

What Drives Iranian Nurses to Migrate? Insights from Nursing Professors on Structural Determinants and Retention Strategies

Mohammad Pourebrahimi

Baqiyatallah University of Medical Sciences

Fatemeh Delfani

Baqiyatallah University of Medical Sciences

Mohammadjavad Hosseinabadi-Farahani

University of Social Welfare and Rehabilitation Sciences

Mohsen Mollahadi

Baqiyatallah University of Medical Sciences

Batool Nehrir

Baqiyatallah University of Medical Sciences

Iman Jafari-iraqi

Baqiyatallah University of Medical Sciences

Mohammad Tousi

Baqiyatallah University of Medical Sciences

Milad Rezaiye

miladrezaie73m@gmail.com

Baqiyatallah University of Medical Sciences

Research Article

Keywords: Emigration, Faculty, Nursing, Nurses, Qualitative Research

Posted Date: June 24th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-9459637/v1>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Additional Declarations: No competing interests reported.

Abstract

Introduction

Nurse migration has become a critical global challenge, particularly in low- and middle-income countries like Iran, where nearly two-thirds of nurses report an intention to emigrate. While prior research has focused on individual job stress, there is a gap in understanding the strategic perspectives of nursing professors who bridge the gap between clinical practice and policy. This study aimed to explore these expert perspectives to identify the structural determinants of Iranian nurse migration and generate evidence for workforce retention policies.

Method

The study employed a qualitative research design using conventional content analysis based on the Graneheim and Lundman approach. Purposive sampling was used to recruit eight nursing professors with diverse backgrounds in teaching and clinical experience. Data were gathered through semi-structured, in-depth interviews conducted in private settings until data saturation was achieved. The analysis followed a systematic process of coding and abstraction, while rigor was maintained through credibility, dependability, confirmability, and transferability measures.

Findings:

The analysis identified seven interrelated categories driving migration: (1) workload and working conditions, (2) social status and professional identity, (3) economic factors, (4) educational and professional development, (5) cultural and social factors, (6) macro-level and political factors, and (7) the attractiveness of destination countries. Key drivers included chronic burnout from high patient-to-nurse ratios, systemic undervaluation of the nursing profession, economic dissatisfaction exacerbated by inflation, and inefficient health system management. Participants also emphasized that destination countries offer a strong pull through professional respect and superior compensation packages.

Conclusion

Nurse migration from Iran is a complex, multidimensional phenomenon shaped by overlapping organizational, societal, and systemic forces. The findings underscore an urgent need for integrated retention strategies, including workforce planning, compensation reform, and professional empowerment. Addressing these structural determinants through evidence-informed interventions is essential for strengthening health system sustainability and safeguarding the future of the nursing profession in Iran.

Introduction

The global migration of nurses has emerged as a critical challenge for health systems, particularly in low- and middle-income countries facing workforce shortages and structural instability (1). Nurse

migration is not merely a labor mobility phenomenon; it reflects deeper systemic, professional, economic, and sociopolitical dynamics that shape workforce sustainability and health system resilience (2, 3). For countries experiencing persistent outflows of skilled nurses, the consequences include increased workload, compromised quality of care, and weakened institutional capacity (4).

Iran has witnessed a growing trend of nurse migration in recent years (5). According to recent findings, nearly two-thirds (63.96%) of Iranian nurses have reported a strong intention to emigrate (6). While quantitative studies have identified economic dissatisfaction, job stress, and professional limitations as contributing factors, less attention has been given to the perspectives of nursing professors—key stakeholders who bridge clinical practice, education, and policy discourse (7, 8). Nursing faculty members possess a dual vantage point: they are closely connected to clinical realities while simultaneously shaping the next generation of nurses (9). Their insights may therefore offer a more comprehensive and strategic understanding of migration drivers and retention opportunities.

This study aimed to explore nursing professors' perspectives on the reasons behind Iranian nurses' migration and to identify institutional and systemic strategies to address this phenomenon. By employing qualitative content analysis, this research explores to generate contextually grounded evidence to inform workforce retention policies and strengthen the nursing profession within the national health system.

Methods

Design

This study employed a qualitative research design using conventional content analysis based on the Graneheim and Lundman approach (10). This method enables systematic interpretation of textual data through coding, categorization, and theme development, facilitating an in-depth understanding of participants lived experiences and perspectives.

