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# Mexican Nurses' Migration Decisions: A Qualitative Study Using the Relative Deprivation Model

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## Abstract

# Background.

International migration among Mexican nurses to Canada and the United States occurs within a context of inequalities in working conditions, remuneration, and opportunities for professional development. However, limited qualitative evidence explains how nurses interpret these conditions and how their experiences shape migration decision-making. This study aimed to understand migration decision-making among Mexican nurses through the lens of the relative deprivation model.

# Methods.

An interpretive description study was conducted with 13 Mexican nurses (8 women and 5 men) who had migrated to and were practicing in Canada and the United States. Participants were recruited through purposive and snowball sampling until data saturation was reached. Data were collected through semi-structured interviews and analyzed using an inductive–deductive thematic approach informed by the relative deprivation model. Methodological rigor was guided by Thorne's criteria.

# Results.

Three themes were identified: (1) professional devaluation and lack of institutional recognition; (2) adverse workplace conditions and unjust treatment in the healthcare system; and (3) migration as an escape strategy and pathway to professional dignity. Participants described perceived discrepancies between their professional expectations and their working conditions, recognition, autonomy, and opportunities for development.

# Conclusions.

Mexican nurses' migration decisions were shaped by the interplay of material and symbolic dimensions of professional disadvantage. The relative deprivation model helps explain how comparisons between experienced conditions and professional expectations contributed to the meaning participants attributed to migration, which they viewed as a possible route toward professional recognition and development.

## Background

The World Health Organization (WHO) has warned of a persistent global shortage of nurses [1], which has contributed to increased nurse migration and international recruitment, particularly toward developed countries and those offering more attractive employment opportunities [2]. This situation has significant implications for the availability, retention, and distribution of nursing professionals within healthcare systems, prompting the development of international policy frameworks such as the WHO

Global Code of Practice on the International Recruitment of Health Personnel, which aims to guide and regulate the international recruitment and migration of health workers [1, 3]. For Mexico, this issue is particularly relevant because of its implications for the availability, retention, and distribution of nurses within the national healthcare system.

International nurse migration to destination countries such as Germany, Canada, and the United States represents a growing and sustained trend rather than a circumstantial increase [4]. This is driven by the interaction of structural, occupational, and socioeconomic factors, including disparities in working conditions and salaries, as well as limited opportunities for professional development in nurses' countries of origin [5]. The Pan American Health Organization (PAHO) reports that approximately 7.4 million nursing professionals live and work in the Americas. However, their distribution across countries is uneven, with nursing density ranging from 7 to 135 nurses per 10,000 inhabitants, while 40% of countries have fewer than 30 nurses per 10,000 inhabitants. Gender disparities also remain evident within the profession, as women represent approximately 87% of the nursing workforce and continue to face inequalities in professional recognition, remuneration, and opportunities for leadership and career advancement [6, 7]. These workforce disparities are relevant to understanding international nurse mobility, particularly in the context of cross-country differences in working conditions, professional recognition, and career opportunities [8].

In Mexico, nurse migration is closely associated with unfavorable working conditions, including inadequate salaries, temporary employment, institutional instability, and limited opportunities for professional development that are commensurate with nurses' academic training and professional responsibilities [9, 10]. These challenges are compounded by work environments characterized by professional burnout, low motivation, limited recognition, and, in some cases, workplace violence, which may undermine the retention of nurses within the national healthcare system [11, 12, 5]. These conditions create a context in which migration may become a viable alternative for nurses seeking better personal and professional opportunities, a pattern that is not unique to Mexico but is also observed across other contexts and settings.

Previous research has examined the global relationship between nursing shortages and international migration [13]. Studies focusing on Mexican nurses have also explored emigration patterns, migration expectations, labor conditions, and the professional integration of Mexican nurses in the United States [4, 14–16]. However, a gap remains in understanding how Mexican nurses subjectively interpret their experiences of unequal working conditions, limited professional recognition, and restricted career opportunities, and how these perceptions are connected to their decision to migrate. Although existing studies have addressed migration patterns, intentions, structural conditions, and migrant trajectories, less attention has been paid to the subjective processes through which perceived inequalities are interpreted and ultimately translated into migration decisions [4, 14–16].

