The Unintended Consequences of Coercive Migration Policies on Nigerian Nurses: A Qualitative Study

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Abstract

Background: The emigration of Nigerian nurses to other countries continues to soar, worsening the country's shortage of nurses. In response, the Nursing and Midwifery Council of Nigeria (NMCN) and the Nigerian government introduced a controversial policy by halting nurses' licence verification and introducing new verification guidelines aimed at coercively deterring nurse migration.

Objective: This study assessed the perceptions of Nigerian-registered nurses worldwide on the closure of the licence verification portal and its impact on their careers, finances, and psychosocial well-being.

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Design: A qualitative descriptive approach, utilising a transcendental phenomenological design, was employed.

Methods: Data were collected through online in-depth unstructured interviews with 22 nurses and an open-ended survey using Google Forms from 1,838 participants. NVivo version 15 software was used for deductive thematic analysis.

Results: The results revealed four significant themes: Negative perceptions towards the portal closure, psychosocial, career, and financial impacts. The nurses expressed a generally negative perception of the policy, viewing it as poorly drafted and unethical, and one that punished and witch-hunted nurses. Psychosocial impacts include anxiety, suicidal ideation, and family issues. The portal closure further hinders career progression and reduces productivity at work. The cost of preparation, loss of jobs, and sponsorship strains their finances.

Conclusions: Coercive policies may temporarily halt nurse migration, but they often have unintended negative consequences for nurses and the broader health system. Therefore, policymakers should establish ethical migration regulations instead of imposing outright restrictions, and policies should focus on creating structured migration frameworks that benefit both the local healthcare system and migrating nurses.

Keywords: emigration and immigration; public policy; health workforce; nurse midwives; qualitative research

Background

The migration of healthcare professionals, particularly nurses, is a global concern that disproportionately affects low- and middle-income countries (World Health Organization [WHO] 2025). Over the past decade, nurse migration has increased by 60% worldwide (Health Workforce Migration 2023). Nigeria has been significantly impacted, with approximately 57,000 nurses emigrating between 2020 and 2022, an average of 14,200 annually (Erunke 2024). This mass exodus has exacerbated the shortage of nurses, posing a serious threat to healthcare delivery in the country (Chimereze and Okafor 2020).

In response, the Nursing and Midwifery Council of Nigeria (NMCN) and the Nigerian government introduced a controversial policy aimed at coercively deterring nurse migration to Canada. Implemented on 22 December 2023, the policy introduced stringent guidelines, including a mandatory minimum of two years of work experience before verification, an increase in verification fees, and the requirement for applicants to obtain letters of Good Standing from the Chief Executive Officer of their workplace and their last nursing training institution (Fawole 2024). These measures faced widespread resistance, leading to nationwide protests by Nigerian nurses (Ileyemi and James 2024). The policy was debated in the Nigerian National House of Assembly, where the NMCN Registrar was instructed to suspend the new guidelines (Chukwunedu

2024). However, instead of modifying the requirements, the NMCN completely shut down the online licence verification portal on 7 February 2024 (Adejoro 2024). Following interventions from the National Association of Nigerian Nurses and Midwives (NANNM), the portal was eventually reopened in September 2024, after an eight-month closure (NANNM 2024).

Anecdotal evidence suggests that the coercive policy has significantly and negatively affected Nigerian nurses. Fawole (2024) argues that forcefully restricting migration is not a sustainable approach, while Ifediba (2024) contends that such measures not only fail to retain nurses but may also push more of them to leave. However, despite these concerns, no empirical study has qualitatively assessed the consequences of coercive policies on nurses. Therefore, this study sought to assess the perceptions of Nigerian-registered nurses worldwide regarding the policy and closure of the licence verification portal and its broader effects on their careers, finances, and psychosocial well-being. It focuses on those directly impacted from December 2023 to September 2024.

This study is significant for policymakers because it provides empirical evidence of the unintended consequences of coercive policies aimed at deterring migration. Additionally, governments and policymakers worldwide must understand the consequences of coercive measures to deter nurses, as this understanding can inform better decision-making. Furthermore, the empirical evidence is valuable for healthcare administrators, who can take steps to support nurses affected by these policies, ensure that the quality of care remains high, and prevent any transfer of aggression. Finally, this study contributes to the existing knowledge of nurse migration by offering new empirical insights.

Methods

Study Design: This study used a qualitative descriptive approach with a transcendental phenomenological design. A qualitative approach was selected because the study aimed to understand individuals' subjective experiences. The phenomenological method focuses on uncovering the meaning people attribute to their experiences, emphasising how individuals perceive and interpret events (Juma 2024). This method is suitable for this study because it evaluates nurses' perceptions of coercive policies to prevent migration and their impact on the nurses. Therefore, a qualitative phenomenological approach is the most effective method of exploring these experiences.

Study Paradigm: This study was based on an interpretivist (constructivist) research paradigm that emphasised the subjective experiences of Nigerian-registered nurses. It employs a phenomenological approach, making it suitable for examining personal experiences, emotions, and social impacts. This paradigm facilitates an in-depth exploration of how nurses perceive and interpret coercive policies within their psychosocial, professional, and economic contexts. Additionally, it supports thematic

analysis, which is ideal for extracting insights from interview data and open-ended surveys (Nickerson 2024).

