

## Original Research

Received 28 May 2026

Revised 22 June 2026

Accepted 17 July 2026

Natural Resources for Human Health 2026, Vol. 6 (9s): 16–31

### KEYWORDS:

Migration Intention, Healthcare Workers, Career specialization, Peer Influence, Family Influence, Quality of Life.

## Beyond Career Opportunities: The Role of Social Influences in Shaping Healthcare Professionals' Migration Intentions

Mrs. R. Sivaranjani<sup>1</sup>, Dr. B. Devamaindhan<sup>2</sup>, Dr. D. Venkatesan<sup>3</sup>, Mr. Manojkumar M<sup>4</sup>

<sup>1</sup>Research Scholar, Department of Management Studies, University of Madras, Chennai  
Email: ranjanes@gmail.com Orcid id: 0009-0000-7076-6923

<sup>2</sup>Research supervisor, Department of Management Studies, University of Madras, Chennai

Email: deva261073@gmail.com Orcid id:0009-0009-7099-5158

<sup>3</sup>Assistant professor, Department of Commerce, SRM institute of science and Technology, Vadapanalani, Chennai

Email: drvenkyda@gmail.com, Orcid id: 0009-0006-3519-8549

<sup>4</sup>Assistant professor, School of Management, Sathyabama institute of Science and Technology, Sriperumbudur.

Email: Connectmemano@gmail.com <https://orcid.org/0009-0007-2713-3013>

**ABSTRACT:** The migration of health workers is a global problem, especially in developing countries that experience workforce shortages. Understanding the factors that influence healthcare workers' intention to migrate is important in order to develop effective retention strategies. The aim of this study is to identify factors that affect migration intention among healthcare workers such as doctors, nurses, paramedics and hospital administrators. A quantitative cross-sectional survey was conducted to explore the influence of career specialization, peer influence, family influence and perceived quality of life on migration intention. The results demonstrated that peer influence and family influence were the most important predictors of migration intention. In contrast, career specialization and perceived quality of life did not have a statistically significant impact on migration intention. In addition, profession did not significantly moderate the relationship between career specialization and Migration intention. These findings suggest that social influences play a more prominent role than professional or lifestyle-related factors in shaping healthcare workers' migration intentions. The study underscores the importance of professional and social factors in shaping migration intention. The findings may help health care organizations and policymakers to develop strategies to improve health care workforce retention and reduce health care worker migration.

## 1. INTRODUCTION

Healthcare Workers are the backbone of any healthcare delivery system. Doctors, Nurses, Technicians, therapists and other health workers are essential to deliver quality patient care and the smooth functioning of the health system. The migration of healthcare workers to other countries is a growing challenge for countries, particularly developing countries, despite their importance. This brain drain of skilled professionals has led to concerns about workforce shortages, increased workloads for remaining staff, burnout, and potential declines in the quality and accessibility of healthcare services.

The migration of health workers across national borders is not a new phenomenon, but has come to be the focus of increasing attention in recent years, due to its impact on health systems around the world. The decision to migrate is often a combination

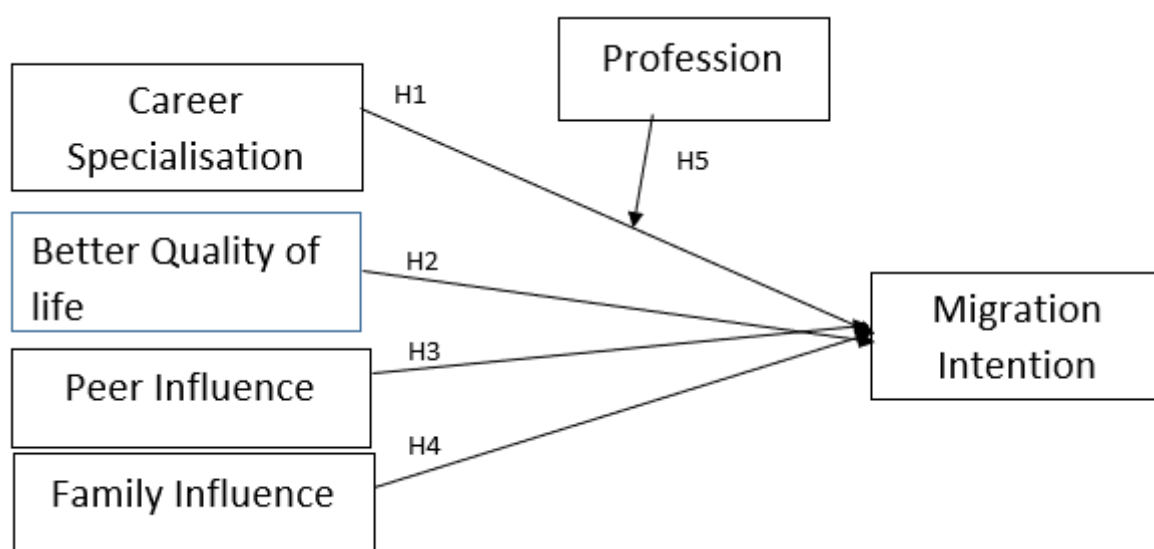
of factors in the country of origin and the country of destination. This phenomenon can be understood with the help of Everett Lee's Push–Pull Theory (1966). Theory suggests that the negative factors of limited career opportunities, poor working environment, and lack of professional development in the home country push people out, whereas better employment opportunities, higher salaries, better living conditions, and greater career advancement opportunities in other countries draw people in (Abou Hashish & E. A., & Alnajjar, H. A., 2025).

Recent studies reveal an alarmingly high intention to migrate among health care professionals in several countries. Studies show that nearly 70–80% of doctors in training in Nigeria (Akinwumi.A et al,2022), doctors in Ghana ( B. M. Wutor,2024) and other healthcare workers in Nigeria (Akinwumi.A et al,2022) have expressed an intention to migrate abroad. Similarly, some 70.7% of medical students in Iran (Parvizi et al., 2025) reported that they intended to leave their country, while about half of Sudanese nursing students and graduates said they wanted to work abroad (Salih, S et al,2022). These findings suggest that the intention to migrate is increasing among healthcare professionals and future healthcare workers.

Factors affecting migration intentions have been explored in previous studies, but results differ across countries and professional groups. Career-related aspirations, social influences, family considerations and expectations of a better quality of life continue to influence the decisions of health care workers in different ways. Understanding these factors better is necessary for the development of effective policies and strategies for retention of skilled health professionals in the health system.

It is against this backdrop that this study seeks to analyse the determinants of migration intentions among healthcare workers. Specifically, this paper examines the impact of career specialization, peer influence, family influence, and improved quality of life on the migration decisions of healthcare workers to other countries. The results are expected to offer important information to health care administrators and policy makers in formulating interventions that ease workforce retention and strengthen the health care industry.