Participants and Sampling

Eight nursing professors were recruited through purposive sampling to ensure maximum variation in age, gender, academic degree, clinical experience, and teaching background. Participants ranged in age from 32 to 55 years. Their clinical experience ranged from 8 to 30 years, and teaching experience ranged from 5 to 22 years. Six participants held a PhD in nursing, and two held a Master's degree. Both male and female faculty members were included.

Eligibility criteria included:

1. Current academic appointment in nursing,
2. Minimum of five years of teaching experience, and

3. Prior clinical nursing experience.

Data Collection

Data were collected through semi-structured, in-depth interviews. Interviews focused on participants' perceptions of:

- Reasons for nurse migration from Iran,
- Structural and professional challenges within the health system, and
- Potential strategies to enhance nurse retention.

Interviews were conducted in a private setting, audio-recorded with consent, and transcribed verbatim with an interview guide (attached as supplementary file). Data collection continued until data saturation was achieved, with no new themes emerging in the final interviews.

Data Analysis

Data were analyzed concurrently with collection using the Graneheim and Lundman method 2004. The analytical process is as follows, and an example of the analytical process from meaning unit to main category is shown in Table 1.

1. Repeated reading of transcripts to obtain a sense of the whole,
2. Identification of meaning units,
3. Condensation of meaning units,
4. Coding,
5. Grouping codes into subcategories and categories,
6. Abstraction into overarching themes.

Table 1
Example of the Analytical Process from Meaning Unit to Main Category

Original Quotation (Meaning Unit)	Condensed Meaning Unit	Initial Code	Subcategory	Main Category
"Shifts are very long and the number of patients is high; it is truly exhausting." (P3)	Long shifts and excessive patient numbers leading to exhaustion	Long working hours	High Workload	Workload and Working Conditions
"After every shift, the stress feels endless; sometimes I feel I have no strength left." (P2)	Persistent stress and extreme fatigue after shifts	Chronic work-related exhaustion		
"We have no job security; every day we worry about contracts and the future." (P5)	Constant concern about temporary contracts and employment instability	Employment insecurity	Lack of Job Security	
"I feel there is no path for advancement; my motivation has significantly decreased." (P4)	Absence of promotion opportunities causing reduced motivation	Limited career advancement		

Trustworthiness

Rigor was ensured using the criteria of credibility, dependability, confirmability, and transferability (11). Credibility was enhanced through prolonged engagement with data and member checking. Peer debriefing was conducted with qualitative research experts. An audit trail was maintained to ensure transparency in coding and category development. Maximum variation sampling strengthened transferability.

Ethical Considerations

This study was conducted in accordance with the principles of the Declaration of Helsinki and was ethically approved by the Ethics Committee of Baqiyatallah University of Medical Sciences (reference: IR.BMSU.REC.1404.164). Participants provided informed consent and were assured of confidentiality and anonymity. Identifiable information was removed from transcripts. Participation was voluntary, and participants could withdraw at any stage.

Findings

Data analysis resulted in the identification of seven interrelated main categories influencing Iranian nurses' migration decisions: (1) workload and working conditions, (2) social status and professional

identity, (3) economic factors, (4) educational and professional development opportunities, (5) cultural and social factors, (6) macro-level and political factors, and (7) attractiveness of destination countries. Together, these categories illustrate that nurse migration is not driven by a single determinant but emerges from the dynamic interaction of structural workplace pressures, professional recognition and identity concerns, financial constraints, limited opportunities for growth, sociocultural challenges, broader political and economic instability, and compelling pull factors in destination countries. The findings portray migration as a complex, multidimensional phenomenon shaped by overlapping organizational, societal, and systemic forces rather than isolated individual motivations (Table 2). Below is each main category, along with subcategories and sample quotes.