To address this gap, the present study adopts the relative deprivation model to examine how differences between nurses' experienced professional conditions in Mexico and their expectations or perceptions of

working conditions and professional opportunities in other countries may shape their migration decisions. This approach extends existing research by linking objective labor conditions with nurses' subjective perceptions of inequality, dissatisfaction, and professional devaluation. Therefore, the objective of this study was to understand, from the perspective of the relative deprivation model, the factors that influenced the decisions of Mexican nurses to emigrate to Canada and the United States.

## Relative Deprivation Model

The relative deprivation model explains how perceived discrepancies between expected and actual circumstances generate dissatisfaction and may motivate individuals to seek change. Runciman [17] argued that deprivation arises not necessarily from an objective lack of resources, but from comparisons between what individuals believe they deserve and what they actually receive. Thus, relative deprivation is subjective and shaped by personal expectations and social context.

Runciman [17] distinguished between egoistic and fraternal relative deprivation. Egoistic deprivation occurs when individuals perceive themselves as disadvantaged compared with others, whereas fraternal deprivation arises from comparisons between social groups and may lead to collective responses. In nursing, these dimensions help explain how professionals assess their working conditions, remuneration, recognition, and career opportunities relative to those of their colleagues or other professional groups [18, 19]. Runciman [17] also identified four conditions underlying relative deprivation: individuals lack a particular resource or condition, perceive that others possess it, desire it, and consider it attainable. These conditions provide a basis for examining the gap between nurses' professional expectations and their actual working circumstances.

In the context of migration, relative deprivation helps explain how nurses compare their professional circumstances with those of relevant individuals or groups in other countries. Perceived differences in working conditions, remuneration, professional recognition, and career opportunities may lead them to view migration as a means of improving their situation. However, such comparisons do not necessarily result in migration; rather, they shape how nurses interpret their circumstances and assess opportunities abroad [20–23]. Accordingly, this study uses the model to examine how nurses' professional experiences and perceived disparities inform their migration decisions, which are understood as complex processes shaped by multiple factors [24].

## Methods

# Approach and Design

This qualitative study adopted an interpretive description design, which is appropriate for examining complex experiences in applied healthcare contexts and generating findings with relevance to professional practice [25, 26]. The design enabled an in-depth examination of Mexican nurses' experiences and perceptions prior to international migration, with particular attention to the subjective

meanings they attributed to their working conditions, professional expectations, and reasons for considering migration [26]. The analysis focused on the narratives of nurses who migrated to Canada and the United States, identifying patterns in how they interpreted their experiences and connected them to their migration decisions.

## Sample and Recruitment

Participants were recruited using a combination of snowball and purposive sampling [27]. A digital flyer and a brief video describing the study were disseminated through social media platforms, including Facebook, Instagram, LinkedIn, and TikTok. Interested individuals, as well as those referred by other participants, contacted the research team through Messenger or WhatsApp, allowing direct communication to assess their eligibility according to the inclusion criteria.

Eligible participants were nurses who had received their professional training in Mexico, had migrated to Canada or the United States, and were practicing in the destination country at the time of the study. Information regarding the destination country, duration of residence, and current professional status was also collected to contextualize the participants' migration and employment trajectories described during the interviews.

All participants took part voluntarily, and none declined participation after being contacted and found eligible. Information saturation was reached with the 13th interview, at which point subsequent accounts no longer contributed substantially new meanings regarding migration motivations, while the emerging analytical categories demonstrated sufficient depth and recurrence to address the study objective [28]. The research team determined that the categories had reached sufficient analytical density to support the interpretation of the phenomenon under investigation.

## Data Collection

Data were collected through in-depth semi-structured interviews conducted in Spanish via videoconference by the research team between November 2020 and February 2025. This approach allowed for an in-depth exploration of participants' experiences while maintaining comparability across interviews.

The interview guide was specifically developed by the research team for this study and was informed by the existing literature on nurse migration, working conditions, and professional mobility. It had not been previously published. The guide consisted of four main open-ended questions, with additional prompts exploring participants' sociodemographic characteristics, academic and professional trajectories in Mexico, migration decision-making, experiences in the destination country, and perceptions of nursing practice abroad. The English-language version of the interview guide is provided in Supplementary File 1. Interviews were transcribed using Microsoft Teams and subsequently verified against the audio recordings. Each interview lasted approximately 50 minutes.

