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Reasons Behind Immigration of Iranian Nurses: A Qualitative Study

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Abstract

Background and Aim: There are many reasons for nurses to immigrate abroad in different countries. This study was designed to identify the reasons behind Iranian nurses' immigration.
Materials and Methods: The present study was a qualitative study with a content analysis approach. Data were collected between December 2021 and April 2022. Iranian nurses who decided to immigrate were included in the study through purposive sampling. Semi-structured interviews were conducted with the participants. Interviews continued until data saturation. Fifteen nurses participated in this study. Data analysis was performed using the conventional content analysis. Lincoln and Guba criteria including credibility, confirmability, dependability and transferability were used for assessment of data trustworthiness.
Results: A total of 204 codes were extracted from analysis of the interviews. From these codes, 24 subcategories, 11 categories, and finally 5 main themes were extracted. Thus, the concepts that nurses proposed as the reasons for their immigration were classified under 5 main themes of (I) professional disappointment, (II) lack of professional value, (III) social chaos, (IV) economic chaos, and (V) promotion.
Conclusion: Nurses immigrate to other countries to dispose of the existing unstable conditions and to find a better life. Therefore, providing a suitable environment for employment and education with reasonable salary and facilities may prevent immigration of nurses.
Keywords: Immigration; Nurses; Qualitative Study; Content Analysis

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Introduction

Crisis of human resources in the health sector is one of the most important current global health issues [1]. In the meantime, shortage of nurses as the largest group of healthcare workers is a major challenge that has reached the alert threshold [2]. The shortage of nurses is a complex and multifaceted phenomenon that has various reasons [3]. At the international level, the reasons for this shortage are insufficient student admission to universities, shortage of faculty members, aging of nurses, early retirement, aging of societies, insufficient employment, job dissatisfaction, and quitting [4]. In Iran, the most important reasons for the shortage of nurses are poor social conditions, occupational injuries, tendency to leave the job, lack of employment, and immigration of nurses [5]. Immigration of nurses is a growing global phenomenon with major implications for the nursing profession [6]. On the other hand, it is a good response to provide nursing staff in healthcare systems with high workload [7]. According to the 2018 report of the Nursing Organization of Islamic Republic of Iran, about 1000 nurses immigrated from Iran through employment channels [8]; this statistic increased to 1200 to 1400 nurses per year in 2021 [9]. Globally, the Philippines has the highest rate of immigrant nurses. Countries with the highest rate of immigrants include the United States, United Kingdom, Norway and Australia [10]. Among the European Union countries, Romania and Spain rank first and second, respectively regarding having the highest rate of immigrant nurses [11]. According to the World Health Organization, the number of immigrant nurses and physicians working in OECD[1] countries has increased by 60% over the past decade [12]. Germany, the UK, and Australia are examples of destination countries for immigrant nurses [13]. The low capacity of the domestic healthcare labor market to absorb new graduates may contribute to unemployment of nurses [14]. Supporting the nurses to immigrate may decrease the rate of unemployment [15].

In some cases, nurses are forced to leave their country due to the existing conditions against their will [16]. These factors include poor rewards, lack of professional development, and stressful job conditions [17]. Despite the significance of this topic, studies conducted regarding immigration of

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nurses in Iran are rare and only based on scattered reports [8,9]. Immigration is a challenging and difficult process. Nonetheless, many nurses accept the hardships and immigrate to another country. Now the question is: “What are the reasons for nurses in Iran to immigrate to another country? To answer this question, this study was conducted to identify the reasons behind immigration of Iranian nurses.

Methods

The present qualitative study was conducted using a qualitative content analysis approach with the aim of identifying the reasons behind immigration of Iranian nurses. Data were collected between December 2021 and April 2022 in Tehran. The participants included nurses who met the inclusion criteria. The inclusion criteria were: Iranian nurses who decided to immigrate to another country and, had started the process by going to the embassy or relevant centers to obtain certificates for their nursing profession and also volunteered to participate in the study. At first, the first author presented to the Nursing Organization of Islamic Republic of Iran, and selected nurses aiming to immigrate to another country by purposive sampling followed by the snowball method. Data were collected by semi-structured individual interviews. The first author initially coordinated the interview time during off-shift hours with the participants through phone calls or face-to-face meetings. The interviews were conducted in a semi-structured and face-to-face manner, and each interview lasted for averagely 30 to 45 minutes. At the beginning of each interview, a general question was asked about the demographic information. Then, some questions regarding the nursing occupation, working conditions, and reasons for immigration were asked. The main interview question was: “What were your reasons for deciding to immigrate?”. All interviews were voice-recorded with the consent of the participants and transcribed verbatim in Microsoft Word processor at the earliest opportunity. The researcher also used reminder notes. Interviews continued until data saturation. Data analysis was performed simultaneously.

