

**Nigerian female migrant nurses and the dynamics of socio-economic change.**

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**Adesina, Oluwakemi Abiodun**

Department of History and  
International Studies,  
Faculty of Humanities,  
Redeemer's University, Ede  
Osun State, Nigeria.

**Abstract**

Nigerian nurses began migrating from the country in the early 1980s when Nigeria's economy was in crisis. The nursing profession, a predominantly female profession, witnessed a departure of its members searching for greener pastures. This study looks at migration by Nigerian female nurses from the prism of the lucrateness of nursing jobs in the Global North and Remittances. This study seeks to understand the intricate interplay of gender as these female nurses assumed the roles of breadwinners in a patriarchal society. It examines the Push/Pull factors on the one hand and the Stick/Stay factors on the other. This historical study relies on qualitative and quantitative methods through reliance on oral interviews (structured/unstructured), newspaper articles, google forms, other primary and secondary sources. It concludes that economic considerations prompted the movement of Nigerian female nurses, majorly, the worth of the remittances, in the face of a monetary crisis.

**Keywords:** Nurses, Nigeria, Migration, Global North, and Remittances.

7,000 Nurses leave Nigeria for greener pastures annually.  
Dr Faruk Abubakar<sup>1</sup>

**Introduction**

The nursing profession is not immune to spatial and international mobility. Nurses are both icons and actors in the world.<sup>2</sup>Dr Faruk Abubakar, the Secretary-General/Registrar of the Nursing and Midwifery Council of Nigeria, attests to the high annual rate of nurses' migration from Nigeria. Migration is the narrative of humanity. People move for survival in search of livelihood opportunities. Migration is tied to human nature, exploration, pursuing dreams,

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<sup>1</sup>Agborh,A.(2021) "7,000 nurses Leave Nigeria for Greener Pastures Annually - Registrar", *Nigerian Tribune Newspaper*. September 14. <https://tribuneonlineng.com/7000-nurses-leave-nigeria-for-greener-pastures-annually-%E2%80%95-registrar/> Accessed October 11, 2021.

Note

Dr Faruk Abubakar is the Secretary-General/Registrar of the Nursing and Midwifery Council of Nigeria.

<sup>2</sup>Apple,R. D. (2015) "Afterword" in Helen SWEET and Sue HAWKINS, (Eds.) *Colonial Caring*, Manchester, England: Manchester University Press. p.232.



and finding reasons to hope even in the most challenging circumstances.<sup>3</sup>At the turn of the millennium, healthcare workers (particularly doctors and nurses) from developing countries have risen.<sup>4</sup>For better management of healthcare worker migration, the World Health Organization (WHO) set up the WHO Global code – a key global governance instrument–adopted by the World Health Assembly in 2010. This code was set up to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel. It provides support at the global level and in five countries of the Global South, namely India, Ireland, Nigeria, Uganda, and South Africa. The code provides a "dynamic understanding and management of health worker migration through improved data, information and cooperation."<sup>5</sup>

Several factors have shaped nursing. These are internal and external to the profession; they include cultural sensibilities, governmental concerns, sexism, classism, physical and geographical conditions, and economics. The concept of nursing was not altogether strange to the people of Nigeria.<sup>6</sup> Pre-colonial societies had full compliments of nursing professionals as indigenous medicine and birth attendants. Western Nursing was an imperial project that engaged young women who took the offer for humanitarian reasons, adventure, and those thrust into the vocation out of necessity. Nurses bridged the gap between western and indigenous medicine.<sup>7</sup>

They provided nursing care and health instruction, and in that sense their work reflected that of nursing around the globe throughout the twentieth century. However, their often-iconic status and position made them critical components of the imperial project. ... their presence was vital in maintaining the strength of the empire. During wars they cared for the sick and wounded and therefore were indispensable to the strength of the military. ... as ambassadors of Western Medicine...their presence was vital in maintaining the strength of the empire.<sup>8</sup>

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<sup>3</sup>Parker, L. M. (2007) "The Ethics of Migration and Immigration," *The Ethics of Migration and Immigration - Markkula Center for Applied Ethics (scu.edu)* Accessed October 13, 2021.

<sup>4</sup>Yaw Owusu, PhD, Prerana Medakkar, Msc, Elizabeth M. Akinnawo, M.B.B.S, Althea Stewart-Pyne, RN, BN, MHSc, and Eta E. Ashu, PhD, (2017) "Emigration of skilled healthcare workers from developing countries: can team-based healthcare practice fill the gaps in maternal, newborn and child healthcare delivery?" <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5777387/> Accessed January 10, 2022.

<sup>5</sup>World Health Organization (WHO) (2017) "A dynamic understanding of health worker migration" [https://www.who.int/hrh/HWF17002\\_Brochure.pdf](https://www.who.int/hrh/HWF17002_Brochure.pdf) p.3 Accessed 10 January 2022.

<sup>6</sup>Apple, R. D. (2015). "Afterword" in Helen SWEET and Sue HAWKINS (Eds.) *Colonial Caring*, Manchester, England: Manchester University Press. p.232.

<sup>7</sup>Apple, R. D. (2015). "Afterword" in Helen SWEET and Sue HAWKINS (Eds.) *Colonial Caring*, Manchester, England: Manchester University Press. p.232.

<sup>8</sup>Apple, R. D. (2015). "Afterword" in Sweet, H. and Hawkins, S. (Eds.) *Colonial Caring*, Manchester, England: Manchester University Press. p.232.

The importance of nurses in the world has not waned. While development in the Global North continues to elicit the demand for more health personnel, Africa, particularly Nigeria – the most populous nation in Africa – continues to lose her under-renumerated and undervalued health workers. The Delta State (one of the 36 states of Nigeria) Health Commissioner succinctly captured the situation when he stated that the health workers who are well 'trained and skilled at great cost to the nation (Nigeria) are lost to our health system. By migration to already developed countries.'<sup>9</sup> This trend began in the mid-1980s when Nigeria adopted the Structural Adjustment Programmes (SAP) of the World Bank. During this programme, all sectors of the economy were badly hit. Its detrimental consequences felt by the citizens as feeding became a heinous task, citizens became ill, and since free health care was abolished, resources given to public hospitals were slashed. This had a reverberating effect on the health sector and its personnel.

