala, Nigeria. Interviewed 12 August 2014.

⁶⁹ Ms. Ejiro, Nursing Sister, Benin, Nigeria. Interviewed 20 July 2014.

⁷⁰ Ms. Jennifer, Nursing Student, Benin, Nigeria. Interviewed 17 July 2014.

⁷¹ Mr. Oluwafemi, Graduate Student (unemployed), Ibadan, Nigeria. Interviewed 02 July 2014.

⁷² A good number of our interviewees knew at least more than three people in this category; in certain cases, some were their school mates.

⁷³ FGDs. Some respondents also expressed this opinion during interviews.



breadwinners and financiers of not just their families of orientation, but also in those of marriage. In other words, though a prominent feature of marriages in many Nigerian cultures is the unique roles played by each gender in the family – the male regarded as the head of the home with the accompanying duties of providing for all the basic needs of the family, and

even assisting his in-laws where necessary, and the female majorly a companion, a helper and an assistant, with the central task of caring for and nurturing her husband and child(ren) – such age-long unique traditions of families was being altered and seriously challenged by the exigencies of this migration trends. Though these are not accepted or endorsed in most Nigerian cultures, and thus ran contrary to the acceptable societal norm, this has become a socio-economic reality and a veritable source of conflicts within families.⁷⁴ Without a doubt, this emergent change in gender roles, due to its significance and importance in male-dominated Nigerian, nay SSA societies truly deserve more critical research attention elsewhere.

A primary consequence of this migration development has been the negative effects of the trend on the country's medical system. Due to the continuous migration of its qualified nurses the source societies' medical systems are severely impoverished – a situation ultimately engendered by un-abating brain drain of qualified manpower in its nursing sector. Nigeria, like many other countries of SSA, faces a crisis with human resources for health. The WHO has estimated that though SSA, of which Nigeria belongs, has 25 *percent* of the world's diseases burden, it possesses only 1.3 *percent* of the trained health workforce.⁷⁵

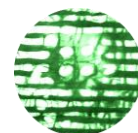
Indeed, as the 2004 report by the JLI further confirmed that availability of trained health workers influences the attainment of health goals,⁷⁶ the 'shortages' being experienced due to the migration of nurses and other health professionals to developed countries is considered and linked as a major contributor to an emerging health crises in SSA. It is almost a certainty that health-related Millennium Development Goals (MDGs) will not be met, and workforce shortages will be a factor in missing these targets.

Nurses in SSA are arguably the most important health care workers available in most nations in the region, as they perform a broad range of tasks and are often working in settings where

⁷⁴ For instance, it is a thing of shame among Nigerians for any 'healthy man' to be fed by a woman, as such a person was considered "half a man" and not expected to challenge other men in any circumstance. Sooner than later, he will lose control in his home as the head of the family.

⁷⁵ Editorial. 2006. "Poaching Nurses from the Developing World," *The Lancet*, Vol. 367; World Health Organization. 2004. *Addressing Africa's Health Workforce Crisis: An Avenue for Action* - The High Level Forum on the Health MDGs (Geneva: WHO).

⁷⁶ JLI Africa Working Group. 2004. "The Health Workforce in Africa: Challenges and Prospects." Unpublished Report of the Africa Working Group of the Joint Learning Initiative on Human Resources, WHO, World Bank and Rockefeller Foundation (Global Health Trust) (March).



no other health workers, including physicians, are available.⁷⁷ As at 2005, it was argued that SSA needed 600,000 additional nurses to meet the average density for its low-income countries.⁷⁸ However, this goal was unlikely to be achieved with the continued exodus of nurses from African countries.⁷⁹ Indeed, a recent upsurge in nurse migration has worsened the situation as inflows from training schools are unable to maintain existing poor staffing levels.⁸⁰ As Mrs. Bridget lamented,

They lure the best of these nurses over to their country and leave us here with very little or virtually nothing. Look at our health sector and compare it with what we had in the 1970s and you would understand what I mean. The loss of such qualified nurses to the rich developed countries is seriously affecting the functioning and delivery capacity in Nigeria's health system.⁸¹

Again, the health system in Nigeria is fast becoming flooded with nurses who never had the 'calling' in the first place, but forced themselves to become nurses for the sole reason of migrating, but who, unfortunately, may not have got the opportunity to travel out, even after the nursing training. This poses a great risk to the system. In other words, in the next few decades the country's nursing profession may be engulfed with psychedelic women who are perpetually on "transit" and not in the right frame of mind to care for the sick and/or help the helpless.⁸²

The euphoria of and for 'overseas husband' had its dire consequences too. Usually, it is often followed by the stark realities of life. Many stories of nurses who migrated but met shocking experiences on reaching abroad and settling in were rife.

