

Policy Awareness, Implementation Challenges, and Legislative Influence on Nursing Workforce Development in Nigeria: A Cross-Sectional Quantitative Study

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Abstract:

Nursing workforce development is central to health-system performance, quality of care, and progress toward universal health coverage. In Nigeria, however, persistent shortages, migration pressures, poor working conditions, inequitable deployment, and weak implementation of workforce policies continue to affect workforce stability. Although policy frameworks exist, evidence on stakeholders' awareness of these policies, perceived implementation barriers, and the role of the National Assembly in shaping workforce outcomes remains limited. This study assessed stakeholders' awareness of existing nursing workforce policies in Nigeria, identified key challenges affecting implementation, and examined the perceived role of the National Assembly in shaping nursing workforce outcomes. This paper reports the quantitative strand of a mixed-methods cross-sectional study. Data were collected from 91 respondents using a structured questionnaire covering policy awareness, implementation challenges, and legislative role. Descriptive statistics were used to summarize demographic characteristics and key variables. Internal consistency reliability was assessed using Cronbach's alpha. Pearson correlation and Welch's t test were used to test the study hypotheses at a significance level of $p < .05$. The instrument demonstrated good to excellent reliability across scale domains, with an overall Cronbach's alpha of .882. Respondents showed moderate awareness of nursing workforce policies, but weaker perceptions of policy communication and stakeholder sensitization. The most strongly endorsed implementation barriers were poor working conditions, poor remuneration, brain drain, inadequate workforce data, and inadequate funding. Respondents moderately acknowledged the National Assembly's influence on workforce development, but confidence in budgetary adequacy was comparatively low. Policy awareness was significantly associated with perceived implementation effectiveness, $r = .528, p < .001$. Nurses and policymakers differed significantly in their perceptions of implementation challenges, $t = 2.964, p = .005$. Legislative engagement was also positively associated with workforce outcomes, $r = .359, p < .001$. Nursing workforce development in Nigeria is constrained not simply by the absence of policy, but by weaknesses in communication, implementation, financing, workforce conditions, and legislative follow-through. Strengthening dissemination, retention conditions, workforce data systems, and legislative support is essential to improving nursing workforce outcomes.

Key Word: nursing workforce development, policy awareness, implementation challenges, legislative role, National Assembly, Nigeria.

1.0 Introduction

Nursing workforce development is widely recognized as a foundational component of health-system strengthening because nurses provide essential services across the continuum of care, including health promotion, disease prevention, acute care, rehabilitation, and long-term care¹. In most health systems, nurses form the largest segment of the health workforce and frequently represent the most consistent point of contact between patients and health services, especially in primary health care settings^{1,2}. Consequently, the availability, distribution, competence, and retention of nurses have direct implications for service accessibility, continuity of care, patient safety, and broader health outcomes.

Global concern about nursing workforce development has increased in recent years due to persistent shortages, maldistribution, skill-mix imbalances, and rising demand for health services. The WHO's State of the World's Nursing 2020 report emphasized that sustainable nursing workforce development requires investments not only in education, but also in jobs, leadership, regulation, and service delivery systems². Similarly, the Global Strategic Directions for Nursing and Midwifery 2021–2025 identified four interrelated policy pillars education, jobs, leadership, and service delivery as essential for strengthening the nursing profession and health-system performance³. These global frameworks underscore that workforce development cannot be achieved through

isolated measures; instead, it requires coordinated policy action across governance, finance, education, and labor systems.

Nigeria's nursing workforce context reflects many of these global challenges, but with added complexity arising from a large population, decentralized governance, uneven health infrastructure, and increasing international migration of skilled personnel. The country continues to face serious nursing shortages, particularly in underserved and rural communities, where workforce gaps undermine the delivery of essential health services^{4,5}. Population growth, epidemiological transition, and growing health-care demand have intensified the pressure on a workforce already affected by poor retention conditions and weak planning systems^{1,6}.

A major dimension of the problem is the worsening migration of Nigerian nurses to higher-income countries. This migration trend is driven by push factors such as poor remuneration, limited career progression, unsupportive work environments, and weak welfare systems, as well as pull factors including better salaries, improved working conditions, and expanded professional opportunities abroad^{7,8}. The consequence is a significant loss of trained professionals from the domestic health system, which weakens staffing levels, increases pressure on the remaining workforce, and reduces the return on public investment in nursing education.

