

Brain Drain among Nigerian Nurses: Implications to the Migrating Nurse and the Home Country

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Abstract: - There have been a reasonable number of highly skilled and educated professionals migrating from their home countries (developing countries) in search of better economic and social opportunities in developed countries. This paper discussed the concept of brain drain, the causes of brain drain among Nigerian nurses, the positive and negative implications of brain drain to the migrating nurses and the home country, and suggested ways of reversing brain drain and possibly attracting nurse migrants back to the country. The literature review shows that Nigeria has witnessed increased migration of Nurses to developed nations due to push factors (low remunerations, poor governmental policies, poor working conditions) and pull factors (such as good working conditions, better pay); which are offered by developed world. However the positive impacts of brain drain which includes remittance, improved health, quality life etc. are outweighed by the negative impacts of nurse migration as it has resulted to shortage of nurses within the country leaving its citizens to suffer poor healthcare service delivery. Therefore, following the continuous migration of nurses out of the country, it is imperative that the government adopts appropriate measures through increase in workers' remuneration, improved working conditions, professional autonomy, and regulation policies on migration to reduce migration of Nigerian nurses to developed countries.

Key Words: Brain Drain, Nigerian nurses, Emigration, Immigration, Developed countries, Developing countries

I. INTRODUCTION

The effect of industrialization and globalization, have made the world population to witness a drastic economic growth during the recent years. For each country, economic growth is important as it not only indicates its employment rate but also its wealth and standard of living. However globalization has also forced many developed countries to increase their search for skilled intellectuals from developing countries which are of cheaper option. Unavoidably, the increased mobility has resulted in shortage of skilled personnel in the developing countries as many of them prefer to seek opportunities outside their country of origin (Yellow, 2010).

Throughout the 20th Century, there have been a reasonable number of highly skilled and educated professionals emigrating from their home countries in search of better economic and social opportunities in other countries. United States and United Kingdom attracts most of the emigrant Nigerian nurses. In the 1960's the term "brain drain" was coined by the British Royal Society in response to large number of trained scientists, physicians, and University

teachers leaving developing countries (William, Carrington & Enrica, 1999).

Brain drain is regarded as international transfer of resources in the form of human capital which mainly involves migration of relatively highly educated and skilled individuals from developing countries to developed nations (Chimenya & Qi, 2015). Brain drain in the healthcare sector is defined as the movement of health personnel in search of a better standard of living and quality life, higher salaries, access to advanced technologies and more stable political and better working conditions in different places worldwide (Kadel & Bhandari, 2018).

However migration of highly skilled workers from developing nations to developed nations is an inevitable part of the process of globalization and has both positive and negative impact. Trained health professionals are needed in every part of the world although majority of migration is from developing to developed countries. This is of growing concern worldwide because of the negative impact of these international migrations on the home (developing) countries such as shortage of nurses which is outweighing the positive implications (Bimal & Kaur, 2016; George & Rhodes, 2017).

Here in Nigeria, the case is no better. Clemens and Petersson (2007) estimated that 12, 579 nurses trained in Nigeria or 12% of the total number of nurses in the country, had emigrated as at the year 2000. According to Migration policy Institute (2015), Nigerians account for the largest African migrants' population in the United States. George & Rhodes, (2017) estimated that approximately 376, 000 Nigerians are living and working in United States. According to Onyekwere and Egenuka (2019), Nigeria is among the top 13th African countries that their citizens want to emigrate to Europe and other nations on account of poverty and or hardship. Nigerian professionals in diverse fields, especially in health and education sectors are regularly leaving the shores of the country for developed countries in the world in search of greener pasture. Industrialized countries like USA and UK often became recipient or destination countries for Registered Nurses of donor or source countries which undermine the optimal functioning of health systems in the developing countries (Aluttis, Bishaw & Frank, 2014).

Recently, it was reported that no fewer than 5,405 Nigerian trained doctors and nurses are currently working with the National Health Service (NHS) in the United Kingdom. The figure released by the British Government,

revealed that Nigerian medics constitute 3.9 percent of the 137,000 foreign staff of 202 nationalities working alongside British doctors and Nurses (Onyekwere & Egenuka, 2019). These have made it difficult for the country to achieve universal health coverage as a result of shortage of Nurses within the country.