# Data Analysis

The interview transcripts were organized and analyzed using ATLAS.ti, version 23. Two members of the research team independently reviewed the transcripts and developed codes and categories representing the participants' experiences. The researchers held regular analytic meetings to discuss similarities and discrepancies in their interpretations and to assess the internal coherence of the emerging categories. The analysis was conducted in four stages: (1) repeated reading of the transcripts to achieve familiarity with the data; (2) identification of relevant and meaningful segments in relation to the study objective; (3) grouping and comparison of codes to develop categories emerging from the data; and (4) descriptive-interpretive analysis linking the categories to participants' narratives and to the concepts of the relative deprivation model [29, 30].

Thematic analysis using inductive–deductive reasoning was employed. Inductively, codes and categories were identified from the participants' narratives without imposing predetermined interpretations. Deductively, the emerging findings were subsequently examined and organized in relation to the theoretical dimensions of the relative deprivation model. This approach allowed the analysis to remain grounded in participants' accounts while incorporating the theoretical framework into the interpretation of the migration experience.

The research team completed training in Human Subjects research and Social-Behavioral-Educational (SBE) research through the Collaborative Institutional Training Initiative [31, 32]. The researchers' training in qualitative methods and their academic interest in nurse migration supported contextual understanding of the social and occupational conditions surrounding Mexican nurses' migration. To minimize overinterpretation based on personal or professional experiences, the team incorporated reflexive practices throughout the analytic process.

# Positionality and Reflexivity

The research team incorporated a systematic and transparent process of positionality and reflexivity to acknowledge how their backgrounds and perspectives could influence data collection and interpretation. The principal investigator is a nurse who approaches international nurse migration from a social justice perspective, which may have influenced the interpretation of participants' accounts related to inequality, discrimination, and occupational mobility. The other team members are also nurses with clinical and academic experience. This shared professional background facilitated collaboration and contextual understanding during data collection, while also enabling professional identification with participants' experiences.

To address these potential influences, the research team conducted regular analytic discussions, compared their interpretations, and maintained an ongoing reflexive process throughout the study. These practices supported a critical, context-sensitive, and theoretically grounded interpretation of the participants' accounts, while minimizing the influence of researchers' assumptions or professional experiences on the findings.

## Methodological Rigor

Methodological rigor was established using four criteria: epistemological integrity, representative credibility, analytic logic, and interpretive authority [30]. Epistemological integrity was ensured through consistency among the research topic, interpretive approach, methodological design, and data generation and analysis strategies. Representative credibility was supported through purposive sampling of Mexican nurses with relevant experiences of international migration. Analytic logic was ensured through a systematic and auditable process of reading, coding, comparison, and category development, followed by an inductive–deductive interpretation informed by the relative deprivation model. Interpretive authority was strengthened through reflexivity, explicit justification of analytical decisions, and the use of verbatim quotations to support the findings.

## Ethical Considerations

The study was conducted in accordance with the applicable provisions of the Regulation of the General Health Law on Health Research [32] and was approved by the Research Ethics Committee of the Instituto de Estudios Superiores en Ciencias de la Salud. All participants provided informed consent before the interviews. Confidentiality was ensured through the use of identification codes. All research materials generated during the study were stored in the institution’s cloud-based system with restricted access.

## Results

# General characteristics

The sociodemographic characteristics of the 13 participants are presented in Table 1. The mean age was 32.7 years (range, 28–43 years), and most participants were women (61.5%; n = 8) and married (69.2%; n = 9). Participants came primarily from Chihuahua (30.8%; n = 4), Veracruz (23.1%; n = 3), and Durango (15.4%; n = 2). Ten participants (76.9%) held a bachelor's degree, while three (23.1%) held a master's degree. Before migration, most participants (61.5%; n = 8) had been employed in public or private clinics or hospitals.

Table 1
Sociodemographic Characteristics of nurses (*N* = 13)

| **Characteristic** | **%** | **N** |
|---|---|---|
| Marital status | | |
| Married | 69.2 | 9 |
| Single | 23.1 | 3 |
| Domestic partnership | 7.7 | 1 |
| Sex | | |
| Female | 61.5 | 8 |
| Male | 38.5 | 5 |
| State of origin | | |
| Chihuahua | 30.8 | 4 |
| Veracruz | 23.1 | 3 |
| Durango | 15.4 | 2 |
| Other* | 30.7 | 4 |
| Educational attainment | | |
| Bachelor's degree | 76.9 | 10 |
| Master's degree | 23.1 | 3 |
| Employment before migration | | |
| Public or private clinics/hospitals | 61.5 | 8 |
| Companies, laboratories, or universities | 30.8 | 4 |
| Not employed | 7.7 | 1 |
| Note. *Other includes Sinaloa, Coahuila, Querétaro, and Jalisco | | |

