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

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Abstract

This paper examines an oft-neglected feature of international migration: social changes (disruptions and/or dislocations of their normal ways of living) in source societies in response to the exigencies of these migrations, and their eventual consequences. It demonstrates how policies in developed economies inadvertently impact on developing societies by creating new social conditions. An exploratory case of Nigerian nurses' international migration, the paper takes the hypothetical perspective that the socio-economic effects of migration have engendered a crystallizing 'culture of exile' among significant youth populations. It examines the lures/motivation of nurse training and establishes a new dominant drive – the urge to migrate to developed, high-income economies. This development is a direct result of the long-term 'progressive impact' of migrated nurses' remittances in local societies. The paper shows how locals' belief in the high probability of nurses to attract 'overseas' suitors/spouses also feeds into the narrative. The development dire consequences were also highlighted.

Keywords: Nurses, Motivation, International Migrations, Culture of exile, Nigeria.

Résumé

Ce document examine une caractéristique souvent négligé de la migration internationale: les changements sociaux (perturbations et / ou des dislocations de leurs façons normales de la vie) dans les sociétés d'origine en réponse aux exigences de ces migrations et leurs conséquences éventuelles. Il démontre comment les politiques dans les économies développées incidence par inadvertance sur les sociétés en développement en créant de nouvelles conditions sociales. Un cas exploratoire des infirmières nigérians de la migration internationale, le papier prend la perspective hypothétique que les effets socio-économiques des migrations ont engendré une cristallisation «culture de l'exil» parmi les populations de jeunes importantes. Il examine la leurres / motivation de la formation infirmière et établit un nouveau lecteur dominante - l'envie de migrer vers développés, les économies à revenu élevé. Cette évolution est une conséquence directe de long terme 'impact progressif »des envois de fonds des infirmières migré dans les sociétés locales. Le document montre comment les habitants de la croyance en la forte probabilité d'infirmières pour attirer 'l'étranger' prétendants / conjoints se nourrit aussi dans le récit. Les conséquences désastreuses de développement ont également été soulignés.

Mots clés: infirmières, la motivation, la migration internationale, la culture de l'exil, au Nigeria.

Introduction

Most of the developed economies have long turned to 'immigration countries' for their population needs. For this they have been experiencing substantial emigration from such 'immigration countries' for more than three decades (Brown and Bean 2006: 347). 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 (Ibid 354). The preferred group have often been people in the "highly skilled" category (Mahroum 2001; Findlay 2002), and these tended to be, overwhelmingly, healthy adults in their early 20s and most likely college-educated and unmarried (Brown and Bean 349; Stiwell et al 2004). 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 (Stiwell et al 2004: 595-596; Buchan et al 2006). Indeed, while the international mobility of nurses is nothing new (RCN, 2010: 1), some of its oft-

neglected side effects remain sources of conflict and discontent in source communities.

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 (FGD 2012; Angelina 2012: Personal Communication (PC); Anthonia 2012: PC; Bridget 2012: PC; Ignatius 2012: PC). Thus, much of the migrations by nurses were undertaken by young females, while the effects of these migratory trends also disproportionately affected the young female folk in source communities. Essentially, the study seeks to answer the following pertinent questions: (1) What were the lure(s) and motivations to the nursing profession among young people? (2) In what ways did the intention to migrate influence young people's career choice(s)? (3) At what stage do young people conceive the intention to migrate? and (4) What have been the impact and implications of this development in Nigerian communities? In other words, though this paper agrees that the decision to migrate is essentially a personal one and therefore susceptible to changing personal circumstances (Stiwell et al 2004: 596), 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 were made, as well as the effects of this on society.

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' the trend has produced 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. The implications of the crystalizing trends are then evaluated in the last section.

Literature Review and Historical Framework

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 (Anon. 2012). 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-Sahara 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 emigrated to selected countries of the Gulf region and South East Asia. Indeed, many were of the opinion that these richer countries, especially 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" (Friedman 2004; Bach 2004).

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 (RCN 2010), 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 from which they rarely returned. 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 and international exploitation" (Breier 2009: 43). In other words, a good number of these professionals embark on their migratory mission to gain experience and new knowledge for their personal development.