Table 2
Main Categories, Subcategories, and Extracted Codes

Main Category	Subcategory	Extracted Codes
Workload and Working Conditions	High Workload	Nurse shortage; High patient-to-nurse ratio; Long shifts; Physically exhausting work
	Lack of Job Security	Temporary contracts; Uncertainty after mandatory service; Employment instability
	Lack of Career Advancement	No promotion pathway; Professional stagnation; Reduced motivation
	Physical and Psychological Burnout	Chronic fatigue; Emotional exhaustion; High stress; Escape from work pressure
Social Status and Professional Identity	Ignoring the Value of Nursing	Instrumental view of nurses; Exclusion from decision-making; Feeling unimportant
	Unfair Comparison with Physicians	Lower professional status; Perceived discrimination; Hierarchical inequality
	Workplace Disrespect and Violence	Verbal aggression from patients; Disrespect from physicians; Inappropriate managerial behavior
Economic Factors	Inadequate Salary	Low income; Income–responsibility imbalance; Financial dissatisfaction
	Inflation and Declining Currency Value	Reduced purchasing power; Devaluation of salary; Rising living costs
	Income Disparity with Physicians	Significant wage gap; Perceived economic injustice
Educational and Professional Development Opportunities	Limited Access to Specialized Education	Lack of advanced training programs; Limited international workshops; Outdated technology
	Opportunities for Study and Development Abroad	Desire for overseas education; Professional skill enhancement; Academic advancement abroad
Cultural and Social Factors	Low Social Status	Weak societal recognition; Public disrespect; International comparison
	Work–Life Imbalance	Night shifts; Insufficient family time; Chronic exhaustion
Macro-Level and Political Factors	Uncertain Future and Social Insecurity	Economic instability; Political uncertainty; Distrust in systemic improvement
	Inefficient Health System Management	Incomplete implementation of nursing tariff laws; Mismanagement; Neglect of human resources

Main Category	Subcategory	Extracted Codes
Attractiveness of Destination Countries	Professional Respect Abroad	Higher professional status; Inclusion in decision-making; Cultural respect
	Higher Salary and Benefits	Competitive wages; Bonuses; Comprehensive insurance; Job welfare
	Migration and Residency Support	Permanent residency opportunities; Family relocation; International recruitment programs

1. Workload and Working Conditions

Participants consistently identified excessive workload and unfavorable working conditions as primary drivers of migration.

High workload. Faculty emphasized nurse shortages, high patient-to-nurse ratios, and long shifts. One participant noted:

“Shifts are very long and the number of patients is high; it is truly exhausting.” (P3)

Job insecurity. Temporary contracts and uncertainty regarding permanent employment generated chronic stress:

“We have no job security; every day we worry about contracts and the future.” (P5)

Lack of career advancement pathways. Participants described limited opportunities for promotion and professional growth:

“No matter how much you work, your position remains the same.” (P4)

Physical and psychological burnout. Chronic fatigue and emotional exhaustion were widely reported:

“After every shift, the stress feels endless; sometimes I feel I have no strength left.” (P8)

2. Social Status and Professional Identity

Participants perceived a weakened professional identity among nurses.

Undervaluation of nursing. Nurses were often excluded from decision-making processes:

“Sometimes decisions are made without our input; it feels like we do not matter.” (P2)

Unfair comparison with physicians. Marked disparities in status and authority contributed to feelings of injustice:

“Compared to physicians, our position is clearly lower.” (P6)

Workplace disrespect and violence. Verbal aggression from patients, families, and even colleagues undermined morale.

3. Economic Factors

Economic dissatisfaction was one of the most emphasized themes.

Inadequate salary. Participants highlighted income disproportionate to responsibility:

“Our salary has no proportion to the work we do.” (P4)

Inflation and declining purchasing power. Economic instability intensified financial stress.

Income disparity with physicians. Significant wage gaps reinforced perceptions of structural inequity.

4. Educational and Professional Development Opportunities

Limited access to advanced education and modern technology was identified as a migration driver.

Restricted access to specialized training.

“There are few specialized courses, and we cannot update our skills.” (P6)

Opportunities abroad. International education and skill development were seen as attractive alternatives:

“If I could study abroad, my experience and skills would improve.” (P7)

5. Cultural and Social Factors

Low societal recognition. Public misunderstanding of nursing’s role reduced professional satisfaction.

Work–life imbalance. Night shifts and heavy workload limited family time:

“With night shifts and workload, I have no time for my family.” (P2)

6. Macro-Level and Political Factors

Participants pointed to broader systemic instability.

Uncertain future. Economic and political unpredictability increased anxiety.

Inefficient health system management. Incomplete implementation of policies—particularly nursing service tariff regulations—was perceived as demotivating.

“The tariff law is not fully implemented, and the management is not paying attention; this is disappointing.” (P4)

7. Attractiveness of Destination Countries

Push factors were reinforced by strong pull factors.

Professional respect.

“In other countries, nurses have high status and their opinions matter.” (P6)

Higher salaries and benefits. Competitive compensation and welfare packages were attractive.

Migration support policies. Opportunities for permanent residency and family relocation increased migration intention.