## 2. MATERIALS AND METHODS



**Figure 1:** Conceptual Framework of the study

Career growth and specialization opportunities are important factors influencing the migration intentions of healthcare professionals. The lack of career advancement opportunities within the home country is consistently a strong push factor for migration. Studies indicate that limited promotion opportunities and restricted advancement within the workplace are significant influences on decisions to move abroad (Masárová & Kordoš, 2024; Toyin-Thomas et al., 2023; Chaet et al., 2021; Soqia et al., 2024). Furthermore, insufficient access to training, continuing education, and postgraduate programs has been noted as another deterrent factor for professionals wishing to remain (Jha et al., 2025; Chaet et al., 2021; Soqia et al., 2024). Inability to further specialize in their fields is another factor sighted as a limitation on long-term career development (Jha

et al., 2025; Chaet et al., 2021). The absence of an organized pathway for career progression and opportunities for professional growth clearly ranks high among the reasons that make people actively think about migration as one option. (Toyin-Thomas et al., 2023; Valencia et al., 2024; Oyedokun et al., 2025; Masárová & Kordoš, 2024).

H1: Career Specialization plays a major role in Migration intention.

## 2.1.2 Better quality of life

Quality of life considerations are one of the most important drivers for migration decisions, with numerous studies indicating a preference for an improved standard of living and income opportunities (Migali & Scipioni, 2019; Parvizi et al., 2025; Alabshar et al., 2025; Schiele, 2020; Baláž & Valuš, 2020). Migration is also closely tied to expectations of greater life satisfaction and general happiness (De Jong, 2000; Anshasy et al., 2023; Berşe et al., 2025; Ivlevs et al., 2018; Milasi, 2020). Improved living conditions such as housing and infrastructure further enhance the attractiveness of moving abroad (Gubhaju & De Jong, 2009). Among healthcare professionals, the quest for a better overall life and working environment has often been reported as one of the main motivations (Czaika, 2015). These findings point to migration being motivated by a general aspiration beyond income alone.

H2: Better Quality of life has a significant impact on Migration intention.

## 2.1.3 Peer Influence

Peer influence is a critical factor in migration intention formation, as work-based peers who have previously migrated often serve as agents of migration persuasion (Schumann et al., 2019; Assfaw & Gezie, 2022; Toyin-Thomas et al., 2023). Frequent interactions with peers create an environment that fosters discussions about migration, making the idea more familiar and acceptable. The decisions and experiences of peers gradually shape individual intentions to migrate over time. (Schumann et al., 2019; Assfaw & Gezie, 2022; Toyin-Thomas et al., 2023). Learning about positive experiences and outcomes from work colleagues abroad provides additional motivation (Assfaw & Gezie, 2022; Toyin-Thomas et al., 2023). Professional and peer networks also facilitate the process of migration by offering necessary resources, information, and support (Schumann et al., 2019; Assfaw & Gezie, 2022).

H3: Peer Influence has a significant impact on Migration intention.

## 2.1.4 Family Influence

Family is a major factor when healthcare workers are deciding about migration; it can be a reason for them to move or act as a barrier. Research indicates that family support and feeling responsible for the welfare of one's family is usually a strongly push for people to migrate, especially if they want to achieve a better future, quality of life, and education for their children (Yakubu et al., 2022; Afshari et al., 2025). The existence of relatives or friends abroad also influences migration by information provision and uncertainty reduction (McAleese et al., 2016; Afshari et al., 2025). Simultaneously, family expectations, values, and life-stage considerations determine how individuals perceive migration choices (Laari et al., 2024).

H4: Family Influence has significant impact on Migration intention.

## 2.1.5 Profession as a moderator

Healthcare professionals' migration intention is significantly influenced by their occupation. Previous studies have shown different patterns of migration intention among different professional categories such as physicians, nurses, laboratory personnel and other health care workers. Akl et al. (2007) reported that healthcare professionals differ in their migration aspirations based on perceived career opportunities, professional growth prospects, and working environments. Similarly, studies conducted in different healthcare settings suggest that professional background can influence how individuals evaluate career advancement opportunities and overseas employment prospects.

Several studies have shown that nurses are more prone to think about migration than physicians. A national on-line survey and a facility-based study in Nigeria both found significantly higher emigration intentions among nurses than among doctors. In contrast, a study in Kosovo showed physicians reported higher migration intentions than nurses and other health care workers

. Similarly, a study in Ghana found that physicians in diagnostic specialties had a higher intention to migrate than physicians in other specialties.

The literature suggests that the association between professional category and migration intention is not the same across countries and healthcare systems. The differences may be due to differences in career opportunities, working conditions, remuneration, professional recognition and international demand for certain health occupations. Thus, the profession is still an important factor influencing the intention to migrate among health workers, but it is context dependent.

H5: Profession moderates the relationship between Career specialization and Migration Intention.

## 2.1.6 Migration Intention

Migration intention is often assessed across multiple dimensions ranging from mere thought to action. Individuals who intend to work abroad in the near future to reflect high certainty and immediacy of migration (Prifti et al., 2026; Onah et al., 2022). Frequent thoughts about working abroad are deemed indicators of psychological readiness Ojo et al. (2023), Mozolová and Tupá (2024), Tjaden et al., 2019). Beyond intention, some individuals undertake concrete steps such as job searches or preparatory activities which indicate a stronger commitment (Ojo et al., 2023; Onah et al., 2022; Chan et al., 2022; Tjaden et al., 2019). The degree to which people give serious thought to job offers abroad reflects the level of realism that migration has attained in their decision-making process (Ojo et al., 2023; Mozolová & Tupá, 2024; Tjaden et al., 2019). Finally, seeing themselves working abroad as part of future career plans indicates a more strategic and long-term orientation towards migration (Prifti et al., 2026; Ojo et al., 2023; Mozolová & Tupá, 2024; Oyedokun et al., 2025).

## 2.1 Study Material

Our study uses a quantitative and explanatory research design to understand the factors influencing migration intention among healthcare workers, with particular attention to how social and professional factors shape their decisions. The study mainly follows a deductive approach, drawing on established behavioural and migration theories.

Data were collected from healthcare professionals with relevant work experience, as they are best suited to provide insights into healthcare migration-related decisions. A pilot study was carried out with 30 participants to evaluate the clarity and reliability of the questionnaire. Based on their feedback, some items—especially those related to quality of life, career opportunities, and social influences—were revised to better reflect real-world perceptions.

The results of the pilot study showed acceptable levels of reliability and validity, indicating that the questionnaire was suitable for use in the main study.

## 2.2 Sample Collection

Our study uses a quantitative and explanatory research design to understand the factors influencing migration intention among healthcare workers, with particular attention to how social and professional factors shape their decisions. The study mainly follows a deductive approach, drawing on established behavioural and migration theories.

Data were collected from healthcare professionals with relevant work experience, as they are best suited to provide insights into healthcare migration-related decisions. A pilot study was carried out with 30 participants to evaluate the clarity and reliability of the questionnaire. Based on their feedback, some items especially those related to quality of life, career opportunities, and social influences were revised to better reflect real-world perceptions. The results of the pilot study showed acceptable levels of reliability and validity, indicating that the questionnaire was suitable for use in the main study.

## 2.3 Instruments

A structured questionnaire comprised of Likert-scale items was administered to healthcare workers using purposive sampling for the primary study. The final sample size of 135 respondents was sufficient for Structural Equation Modelling using Partial Least Squares (SEM-PLS).