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, in establishing the context for this study, the present researchers undertook a careful, detailed and critical survey of such extant literature on international migration of health workers. It is, thus, their informed opinion that the literature 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.

Dovlo (2007: 1375) has pointed out that the nurse workforce in SSA is a significant component of its health workforce, perhaps more than on other continents. 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 (Ibid). 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 more than 150 million people and the continent's largest economy – that 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 (Mberu and Pongou 2010).

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 (Ibid), 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 (Ibid). 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 (Ibid). 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 explained in the context of a grossly weakened political system owing largely 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 (Watts 2009). It has also received over $400 billion in foreign aid (Burleigh 2013). These, unfortunately, never translated into social and economic prosperity for millions of its citizens. Rather, the vast majority of the country's citizens, in spite of the country's immense human and mineral endowments, kept sinking deep in poverty, 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 trends of events in the country, the then newly emergent democratic government of Shehu Shagari (1979-1983) embarked on an aggressive austerity measure programme in 1982 which led to severe hard times for so many people in the country. This, in conjunction with the uncertain political climate, 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 legendary "Andrews" wishing to "check-out" of the country – the progressive socio-economic conditions of the global West were quite alluring. With these developments, the stream of emigrants to this region began to increase. Unlike previous emigrants, these largely economic migrants tended to stay abroad for longer periods, and some never returned – a self-styled 'exile' of sort. It was from this period that a well-developed culture of professional migration began to emerge (Mberu and Pongou 2010).

Indeed, medical professional migrants, especially nurses, typically followed these trends too. Instructively, most of the study's respondents agree with this position. Articulating this position, Fidelia (2012: PC) 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 elsewhere in North America to work. We were young and newly qualified as 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 literarily worked in the country and we were 'OK' with the conditions, both of living and working, then.

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 (2012: PC):

The general belief then [before the late 1970s] was that only the 'never-do-wells' in the community left the country in search of jobs 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.

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 funds. 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 General Ibrahim 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 supervised by the Bretton Woods institutions – IMF and World Bank – such benefits could not trickle down to the massive army of the country's poor, but instead also "created serious social and economic crisis and exacerbated the conditions of poverty in Nigeria (Odoemene, forthcoming)." Thus, with this economic policy the incidence of poverty in Nigeria kept on increasing (Ayadi et al 2008; Anyanwu 1992). These ultimately strangulated Nigeria's economy, making even basic nutritional needs become known as "essential commodities", and virtually eliminated the middle class in the country's social structure and polity. In this regard, Mberu and Pongou (2010) 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.

Consequently, by the 1990s it had become very fashionable for professionals to exit the Nigerian state in search of "greener pastures" abroad, both for work and living. Incidentally, this was even more so for nurses, whose services were needed, sought after and handsomely appreciated, particularly in the developed economies. Indeed, the fact that such nursing jobs came with fat pays further encouraged migration among this group. For the so many who emigrated from Nigeria for better socio-economic climes 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 economies were remarkably popular and frequently engaged in, both in the cities and hometowns, as well as among the youth and even the elderly. Undeniably, the case of the nurse migrants became quite popular.

Similarly, the achievements of these migrants, especially the nurses, 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 (FGD 2012). Many also built superb houses which were exquisitely decorated and furnished, often times in the Western fashion. These not only reflected their new social orientations, having been living in the Western world (Anthonia 2012: PC; Ignatius 2012: PC; FGDs 2012), but also stood as physical evidences of their upward socio-economic ascendency in the local societies (FGDs 2012; Anthony 2012: PC; Tessy, 2012: PC; FGD). A good number of them also made investments into various other kinds of economic ventures to get better established 'back home' in Nigeria (Anthonia 2012: PC; Ignatius 2012: PC). 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 (Anthony 2012: PC).

There were 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-biased 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. Indeed, this gendered cultural stereotype of nursing may have contributed in no small measure to what has been seen as "the feminization of migration" (Adepoju 2004). 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 (Ibid).