Study Participants: The target population included all 250,000 nurses registered with NMCN who live or practise anywhere in the world (NMCN 2024). Twenty-two Nigerian-registered nurses affected by the NMCN's portal closure from December 2023 to September 2024 were interviewed. For the open-ended survey, data were collected from 1,838 registered nurses.

Sampling Technique: A purposive non-probability sampling technique was used to identify Nigerian-registered nurses who were negatively impacted by the closure of the licence verification portal. A snowball sampling technique was used, as the identified nurses referred to others who were affected and willing to be interviewed. A convenience sampling technique was utilised for the open-ended survey.

Sample Size Determination: The saturation principle was used to determine the sample size. Interviews were stopped once saturation was achieved, indicating that no new information was being collected. The saturation methodology is the most widely accepted in qualitative research (Naeem et al. 2024).

Data Collection Instruments and Procedure

One-on-one interviews, using an unstructured interview guide, were conducted through WhatsApp calls and Google Meet to collect data. A mobile recording app was used to record the interviews conducted using WhatsApp calls. Self-constructed electronic open-ended questions were created on Google Forms for open-ended surveys to collect data from registered nurses in Nigeria and worldwide. Open-ended questions allow respondents to express themselves freely in their own words, including using extreme language and sharing sensitive personal matters. Furthermore, this approach fosters individualism (Allen 2017). Moreover, the open-ended survey allowed for efficient qualitative data collection from a large sample. Responses to the open-ended questions were downloaded into an Excel file.

Data Analysis: The data were analysed using NVivo version 15 software, applying a thematic analysis approach. The recorded interviews were transcribed verbatim with the help of a Microsoft Word transcriber, and the researchers subsequently checked them manually for any errors while listening to the audio records. After that, the data were cleaned and coded using the deductive coding method. The responses from the open-ended survey downloaded on an Excel sheet were also cleaned.

The researchers listened to the recorded interviews and reviewed the transcribed files multiple times to ensure a thorough understanding of the content. Additionally, to become familiar with the data, the researchers examined the Excel sheet containing the

open-ended survey responses. The 22 transcribed files and the Excel sheet were then uploaded to NVIVO version 15 software.

Themes were developed using a deductive approach based on research objectives. Subsequently, subthemes that corresponded to the themes were created. Researchers One and Two reviewed the identified themes and subthemes. A comprehensive report was produced detailing the themes and subthemes, including the percentage of responses associated with each theme and examples of quotes for each subtheme. The results are presented in narrative form, with subthemes. Furthermore, the code network for each theme and corresponding subthemes was generated and presented using ATLAS.ti software version 8.

Trustworthiness: The four primary criteria for trustworthiness were ensured in this study. To ensure credibility, a triangulation method was used to confirm the subthemes. The second researcher checked to confirm the codes, while one of the study participants was also engaged to confirm the validity of the codes. To ensure **transferability**, the researchers recruited diverse respondents from different countries and added an open-ended survey with 1,838 respondents. The study process was thoroughly explained to ensure **dependability**, and the researchers avoided using the AI feature in NVIVO. Moreover, the enquiry audit used an outside reviewer who excels in qualitative studies. To ensure **confirmability**, the results of the study were subjected to a trial audit, and the researchers practised reflexivity.

Ethical Considerations: Ethical clearance for the study was obtained from the Borno State Health Research Ethics Committee (Ethics Number 080/2024). Verbal consent was obtained for the interviews, while respondents for the open-ended surveys consented by clicking "I agree to participate in this study" after being informed about the reason and purpose of the study. The participants agreed to participate in the study and consented to the publication of results. Anonymity and confidentiality were ensured. Participants' rights, including the right to withdraw from the study at any time, and wishes were respected throughout the data collection process. Participants were treated with respect and dignity. All results (interviews and open-ended surveys) from this study were handled with high confidentiality.

Results

The results of the interviews and open-ended surveys, which were analysed using deductive thematic analysis, were presented in themes and subthemes.

Demography of Respondents

The 22 respondents interviewed were registered nurses working in different countries: Nine from Nigeria, seven from Saudi Arabia, four from the United Kingdom, and two from Egypt. As shown in Table 1, most respondents who took part in the open-ended

surveys were females aged 26–35, with bachelor's degrees and 11–20 years of experience, residing in Nigeria. The demographics are presented in Table 1 below:

Table 1: Socio-demographic characteristics of respondents n=1,838

| Socio-demographic Characteristics		Frequency	Percentage
Age group	18 – 25 years	223	12.1%
	26 –35 years	705	38.4%
	36 – 45 years	531	28.9%
	46 years and above	379	20.6%
Gender	Male	380	20.7%
	Female	1458	79.3%
Nursing education	Diploma	539	29.3%
	Bachelor's degree	1136	61.8%
	Master's degree	151	8.2%
	PhD	12	0.7%
Years of nursing experience	0 – 5 years	512	27.9%
	6 – 10 years	437	23.8%
	11 – 20 years	551	30.0%
	21 years and above	338	18.4%
Current country of practice	Nigeria	1575	85.7%
	UK	168	9.1%
	USA	28	1.5%
	Others (Australia, Canada, Ireland, Kingdom of Saudi Arabia, Namibia, Malta, Netherlands, New Zealand, Qatar, Rwanda, and Zambia)	67	3.6%

Source: Online survey, 2024.