II. CONCEPT OF BRAIN DRAIN

Brain drain is looked upon as a mass emigration of individuals with technical skills or knowledge, generally due to lack of prospect, political instability, conflict or health issues and risk factors (UNESCO, 2010). Cambridge Dictionary defined brain drain as the situation in which large number of educated and very skilled people leave their own country to live and work in another one where pay and conditions are better. The term "Brain Drain" was coined by the British Royal Society in the 1960's, to describe the emigration of scientists and technologists to North American from post Europe (Qadri, 2018).

Brain drain can also be referred to as 'human capital flight' in which mass migration of human capital is involved. On the other hand, some may refer to brain drain as the loss that result from excessive migration of professionals. In other words, the net benefits of emigration of skilled people to destination country are sometimes referred to as 'brain gain' whereas the net costs for the sending country are sometimes referred to as a 'brain drain' (Biptiste & Nathalie, 2014). However, majority conceptualizes it as the massive exodus of human resources (Yvonne & Joerg, 2006; UNESCO, 2010; Qadri, 2018)

Studies have shown that there are significant economic benefits of human capital flight both for the migrants themselves and the receiving country. (Giovanni, Julian, Levchenko, Andrei, Ortega & Francesc, 2015). Thus, there are series of positive and negative effects of brain drain in the countries of origin, with many developing countries devising strategies to avoid emigration of skilled labour (Hillel & Rapport, 2016). However, it has been found that emigration of skilled individuals to the developed world contributes to greater education and innovation in developing world. (Shrestha & Blesh, 2016).

A. Brief Historical Overview of Brain Drain

There is no definite consensus on how the word brain drain originated. According to Cervantes and Guellec, (2002), the term "brain drain" was coined by the British Royal Society in 1960s to describe the emigration of "scientists and technologists" to North America from post-war Europe. Another source indicates that this term was first used in the United Kingdom to describe the influx of Indian scientists and engineers (Joel, 2009). Although the term originally referred to technology workers leaving a nation, the meaning has broadened into "the departure of educated or professional people from one country, economic sector, or field for

another, usually for better pay or living conditions" (Webster Dictionary).

"Brain-drain" is a phenomenon where, relative to the remaining population, a substantial number of more educated or skilled individuals migrate to other places (Yvonne & Joerg, 2006). However the term brain drain is a pejorative and implies that skilled emigration is bad for the country of origin because of its negative impact. Despite the negative effect of brain drain it also have some positive impact to the migrants and as well their home country and this is referred to as man capital gains, a "brain gain", for the sending country in opportunities for emigration.

B. Types of Migration

There are two basic types of migration;

1. *Internal migration*: This refers to a change of residence within national boundaries, such as between states, provinces, cities, or municipalities. Example from Lagos to Anambra. An internal migrant is someone who moves to a different administrative territory.
2. *International migration*: This refers to change of residence over national boundaries, e.g. Nigeria to the USA. An international migrant is someone who moves to a different country.

III. CAUSES OF BRAIN DRAIN AMONG NIGERIAN NURSES

The global nursing shortage is not the sole determining factor why nurses enter into migration process; the underlining reasons are complex (Li, Nie, & Li 2014). There are complex determining factors for massive brain drain and these factors are broadly divided into two; push and pull factors.

A. Push Factors

These are factors triggered by the home (source) country of the nurse which encourages the nurse to leave their country or location of work. The following are push factors in the home country that contribute to migration of nurses.

1. *Low wage compensation*: It is evident that Nigeria is still very much a country with low labour costs (minimum wage of ₦18, 000 approximately 49 US\$) as its wages have been lagging far behind from the developed countries such as United State of America, United Kingdom, Australia etc. Anecdotal reports reveal that in Nigerian health sector today, nurses are least paid when compared with their counterparts in the same level despite spending the highest amount of time with patients in the hospital. According to Gaiduk et.al (2009) an employee is motivated to search for better options if they feel their organization is underestimating their contribution by offering them low remuneration. Due to this Nigerian

nurses tends to migrate to developed nations where their services will be highly valued.