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 were initially relatively negative. 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 servants" (or "doctor's maids"). But this perception soon witnessed a transition, moving from one which was negative to one that was favourable, admirable and encouraging, advisably for young people to pursue. Consequently, unlike hitherto the case, nursing began to assume a position of a 'career of choice' amongst the people. Indeed, the wealth and upward socio-economic ascendency witnessed by nurse migrants, which also reflected in local societies in Nigeria was partly responsible for this change of perception.

The 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 so much attention and emphasis, most times unnecessarily, were often placed on 'university courses' and 'university

graduates', to the near ridiculing of those of other institutions of tertiary education. To be sure, 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. From the perceptions of many instructors in, as well as the records of the Nursing Schools sampled 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 Nigeria-based 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 (Mary 2012: PC; Fidelia 2012: PC; Anthonia 2012: PC; FGDs 2012). This development, one argues, was a direct product of international influences as well as the new reputation which the profession had acquired since the 1990s. Accordingly, by the late 1990s and at the dawn of the 21st century, nursing emerged as a respectable, significant and formidable profession in Nigeria, mostly dominated by women and with great prospects and allurement for rewarding and beneficial experiences, particularly for the many that migrated to the developed economies.

Data and Methods

This research was carried out in five Nigerian cities – Benin, Calabar, Ibadan, Lagos, and Owerri – as well as in three US cities – Illinois (CH), Providence (RI), and San Diego (CA). The study has a trans-disciplinary focus which bestrides especially the fields of history and sociology (historical sociology), but also historical demography. For this reason, its data collection essentially involved a triangulation of methods, however, within a qualitative framework. Basically, the study's data included field-based primary sources – in-depth interviews (IDI) and Focus Group Discussion (FGD) sessions – and to some extent, direct observation. The bulk of such primary source methods (IDI and FGDs) were got through first-hand, key-informant oral accounts regarding the concerns of the research. Diverse key-informants – aged 18-68 – were selected (1)

purposely, due to their positions (either as community leaders or (student) nurses, (2) through a random sample (amongst nursing students), and (3) through the 'snow-ball' sampling technique, as many who were purposely chosen further directed us to other 'participants of interest'.

For this research, some sixty-four IDIs and eight FGDs were conducted amongst key-informants which included both genders drawn from the study communities. This equally included twenty-three nursing students from six nursing schools (in Benin, Calabar, Emekuku, Ibadan, Lagos, and Owerri respectively). In addition to gathering preliminary information on respondents' perspectives on nurses' international migration, their views on the intersection of such development with the motivation to become a nurse, the engendering of a 'culture of exile' among the youth, and the 'overseas husband' dynamic of the development were equally sought.

Similarly, each respondent was asked about his/her perspectives on the implications of such developments in society. Particularly, from amongst the nursing students we also sought to know their motivations for joining the profession, their attitudes toward migration, and especially on a variety of issues related to their experiences as nursing students, such as the validity of a claim that their everyday in-training preparations essentially represented a life in transit: waiting for an expected end – migration. They were also questioned on their stake on other features of 'the culture of exile' phenomenon, such as the 'overseas husband' trend. Secondary data for the study were derived from extant published literature from which relevant insights on the issues of concern to the research were got. These source materials were gathered from a variety of libraries and resources both within and outside of Nigeria.

In terms of method, which covers the study's analysis, interpretation and presentation, it was approached from the Historical Sociology (HS) perspective, and thus was tactfully normative and descriptive. HS turns to historical explanation, through critically analysis, to understand society-wide complex processes of change and historical transformations (Skocpol 1984), that occur infrequently and over the *longue durée*, but which ultimately impact and shape the society as a whole (Prasad, nd). Thus, as HS aims to unravel the complexity that lies behind the interaction between social structures and social action (Hobson et al 2010: 5) its framework was effectively utilized in this research, as Mahoney and Rueschemeyer (2003) argued, in noting its usefulness, to create interpretations and explanations that are valid beyond a particular time and place. Thus, the HS framework is utilized in critically examining, for interpretations, explanations and better understanding, the changes in

motivation to become a nurse in Nigeria, the dynamics of migration amongst nurses and the trends it has produced over time.