Rural–urban maldistribution is another persistent challenge in Nigeria's nursing workforce. Urban areas tend to attract and retain more nurses because they offer better infrastructure, better living conditions, improved professional networking, and more opportunities for advancement. Rural postings, by contrast, are often associated with poor accommodation, limited professional support, infrastructural deficits, and social isolation, all of which reduce their attractiveness^{4,5}. This uneven distribution contributes to inequitable access to care and affects the capacity of rural facilities to deliver routine and emergency services.

Despite these challenges, Nigeria has adopted workforce policy instruments intended to improve planning, deployment, retention, and governance. One major framework is the National Human Resources for Health Strategic Plan 2021–2025, which emphasizes improved workforce data systems, strategic planning, intergovernmental coordination, and better alignment of health workforce strategies with national priorities⁹. However, the existence of policy frameworks does not automatically lead to improved workforce outcomes. Policies can remain weak in practice when stakeholders are insufficiently aware of them, when implementation systems are fragmented, when coordination is poor, or when financing and accountability mechanisms are inadequate.

Legislative institutions also have an important role in workforce development. Through lawmaking, appropriation, and oversight, the National Assembly can influence the policy environment within which nursing workforce reforms are designed and implemented. Parliamentary support may affect workforce financing, statutory reforms, professional regulation, and accountability for implementation. Yet, legislative influence on nursing workforce development remains understudied relative to other issues such as migration, retention, and distribution. This creates an important empirical gap, particularly in the Nigerian context where health governance depends on interplay among executive, legislative, and regulatory actors.

The present study addresses this gap by focusing on the quantitative strand of a mixed-methods investigation of nursing workforce development in Nigeria. Specifically, it examines three issues: stakeholders' awareness of existing nursing workforce policies, perceived challenges affecting implementation, and the perceived role of the National Assembly in shaping workforce outcomes. By doing so, the study contributes empirical evidence to debates on policy implementation, workforce governance, and legislative accountability in health workforce development.

2.0 Objectives of the Study

This quantitative manuscript addressed the following objectives:

1. To assess stakeholders' awareness of existing nursing workforce policies in Nigeria.
2. To identify challenges affecting the implementation of nursing workforce policies.
3. To examine the role of the National Assembly in shaping nursing workforce outcomes.

3.0 Research Hypotheses

The following null hypotheses were tested:

1. H01: There is no significant relationship between stakeholders' level of policy awareness and perceived effectiveness of nursing workforce policy implementation in Nigeria.
2. H02: There is no significant difference in perception of implementation challenges between nurses and policymakers.
3. H03: Legislative engagement by the National Assembly has no significant influence on nursing workforce development outcomes in Nigeria.

4.0 Methods

4.1 Study Design

This paper reports the quantitative strand of a mixed-methods cross-sectional study on nursing workforce development in Nigeria. Mixed-methods designs are especially useful in policy and workforce research because they allow measurable patterns to be examined alongside broader institutional and governance realities^{10,11}. The quantitative component was appropriate for generating a snapshot of stakeholder perceptions regarding policy awareness, implementation barriers, and legislative engagement at a single point in time, which is consistent with the use of cross-sectional designs in health systems research¹².

4.2 Study Setting

The study was conducted in Nigeria, a federal republic with a decentralized health governance structure. Health responsibilities are distributed across federal, state, and local levels, and this arrangement influences workforce planning, recruitment, deployment, remuneration, and oversight⁴. Because policy implementation occurs across multiple institutional layers, Nigeria provides an important context for examining variation in policy awareness and implementation experiences among different stakeholder groups.

4.3 Population and Sample

The quantitative sample comprised 91 respondents drawn from relevant stakeholder categories in nursing workforce development and health governance. The analytic grouping used in the study included policymakers, nurses, mixed stakeholders, and others. Respondents were also distributed across federal, institutional, state, and legislative levels of engagement. This sample supported both descriptive and inferential analysis of the major study variables.