Discussion

This study demonstrates that Iranian nurse migration is a multidimensional phenomenon shaped by intertwined occupational, economic, sociocultural, and political determinants.

Consistent with international literature, excessive workload and burnout emerged as central drivers of dissatisfaction and migration intention (12, 13). Structural staffing shortages and inefficient workload management appear to function as persistent push factors (14). Reducing workload through strategic workforce planning and improved shift management may therefore serve as foundational retention strategies (15).

Professional identity and social status also play a critical role. Participants described systemic undervaluation, hierarchical dominance of physicians, and exclusion from decision-making. These findings align with international evidence suggesting that professional respect and autonomy significantly influence retention (15, 16). Strengthening shared governance models and promoting interprofessional collaboration may enhance professional identity (17, 18).

Economic dissatisfaction was a dominant theme. Salary inequity, inflation, and income disparities with physicians reinforced perceptions of injustice (19). While financial incentives alone cannot fully prevent migration, equitable compensation aligned with responsibility is a necessary condition for workforce stability (20).

Educational limitations further contribute to migration decisions. Access to continuing education and international collaboration appears central to professional fulfillment. Expanding domestic postgraduate programs and fostering global academic partnerships may mitigate outward mobility driven by educational aspirations (21, 22).

Macro-level political and economic instability adds another layer of complexity. Participants' concerns about future uncertainty suggest that migration decisions are embedded within broader sociopolitical contexts. Thus, retention strategies must extend beyond organizational reforms to encompass national-level workforce policy and governance reforms (23).

Finally, strong pull factors—professional respect, better compensation, and immigration support in destination countries—highlight the comparative dimension of migration decisions. Unless the domestic system narrows this gap, migration pressures are likely to persist

Limitations

This study has several limitations that should be acknowledged. First, the sample size was limited to eight nursing professors, which may restrict the transferability of findings to other academic or clinical contexts. Although maximum variation sampling was applied, participants were recruited from specific academic institutions, potentially limiting the diversity of perspectives. Second, the study reflects the viewpoints of faculty members rather than frontline clinical nurses, which may result in an indirect interpretation of migration drivers. Third, as a qualitative study using conventional content analysis, findings are context-bound and influenced by sociopolitical and economic conditions in Iran at the time of data collection. Future research incorporating larger, multi-site samples and mixed-method approaches may provide a more comprehensive understanding of structural determinants of nurse migration.

Conclusion

Nurse migration from Iran is a complex and multidimensional phenomenon shaped by structural workplace pressures, weakened professional identity, economic dissatisfaction, limited educational opportunities, sociocultural challenges, macro-political instability, and the strong attractiveness of destination countries.

Nursing professors, positioned at the intersection of education and clinical practice, offer a comprehensive understanding of these dynamics. Their perspectives underscore the urgent need for integrated retention strategies encompassing workforce planning, compensation reform, professional empowerment, educational development, and macro-level policy reform.

Addressing nurse migration requires systemic, evidence-informed interventions rather than isolated organizational adjustments. Implementing the strategies identified in this study may contribute to strengthening nurse retention, enhancing health system sustainability, and safeguarding the future of nursing in Iran.

Declarations

Data availability

Data is provided within the manuscript.

Acknowledgements

The researchers would like to express their gratitude to the nursing professors who have participated in this study. We also thank and appreciate the Vice Chancellor for Research of the Baqiyatallah University of Medical Sciences and Baqiyatallah Hospital.

Funding

There is no funding available for this study.

Contributions

MR conceptualized and designed the study, supervised the research process, conducted data analysis, and drafted the initial manuscript. MP and F.D contributed to study design, participant recruitment, and data collection. M.H-F provided methodological guidance and contributed to data analysis and interpretation. M.M and B.N assisted in data coding, validation of categories, and critical revision of the manuscript. I.J-I and M.T contributed to the literature review, interpretation of findings, and manuscript editing. All authors participated in revising the manuscript critically for important intellectual content and approved the final version for publication.

