

Interrogating Brain Drain and The Migration of Nigeria Healthcare Professionals to the United States

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ABSTRACT

The migration of Nigerian healthcare professionals has become an important human capital and health system challenge, particularly as Nigeria continues to experience shortages of skilled healthcare workers. This study examined the factors influencing the migration of Nigerian healthcare professionals to the United States and the implications of such migration for healthcare service delivery and human capital development in Nigeria. A structured secondary research design was adopted. Empirical studies examining Nigerian healthcare professionals' migration intention, destination preference, actual migration patterns, and workforce-related outcomes were identified through a systematic literature search process. Relevant studies were synthesised using descriptive analysis, with findings grouped according to migration intention, destination preference, and confirmed migration outcomes. The findings showed that migration decisions among Nigerian healthcare professionals were associated with multiple interacting factors, including professional development opportunities, access to advanced medical equipment, career progression, insecurity, remuneration, and quality-of-life considerations. The United States emerged as an important destination among Nigerian healthcare professionals because of its advanced healthcare infrastructure, specialist training opportunities, and professional advancement pathways. However, evidence differed according to population group and migration outcome. Among intending migrants, the United States represented a preferred destination, while among already migrated professionals, it represented one of several destination choices. The findings suggest that healthcare workforce migration from Nigeria should not be understood solely as an individual career decision but as a broader structural human capital challenge involving domestic healthcare conditions and international demand for skilled professionals. Addressing healthcare brain drain requires improved professional development opportunities, stronger healthcare infrastructure, retention incentives, and constructive engagement with Nigerian healthcare professionals in the diaspora.

Keywords: Healthcare migration; brain drain; Nigeria; United States; human capital; healthcare workforce retention

INTRODUCTION

International migration of health workers is one of the most important aspects of Nigeria's human resource deficit, as the nation continues to lose highly qualified health workers from a system of health care which is already under a great strain in terms of its workforce. The issue is not just that the doctors, nurses, pharmacists and other professionals in Nigeria migrate, it is that they migrate and take with them scarce skills, professional experience and publicly financed human capital to countries that have better labour markets and institutional capacity (Osigbesan, 2021; Akinwale & George, 2023; Maduiké, 2026). New research confirms the severity of the issue. In an article that followed a cohort of doctors and dentists in Nigeria, 48.9% of the doctors and dentists were identified as having migrated 15 years after graduation, with the United States being one of the three most popular destinations among those who migrated, with 19.4% (Onah et al., 2024). The U.S. is a key player in this migration system as it has an advanced healthcare infrastructure, professional opportunities, and remuneration, as well as the capacity to train specialists, attracting internationally trained healthcare professionals to the country. Oikelome et al. (2022) suggested that individual, institutional, and structural factors mutually influenced immigrant health care workers from

developing nations in the United States, making it challenging to interpret the professional migration as being driven by the workers' personal economic choice. The Nigerian health care workers are thus placed in a transnational labour market where the institutional weaknesses indigenous to their country have a nexus with the demand for skilled health care labour in the destination country (Oikelome et al., 2022). The Nigerians aspect of the migration equation is just as significant. Of the 913 doctors surveyed, 13% were satisfied with their job, 80.7% were either unwilling or undecided, of which about 43.9% had already made up their minds to emigrate. The United States was the preferred destination for 15.7% of respondents who identified a destination, although the United Kingdom ranked first (Onah et al., 2022). This evidence indicates that dissatisfaction with conditions at work in one's own country was part of the larger picture that led to the development of migration intentions, which could not be solely attributed to an individual's ambition. The main issue that this study sets out to answer is therefore how the pull factors in the US and the push factors in Nigeria interact and what the implication of this interaction is for the healthcare system in Nigeria. The issue of medical brain drain and effects of medical professional migration and poor health service capacity has been well-documented in the Nigerian context (Osigbesan, 2021; Akinwale & George, 2023; Aloysius et al., 2025; Maduike, 2026). In most of the literature, however, migration is considered as an international phenomenon in general or is limited to destinations like the United Kingdom and Canada. This leaves an analytical vacuum on the specific link between the condition of the healthcare workforce in Nigeria and migration towards the USA. This research was, therefore, aimed at critically examining the international migration of Nigerian health workers to the United States and linking the factors that motivates such migration to the implications it had on the delivery of healthcare and human capital in Nigeria.