4.4 Instrument for Data Collection

Data were collected using a structured questionnaire. The instrument included items on demographic and professional characteristics, awareness of national nursing workforce policies, perceived implementation challenges, and perceptions of the role of the National Assembly in workforce development. The main substantive sections were measured using Likert-scale items. The instrument was developed in alignment with the study objectives and the broader policy and governance concerns embedded in the parent study.

4.5 Validity and Reliability

Content validity was established through alignment of the instrument with the study objectives and review by experts in nursing, public health, and research methodology. Reliability was assessed using Cronbach's alpha, with values of .70 and above considered acceptable for research purposes.

The reliability coefficients for the study scales were as follows: policy awareness and communication, $\alpha = .806$; implementation challenges, $\alpha = .937$; legislative role and legal strengthening, $\alpha = .767$; and all Likert items combined, $\alpha = .882$. These values indicate that the instrument demonstrated acceptable to excellent internal consistency and was suitable for the analysis undertaken.

4.6 Data Analysis

Data were analyzed using SPSS-style quantitative procedures. Descriptive statistics frequencies, percentages, means, and standard deviations were used to summarize respondent characteristics and item-level responses. Pearson correlation was used to test relationships between policy awareness, implementation effectiveness, and legislative engagement. Welch's t test was used to examine the difference in perception of implementation challenges between nurses and policymakers. Statistical significance was set at $p < 0.05$.

5.0 Results

5.1 Reliability of the Instrument

Table 1

Reliability Statistics for Major Scales

Scale	Items	Cronbach's Alpha	Interpretation
Policy awareness and communication	6	.806	Good
Implementation challenges	9	.937	Excellent
Legislative role and legal strengthening	6	.767	Acceptable
All Likert items combined	21	.882	Very good

Table 1 shows that the questionnaire demonstrated satisfactory internal consistency across all measured domains. The policy awareness and communication scale yielded a Cronbach's alpha of .806, indicating good consistency among the items. The implementation challenges scale recorded the highest reliability coefficient at .937, suggesting that the items in this domain measured a highly coherent construct. The legislative role and legal strengthening scale produced an alpha of .767, which remained acceptable for policy research. The overall alpha of .882 indicates that the instrument was dependable for measuring the broader study variables. These coefficients increase confidence in the stability and consistency of the quantitative findings.

5.2 Demographic Characteristics of Respondents

Table 2

Respondent Background Characteristics (N = 91)

Variable	Category	Frequency	Percentage
Years of experience	1–5 years	4	4.4
	6–10 years	9	9.9
	11–15 years	13	14.3
	16–20 years	14	15.4
	Above 20 years	51	56.0
Level of engagement	Federal	47	51.6
	Institutional	20	22.0
	State	17	18.7
	Legislative	7	7.7
Analytic stakeholder group	Policymaker	39	42.9
	Nurse	31	34.1
	Mixed	8	8.8

Table 2 shows that the study sample was dominated by experienced respondents. Over half of the participants (56.0%) had more than 20 years of work experience, while only 4.4% had between 1 and 5 years of experience. This suggests that the quantitative findings largely reflect the perceptions of senior stakeholders with substantial professional exposure to workforce and policy issues.

In terms of institutional position, federal-level respondents constituted the largest share of the sample (51.6%), followed by institutional-level respondents (22.0%) and state-level respondents (18.7%). Legislative-level respondents represented the smallest share (7.7%). This distribution indicates that the study drew heavily from respondents working in higher-level governance or administrative environments.

By analytic stakeholder grouping, policymakers formed the largest category (42.9%), followed by nurses (34.1%). Mixed stakeholders accounted for 8.8%, while 14.3% fell into other categories. The presence of sizable nurse and policymaker groups is particularly important because it provided the basis for the inferential comparison under the second hypothesis.