In order to analyze the data, conventional content analysis was used. For this purpose, the interviews were read several times by the researcher to obtain an overview and a preliminary interpretation. Subsequently, the initial codes were extracted and studied separately by the researchers. The researchers' initial interpretations were then compared and finally agreed upon. Next, initial codes were categorized and

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subcategorized based on conceptual similarities and differences. Considering the concepts, the sub-categories were assimilated to form categories, and finally, by merging the categories, the main themes were extracted. The Lincoln and Guba criteria including credibility, confirmability, dependability and transferability were used for assessment of data trustworthiness. In order to increase the credibility, the initial codes were reviewed with the participants, data collection and analysis were performed over a long period of time, and field notes were used. To establish confirmability, the interviews and the extracted codes and categories were re-examined with a research colleague, other professors and qualitative research experts. In order to ensure dependability, the stages and processes of the research were reported step by step. Also, in order to ensure the transferability of the findings, the research process was described in detail.

The present study was conducted after obtaining permission from the Ethics Committee (with the ethical code of IR.IAU.TMU.REC.1401.263) of the Vice Chancellor for Research and Technology of Tehran Islamic Azad University of Medical Sciences in 2020. Written informed consent was obtained from the participants to conduct and record the interviews. Information that would lead to disclosure of the participants' identity was also avoided.

Results

Fifteen nurses participated in the study, including 5 males and 10 females. Of all, 10 participants held a Bachelor's degree, 4 held a Master's degree, and 1 was a PhD candidate in nursing. The age of nurses ranged from 24 to 37 years with a work experience of 3 to 15 years. A total of 204 codes were distilled from the analysis of the interviews. From these codes, 24 subcategories, 11 categories, and finally 5 main themes were extracted. Consequently, the concepts that nurses introduced as the reasons for immigration were extracted under the following 5 main themes: (I) Professional disappointment, (II) lack of professional value, (III) social chaos, (IV) economic chaos and (V) promotion. Categories and themes are displayed in Table 1.

Theme 1: Professional disappointment

This theme consisted of the categories of "lack of occupational security", "lack of occupational justice" and "physician-centeredness".

1.1 Lack of occupational security: Participants repeatedly referred to the type of employment available, and short-term employment contracts, and thus cited job

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insecurity in Iran as a factor in their decision to immigrate. For example,

Table 1: Themes and categories related to the reasons for immigration of nurses

Categories	Themes
Lack of occupational security Lack of occupational justice Physician-centeredness	Professional disappointment
Lack of value for the nursing profession in the community Lack of public familiarity with the nursing profession	Lack of professional value
Social problems Low quality of life	Social chaos
Financial problems Financial concerns	Economic chaos
Occupational promotion Educational promotion	Promotion

participant #1 (a 30-year-old female nurse with a BSc degree) stated:

"The hospital will sign a 40-day contract with me and then I will not know what will happen to me. They may sign a contract again or may tell me to go home."

1.2 Lack of occupational justice: Participants were dissatisfied with taste-based behaviors in the workplace, discrimination, and unfair working conditions, and cited these as factors in their decision to immigrate. For example, Participant #13 (a 32-year-old male with a MSc degree) explained the following in relation to taste-based behaviors and discrimination:

"They wanted to send a number of nurses to Tehran for a heart pump course. They said a series of conditions, such as a Master's degree and ICU work experience, and other things. Some of my colleagues and I were qualified for that. Yet, they deployed those who did not qualify for the course. When we protested, they said it was the Selection Committee's decision."

1.3 Physician-centeredness: Many participants complained about the physician-centered atmosphere in hospitals. They also repeatedly referred to the disrespect and unprofessional behavior of physicians, mentioning the healthcare system as a factor in their decision to immigrate. For example, participant #11 (a 26-year-old female with a MSc degree) stated the following regarding physicians' disrespect for nurses:

"The atmosphere is physicians' monarchy. They tell whatever they want. Sometimes they are even rude or use offensive bad words. They do it and no one dares to tell them anything. The nursing office also prefers not to interfere at all. Because it has

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no result. In general, doctors consider themselves as the apple of everybody's eyes."