The irony is that the situation was no different in the global North. The developed North has relied on the recruitment of international nurses. The United Kingdom had been dealing with the shortage of nurses well before the National Health Service (NHS) in 1948. Nursing recruitment programmes began across sixteen British colonies and former colonies. Two decades after, these former colonies continued to provide the staffing deficit of the NHS.<sup>10</sup> Snow and Jones stated that:

By the end of 1965, 3,000-5,000 Jamaican nurses were working in British hospitals, many of them concentrated in London and the Midlands. It has been estimated that by 1972, 10,566 students had been recruited from abroad and that by 1977 overseas recruits represented 12 per cent of the student nurse and midwife population in Britain, of which 66 per cent came from the Caribbean. By the late 1980s, the NHS again faced serious problems in the retention and recruitment of nursing staff, much as it had done in 1948. The problem now involved chronic shortages of both trainees and qualified nurses. Nursing's popularity as a career choice among school leavers had declined markedly. Changing social expectations and financial constraints meant that young people were now seeking better-paid job opportunities in other sectors of the

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<sup>9</sup>Agborh,A. (2021) "7,000 nurses Leave Nigeria for Greener Pastures Annually - Registrar", *Nigerian Tribune Newspaper*. September 14. <https://tribuneonlineng.com/7000-nurses-leave-nigeria-for-greener-pastures-annually-%E2%80%95-registrar/> Accessed October 11, 2021.

<sup>10</sup> Snow, S. and Jones, E. (2011) "Immigration and the National Health Service: putting history to the forefront," <https://www.historyandpolicy.org/policy-papers/papers/immigration-and-the-national-health-service-putting-history-to-the-forefront> Accessed February 24, 2022.

economy. The abolition of work permits for overseas nurses in 1983 added to the difficulties.<sup>11</sup>

They further stated,

... an estimated 30,000 nurses were leaving the NHS every year; their departure was blamed on long-standing problems associated with low salary levels and the pressures of the job. By 1998, there were reports that the shortages in newly qualified nurses were approximating 8,000 a year. Problems intensified with the expansion of the NHS in 2000, which created additional demand for nurses that were met by recruiting workers from India.<sup>12</sup>

While Nigerian migrant nurses migrated due to poor pay, the positions they went to fill were vacated for the same reasons they left their jobs?

### **The Nursing Profession in Nigeria**

Nursing in Nigeria dates to the era of missionary activities since the early nineteenth century in the areas that came to be known as Nigeria. With the amalgamation of the colony and protectorates of Nigeria in 1914, the colonial government formalised the training of nursing and Midwifery in Nigeria. The Catholic Healthcare Missions were at the forefront of healthcare delivery years before and during colonialism.<sup>13</sup> Colonial administration gave Nursing and Midwifery their primary position because of their significance and immediate impact on the army's lives, health, well-being, administrators, families, and society.<sup>14</sup>

The nursing profession in Nigeria began under the British Colonial administration with the promulgation of the Midwives Ordinance in 1930 and the first Nurses Ordinance of August 1947. The Midwives Ordinance established the defunct Midwives Board that regulated Midwifery education and practice in Nigeria. The Nurses Ordinance established the Nursing Council of Nigeria to regulate and control nursing teaching and training in Nigeria. These Ordinances went through a series of amendments. The Nurses Ordinance of 1947 was amended in 1957 and 1959. After independence, the Midwives Ordinance of

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<sup>11</sup> Snow, S. and Jones, E. (2011) "Immigration and the National Health Service: putting history to the forefront," <https://www.historyandpolicy.org/policy-papers/papers/immigration-and-the-national-health-service-putting-history-to-the-forefront> Accessed February 24, 2022.

<sup>12</sup> Snow, S. and Jones, E. (2011) "Immigration and the National Health Service: putting history to the forefront," <https://www.historyandpolicy.org/policy-papers/papers/immigration-and-the-national-health-service-putting-history-to-the-forefront> Accessed February 24, 2022.

<sup>13</sup> Wall, B. M. (2015) "Changes in Nursing and Mission in Post-Colonial Nigeria" in Sweet, H. and Hawkins, S. (Eds.) *Colonial Caring*, Manchester, England: Manchester University Press. p.188.

<sup>14</sup> Dolamo, B. L. and Olubiyi, S. K. (2013) "Nursing Education in Africa: South Africa, Nigeria, and Ethiopia Experiences," *International Journal of Nursing and Midwifery Vol. 5(2)*, pp.15.

1930 was amended to be known as the Midwives' Act of 1966, and by 1970, Nurses Ordinance became the Nurses Act Number 2. This was further amended as the Nurses Amendment Act No. 30 of the 20th of July 1974. With Decree 89 of 1979, these bodies that began as two separate bodies merged in one effective regulating body, known as the Nursing and Midwifery Council of Nigeria (NMCN). Since then, the NMCN has been dedicated to thoroughly training and maintaining the best nursing and midwifery practices.<sup>15</sup>

After independence, the Nigerian government continued to invest heavily in the training of nurses as they established Schools of Nursing around the country. Some of these Schools include School of Nursing, University College Hospital, Ibadan; School of Nursing, Lagos State University Teaching; School of Nursing, St. Luke's Hospital, Anua-Uyo; School of Nursing, Holy Rosary Hospital, Emekuku; School of Nursing, University of Nigeria Nsukka; School of Nursing, Ahmadu Bello University, Zaria<sup>16</sup>; and School of Nursing, University of Ife (Later Obafemi Awolowo University, Ile-Ife). Those trained in the first twenty years of Nigeria's independence attest to how well-funded the schools were. Mrs Oluwatoyin Akinbobola, retired nurse, stated that:

There were two types of training for aspiring nurses: General nursing and Midwifery. We were given the option to start with any of the two. I first trained as a midwife. We never paid tuition as student nurses; we were fed three square meals, given five laundered uniforms, and placed on a Grade Level 4 Salary scale. All of these stopped shortly after SAP, precisely between 1989 and 1990.<sup>17</sup>

Nigeria adopted the Structural Adjustment Programme (SAP) in 1986 due to its debt crisis. This reform program was initiated by the International Monetary Fund (IMF) and the World Bank due to the wide gap between revenue and expenditure, acute shortage of consumer goods, and drastic fall in people's living standards.<sup>18</sup> The reform was geared towards diversifying the economy, increasing the articles for export, reducing the government's role in the production, and regulating private economic activities.<sup>19</sup> The Structural Adjustment Programme kept Nigeria in a crisis.

The Structural Adjustment Programme (SAP) set the push factors for nurses and other professionals like doctors and lecturers. These push factors are low wages, poor working conditions, lack of career development opportunities, and

<sup>15</sup> Nursing and Midwifery Council of Nigeria, <https://www.nmcn.gov.ng/history.html> Accessed 10/5/2021

<sup>16</sup> Dolamo, B. L. and Olubiyi, S. K. (2013) "Nursing Education in Africa: South Africa, Nigeria, and Ethiopia Experiences", *International Journal of Nursing and Midwifery* Vol. 5(2), pp.18.

<sup>17</sup> Interview with Mrs. Akinbobola, T. O. (60yrs Old) Retired Nurse University College Hospital (UCH) Ibadan. October 2, 2021.

<sup>18</sup> Obansa, S. A. (2005) Impact of the Structural Adjustment Program on the Nigerian Economy", *Africa Update Newsletter* Vol. XII, Issue 2 (Spring) <https://web.ccsu.edu/afstudy/upd12-2.html> Accessed October 11, 2021.