5.3 Objective 1: Stakeholders' Awareness of Existing Nursing Workforce Policies in Nigeria

Table 3

Policy Awareness and Communication (N = 91)

Item	Mean	SD	% Agree/Strongly Agree
Aware of national policies addressing nursing workforce development	3.44	1.00	58.2
Familiar with National HRH Policy	3.31	1.06	51.6
Understand Nursing and Midwifery Act provisions on workforce development	3.51	1.03	61.5
Policies are accessible to stakeholders	3.09	1.02	38.5
Policies are effectively communicated	2.74	1.03	30.8
Adequate stakeholder sensitization exists	2.68	1.06	30.8

Table 3 presents a mixed but informative picture of policy awareness. Moderate awareness was observed with respect to the existence of national nursing workforce policies. More than half of respondents (58.2%) agreed or strongly agreed that they were aware of national policies addressing nursing workforce development, and 51.6% reported familiarity with the National Human Resources for Health Policy. The highest endorsement in this section was for understanding the provisions of the Nursing and Midwifery Act on workforce development, with 61.5% agreement and a mean score of 3.51.

However, the pattern becomes less favorable when the focus shifts from awareness of policy existence to policy communication and accessibility. Only 38.5% agreed that policies are accessible to stakeholders. Even fewer believed that policies are effectively communicated (30.8%) or that adequate stakeholder sensitization exists (30.8%). The mean values for these latter items were below 3.00, indicating weak positive endorsement.

These findings suggest that while stakeholders may know that workforce policies exist, the systems for dissemination, communication, and sensitization are not sufficiently robust. In practical terms, this means the policy environment may be recognizable in principle but not adequately embedded in operational practice. Such a gap between policy awareness and communication has important implications for implementation fidelity, especially in a decentralized governance context where effective dissemination is essential for alignment across institutions and stakeholder groups.

5.4 Objective 2: Challenges Affecting the Implementation of Nursing Workforce Policies

Table 4

Implementation Challenges (N = 91)

Challenge Statement	Mean	SD	% Agree/Strongly Agree
Inadequate funding affects implementation	4.29	0.74	92.3

Weak political commitment hinders implementation	4.13	0.82	87.9
Poor inter-agency coordination limits effectiveness	4.12	0.82	87.9
Legislative gaps weaken workforce development	3.78	0.99	72.5
Brain drain affects workforce stability	4.49	0.75	94.5
Poor remuneration contributes to migration	4.53	0.68	96.7
Poor working conditions undermine retention	4.58	0.65	97.8
Inequitable deployment affects service delivery	4.20	0.80	87.9
Lack of reliable workforce data affects planning	4.46	0.72	94.5

Table 4 reveals strong consensus among respondents that nursing workforce policy implementation in Nigeria is hindered by several interconnected structural and governance barriers. The most highly rated challenge was poor working conditions undermining retention, with a mean of 4.58 and 97.8% agreement. Poor remuneration contributing to migration was also very strongly endorsed (M = 4.53, 96.7%), followed by brain drain affecting workforce stability (M = 4.49, 94.5%).

These findings indicate that retention problems are central to the workforce challenge. Respondents clearly perceived poor conditions of service and inadequate remuneration not as secondary issues, but as core drivers of workforce instability. This result is particularly important in the Nigerian context, where rising migration has become a major concern for the health system.

Another major challenge was the lack of reliable workforce data affecting planning, which received a mean score of 4.46 and 94.5% agreement. This suggests that stakeholders view data weaknesses as a significant planning barrier. Without accurate and up-to-date workforce data, strategic planning, equitable deployment, forecasting, and staffing adjustments become increasingly difficult.

Funding and governance-related barriers also featured prominently. Inadequate funding received a mean score of 4.29, while weak political commitment and poor inter-agency coordination both recorded strong endorsement at 87.9%. Inequitable deployment was also widely recognized as a major problem. Although legislative gaps recorded the lowest mean in this table (3.78), more than 70% of respondents still agreed that such gaps weaken workforce development.

Overall, these results portray implementation failure as a systemic issue, shaped by poor working conditions, migration pressure, planning weaknesses, financing constraints, coordination failures, and governance limitations.

5.5 Objective 4: Role of the National Assembly in Shaping Nursing Workforce Outcomes

Table 5

Perceived Role of the National Assembly and Legal Strengthening (N = 91)

Statement	Mean	SD	% Agree/Strongly Agree
National Assembly plays a significant role in nursing workforce development	3.60	0.92	67.0
Legislative actions positively influence nursing workforce outcomes	3.55	0.91	67.0
Budgetary allocations approved by the National Assembly adequately support workforce development	3.07	1.02	41.8
Oversight functions improve implementation of nursing workforce policies	3.46	0.95	59.3
Existing health-related legislation adequately supports nursing workforce development	3.38	0.98	56.0
Amendments to health laws are necessary to strengthen nursing workforce outcomes	4.20	0.76	92.3

Table 5 indicates that respondents moderately acknowledged the relevance of the National Assembly in nursing workforce development. About two-thirds agreed that the National Assembly plays a significant role and that legislative actions positively influence workforce outcomes. These findings suggest that the legislature is recognized as an important actor in workforce governance.