Table 1

| S.No | Constructs            | Details               |
|------|-----------------------|-----------------------|
| 1    | Career Specilaization | Oyedokun et al., 2025 |

|   |                     |                                                                                                                           |
|---|---------------------|---------------------------------------------------------------------------------------------------------------------------|
| 2 | Family Influence    | Parvizi et al.; Afshari et al.                                                                                            |
| 3 | Peer Influence      | Yakubu, K et al.                                                                                                          |
| 4 | Migration Intention | Akinwumi et al. (2022) , Ojo et al. (2023) , and Suciu et al. (2017) , supported conceptually by Carling & Schewel (2017) |

The sample size of 135 respondents was acceptable for the PLS-SEM analysis, especially for theory-driven models with several constructs as PLS-SEM is the best method for complicated models with small sample sizes. Confirmatory Factor Analysis (CFA) was used to test construct loadings, reliability and convergent and discriminant validity. The hypothesized direct and moderating linkages were also tested by utilizing SEM-PLS to test the structural model. Standardised Root Mean Square Residual (SRMR). A measure of fit quality. Further, the model's explanatory power would be evaluated by the calculation of the coefficient of determination ( $R^2$ ) for critical endogenous variables, which would permit the assessment of predictive significance. This detailed analysis technique provides a good test of the hypothesis and a high measure of validation within the specified conceptual framework.

The survey instrument was finally split into two parts. The first part was about demographic questions including gender, age, education level and monthly income. The second segment comprised items to assess career specification, family influence, peer influence, better quality of life and migration intention. Each item was scored on a five-point Likert scale, with five indicating “strongly agree” and one indicating “strongly disagree.”

Our study uses a quantitative and explanatory research design to understand the factors influencing migration intention among healthcare workers, with particular attention to how social and professional factors shape their decisions. The study mainly follows a deductive approach, drawing on established behavioural and migration theories.

Data were collected from healthcare professionals with relevant work experience, as they are best suited to provide insights into healthcare migration-related decisions. A pilot study was carried out with 30 participants to evaluate the clarity and reliability of the questionnaire. Based on their feedback, some items—especially those related to quality of life, career opportunities, and social influences—were revised to better reflect real-world perceptions.

The results of the pilot study showed acceptable levels of reliability and validity, indicating that the questionnaire was suitable for use in the main study.

## 3. RESULTS AND DISCUSSION

### 3.1 Preliminary Analysis

A total of 228 questionnaires were distributed to healthcare workers through an online survey platform. After screening the responses, 93 were excluded as they did not meet the study criteria, resulting in a final sample of 135 valid responses for analysis.

The demographic details of the respondents are presented in Table 2. In terms of gender, the sample is predominantly female, with 97 female respondents compared to 38 male respondents. This pattern reflects the broader composition of the healthcare workforce, where female participation is generally higher.

Looking at the age distribution, most respondents fall within the 22–25 years (65) and 26–30 years (30) categories. This indicates that the sample is largely composed of younger professionals, suggesting that migration intention is more relevant among individuals in the early stages of their careers. The number of respondents decreases in the higher age groups, with only 19 participants above 41 years.

With regard to profession, doctors (81) and nurses (45) make up the majority of the sample, while only a small number belong to other categories such as therapists (3), technicians (4), and hospital administrators (2). Although representation from different roles within the healthcare sector were present the sample is more concentrated among clinical professionals.

In terms of work experience, a significant proportion of respondents have less than 5 years of experience (81), followed by those with 6–10 years (24). This again highlights the dominance of early-career professionals in the sample. Respondents with more than 10 years of experience are relatively fewer, indicating lower representation of highly experienced individuals.

Considering educational qualifications, most respondents hold undergraduate degrees (95), followed by postgraduate qualifications (39), with very few in other categories. This reflects a well-qualified sample consistent with healthcare industry standards.

The income distribution shows that a large number of respondents earn below ₹25,000 (78), while fewer respondents fall into higher income groups. This suggests that many participants are at the beginning of their professional journey, which may influence their motivation to explore better opportunities abroad.

In terms of marital status, a higher number of respondents are single (87) compared to those who are married (48). Similarly, many respondents either have no dependants (47) or only 1–2 dependants (49). These factors are important, as individuals with fewer family responsibilities are generally more flexible when considering migration.

Finally, the majority of respondents are from urban areas (106), with fewer participants from rural (18) and semi-urban areas (11). This indicates that the findings are more reflective of healthcare workers in urban settings, where exposure to migration opportunities is typically higher.

Overall, the sample largely consists of young, early-career healthcare professionals, many of whom are single and based in urban areas. These characteristics are particularly relevant for studying migration intention, as such individuals are generally more open and adaptable to relocating for better career and life opportunities.

**Table 2**

|                       | Category               | Frequency | Percentage |
|-----------------------|------------------------|-----------|------------|
| Gender                | Male                   | 38        | 28         |
|                       | Female                 | 97        | 72         |
| Age                   | 22-25 years            | 65        | 48         |
|                       | 26-30 years            | 30        | 22         |
|                       | 31-35 years            | 11        | 8          |
|                       | 36-40 years            | 10        | 7          |
|                       | Above 41 years         | 19        | 14         |
| Profession            | Doctor                 | 81        | 60         |
|                       | Nurse                  | 45        | 33         |
|                       | Therapist              | 3         | 2          |
|                       | Technician             | 4         | 3          |
|                       | Hospital Administrator | 2         | 1          |
| Years of Experience   | Below 5 years          | 81        | 60         |
|                       | 6-10 years             | 24        | 18         |
|                       | 11-15 years            | 11        | 8          |
|                       | More than 15 years     | 19        | 14         |
| Highest Qualification | UG                     | 95        | 70         |
|                       | PG                     | 39        | 29         |
|                       | Other                  | 1         | 1          |

|                  |                |     |     |
|------------------|----------------|-----|-----|
| Monthly Income   | Below 25000    | 78  | 58  |
|                  | 26000-50000    | 29  | 21  |
|                  | 51000-75000    | 7   | 5   |
|                  | Above 76000    | 21  | 16  |
| Marital Status   | Single         | 87  | 64  |
|                  | Married        | 48  | 36  |
| No of Dependants | No dependents  | 47  | 35  |
|                  | 1–2 dependents | 49  | 36  |
|                  | 3-4 dependents | 33  | 24  |
|                  | More than 4    | 6   | 4   |
| Location         | Urban          | 106 | 79  |
|                  | Rural          | 18  | 13  |
|                  | Semi Urban     | 11  | 8   |
|                  | Total          | 135 | 100 |

## 3.2 Instrumental Analysis

The measuring model tests the validity and reliability of constructs through their items . Acceptance of the model depends on three criteria: its discriminant validity, convergent validity and internal consistency reliability (Ferine et al., 2021). One type of reliability is internal consistency reliability which looks at the consistencies of the observed variables in a test. Common approaches are Cronbach's alpha and composite reliability, however composite reliability is preferred as it ranks the indicators based on their individual dependability (Hair et al., 2019). Both are over 0.6 limits and hence the composite reliability and Cronbach's alpha values are approved (Hair et al., 2019; Ferine et al., 2021). Table 3 demonstrates the composite reliability and Cronbach's alpha values over 0.6 for the internal consistency reliability.

