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ORIGINAL RESEARCH

Migration Intentions, Practice Environment, and Satisfaction among Nigerian Nurses

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Abstract

Background: Nursing workforce migration is a function of the nursing practice environment and satisfaction with the general situation of their country of practice. There is a need to provide empirical data on the intent to migrate among nurses and satisfaction with the working environment in Nigeria.
Purpose: This study aimed to assess migration intention, favorability of practice environment, and level of satisfaction with the Nigerian environment among nurses in a private teaching hospital in Nigeria.
Methods: This descriptive cross-sectional study recruited participants using a simple random sampling technique. In all, 124 nurses participated in the study. Data were collected using the migration intention questionnaire, nursing practice environment scale, and satisfaction with Nigeria environment questionnaire. All ethical principles were adhered to. Data were analyzed using Statistical Package for Social Sciences version 20 in terms of frequency, percentage, mean, and standard deviation.
Results: An overwhelming majority (95.2%) had the intention to migrate to other countries, with 63.6% of them having already been in the migration process. Canada (34.8%) and the United Kingdom (33.9%) were the most sought-after countries. Nurse manager ability, leadership, and support scored highest on the favourability of the nursing practice environment (M=2.92, SD=0.80), while staffing and resources inadequacy had the lowest score (M=2.63, SD=0.68). Overall, 75.8% of the nurses described their practice environment as favourable. Political conflicts and wars were the most dissatisfying areas of Nigeria's environment. Overall, the majority (61.3%) of nurses were dissatisfied with the Nigerian environment.
Conclusion: The majority of the nurses participating in the study were planning to migrate to another country and were not satisfied with Nigeria's environment. The nurses claimed that their practice environment was unfavourable. There is a need to make the nursing practice environment more favorable to the nurses.

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1. Introduction

Human resources are important for the growth of any nation. Achieving the 3rd Sustainable Development Goal of good health and well-being requires adequate health manpower. Inadequate human resource capital delays processes of growth and development. One of the contributing factors to human resource development in developing countries is the migration of skilled human resources (Olorunfemi et al., 2020). Migration is a worldwide phenomenon (Chiamaka et al., 2020; Thompson & Walton-Roberts, 2018). Nurse migration has increased dramatically throughout the world (Buchan et al., 2022; Goštautaitė et al., 2018; Olorunfemi et al., 2020). Nurses migrate for numerous reasons, which may include pursuing better economic opportunities, escaping oppressive political climates, pursuing better education, or for adventure (Chiamaka et al., 2020; Davda et al., 2018). Similarly, community and work environment may be a reason for nurses' migration intentions as it influences their job satisfaction (Akinwale & George, 2020; Davda et al., 2018; Labrague et al., 2018).

In Nigeria, the eroding wages and salaries, unsatisfactory living conditions and exchange rates, increased crime rate, social unrest, political conflicts, and war have been attributed to contributing to migration intentions among the populace (Akinwale & George, 2020; Fagite, 2018). Other factors that have been implicated in the increasing rate of migration intentions for nurses include unfavorable conditions of service, understaffing, stress, low prospects of professional growth and development, discrimination in appointments and promotions, and unconducive environments to productivity (Chiamaka et al., 2020; Fagite, 2018; Faremi et al., 2019; Olorunfemi et al., 2020; Oyediran et al., 2022).

The consequences of this mass exodus of nurses and other healthcare workers on the health system and economy of those developing countries are huge and capable of slowing down the development of such countries (Chiamaka et al., 2020; Olorunfemi et al., 2020; Raji et al., 2018). There is generally increased workload and burnout among the few nurses that are left in the country due to the reduced workforce (Faremi et al., 2019; Olatubi & Ogunfowokan, 2020; Olorunfemi et al., 2020). Increased stress had led to reduced quality of life of the few nurses left and dissatisfaction with the job and work environment, thereby continuing the cycle of increased desire to migrate from the country (Akinwale & George, 2020; Olatubi et al., 2022; Oyediran et al., 2022).