This is often caused by the quick realization that the so called 'awayian boys'⁸³ do not have meaningful employments or reasonable sources of income. Indeed, many of these men struggled and hustled, doing all sorts of jobs to survive. Thus, the newly arrived nurses find themselves in great dilemma as life must go on, and the bills must be paid, and families' expectations (back home in Nigeria) met. They often turned into 'workaholics' frequently did two or three jobs and even sacrificed holidays and days-off in a bid to work for more hours. They were often forced by circumstances to become breadwinners in their families which also

⁷⁷ Olive Kopolo Munjanja, Sarah Kibuka and Delanyo Dovlo. 2005. "The Nursing Workforce in Sub-Saharan Africa," Issue Paper 7 (Geneva: International Council of Nurses). Available at https://www.ghdonline.org/uploads/The_nursing_workforce_in_sub-Saharan_Africa.pdf

⁷⁸ J. Buchan. 2005. *The Global Nursing Review Initiative* (Geneva: International Council of Nurses).

⁷⁹ Ibid.

⁸⁰ Delanyo Dovlo. 2007. "Migration of Nurses from Sub-Saharan Africa: A Review of Issues and Challenges," HSR: Health Services Research, Vol. 42, No.3, Part II (June). For instance, in the course of the fieldwork for this study it was revealed that in a single month in 2011 more than 30 staff nurses of the Federal Medical Centre (FMC) in Owerri (Nigeria) quit their jobs and emigrated to the global West for employment.

⁸¹ Mrs. Bridget, Nursing Matron, UCH Ibadan, Nigeria. Interviewed 05 October 2012.

⁸² Sr. Obioma, Interview.

⁸³ This was also how some of the abroad-based young men were known in some Southern parts of Nigeria.



often included the extended families in Nigeria. Thus, one-time male roles and responsibilities in a Nigerian context were swapped as previously noted. This swapping of gender role produced a feeling of exile in many of these nurses.⁸⁴ In other words, for these young nurses,

the joyful expectations, the dreams and the imaginations of a pleasant life overseas in some occasions turned sour, becoming dreaded nightmares and never-wished for experiences.⁸⁵

Evidence also suggests that in some cases some of the husbands of these migrated nurses were also majorly instrumental to the overwork their spouses faced. In an interview with Mrs. Helen who works in a nursing home in Illinois, said revealed that her husband was usually unhappy when she took off days. According to her the husband once told her that he did not bring her over to the United States to “lazy about”.⁸⁶ Additionally, implicit in the gender role swapping earlier noted was the fact that the males often became irresponsible, taking to alcohol, illicit drug, and/or sex, owing to the fact that their wives eased their otherwise traditional responsibilities.⁸⁷ In many cases, as these nurses found themselves in developed economies where the rights of women and gender equality were firmly upheld, they ceased the opportunity to free themselves from what they considered a ‘tyranny of modern slavery’ through divorce and in most cases the custody of their children.⁸⁸ These too are alien to Nigerian cultures, most of which only upheld men as the heads of marriages and ‘sole owners’ of offspring.

Many Nigerian men who lost their dignity, status and respect as the head of the home often fought back, in many instances even employing dangerous means to get at the women they spent a fortune to bring over to the ‘new world’, but who has turned ‘masters’ in their own right, refusing to do their men’s biddings.

Back home in Nigeria, the families of estranged couples were not left out in such fights. In many narrated cases, these belligerents were known to have employed diabolical means in their efforts at getting back at the other parties.⁸⁹

⁸⁴ Ms. Josephine, Interview.

⁸⁵ Ibid.

⁸⁶ Mrs. Helen, Practicing Nursing Consultant, Providence (RI), U.S.A. Interviewed 15 May 2012.

⁸⁷ Ms. Josephine; Mrs. Helen; Sr. Obioma, Interviews.

⁸⁸ Ms. Josephine; Sr. Obioma, Interviews.

⁸⁹ FGD.