2. *Limited educational opportunities:* In today's world, career progression means a lot to professionals, especially in the healthcare system where there is constant update of medical practice and nursing care, with introduction of modern technology in healthcare. A research conducted by Yuen, Chia, Yan, Yoong, and Mun (2013) on the propensity to work abroad among professionals working in Malaysia indicated that career prospect is the major factor for migration as majority of the respondents claimed there were insufficient opportunities for promotion and self-improvement in Malaysia. Nigerian nurses also face the similar challenge of lack of study leave, epileptic education system with strike interruptions or even the pending provision of attaining consultancy in nursing or nurse practitioner as obtainable in developed Nations. Due to this Nigerian nurses who want to get to the peak of their professional practice may tend to migrate to where such opportunities are obtainable.
3. *Poor job satisfaction:* Migration of nurses from their home country results from dissatisfaction from work which includes constant schedule changes, work overloads due to high number of patients and increased paper work, unfavorable shifts, lack of appreciation by superiors and inadequate pay. In a study conducted by sociologist Bryan Turner in 1987, the study found that the most common nursing complaints were: Subordination to the medical profession on all matters, even over standardized regulations and difficult working conditions (Esther, 2016) and this have triggered nurses' migration.
4. *Unsatisfactory or unstable political environment:* International Centre on Nurse Migration reported that the primary causes of migration stem from a desire for more for personal safety due to political unrest and social vices (International Centre of nurse migration, 2008). In Nigeria currently, there is high level of insecurity ranging from Boko Haram to Fulani Herds men etc. All these security challenges are sources of trigger for nurses to migrate to a more secured environment.
5. *Understaffing:* The inability of government at all levels to employ the appropriate number of nurses needed to work in government owned health care delivery facilities is a major cause of nursing staff understaffing. There is poor nurse-patient ratio, which leads to overworking of the few nurses available which in turn leads to stress, burn-out, and job dissatisfaction.
6. *Supremacy in Nigerian Health sector:* Nigeria health sector is characterized by rivalry between the doctors and other health care givers which includes the Nurses. This is as a result of the health care system being dominated by the doctors (Alubo & Hunduh,

2016) and this dominance over the years have resulted to formation of a group known as Joint Health sectors Unions (JOHESU) to fight over the dispute of salaries, allowances, consultant, status and who heads the health sector. Due to this dominancy by the doctors many Nigeria nurses feel depressed and migrate to developed world where they are recognized and valued.

B. Pull Factors

These are the conditions of the recipient countries that attract and facilitate the movement of nurses towards that country (Ma Ax et al, 2010). According to Ngoma and Ismail (2013), higher wages and better employment opportunities and technologies in developed countries create incentives for skilled workers from developing countries to migrate such nurses. The pull factors are therefore outlined as follows:

1. *Job availability and Attractive wages:* Gaiduk et.al (2009) explains that employee is motivated to look for better offers if they feel their organization does not value their contributions by offering them poor wages. Developed country like United Kingdom pays annual net wages of 43,732.30(US\$) (Chandar & Jauchar, 2015). Which is far beyond what is obtainable in Nigeria where the annual wage of an average Nurse working in a government institution is 5,000(US\$). Therefore higher wages serves as a motivating pull factor among Nigerian Nurses.
2. *Opportunities for professional or Career advancement:* in the world today, career growth matters a lot to professionals and developed nations provides the avenue to attain the level of consultancy in nursing and Nurse practitioner which is not obtainable in Nigeria and at such serve as a means of attraction to foreign lands for nurses who wants to reach the peak of their career growth (Yuen et. al, 2013).
3. *Recognition of professional expertise:* Professionals appreciate where there expertise skills are highly valued and rewarded either through increased remunerations or special privileges than where little or no appreciation is shown.
4. *Stable socio-political environments:* According Abraham Maslow's Hierarchy of human needs, safety is one of the most precious human needs. Therefore developed countries where there is stable socio-political environment attracts nurses from developing nations like Nigeria where the masses are faced with social unrest ranging from tribal to religious crises. National problems from Fulani Herds men and Boko Haram debacle which has terrorized Nigeria to a magnitude as never seen before, especially in the North-eastern zone of the country (Uche et al, 2014).
5. *Good working environment:* Developed nations with the presence of improved technologies provide

advanced instruments which makes it easier for nurses to carry out their procedures and reduction in work related hazards. This better working environment which is lacking in Nigeria is one of the major pull factors leading to brain drain (Bara & Sapkota, 2015)

6. *Personal development:* Personal development and career progression are important factors during working life and influences nurses' choices of where they want to work (Likupe, 2013). Poor sponsorship in nursing education, limited number of universities offering degree nursing and rigorous educational system poses a threat and restriction among Nigerian Nurses in their career development. Such opportunity provided overseas becomes a pull factor resulting to migration of Nurses.
7. *Social and retirement benefits:* Life assurance benefits, voluntary early retirement benefits, ill health benefits and range of other benefits obtainable in NHS attract nurses from developing nations.