Themes and Subthemes

The analysis revealed six significant themes and their corresponding subthemes: The main themes are highlighted in bold, while the subthemes are shown using italics. Direct quotes from respondents are presented in quotation marks or indented to support or enhance the subthemes.

Negative Perceptions towards the Portal Closure

The nurses expressed a generally negative perception of the closure of the NMCN licence verification portal in various ways. These are presented as subthemes below in italics.
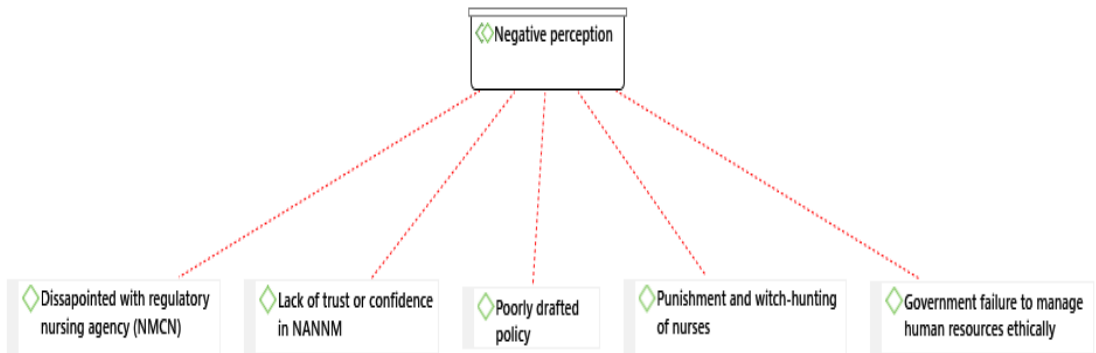
Figure 1: Subthemes of the negative perception theme.

Disappointment with the Regulatory Nursing Agency (NMCN)

The NMCN is Nigeria's sole regulatory body for nurses and midwives and oversees the licence verification portal for nursing professionals in the country (*Home | NMCN*, n.d.). Therefore, the abrupt closure of the portal led to dissatisfaction with NMCN.

The respondents expressed disapproval in several ways when the NMCN abruptly closed the nurses' licence verification portal. A registered nurse working in Nigeria at the time of the interview said,

> It is so sad that our regulatory body, which was supposed to stand firm for us, is hindering our emigration processes. They claim the country needs more Nurses, while the working conditions are poor.

Other respondents viewed the closure of the portal as indicative of the NMCN's failure to protect Nigerian-registered nurses. One nurse put it:

> I have lost faith in the profession and its leadership.

Another participant said,

> Nigeria Nursing and Midwifery Council has failed me! The Council does not care about us at all. They are so tyrant and wicked to Nigerian Registered Nurses. Unfortunately, this is how they keep suppressing us!

Another nurse expressed the following sentiment:

> This act by NMCN has no way portrayed the reason why the body was established.

Lack of trust or confidence in NANNM

Many nurses were disappointed with the NANNM, the union advocating for nurses' rights in Nigeria. This led to a lack of trust in the organisation's ability to perform its

function, especially during portal closure. Most nurses expected NANNM to swing into action quickly, but it did not do so. The disappointment was expressed by one respondent who said,

I have lost faith in the profession and its leadership.

Another internationally educated nurse revealed the following:

This has reduced my confidence in NANM. The body was supposed to protect its members and make them a priority. It feels like they're against us, our dreams and inspirations.

This view was echoed by another nurse, who said,

Woe to NMCN and NANNM for choosing to be the weapon fashioned against nurses.

Another said,

At this point, I have lost confidence and trust in the abilities of our bodies to properly govern us as they have shown they do not have our best interests at heart.

Unethical and poorly drafted policy

The nurses viewed the sudden closure of the verification portal as a poorly drafted policy. They believed that there had not been thorough consultations before its formulation. Various perspectives and the implications for nursing in Nigeria were not considered. One of the nurses said,

It is a poorly drafted policy and anti-nursing.

Others viewed it as an unachievable policy that was not in line with international conventions.

You can't even achieve them because someone made a frustrating policy that is anti-human and against the country. The policy is against International Labor Organization charters and even the United Nations Charter.

It is an unacceptable, unwarranted and callous policy that should be abolished immediately and the originators sanctioned.

Some view it as unethical because it infringes on nurses' rights.

In nursing ethics, we were taught about autonomy for patients, and I believe that should be extended to the nurses, too.

This was echoed by another respondent who said,

The closure was unethical and infringed on our fundamental human rights.

Another nurse said,

As a registered legal nurse, I have the right to work anywhere I wish to in the world and relocate at any time. Closing the verification portal is just a new way of violating human rights and a form of modern slavery.

Punishment and witch-hunting of nurses

Others view the closure of the portal as a form of punishing nurses by witch-hunting them, suggesting that it may be fueled by professional rivalry with doctors. This perception arises from the fact that many of the top healthcare leaders in Nigeria, including ministers, commissioners, and chief medical directors, are medical doctors. One nurse said,

This is a way of punishing the average Nigerian.
The closure of the nursing license verification portal is witch-hunting to the professional progress and development of nurses in Nigeria, infringing our right to practice. It has a significant negative impact on nurses and the image of the nursing profession globally.