<sup>19</sup> Obansa, S. A. (2005) (2005) Impact of the Structural Adjustment Program on the Nigerian Economy", *Africa Update Newsletter* Vol. XII, Issue 2 (Spring) <https://web.ccsu.edu/afstudy/upd12-2.html> Accessed October 11, 2021.

other social and political factors. At the same time, the pull factors for choosing the primary receiving countries include opportunities for professional development, better remuneration, and standard of living.<sup>20</sup> Nursing is not mainly the preserve of women in Nigeria, though it is primarily women's vocation. This article focuses on female nurses because of the traditions of most ethnic groups in Nigeria, where the long-term migration of women was not widespread. Women were known to embark on seasonal migrations for trade and rural-urban migration – 'a predictable response to actual and perceived opportunities for employment, education, and/or marriage in the cities'.<sup>21</sup> Women's migration in rural-urban and international migration depended on their ages and marital status. As observed by Sudarkasa,

Of the women who migrate on their own, my research suggests that they are usually nearing fifty, widowed, or divorced, with previous experience as head of household. ... barren women often migrate on their own because without children, they are in a weak economic and social position. ...childless women often took up long-distance trade and, with it, prostitution.<sup>22</sup>

'I am also a wife' is unique to this discourse because of the reversal in the migratory pattern of the married woman in Nigeria. It was the norm for a married woman's migration to initiate her husband.<sup>23</sup> The migration of this category of migrant – married migrant female Nigerian nurses – became the face of women's migratory process at the turn of the millennium initiated by socio-economic forces across the globe.

### **The Attraction of the Global North**

As opined by Apple, Nurses have remained both icons and actors globally.<sup>24</sup> The increasing nursing shortage in the developed world<sup>25</sup> and the lucrativeness of the nursing profession provided the impetus for migration. The nursing vocation has been in constant demand worldwide, particularly in developed countries where their services are well remunerated. For Nigeria, the international recruitment of nurses was most common in Saudi Arabia, the United Kingdom (UK), the USA (United States of America), and Canada. The United Kingdom, the United States of America, and Canada are Nigerian nurses' first migrant destinations. Nigerian nurses started migrating in 1987 when recruitment agents from Saudi Arabia arrived in the country. Senior nurses and

<sup>20</sup>NT CONTRIBUTOR,"(2008) Internationally Recruited Nurses: Adaptation Process," <http://www.nursingtimes.net/role/nurse-managers/internationally-recruited-nurses-adaptation-process-20-01-2008/>

<sup>21</sup>Sudarkasa, N. (1996) *The Strength of our Mothers: African and African American Women and Families, Essays and Speeches*, Trenton: Africa World Press, Inc. p.237.

<sup>22</sup> Ibid. p.245.

<sup>23</sup> Ibid. pp. 237-249.

<sup>24</sup> Apple, R. D.(2015) "Afterword" in Helen SWEET and Sue HAWKINS (Eds.) *Colonial Caring*, Manchester, England: Manchester University Press, 2015. p.232.

<sup>25</sup>NT CONTRIBUTOR," Internationally Recruited Nurses: Adaptation Process," <http://www.nursingtimes.net/role/nurse-managers/internationally-recruited-nurses-adaptation-process-20-01-2008/>

doctors were the first to seize this opportunity. It was appealing to this class of people because the reality of the economic quagmire already stared them in the face as they could not pay their mortgages and faced the possibility of losing their houses.<sup>26</sup> The opportunities for higher remuneration were a welcome development. Thus, began the mass exodus of Nigerian health workers, especially nurses and doctors.

By the turn of the millennium, recruitment agents from the United Kingdom began recruiting nurses. In the United Kingdom, between 2001 and 2002, overseas nurses were added to the nurses' register in the UK.<sup>27</sup> Since testimonies from those who had traversed these terrains abound about the remuneration and condition service, more nurses became interested in migration possibilities. Nurses with intentions to migrate also communicated on social network platforms like Google, Facebook, and Instagram. One of such conversations by this group of people on the Nairaland Forum was titled, "Nigerian Nurses and Midwives with the dream of Working Abroad Let's Meet Here."<sup>28</sup> From the conversation on Nairaland, it is evident that Nigerian nurses migrating to the United Kingdom, United States and Canada mainly patronised three agencies: Shearwater, Interstaff, and Avant, among others. No matter the agency they may choose, the process of migrating still required the verification of their status by the Nursing and Midwifery Council of Nigeria. Irrespective of the agency patronised by these nurses hoping to migrate to the United Kingdom, United States of America, and Canada. They were expected to write the NCLEX exam, an exam developed by the National Council of StateBoards (NCSBN) to test the competency of nursing school graduates who wished to practice in the United Kingdom, United States of America and Canada. NCLEX can be written up to eight times a year. A retake of the exam was allowed forty-five days after a failed attempt. One of those that had negotiated this process by the name Valnos on the Nairaland Forum provided a step-by-step outline for intending migrants to the UK:

#### **Valnos:**

This is what the new NMC process entails:

#### **Phase 1:**

Open an account with NMC UK

Upload the following documents:

(1) Nursing certificate/notification

2) BNSC School Certificate/Statement of Result, if you are university-trained or your testimonial/nursing certificate/notification of result; If you are a school of

<sup>26</sup> Interview with Mrs.Akinbobola. T. O.(60yrs Old) (2021) Retired Nurse University College Hospital (UCH) Ibadan. October 2.

<sup>27</sup> NT CONTRIBUTOR," (2008) Internationally Recruited Nurses: Adaptation Process," <http://www.nursingtimes.net/role/nurse-managers/internationally-recruited-nurses-adaptation-process-20-01-2008/>

<sup>28</sup>"Nigerian Nurses and Midwives with the dream of Working Abroad Let's Meet Here"(June 2021) <https://www.nairaland.com/2863557/nigerian-nurses-midwives-dream-working/165> Accessed February 6, 2022.

nursing (SON) trained.

Please note that those who did BNSC after graduating from the SON do not need to upload their BNSC certificate/statement of result; upload your SON documents.

3) International passport  
Then pay £140 for verification.

**Phase 2:**

Verify with NMCN by

(1) submitting a handwritten letter addressed to the secretary-general/registrar why you want to be verified, pay n17,500 via remita and print out receipt of payment, photocopies of birth certificate, license (back and front, nursing certificate and send to NMCN.

**Phase 3**

Begins upon successful verification by NMCN. NMC UK will send you an email authorising you to take CBT and OSCE tests. Whichever you can (now, most persons in Nigeria will go for cbt because it is readily available here, unlike the cbt exam, which you can only take in 4 centres in the UK). NMC UK will advise you to commence the registration process while preparing for the two exams in the same email.

**Phase 4**

The registration process includes submitting a police clearance certificate, nominating a physician to attest that you're fit to practice in the UK, nominating NMCN to attest to your character, IELTS result, and payment of £152 registration.