**Table 3**

| Latent Variable        | Items | Standardized Loadings | Composite Reliability(CR) | Cronbach Alpha | AVE   |
|------------------------|-------|-----------------------|---------------------------|----------------|-------|
| Better Quality of Life | BQ1   | 0.906                 | 0.938                     | 0.937          | 0.889 |
|                        | BQ2   | 0.962                 |                           |                |       |
|                        | BQ3   | 0.959                 |                           |                |       |
| Career Specilaization  | CS1   | 0.916                 | 0.894                     | 0.885          | 0.747 |
|                        | CS2   | 0.9                   |                           |                |       |
|                        | CS3   | 0.885                 |                           |                |       |
|                        | CS4   | 0.745                 |                           |                |       |
| Family Influence       | FI1   | 0.784                 | 0.793                     | 0.774          | 0.529 |
|                        | FI2   | 0.798                 |                           |                |       |
|                        | FI3   | 0.598                 |                           |                |       |
|                        | FI4   | 0.711                 |                           |                |       |
| Peer Influence         | PI1   | 0.837                 | 0.902                     | 0.893          | 0.758 |
|                        | PI2   | 0.893                 |                           |                |       |
|                        | PI3   | 0.907                 |                           |                |       |

|                     |     |       |       |       |       |
|---------------------|-----|-------|-------|-------|-------|
|                     | PI4 | 0.843 |       |       |       |
| Migration Intention | MI1 | 0.928 | 0.954 | 0.937 | 0.799 |
|                     | MI2 | 0.917 |       |       |       |
|                     | MI3 | 0.792 |       |       |       |
|                     | MI4 | 0.928 |       |       |       |
|                     | MI5 | 0.898 |       |       |       |

SPSS was used to analyse the convergent validity, and profiles of the responders. The hypotheses of the study model were examined and confirmed in Smart PLS 4 (see Figure 2). In the past, the covariance-based structural equation modelling was the most successful way of studying complex relationships between observable and latent variables. However, PLS-SEM has been widely used in the recent years (Hair et al., 2021).

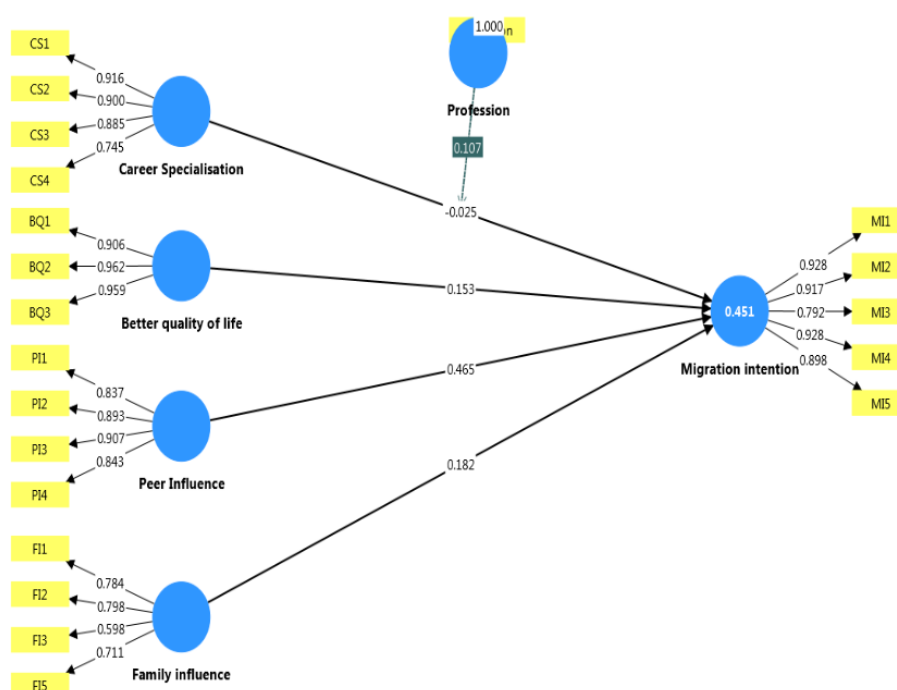


Figure 2

Convergent validity means that several measures of the same construct are positively correlated. Convergent validity was tested using factor loadings and average variance extracted (AVE) which should be more than 0.5 (Hair et al., 2021). Table 3 shows that loadings and AVE of all constructs were over 0.5, indicating robust convergent validity. Discriminant validity (Table 4) is the degree to which a construct is separated from other constructs in the analysis. Following the recommendations of Hair et al. (2021), bootstrapping was used for 135 samples. Since the AVE value was not sufficient, the measurement model was not standardized in the preliminary investigation. Before the first run of the measurement model, one indicator was deleted.

Table 4

|                        | Better quality of life | Career Specialisation | Family influence | Migration intention | Peer Influence |
|------------------------|------------------------|-----------------------|------------------|---------------------|----------------|
| Better quality of life | 0.943                  |                       |                  |                     |                |
| Career Specialisation  | 0.749                  | 0.864                 |                  |                     |                |

|                            |        |        |       |       |        |
|----------------------------|--------|--------|-------|-------|--------|
| <b>Family influence</b>    | 0.278  | 0.331  | 0.727 |       |        |
| <b>Migration intention</b> | 0.527  | 0.488  | 0.331 | 0.894 |        |
| <b>Peer Influence</b>      | 0.662  | 0.647  | 0.29  | 0.63  | 0.871  |
| <b>Profession</b>          | -0.294 | -0.238 | 0.032 | -0.19 | -0.248 |

## 4.2 Structure Model

The second stage for analyzing PLS-SEM results is to examine the structural model (Fornell and Larcker, 1981). The structural model was assessed by testing the direct effect between the independent variables and Migration Intention and the moderating effect of profession. This method follows the usual PLS-SEM protocols for investigating hypothesized relationships between latent components. The path coefficient and the coefficient of determination ( $R^2$ ) of the structural model should be checked to assess the goodness of fit of the structural model. Following Hair et al. (2021), the path coefficients of the structured model were evaluated using bootstrapping with 135 samples, two-tailed test, and significance level 0.05, as presented in Table 5. The results from the structural model reveal that only Peer Influence and Family Influence are significant predictors of Migration Intention. Career Specialisation, Better Quality of Life, and the moderating effect of Profession were not statistically significant.

**Table 5**

|                                                                     | <b>Original sample (O)</b> | <b>Sample mean (M)</b> | <b>Standard deviation (STDEV)</b> | <b>T statistics ( O/STDEV )</b> | <b>P values</b> |
|---------------------------------------------------------------------|----------------------------|------------------------|-----------------------------------|---------------------------------|-----------------|
| <b>Better quality of life -&gt; Migration intention</b>             | 0.153                      | 0.142                  | 0.116                             | 1.321                           | 0.187           |
| <b>Career Specialisation -&gt; Migration intention</b>              | -0.025                     | -0.019                 | 0.11                              | 0.227                           | 0.82            |
| <b>Family influence -&gt; Migration intention</b>                   | 0.182                      | 0.201                  | 0.069                             | 2.625                           | 0.009           |
| <b>Peer Influence -&gt; Migration intention</b>                     | 0.465                      | 0.466                  | 0.102                             | 4.568                           | <0.001          |
| <b>Profession -&gt; Migration intention</b>                         | -0.052                     | -0.052                 | 0.07                              | 0.751                           | 0.452           |
| <b>Profession x Career Specialisation -&gt; Migration intention</b> | 0.107                      | 0.098                  | 0.071                             | 1.511                           | 0.131           |

In particular (Table 5), Family Influence has a significant positive relationship with Migration Intention ( $\beta = 0.182$ ,  $t = 2.625$ ,  $p < 0.05$ ). This indicates that support from family members, expectations from them, or pressure from them play an important role in the decision of healthcare workers to migrate.