Another insinuated that there is a professional rivalry between doctors and nurses. To back the view, one respondent said,

The current Minister of Health, a medical doctor, is trying to make nurses become a shadow of themselves.

Government failure to manage human resources ethically

Other nurses viewed the use of coercive methods to control nurse migration as indicative of the Nigerian government's failure to manage human resources, which led them to resort to the use of power.

I see the government's failure to understand that human resources are also a source of revenue. The government is either aware of this or is covering up its inadequacies. I will start with the government's inadequacy.

The question is, who trained the nurses? The nurses sponsored themselves for the training. No School of Nursing is looking at the end, and there is no scholarship for nurses in any School of Nursing in Nigeria.

The nurses believed that since the government did not sponsor their education or offer any kind of scholarship, they should not be told where to work, including whether to migrate abroad.

Psychosocial Impact

The closure of the licence verification portal has psychological, emotional, and social impacts on Nigerian-registered nurses. This psycho-social impact affects nurses both in Nigeria and those working abroad. The various subthemes are presented below.
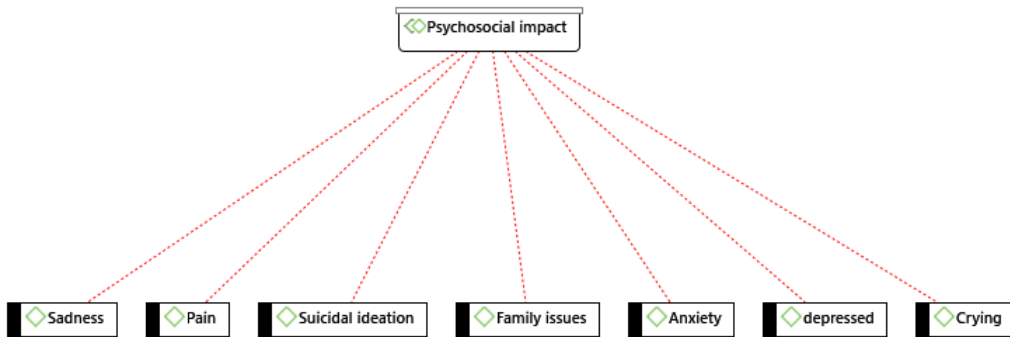
Figure 2: Subthemes of psychosocial impact.

Anxiety

The portal closure made nurses anxious because they were uncertain about the duration its closure. The nurses were also deeply concerned because their working conditions in Nigeria are not favourable. Therefore, leaving the country is viewed as a means of changing one's fortune or future. Some even consider emigrating as a dream come true. Therefore, stopping such an avenue leaves them in limbo.

> It has been over eight months since I passed my OSCE, and the NMCN has not responded to the email sent by NMC UK on my behalf to verify my credentials. So, I have been stuck in one place. Working as a healthcare assistant. I live every day in fear of losing my job. My mental health is in shambles because of fear of the unknown.

> I am facing now many challenges. Since this portal was closed, I've never been myself. I'm frustrated in life, in a state of confusion, worries and anxiety.

Sadness

The portal closure saddened nurses for several reasons. Many were upset because they felt their rights had been infringed upon, while others were disappointed with the nursing organisations and believed nurses had been maltreated. Additionally, some nurses were concerned about possible deportation because of the portal's closure.

> Well. If there is a word for sadness, that is how I feel about this. It is so sad. I am so angry and so disappointed in the government. I believe we are all feeling hopeless.

> It is sad to think that they want to hold us hostage or as prisoners with no plan to compensate us.

Pain

Nurses were hurt psychologically by the portal closure. They were frustrated and felt they were unfairly treated. One nurse said,

> I do not have much to say. I am just frustrated and pained.

Another said,

> If you could listen to the tune of my voice, you would know I am pained. It has affected me badly.

Another nurse working in Saudi Arabia said,

> It is so painful because of how they treat their citizens here compared to how we are being treated.

The nurses compared their treatment in their home country to that received by nurses in the countries where they practise. They said that foreign countries treat their nurses with respect and fairly, which is the opposite for Nigerian nurses.

Crying

The closure of the portal created significant challenges for the nurses, making it an emotional experience. Many nurses, mainly those already in foreign countries, cried. For example, a nurse from Nigeria was recruited to work in Saudi Arabia. However, she was informed that she needed to pass specific licensure exams, which required her Nigerian licence to be verified by the NMCN. Unfortunately, she failed to complete this verification within the required timeframe, resulting in the termination of her contract and exposing her to risk of being deported. This situation distressed her emotionally and she was unable to speak about it during the interview. One of her colleagues described the difficult circumstances she faced:

> She was crying. She did not know what to do next. Moreover, very soon, they will deport her back to Nigeria.

Notably, some respondents cried while narrating their ordeals during the interview process.