IV. POSITIVE IMPLICATION OF BRAIN DRAIN TO NURSES AND HEALTH CARE SYSTEM IN NIGERIA

In the 1960s and 1970s, the flow of scientists, engineers and medical personnel from developing countries to industrialized nations was thought to have almost entirely negative consequences for the source countries, affecting their university staffing and availability of industrial and medical personnel. Recently, however there has been growing emphasis on reverse flows of knowledge and skills, and of money the migrants sends home (Parthasarathi, 2006). Therefore what was termed 'brain drain' is now seen as 'brain circulation' or 'brain gain'.

The positive implication of brain drain is classified into two which are based on the benefits derived by the nurse as an individual migrating and the benefit derived by the home country of the migrant.

A. Positive Implications of Brain Drain to the Migrating Nurse includes:

1. *Remuneration:* Nurses from developing countries make on average, ten to twenty times more than what they would earned in their home countries (Hongyan et al, 2014).
2. *Professional development, improved skills and continuing education:* when nurses leave to work in the health care system of a developed country, they gain experience through practicing in a more advanced setting and use of modern technology. They also attain a greater height in professional development as some study more to become nurse practitioners and nurse consultants.
3. *Better working conditions:* This includes flexible scheduling and shift rotation, safe working environment, team support and job security (de Varies et al, 2016).

4. *Autonomy and involvement in decision making:* nurses who practice in developed nations enjoy professional autonomy and make decision in patient healthcare unlike Nigeria where the medical doctors dominate the healthcare system and make decision that will be binding on other healthcare givers
5. *Lighter work load:* due to good economy and better wages paid to migrant nurses they work based on how much they want to earn thereby making them to work based on their capacity and ability.
6. *Enhanced quality of life and diverse cultural experiences:* the nurse enjoys a healthy environment and can provide for his or her basic needs and also relate with people from diverse culture thereby promoting cultural socialization.

B. Positive Implications of Brain Drain, to the Home Country of the Migrating Nurse

1. *Remittance:* Remittance is one of the benefits of brain drain to the developing nations like Nigeria and other African countries. Report from African Economic Outlook (2013) showed that between five percent and twenty percent of Africa Gross Domestic product is derived from remittance. According to Wahba (2015) remittance refers to "monies sent by the immigrants to family members in their home country". These monies are used by the families to elevate their quality of life and may assist in medical treatment of relations and as well sending children to school, purchasing new houses, repairs to existing structures or other family expenses (Raji et al, 2018). The reports from World Bank and European Commission (2011) revealed that "Nigeria is the only country within Africa among the top 25 remittance-receiving countries". Kaba (2011) also noted that in terms of sheer volume, Nigeria (US \$3.3billion) is among the top three remittance recipients.
2. *Improved healthcare system, structures, and practices:* The home country can potentially benefit from emigration of nurses in the case of temporary migration. Returning migrant nurses create a positive impact in Nigeria healthcare system by the spread of health-related knowledge and good practices through the high quality training they received overseas, introduce new practices, procedures and medical training which in turn improve the quality of care rendered in our health institutions; they introduce the skills and knowledge they have obtained in their practice at home country. They establish health facilities, such as clinics, maternity hospitals and hospitals with proceeds from their sojourn overseas. Indeed, many Nigerians in the 1970s and 1980s set up private practices in their own facilities upon their return to the country (Uche, 2014).

3. *Improved health and standard of living and quality of life for related citizens:* Furthermore, it is common among Nigerian Nationals residing overseas to invite their parents and relatives for medical check-ups and treatment overseas. Others send drugs or money for medical treatment, and medical outreaches in Nigeria, thereby improving the health of Nigerians. In several ways migration enhances the life expectancy of migrants and their family members through increased access to healthcare, healthy food and good quality of life, and security. Internal migration facilitates access to quality healthcare through access to hospitals, either government owned or privately owned. (Oyeniya, 2013).