Results and Discussion

In this section we would attempt a discourse of the main findings of this study. The section is divided into four different sub-sections so as to give the issues under discussion a thematic, clearer and detailed focus.

Traditional Motivations for becoming 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 (Cf; Breier et al 2009: 83-92; Anon. 2012; Bower et al 1987), was 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 (Bower et al 1987), 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. These considerations made them gravitate towards the healthcare field, and for some, to pursue nursing vocation (Mary 2012: PC; Fidelia 2012: PC; Anthonia 2012: PC; Francisca 2012: PC; FGDs 2012). 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 (Anon. 2012).

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 was quoted as saying, 'anyone who has compassion for caring for people can become a nurse' (Anthonia 2012: PC). 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, to a mere glimpse of their seemingly organized life in training. For instance, Lady Angelina (2012: PC) narrated an example of such circumstance:

When I went for the nursing school interview in faraway 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.

Indeed, this becomes more illuminating if one considered the 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 (Salgado 2009).

Another traditional factor for training as a nurse was role-modelling. This could be by parent(s) or other 'mentor' who was a nurse. Thus, because these respected persons were seen as role-models, the younger ones often times tended to follow their career paths. This was the view of a good number of nursing student respondents during interviews, and was as true for nursing as it was for so many other professions – teaching, engineering, medicine, law and so on. As some nursing student respondents noted, some of these role-modelling aspirations were often exhibited quite early (Anon. 2012) and such flames of interest were also often fanned by such parents. Closely related to this is the fact that some parents were in the habit of dictating to their wards what profession to take or career-path to follow, or the course of study to enrol in. To be sure, this is also a widely acknowledged inclination of parents and guardians 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, the nursing profession 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 because of its noble status and image, or the prestige and respect the profession commands. Interestingly, attractions for such admiration also included the appearance – uniform and 'smart looks' – of nurses

(Ibid). All these made the nursing profession to be respectable and honourable in the society. Understandably, these attractions were sufficient enough reasons for many young people to join this care-giving profession. In arguing this position, a commentator has note that

[W]hat you admire is what attracts you the 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 (Anon. 2012).

New Realities, New Motivations

As in so many other instances, external factors elsewhere triggered off some new motivations noticed among many young people who became nurses. These new motivations were often in response to some 'pull factors' originating mostly from elsewhere. 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) (USDHHS 2006; Aiken 2007) – will grow to more than one million nurses by the year 2020 (Fox and Abrahamson 2009). This has been caused mainly by US Nursing Schools' inability to increase enrollment due to scarcity of faculty in schools (Institute of Medicine 2011; Clark and Allison-Jones 2011; Ellenbecker 2010; Buchan and Aiken 2008). 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 (Beechinor and Fitzpatrick 2008). This seems like good news for SSA nurses with the intent to migrate. Also, many of the developed economies and wealthy Gulf countries often looked elsewhere, particularly in SSA, to offset their nursing shortages by hiring and importing so many international nurses to satisfy or offset their local needs and demands for nurses (Rosenkoetter and Nardi 2007).

Indeed, it has been predicted that additional nurse requirements of the destination countries, especially those of the developed world, were large enough to deplete the supply of qualified nurses throughout the developing world (Ailen et al 2004). 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 (at state of city levels) rather than a

central (national or federal) arrangement (Josephine 2012: PC). For the intending-migrant nurses, moving to the destination countries had a lot of benefits that came with it. These included (a) job opportunities and security, as well as improved working conditions (including more and better opportunities for further training), (b) very good pay package, (c) nursing tourism opportunities – the in-service movement of nurses from place to place – and (d) societal recognition and respectability. Discussions held with nurses in the US as well as those in Nigeria proved these hypothetical perceptions of benefits in the destination countries to be correct.

