

EXPLORING KEY FACTORS CAUSING NURSES TO LEAVE
PAKISTANNaila Anwar^{*1}, Aqsa Ashraf², Rehana Parveen³, Raheela Mushtaq⁴^{*1,2,3}Post RN BSN Student at Shaikh Fatima Institute of Nursing&Health Sciences, Lahore, Pakistan⁴Nursing Instructor, Shaikh Fatima Institute of Nursing&Health Sciences, Lahore, Pakistan^{*1}nailaanwar817@gmail.comDOI: <https://doi.org/10.5281/zenodo.17112698>**Keywords**

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Abstract**Background:** Nurses are the backbone of healthcare systems, ensuring quality care, prevention, and health promotion. Pakistan, however, faces a critical shortage of nursing professionals, intensified by migration trends.**Objective:** To identify the key factors contributing to nurse migration from Pakistan.**Methodology:** A descriptive cross-sectional study was conducted at Lahore General Hospital and Punjab Institute of Cardiology between November 2024 and February 2025. A total of 300 registered nurses were recruited through convenience sampling. Data were collected using validated push and pull factor questionnaires (Rizwan & Baig, 2024) and analyzed in SPSS-24. Ethical approval and informed consent were secured.**Results:** Most participants were female (67.3%), aged 31-40 years (35%), and held Post RN BSN degrees (37.7%). Economic stressors dominated: low salary (56.3%) and currency devaluation (45%). Workplace issues included understaffing (70.3%) and workload (62%). Pull factors were primarily better salaries (74.3%) and career prospects abroad.**Conclusion:** Economic hardship and poor work conditions push nurses out, while higher salaries and incentives abroad pull them. Retention requires urgent policy reforms.**INTRODUCTION**

Nurses form the backbone of healthcare systems, ensuring quality care, disease prevention, and health promotion worldwide. Despite this crucial role, Pakistan faces a critical shortage of nurses, with fewer than 1 per 1,000 population—far below the World Health Organization's (WHO) recommended 3 per 1,000 (World Health Organization, 2023). This shortage is worsened by nurse migration, largely driven by push factors such as low wages, poor working conditions, and limited professional development, alongside pull factors like better salaries and opportunities abroad (Khan et al., 2022; Malik & Arif,

2022).

Nurse migration is a global phenomenon affecting both developed and developing countries, but its effects are more severe in low-and middle-income countries (LMICs) like Pakistan (Mustafa et al., 2022). The outflow of healthcare workers undermines Sustainable Development Goals (SDGs), particularly universal health coverage, by depleting the already stretched workforce (Nour & Sayed, 2023). In Pakistan, systemic challenges—including understaffed hospitals, excessive workloads, and lack of recognition—compound the problem, fostering job dissatisfaction,

stress, and burnout among nurses (Shah et al., 2023). At the same time, developed countries actively recruit nurses, offering higher salaries, advanced training, structured career progression, and better working conditions (Botezat et al., 2024; Ahmed et al., 2022). While these opportunities enable personal growth, they come at the expense of Pakistan's healthcare system, which suffers from increased vacancies, reduced service quality, and financial loss from training nurses who later migrate (Almansour et al., 2023; Farooq & Bano, 2023; Zafar, 2023). Addressing these systemic issues through wage increases, career development, and enhanced workplace support is essential to retain nurses and strengthen Pakistan's healthcare system.

Materials and Methods

This study employed a descriptive cross-sectional design to explore the factors influencing the migration of nurses from Pakistan. The research was conducted at two major tertiary care hospitals-Lahore General Hospital and the Punjab Institute of Cardiology, Lahore-over a period of four months, from November 2024 to February 2025.

A sample size of 300 nurses was calculated from a total population of 1,200, using a 5% margin of error. Participants were selected through a convenience sampling technique. The inclusion criteria required that participants be registered nurses (RNs) with a valid license from the Pakistan Nursing Council (PNC), have at least one year of work experience in Pakistan, be aged between 20 and 50 years, and be willing to provide informed consent. Nurses who had already migrated or were actively planning to migrate were also included. Exclusion criteria comprised

nurses permanently settled abroad without intent to return, those unable to communicate in Urdu or English, individuals with severe speech or hearing impairments, and those unwilling to participate.

Ethical considerations were strictly observed throughout the study. Written informed consent was obtained from all participants, who were assured of anonymity, voluntary participation, and confidentiality of their responses. Permission to conduct the study was also secured from the hospital administrations.

Data collection involved distributing a structured questionnaire to eligible nurses with the assistance of the nursing services departments of the hospitals. The questionnaire comprised three sections: demographic information, push factors, and pull factors. Demographic variables included age, gender, qualification, ward/unit, and hospital. The push factors questionnaire, adopted from Rizwan and Baig (2024), contained 20 items across five domains: economic factors, social factors, political factors, professional growth, and work-related environment. The pull factors questionnaire, also adopted from Rizwan and Baig (2024), comprised 16 items covering six domains: economic factors, social and family factors, professional growth, work environment and related issues, political factors, and nursing image.