No fewer than 7,256 trained nurses in Nigeria relocated to the United Kingdom alone between March 2021 and March 2022 (Tolu-Kolawole, 2022). This did not include the statistics of nurses who migrated to other nations. According to the Registrar, Nursing and Midwifery Council of Nigeria, in 2023, over 15,000 nurses migrated out of Nigeria; this figure is more than 50% of the new nurses produced for the year (Abuja, 2024). Nigeria mostly produced a nursing workforce for the developed nations. Nigeria, being a low-income country, uses its scanty resources to train nurses for high-income countries that entice these nurses with pull factors. Hence, there is a growing acute and chronic shortage of nursing workforce to cater to the growing Nigerian population. As a nation, Nigeria needs 800,000 nurses to meet its healthcare needs (Premium Times Nigeria, 2022). These statistics will worsen if nothing is done to turn the tide.

One of the greatest obstacles to Africa's development is the emigration of African skilled workers to developed countries (Fagite, 2018). The loss of skilled nurses not only seriously weakens the healthcare system of the source country but also affects its healthcare economy (Raji et al., 2018). Scholars have advanced reasons for nurses' mass exodus from Nigeria, but little has been empirically documented in this area. Previous studies concentrate on the pull factors (Davda et al., 2018) that developed countries use to attract nurses from developing nations, with little emphasis on the push factors, which are mainly the working environment in Nigeria that encourages emigration. The few studies on the push factors were among other health professionals, health workers in general, or students studying health-related disciplines (Akinwumi et al., 2022; Ojo et al., 2023). This study, therefore, intended to assess migration intentions, practice environment, and satisfaction among nurses in a private teaching hospital in Nigeria.

2. Methods

2.1. Research design

The study adopted a descriptive cross-sectional design. Participants were sampled once to describe their migration intentions and their satisfaction with the practice environment and the Nigerian environment.

2.2. Setting and samples

This study was conducted among nurses at a faith-based private teaching hospital in southwestern Nigeria. The hospital has existed for more than 100 years and serves as a training institution for different categories of healthcare workers. Participants were recruited using a simple random sampling technique. The nurses' duty roaster in each of the wards and the unit was used to determine a sample frame for recruiting potential participants. A ballot system was then used to determine the nurses to be recruited for the study. Initials of the nurses in each ward were written on paper, and an independent person was recruited to pick the initials randomly. Only those nurses whose names were picked were recruited for the study. Nurses on annual leave or other forms of leave during the data collection period were exempted from the study. To qualify to be included in the study, the nurse must have been employed by the hospital for at least 6 months. Only those who voluntarily agreed to participate in the study after due education about the study were

eventually recruited for the study. In all, 124 nurses participated in the study. The sample size was calculated using the Taro Yamane formula for sample calculation (Yamane, 1973).

2.3. Measurement and data collection

Data were collected by two of the authors who were nurses between July and August 2022. Pen-paper-based questionnaires were used for data collection. Prospective participants were approached by the authors to explain the aim and procedure of the study in detail. Some of the participants filled out the questionnaire immediately and returned it, while the questionnaire for others was retrieved later from their ward/unit. The outcome measures were intention to migrate, satisfaction with the nursing practice environment, and satisfaction with Nigeria's environment. Data were collected using a structured questionnaire. The questionnaire consisted of three parts. It was made up of a 3-item questionnaire that assessed nurses' intention to migrate, a 30-item of McCloskey/Mueller Satisfaction Scale (MMSS) (Zheng et al., 2017), and an 11-item satisfaction with Nigeria environment questionnaire.