With all these socio-economic transformations the nursing profession, therefore, got equally transformed from a 'low profession' to becoming one of the most lucrative professions, and nurses became rated among the best paid workers globally (Obioma 2014). 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 meant that their needs and those of their families will largely be met (FGD 2012). For a good number of others, the attraction was a combination of the pay factor and the desire for a better work environment and conditions. If one goes back to the issue of motivation, it is quite true that extrinsic motivation comes from outside of the performance. Doubtlessly, 'money-making' is an obvious example of interest in this case.

Money-making was not just the primary motivator of many students in Nigeria and most developing countries to enrol into nursing programme, but also made these would-be nurses to study hard as students in order to qualify. Thus, for the so many who see nursing as money-making avenue, the desire to migrate to wealthier countries in search of a better pay (salary) was often rampant (Nguyen et al 2008: 2). Undeniably, this was at the heart of the new motivation and lures for training to become a nurse among young people in Nigeria since the early 1990s. 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 had the migration notion at the back of their minds when deciding to train as and be a nurse. As Lady Angelina aptly argued, "if there was no 'market' for these nurses, in the first place, this new motivation and the frenzy that comes with it would not have developed" (Angeline 2012: PC).

The Crystallizing 'Culture of Exile'

Due to what was aptly described as 'poverty in the land' (Mary 2012: PC), and the high demand for qualified nurses, especially in developed and rich economies (with the pay and respect that came with it), chances were 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. 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 trends over a significant period and its consequential economic effects, would engender, create and reinforce in the source countries and communities. In the Nigerian case, this trend created among young people, on the one hand, a novel mind-set which were 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. The emergent trend, on the other hand, inadvertently led to the crystalizing of a common culture imbued with the desire to migrate.

The 'culture of exile', as we argue, was beginning to crystalize among the country's young people. It 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 North 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 handsomely well – seemed to be a clear attraction. Diverse experiences show that the migration of nurses to the developed world have almost always paid off, though sometimes with certain constraints as we shall see later, as there were usually significant changes in the economic and social status of their families not quite 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 flourishing migration episodes. The same economic difficulties forced many Nigerian young men to go also in search of their own greener pastures outside the shores of the country. Unfortunately for many, things did not always seem or go 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 (FGD 2012; Josephine 2012).

In other words, the effects of the remittances and subsequent upward socio-economic mobility of mostly professional nurses who migrated to and got employment in most high-income economies, were notable. But equally instructive was the fact that becoming a nurse emerged and developed as 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. Records show that a good number of the Nigerian youth gravitated towards that profession from this time forward. Nursing enrolment records from the Schools of Nursing surveyed across the country showed astronomical increments in students' application and intake from the early 1990s, which was the time we predict the 'culture of exile', through the nursing profession, began to kick-in in the Nigerian society. 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.

In this respect it needs to be pointed out that this is not merely the act or mind-set of the young people per se, but could be said to be a societal affair. The migration trends became common communal knowledge and were often sanctioned by society. Indeed, the passion and quest exhibited by families for their children, who read nursing, to migrate 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 (Jennifer 2014: PC; Onyinye 2014: PC; Anthony 2012: PC; Fidelia 2012: PC). 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 migrated abroad for job opportunities (FGD 2012). 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 (FGDs 2012). Moreover, this practice was equally very popular among peers who influenced each other and one another, based on the trends and socio-economic circumstances in their respective societies (Francisca 2014: PC; Jennifer 2014: PC; Obioma 2014: PC; Ejiro 2012: PC; FGD 2012).

Another pervasive development 'culture of exile' phenomenon was the *Di Obodo Oyibo* or *Oko Ilu Oyinbo* ('overseas husband') factor, which was another dimension towards achieving the desired migration and intimately related to the 'culture of exile' trends. In this regard, it needs to be noted that there was, indeed, a high probability that females who were training or have trained as nurses would 'acquire' an oversea-based husband. Indeed, there were several cases of this development across the country and the phenomenon was rather rampant. It thus led to the popular allusions to *Di Obodo Oyibo* among the Igbo or *Oko Ilu Oyinbo* in Yorubaland, both meaning 'overseas husband' – a special, desirable and privileged chance in the society. To be sure, same references existed amongst most other Nigerian groups. Ultimately, this situation led 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 (Anthony 2012: PC; Mary 2012: PC; Angelina 2012: PC; FGD 2012).