Note: the registration fee (£152) is different from the verification fee (£140). In the old process, the registration fee is only paid after you have passed OSCE, but it has now been moved back. What this means is that, in the new process, once you pass OSCE, you get your RN pin.

You can see that from Phase 1 to 3; you don't need IELTS results to complete them. It's only in phase four that it will be required.

So, it is your choice if you want to write CBT before IELTS.

However, many people will advise you to write IELTS before cbt because it is more difficult. Once you get att from NMC UK, you only have two years to complete the entire process, or else, you start all over again after failing to complete it within that two years.

Completion means that you have been given your RN UK pin<sup>29</sup>

Looking at the process above, it is evident that it is tedious and could take more than two years. Though the process is quite tedious, many qualified nurses are willing to embark on this mission. The dwindling resources in government

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<sup>29</sup>"Nigerian Nurses and Midwives with the dream of Working Abroad Let's Meet Here" (June 2021) <https://www.nairaland.com/2863557/nigerian-nurses-midwives-dream-working/165> Accessed February 6, 2022.



health services, infrastructure, and poor income were the major push for migrants. The USA (United States of America) never came to recruit. However, interested nurses were required to pass these countries' Board Exams -- United Kingdom Central Council for Nursing (UKCC) and Commission on Graduates of Foreign Nursing Schools (CGFNS).<sup>30</sup>The UKCC was the regulatory body for nursing, Midwifery, and health visitors in the United Kingdom until April 2002, when it ceased to exist. Its functions were taken over by the newly established Nursing and Midwifery Council (NMC) -- Legislated for in the United Kingdom Parliament through the Nursing and Midwifery Order 2001.

Among other functions, they regulate the quality of nursing and midwifery education, evaluate it, and maintain the registered nursing professionals eligible to practice within the UK. At the same time, the CGFNS is the regulatory body for nurses and midwives in the United States of America. This body screens and tests foreign-educated Registered Nurses (RNs) to determine their competency to practice in the United States.<sup>17</sup> However, this is not the case for everyone. For Mrs A, it was slightly different. She did not migrate with the help of a recruitment agency and did not sit for any exam. After her retirement at the age of fifty-eight, she had travelled on a visiting Visa to the United Kingdom. During this visit, a family member had encouraged her to enrol in an Adaptation programme at a Nursing Home as part of the Adaptation Programme for Overseas nurses in the UK.<sup>31</sup>

After the Adaptation, she was recommended to the Nursing and Midwifery Council, who approved her eligibility to work in the UK; Mrs A applied for jobs in the UK and returned to Nigeria, so she did not overstay on her Visiting Visa. From Nigeria, she learnt she had been offered a job. Her employers filed for a 5-year working visa, which was the beginning of her vacation abroad. While some women migrated through recruitment agencies, some did through application for citizenship, procurement of working visas, and visa lotteries. It must be noted that several digital platforms prepared these women throughout the migration process.

### **Methodology**

This historical study relies on qualitative and quantitative methods, relying on oral interviews (structured/unstructured), newspaper articles, primary and secondary sources, and other social network platforms. The qualitative data generated for this study was through the circulation of google forms.

### **Data Collection**

The author's data collection involved the dissemination of google forms titled "Experiences of Nigerian Female Migrant Nurses". This design enables the

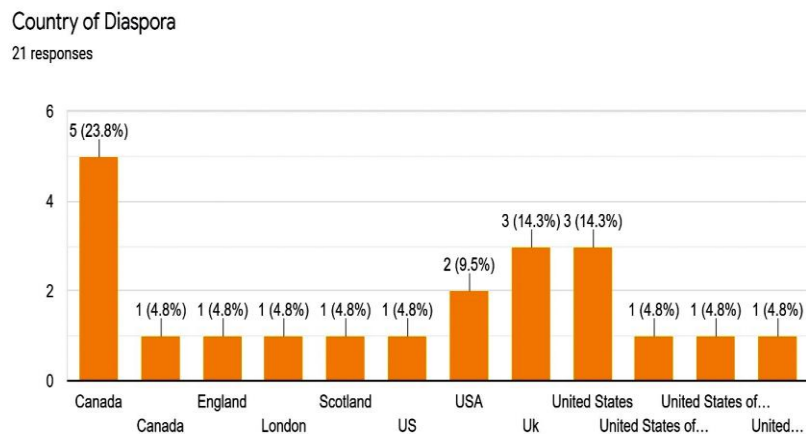
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<sup>30</sup> Interview with Mrs. Akinbobola. T. O. (60yrs Old) Retired Nurse University College Hospital (UCH) Ibadan. October 2, 2021.

<sup>31</sup> Interview with Mrs. A (Informant chose to be anonymous) (75years Old) (2021) Retired Nurse from Teaching Hospital in Nigeria who is still working as a Nurse in the UK. October 12.

researcher to get more people worldwide, particularly in the global south. This design can explain the push/pull experiences of a broad spectrum of migrant nurses. It also describes the relationships between the variables. The form was disseminated through WhatsApp, Facebook, and via mails. The google form consists of structured questions, and the arranged interviews conducted physically and over the phone were (structured/unstructured) questions. The google form consists of seventeen structured questions, where respondents clicked on suitable answers from the options below and written short notes where applicable. The questions are: Country of Diaspora; Decision to migrate; Marital Status; As a Nigerian woman, have your choice of migration made you a breadwinner? Year of Arrival at the country of Diaspora; Choice of Nursing as a career; What conditions pushed you out of Nigeria? What conditions pulled you to your country of migration? Migration Path; Reason for choosing country of migration; Are you still in the diaspora? If yes, any regrets? Do you send remittances to Nigeria? If yes, to what categories of people? For you, what would you be the benefits of migration? Briefly state the disadvantages of migration and any other comments. The analysis of the data was automatically generated. The multiple-choice questions were graphically illustrated, while the short note responses were arranged under the questions. All the investigations are generated below:

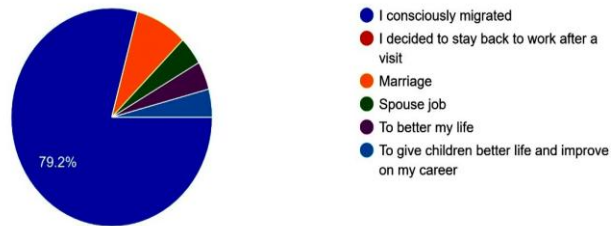
Figure 1



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 2**

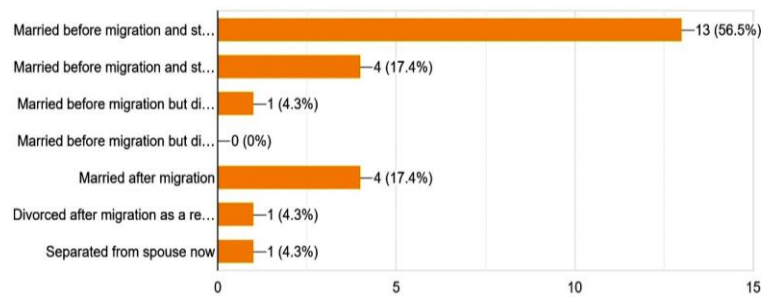
Decision to Migrate  
 24 responses



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 3**

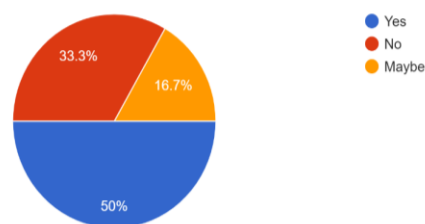
Marital Status  
 23 responses



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

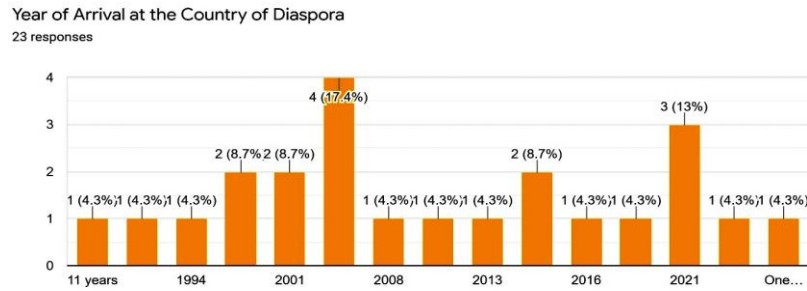
**Figure 4**

As a Nigerian woman, has your choice of migration made you a breadwinner?  
 24 responses



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

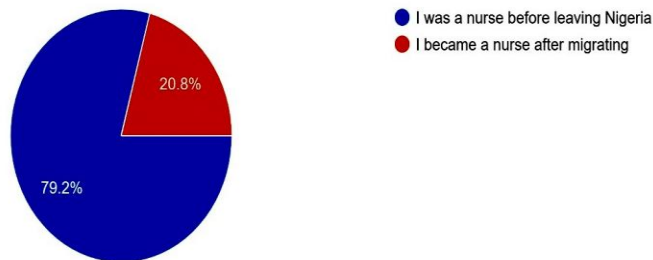
Figure 5



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 6

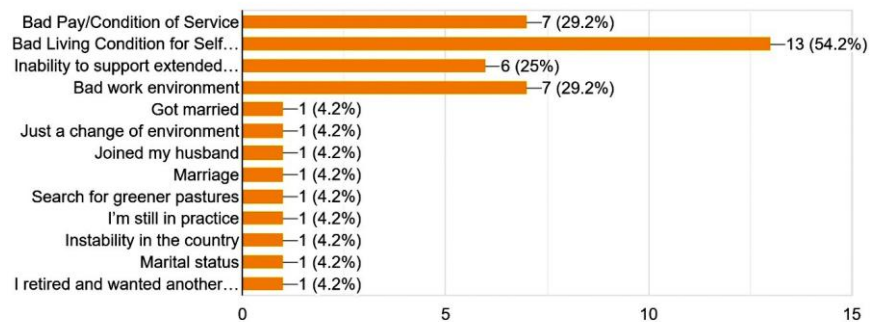
Choice of Nursing as a Career  
24 responses



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 7

What conditions pushed you out of Nigeria?  
24 responses

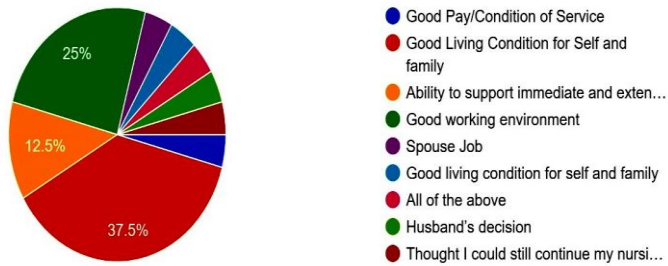


Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 8

What conditions pulled you to your country of migration?

24 responses

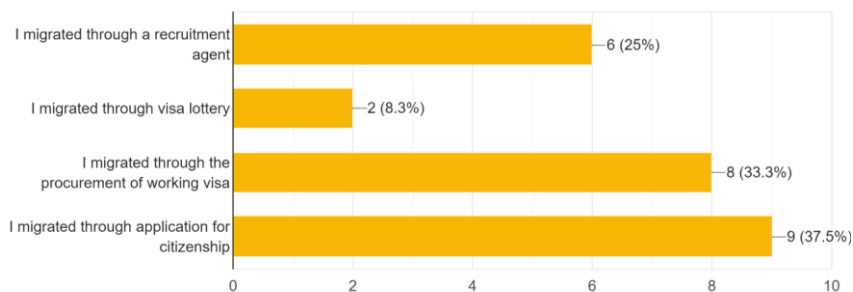


Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 9

Migration Path

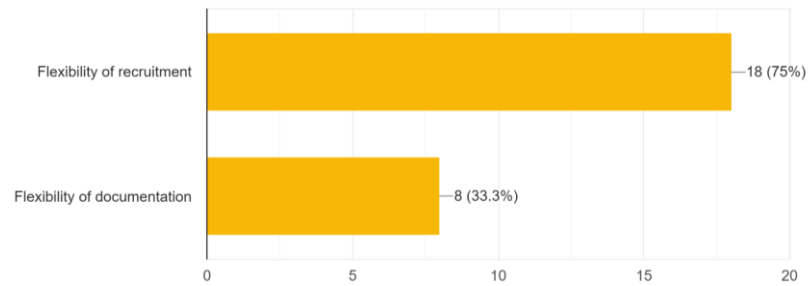
24 responses



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 10**

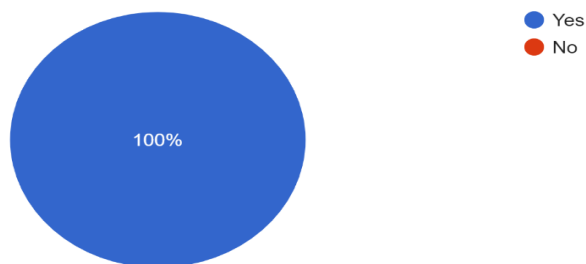
Reason for choosing country of Migration  
24 responses



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 11**

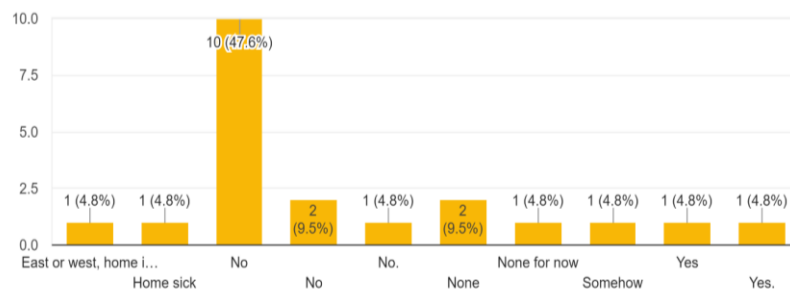
Are you still in the Diaspora?  
24 responses