Data were analyzed using Statistical Package for Social Sciences (SPSS) version 24. Frequencies and percentages were calculated for categorical variables, while percentages were used to present the distribution of key push and pull factors influencing nurse migration.

Results

Demographic Characteristics

Table 1: Demographic Characteristics of Participants (N=300)

Variable	Frequency	Percent
Age		
21-30 years	80	26.7
31-40 years	105	35.0
41-50 years	75	25.0
51-60 years	40	13.3

Gender		
Male	98	32.7
Female	202	67.3
Qualification		
General Nursing Diploma	99	33.0
Post RN BSN	113	37.7
Generic BSN	79	26.3
MSN	9	3.0
Ward/Unit		
Medical Unit	50	16.7
Surgical ICU	75	25.0
Critical Care Unit	80	26.7
Pediatrics Unit	68	22.7
Accident & Emergency	27	9.0
Experience		
<1 year	125	41.7
1-5 years	130	43.3
> 5years	45	15.0
Hospital		
Lahore General Hospital IEER	133	44.3
Punjab Institute of Cardiology	167	55.7

The study included 300 registered nurses, of whom the majority were female (67.3%). Most participants were aged 31-40 years (35%), followed by 21-30 years (26.7%). In terms of qualification, the largest group held a Post RN BSN (37.7%), while 33% had a General Nursing Diploma. Nearly half of the respondents were

working in critical care and surgical ICU units (51.7%), and most had less than five years of experience (85%). Regarding workplace, 55.7% of participants were from the Punjab Institute of Cardiology, while 44.3% were from Lahore General Hospital.

Push Factors

Table 2: Push Factors Influencing Nurse Migration(N=300)

Factor & Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Economic Factors (EF)					
Lower salary is the main reason	0(0%)	0(0%)	0(0%)	131 (43.7%)	169 (56.3%)
Devaluation of Pakistani currency	0(0%)	0(0%)	64 (21.3%)	135 (45%)	101 (33.7%)
Social Factors (SF)					
Living conditions/cost of living high	0(0%)	23(7.7%)	73 (24.3%)	121 (40.3%)	83(27.7%)
Poor quality of education for children	49(16.3%)	140 (46.7%)	57(19%)	35 (11.7%)	19(6.3%)
Unsafe environment for children	73(24.3%)	125	61	29	12(4%)

			(20.3%)	(9.7%)	
Negative attitude of society toward nurses	22(7.3%)	48(16%)	31 (10.3%)	82 (27.3%)	117(39%)
Family influenced me to move abroad	46(15.3%)	53 (17.7%)	49 (16.3%)	83 (27.7%)	69(23%)
Political Factors(PF)					
High level of violence and crime	68(22.7%)	73 (24.3%)	43 (14.3%)	73 (24.3%)	43(14.3%)
Unstable political environment	42(14%)	73 (24.3%)	50 (16.7%)	82 (27.3%)	53(17.7%)
Professional Growth (PG)					
Lack of training opportunities	38(12.7%)	34 (11.3%)	49 (16.3%)	98 (32.7%)	81(27%)
No career progression/promotion	38(12.7%)	51(17%)	34 (11.3%)	68 (22.7%)	109 (36.3%)
Work-Related Environment (WE)					
Understaffing in hospitals	0(0%)	0(0%)	0(0%)	89 (29.7%)	211 (70.3%)
Excessive workload	0(0%)	0(0%)	0(0%)	114 (38%)	186(62%)
Inadequate equipment/supplies	18(6%)	29(9.7%)	17 (5.7%)	103 (34.3%)	133 (44.3%)
Physical and mental stress	0(0%)	10(3.3%)	56 (18.7%)	144 (48%)	90(30%)
Lack of healthcare facilities	67(22.3%)	83 (27.7%)	87(29%)	40 (13.3%)	23(7.7%)
Not satisfied with supervisor	86(28.7%)	83 (27.7%)	59 (19.7%)	48(16%)	24(8%)
Work not recognized by supervisor/manager	93(31%)	68 (22.7%)	55 (18.3%)	44 (14.7%)	40(13.3%)
Lack of support from head nurse	53(17.7%)	47 (15.7%)	52 (17.3%)		7
Favoritism in promotion/duty roster	52(17.3%)	52 (17.3%)	68 (22.7%)	73 (24.3%)	

to leave the country

The results show that economic pressures were the strongest push factors, with 100% citing low salary and 78.7% citing currency devaluation as key reasons for migration. Among social factors, 68% reported high cost of living and 66.3% highlighted negative societal attitudes toward nurses, while education and child safety were less influential. Political instability and crime were moderate concerns, with around 45% acknowledging

their role. Professional stagnation also emerged as critical, with nearly 60% citing lack of training and promotions.

Work environment issues were highly significant—understaffing (70.3%), excessive workload (62%), and stress (78%) were widely acknowledged, while inadequate recognition and favoritism further contributed to dissatisfaction.