Perceptions were more reserved regarding legislative performance in practice. Only 41.8% agreed that budgetary allocations approved by the National Assembly adequately support workforce development, making this the weakest-rated item in the section. Similarly, although oversight was viewed somewhat positively, its mean score of 3.46 suggests moderate rather than strong confidence in its effectiveness. Existing health-related legislation was also rated moderately.

The strongest result in this section was the overwhelming agreement that amendments to health laws are necessary to strengthen nursing workforce outcomes (92.3%, $M = 4.20$). This indicates that stakeholders see legal reform as a necessary pathway to improving workforce development. In essence, respondents acknowledged legislative relevance while also expressing dissatisfaction with the adequacy of current legal and financial support structures

5.6 Hypothesis Testing

Table 6

Summary of Hypothesis Tests

Hypothesis (Null)	Test	Statistic	p Value	Decision
H01: No significant relationship between policy awareness and perceived implementation effectiveness	Pearson correlation	$r = .528$	$< .001$	Rejected
H02: No significant difference in perception of implementation challenges between nurses and policymakers	Welch's <i>t</i> test	$t = 2.964$.005	Rejected
H03: Legislative engagement has no significant influence on workforce outcomes	Pearson correlation	$r = .359$	$< .001$	Rejected

For H01, the Pearson correlation analysis showed a moderate positive relationship between policy awareness and perceived implementation effectiveness, $r = .528$, $p < .001$. This result indicates that greater awareness of workforce policies is associated with better perceptions of implementation effectiveness. The null hypothesis was therefore rejected.

For H02, Welch's *t* test showed a statistically significant difference between nurses and policymakers in their perception of implementation challenges, $t = 2.964$, $p = .005$. This suggests that the two groups do not experience or interpret the barriers to workforce policy implementation in the same way. The null hypothesis was rejected.

For H03, Pearson correlation analysis showed a significant positive relationship between legislative engagement and workforce outcomes, $r = .359$, $p < .001$. Although this relationship is weaker than the policy awareness correlation, it remains meaningful and supports the conclusion that legislative engagement matters for workforce development. The null hypothesis was therefore rejected.

6.0 Discussion

This study examined stakeholders' awareness of nursing workforce policies, perceived implementation barriers, and the role of the National Assembly in shaping nursing workforce outcomes in Nigeria. The findings provide quantitative evidence that nursing workforce development is influenced by policy visibility, workforce conditions, governance quality, and legislative support.

The finding of moderate policy awareness but weak communication and sensitization is significant. It suggests that the challenge is not simply whether workforce policies exist, but whether stakeholders can access, understand, and engage with them in meaningful ways. This aligns with broader policy implementation scholarship, which emphasizes that awareness and communication are critical to implementation fidelity¹³. In a decentralized setting

such as Nigeria, where implementation occurs across multiple institutional levels, weak dissemination can dilute policy coherence and reduce operational effectiveness.

The significant positive relationship between policy awareness and perceived implementation effectiveness further reinforces this point. Respondents who perceived greater policy awareness also perceived implementation to be more effective. This finding is consistent with the argument that knowledge of policy frameworks strengthens stakeholder alignment, accountability, and implementation readiness. It also supports previous nursing workforce research showing that workforce policy awareness can shape attitudes toward retention, reform, and institutional commitment¹⁴.

The implementation challenge findings confirm that Nigeria's nursing workforce problem is highly structural. Poor working conditions, poor remuneration, and brain drain emerged as the most strongly endorsed barriers. This pattern is consistent with existing evidence that migration and attrition are not random outcomes, but the result of weak retention conditions and insufficient domestic incentives^{7,8}. The results also reinforce the view that workforce sustainability depends on more than producing nurses; it requires creating an environment in which they are willing and able to remain in the system.