Peer Influence also has a strong and highly significant positive effect on Migration Intention ( $\beta = 0.465$ ,  $t = 4.568$ ,  $p < 0.001$ ). This means that colleagues and friends as well as professional networks very much shape their decisions regarding migration; therefore peer influence is one of the most important predictors in this model.

Better Quality of Life does not have any significant effect on Migration Intention ( $\beta = 0.153$ ,  $t = 1.321$ ,  $p > 0.05$ ). It has a positive relationship but this effect is not strong enough to be statistically significant in this study.

Career Specialisation shows a negative relationship with Migration Intention which is also non-significant ( $\beta = -0.025$ ,  $t=0.227$ ,  $p>0.05$ ); hence specialization does not bring about any change in the migration decision of an individual.

Profession does not significantly impact Migration Intention ( $\beta = -0.052$ ,  $t = 0.751$ ,  $p > 0.05$ ), which means that the intention to migrate does not vary much among different healthcare professions.

Finally, Profession's moderating effect on the relationship between Career Specialisation and Migration Intention is also not significant ( $\beta = 0.107$ ,  $t = 1.511$ ,  $p > 0.05$ ). This infers that profession neither strengthens nor weakens the effect of career specialization on migration intention. Therefore only **H3 and H4** are supported, while **H1, H2 and H5 are not supported**.

Table 6

|                     | R <sup>2</sup> | R <sup>2</sup> Adjusted |
|---------------------|----------------|-------------------------|
| Migration intention | 0.451          | 0.425                   |

[Table 6](#) presents coefficient determination analysis. The R<sup>2</sup> value for Migration Intention was 0.451, indicating that the variables included in the model explained 45.1% of the variation in healthcare workers' migration intentions. This suggests that factors such as career specialization, better quality of life, family influence, peer influence, and profession collectively play an important role in shaping migration intentions. The adjusted R<sup>2</sup> value of 0.425 further confirms the model's explanatory power after accounting for the number of predictors included in the analysis. Overall, the model demonstrates a moderate ability to explain migration intention among healthcare professionals.

The structural model explained 45.1% of the variance in migration intention ( $R^2 = 0.451$ ), indicating a moderate explanatory power. This means that the variables we have included in the study capture a large proportion of factors influencing the migration intentions of health-care workers. However, approximately 54.9% of the variance remains unexplained, indicating that other variables such as salary expectations, job satisfaction, workload, organizational support, burnout and international employment opportunities may also influence migration decisions and should be included in future

### 3.4 Discussion

The present study examined the factors influencing migration intention among healthcare professionals, focusing on career specialization, better quality of life, family influence, peer influence, and profession. The findings provide valuable insights into the complex decision-making process underlying healthcare worker migration.

The findings suggest that social norms and interpersonal interactions are more significant in migration intentions of healthcare professionals than the usual career-related incentives. This study evaluated whether professional, lifestyle and social factors affect migration intentions based on Everett Lee's Push-Pull Theory and the Theory of Planned Behavior (Ajzen, 1991). The results also indicate that while traditional migration factors such as career opportunities and quality of life remain relevant, social influences appear to play a more dominant role. In particular, family members and professional peers were found to have a stronger impact on migration intentions than career specialization or expectations of a better quality of life. These findings suggest that migration decisions among healthcare professionals are shaped not only by individual aspirations but also by the influence of their social environment.

Contrary to the proposed hypothesis, career specialization did not significantly influence migration intention ( $\beta = -0.025$ ,  $p = 0.820$ ). Although previous studies have highlighted specialization opportunities and professional development as important drivers of healthcare worker migration, the present findings suggest that such opportunities may not be the primary concern of healthcare professionals in the current study context. One possible explanation is that access to postgraduate education, specialized training programmes, and professional development opportunities has become increasingly available through domestic institutions and online learning platforms. As a result, migration may no longer be viewed as the only pathway for career advancement. Instead, healthcare workers appear to place greater emphasis on social influences and personal considerations when contemplating migration.

Family influence was found to have a significant positive effect on migration intention ( $\beta = 0.182$ ,  $p = 0.009$ ). The result also supports findings reported by Yakubu et al. (2022), Afshari et al. (2025), and Laari et al. (2024), which identified family expectations and future family welfare as important determinants of migration intentions. This finding suggests that migration decisions are often shaped by family expectations, financial responsibilities, and aspirations for a better future. Healthcare professionals may view migration not only as a personal career decision but also as a means of improving the long-term well-being and economic security of their families. Family members often play an active role in major life decisions, particularly in collectivist societies where household welfare is prioritized over individual preferences. This finding is consistent with previous studies that have identified family support, future security, and improved opportunities for dependents as important motivations for healthcare worker migration. This finding also aligns with the Theory of Planned Behavior, which proposes that individuals are influenced by the expectations and opinions of people who are important to them. For many healthcare professionals, family members may play a central role in shaping decisions about career progression, financial security, and future life opportunities, thereby strengthening intentions to migrate.

Among all the variables examined, peer influence emerged as the strongest predictor of migration intention ( $\beta = 0.465$ ,  $p < 0.001$ ). This finding is consistent with Schumann et al. (2019), Assfaw and Gezie (2022), and Toyin-Thomas et al. (2023), who reported that professional networks and peer interactions significantly influence migration-related decisions among healthcare workers. This finding highlights the powerful role of colleagues, friends, and professional networks in shaping migration-related attitudes and decisions. Healthcare professionals frequently interact with peers who have migrated or are actively exploring opportunities abroad. Through these interactions, they gain first-hand information about salaries, working conditions, career progression, and quality of professional life in destination countries. Such information helps reduce uncertainty and perceived risk, making migration appear more achievable and attractive. The strong effect of peer influence may also be explained by the characteristics of the study sample, which consisted predominantly of young and early-career healthcare professionals. Individuals at this stage of their careers are often more influenced by the experiences and recommendations of their professional networks when making important career decisions. The finding further supports the Theory of Planned Behavior, particularly the concept of subjective norms. When colleagues and professional peers share positive experiences of working abroad, migration may gradually become viewed as a desirable and achievable career pathway. Such social influences can increase confidence in migration decisions and encourage individuals to consider opportunities outside their home country.

Although better quality of life demonstrated a positive relationship with migration intention, the effect was not statistically significant ( $\beta = 0.153$ ,  $p = 0.187$ ). This finding differs from several previous studies that have identified quality of life as a major pull factor for migration. A possible explanation is that healthcare professionals may perceive improved living standards, better infrastructure, and enhanced social welfare benefits as expected outcomes of migration rather than primary motivations for leaving their home country. Consequently, quality-of-life considerations may become secondary once migration intentions have already been shaped by social influences and family considerations. Furthermore, the relatively young profile of respondents may have contributed to this finding, as early-career professionals are often more focused on future opportunities and career mobility than on lifestyle-related concerns. From a Push–Pull Theory perspective, better quality of life is often viewed as a major pull factor attracting individuals to destination countries. However, the non-significant finding suggests that healthcare professionals in the present study may not consider improved living conditions alone as a sufficient reason to migrate. Instead, lifestyle benefits may be regarded as additional advantages that accompany migration rather than the primary motivation for pursuing opportunities abroad.