V. NEGATIVE IMPLICATIONS OF BRAIN DRAIN

Health care is a labor-intensive industry and nurses make up the largest group of health professionals. Thus, the availability of nursing personnel is fundamental to achieving effective health service delivery and maintaining an adequate level of overall public health.

Negative Implications of Brain Drain to the Home Country

The major negative implication of brain drain to the home country of the migrating nurse is its effect on health and the Nigerian health care system. Brain drain is generally associated with decrease in the number of health workers in low-income countries like Nigeria where Nurses workload is too much and concomitantly with high rates of deaths related to pregnancy and child mortality (Labonte, Schrecker, Parker & Runnels, 2011). During the occasion of International Day of the midwife in Abuja 2017, the former minister of health, Prof. Isaac Adewole pointed out that Nigeria is ranked 7th among 57 countries identified as facing critical shortage of health workers. According to him, Nigeria has a shortage of 144, 000 health workers. This implies a shortage of about 50,120 doctors and nurses 137, 859 nurses and this translate to 33.5% gap in doctors' supply and 29.35% gap in nurses' supply.

WHO recommends a nurse to a population ratio of 700, but as at 2014, Nigeria has less than 150,000 registered nurses to cater for an estimated 160 million population, giving an average nurse population ratio of 1 to 1,066 people. Therefore going by WHO standards, Nigeria is not on track to meet the very low benchmark of 2.5 doctors, nurses and midwives per 1,000 people (Ogundipe et al, 2015). According to International Organization for Migration (2014) Nurses and midwives left Nigeria in droves, with emigration peak at over 5000 departures annually between the year 2002 and 2005, when Nigeria lost more nurses than they produced. The above statistics shows that brain drain have resulted to shortage of nurses in Nigeria as a result the citizen suffers from substandard healthcare due to shortage of man power.

Negative Implications to the Nurse migrant:

The migrant nurse as an individual faces some challenges too.

- 1) First, there is often a period of adjustment to the new environment that can prove challenging. Many nurses have to leave their families behind to work in the new country and it is difficult to live in an unfamiliar place without family support network.
- 2) Language and cultural differences are frequently reported as sources of difficulty for migrant nurses, because of the presence of an accent, immigrant nurses often have language difficulties, even when their native language is same as that of the foreign country (Omeri, 2006).
- 3) Discrimination is an essential ethical issue migrant nurses often suffers due to poorly implemented equal- opportunity policies and pervasive double standards (Kingma, 2006). The British Royal College reported that a common experience among overseas nurses is lack of recognition of their skills and previous experiences, lending to feeling that, their competence as nurses is being questioned (de Varies et al, 2016).
- 4) Migrant nurses might find out that they have been promised more by recruiters than they actually receive, and many recruiters fail to fully explain the higher cost of living and taxation in destination countries and the effect it has on promised salary. Failure to meet their hopes and expectations causes disappointment and disillusionment, which may cause many to consider onward migration to other countries (Humphries, Tyrrell, Mcaleese, Bidwell, Thomas, Normand, et al, 2013)
- 5) Nurses often end up in vulnerable and inappropriate employment, especially when expensive migration brokers are involved. Visa uncertainties, loans and other financial challenges can make it harder for nurses to leave (Adhikari & Melia, 2015). This can cause emotional distress, feelings of hopelessness and depression, in some cases it has led to suicide (Prescott & Nichter, 2014).

VI. RECOMMENDATIONS

The recommendations proffered in this paper embody the ways of reversing brain drain and possibly attracting nurse migrants back to the country; in other words improving brain circulation.

Some countries such as Ireland, Taiwan, South Korea, China and India have been very successful in slowing down the rate of emigration of their skilled citizens; and equally developed strategies to attract back those in Diaspora, in effect reversing brain drain (Chimenya & Qi, 2015); Therefore it is possible for Nigeria to develop strategies that can reduce the rate of migration of her nurses which has resulted to brain drain in the profession. In other to solve the

problem of brain drain among Nigerian Nurses there is need to provide solution to the identified pushed factors that causes migration among her Nurses such as;