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 12**

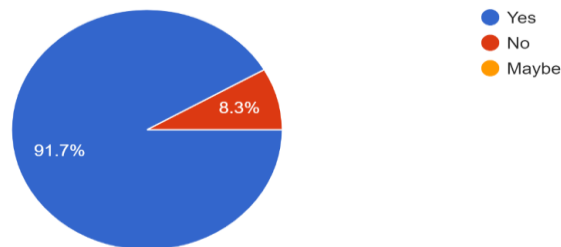
If yes, any regrets?  
21 responses



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 13

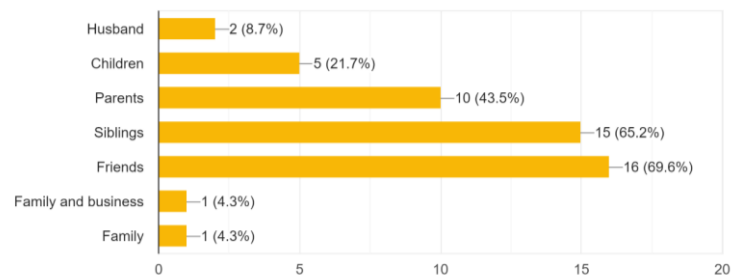
Do you send remittances to Nigeria?  
24 responses



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 14

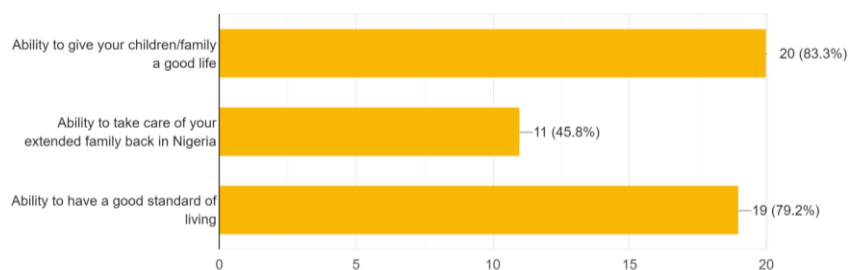
If yes, to what categories of people?  
23 responses



Source: Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

Figure 15

For you, what would you say are the benefits of migration?  
24 responses



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 16**

Briefly, state the disadvantages of migration 21 responses

Living families and friends behind  
Stress, work more. Demand from people because you're a nurse  
Racist issues, extreme cold weather condition  
You lose focus of your origin country  
My children are not fluent in my native language  
Stress of bringing into nursing  
Regardless of your educational qualifications, you are still a 2nd class citizen  
Loneliness  
You miss home  
Strange land, difficulty in adaptations, racism  
The. Weather and way of life here is the only challenge  
Stress adjusting to the new work environment and country policies, too much tax payment.  
Separation from family,  
Missing people at home  
Loneliness, boredom, discrimination, stress  
Lack of social interaction  
Culture change, changing in the immediate family dynamics  
You are always a second-class citizen, regardless of your input.  
I miss my friends and families many times.  
Limited friendship  
Missed friends and relatives

**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

**Figure 17**

Any other comments? 14 responses

No  
Sometimes you are homesick, especially when something happens, and you cannot go.  
I wish Nigeria could heal  
Getting academic and work documents from Nigeria  
My prayer for my beloved country is for God's divine intervention, to open the eyes and brains of our so-called leaders to wake up to their responsibilities so that the oncoming generations can be proud to be Nigerian. A blessed country is full of milk and honey. I love Nigeria and wish to come back home often.  
Harsh weather  
Thank you  
Wish Nigerian leaders could learn from other advanced nations  
Emotional and financial abuse from a spouse  
The situation at home now makes me happy that I moved  
I miss African food.



**Source:** Adesina, O.A. (2021). "Google Form Survey: Experiences of Nigerian Female Migrant Nurses."

### Data Analysis

Respondents are female Nigerians who migrated to countries of the Global North as trained nurses or who became nurses in their countries of diaspora. All respondents are Nigerian female nurses in the diaspora. The google form was circulated widely, but unfortunately, this study was carried out during the Covid-19 pandemic when this class of health workers were hectic. Hence, we did not receive much feedback as we expected from the female Nigerian nurses in the diaspora. The data generated will be analysed sequentially as the questions were asked. From the data generated from the google forms, we can deduce that Nigerian female nurses are prevalent in the United States of America, the United Kingdom, and Canada (Figure 1). This was corroborated by the migrated nurses interviewed and the World Health Organization brochure. There, it was stated that:

In 2016, letters of verification, a proxy for intention to emigrate, were processed for 13% of the nurses and midwives registered that year. The top destinations for emigrant nurses and midwives were the United States of America, Canada, the United Kingdom, the United Arab Emirates, Australia, and Ghana.<sup>32</sup>

These destination countries have continued to attract Nigerian female nurses. Kline holds the view that "Given the current conditions, developed countries continue to recruit foreign nurses to fill critical shortages actively."<sup>33</sup> This shortage of nurses and the opportunities for international recruitment in the developed countries have provided the pull factors for the migration of nurses. Nurses have migrated due to the global recruitment and natural migration of individuals movement across borders for various personal reasons.<sup>34</sup> The active recruitment of nurses and other health professionals has been a primary international health policy debate since the late 1990s. The lucrative nature of their vocation in the global North has encouraged most of these women to migrate consciously. Figure two shows that 79.2% of the respondents deliberately decided to emigrate. The marital status of a female Nigerian migrant is essential to this study because

Society already holds women to a higher moral, and emotional standard that men are mostly not held to. The standards of piety, homemaking and 'responsibility' never stops for women, but it gets heightened by the demand of marriage. Society even adds the unwarranted layer of, 'you

<sup>32</sup>World Health Organization (WHO) (2017) "A dynamic understanding of health worker migration" [https://www.who.int/hrh/HWF17002\\_Brochure.pdf](https://www.who.int/hrh/HWF17002_Brochure.pdf) p.6 Accessed 10 January 2022.

<sup>33</sup>Kline, D. S. (2003) "Push and pull factors in international nurse migration," *J NursScholarsh.* 35(2):107-11. doi: 10.1111/j.1547-5069.2003.00107.x. PMID: 12854289.

<sup>34</sup>Buchan, J.(2004) "International Rescue? The Dynamics and Policy Implication of the International Recruitment of Nurses to the UK", *Journal of Health Services Research and Policy.* January, Volume 9, pp. 10.

will be someone's wife one day,' to make women conform to conservative moral and behavioural standards.<sup>35</sup>

Emem Udodiong, an entrepreneur who had been married for 29 years, further states that: the Nigerian society (being a man's world) expects women always to be the ones at home to raise the kids and take care of the home.<sup>36</sup> From different data collected on women's ages at marriage, the median age for uneducated women was 15.5 years, while women with secondary education were 21.5 years old.<sup>37</sup> Most respondents attest to being married before migration (Figure 3). Society has groomed her to handle house chores, childbearing, general home management and career. Thus, for female nurses to migrate from Nigeria was a tough decision.