The study was guided by the following objectives

To examine the major push and pull factors associated with the migration of Nigerian healthcare professionals to the United States.

To assess the implications of the migration of Nigerian healthcare professionals to the United States for healthcare service delivery and human capital development in Nigeria.

The study was guided by the research question:

What factors drove the migration of Nigerian healthcare professionals to the United States, and what implications did this migration have for healthcare service delivery and human capital development in Nigeria?

LITERATURE REVIEW

Conceptualising Healthcare Brain Drain

Brain drain is the continuous transfer of highly qualified human resources from one country to another country in which the country of origin suffers a loss of productive and specialised human resources. The concept is particularly important in healthcare as professional training demands high education costs and adequate personnel are required for healthcare delivery (Osigbesan, 2021; Maduike, 2026). Losing a healthcare worker means more than just losing an employee. It can symbolize a loss of clinical abilities, institutional knowledge, mentoring skills, and future training capabilities. One of the serious flaws in traditional brain drain views is that they represent health workers as victims of the economy, or as people seeking better opportunities. This is inadequate because decisions about migration are the result of the interplay of personal preferences and structural inequalities. Akinwale and George (2023) linked brain drain of personnel with the decline in quality of health care in Nigeria and Ajoseh et al. (2024) demonstrated that public debate on the policies aimed at medical practitioners' retention revealed a greater debate on the issue of professional freedom, state responsibility, and the legitimacy of retention measures. Brain drain is thus an economic and governance issue. This structural dimension is more clearly illustrated by the phenomenon of "human capital flight. While skilled migration is a driver of economic growth, Madubuko (2026) contended that professional migration has broader economic implications as countries sacrifice their productive capacity by losing trained professionals. International migration of people from Nigeria was also considered

as part of a wider structural crisis of human capital migration (Faloore 2026). The importance of the phenomenon of migration of healthcare professionals is therefore not only in the volume of healthcare professionals leaving Nigeria but also in the relationship between the migration and Nigeria's ability to recreate the skills needed for sustainable healthcare development.

Push Factors in Nigerian Healthcare Migration

The literature shows that Nigerian health care professionals were compelled by the economic, institutional, professional and security factors. The lack of remuneration, poor infrastructure, lack of career progression and lack of working environment, insecurity have been cited as some of the recurring issues in the Nigerian brain drain literature (Akinwale and George, 2023; Osigbesan, 2021; Adeboye, 2026; Maduiké, 2026). Likewise, Elelu et al. (2022) found that lack of protective gear, irregular wages, insecurity and deteriorating working conditions were major pressures, and better pay and safer working conditions were attractions in the destination countries. The importance of these factors is determined by the combined impact of these factors. While a professional might be able to live with one institutional weakness, he or she might find that when the pay is not high, the equipment is not up to snuff, and the workload is not manageable, the value of staying in the domestic system can change. The main reasons cited in a study of early career Nigerian doctors for migration intentions were better postgraduate training, better quality of life and better remuneration (Ogunyemi et al., 2022). The evidence thus refutes explanations attributing migration to the sole effect of salary. There is a wider institutional context of remuneration. The perceived opportunity cost to staying in Nigeria increases when there is a functional equipment, a better career path, more professional recognition and improved personal security. For instance, migration by healthcare workers from Lagos has been linked to psychological strain and infrastructure deficiencies, as detailed by Adeboye (2026), thus underscoring the need to consider professional migration as a multi-faceted response to systemic problems.

Pull Factors Associated with the United States

The United States is a compelling country of choice due to its balance of healthcare needs, cutting-edge clinical facilities, healthcare professional opportunities, and specialization training. In the United States immigrant health care workers faced a complicated landscape of professional opportunity and institutional inequality and exclusion, as Oikelome et al. (2022) has shown. Such an importance, because the USA is not a simple place to go. Migration can create adjustment pressures, barriers to work and feelings of inequality and can also offer professional and economic opportunities. There is supporting evidence for the role of professional development as a migration incentive from the Nigerian health workforce. A recent survey of 2152 medical and nursing students in Nigeria revealed that 72.9 percent of them intended to practice their profession abroad, with 28.5 percent preferring to go to the United States. The leading factors were better training opportunities, access to advanced equipment and improved career prospects (Sulaiman et al., 2025). This is analytically significant as indicating that choice of destination was not a function of salary alone. The United States was a package of potentialities – specialist training, high-tech medical expertise, advancement in the career. In addition, King (2023) gives a Nigerian perspective on the perceptions of the United States health care system, which helps to illustrate the importance of destination country perceptions in influencing migration decisions.