Ethics declarations

Ethics approval and consent to participate

This study was conducted in accordance with the principles of the Declaration of Helsinki and was ethically approved by the Ethics Committee of Baqiyatallah University of Medical Sciences (reference: IR.BMSU.REC.1404.164). Participants provided informed consent and were assured of confidentiality and anonymity. Identifiable information was removed from transcripts. Participation was voluntary, and participants could withdraw at any stage.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

References

1. Vhora M, Autade YP, Swami D. The Global Nursing Migration Crisis: A Review Of Socioeconomic, Ethical, And Policy Dimensions Impacting Healthcare Sustainability. *The Review of Diabetic Studies*. 2025;89-97.
2. Afshari A, Masoumi SZ, Borzou SR, Safdari A, Khazaei A. Prioritizing drivers of nursing migration: a summative content analysis of influential factors. *BMC nursing*. 2025;24(1):632.

3. Javanbakht S, Pourebrahimi M, Saatchi M, Tamizi Z, Ahmadi R, Sanaeipour M, et al. Relationship between professional self-concept with intention to leave, and professional quality of life among psychiatric nurses. *Asia Pacific Journal of Health Management*. 2025;20(2):1-11.
4. Konlan KD, Lee TW, Damiran D. The factors that are associated with nurse immigration in lower-and middle-income countries: An integrative review. *Nursing Open*. 2023;10(12):7454-66.
5. Rezaiye M, Vafadar Z, Jafari-Oori M, Faizi F. Exploring predisposing factors in the wellbeing of Iranian emigrant nurses: A qualitative study. *Journal of Education and Health Promotion*. 2025;14(1):438.
6. Mohtashami AR, Keshavarzi A, Bayati M. Tendency to migrate among Iranian nurses. *BMC nursing*. 2025;24(1):1089.
7. Khorram A, Mirzaei A. Causes of nurses' migration, a systematic review. *Qom University of Medical Sciences Journal*. 2023;17(1):0-.
8. Tajari M, Ashktorab T. Reasons behind immigration of Iranian nurses: A qualitative study. *Knowl Nurs J*. 2023;1(1):40-51.
9. Halstead JA, Frank B. Pathways to a nursing education career: Educating the next generation of nurses: Springer Publishing Company; 2010.
10. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*. 2004;24(2):105-12.
11. Schwandt TA, Lincoln YS, Guba EG. Judging interpretations: But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for evaluation*. 2007;2007(114).
12. Carvalho DPd, Rocha LP, Pinho ECd, Tomaschewski-Barlem JG, Barlem ELD, Goulart LS. Workloads and burnout of nursing workers. *Revista brasileira de enfermagem*. 2019;72(6):1435-41.
13. Diehl E, Rieger S, Letzel S, Schablon A, Nienhaus A, Escobar Pinzon LC, et al. The relationship between workload and burnout among nurses: The buffering role of personal, social and organisational resources. *PloS one*. 2021;16(1):e0245798.
14. Tamata AT, Mohammadnezhad M. A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. *Nursing open*. 2023;10(3):1247-57.
15. Rezaiye M, Vafadar Z, Jafari-Oori M, Faizi F. Mirage or oasis? Iranian immigrant nurses share their stories of working in overseas healthcare settings: a phenomenological hermeneutic study. *Frontiers in Psychology*. 2025;Volume 16 - 2025.
16. Philippa R, Ann H, Jacqueline M, Nicola A. Professional identity in nursing: A mixed method research study. *Nurse education in practice*. 2021;52:103039.
17. Owens RA, Godfrey N. Fostering professional identity in nursing: How to wholly support nurse well-being. *American Nurse Journal*. 2022;17(9):12-7.
18. Bayne-Smith M, Mizrahi T, Korazim-Körösy Y, Garcia M. Professional identity and participation in interprofessional community collaboration. *Issues in interdisciplinary studies*. 2014.

19. Senek M, Robertson S, Ryan T, King R, Wood E, Taylor B, et al. Determinants of nurse job dissatisfaction-findings from a cross-sectional survey analysis in the UK. BMC nursing. 2020;19(1):88.
20. Bae SH. Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. International Nursing Review. 2022;69(3):392-404.
21. Ung DSK, Goh YS, Poon RYS, Lin YP, Seah B, Lopez V, et al. Global migration and factors influencing retention of Asian internationally educated nurses: a systematic review. Human Resources for Health. 2024;22(1):17.
22. Bach S. Nurses across borders: The international migration of health professionals. Bodies across borders: Routledge; 2016. p. 153-70.
23. Asadi H, Ahmadi B, Nejat S, Akbari Sari A, Garavand A, Almasian Kia A, et al. Factors influencing the migration of Iranian healthcare professionals: A qualitative study. PloS one. 2018;13(6):e0199613.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [Interviewguide.docx](#)