The migration intention questionnaire asked questions on whether the respondents would like to migrate to another country to practice nursing, whether he/she is doing anything presently about the migration intention, and the country to which they most desire to migrate. The MMSS scale consists of 4-point Likert-type questions of "strongly disagree-1", "disagree-2", "agree-3", and "strongly agree-4". Obtainable mark ranges from 30 to 120. The scale is subdivided into 5 parts. They are nurse manager, ability leadership and support (8 items); nurse participation in the workplace (8 items); staffing and resource adequacy (5 items); nursing foundations for quality care (6 items); and collegial nurse-physician relations (3 items). The Cronbach alpha score of McCloskey/Mueller Satisfaction Scale subscales varies from 0.71 to 0.87 (Lee et al., 2016), and the convergence validity of the construct is 0.44–0.74 (Juanamasta, et al., 2023). The last part of the scale is the 11-item satisfaction with Nigeria's environment scale. It is a 5-point Likert-type scale of "totally satisfied-1", "satisfied-2", "neutral-3", "dissatisfied-4" and "totally dissatisfied-5". Obtainable score ranges from 11 to 55. A high score signifies dissatisfaction with the Nigerian environment, while a low score means satisfaction with the Nigerian environment. A score of "11–46" is classified as satisfied, while "47–55" is classified as dissatisfied.

The validity of the questionnaire was ensured using face and content validity criteria. Face validity was assessed by having three experts review the questionnaires to determine if the items appeared to measure the intended construct. The result showed that both questionnaires were valid to measure the construct. The instrument then went through a content validity test, which involved more thorough reviews, where two experts ensured that the instrument covered all relevant aspects of the construct with an I-CVI of 0.83 for MMSS and 0.81 for satisfaction with the Nigerian environment. The reliability of the scales was determined by using a Cronbach alpha test on 20 nurses to measure its internal consistency. The MMSS and the satisfaction with Nigeria environment questionnaire had a Cronbach alpha score of 0.96 and 0.877, respectively.

2.4. Data analysis

Data were analyzed using Statistical Package for Social Sciences (SPSS) version 20 (IBM Corp., 2011). In the statistical analysis, descriptive statistics of frequency, percentages, mean, and standard deviations were used.

2.5. Ethical considerations

Ethical approval was sought and gained from the ethical board of the hospital where the study was carried out (BUTH/REC-691). Informed consent was obtained from all the nurses who voluntarily participated in the study. Retrieved data were stored in the personal computer of one of the authors and used only for research purposes. Strict confidentiality was maintained throughout every stage of the study.

3. Results

3.1. Participant's characteristics

Table 1 shows the characteristics of the study participants. The mean age of the nurses who participated in the study was found to be 30.64 (SD=9.06) years. Only 5.6% of the nurses were male, and more than half were single (58.9%). About half (48.4%) of the nurses have at least a first degree in nursing, while the highest qualification of 51.6% was found to be a diploma. An

overwhelming majority (90.4%) were Yoruba, while 78.2% were nursing officer II (NO II). Almost all the participants (97.6%) were registered nurses (RN), while those who were registered midwives were 33.1%.

Table 1. Characteristics of the participants (n=124)

Characteristics	f	%	Mean	SD	Min-max
Age (years)			30.64	9.06	23 – 60
21 – 30	93	75.0			
31 – 40	17	13.7			
41 – 50	4	3.2			
50 – 60	10	8.1			
Gender					
Male	7	5.6			
Female	117	94.4			
Marital status					
Married	47	37.9			
Single	73	58.9			
Widow	4	3.2			
Ethnicity					
Yoruba	112	90.4			
Igbo	6	4.8			
Others	6	4.8			
Educational Qualification					
Diploma of nursing	64	51.6			
First degree of nursing	60	48.4			
Professional qualification*					
Registered Nurse	121	65.8			
Registered Midwife	41	22.3			
Registered Public Health Nurse	15	8.1			
Registered Peadiatric Nurse	4	2.2			
Registered Mental Health Nurse	3	1.6			
Rank					
Nursing Officer II	97	78.2			
Nursing Officer I	16	13.0			
Senior Nursing Officer	1	0.8			
Principal Nursing Officer	1	0.8			
Assistant Chief Nursing Officer	4	3.2			
Chief Nursing Officer	2	1.6			
Assistant Director of Nursing Services	3	2.4			

**Some of the participants had more than one professional qualifications*

3.2. Nurses' intention to migrate

Figure 1 illustrates the nurses' intention to migrate, while Figure 2 describes the destination of migration among Nigerian nurses. The intention to migrate to another country to practice nursing among the participants showed that an overwhelming majority (95.2%) of the nurses would like to move to another country to practice. Only 6 (4.8%) said they did not intend to migrate to another country. Out of those who intend to migrate to another country, results showed that 63.6% of them said they had already begun the process of migration (Figure 1). The most sought-after countries to migrate to the participants were found to be Canada (34.8%), the United Kingdom (33.9%), and the United States of America (16.9%) (Figure 2).