The findings further revealed that profession did not significantly influence migration intention ( $\beta = -0.052$ ,  $p = 0.452$ ). This suggests that migration aspirations are relatively similar across different healthcare occupations. Whether respondents were doctors, nurses, therapists, technicians, or hospital administrators, their intentions to migrate appeared to be influenced by comparable factors. This finding indicates that migration decisions may be driven more by common social and environmental influences than by profession-specific concerns. Shared challenges such as workload pressures, career uncertainty, and awareness of overseas opportunities may contribute to similar migration intentions across professional groups.

Similarly, profession did not significantly moderate the relationship between career specialization and migration intention ( $\beta = 0.107$ ,  $p = 0.131$ ). This result implies that the influence of specialization opportunities remains relatively consistent across

different healthcare professions. In other words, the availability of career specialization opportunities did not significantly alter migration intentions regardless of professional background. This finding further reinforces the argument that broader social and contextual factors are more influential than profession-specific career considerations in shaping migration intentions.

Taken together, the findings clearly demonstrate that migration intention among healthcare professionals is influenced more by social relationships than by professional advancement opportunities or expectations of a better lifestyle. In particular, peer influence emerged as the most influential factor, followed by family influence. These findings support the Theory of Planned Behavior (Ajzen, 1991), which emphasizes the importance of subjective norms in shaping behavioural intentions. When healthcare professionals are surrounded by peers and family members who view migration positively, they are more likely to develop similar intentions themselves. The results therefore highlight the importance of social networks and interpersonal relationships in understanding healthcare workforce migration.

Overall, the findings provide support for both Push–Pull Theory and the Theory of Planned Behavior. While migration has traditionally been explained through economic and professional push–pull factors, the present study highlights the importance of social influences in shaping migration intentions. The strong effects of family and peer influence suggest that healthcare professionals do not make migration decisions in isolation. Rather, their intentions are shaped by interactions, expectations, and experiences shared within their social and professional networks. This underscores the need to consider both structural and social dimensions when understanding healthcare workforce migration.

The structural model explained 45.1% of the variance in migration intention ( $R^2 = 0.451$ ), indicating moderate explanatory power. This suggests that the variables included in the study capture a substantial proportion of the factors influencing healthcare workers' migration intentions. However, approximately 54.9% of the variance remains unexplained, indicating that additional factors such as salary expectations, job satisfaction, workload, burnout, organizational support, and international employment opportunities may also contribute to migration decisions.

Future studies should explore these factors to develop a more comprehensive understanding of healthcare workforce migration.

The study was conducted on 135 healthcare workers and so the results may not fully reflect the views of the whole healthcare workforce. The data were collected via an online questionnaire, so the responses were based on personal opinions and experiences, which may sometimes result in response bias. The study was also limited to selected factors like better quality of life, career specialization, family influence, peer influence and profession. However, migration decisions are also influenced by many other factors such as salary, workload, stress, job satisfaction, work environment and government policies which were not included in this study. Additionally, the study only assessed respondents' opinions at a single time, whereas migration intention might change over time depending on personal or professional circumstances.

Future studies can be carried out using a larger and heterogeneous sample of healthcare workers from different regions, hospitals and specialties. Besides, researchers could explore other variables such as job satisfaction, burnout, organizational support, work life balance, salary expectation and overseas career opportunities to have a more comprehensive understanding of migration intention of healthcare professionals. Future research may also benefit from the inclusion of interviews or focus group discussions as they may provide more personal insights into the thoughts, emotions and experiences behind the decision to migrate. Moreover, longitudinal studies might help to understand the changes in the dynamics of migration intentions over time.

## Theoretical Implications

This study adds to the existing literature on migration intention by showing that social influence factors especially family and peer influence are more important than traditional individual and professional factors. While prior studies have often placed emphasis on the economic benefits and quality of life as primary drivers, results here indicate that migration decisions are socially embedded. The strong impact of peers and family gives support to the relevance of Theory of Planned Behavior (Ajzen, 1991) in subjective norms concerning behavioral intentions. This means that migration intention is not simply rational or individualistic but rather significantly shaped by social expectations and shared experiences. Also, non-significant effects for better quality of life and career specialization indicate that context-specific factors might change the traditional migration framework. This would allow room for future research to merge social network theory with behavioral models to study healthcare migration in more depth.

## Practical Implications

These findings have important implications for policymakers, hospital administrators, and healthcare institutions that want to reduce the migration of healthcare professionals. First, since peer influence is the most powerful predictor, it is important for institutions to create and maintain positive professional environments with strong workplace networks. This can be done by promoting mentorship programs, a collaborative culture, and engagement between peers to decrease the likelihood of migration.

Second, because family influence plays such a significant role in this issue, retention strategies need to go beyond just focusing on the workplace. Providing family-friendly policies such as housing support, educational benefits for children, and work-life balance initiatives could help decrease migration intention.

Thirdly, since career specialization does not significantly influence healthcare professional retention or migration, increasing training opportunities alone may not be enough; rather there needs to be clear career progression pathways and recognition systems if talent is to be retained. Finally, since quality of life was not found to be a strong predictor in this study's context, policymakers should recognize that improving infrastructure will not necessarily lead to reduced migration unless accompanied by social and professional support systems.

At a more general level, the research indicates that the government should move beyond monetary incentives and infrastructure development in its strategies. Policies should aim to:

Strengthen professional communities and networks within the country. Promote peer retention programs and alumni engagement. Provide family-oriented benefits and social security measures. Create a supportive ecosystem that enhances both professional and social well-being.

Such an integrated approach may work better in solving the problem of migration of healthcare workers. For hospital management and healthcare organizations:

Pay attention to team culture and bonding, given that peer influence plays a major role in decision-making. Introduce HR strategies focused on retention—this includes recognition, incentives, and clarity about careers. Develop employee engagement programs aimed at reducing pull factors from outside. Address workplace satisfaction comprehensively, not just financially.

## 4. CONCLUSION

Migration intention among healthcare workers has become a growing concern because it can affect the availability of skilled professionals and the overall quality of healthcare services. This study explored how factors such as better quality of life, career specialization, family influence, peer influence, and profession shape the migration intentions of healthcare professionals. The findings suggest that personal and social influences play a bigger role in migration decisions than professional factors alone.

Among all the factors studied, peer influence emerged as the strongest factor affecting migration intention. Many healthcare workers seem to be influenced by colleagues, friends, and professional contacts who have already migrated or are planning to move abroad. Family influence was also found to play an important role, as family expectations, responsibilities, and support systems often influence important career and life decisions.

Interestingly, factors such as better quality of life and career specialization did not show a strong influence on migration intention in this study. Profession also did not make a significant difference, indicating that migration-related thoughts are fairly similar across different healthcare roles. Overall, the study shows that healthcare workers' migration decisions are shaped more by social surroundings and family-related factors than by career growth or lifestyle expectations alone.