Suicidal ideation

This refers to the thoughts or fantasies to take one's life due to the pain caused by portal closure. This is a worse form of mental health problem. Harmer et al. (2024) found that suicidal ideation is a serious mental health issue that can lead to severe outcomes if not addressed adequately. Moreover, people with suicidal ideation often face a combination of mental health issues and challenging life events. In this case, the emotional impact

includes anxiety, pain, and sadness stemming from job loss, the fear of deportation, and uncertainty about the future. A respondent said,

> I am gradually becoming suicidal.
> I have lost my job. Please open the portal; I am already having suicidal thoughts.

Depression

The nurses were depressed because of the portal closure. Depression was a result of different circumstances among the respondents. The portal closure erased hopes of getting a job in a foreign country, which could change their present circumstances. One of the nurses revealed that she was depressed because she could no longer advance her career. She said,

> Due to the closure of the verification portal, I am unable to go further seeking growth in my career, which has negatively impacted my mental health and my relationship with people; it is such a depressing feeling.

Another nurse was depressed because his ILETs would expire soon, and there was no clear indication when the portal would be reopened. He said:

> I am depressed because my academic IELTS will expire in July 2024. I cannot use it if I have not been verified before that time.

Family issues

Family issues can have a significant social impact. This concept encompasses how the licence verification portal closure affects Nigerian nurses' families and relationships. Surprisingly, this closure has influenced relationships and even led to challenges in marriages. One of the experienced nurses, already working in a foreign country, was married to a man from another country and hoped to relocate together to a foreign destination. However, the closure of the relocation portal has put that process on hold, which she says is straining her relationship with her new husband.

> The closure has affected relationships with friends and family, as many are also affected and seeking assistance.
> My marriage is at stake; my family cannot join me until I get my pin. I have worked in Nigeria for over 10 years now.

Career Impact

This involves how the closure of the licence verification portal affected Nigerian nurses' careers and education. Figure 3 presents the various subthemes identified.
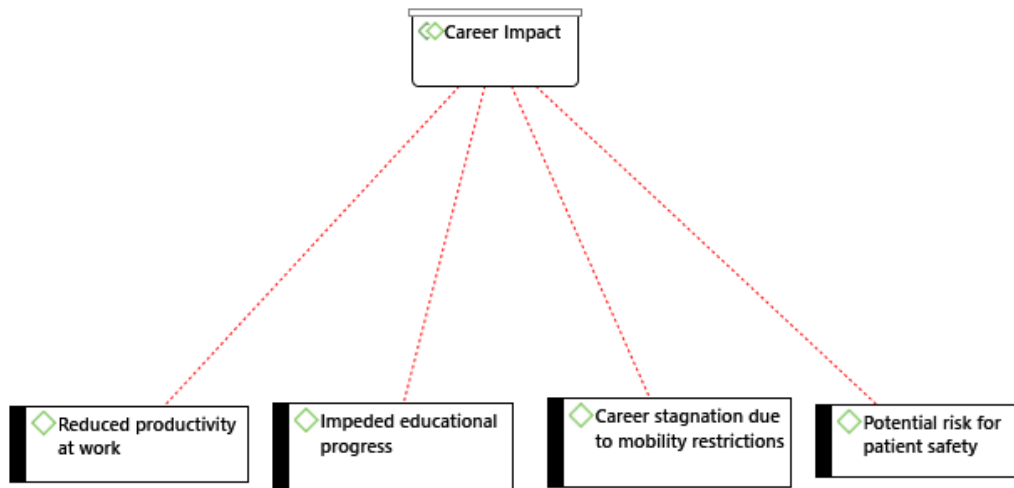
Figure 3 shows the impact of the closure on nurses' careers.

Career stagnation due to mobility restrictions

This addresses the challenges nurses face in accessing better career opportunities abroad due to the suspension of the licence verification portal by the NMCN. A frustrated respondent said,

> It causes stagnation in my career, even my vision to grow higher in my profession and acquire more skills. The halting of license verification by NMCN affected my career progression. Having obtained an IELTS for migration to Ireland, I could not continue because of this issue, which is improper.

Nurses in Nigeria view working in foreign countries like the USA and the UK as a valuable opportunity for career advancement. Migrating to these countries allows them to acquire better skills, access more sophisticated medical instruments, and provide quality care to patients. Therefore, restricting their ability to work abroad hinders their career growth.

Impeded educational progress

The licence verification process is a requirement for nurses seeking admission to educational institutions in some foreign countries. Therefore, any impediment to this important verification process can hinder many nurses from gaining admission to these institutions in the future. A nurse revealed that,

> Due to the closure of this verification portal, I have lost many opportunities to study and migrate outside the country. This, in turn, has made me lose interest in nursing as a career and less enthusiastic about practicing again.

> The NMCN [Nigeria]'s inability to verify certificates has wreaked havoc on nurses seeking to go to greener pastures and advance their education.

Notably, the impact extends not only to nurses practising in Nigeria but also to Nigerian-registered nurses working abroad, as they, too, require verification of their qualifications for further education. This was confirmed by a nurse, who said,

> The challenges it is causing in my life now are too much to bear. I am stuck and cannot further my education because of this issue.

Reduced productivity at work

The closure of licence verification portal indirectly impacted the nurses' productivity at work because it saddened, demoralised, and demotivated them. Many presented with reduced productivity at work.

> As a nurse, it is hard for me to work or function in a situation like this that seems like slavery. Therefore, I am not able to treat my patients kindly.