# Descriptive-Interpretive Analysis

The narratives indicated that the decision to migrate was not driven by a single factor but rather emerged from a combination of experiences involving professional devaluation, adverse workplace conditions, and the pursuit of professional recognition. These experiences help explain migration decisions through the lens of the relative deprivation model, as they reflect perceptions of frustration, dissatisfaction, and disadvantage in relation to participants' professional expectations and working experiences. Three main themes were identified: (1) professional devaluation and lack of institutional recognition; (2) adverse workplace conditions and unjust treatment in the healthcare system; and (3) migration as an escape

strategy and pathway to professional dignity. These themes reflect a progressive relationship between perceived professional disadvantage, adverse workplace experiences, and the decision to migrate in pursuit of a different professional future (Fig. 1).

# Professional Devaluation and Lack of Institutional Recognition

A recurring concern across participants' accounts was the discrepancy between their professional qualifications and responsibilities and the conditions under which they practiced nursing in Mexico. This was reflected in work overload, extended working hours, employment instability, limited resources, and insufficient recognition of their responsibilities.

E4: "In Mexico, there were too few of us for the number of patients we had. The shifts were long, and we often had to work extra hours. In addition, contracts were temporary, and we worked with limited resources; I felt that the working conditions did not correspond to the level of responsibility we had."

Financial constraints further shaped participants' employment experiences, sometimes requiring them to combine clinical and academic positions to supplement their income. One participant explained:

E1: "I worked at a university teaching in a nursing program, and I also worked at a regional hospital, doing night shifts in the emergency department, because I didn't make enough money."

This account illustrates how holding multiple positions was driven by financial necessity rather than solely by professional development. The perceived inadequacy of nursing salaries was also explicitly identified as a reason for migration:

E2: "We decided to migrate because of the income. I mean, the low salaries in Mexico."

Beyond economic conditions, participants also perceived that their educational qualifications and professional experience were insufficiently reflected in their remuneration and career opportunities. As one participant explained:

E5: "I had my nursing degree, had taken courses, and had several years of experience, but that didn't mean I had better conditions. I was still earning practically the same and doing the same duties."

Professional devaluation also extended to academic and scientific development. Participants described limited institutional support for research, postgraduate training, and career advancement, despite their efforts to strengthen their professional qualifications. One participant noted:

E6: "In Mexico, when it comes to research, there isn't much, or it isn't given much importance. Even when you prepare yourself and pursue further education, there aren't always opportunities to develop academically, participate in research, or continue growing professionally."

Similarly, participants perceived limited recognition of nursing as a profession in comparison with other healthcare disciplines, particularly regarding professional autonomy and the value attributed to their contribution to patient care:

E11: “I felt that nursing did not have the same recognition as other health professions, because we had little autonomy. Even though our training was important, and we were directly involved in patient care, it often wasn’t valued in the same way.”

Overall, participants’ accounts revealed perceived disparities between their professional qualifications, responsibilities, and expectations and the economic, institutional, and professional conditions available to them. Viewed through the relative deprivation model, these experiences reflect comparisons between actual circumstances and conditions participants considered deserved or attainable. Within this context, migration emerged as a potential means of addressing these perceived disparities.

## Adverse Workplace Conditions and Unjust Treatment in the Healthcare System

Beyond concerns about professional recognition and career opportunities, participants recounted experiences of unfavorable treatment within their workplaces. These included the absence of employment benefits, perceived disrespect toward nursing, and workplace harassment, highlighting difficulties in both employment protection and everyday professional interactions.

One participant reported receiving satisfactory compensation but lacking employment benefits:

E11: “I resigned four months ago. I felt quite satisfied with the salary and tips, but I did not have any benefits.”

Beyond employment conditions, participants described experiences of insufficient respect for their profession in everyday workplace interactions. As one participant stated:

E3: “Sometimes they do not give our profession the respect it deserves.”

Workplace harassment also emerged in relation to how absences were handled. One participant contrasted her experience in Mexico with that in the destination country:

E13: “I don’t feel harassed at work there, as I did in Mexico when I was absent. I just let them know and that’s it.”

This comparison highlighted perceived differences in workplace treatment, particularly regarding responses to employee absences. Collectively, these accounts reflected dissatisfaction with employment protections and interpersonal treatment. From a relative deprivation perspective, such experiences illustrated how comparisons between previous and current working conditions shaped participants’ perceptions of workplace fairness and their broader migration experiences.