## AUTHOR CONTRIBUTIONS

MD: Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Software, Validation, Writing – original draft, Writing – review & editing. DV: Conceptualization, Supervision, Validation, Writing – original draft.

## CONFLICT OF INTEREST

The author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## ETHICS STATEMENT

This study involved an anonymous online survey with adult participants and did not involve any clinical intervention or vulnerable populations. In accordance with institutional and national guidelines, formal ethical approval was not required. Participation was voluntary, informed consent was obtained prior to data collection, and all responses were collected anonymously.

mously. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin.

## REFERENCES

- [1] Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- [2] Lee, E. S. (1966). A theory of migration. *Demography*, 3(1), 47–57. <https://doi.org/10.2307/2060063>
- [3] Abou Hashish, E. A., & Alnajjar, H. A. (2025). *Brain drain and retention strategies: Lived experience of expatriate nurses in Saudi Arabia: Challenges and implications*. *Journal of Nursing Management*, 2025, Article 9947313. <https://doi.org/10.1155/jonm/9947313>
- [4] De Jong, G. F. (2000). Expectations, gender, and norms in migration decision-making. *Population Studies*, 54(3), 307–319. <https://doi.org/10.1080/713779089>
- [5] Masárová, T., & Kordoš, M. (2024). THE SOURCE FACTORS IDENTIFICATION OF HEALTH PERSONNEL MIGRATION IN TERMS OF EDUCATION - ISSUES AND FALLOUTS. *AD ALTA: Journal of Interdisciplinary Research*. <https://doi.org/10.33543/j.1402.232235>
- [6] Carling, J., & Schewel, K. (2017). Revisiting aspiration and ability in international migration. *Journal of Ethnic and Migration Studies*, 44(6), 945–963. <https://doi.org/10.1080/1369183X.2017.1384146>
- [7] Akinwumi, O. Solomon, P. Ajayi, Taiwo Samuel Ogunleye, O. Ilesanmi, A. Ajayi Prevalence and pattern of migration intention of doctors undergoing training programmes in public tertiary hospitals in Ekiti State, Nigeria, *Human Resources for Health*, Vol 20 ,10.1186/s12960-022-00772-7
- [8] M. Wutor, Francisca Nyarko Sarfo, Louisa Afia Nkrumah, Luki Daniel Bakuoru, C. Amanze, Isaac Osei, Factors influencing the intention of doctors to emigrate: a cross-sectional study of Ghanaian doctors, *BMC Health Services Research*, 2024 doi:10.1186/s12913-024-11977-y
- [9] Salih, S. A. A., Bashir, W. A. H., Hamid, A. M., Hassan, A. A., Alhussin, E. M., Merghani, M. M., Fadlamola, H. A., Hamid, H., Hamed, W. E., Ahmed, S. O. M., & Eldeeb, G. A. A. (2025). *The intentions of migration among graduated and postgraduate Sudanese nursing students 2022*. *Nursing Research and Practice*, 2025, Article 5550685, 1–8. <https://doi.org/10.1155/nrp/5550685>
- [10] Parvizi, F., Salehi, A., Seghatoleslam, A., Kia, M., & Pope, M. (2025). *Factors affecting the migration intention in medical students in Shiraz; south of Iran: A cross-sectional study*. *BMC Medical Education*, 25, Article 1034. <https://doi.org/10.1186/s12909-025-07700-y>
- [11] Toyin-Thomas, Patience, P. Ikhurionan, E. Omoyibo, et al. “Drivers of Health Workers’ Migration, Intention to Migrate and Non-Migration from Low/Middle-Income Countries, 1970–2022: A Systematic Review.” *BMJ Global Health* 8 (May 2023). <https://doi.org/10.1136/bmjgh-2023-012338>.
- [12] Chaet, Alexis, N. Fessehaie, Praveen Rajaguru, et al. “Comparing the Drivers of Medical Student Emigration Intention across Two African Nations.” *Medical Education* 55 (May 2021): 1194–204. <https://doi.org/10.1111/medu.14562>.
- [13] Laari, C. K., Sapak, J., Wumbui, D., & Salifu, I. (2024). *Migration intentions among nursing students in a low-middle-income country*. *BMC Nursing*, 23, 492. <https://doi.org/10.1186/s12912-024-02180-9>
- [14] Soqia, Jameel, Laila Yakoub-Agha, Lama Mohamad, et al. “Syrian Crises Effect on Specialty Choice and the Decision to Work in the Country among Residents of Six Major Hospitals in Syria, Damascus.” *PLOS ONE* 19 (February 2024). <https://doi.org/10.1371/journal.pone.0295310>.
- [15] Jha, Niharika, R. Maharjan, S. Bajracharya, et al. “Contributing and Mitigating Factors of Brain Drain among Healthcare Workers from Cardiac Care Facilities in Nepal - A Qualitative Case Study.” *PLOS Global Public Health* 5 (March 2025). <https://doi.org/10.1371/journal.pgph.0004260>.
- [16] Valencia, Maria, Reichelle Urquico, Ma Martina Taguinod, et al. “Linking Nursing Students’ Professional Identity, Clinical Learning Environment, Financial Incentives, and Career Opportunities with Migration Intent: Structural Equation Modeling.” *International Nursing Review*, ahead of print, July 2, 2024. <https://doi.org/10.1111/inr.13009>.
- [17] Parvizi, Fatemeh, Alireza Salehi, Atefeh Seghatoleslam, Mohammad Kia, and Mohammadmehdi Pope. “Factors Affecting the Migration Intention in Medical Students in Shiraz; South of Iran: A Cross Sectional Study.” *BMC Medical Education* 25 (July 2025).
- [18] <https://doi.org/10.1186/s12909-025-07700-y>.