3.3. Nurses' satisfaction with the nursing practice environment

Overall, participants were more satisfied with "nurse manager, ability leadership and support" (M=2.92, SD=0.80), closely followed by "collegial nurse-physician relations" (M=2.91, SD=0.55), as can be seen from Table 2. On the other hand, satisfaction with "staffing and resource adequacy" was the least unfavorable to the nurses, with a mean of 2.63 (SD=0.68).

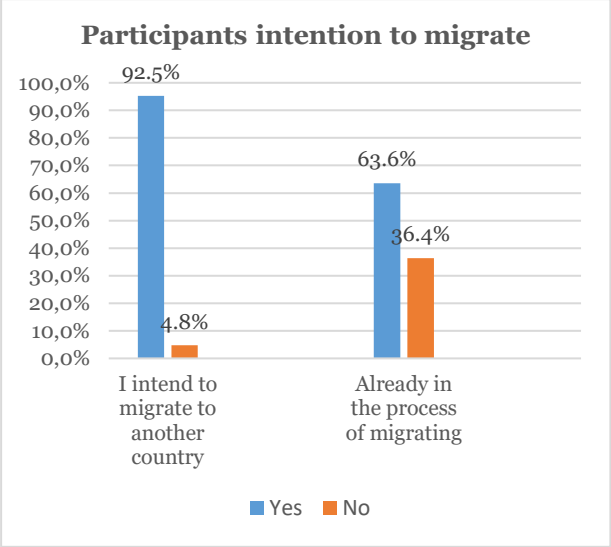

Figure 1. Nurses' intention to migrate

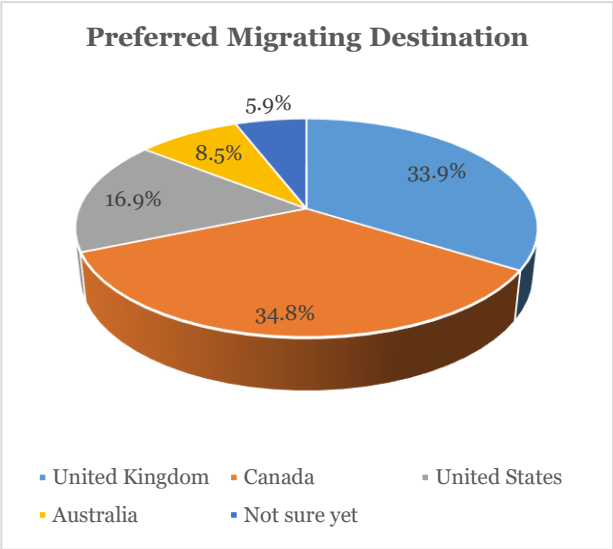

Figure 2. Preferred migrating destination

Favorability of the nursing practice environment among the participants showed that 25% opined that nurse manager, leadership ability, and support were unfavorable. According to the participants, the most favorable nursing practice environment domain was collegial nurse-physician relations (84.7%), followed by nurse participation in the workplace (76.6%). Two out of every five nurses who participated in the study were not satisfied with nursing workforce staffing and resource adequacy (42.7%) (Table 2).

Table 2. The subscales of nurses' satisfaction with the nursing practice environment (n=124)

Satisfaction subscales	Total mean	Mean per number of items	Unfavourable Practice Environment	Favourable Practice Environment
	M(SD)	M(SD)	f(%)	f(%)
Nurse manager, ability leadership and support	23.33(6.39)	2.92(0.8)	31 (25)	93 (75)
Nurse participation in the workplace	22.93(5.18)	2.87(0.65)	29 (23.4)	95 (76.6)
Staffing and resource adequacy	13.16(3.42)	2.63(0.68)	53 (42.7)	71 (57.3)
Nursing foundations for quality care	17.12(3.87)	2.85(0.64)	42 (33.9)	82 (66.1)
Collegial nurse-physician relations	8.74(1.65)	2.91(0.55)	19 (15.3)	105 (84.7)
Overall	85.28(17.28)	2.84(0.58)	30 (24.2)	94 (75.8)