# Migration as an Escape Strategy and Pathway to Professional Dignity

For participants, migration represented more than a change of country; it embodied the possibility of breaking away from circumstances they perceived as restrictive and pursuing a different professional future. Their accounts revealed aspirations for greater professional recognition, career development, and opportunities to exercise their nursing capabilities in a different healthcare context.

For some participants, the decision to migrate emerged from the perception that remaining in their country would mean continuing under the same conditions, with limited prospects for change. One participant explained:

E9: “I realized that if I stayed, I would continue under the same conditions. Migrating seemed like an opportunity to change my situation and build a different professional future.”

Beyond seeking a change in circumstances, participants expressed the desire to have their educational qualifications and professional experience recognized. Migration represented an opportunity to practice in an environment where their professional preparation would be valued:

E3: “I wanted to work somewhere where my nursing degree and experience would be valued, where I could feel that what I had studied was worthwhile.”

Professional recognition was closely connected to aspirations for career advancement and the opportunity to contribute more fully as nurses. As one participant stated:

E7: “I wanted to have the opportunity to grow professionally and to be recognized for what I could contribute as a nurse.”

These aspirations also involved expanding professional capabilities, assuming new responsibilities, and developing skills within a different healthcare environment. One participant described this expectation as follows:

E10: “I wanted to work in a place where I could develop my skills, take on new responsibilities, and continue growing as a professional.”

Collectively, these accounts portray migration as both a response to perceived professional limitations and an aspiration for a more fulfilling career. Participants envisioned migration as an opportunity to achieve greater alignment between their qualifications, professional contributions, and career expectations.

## Discussion

The findings indicate that migration decisions among Mexican nurses were shaped by the interaction of perceived professional disadvantage, adverse workplace experiences, and expectations of a different professional future. From the perspective of the relative deprivation model, these experiences reflect a perceived discrepancy between actual conditions and those considered legitimate, desirable, or attainable in relation to professional qualifications and expectations [17, 20, 21, 24]. Recent evidence similarly links relative deprivation with international migration aspirations when individuals perceive migration as a feasible alternative [25]. In the Mexican nursing context, this interpretation is consistent with evidence of international nurse emigration and labor market challenges related to employment conditions and professional opportunities [9, 15, 33, 40].

Regarding professional devaluation and lack of institutional recognition, participants perceived a mismatch between their education, experience, and responsibilities and the income, autonomy, recognition, and development opportunities available to them. These findings are consistent with evidence of challenges in achieving non-precarious employment in the Mexican nursing labor market [34, 40] and with studies describing professional and employment conditions as relevant dimensions of Mexican nurses' international mobility [9, 15]. Other studies have similarly linked transformations in the Mexican labor market to nursing mobility. However, from a relative deprivation perspective, these conditions acquire meaning through comparisons with the conditions that professionals consider appropriate or attainable [17, 20, 24]. Thus, low income was not necessarily experienced as an isolated economic problem, but as part of a broader discrepancy between professional contribution and perceived rewards. This interpretation is supported by research linking relative deprivation, wage differentials, and Mexican migration [23, 19], and by evidence that nurses' perceptions of their professional and social position may involve both material and symbolic dimensions [18, 35]. The relevance of the professional environment is also consistent with research identifying job satisfaction, organizational commitment, and workplace characteristics as factors associated with nurses' intentions to remain [36].

A second dimension of the findings concerns adverse workplace conditions and treatment in the healthcare system, particularly the absence of employment benefits, insufficient respect for nursing, and workplace harassment. These experiences complement the broader perception of professional devaluation by showing how disadvantage was experienced in everyday employment relationships. Previous studies have documented violence and adverse treatment among nursing and healthcare professionals [34, 5], while evidence from Mexico indicates that violence can permeate health services and affect healthcare workers and service functioning [12]. Within the relative deprivation model, such experiences may become significant when workplace treatment is perceived as inconsistent with the respect and conditions considered appropriate for one's professional role [18, 35]. This interpretation is consistent with evidence that workplace environments and relational factors are associated with nurses' retention and turnover intentions [11, 36]. Thus, participants' accounts suggest that workplace treatment informed their broader evaluation of the professional environment rather than representing isolated experiences.

