



Migration Intentions of Nurses and Nursing Students in Iran: Implications for the Healthcare System

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Introduction

The migration of skilled labor, particularly in the healthcare sector, has become a global phenomenon and a serious challenge for the health systems of developing countries (1). As the cornerstone of healthcare service delivery, nurses play a vital role in the functioning of health systems. However, evidence indicates a severe and growing shortage of nurses worldwide (2). This shortage is driven, on one hand, by increased demand for health services and population aging, and on the other hand, by the migration of nurses from low-income and middle-income countries to developed nations (3).

As a developing country in the region, Iran faces the challenge of the departure of nurses and nursing students. Statistics demonstrate the annual emigration of thousands of nurses from Iran (4). According to the 2018 report of the Nursing Organization of the Islamic Republic of Iran, about 1,000 nurses immigrated from Iran through employment channels (4). Moreover, in 2014, Iran faced a shortage of nearly 130,000 nurses (5).

According to the Nursing 2025 report of the State of the World, although the global nursing shortage is projected to decline from 5.8 million in 2023 to 4.1 million by 2030, its distribution will remain highly inequitable. More precisely, is expected that the African and Eastern Mediterranean regions to concentrate approximately 70% of the shortage in 2030. Conversely, high-income countries continue to rely on international recruitment to address workforce gaps, with 23% of nurses working in these countries in 2023 being foreign-born. In fact, nurse migration is primarily driven by higher wages and better working conditions, with nurses from low-income and middle-income countries migrating to high-income destinations, a trend anticipated to persist through 2030 (6). Studies show that the intention to migrate is extremely high among

nursing students in Iran (69.5%) and Iraq (58.1%) and among medical students in Shiraz, one of the provinces of Iran (4-8). The main push factors for Iranian nursing students include poor quality of life, imbalance between income and cost of living, socio-economic instability, heavy workload, lack of social dignity, and limitations in professional advancement (7, 8). Moreover, common pull factors are a better life, higher income, stability, and a professional work environment in developed countries (7). Nonetheless, barriers to migration encompass financial costs, separation from family, language difficulties, and the complexity of admission processes (7, 8). Overall, the strong intention to migrate among the future healthcare workforce is a serious warning for the health systems of these countries. Therefore, there is an urgent need to develop and implement effective macro-level strategies to improve the economic, social, and professional conditions of nurses and create incentives for them to remain in the country.

Results and Discussion

The findings of this study indicated several issues that are summarized as follows:

1. The Extent and Scope of the Intention to Migrate

The limited quantitative studies revealed a concerning level of intention to migrate. In the study by Mehrabi et al on nursing students, 69.5% of Iranian students and 58.1% of Iraqi students intended to migrate (8), indicating that the desire to migrate is not limited to working nurses; it has also a high prevalence among the future generation of the healthcare workforce.

2. Push Factors

Push factors are unfavorable conditions in the home country that reinforce the motivation to migrate and leave

the country. Some of these undesirable conditions are listed as follows:

Economic Pressures: Economic issues have been considered the most important push factor in Iranian studies. More precisely, “improving quality of life” (with a score of 4.39 out of 5), “balance between income and cost of living” (4.35), and “socio-economic instability” (4.34) were cited as the primary reasons for migration by Iranian nursing students (8). In the qualitative study by Bahrami et al, nurses specifically pointed to the “mismatch between workload and salary” and the “doubled financial pressure on educated individuals” (7).

Unfavorable Working Conditions: “High workload” and mandatory overtime” are other key factors (7). Mehrabi et al also confirmed workload as an essential factor (8).

Lack of Dignity and Social Respect: In the study performed by Bahrami et al, “low social status of nurses in society” and “disrespect from physicians, patients, and their companions” were mentioned as highly distressing factors (7). This significantly undermines nurses’ work motivation.

Professional Limitations: “Discrimination in the workplace,” “disregard for human rights,” and “appointment of management positions to specific individuals regardless of merit” are barriers to professional advancement that frustrate talented nurses (7).

Concern About the Future: In the study by Parvizi et al conducted on the medical students, concern about the country’s future was identified as a strong predictor of the intention to migrate (9), which corroborates the findings of Mehrabi et al, demonstrating that students with a negative outlook on the country’s future exhibited a substantially greater desire to emigrate (8).

3. Pull Factors

These factors are the favorable conditions in destination countries that attract nurses. Some of them are as follows:

Higher Quality of Life: “A better life” was identified as the most significant pull factor for both Iranian (4.39) and Iraqi (3.89) students (8).

Stability and Security: “Economic and social stability” and “secure work environment” were among the factors mentioned by nurses in the study performed by Bahrami et al (7).

Fair and Professional Working Conditions: “Appropriate income relative to cost of living,” “feeling of dignity and worth abroad,” “employment based on merit,” and “safer work environment” were key attractions of developed countries (7).

A Better Future for Children: This factor was mentioned as a strong motivation by married nurses in the qualitative study (7).

4. Barriers to Migration

Although the intention to migrate is high, certain barriers make this path difficult. For Iranian students, the “cost of

migration” (3.95), “separation from family and friends” (3.87), and “cost of studying at foreign universities” (3.67) were the most serious obstacles (8). Likewise, “cost of studying abroad” (4.01) and the “process of applying for admission to foreign universities” (3.80) were the main barriers for Iraqi students (8). In a qualitative study, “language learning difficulties,” “complexity of the admission process,” and “separation from family and the sense of exile” after migration were stated as major challenges (7).

Conclusion

The findings of this research, extracted from three studies in the context of Iran and Iraq, revealed significant convergence regarding the drivers of migration for nurses and students. It was found that the powerful combination of internal push factors (especially economic problems, lack of dignity, and difficult working conditions) and external pull factors (quality of life and stability) has created a strong stimulus for the departure of nurses. It should be noted that this phenomenon has devastating consequences for the health systems of source countries, including the exacerbation of workforce shortages, reduced quality of patient care, increased workload for remaining staff, and the waste of national resources invested in nurse education.

Proposed Strategies

Addressing this challenge requires a multi-faceted and systematic approach:

1. Initiating Economic Reforms: A fundamental revision of the salary and benefits structure, linking them to specialization, experience, and workload

2. Improving the Work Environment: Reducing workload, eliminating mandatory overtime, ensuring adequate staffing, and creating a safe environment free from violence

3. Enhancing Social Status: Implementing national campaigns to promote respect for the nursing profession and strengthen its role within the healthcare team

4. Focusing on Meritocracy and Career Advancement: Establishing transparent career promotion systems based on merit and performance

5. Strengthening Hope for the Future: Improving macroeconomic and social indicators in order to create a positive outlook among youth and professionals.

Without urgent and decisive actions, the continuation of the current migration trend will pose a serious threat to the sustainability of the health systems in both Iran and Iraq. Investing in retaining nurses is not an expense but an essential investment for the health of present and future generations.

Competing Interests

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Ethical Approval

xxx

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