Theoretical Perspectives

Push Pull Theory is more direct to explain the migration process by separating factors which pushes migrants to leave the country of origin from the country of destination. It is strong in this respect, because it demonstrates that migration is not necessarily one-way. Nigerian professionals weren't just leaving because of poor conditions, they were also leaving due to the better professional and personal prospects that they saw in other places. Theoretically, however, it works only when inequalities related to structure can be characterized as a set of individual preferences. The second lens is provided by the Human Capital Theory. Healthcare professionals spend a lot on their education and specialist training, and they may want to pursue employment in a workplace where they can reap higher rewards for that investment. This view points to rationality in migration in the sense that professionals are preoccupied with earning as much as they can, advancing their careers and improving their professional benefit. However, such a reading introduces a great

disparity in the Nigerian setting. The individual can reap a bigger benefit and the losing country can suffer the social cost of the loss of valued skills. The Human Capital Theory thus works better to account for the mobility of individuals rather than the effects of professional depletion on the collective. This is taken into account by dependency and structural analyses, which analyze the unequal relationship between source and destination countries. When highly skilled workers move from a less well-developed health care system to a more able one, the latter gains skills that it may have not been the recipient's costs. Hence, the Nigerian question is a question of distribution, the questions of who gains from healthcare human capital movement. This structural reading was reinforced by Oikelome et al. (2022) who demonstrated that migrant healthcare workers were situated within institutional settings where opportunities and inequalities are able to exist together.

Empirical Evidence and Research Gap

Empirical evidence shows that there is a significant migration pressure among Nigerian health workers. Onah et al. (2022) reported a high level of dissatisfaction and significant intention to emigrate among Nigerian physicians. A more recent longitudinal study published by Onah et al., 2024 revealed that almost half of the Nigerian doctors and dentists who had migrated within 15 years of graduation had gone to the United States, which was nearly one fifth of the destinations. The impact is not limited to a single institution. Akinwale and George (2023) related personnel brain drain to the quality of healthcare delivery, and Aloysius et al. (2025), through the lens of Enugu State University Teaching Hospital, related the human capital flight to the delivery of service in public hospitals. Osigbesan (2021) also noted some negative implications for the healthcare industry in Nigeria. All of these studies point to migration having the potential to exacerbate shortages, overload those who are left behind and reduce institutional capacity. However, there is a significant lacuna. Previous research tends to focus on brain drain in general, intention for migration to a number of destinations, or migration to the United Kingdom and Canada. The U.S. is a destination frequently mentioned, but not necessarily a separate analytical destination. The present study is designed to fill this gap by analysing the migration from the United States from the perspective of push conditions in Nigeria coupled with destination pull conditions and consequences of migration to Nigeria's healthcare human capital.

METHODOLOGY

Research Design

This study adopted a structured secondary research design using quantitative evidence synthesis. The approach was selected because existing empirical studies provide measurable evidence on Nigerian healthcare professionals' migration intentions, destination preferences, actual migration patterns, professional conditions, and workforce retention challenges. Rather than generating new primary data, the study systematically analysed available empirical findings to identify recurring migration determinants and their implications for healthcare service delivery and human capital development in Nigeria.

The review focused specifically on Nigerian healthcare professionals and trainees, with particular attention to migration pathways involving the United States. Evidence relating to other international destinations was included only where it provided comparative context for understanding the United States migration pathway.

LITERATURE SEARCH STRATEGY

A structured literature search was conducted to identify relevant empirical studies examining healthcare professional migration from Nigeria. Searches were conducted across electronic databases including PubMed/MEDLINE, Scopus, Web of Science, Google Scholar, and African Journals Online (AJOL).

The search strategy combined key concepts relating to population, migration, and destination country. The main search terms included combinations of:

“Nigeria” OR “Nigerian”

And “healthcare professionals” OR “physicians” OR “doctors” OR “dentists” OR “nurses” OR “medical students” and “migration” OR “brain drain” OR “emigration” OR “migration intention” OR “professional mobility” and “United States” OR “USA” OR “international migration”. Reference lists of relevant studies were also examined to identify additional sources that met the inclusion criteria.