The third theme, migration as an escape strategy and pathway to professional dignity, indicates that migration was understood as both leaving an unsatisfactory context and pursuing a different professional future. This finding is consistent with the proposition that relative deprivation may encourage migration when individuals perceive mobility as a means of improving their position [20, 21, 24]. Recent evidence further connects relative deprivation with international migration aspirations [25], while Ramírez [16] demonstrated that international mobility may inform nursing students' professional expectations before migration occurs. Research on Mexican nurses further situates these decisions within broader professional mobility trajectories [9, 4, 10]. International evidence indicates that organizational support, professional development, integration, autonomy, competence, and stability are relevant to migrant nurses' experiences [37, 38, 39]. Thus, migration in the present study can be interpreted as both a response to perceived professional disadvantage and an aspiration toward greater professional recognition and development.

Taken together, the three themes suggest a progression from professional devaluation, through adverse workplace experiences, to migration as a possible professional alternative that should not be interpreted as a deterministic sequence. Rather, the findings indicate that participants interpreted their professional circumstances through comparisons that contributed to the meaning they attributed to migration. Overall, international migration among Mexican nurses cannot be reduced to a search for higher income; it emerged through the intersection of material conditions, professional recognition, workplace treatment, and expectations for the future, consistent with previous evidence on Mexican nurse migration and relative deprivation [9, 15, 40].

# Implications for Nursing Practice, Policy, and Research

At the institutional level, the findings highlight the need to improve working conditions, professional recognition, workplace relationships, and career development opportunities. Nurse retention strategies should address not only remuneration but also job satisfaction, organizational commitment, autonomy, and professional development [11, 36].

At the policy and educational levels, nursing migration should be addressed in relation to inequalities in professional opportunities between countries. The WHO Global Code of Practice and ICN recommendations provide a framework for ethical recruitment and the protection of nurses’ rights [3, 38, 39]. Furthermore, international academic and professional experiences may support informed career decisions and professional development, rather than simply encourage migration [16, 37].

Future research should examine nursing migration as a dynamic process through longitudinal studies exploring changes in professional expectations and perceptions of relative deprivation before and after migration. Comparative studies across destination countries could further investigate how employment conditions, professional recognition, and integration shape nurses’ migration trajectories [4, 10, 37].

# Strengths and Limitations

A key strength of this study is its qualitative descriptive-interpretive approach, which provided insight into Mexican nurses' migration experiences through the relative deprivation model. Limitations include the small sample and snowball sampling, which may have introduced selection bias. The inclusion of only successfully migrated nurses may have excluded unsuccessful or interrupted migration experiences. Furthermore, the lack of comparison across destination countries limits the interpretation of differences in professional integration.

# Conclusions

The findings suggest that Mexican nurses' migration decisions were shaped by the interaction between professional expectations, working conditions, workplace treatment, and perceived professional disadvantage. From the perspective of the relative deprivation model, migration emerged as a possible alternative in response to perceived discrepancies between the professional circumstances participants experienced and those they considered appropriate or attainable.

This study contributes to understanding Mexican nurse migration by highlighting how material and symbolic dimensions, including income, professional recognition, autonomy, and opportunities for professional development, intersect in participants' accounts of migration. These findings emphasize the relevance of examining nurses' professional experiences in relation to the expectations and structural conditions that shape them.

# Declarations


### Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.


### Ethics approval and consent to participate

The research project was reviewed and approved by the Ethics and Research Committee of the Instituto de Estudios Superiores en Ciencias de la Salud, Orizaba, Veracruz, Mexico, on October 23, 2020. Written informed consent was obtained from all participants prior to their participation in the study.

### Consent for publication

Not applicable.

### Competing interests

The authors declare that they have no competing interests.


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**Conflict of interests:**

The authors declare that they have no competing interests.

**Author contributions:**

Conceptualization: J.C.M.F-D., A.L.Q-C. and H.F-S.; methodology: J.C.M.F-D., A.L.Q-C. and D.P.A-E.; validation: A.L.Q-C., A.C.D. and I.O-V.; formal analysis: J.C.M.F-D., A.L.Q-C. and D.P.A-E.; investigation: J.C.M.F-D., D.P.A-E. and A.C.D.; data curation: D.P.A-E., A.C.D. and I.O-V.; writing—original draft preparation: J.C.M.F-D., A.L.Q-C. and D.P.A-E.; writing—review and editing: J.C.M.F-D., A.L.Q-C., D.P.A-E., A.C.D., I.O-V. and H.F-S.; visualization: A.C.D. and I.O-V.; supervision: I.O-V. and H.F-S.; project administration: J.C.M.F-D. All authors have read and approved the final manuscript.