Theme 2: Lack of professional value

This theme consisted of the categories of "lack of value for the nursing profession in the community" and "lack of public familiarity with the nursing profession".

2.1 Lack of value for the nursing profession in the community: Like many societies, in Iran, the prevailing culture does not consider the nursing profession as a valuable profession. For example, participant #9 (a 24-year-old male with a BSc degree) stated:

"People do not look at nursing as a respectful full-fledged occupation. They may not express this feeling overtly. But they believe that we are physicians' scullion or footboy."

2.2 Lack of public familiarity with the nursing profession: A number of participants expressed dissatisfaction with inadequate knowledge of the community about the nursing profession. For example, participant #14 (a 27-year-old female with a BSc degree) stated the following in relation to insufficient knowledge of the majority of people in the community:

"Many times, patients thank us and are grateful. But they have no information about our work. Especially those who are middle-aged or elderly. Once my patient told me to continue my education until I become a physician, God willing."

Theme 3: Social chaos

The constituent categories of this theme included "social problems" and "low quality of life".

3.1 Social problems: Participants in many cases mentioned the restrictions in the Iranian society, and lack of social freedom as a reason for their immigration, and repeated this problem many times during their interviews. For example, participant #9 (a 24-year-old male with a BSc degree) stated:

"We have a lot of social restrictions in the society. We do not have many of the social freedoms that people have abroad."

3.2 Low quality of life: Quality of life was one of the most important issues mentioned by the participants in all interviews. For example, Participant #14 (a 27-year-old female with a BSc degree) stated:

"I want to immigrate for more prosperity, more facilities, more entertainment, and more purchasing power."

Theme 4: Economic chaos

This theme consisted of the categories of "financial problems" and "financial concerns".

4.1 Financial problems: Many participants blamed low wages and high living costs for their decision to immigrate. For example,

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participant #9 (a 24-year-old male with a BSc degree) stated that:

"I work in two hospitals. I'm also single. Sometimes I work 4 days consecutively. But at the end of the month, if you want to count in Dollars, my salary does not reach $200. Nurses abroad earn $3,000 to $5,000 per month. But I can hardly pay for the installment and rent of my house and buy foods and clothes."

4.2 Financial concerns: Participants reported the existence of chaos in the economy and lack of economic support in the society as reasons for their decision to immigrate.

Participant #1 (a 30-year-old female with a BSc degree) stated that:

"My wife and I decided to have children. But how? Every day everything is getting more expensive than yesterday. Now we are tenants. We are afraid of having children and relocate them. We do not know at all whether we can rent a house next year or not?"

Theme 5: Promotion

This theme consisted of "occupational promotion" and "educational promotion".

5.1 Occupational promotion: In this regard, some participants expressed dissatisfaction with lack of progress and promotion. For example, participant #12 (a 29-year-old female with a BSc degree) expressed dissatisfaction with her lack of professional development and stated:

"We have no progress in nursing here. A lot of my co-workers have obtained higher academic degrees, but we all do the same thing. It makes no difference. A PhD of nursing does the same thing as a Bachelor of nursing does."

5.2 Educational promotion: A number of participants mentioned educational/academic promotion as the reason for their decision to immigrate to developed countries. A number of participants mentioned obstacles in the Iranian educational system, restrictions on their choice of academic education, and an overemphasis on research as the reason for their decision to immigrate. For example, participant #7 (a 26-year-old female with a MSc degree) stated the following about the limitations in choosing a field of study:

"I would like to get a DNP in clinical nursing, but we do not have one in Iran at all."

Discussion

Immigration is often a personal decision that people make because of problems they face at work or in the community. Immigration of nurses is a subject with different social, occupational, and even political motivations and factors [18].

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The results obtained from the present study showed that in addition to the traditional reasons related to immigration, including better working conditions and higher income, Iranian nurses also seek to gain experience and improve their career level. Also, the social conditions governing the society and the desire to have individual and social freedom encouraged them to immigrate. Compared with other developing countries, Iranian nurses fear and worry about their uncertain future, and their concerns about the future of their children lead them to decide to immigrate. Based on the results of the present study, the nurses' reasons for immigration were categorized as professional disappointment, lack of professional value, social chaos, economic chaos, and promotion.