The author has interrogated the implications of the marital status of migrant nurses for the family structure of Nigerian society, and indeed most African cultures. It is the norm for Nigerian families to be headed and provided for by a male breadwinner. The migration of the female nurse to greener pastures of the Global North where her earnings supersede that of the man whose livelihood is based on salaries in Nigeria; in a much-depreciated currency transmutes her to the position of a female breadwinner. Akanle et al. has defined female breadwinning as family situations where the female earns and contributes most or entirely to the family's household income and financial livelihood.<sup>38</sup> 50% of our respondents admitted to being breadwinners, 33.3% clicked No, and 16.7% picked Maybe from the google form (Figure 4).

Though the sample of this study is relatively small, it can still be a true representative of the migrants' situations, particularly when compared with studies conducted and published by James Buchan, "International Rescue? The Dynamics and Policy Implication of the International Recruitment of Nurses to the UK," *Journal of Health Services Research and Policy*, January 2004, Volume 9, pp. 10-16; and James Buchan and Julie Sochalski, "The Migration of Nurses: Trends and Policies", in the *Bulletin of the World Health Organization*, August 2004, 82 (8).<sup>39</sup> Though Buchan's study was between 1990 and 2001 and shows a steady rise in the number of non-EU migrant nurses to the UK, our survey through personal interviews and the google form reflects the same trend as female migrant nurses began leaving Nigeria from the late 80s to 2021. The

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<sup>35</sup>Alake, M. and Udodiong, I. (2019) "The Nigerian woman: Marriage, Motherhood, and societal conformity (Part I)" in Pulse.ng March 20.

<https://www.pulse.ng/lifestyle/the-nigerian-woman-marriage-fun-social-life-employment-and-motherhood-part-ii/vwk66hb> Accessed 18 December 2021.

<sup>36</sup>Alake, M. and Udodiong, I. (2019) "The Nigerian woman: Marriage, Motherhood, and societal conformity (Part I)" in Pulse.ng March 20, 4:11 PM

<https://www.pulse.ng/lifestyle/the-nigerian-woman-marriage-fun-social-life-employment-and-motherhood-part-ii/vwk66hb> Accessed 18 December 2021.

<sup>37</sup><https://dhsprogram.com/pubs/pdf/DM52/DM52.pdf> Accessed 22 January 2022.

<sup>38</sup>Akanle, O. and Nwaobiala, U. R. (2020) "Changing but Fragile: Female Breadwinning and Family Stability in Nigeria," *Journal of Asian and African Studies*, Vol, 55 (3). Pp. 398-399.

<sup>39</sup>Buchan, J. (2004) "International Rescue? The Dynamics and Policy Implication of the International Recruitment of Nurses to the UK", *Journal of Health Services Research and Policy*, January, Volume 9, pp. 10-16; and Buchan, J. and Sochalski, J. "The Migration of Nurses: Trends and Policies", in the *Bulletin of the World Health Organization*, August 2004, 82 (8), 587-594.

significant difference between this data and Buchan and Sochalskiis that they focused on the United Kingdom as the leading receiving nation and did not focus on a particular sending nation. However, mention was made of Nigeria as Buchan and Sochalski stated that "Nurses from the Philippines account for the largest proportion of nurses from Nigeria, Korea and India also growing."

In contrast, the google form focuses on Nigeria as the sending nation and the United Kingdom, Canada, and the United States of America as the receiving nations. In the google form, the respondents attested to migrating from the early 1990s (1994) to 2021. Also, the periods of migration highlighted by the respondents align with years that Nigeria has suffered from economic stagnation, an indication of the push and pull factors being economical and the good life. A perusal of the years indicated on the google data is supported by the financial analysis on the Nigeria High Commission, London UK post. This post attests to the country's economic situation that has probably led to the emigration of people generally from Nigeria. According to this post:

During the 1980s and 1990s, Nigeria faced growing economic decline and falling living standards, a reflection also of political instability, corruption, and poor macroeconomic management (most notably the failure to diversify the economy). Fundamental economic reforms were introduced by the administration of President Olusegun Obasanjo, which resulted in a stable macroeconomic environment, including debt relief. A major debt deal led to a massive reduction in Nigeria's debt from over US\$36 billion in 2004 to a mere US\$3.6 billion in 2008. President Umaru Musa Yar'Adua has intensified economic reforms based on the foundation laid by his predecessor. Between 2004-2008, the country's GDP grew two-fold to \$209.5 billion and at an impressive rate of 7%. This was the best performance for many years, above the regional average of 6%. The country's GDP recorded an average growth rate of 6.3% between 2006 and 2008. This was largely fueled by the growth of the non-oil sector, including the phenomenal increase in the price of crude oil before the sharp decline of 2008, made worse by the global economic meltdown.<sup>40</sup>

From the respondents, it can also be confirmed that the country's situation was better between 2002 and 2008 (See Figure 5). Data on Nigeria's Unemployment rate between 1991 and 2020 would perhaps lay credence to the possible rise in the number of migrants from 2013:

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<sup>40</sup><https://www.nigeriahc.org.uk/economy>

Figure 18

Nigeria Unemployment Rate - Historical Data		
Year	Unemployment Rate (%)	Annual Change
2020	9.01%	0.48%
2019	8.53%	0.08%
2018	8.45%	0.06%
2017	8.39%	1.33%
2016	7.06%	2.75%
2015	4.31%	-0.25%
2014	4.56%	0.86%
2013	3.70%	-0.04%
2012	3.74%	-0.03%
2011	3.77%	0.00%
2010	3.77%	0.02%
2009	3.75%	0.16%
2008	3.59%	-0.03%
2007	3.62%	-0.07%
2006	3.69%	-0.08%
2005	3.77%	-0.04%
2004	3.81%	-0.03%
2003	3.84%	-0.01%
2002	3.85%	0.03%
2001	3.82%	-0.01%
2000	3.83%	-0.02%
1999	3.85%	0.02%
1998	3.83%	0.00%

Nigeria Unemployment Rate - Historical Data		
Year	Unemployment Rate (%)	Annual Change
1997	3.83%	0.00%
1996	3.83%	0.00%
1995	3.83%	0.00%
1994	3.83%	0.02%
1993	3.81%	0.06%
1992	3.75%	0.04%
1991	3.71%	0.04%