Table 3 illustrates the details of nurses' satisfaction with the nursing practice environment according to each item. In the nurse manager, ability leadership, and support subscale, more nurses believed that their managers listened and responded to employee concerns (M=3.05, SD=1.01) closely, and also praised and recognized them for a well-done job (M=3.01, SD=0.90). The least satisfied aspect was the nurse manager, who backed up the nursing staff in decision-making, even if a conflict was with a doctor (M=2.8, SD=0.94). Similarly, in the nurse participation domain, nurses involved in the internal governance of the hospital scored the lowest (M=2.74, SD=0.94), while active staff development or continuing education programs for nurses scored the highest (M=2.97, SD=0.70). Items in the staffing and resource adequacy scored the least of all domains. Most nurses were not satisfied with the number of staff that they had to get work done (M=2.37, SD=0.94). However, the nurses were satisfied with their relationship with the physician (M=2.91, SD=0.54).

Table 3. Nurses' satisfaction with nursing practice environment (n=124)

Satisfaction items	Mean(SD)
Nurse manager, ability leadership and support	
A nurse manager or immediate supervisor who is a good manager and leader	2.81(1.02)
A nurse manager who backs up the nursing staff in decision-making, even if conflict is with a doctor	2.8(0.94)
A senior nursing administrator who is highly visible and accessible to staff.	2.88(0.91)
Supervisors use mistakes as learning opportunities, not criticism.	2.88(0.71)
A supervisory staff that is supportive of the nurses.	2.98(0.94)
Administration to listen and respond to employee concerns.	3.05(1.01)
Praise and recognition for a job well done.	3.01(0.90)
Nursing administrators consult with staff on daily problems and procedures	2.92(0.91)
Nurse participation in the workplace	
Career development/clinical ladder opportunity.	2.87(0.78)
Opportunities for advancement.	2.83(0.76)
Active staff development or continuing education program for nurses.	2.97(0.70)
Nurses have the opportunity to serve on hospital and nursing committees.	2.94(0.71)
Opportunity for nurses to participate in policy decisions.	2.94(0.74)
Nurses are involved in the internal governance of the hospital.	2.74(0.94)
A preceptor program for newly hired RNs.	2.86(0.69)
A senior nursing administration equal in power and authority to other top-level hospital executives	2.77(0.90)
Staffing and resource adequacy	
Enough staff to get work done.	2.37(0.94)
Enough registered nurses on staff to provide quality patient/client/ resident care.	2.51(0.92)
Adequate support services allow me to spend time with my patients.	2.59(0.92)
Enough time and opportunity to discuss patient/client/resident care problems with other nurses.	2.77(0.91)
Working with clinically competent nurses	2.92(0.86)
Nursing foundations for quality care	
Written, up-to-date nursing care plans for all patients/clients/residents.	2.62(0.90)
High standards of nursing care are expected by the administration.	2.91(0.79)
Patients/clients/residents care assignments that foster continuity of care.	2.86(0.78)
Nursing care is based on a nursing model rather than a medical model.	2.85(0.77)
A clear philosophy of nursing that pervades the patients'/clients/residents' care environment.	2.87(0.79)
An active quality improvement program	3(0.66)
Collegial nurse-physician relations	
Doctors and nurses have good working relationships.	2.88(0.72)
A lot of teamwork between nurses and doctors.	2.95(0.72)
Collaboration between nurses and doctors	2.91(0.54)

3.4. Nurses' satisfaction with Nigeria's environment

Overall, according to Table 4, the majority (61.3%) of the nurses in the study were dissatisfied with Nigeria's environment. Satisfaction with the Nigeria environment among the participants in the study showed that most participants were dissatisfied with political conflicts and wars in Nigeria (M=4.52, SD=0.58), workload placed on nurses in Nigeria (M=4.38, SD=0.64), and adequacy and satisfaction with staffing in Nigeria (M=4.37, SD=0.68). Conversely, nurses in the study were satisfied with professional growth and development (M=3.98, SD=0.83) (Table 5).