Professional disappointment

Iranian nurses mentioned lack of occupational security, lack of occupational justice and physician-centeredness in the healthcare system as reasons for their decision to immigrate. In this regard, in a cross-sectional study conducted in Iran, researchers found a positive significant correlation between the workload and tendency to immigrate in nurses. Furthermore, the same study also found that there was a significant inverse relationship between a healthy work environment and the tendency to immigrate. Thus, nurses are less likely to immigrate in a healthy workplace [19]. In other studies, finding a better working environment was mentioned as one of the reasons for nurses to immigrate [20,21]. In a study by Gea et al. in Spain, nurses mentioned non-employment and conditional employment as their reasons for immigration [11]. Dimaya also mentioned poor working conditions, lack of employment, and poor hospital technology as reasons for the immigration of Filipino nurses [22].

Lack of Professional value

In the present study, participants mentioned cultural issues and problems related to the nursing profession, including lack of value of the nursing profession in the society and lack of familiarity with the nursing profession as the causes of their decision to immigrate. In a study by Zhou et al one of the cultural factors influencing the immigration of Chinese nurses was better attitude of the Chinese community towards people who had experienced living abroad [21]. In a study conducted in India, nurses mentioned escape from historical presuppositions and an unfavorable social outlook on the nursing profession as their reasons for immigration [23]. Given the geographical proximity of India to Iran and the cultural similarities between the two countries, it seems that the cultural problems of Iranian and Indian nurses are

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very similar. In another study, however, British nurses reported cultural differences, the need for new social connections, and acquisition of new professional identities as reasons for immigration to Australia [24]. As can be seen, the concerns of nurses in developed countries are very different from those in developing countries; while nurses in developing countries seek their basic rights, nurses in developed countries seek new experiences.

Social chaos

In the present study, social problems and low quality of life were mentioned as social factors affecting nurses' decision to immigrate. In a study by Zhou et al, having a better living environment and a better lifestyle were mentioned as the reasons for immigration of Chinese nurses [21]. In a study conducted by Kyoko et al, on immigration of nurses from Southeast Asian countries [25] and also in studies conducted in Iran by Asadi et al, [26] and Valizadeh et al, social and political conditions were also mentioned as the factors affecting immigration of nurses [18].

Economic chaos

In the present study, financial problems and concerns were among the reasons for nurses' decision to immigrate. In most studies on nurses' immigration, economic factors have been among the most effective reasons for nurses to immigrate [10,22,27]. For instance, a study conducted in Jordan found that 94% of nurses immigrated from Jordan to earn more wages and benefits [10]. Zhou et al. mentioned higher wages and greater purchasing power as economic factors influencing the immigration of Chinese nurses [21]. Additionally, a study on immigration of Indian nurses found that one of the reasons for immigration of nurses was to achieve a higher income [20].

Promotion

In this study, participants mentioned their desire for occupational promotion and educational/academic promotion as a reason for their decision to immigrate. In a study by Garner et al, acquisition of knowledge, skills and technology was mentioned as one of the effective reasons for Indian nurses' decision to immigrate [20]. In a study by Al Nawafleh professional development and vocational training were mentioned as reasons for Jordanian nurses to immigrate from this country [10]. In other studies, professional advancement [8,27] and academic achievements [25-26] were mentioned as reasons for immigration. For instance, in the study by Asadi et al, the weakness of the educational system, problems related to research and lack of use of knowledge and experience of graduates were among the reasons for immigration of Iranian nurses

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[26]. It appears that nurses around the globe seek professional advancement and promotion, despite the differences in societies along with other factors, and immigrate to increase their nursing knowledge and skills and gain more training.

Due to the COVID-19 pandemic and high workload of nurses, as well as contracting COVID-19 by some participants, a large number of interviews were repeatedly canceled and rescheduled, which prolonged the process of completing the interviews.

Conclusion

Iranian nurses consider unfavorable occupational, cultural, social and economic conditions as effective factors in their decision to immigrate and leave Iran in hope of achieving greater welfare, better economic conditions, and academic and professional progress, and are willing to deal with immigration difficulties. It appears that nurses' dissatisfaction with the current conditions can be diminished by reforming the educational system, and confronting organized physician-centeredness and physician monarchy in the healthcare system. Also, providing favorable working conditions through establishment of justice and meritocracy, adjusting salaries to commensurate with the difficulty of work, and creating a fundamental change in the culture of the society in relation to the nursing profession may help decrease the immigration rate of nurses.

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Conflict of Interest

The authors declare no conflict of interests.

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