**Table showing Nigeria's Unemployment Rate, 1991-2022<sup>41</sup>**

**Source:**

<https://www.macrotrends.net/countries/NGA/nigeria/unemployment-rate>

While the economic woes of Nigeria and unwholesome working conditions pushed qualified and registered nurses out of Nigeria, some others enrolled for nursing on reaching their migrant destination. 79.2% of the respondents attest to being nurses before leaving Nigeria. In comparison, 20.8% became nurses after the migration (Figure 6). These female nurses were pushed out of Nigeria by the dire economic conditions of the country, inadequate remunerations, and poor working environments. 54.2% of respondents claimed to have had cause to move out of the country due to terrible living conditions, 29.2% due to inadequate pay, 29.2% due to a bad working environment, and 25% due to inability to support the nuclear and extended family. They were pulled to their country of migration by the good living condition for themselves and their family (37.5%), good working environment (25%), and the ability to support the immediate and extended family (Figure 7). All of these were facilitated by the ease of the migration pathways; 37.5% had migrated through citizenship application, 33.5% through the procurement of work visas, 25% migrated through recruitment agents, and 8.3% through the visa lottery (Figure 8). Respondents chose their countries of migration due to the flexibility of recruitment (75%) and some others due to the flexibility of documentation (33.3%) (Figure 9). All of our respondents are still in the diaspora (Figure 11), and most have no regrets about migrating (Figure 10). The main structure of African life is the family. Ekpe opined that:

The African family has been the basic structure that performed the functions of a social system even before contact with European and other white cultures. ... the

<sup>41</sup> <https://www.macrotrends.net/countries/NGA/nigeria/unemployment-rate>

control and integration of the members and the provision of services classified today as social welfare.<sup>42</sup>

Due to this family support nature of the Nigerian society, migrants send remittances home; 91.7% of our respondents confirmed they sent money home, while only 8.3% said they did not. These remittances were sent to friends (69.6%), Siblings (65.2%), Parents (43.5%), Children (21.7%), Husbands (8.7%), Family and businesses (4.3%) – (Figure 12). For these women, the benefits of migration are the ability to give their children and family a good life (83.3%), the ability to take care of the extended family back home (45.8%), and the ability to have a good standard of living (79.2%) – (Figure 13). However, it has not been all rosy for these women. They feel there are some disadvantages of migration. These disadvantages include racism, stress, extreme weather conditions, separation from family, etc. (Figure 14).

### The Challenges of Living Abroad

The attraction of professional development, better remuneration, and better living conditions came at a price for the female migrant nurse. For most female migrant nurses, leaving children, husbands, family, and friends to strange lands were quite challenging. Thus, there is a lot to be considered; does she go alone to this new land? Does she go with her husband and child/ren? Will her husband be willing to drop all he is doing to go with her? What support system is available if she goes with the children? Mrs Bunmi Ayodele, who migrated to Northern Ireland in 2001, said the first five years of her sojourn abroad were the most painful of her life. Mrs Ayodele says:

When I left Lagos in 2001, I was full of hope that I would give my family a good life. I had three young children -- 14years, 11years, and 5years old, a sickly husband, parents, and younger ones to cater to. I knew leaving with my children was out of it because I had applied alone. I never knew I would miss them as much as I did. The loneliness was felt almost immediately as I left work daily. I would cry myself to sleep every night.<sup>43</sup>

She further states,

Though I could send enough money home for my husband's medication, my children's needs, and my family's, not being able to talk to them as often as I would have wanted was quite painful. At the time, the mobile phone was just being introduced, and the network issues were very frustrating. After the third year, I started filing for them to come on holiday, but they were denied visas for about four years. Later, my children were granted visas, and they came to live

<sup>42</sup>Ekpe, C. P.(1983) "Social Welfareand Family Support: The Nigerian Experience", *Western Michigan University: The Journal of Sociology and Social Welfare Vol. 10 Issue 3, Article 11, September*. p.484.

<sup>43</sup> Interview with Mrs Ayodele, Bunmi. (59yrs Old) Nurse, (2021) Northern Ireland. October 3.

with me. My husband was never given a visa, so I constantly visited Nigeria before his demise.<sup>44</sup>

This is just one of the challenges that female migrant nurses have faced. It was easier for female migrant nurses who had retired in Nigeria before migration because their children were much older, and their husbands could visit now and then. For example, Mrs. A says she has four children. The first child had already left for the USA (United States of America). The second had just graduated, the third had just gained admission to the university, and the last child was already in secondary school; they were more mature. It was easy for her to deal with it because they had left home technically.<sup>45</sup> The major push factor for the migrant nurse is economic. Though the pull is also economically inclined, the ease and organisation of access were very encouraging. Nigerian nurses, especially female nurses, are registered across the Global North. This is evident with Nigerian nurses' associations littered across the Global North, such as the National Association of Nigerian Nurses in North America (NANNA), the Nigerian Canadian Nurses Association Alberta, the Nigerian Nurses Charity Association UK (NNCAUK) etc. On the platform of the NNCAUK, it is stated that "... it is a non-profit organisation incorporated in January 1998 in the UK. The association represents approximately 3000 Nigerian nurses and intends to establish chapters nationwide."<sup>46</sup>

### Conclusion

The Nigerian female migrant nurse migrated due to poor pay. The positions they went to fill were vacated for the same reasons they left their jobs. However, it is more lucrative for the Nigerian female migrant nurse because of the currencies' second-rate facilities and comparative exchange rate. The female Nigerian migrant nurse is also a wife. She is a wife who has been forced to take up the role of a breadwinner by virtue of the lucrateness of her vocation in the Global North. She was able to fulfill this role due to the weight of her paycheque and the strength of the currency when she exchanged it for the Nigerian currency – Naira. While she could guarantee a good life for her nuclear family, the remittances went a long way to take care of her responsibilities back home. Given the patriarchal nature of the Nigerian society, the decision for a wife and mother to migrate is a tough decision. It is a decision that often requires the

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<sup>44</sup> Interview with Mrs Ayodele, Bunmi(59yrs Old) Nurse, (2021) Northern Ireland. October 3.

<sup>45</sup> Interview with Mrs. A (Informant chose to be anonymous) (75years Old) (2021) Retired Nurse from Teaching Hospital in Nigeria who is still working as a Nurse in the UK. October 12.

<sup>46</sup> "Welcome to NNCAUK" <https://www.nncauk.org/> Accessed February 6, 2022.

understanding and support of the husband. Economic and livelihood considerations (the search for the extraordinary life) elicit the migration of Nigerian female nurses to the Global North because of the empowerment realised, to give the family a better life; sound healthcare system for the family, excellent educational system, and the ability to send remittances back to the home country for family and friends. Being wives has been central to this discourse because of the emphasis on marriage amongst most cultures in Nigerian societies. There have been reports about female Nigerian migrant nurses losing their lives at the hands of their spouses over the improved financial statuses of the wives and a simultaneous display of independence, which is at variance with Nigerian patriarchal traditions. This has not been captured in this article. I hope further research will look into this and other issues, such as regional and group variations in the age differences of the migrant nurses, their experiences, and so on.

### Appendix



Source: Facebook page of the National Association of Nigerian Nurses in North America (NANNA)

<https://www.facebook.com/National-Association-of-Nigerian-Nurses-in-North-America-127780033961808/services>