Eligibility Criteria

Studies were included when they met the following criteria

- a. The study involved Nigerian healthcare professionals, healthcare trainees, or healthcare-related workforce populations.
- b. The study examined migration intention, destination preference, actual migration, migration determinants, or consequences of healthcare workforce migration.
- c. The study reported empirical findings with measurable outcomes.
- d. The study was published within the selected review period.
- e. The full text was accessible.

Studies were excluded if they

- a. Focused on non-healthcare professionals.
- b. Were opinion articles, editorials, commentaries, or policy discussions without empirical evidence.
- c. Did not examine migration-related outcomes.
- d. Did not provide sufficient methodological information.
- e. Study Selection and Data Extraction

Retrieved studies were screened based on titles and abstracts, followed by full-text assessment against the eligibility criteria. Information extracted from eligible studies included:

- a. author and publication year;
- b. study population;
- c. healthcare professional category;
- d. study design;
- e. migration outcome assessed;
- f. destination country;
- g. major reported migration determinants;
- h. implications for healthcare workforce capacity.

Because the included studies examined different populations, including practising physicians, doctors and dentists, and medical and nursing students, findings were synthesised according to outcome category rather than treated as directly equivalent populations.

Quality Assessment

The methodological quality of included studies was assessed based on clarity of study design, participant description, sampling approach, measurement of migration outcomes, and transparency of reported findings. Given the heterogeneity of study populations and outcomes, the review did not conduct statistical meta-analysis. Instead, findings were synthesised descriptively using reported proportions, patterns, and thematic comparison.

Data Analysis

Extracted findings were organised according to the study objectives:

- a. Push and pull factors influencing migration to the United States.
- b. Implications of healthcare professional migration for Nigerian healthcare delivery and human capital development.

The analysis distinguished between:

- a. migration intention: willingness or plans to migrate;
- b. destination preference: preferred country among potential migrants;
- c. actual migration: confirmed movement of healthcare professionals to another country.

Percentages were interpreted according to their original study populations, and differences between proportions were reported as percentage-point differences only when appropriate. Findings from different professional groups were compared cautiously because physicians, dentists, and students represent distinct stages of professional development.

RESULTS

Characteristics of Included Studies

Table 1: Characteristics of Studies Included in the Evidence Synthesis

Study	Population	Professional group	Study design	Migration outcome assessed
Onah et al. (2022)	Nigerian physicians	Doctors	Cross-sectional survey	Migration intention and destination preference
Onah et al. (2024)	Nigerian doctors and dentists	Practising professionals	Longitudinal study	Actual migration patterns
Sulaiman et al. (2025)	Nigerian medical and nursing students	Healthcare trainees	Cross-sectional survey	Migration intention and preferred destination

The included studies examined different dimensions of healthcare migration. Onah et al. (2022) and Sulaiman et al. (2025) primarily assessed migration intention and destination preference, whereas Onah et al. (2024) examined actual migration behaviour among trained healthcare professionals. Due to differences in professional groups and migration outcomes, findings were synthesised according to outcome category rather than interpreted as directly comparable estimates.

Migration Intention and Reported Migration Drivers

Table 2: Reported Factors Associated with Migration Intention Among Nigerian Healthcare Professionals

Migration determinant	Percentage reported
Better training opportunities	75.2%
Access to advanced equipment	61.1%
Improved career prospects	56.7%
Insecurity of lives and property	57.8%
Concerns about children's future	50.3%
Limited career development	45.9%

The findings indicate that migration intention among Nigerian healthcare professionals is associated with multiple professional and contextual factors. Better training opportunities represented the most frequently reported motivation, followed by access to advanced equipment and improved career prospects. Among practising professionals, insecurity and limited career development were also prominent concerns. These findings suggest that migration intention reflects a combination of professional advancement considerations and dissatisfaction with existing healthcare system conditions rather than a single economic factor.

Destination Preference for the United States

Table 3: United States as a Preferred Destination Among Nigerian Healthcare Professionals

Population	Migration outcome	USA proportion
Nigerian physicians	Preferred destination among those considering migration	15.7%
Nigerian medical and nursing students	Preferred destination among intending migrants	28.5%

The United States emerged as an important preferred destination among Nigerian healthcare professionals and trainees. However, these findings represent destination preference rather than confirmed migration. The difference between medical/nursing students and practising physicians should be interpreted cautiously because the groups differed in professional stage, study design, and sampling characteristics. Therefore, the findings indicate varying levels of attraction toward the United States rather than a measurable increase in migration over time.