This transfer of aggression occurred as many nurses were unable to handle the situation, and no psychological support was provided during that period.

> NMCN portal closure made me forcefully put my career progression on hold, which greatly affected my productivity at work.
> It makes verification exercise hard, which affects mentally, and to some extent decreases motivation to work.

Potential risk for patient safety

The closure of the licence verification portal has significantly affected nurses' psychological well-being. The nursing profession requires empathy. Consequently, unmotivated nurses lack empathy for patients. This is encapsulated in the following responses:

> My suggestion is that they should find a means of opening the verification portal as soon as possible before things get out of hand because our mental health is at stake, and if this continues, it is the patient who will suffer the most.

> It has also impacted the quality of care rendered to patients because it has a ripple effect that trickles down to the root: an unhappy and mentally unstable nurse cannot give her best in her line of work…

> It is our right as nurses to better our lives with the education we have. We are not slaves to this country. Only a happy nurse makes a happy patient.

Many respondents echoed this sentiment. Dissatisfaction was also connected to the government's inadequate handling of the nursing workforce.

Financial Impact

This refers to the direct and indirect ways the closure of the licence verification portal affects Nigerian nurses' finances. The various subthemes are presented below to describe the specific financial impacts.
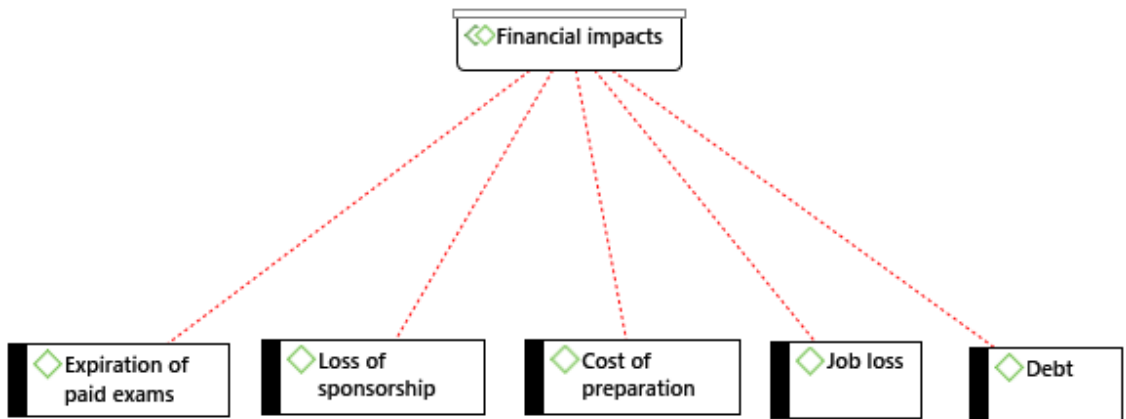
Figure 4 shows the financial impact of the closure.

Cost of preparation

This refers to the costs incurred during the emigration preparation process. The abrupt stoppage of the process due to the closure of the verification portal means some nurses have embarked on a costly but fruitless exercise. For Nigerian nurses to emigrate, specific processes must be followed, which may vary depending on the destination country. These processes typically include passing the IELTS, CBT, and NCLEX exams. Candidates face various financial costs, such as purchasing study materials like UWORLD or Archer for NCLEX preparation and practice materials for the CBT and IELTS exams. There are also indirect expenses to consider. These include internet fees for accessing online resources, transportation costs, and payments to tutors for exam preparation. The following responses show how respondents have been financially affected by the portal closure:

> I have completed my emigration process and paid millions of naira, only for the verification to halt me. As it stands, I have lost millions of Naira, and I had to sell my valuables to pay such money.

> Like me, I wrote it four times. I passed on the fourth one. After passing it, someone will want to shut down the portal. You know what that means.

> First, I had to buy the data to do online practice and also the reading part. Everything is expensive, from the reading material to the photocopy. Again, the transportation I had to use was another burden.

Debt

Training to become a nurse is expensive in Nigeria, leading many nurses to accumulate debt. Conversely, the nurses' income is significantly lower than the cost of the preparation process to emigrate. As a result, many nurses borrowed money, believing that they would repay these loans quickly once they emigrated. However, since the licence verification portal has been shut down, their chances of repaying the loans have become increasingly slim. One of the respondents stated,

> I have incurred lots of debt.

Expiration of paid exams

Despite the expensive preparation process for exams such as the IELTS, CBT, and NCLEX, some nurses took the tests and passed them. However, due to the verification portal's closure, some could not utilise their exam results because they had expiration dates, rendering their efforts futile. One of the respondents said,

> My IELTS AND CBT are about to expire, and the funds I used, and the energy is all in waste; God punishes whoever closes the portal.

> The financial implications of the international verification process, which was ongoing before the issue arose, have resulted in its deactivation by the International Board of Nursing in the country to which I was applying. Most funds spent on this process are non-refundable, leaving me financially constrained due to the money already spent on the application.

The time and resources invested in these various exams can be considered an indirect financial loss.

Job loss

Nurses, especially those working in other countries, have lost their jobs, resulting in an indirect financial loss. Their jobs provide their primary source of income, and this situation has impacted many nurses who had emigrated under contracts that required licence verification. The inability to complete this verification led to the termination of their contracts.