**Availability of data and materials:**

The qualitative data supporting the findings of this study are available from the corresponding author upon reasonable request.

**Ethics statement:**

This study was conducted in accordance with the applicable provisions of the Regulation of the General Health Law on Health Research (Cámara de Diputados del H. Congreso de la Unión, 2014) and was approved by the Research Ethics Committee of the Instituto de Estudios Superiores en Ciencias de la Salud. All participants provided informed consent before participating in the interviews.

**Reporting guideline:**

This study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

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# Figures

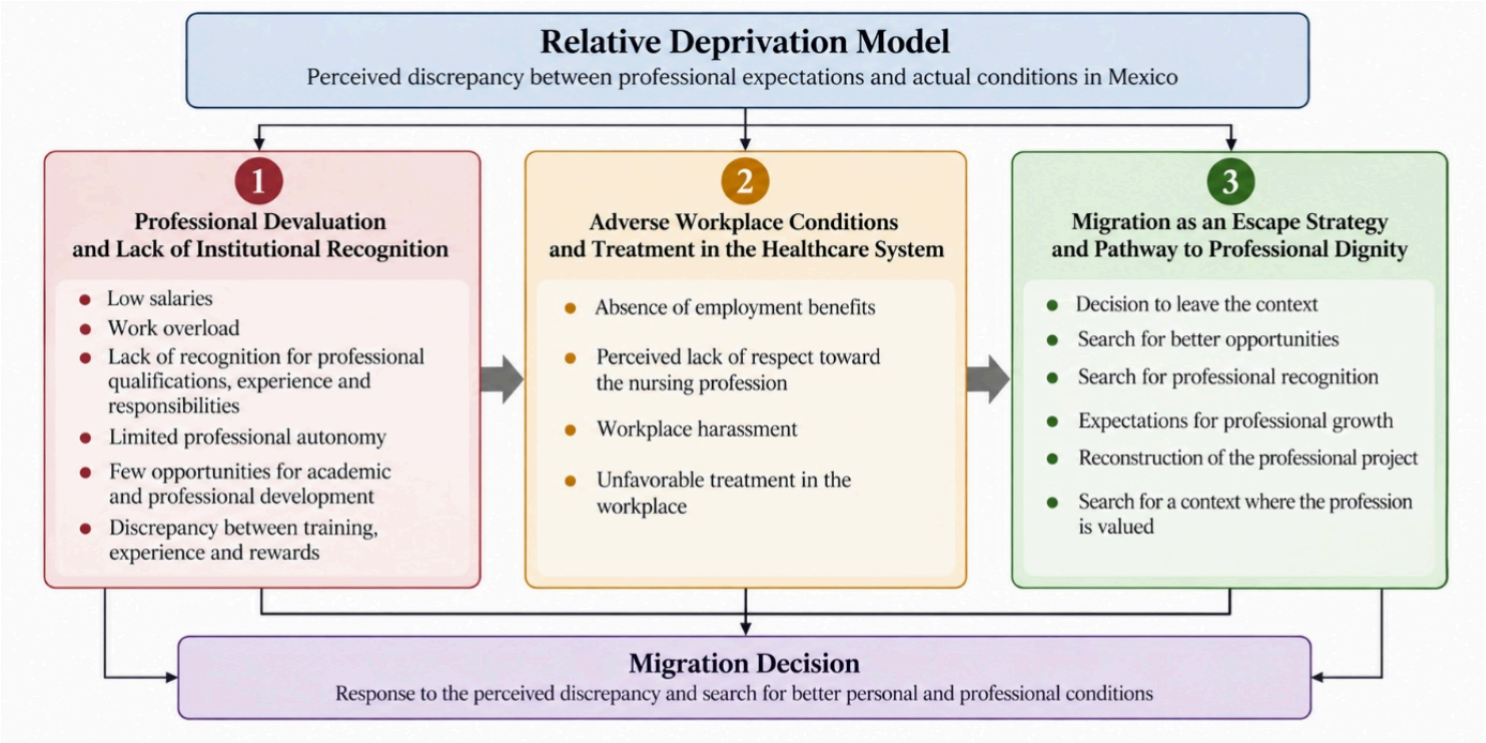


**Figure 1**

Relative Deprivation Model and Migration Decision-Making Among Mexican Nurses

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