1. *Increased Remuneration:* Poor remuneration paid to Nurses mostly in private hospitals where Nurses are paid between 70 USD to 100 USD monthly. In government hospital health workers often embrace Industrial actions due to owed salaries for several months. Nigeria has massive discrepancies in remuneration of health workers of the same level across the federation and this is greatly influenced by the administrative officers' discretion and selfish interest (Omoluabi, 2014). Therefore the salary structure of Nurses has to be made attractive with regular payment when due. Other due allowances should also be adequately paid and this will make the Nurses comfortable in the country thereby reducing the search for greener pastures.
2. *Welfare and Good working condition:* Some of the health institutions are characterized by harsh working conditions due to inadequate power supply, poor infrastructure, grossly inadequate materials/equipment, increased workload, water, insufficient protective devices etc. There are also no provisions made for regular clinical training of the nurses across the hospitals despite the need for continuing professional development and keeping abreast with research evidence (Oleribe, Ezieme, Oladipo, Akinola, Udofia, & Taylor-Robinson, 2016). If the welfare of the nurses are improved and the working environment is healthy. There will be little or no reason for travelling in other to search for better working conditions.
3. *Decentralization of administrative power in the health sector and professional autonomy:* doctors have long been the only professionals at the peak of any health institution's administrative organogram. Decentralization of the power bestowed on the doctors in the health institutions and granting of professional autonomy and consultancy to nurses will reduce the rate of migration of nurses as they will feel liberated from bondage.
4. *Government policies:* the government should make policies that can best improve outcomes for sending countries, and these policies should focus on meeting domestic needs and addressing the "push" factors that motivate nurses to migrate. Improving compensation, working conditions and professional growth opportunities for healthcare personnel in their home countries would almost certainly reduce the trigger to leave. Some countries are trying less expensive incentives, such as better housing, subsidized transport to work, and inexpensive car loans (Physicians for Human Rights, 2004).
5. *Regulation of Migration:* another approach to regulating the migration of nurses in Nigeria through

the signing of inter-country agreements that place limits on the number of nurses who can be recruited by the destination country, thus minimizing the damage to the donor country's health system. In 2000, the UK signed such an agreement with Spain to engage in "the systematic and structured recruitment" of Spanish nurses for the NHS (Buchan & Dovlo, 2004). Therefore Nigeria can adopt the above approach with the developed countries like US and UK where greater number of Nigeria nurses migrate to.

VII. CONCLUSION

Brain drain, with respect to health workers is the movement of healthcare personnel in search of better standard of living and quality life, higher salaries, access to advanced technologies and more stable political environment in different parts of the world. Brain drain results from some of unfavorable conditions in home country and they are referred to as push factors and also some conditions in developed world which attracts nurses to migrate and which are also referred to as pull factors. There are both merits and demerits associated with International migration of nurses. Nurse migration can be of merit to the source country in developing transactional connections and having earnings sent to the source country; the demerits outweigh the benefits, as educational infrastructures of the source countries are leveraged to train nurses who later do not serve in the country that trained and needs them. Therefore it is very imperative that the government adopts appropriate measures through good policy making and implementation to prevent push factors which results or triggers the migration of Nigerian nurses to developed countries.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest

REFERENCES

- [1] Adhikari, R, & Melia K. (2015). The (Mis) management of Migrant Nurses in the UK: A Sociological Study. *J NursManag.* 23(3):359-67.
- [2] African Economic Outlook. (2013). Obstacles and needs of young people, In African Labor Market.[http://www.Africaneconomicoutlook.Org/En/Journal_of_Transcultural_Nursing_00\(0\)](http://www.Africaneconomicoutlook.Org/En/Journal_of_Transcultural_Nursing_00(0))
- [3] Alubo, O., & Hunduh, V. (2016). Medical Dominance and Resistance in Nigeria's Healthcare System. *Int J Health Serv 2016, Epub Ahead Of Print.*
- [4] Aluttis, C., Bishaw T., Frank M. (2014). The Workforce for Health in A Globalized Context—Global Shortages and International Migration. *Glob Health Action.* 2014;7(Supp 1):1–7.
- [5] Baptiste, & Nathalie (2014). "Brain Drain and The Politics Of Immigration". Foreign Policy in Focus. Institute for Policy Studies.