- [19] McAleese, S., Clyne, B., Matthews, A., Brugha, R., & Humphries, N. (2016). Gone for good? An online survey of emigrant health professionals using Facebook as a recruitment tool. *Human Resources for Health*, 14, 34.
- [20] Afshari, A., Masoumi, S., Borzou, S. R., Safdari, A., & Khazaei, A. (2025). *Prioritizing drivers of nursing migration: A summative content analysis of influential factors*. BMC Nursing, 24, 179. DOI: doi.org/10.1186/s12912-025-03302-7
- [21] Yakubu, K., Blacklock, C., Adebayo, K., Peiris, D., Joshi, R., & Mondal, S. (2022). Social networks and skilled health worker migration in Nigeria: An ego network analysis. *The International Journal of Health Planning and Management*, 37(6), 3110–3127 Doi: doi.org/10.1002/hpm.3595
- [22] Schumann, M., Maaz, A., & Peters, H. (2019). Doctors on the move: A qualitative study on the driving factors in a group of Egyptian physicians migrating to Germany. *Globalization and Health*, 15, 2.
- [23] DOI: 10.1186/s12992-018-0443-2
- [24] Assfaw, A. K., & Gezie, A. M. (2022). *Explaining migration intention from selected psycho-social variables in South Wollo, Ethiopia*. Frontiers in Sociology, 7, 1005593. <https://doi.org/10.3389/fsoc.2022.960203>
- [25] Migali, S., & Scipioni, M. (2019). Who's about to leave? A global survey of aspirations and intentions to migrate. *International Migration*, 57(5), 181–207.
- [26] Milasi, S. (2020). What drives youth's intention to migrate abroad? Evidence from international survey data. *IZA Journal of Development and Migration*, 11(1), 12. <https://doi.org/10.2478/izajodm-2020-0012>
- [27] Schiele, M. (2020). Life satisfaction and return migration: Analysing the role of life satisfaction for migrant return intentions in Germany. *Journal of Ethnic and Migration Studies*, 46(13), 2805–2824.
- [28] Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, 31(1), 2–24. <https://doi.org/10.1108/EBR-11-2018-0203>
- [29] Hair, J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., & Ray, S. (2021). *Partial Least Squares Structural Equation Modeling (PLS-SEM) Using R: A Workbook*. Springer. <https://doi.org/10.1007/978-3-030-80519-7>
- [30] Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), 39–50. <https://doi.org/10.1177/002224378101800104>
- [31] Gubhaju, B., & De Jong, G. F. (2009). Individual versus household migration decision rules: Gender and marital status differences in intentions to migrate in South Africa. *International Migration*, 47(1), 31–61. <https://doi.org/10.1111/j.1468-2435.2008.00487.x>
- [32] Baláž, V., & Valuš, L. (2020). Migration, risk tolerance and life satisfaction: Evidence from a large-scale survey. *Journal of Risk Research*, 23(4), 483–502.
- [33] Alabshar, N., Giyarsih, S., & Pitoyo, A. J. (2025). How does the motive of migration impact migrants? The perspective of subjective well-being. *Journal of Population and Social Studies*, 33, 1–28.
- [34] Berşe, S., Karacan, E., Zıvdr Yeşilyurt, P., & Güngörmüş, Z. (2025). Impact of hopelessness on migration intentions of nursing students: A path analysis. *BMC Nursing*, 24, Article 12.
- [35] El Anshasy, A. A., Shamsuddin, M., & Katsaiti, M.-S. (2023). Financial wellbeing and international migration intentions: Evidence from global surveys. *Journal of Happiness Studies*, 24(7), 3299–3328.
- [36] Ivlevs, A., Nikolova, M., & Graham, C. (2019). Emigration, remittances, and the subjective well-being of those staying behind. *Journal of Population Economics*, 32(1), 113–151.
- [37] Czaika, M. (2015). Migration and economic prospects. *Journal of Ethnic and Migration Studies*, 41(1), 58–82.
- [38] Adeniyi, M., O. Efuntoye, G. Popoola, et al. "Profile and Determinants of Intention to Migrate by Early Career Doctors in Nigeria: A Report from CHARTING Study." *The International Journal of Health Planning and Management*, ahead of print, January 20, 2022. <https://doi.org/10.1002/hpm.3422>.
- [39] Akinwumi, A., O. Solomon, P. Ajayi, Taiwo Samuel Ogunleye, O. Ilesanmi, and A. Ajayi. "Prevalence and Pattern of Migration Intention of Doctors Undergoing Training Programmes in Public Tertiary Hospitals in Ekiti State, Nigeria." *Human Resources for Health* 20 (October 2022). <https://doi.org/10.1186/s12960-022-00772-7>.
- [40] Eser, E., E. Çil, Nesibe Efruz Sen Gundogan, et al. "Push and Pull Factors of Why Medical Students Want to Leave Türkiye: A Countrywide Multicenter Study." *Teaching and Learning in Medicine* 36 (August 2023): 588–600. <https://doi.org/10.1080/10401334.2023.2229810>.

- [41] Ezeike, A., and Akanimo Ebong. "Postgraduate Career and Emigration Intentions: A Cross-Sectional Study of House Officers in a North Central, Nigerian Tertiary Hospital." *Nigerian Journal of Medicine* 30 (September 2021): 561–66. [https://doi.org/10.4103/njm.njm\\_95\\_21](https://doi.org/10.4103/njm.njm_95_21).
- [42] Ojo, T., Blessing Pelumi Oladejo, Bolade Kehinde Afolabi, A. Osungbade, Princely Chukwunenye Anyanwu, and Ikeme Shaibu-Ekha. "Why Move Abroad? Factors Influencing Migration Intentions of Final Year Students of Health-Related Disciplines in Nigeria." *BMC Medical Education* 23 (October 2023). <https://doi.org/10.1186/s12909-023-04683-6>.
- [43] Onah, C., B. Azuogu, C. Ochie, et al. "Physician Emigration from Nigeria and the Associated Factors: The Implications to Safeguarding the Nigeria Health System." *Human Resources for Health* 20 (December 2022). <https://doi.org/10.1186/s12960-022-00788-z>.
- [44] Oyedokun, A., David Mobolaji Akoki, A. Adesola, et al. "Exploring the Emigration Intentions of Nigerian Medical and Nursing Students: Factors Driving Migration and Implications for Nigeria's Healthcare System." *BMC Medical Education* 25 (May 2025). <https://doi.org/10.1186/s12909-025-07283-8>.
- [45] Prifti, Vasilika, Sonila Qirko, A. Saliaj, Emirjona Kijaj, Rudina Çerçizaj, and L. Rogozea. "Understanding Migration Intentions of Albanian Physicians and Nurses." *SAGE Open Nursing* 12 (January 2026). <https://doi.org/10.1177/23779608251409854>.
- [46] Prifti, Vasilika, Denada Selfo, A. Saliaj, et al. "Medical Brain Drain in Albania: Migration Attitudes Among Medical and Nursing Students." *Nursing Reports* 15 (July 2025). <https://doi.org/10.3390/nursrep15080264>.
- [47] Mozolová, V., & Tupá, M. (2024). *Migration intentions of nurses and nursing students from Slovakia: A study on drivers. Problems and Perspectives in Management*, 22(1), 534–548. [https://doi.org/10.21511/ppm.22\(1\).2024.43](https://doi.org/10.21511/ppm.22(1).2024.43)
- [48] Ferine K. F.AditiaR.RahmadanaM. F.Indri (2021). An empirical study of leadership, organizational culture, conflict, and work ethic in determining work performance in Indonesia's education authority. *Helijon*7:e07698. doi: 10.1016/j.helijon.2021.e07698
- [49] Tjaden, J., Auer, D., & Laczko, F. (2019). Linking migration intentions with flows: Evidence and potential use. *International Migration*, 57(1), 36–57. <https://doi.org/10.1111/imig.12502>
- [50] Suci, S. M., Popescu, C. A., Ciomageanu, M. D., & Buzoianu, A. D. (2017). Physician migration at its roots: A study on the emigration preferences and plans among medical students in Romania. *Human Resources for Health*, 15(1), 6. <https://doi.org/10.1186/s12960-017-0181-8>
- [51] Akl, E. A., Maroun, N., Major, S., Afif, C., Abdo, A., Choucair, J., Sakr, M., Li, C. K., & Grant, B. (2007). Why are you draining your brain? Factors underlying decisions of graduating Lebanese medical students to migrate. *Social Science & Medicine*, 64(6), 1278–1284. <https://doi.org/10.1016/j.socscimed.2006.10.021>