For instance, Onyinye (2014: PC) recalled how 'oversea' suitors or their relatives hung around her school in the evenings looking for no one in particular, but only trying their luck at getting a prospective bride. In another instance, Ejiro (2014: PC), a registered Nursing Sister, disclosed that no less than eight people have asked her to help find and arrange for 'nurse wives' for them or their relatives living abroad. Many of them, she noted, insisted on either getting married to a nurse or remain unmarried. Indeed, parents' and relatives' preferences of 'oversea suitors' (for their daughters) over even most decent men resident in Nigeria was likewise very common and rife. Jennifer, a teenage nursing student, in narrating her ordeal in this wise, noted how her family thwarted her efforts at marrying 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 (Jennifer 2014: PC). Certainly, this was not an isolated case. Oluwafemi (2014: PC) also narrated his experience:

My uncle has agreed to help bring me over to Canada, but 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 problems with that.

Another side to the *Di Obodo Oyibo* or *Oko Ilu Oyinbo* trend was that many graduates from other fields of knowledge sometimes retrained and became

nurses for this same reason. In some other circumstances, there was palpable pressure on young ladies trained in other professions/disciplines to 're-train' as nurses. The pressure came from their abroad -based suitors or husbands who want only nurses as wives. Thus, such 'retraining' as a nurse was often a guarantee for their eventual travel to meet and stay with their spouses abroad (FGDs 2012). In both trends of the *Di Obodo Oyibo* or *Oko Ilu Oyinbo* development the scenarios were hinged on the belief that nurses were very well remunerated in the developed world, thus the desire to have one as a wife. For instance, a good number of the interviewees knew at least more than three people in this category; in certain cases, some were their school mates. In other words, the important point to note here is that the society placed a high premium on those who took to the nursing profession, with the whole idea geared towards migration to the developed economies.

Implications of the 'Culture of Exile'

Change in gender roles was a notably implication associated with the 'culture of exile' development. This is aptly exemplified in many societies. For instance, a prominent feature of marriages in many Nigerian cultures was the unique roles played by each gender in the family. The male was regarded as the head of the home with the accompanying duties of providing for all its basic needs, and assisting his in-laws where necessary, while the female was majorly a companion, a helper and an assistant, with the fundamental task of caring for and nurturing her husband and child(ren) (Anthony 2012: PC; Tessy 2012: PC; Mary 2012: PC; Bridget 2012: PC). Indeed, this was the norm. However, such age-long unique traditions in families were being seriously challenged and altered by the exigencies of this migration trends. In such a situation where it was a widely held belief in society that these migrant nurses (mostly females) became the breadwinners and financiers of their families – both of orientation and marriage – meant that the hitherto primary responsibilities of the males were being taken up by the females (Anthony 2012: PC; Tessy 2012: PC).

This context was a 'silent' problem in many families and societies, especially where it was considered a thing of shame for any 'healthy man' to be fed by a woman, as such a person was considered "half man" and not expected to challenge other men in any circumstance. Sooner than later, he was also going to lose control in his home as the head of the family (Anthony 2012: PC). Though such a change in gender roles were not quite accepted or endorsed in most Nigerian cultures, and thus ran contrary to the acceptable societal norm, this had become a socio-economic reality and a veritable source of conflicts within and between families and societies. Without a doubt, due to the significance of this phenomenon in male-dominated societies in Nigeria, it truly deserved a more critical research attention.