- [6] Baral, R., & Sapkota, S., (2015). Factors Influencing Migration among Nepalese Nurses. *Journal of Chitwan Medical College* 5(12):25-29. www.jcmc.cmc.edu.np
- [7] Bimal, M., & Kaur R. (2016) Factors Intend to Brain Drain Among Staff Nurse. *Int. J. Adv. Nur. Management*; 4(4) (2016) 327-330. *Doi: 10.5958/2454-2652.2016.00073.*
- [8] Buchan J. & Dovlo, D. (2004). International Recruitment of Health Workers to the UK: A Report for International Development, Dfid Health Systems Resource Centre, London.
- [9] Buchan, J. (2006). The Impact of Global Nursing Migration on Health Services Delivery. *Journal Of Policy, Politics, And Nursing Practice*, 7(3):16s-25s
- [10] Cervantes, M., & Guellec, D. (2002) The brain drain old myths, new realities. *OECD Observer (May), Paris*
- [11] Chandar, H., & Jauchar, J., (2015). Postgraduates Perception on the Cause of Brain Drain among Malaysian Professionals. *Articles in problems and perspectives in management.*
- [12] Chimanya A., & Qi B., (2015). Investigating Determinants of Brain Drain of Health Care Professionals in Developing Countries. *Net Journal of Business Management* 3(2) (2015) 27-35.
- [13] Clemens, M. A. & Patterson G. (2007) New Data on African Health Professionals Abroad. *Working Paper 95, Centre For Global Development, Washington, D.C.*
- [14] De Varies D.H., steinmetz S., & Tijdens G. K. (2016) Does migration pay off for foreign-born migrants health workers? An exploratory analysis using the global wage indicator dataset. *Human Resource for Health* (2016) 14:40
- [15] Gaiduk, R., Gaiduk, J., Fields, D. (2009). Limiting the Brain Drain: Determinants of Employee Organizational Attachment in Lithuania. *Baltic Journal of Management*, 4(2), 149-168
- [16] Giovanni D., Levchenko, J., Andrei A., Ortega, Francesc (2015). "A Global View of Cross-Border Migration". *Journal of the European Economic Association*. 13 (1): 168–202. *Doi:10.1111/Jeea.12110. Hdl:10230/22196. Issn 1542-4774.*
- [17] Hillel & Rapoport (2016). "Migration And Globalization: What's In It For Developing Countries?". *International Journal of Manpower*. 37 (7): 1209–1226. *Doi:10.1108/Ijm-08-2015- 0116. Hdl:10419/145243. Issn 0143-7720.*
- [18] Hongyan Li, Henbo Nie, Furach Li, (2014). The Benefits And Cautions Of International Nurse Migration. *International Journal Of Nursing Sciences* 1 (2014) 314-317. <http://www.worldissues360.com/index.php>
- [19] Humphries N, Tyrrell E, Mcaleese S, Bidwell P, Thomas S, Normand C, Et Al. (2013). A Cycle of Brain Gain, Waste and Drain -A Qualitative Study of Non-Eu Migrant Doctors in Ireland. *Hum Resour Health*. 2013;11: 63-4491-11-63.
- [20] International Centre on Nurse Migration (2008). Return Migration of Nurses. [Http://www.intnursemigration.org/assets/pdfs/Returnmigrationfactsheet4.pdf](http://www.intnursemigration.org/assets/pdfs/Returnmigrationfactsheet4.pdf)
- [21] International Council of Nurses (2002). Career Moves and Migration: Critical Questions. [Http://www.icn.ch/Careermovesmigangl.pdf](http://www.icn.ch/Careermovesmigangl.pdf)
- [22] Kaba, A. (2011). The Status of Africa's Emigration Brain Drain In the 21st Century. *Western Journal Of Black Studies*, 35(3), 187-207.
- [23] Kadel Mamata & Bhandari Menuka (2018) Factors intended to brain drain among nurses working at private hospitals of Biratnagar, Nepal. *BIBECHANA* 16 (2019) 213-220: *RCOST p.213*
- [24] Kingma M. (2006) Nurses On The Move: Migration And The Global Health Care Economy. *Cornell University Press; 2006.*
- [25] Labonte R, Schrecker T., Parker C., Runnels V. (2011). Globalization And Health: Pathways, Evidence And Policy. *Insev Publications.*
- [26] Likupe, G. (2013). The Skills and Brain Drain from Sub-saharan Africa: What Nurses Say.