Actual Migration Patterns

Table 4: Evidence of Confirmed Migration Among Nigerian Healthcare Professionals

Population	Migration indicator	Finding
Nigerian doctors and dentists	Migrated within 15 years after graduation	48.9%
Migrated doctors and dentists selecting USA	United States destination	19.4%

Evidence from longitudinal migration studies provides insight into actual workforce movement rather than migration intention. Almost half of the doctor and dentist cohort had migrated within 15 years of graduation, demonstrating substantial professional mobility. Among those who migrated, the United States represented one important destination. However, actual migration patterns should not be interpreted directly from

intention studies because migration requires additional factors such as licensing, immigration eligibility, financial resources, and personal circumstances.

Implications for Healthcare Service Delivery and Human Capital Development

Table 5: Indicators of Healthcare Workforce Retention Challenges

Indicator	Result
Doctors/dentists migrated within 15 years after graduation	48.9%
Physicians satisfied with work in Nigeria	13.0%
Physicians willing to continue practising in Nigeria	19.3%
Physicians unwilling or undecided about continuing in Nigeria	80.7%

These findings indicate challenges related to healthcare workforce retention. However, dissatisfaction, uncertainty, and migration behaviour represent different outcomes and should not be considered equivalent. The evidence suggests substantial retention pressure within the Nigerian healthcare workforce, although not all professionals expressing dissatisfaction or uncertainty will necessarily migrate.

Broader Healthcare System Implications

Table 6: Reported Implications of Healthcare Professional Migration

Dimension	Reported implication
Workforce availability	Reduced pool of trained healthcare professionals
Workload	Greater pressure on remaining personnel
Service delivery	Potential deterioration in quality and accessibility
Institutional capacity	Reduced clinical and specialist capacity
Human capital	Loss of skills and publicly supported professional investment
Health system resilience	Increased vulnerability to workforce shortages

The study evidence showed the magnitude of migration, and the broader empirical literature confirmed that the institutional significance of migration. The connection was especially important since existing workforce limitations were prevalent in the system, and trained professionals were leaving. This evidence provided support for an understanding of migration as a labour mobility process and as a health system capacity issue.

DISCUSSION OF FINDINGS

This study examined the migration of Nigerian healthcare professionals to the United States by considering migration as a complex interaction between domestic conditions, destination-country opportunities, and the broader dynamics of human capital mobility. The findings indicate that healthcare professional migration cannot be adequately explained by a single factor, such as remuneration, but rather by the interaction of professional, institutional, economic, and social considerations.

Push–Pull Theory Interpretation

The findings provide support for the explanatory value of Push–Pull Theory in understanding Nigerian healthcare migration. Push factors within Nigeria included limited professional development opportunities, inadequate access to advanced medical equipment, insecurity, concerns about quality of life, and dissatisfaction with working conditions. These factors represent conditions that reduce the attractiveness of remaining within the domestic healthcare system.

However, the findings also demonstrate that migration decisions were influenced by pull factors associated with destination countries, particularly the United States. The United States was perceived as offering advanced healthcare infrastructure, specialist training opportunities, improved career progression pathways, and access to technologies that may not be consistently available within Nigeria.

Importantly, Push–Pull Theory does not suggest that migration occurs simply because conditions in one country are poor and conditions elsewhere are better. Rather, migration emerges from the interaction between dissatisfaction with existing circumstances and the perceived availability of opportunities elsewhere. Therefore, Nigerian healthcare professionals' migration decisions should be understood as responses to both domestic constraints and international professional opportunities.

Human Capital Theory Interpretation

The findings also demonstrate the relevance of Human Capital Theory. Healthcare professionals represent significant investments in education, clinical training, and specialised skills. From an individual perspective, migration may represent a rational decision to maximise the economic, professional, and social returns associated with acquired skills.

However, the movement of healthcare professionals also creates challenges for the country that financed or supported their training. When trained professionals relocate, Nigeria may experience reduced availability of specialised skills, diminished institutional knowledge, and weaker capacity for healthcare workforce development.

Therefore, Human Capital Theory highlights a central tension in healthcare migration: individuals may achieve improved professional outcomes through migration, while source countries may experience difficulties retaining accumulated expertise. The issue is consequently not the mobility of professionals itself but the unequal distribution of benefits and costs associated with skilled migration.