> I am not the only one that lost a job. My sister, a nurse, also lost her recently acquired job, as she was told that they could not proceed with her without verifying and approving her license by NMCN.

> The closure of the NMCN license verification portal affected me so much that I lost my job and could not secure another because I could not renew my license.

Some nurses had expired licences and failed to renew them because of the licence verification issue, resulting in job losses.

Loss of sponsorship

Like in the US, the process of obtaining a nursing licence is costly in Nigeria, making it unaffordable for many nurses. As a result, some agents often provide financial support to help cover these costs. When the licence verification portal was closed, many individuals were impacted, leading to the termination of this sponsorship. A nurse said the following:

> The challenges I face are the job offer I got with the US, which is at risk now, and my NCLEX review under sponsorship, which is on the verge of revoking.
> My verification with the Texas Board of Nursing is on hold due to the NMCN closure of the portal.

Agents also sponsor individuals migrating to Saudi Arabia. People in this category were also affected. A respondent revealed the following:

> An agency dropped me due to my inability to do data flow within a stipulated time frame.

Discussion

The study assessed the perception and implications of closing the NMCN licence verification portal for Nigerian nurses. The results revealed the nurses' negative perceptions. They indicated that this coercive policy has led to profound psychosocial, career, and financial impacts.

The nurses generally perceived the closure of the portal negatively. They described it as an unethical, poorly drafted policy. The nurses perceived it this way because the policy was drafted without wide consultations with major stakeholders like NANNM and other nursing bodies in Nigeria (Ogunyemi 2024; Akinmoyeje 2024). The policy was opposed for several reasons. One key issue was the requirement for nurses to obtain letters of good standing from CEOs or Chief Medical Directors (CMDs), who are all medical doctors, before their licences could be verified (Are 2024). Critics argued that this was an inappropriate policy, as medical doctors are not responsible for supervising nurses. It was suggested that the heads of nursing departments, who are directly responsible for the nurses, should be the ones to provide these letters of good standing (Ogunyemi 2024). The portal closure left the nurses disappointed in the NANNM and NMCN, the regulatory bodies meant to safeguard nurses' interests in Nigeria. The disappointment towards the NMCN stemmed from their decision to close the portal, while the frustration with the NANNM arose from its failure to promptly address the NMCN's actions (Ogunyemi 2024). Because there was no proper explanation, many perceived the closure as a deliberate act of punishment aimed at witch-hunting nurses, allegedly due to professional rivalry between nurses and doctors. Others believed it indicates the government's failure to manage human resources ethically. This whole negative perception could be attributed to the fact that there was no prior notice before the portal

closure, no proper information after the portal was closed, and the measure was implemented only on nurses without other medical professionals, who were all affected by emigration (Akinmoyeje 2024). This negative perception was evident as nurses reacted negatively by protesting and even suing the NMCN and the minister of health for the closure of the portal (Healthwise 2024). These findings align with those of Adejoro (2024), who interviewed several Nigerian nurses following the portal's closure. Many nurses described the portal's closure as a nightmare, expressing frustration over the lack of explanation regarding the reasons for the closure and uncertainty about when it would reopen.

The psychosocial impact on nurses was substantial, leading to sadness, anxiety, crying, and depression, which, in some cases, resulted in suicidal ideation. These findings align with the report of the US Committee for Refugees and Immigrants (2025), which revealed that restrictive policies limiting health workers' mobility often led to psychological distress. An unexpected finding on social impact was the emergence of family issues, which arose from the compounding effects of existing policies. Identifying a single cause for the psychosocial impact is challenging, as it is complex and multifaceted, affecting both nurses' careers and financial situations. Many nurses view migration as a means to escape poverty in Nigeria, where a significant portion of the population lives below the poverty line. Due to low salaries, migration represents a beacon of hope for many nurses (Imoleayo 2024; Ogunyemi 2024). Some nurses enter the profession with the specific goal of working abroad and then sending money back to their families. Others are sponsored by their spouses or family members. Consequently, any disruption to this process not only affects the nurses themselves but also directly impacts their families. Conversely, some literature argues that restrictive migration policies can have positive psychological effects by fostering national workforce stability and strengthening local healthcare systems (Aluttis, Bishaw, and Frank 2014).

The impact on careers has been significant across various aspects. This restrictive policy has caused career stagnation due to mobility restrictions that have impeded educational progress. This is particularly evident among nurses working in foreign countries. If these individuals wish to migrate to another country or pursue further education, their licences must be verified. However, the closure of the verification portal has hindered this process. As a result, many individuals have found it difficult to progress in their careers or pursue further education. Nigerian nurses accepted into foreign schools also encountered challenges, particularly when their programmes required practicum placements and licence verification. These obstacles further hindered their ability to continue their education. Furthermore, implementing such coercive policies has decreased workplace productivity, posing potential risks to patient safety. This aligns with a report by Ogunyemi (2024), which revealed that coercive measures to prevent nurses from migrating do not enhance the quality of nursing care or protect patients' interests. Instead, it exacerbates Nigeria's existing nursing workforce crisis, leading to unfavourable consequences for nurses and patients. The finding is consistent with Kline

(2003), who asserted that forced retention policies can lead to professional inertia and skill depreciation over time, ultimately diminishing workforce motivation. Furthermore, research by Peñaloza et al. (2011) suggests that restricting health worker migration without corresponding improvements in domestic work conditions leads to increased attrition rates within the healthcare sector. In contrast, some scholars argue that such policies may encourage workforce stabilisation and ensure service continuity in resource-limited settings (Chen et al. 2004).