- [27] Ma Ax, Quinn Griffin Mt, Capitulo Kl, Fitzpatrick Jj. Demands of Immigration Among Chinese Immigrant Nurses. *Int J Nurs Pract* 2010;16(5):443e53.
- [28] Migration Policy Institute. (2015). The Nigerian Diaspora In The United States (Rad Diaspora Profile). *Rockefeller Foundation-Aspen Institute Diaspora Program. Retrieved From Http://www.Migrationpolicy.Org/Sites/Default/Files/Publications/Rad-Nigeria.Pd*
- [29] Ngoma, A., & Ismail, N. (2013). The Determinants of Brain Drain in Developing Countries. *International Journal Of Social Economics*, 40(8):744-754
- [30] Ogunidipe, K. O., Etoneyaku, A. C., Adigun, I., Ojo, E. O., Aladesanmi, T., Taiwo, J. O., & Obimakinde, O. S. (2013). Violence in the emergency department: A multicenter survey of nurses' perceptions in Nigeria. *Emergency Medicine Journal*, 30(9), 758-762.
- [31] Okeke, E. O. (2016). A Descriptive Research on the Causes and Effect of Nursing Shortage on Some Hospitals In Enugu State, Nigeria. *Taxila International Journal Of Nursing Vol:2:2*
- [32] Oleribe O. O., Ezieme I. P., Oladipo O., Akinola E. P, Udofia D, Taylor-Robinson S. D. (2016) Industrial Action By Healthcare Workers In Nigeria In 2013-2015: An Inquiry Into Causes, Consequences and Control-A Cross-Sectional Descriptive Study. *Hum Resour Health*. 2016;14(1):46.
- [33] Omeri A. (2006). Workplace Practices with Mental Health Implications Impacting on Recruitment and Retention of Overseas Nurses In The Context Of Nursing Shortages. *Contemp Nurse* 2006;21(1):50e61.
- [34] Omoluabi E. (2014) Needs Assessment Of The Nigerian Health Sector. Abuja: International Organization For Migration; 2014.
- [35] Oyeniyi, B.A. (2013) Internal Migration in Nigeria: A Positive Contribution To Human Development. *Research Report Acpobs/2013/Pub01. African, Caribbean and Pacific (Acp) Observatory On Migration, Brussels.*
- [36] Physicians for Human Rights (Phr) (2004): An Action Plan To Prevent Brain Drain: Building Equitable Health Systems in Africa. Boston Unstable Political Environment
- [37] Prescott, M, Nichter, M. (2014). Transnational Nurse Migration: Future Directions for Medical Anthropological Research. *Soc.Sci Med*. 2014;107:113–23.
- [38] Qadri British (2018) Brain Drain As A Function For Modernize Hetermiazation and Globalization.... (Ambridge Business English Dictionary (2019) Cambridge University Press.
- [39] Raji A. A., Joel A., Ebenezer J.T., & Emmanuel Y.A. (2018) Effect of brain drain on economic development of developing countries: evidence from selected African countries. *Journal of Health and Social Issues (JOHESI) vol. 7 No 2, Sep. 2018*
- [40] Shrestha, Slesh A. (2016). "No Man Left Behind: Effects Of Emigration Prospects On Educational and Labour Outcomes Of Non-Migrants". *The Economic Journal*. 127 (600): 495–521. *Doi:10.1111/Ecoj.12306. Issn 1468-0297.*
- [41] Uche C.I. & IOM Nigeria (2014) Migration in Nigeria, a Country profile. International Organization for Migration
- [42] United Nations Educational, Scientific and Cultural Organization (UNESCO) 2008 UNESCO Institute for Statistics Database.
- [43] Wahba, J. (2015). Selection, Selection, Selection: The Impact of Return Migration. *Journal Of Population Economics*, 28(3), 535-563
- [44] William J., Carrington & Enrica Detragiache, (1999). "How Big Is The Brain Drain?" *Imf Working Paper 98/102 (Washington), Finance And Development* 36 (2) (1999).
- [45] Yellow, R. (2010). The Importance of Economic Growth. Retrieved from: <http://www.worldissues360.com/index.php>
- [46] Yuen O., Chia G., Yan T., Yoong H., Mun S. (2013). Propensity To Work Abroad Amongst Generation Y Working Adults in Malaysia, Proceeding of The International Conference on Social Science Research, *Icssr 2013 (E-Isbn 978-967- 11768-1-8), 695-705 k*