Table 4. The level of satisfaction with Nigeria's environment (n=124)

Satisfaction level	Frequency (f)	Percentage (%)
Satisfied with Nigeria's environment	48	38.7
Dissatisfied with Nigeria's environment	76	61.3
Total	124	100.0

4. Discussion

This study targeted at determining the feasibility of assessing migration intention, favourability of the practice environment, and the level of satisfaction with Nigeria environment among nurses in a teaching hospital in Nigeria. The result showed that the majority of participants were dissatisfied with Nigeria's environment and intended to migrate to other countries. Moreover, the mean age of the nurses who participated in the study showed that the majority of the nurses were in their productive years, which was essential for the growth and productivity of the country.

Table 5. The items of satisfaction with Nigeria's environment (n=124)

Satisfaction items	M(SD)
How satisfied are you with the Nigerian economy	4.12(0.95)
How satisfied are you with the Nigerian current standard of living	4.18(0.49)
How satisfied are you with your earnings as a Nigerian	4.02(0.73)
How satisfied are you with Nigeria's living conditions	4.16(0.76)
What is your opinion on Political conflicts and wars in Nigeria	4.52(0.58)
How satisfied are you with the Nigerian conditions of service	4.36(0.79)
Are the current staffing in Nigeria adequate and satisfactory?	4.37(0.68)
Low prospect of professional growth and development	3.98(0.83)
Discrimination in appointments	4.20(0.73)
How satisfied are you with the conduciveness of Nigeria's environments for productivity	4.12(0.74)
How satisfied are you with the workload placed on nurses in Nigeria	4.38(0.64)
The total satisfaction	46.42(5.61)

The findings showed that almost all the nurses who participated in the study intended to migrate to other countries to practice nursing. Scholars have documented an increasing number of highly educated and skilled professionals migrating from their home countries to developed nations of the world (Chiamaka et al., 2020; Fagite, 2018; Olorunfemi et al., 2020). Our study also showed that the majority of the nurses who intended to migrate to other countries had already initiated the process involved in moving to another country (Ipole, 2018). This showed that it was not only that the nurses intended to travel, but they were also already taking serious steps about migrating to another country. Our study corroborated the findings of a previous study on increasing turnover intention among nurses in Nigeria in recent times (Adeniran et al., 2021; Akinyemi et al., 2022).

Most nurses in the study were interested in migrating to Canada or the United Kingdom. In a systematic review and meta-synthesis of qualitative, Davda and colleagues concluded that the United Kingdom has a strong macro pull factor to attract nurses from developing nations of the world (Davda et al., 2018). Similarly, Canada has reviewed their immigration plan and policies in recent times to attract skilled professionals, including nurses, to the country (Boucher, 2019). This might have been responsible for the increasing desire of nurses to move to Canada and the United Kingdom. Among the developed countries that have continued to entice nurses from other countries, the United Kingdom has a more flexible and attractive package that allows international nurses to migrate with their families easily and start practicing almost immediately (Ojo et al., 2023). These might explain the strong desire for nurses in this study to migrate to the United Kingdom. Although the United States of America seems to be the practice desired country of many nurses in Nigeria, their immigration policy and procedure are more demanding compared to the United Kingdom and Canada. This might account for the fact that only a few participants in our study intended to migrate to the US.

Our study assessed the nurses' opinions about the nursing practice environment of the hospital where they were practicing. Findings showed that a quarter of the nurses pointed out the nurse manager, leadership ability, and support in the hospital as unfavorable. Previous studies have implicated management and leadership support-related issues fueling job satisfaction, turnover intention, and migration intention in developing nations (Akinwale & George, 2020; Goštautaitė et al., 2018; Nnah, 2020; Yakubu et al., 2022).

