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The healthcare workforce migration crisis in Iran: From human capital flight to the urgent need for structural reform

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Editorial

The phenomenon of "elite migration" reflects a profound gap between a society's critical need for specialized expertise and the inclination of its professionals to relocate permanently abroad-often resulting in the complete severance of their academic and professional ties with their country of origin (1). Current evidence indicates that Iran is experiencing an alarming level of migration among specialized personnel (2).

In the medical sector, this issue transcends individual career choices and represents a systemic governance challenge. Sustaining a high-quality health system requires the retention and development of a skilled workforce (3). The Iranian Migration Observatory report (March 2022) highlights a precarious situation: only 15% of the physicians and nurses surveyed expressed a firm intention to remain in the country, while 40% had decided to emigrate, 27% were undecided, and 18% had temporarily deferred their plans (4). The emigration of physicians represents more than a mere loss of labor; it signifies the erosion of the human capital on which the survival and efficiency of the health system depend. This trend, compounded by the existing uneven distribution of healthcare professionals and regional disparities in development, exacerbates the critical shortage of specialists in underserved areas. Ultimately, it poses a severe threat to equitable access to healthcare-a fundamental human right (5).

An analysis of the drivers of migration suggests that the mismatch between income levels and inflation rates, declining purchasing power resulting from currency fluctuations, and a lack of clear economic prospects are the primary catalysts for this phenomenon (6). However, research indicates that social and structural factors play an even more prominent role in professional decision-making. These factors include reduced job security, declining quality of life, a lack of meritocracy, the erosion of the social status of specialized personnel, the prevalence of clientelism at the expense of the rule of law, and a lack of accountability within management structures (7-9).

In addressing this crisis, it is crucial to distinguish between "defensive" and "structural" solutions. Although restrictive legal measures or substantial financial penalties for educational costs may reduce migration rates in the short term, evidence suggests that these defensive strategies are unsustainable (10). Conversely, international experience demonstrates that fostering the return of expatriate professionals and reducing the propensity to emigrate require improvements in socioeconomic conditions and the adoption of robust incentive-based policies (11,12). Furthermore, promoting a healthy work-life balance and strengthening social support networks are decisive factors in professional retention (8).

Therefore, effectively addressing the migration crisis requires a fundamental transformation of the educational, economic, and social frameworks. Within the medical education system, it is essential to re-evaluate faculty-student dynamics, enhance clinical supervision, and standardize working hours in accordance with labor regulations. At the macro level, redefining the role of general practitioners through the rigorous implementation of a referral system, alongside narrowing the income disparity between generalists and specialists, could significantly bolster retention. Developing international relations, upgrading research infrastructure, and facilitating opportunities for collaborative international research would enable the workforce to remain at the frontiers of knowledge without the need to emigrate.

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