The findings revealed significant unintended financial consequences, including the costs of preparation, debt, expiration of paid exams, job losses, and loss of sponsorships. For nurses preparing to emigrate to the UK, the IELTS registration fee is approximately US$190, while the CBT registration fee is US$126 (McFedututors 2024). This totals US$316. In comparison, the average salary of a Nigerian nurse is only US$90. This means the combined cost of taking the CBT and IELTS, excluding transportation, study materials, and internet fees, is more than three times the nurse's monthly salary. Consequently, nurses must save several months' wages to afford the exam registration, which can lead to significant debt. Thus, suspending the verification process interrupted the nurses' efforts and resulted in wasted effort. Another indirect cost was the expiration of paid exams, such as the IELTS and the loss of sponsorship. Job loss was particularly traumatic for the affected nurses, a situation that was more common for nurses based in the UK and Saudi Arabia. These nurses were already in foreign countries with signed contracts, awaiting the opportunity to pass their licensure exams, including licence verification. Unfortunately, they lost their contracts because they could not fulfil the licence verification requirement. This loss led to various psychosocial impacts, including stigma. This finding aligns with a report by the NANNM (2024), which revealed that hundreds of registered nurses in Nigeria were stranded because foreign countries were unable to verify their credentials. This finding aligns with Bach (2003), who identified financial losses as a significant unintended consequence of migration restriction policies. The economic burden extends beyond individuals to families anticipating financial remittances, further aggravating economic hardship.

Strengths and Limitations

The study's major strength is that it is the first empirical study that uses a qualitative approach to examine the impact of coercive policies to deter nurse migration. It provides comprehensive empirical knowledge on the topic for policymakers to refer to. More so, this is a timely and relevant topic for policymakers globally, as the migration of nurses is a global issue currently.

Moreover, using 22 in-depth interviews and open-ended surveys from 1,838 Nigerian nurses globally enhances the generalisability of the findings by capturing the perspectives of those directly affected by the policy. Moreover, by evaluating the psychosocial, career, and financial impacts, it offers a holistic understanding of the consequences of the policy.

However, the study's limitations include the possibility of pre-existing policy bias and over-exaggeration of the impacts since the respondents were affected by the policy. Moreover, the study only captures snapshots (cross-sectional) but does not track the long-term (longitudinal) impacts or policy adaptations over time since the study.

Recommendations

Based on the findings of this study, the following recommendations are made:

Nursing Practice: The working conditions of nurses need to be improved by providing the necessary equipment, including safety gear. Adequate access to psychosocial support in hospitals should also be provided to alleviate the mental impact on nurses, which can ultimately lead to better quality nursing care. Furthermore, nurse managers or supervisors should be on the lookout for signs of psychological distress among nurses to ensure they receive the appropriate guidance and support.

Policy: Policymakers should ensure that policies affecting nurses are ethical, transparent, and inclusive, incorporating input from key stakeholders, including the nurses themselves. The licence verification process for Nigerian nurses should be revised to make it easier to verify. Policymakers should establish ethical migration regulations instead of imposing outright restrictions, and policies should focus on creating structured migration frameworks that benefit both the local healthcare system and migrating nurses.

The Nigerian government needs to develop a clear workforce plan and retention policies that incentivise nurses to remain in the country. These incentives could include competitive remuneration, career development opportunities, and improved working conditions. Additionally, policies should be established to enable Nigerian nurses to become hospital CEOs or CMDs.

The NMCN should consistently involve nursing stakeholders, such as the NANNM, the University Graduates of Nigeria in Nursing Science (UGONSA), and other professional nursing bodies in the decision-making process for crucial policies. This approach will enhance understanding of policies and ensure diverse input.

Research: A cost-benefit analysis should be conducted to evaluate the financial impacts of migration restrictions on Nigeria's healthcare system and the nurses affected. Furthermore, future research should focus on exploring voluntary and incentive-based strategies for retaining nurses, such as career advancement programmes and financial incentives for nurses. Tracking the long-term effects of restrictive migration policies on nurses' career trajectories, well-being, and overall healthcare delivery in Nigeria is also important. Comparative research should be undertaken to analyse Nigeria's policies alongside those of other countries to identify best practices for managing nurse migration.

Conclusion

It is important to note that while coercive policies may deter migration, they also have unintended negative consequences for nurses, patients, and nursing services. The coercive policies make nurses face career and financial impacts that negatively affect their psychosocial well-being. This, in turn, affects the quality of nursing care, potentially leading to issues such as medication errors and a lack of empathy in patient care. Additionally, establishing nurse-migration policies without consulting nurses may fail to address their diverse needs. Extensive consultations are recommended during the policymaking process. Furthermore, adequate provisions for psychosocial support, along with clear retention plans and policies for nurses, are essential. By implementing these recommendations, Nigeria can develop more effective, ethical, and sustainable strategies for managing nurse migration while ensuring a resilient healthcare workforce.

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