The study's results showed that the nurses were satisfied with their relationship with the physician. This was in contrast with the findings of the study among municipal nurses in Ghana, which showed that more than half of the nurses were not satisfied with the nurse-physician relationship (Poku et al., 2022). The reason for this might be that our study was carried out in a private, faith-based hospital. Faith-based hospitals are established on the tenet of love and strong pillars of love that promote positive interactions. However, the level of satisfaction with the nurse-physician relationship in our study was lower than what was reported in China (Chen et al., 2018). Corroborating the submission of previous researchers, the most unsatisfied area of the work environment among nurses in this study was workforce staffing and resource adequacy (Ayalew et al., 2015; Chen et al., 2018; Poku et al., 2022). This further confirmed the high level of stress among nurses and other health workers (Faremi et al., 2019; Olatubi & Ogunfowokan, 2020; Oyediran et

al., 2022) as a result of increased work burden and resource inadequacy, making practicing nursing in Nigeria uninteresting as previously reported.

The findings also showed that nurses were not satisfied with the fact that they were usually not involved in hospital governance and decision-making processes, which supports the findings of Poku and colleagues (Poku et al., 2022). This might further explain why there is a high migration intention among the nurses. Similarly, the majority of the nurses opined that when conflict occurred between them and the physician, the hospital management usually supported the physician. Therefore, the involvement of nurses in the hospital decision-making process and fair hearing during the conflict with other health workers might help in reducing the scourge of intention to migrate among nurses (Al Zamel et al., 2022).

In addition to the level of satisfaction with the nursing practice environment, the study evaluated nurses' general satisfaction with the Nigerian environment. This is important as migration intention is not only fueled by the nursing practice environment but also the general satisfaction with the community where nurses live (Chiamaka et al., 2020; Davda et al., 2018; Fagite, 2018; Goštautaitė et al., 2018; Olorunfemi et al., 2020). The findings found that most of the nurses were not satisfied with political conflicts and wars in Nigeria, supporting the submission of Chiamaka et al. (2020) that an unstable and unsatisfactory political environment is one of the factors pushing nursing migration in Nigeria. In recent years, there has been an increased level of unrest and conflict in Nigeria, resulting in a high level of internally displaced people in the country (Kamta et al., 2022). Similarly, healthcare workers have been the target of kidnapping for ransom by bandits and other criminally minded individuals (Okojie & Ahmad, 2022; Sani et al., 2024). This might have fueled the desire of many nurses and other healthcare workers to seek refuge in developed nations.

5. Implications and limitations

This study found a very high intention to migrate among the nurses, which implies that the shortage of nurses in Nigeria resulting from migration may persist. Similarly, many nurses are dissatisfied with the nursing practice and Nigerian environment, which has been documented as one of the push factors for nurses' migration. The result of this study may reflect the nursing workforce condition in Nigeria, which needs a major change for a better future for Nigerian nurses. The limitation of this study was that our study was carried out among nurses in a single hospital, which might not reflect the opinion of the general nurse population in Nigeria.

6. Conclusion

This study established the fact that the majority of young nurses had the intention of migrating and had even initiated the process of migrating. This was a result of several contributing factors, which included but were not limited to unfavorable nurse management, leadership ability and support in the hospital, political conflicts, and wars in Nigeria. To prevent the looming danger of nurses' migration, all stakeholders need to pay urgent attention to the contributing factors of the nursing practice environment and the general Nigerian living environment. This could be addressed by providing a suitable working environment to keep nurses within the country's health care system, and health policymakers should focus on formulating and implementing policies that will improve the nursing practice environment and promote satisfaction with the Nigerian environment. Future studies should be carried out on a large scale to cut across nurses in different zones of the country. Anecdotal evidence suggests that nurses in the southern part of the country migrate more than their counterparts in the northern part of the country. This needs to be empirically proven and documented. There is also a possibility that the push factor for migration may be different across the different zones of the country, which needs to be studied in the future.

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Author contribution

MIO, IEA, and MDF conceived and designed the study and participated in administering the literature search. IEA and MDF collected the data. MIO and IEA analysed the data and wrote the

first draft of the manuscript. GOA, FAF, and CBB contributed to the literature review and writing of the manuscript. All authors approved the final draft of the manuscript.

Conflict of interest

No conflict of interest was declared by any of the authors.

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