Pull Factors

Table 4: Pull Factors Influencing Nurse Migration(N=300)

Factor & Statement	Strongly	Disagree	Neutral	Agree	Strongly
Economic Factors (EF)					
Salaries abroad are better than in Pakistan	0(0%)	0(0%)	0(0%)	77	
Better incentives/overtime abroad	0(0%)	0(0%)	0(0%)	81(27%)	219(73%)
Social/Family Factors(S/FF)					
Safe/secure environment for families	0(0%)	0(0%)	60(20%)	88 (29.3%)	
Better education system for children	0(0%)	0(0%)	24(8%)	119	157(52.3)
Family already settled abroad influenced migration	119(39.7%)	164 (54.7%)	0(0%)	17(5.7%)	0(0%)
Professional Growth (PG)					
More training and skill development opportunities	0(0%)	0(0%)	0(0%)		222(74%)
Better career development and promotions	0(0%)	0(0%)	14 (4.7%)	105 (35%)	181(60.3%)
Work Environment (WE)					
Workplace safety and security	0(0%)	0(0%)	0(0%)	54(18%)	246(82%)
Availability of modern equipment/technologies	23(7.7%)	42(14%)	94 (31.3%)	51(17%)	90(30%)
Adequate staffing abroad	0(0%)	0(0%)	10 (3.3%)	25(8.3%)	265(88.4%)
Supportive staff	0(0%)	84(28%)	129 (43%)	79 (26.3%)	8(2.7%)
Strong healthcare system ensures quality care	0(0%)	0(0%)	0(0%)	32 (10.7%)	268(89.3%)
Political Factors (PF)					
Political stability abroad compared to Pakistan	53(17.7%)	70(23.3%)	74 (24.7%)	70 (23.3%)	33(11%)
Stable socio-political environment abroad	0(0%)	0(0%)	49 (16.3%)	136 (45.3%)	115(38.3%)
Nursing Image (NI)					
Better nursing image and status abroad	0(0%)	0(0%)	20 (6.7%)	86 (28.7%)	194(64.7%)
Professional pride/respect for nursing profession abroad	0(0%)	53(17.7%)	96(32%)	75 (25.3%)	76(25%)

The results reveal that economic pull factors were overwhelmingly strong, with almost all participants citing better salaries (74.3%strongly agree) and incentives (73% strongly agree) as key attractions abroad. Social/family

factors such as a safe environment (80%) and better education (92%) were also highly influential,though family settlement abroad was less common as a driver. In terms of professional growth, nearly85-95%agreedthat opportunities for training and

promotions were significantly better overseas. Work environment advantages were also decisive, with adequate staffing (88.4%), safety (82%), and quality healthcare systems (89.3%) rated very high, though supportive staff received more mixed responses. Political stability abroad was moderately recognized, with about 60-65% agreement. Finally, nursing image and professional respect were powerful motivators, as over 93% acknowledged higher status and pride in the profession abroad.

Discussion

Economic challenges were among the strongest push factors for nurse migration. More than half of participants (56.3%) reported low salaries as a key motivator, consistent with Wiskow et al. (2020), who emphasized financial instability as a leading global driver of healthcare migration. Currency devaluation was also significant (33.7%), reflecting findings by McGrath et al. (2018) that weakened economies exacerbate out-migration.

Social pressures also influenced migration decisions, with 68% citing high living costs and 66.3% reporting negative societal attitudes toward nurses. Evans (2021) and Davies et al. (2020) similarly highlighted how poor social recognition and rising living expenses lower morale and drive nurses abroad. Political instability further compounded migration intentions, with 44.3% of respondents linking violence and governance issues to their decisions, echoing Alam et al. (2022).

Professional stagnation was also relevant, as 36.3% of participants cited lack of promotion and training. Carr et al. (2021) similarly noted that limited career opportunities at home push nurses toward foreign employment. Work-related stressors were highly influential: 70.3% reported understaffing and 62% excessive workload, aligning with Kuokkanen et al. (2018), who identified burnout and poor staffing as significant push factors.

Economic opportunities abroad were the most compelling pull factors, with 74.3% strongly agreeing that salaries and incentives were more attractive overseas. This reflects Ali et al. (2019), who confirmed higher wages as a major global pull factor for healthcare workers. Social/family considerations also played a critical role. Over

half of the participants cited safer environments (50.7%) and better education for children (52.3%) as

motivators, aligning with Bima et al. (2020), who highlighted family security and children's education as strong determinants of migration. Professional growth was another strong motivator, with 74% acknowledging better training and advancement opportunities abroad. Hicks (2021) similarly found that skill development and promotion prospects were central to nurses' decisions to migrate.

Workplace conditions abroad were also decisive. Adequate staffing (88.4%) and modern facilities were valued highly, reflecting Patel and Shah (2022), who showed that supportive work environments and advanced technologies in developed countries strongly attract migrating nurses.

Conclusion

Based on the findings, this study concludes that economic constraints, poor working conditions, and limited professional growth are the strongest push factors driving nurse migration from Pakistan, while better salaries, career opportunities, and supportive environments abroad act as powerful pull factors. To address this, policymakers should prioritize revising salary structures, improving staffing and workplace conditions, and ensuring opportunities for training and promotion. Strengthening the social image of nursing and creating a supportive, politically stable healthcare system are essential to retain skilled nurses and safeguard Pakistan's healthcare delivery.

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