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 – often the best, as those were the most sought after – the source societies' medical systems were being severely impoverished. This situation was ultimately engendered by un-abating brain drain of qualified manpower in its nursing sector. Nigeria, like many other countries of SSA, faced a crisis with human resources for health. The WHO estimated that though SSA, of which Nigeria belongs, has 25 percent of the world's diseases burden, it possessed only 1.3 percent of the trained health workforce (The Lancet 2006; WHO 2004). Indeed, as a report further confirmed, the availability of trained health workers influenced the attainment of health goals (JLI Africa Working Group 2004), thus, the 'shortages' being experienced due to the migration of nurses and other health professionals to developed countries was considered and linked as a major contributor to an emerging health crises in the region. 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 were arguably the most important health care workers available in most nations in the region. They performed a broad range of tasks and were often working in settings where no other health workers, including physicians, were available (Munjanja et al 2005). As at 2005, it was argued that SSA needed 600,000 additional nurses to meet the average density for its low-income countries (Buchan 2005). However, this goal was unlikely to be achieved with the continued exodus of nurses from African countries (Ibid), and has even become worse in contemporary times due to the large volume of these migrations. Indeed, a recent upsurge in nurse migration worsened the situation as inflows from training schools were unable to maintain existing poor staffing levels (Dovlo 2007). 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. As 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 (Bridget 2012: PC).

Again, the health system in Nigeria was 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 (Obioma 2014: PC). This posed 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 (Ibid).

The euphoria of and for 'oversea husband' had its dire consequences too. Usually, it was 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 was often caused by the quick realization that the so called 'awayian boys' (abroad-based young men) did 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 found 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, both nuclear and extended, as was previously noted. These circumstances produced a feeling of exile in many of these nurses, as 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 (Margaret 2014: PC; Josephine 2012: PC; Helen, 2012: PC).

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. Helen (2012: PC) 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" (Helen 2012: PC). 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 (Margaret 2014: PC; Josephine 2012: PC; Helen, 2012: PC). In some cases, these nurses, having found themselves in developed economies where women's rights and gender equality were firmly upheld and championed, ceased the opportunity to free themselves from what was considered a 'tyranny of modern slavery'. This was mostly through divorce and in most cases the custody of their children (Margaret 2014: PC; Josephine 2012: PC; Obioma 2014: PC). This too was alien to most Nigerian cultures as they only upheld men as the 'sole owners' of offspring from marriages (Anthony 2012: PC).

Many Nigerian men who lost their dignity, status and respect as the head of the home, and/or even their children in these circumstances often fought back. In many instances some even employed dangerous means to get at the women they claim to have spent a fortune to bring over to a 'new world', but who turned 'masters' in their own right, by refusing to do their men's biddings while in the developed countries. In this respect, there have been several cases of wife murders and killings associated with this development – a trend which seemed not to be abating (Margaret 2014: PC; Josephine 2012: PC; Helen, 2012: PC). 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 all sorts of means, including diabolical ones, in their efforts at getting back at the other parties (FGDs 2012).

Conclusion

Since the late 1980s and early 1990s, a significant proportion of Nigeria's most qualified nurses had relocated to health care homes of the developed countries. Their experiences and remittances have had a knock-out effect on the motivation of young people in Nigeria to join the profession. It is obvious that the growing quest among young people in Nigeria to become nurses is not always borne out of love for the profession – the desire to care for the sick and save lives. More than ever, economic motivations have scaled up such quests, especially in contemporary times. Such a development has been tied to the developed economies which have provided the incentive and lures (pull factors) that triggered such new motivations. Without a doubt, dire economic conditions in the country and the desire to escape such conditions account for the push factor in this equation.

The inadvertent impact of this development on developing societies, like Nigeria, has been enormous. Not only has it led to "brain drain" and at once 'brain gain', as some are wont to argue, but more importantly, it created new social conditions where the youth in such developing societies developed an idea of an imagined society which could only be realised through migration to the developed world. More remarkably, becoming a nurse became for many a sure and most reliable way of achieving

such a goal. The strategy utilized by young people to achieve their goal through becoming nurses is two-fold. The first is that the global demand for nurses has been on the increase, thus one becomes a much-sought-after professional by becoming a nurse. The second is that the economic fortunes of being a nurse 'abroad' have made so many Nigerian men living in developed countries to only seek to marry nurses or those training to become one, with the hope of bringing them over to make much money.

Thus, whichever way it went, the end point was 'self-exile' through migration to the developed world. These have been the trend over the years and there seemed to be nothing that would stem this tide, particularly as the 'conditions' – both in the source and destination communities – remained valid. This was, no doubt, ensuring an imbedded 'culture of exile' in many Nigerian societies.

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