The strong endorsement of inadequate workforce data as an implementation barrier is equally important. This indicates that respondents see workforce development not only as a welfare issue, but also as a planning issue. Weak data systems undermine recruitment forecasting, deployment decisions, and the ability to track loss from migration or attrition. This finding is consistent with the strategic focus of the National Human Resources for Health Strategic Plan 2021–2025, which emphasizes better workforce information systems and evidence-based planning⁹.

The significant difference between nurses and policymakers in perceptions of implementation challenges also deserves close attention. This suggests a degree of actor misalignment in how workforce barriers are understood. Nurses may perceive the workforce crisis more directly through everyday burdens, poor working environments, and professional frustration, whereas policymakers may view the same problems through systems, coordination, and resource constraints. Such differences matter because effective reform requires convergence in problem recognition across stakeholder groups. Where actor perspectives diverge, policy design and implementation may fail to respond adequately to frontline realities.

The findings on the role of the National Assembly provide a nuanced picture. Respondents generally acknowledged that the legislature plays an important role in nursing workforce development, which is consistent with the National Assembly's constitutional functions in lawmaking, appropriation, and oversight. However, confidence in the adequacy of budgetary allocations and existing legal support was weaker. This distinction is important: stakeholders recognize the importance of legislative authority, but they are less convinced about its current effectiveness in delivering workforce reform.

The strongest legislative finding was the overwhelming support for amendments to health laws. This suggests that respondents view the current legal framework as insufficient for the workforce challenges confronting the country. In practical terms, stakeholders appear to want stronger statutory backing for workforce planning, financing, retention, and accountability. The significant positive correlation between legislative engagement and workforce outcomes further confirms that legislative processes are not peripheral to workforce development; rather, they are part of the broader architecture shaping policy outcomes.

Overall, the study's findings fit well within a governance-oriented interpretation of nursing workforce development. Workforce policies alone are insufficient unless they are widely known, operationally communicated, adequately funded, supported by reliable data, aligned across actors, and reinforced by legislative and institutional accountability. The results therefore support a broader understanding of workforce development as a policy and governance issue rather than a narrow human resources problem.

7.0 Conclusion

This quantitative study demonstrates that nursing workforce development in Nigeria is constrained by multiple interrelated challenges, including weak policy communication, poor working conditions, inadequate remuneration, brain drain, unreliable workforce data, inadequate funding, and incomplete legislative support. Although stakeholders showed moderate awareness of workforce policy frameworks, policy communication and sensitization

were notably weak. Respondents also recognized the National Assembly as an important actor in workforce development, but they expressed concern about budgetary adequacy and the sufficiency of current legal frameworks.

The hypothesis tests strengthen these conclusions. Policy awareness was positively associated with perceived implementation effectiveness, nurses and policymakers differed significantly in their views of implementation barriers, and legislative engagement showed a meaningful positive association with workforce outcomes. These findings make clear that improving nursing workforce outcomes in Nigeria requires action not only on policy formulation, but also on dissemination, implementation, retention conditions, data systems, and legislative accountability.

8.0 Recommendations

Based on the findings, the following recommendations are proposed:

1. Strengthen policy dissemination and stakeholder sensitization: Existing nursing workforce policies should be communicated more clearly and systematically to relevant stakeholders through institutional briefings, policy summaries, professional bodies, and regular sensitization activities.
2. Improve working conditions and remuneration: Since poor working conditions and remuneration were the most strongly endorsed implementation barriers, these areas should be treated as urgent priorities for retention and migration control.
3. Develop stronger workforce information systems: Reliable and integrated workforce data systems are necessary for evidence-based planning, recruitment forecasting, and equitable deployment.
4. Enhance inter-agency coordination: Coordination among ministries, professional regulators, institutions, and legislative actors should be improved to reduce fragmentation in workforce policy implementation.
5. Deepen legislative support for workforce development: The National Assembly should strengthen budgetary commitment, oversight mechanisms, and statutory support for nursing workforce reforms.
6. Review and amend relevant health laws: Workforce-related legal reforms should be considered to provide stronger backing for retention strategies, staffing frameworks, accountability mechanisms, and workforce financing.

9.0 References

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