Migration Intention, Destination Preference and Actual Migration

A key finding of this study is that migration intention, destination preference, and actual migration represent different stages of professional mobility and should not be interpreted interchangeably. Evidence from medical and nursing students reflects future migration aspirations, while evidence from practising physicians reflects current professional attitudes and migration considerations. In contrast, longitudinal evidence among doctors and dentists reflects realised migration behaviour.

Although these outcomes collectively indicate substantial migration pressure within the Nigerian healthcare workforce, they represent different dimensions of mobility. A high level of migration intention does not necessarily translate into equivalent levels of actual migration, because migration decisions are influenced by licensing requirements, financial resources, family circumstances, immigration policies, and other barriers.

The United States as a Destination

The United States represents an important destination within Nigerian healthcare migration pathways because of its combination of healthcare demand, advanced clinical infrastructure, specialist training opportunities, and professional advancement possibilities.

However, migration to the United States should not be interpreted as a simple transition from poor working conditions to professional success. Existing evidence indicates that internationally trained healthcare workers may experience adjustment challenges, institutional barriers, credential recognition difficulties, and inequalities within destination healthcare systems.

Consequently, the United States functions simultaneously as a destination of opportunity and a setting where migrant professionals must navigate complex professional and institutional environments.

Implications for Nigerian Healthcare Development

The findings suggest that healthcare brain drain should be considered a structural workforce challenge rather than merely an individual migration issue. The evidence indicates that retention challenges are associated with broader health system conditions, including infrastructure limitations, professional development constraints, and concerns about workplace security.

Nevertheless, migration restrictions alone are unlikely to provide a sustainable solution. Healthcare professionals possess legitimate rights to pursue professional opportunities internationally. Therefore, effective policy responses should focus on improving the conditions that influence retention decisions.

Strategies should include strengthening healthcare infrastructure, expanding specialist training opportunities, improving professional progression pathways, providing competitive remuneration, and creating supportive working environments.

Additionally, diaspora engagement should be considered as part of a broader migration management strategy. Nigerian healthcare professionals abroad may contribute through research collaboration, training partnerships, mentorship programmes, and knowledge exchange initiatives.

CONCLUSION AND IMPLICATIONS

This study concludes that the migration of Nigerian healthcare professionals to the United States is associated with multiple interacting factors rather than a single motivating condition. Evidence suggests that professional development opportunities, access to advanced healthcare infrastructure, career progression prospects, insecurity, remuneration concerns, and quality-of-life considerations contribute to migration decisions.

The United States represents an important destination within these migration pathways because of perceived opportunities for advanced training, professional growth, and access to specialised healthcare systems. However, migration outcomes differ according to whether they involve intention, destination preference, or confirmed migration behaviour.

The implications for Nigeria extend beyond the departure of individual professionals. Healthcare migration may affect workforce availability, institutional capacity, and the ability of the healthcare system to retain specialised expertise. Nevertheless, migration should not be viewed solely as a negative phenomenon, as international mobility may also create opportunities for knowledge exchange and diaspora engagement.

Policy responses should therefore move beyond attempts to restrict professional mobility and instead focus on improving the conditions that influence retention. Priority areas include investment in healthcare infrastructure, professional development opportunities, workforce planning, improved working environments, and mechanisms for engaging Nigerian healthcare professionals in the diaspora.

A sustainable response requires recognising healthcare migration as both a national workforce challenge and a component of global professional mobility.

Suggestion for Further Studies

Future studies should examine the long-term effects of healthcare professional migration on Nigeria's health outcomes, workforce distribution and human capital development. Comparative research involving the United States, United Kingdom and Canada could identify differences in migration drivers and retention strategies. Further research should also investigate how diaspora engagement can support knowledge transfer and healthcare development.

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Conflict of Interest

There is no conflict of interest associated with this study. The research was conducted independently, and no personal, institutional, commercial or financial relationship influenced the design, selection of secondary sources, interpretation of evidence, analysis of findings, or presentation of the conclusions and recommendations reported in this manuscript.

Ethical Approval

Ethical approval was not required because the study relied exclusively on secondary data obtained from previously published academic literature and publicly available research findings. No primary data were collected from human participants, and no personal or identifiable information was accessed. All sources used in the study were appropriately acknowledged and reference

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