Nurse Migration Report 2025

Rising mobility, rapidly changing dynamics, and a need for global solutions

A report by TruMerit | April 2026

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About TruMerit

TruMerit is a worldwide leader in healthcare workforce development. Formerly known as CGFNS International, the organization has a nearly 50-year history supporting the career mobility of nurses and other healthcare workers—and those who license and hire them—by validating their education, skills, and experience as they seek authorization to practice in the United States and other countries. As TruMerit, this mission has been expanded to building workforce capacity that meets the needs of people in a rapidly evolving global health landscape. Through its Global Health Workforce Development Institute, the organization is advancing evidence-based research, thought leadership, and advocacy in support of healthcare workforce development solutions, including globally recognized practice standards and certifications that will enhance career pathways for healthcare workers.

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Foreword

Human migration is as old as humanity itself. Across centuries and continents, people have moved in search of safety, opportunity, learning, and connection. Health professionals—particularly nurses—have always been part of this story, carrying skills, knowledge, and care across borders to meet human needs. In today's interconnected world, nurse migration must be understood not as an isolated phenomenon, but as a defining feature of the global health workforce and a critical factor shaping health equity, system resilience, and care delivery worldwide.

This report examines nurse migration through a global workforce lens, recognizing migration as a fundamental right while acknowledging the complex realities it creates for health systems, communities, and individuals. Migration can expand opportunity, strengthen care delivery, and foster professional growth. Yet, if unmanaged or inequitable, it can also exacerbate existing disparities—particularly when workforce capacity is drawn from regions already facing profound health system constraints. As the Global South increasingly supports the aging populations and care needs of the Global North, the urgency of addressing these dynamics thoughtfully and collaboratively has never been greater.

No single actor can address these challenges alone. Policymakers, governments, professional associations, regulators, academic institutions, employers, and civil society each hold a critical piece of the solution. Together, they must move beyond fragmented approaches toward shared frameworks that promote fairness, transparency, and sustainability. This includes strengthening education and training systems, modernizing competency-based learning, improving data and workforce planning, and ensuring that skills and qualifications are recognized across borders without compromising quality or patient safety.

At the same time, new models of care must be embraced. Technology-enabled care, virtual practice, team-based models, and expanded scopes of practice are reshaping how and where nursing care is delivered. These innovations blur traditional boundaries and demand new ways of thinking about mobility, licensure, and professional recognition. Circular migration pathways—where nurses can move, return, and contribute across systems—offer promising opportunities to balance individual aspirations with national and global health needs.

This report does not present migration as a problem to be solved but as a reality to be governed wisely. By examining the full ecosystem surrounding nurse migration—education, credentialing, ethical recruitment, workforce development, and care model evolution—it aims to support more informed, coordinated, and equitable policy responses. Ultimately, the goal is not to limit movement, but to ensure that nurse migration contributes to stronger health systems, reduced disparities, and better health outcomes for communities everywhere.

In a world where nursing is increasingly global, our responsibility is shared. The choices made today will shape not only the future of the nursing profession but the health and well-being of generations to come.

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Executive summary

In the context of global shortages of healthcare professionals, nurse migration can be seen as a challenge and an opportunity, both for countries and for individual nurses. Despite challenges such as inequitable distribution, recognition of professional qualifications, and ethical recruitment, nurse migration plays an important role in developing a truly global healthcare workforce. Nevertheless, there is no permanent global, multilateral forum dedicated to this issue.

While the United States continues to be one of the top destinations for migrant nurses, there is an observable decrease of applicants for visas over the past 2-3 years. In contrast, an increasing share of foreign-educated nurses are finding work in **Europe (representing now 8.01% of the European healthcare workforce, as compared to a ten-year average of 5.96%) and Southeast Asia (now 24.87% of the healthcare workforce, as compared to a ten-year average of 20.15%)**, thus shifting traditional migrating patterns.

Migration involves obstacles and challenges before, during, and after an individual moves from one country to another. Country-level immigration policies and practices vary along a spectrum from open and welcoming to restrictive and hostile toward immigrants. Health workers are not exempt from these. Some of the difficulties migrating nurses face include **lack of professional support, language and communication difficulties, destination countries not meeting migrant expectations, discrimination, and lack of cultural integration and feelings of belonging.**

In addition to those difficulties, there are areas of emerging focus bringing new challenges for governments, regulators, and migrating nurses, **including the need for global certifications that recognize nurses' value, knowledge and experience**; involuntary migration; competency-based education; mutual recognition and credential portability; occupational fraud and system security; and ethical recruitment.

Care model evolution will have a significant impact on nurse migration. The use of **new technologies will change the pull and push factors by creating demand for new skills and shifting roles between modalities of care.**

This report builds on efforts by several organizations and institutions to bring together the most recent and up-to-date data on nurse migration. However, there is a global **lack of consistent and quality data** preventing more in-depth analysis and better policy development.

In light of all these issues, this report provides several policy recommendations that could improve the life of millions of migrating nurses worldwide.

Nurse migration and global workforce distribution

To be better understood, nurse migration must be analyzed in a broader context of global health workforce shortages and inequitable distribution.

Global health workforce shortages are created or worsened by numerous factors, including an insufficient pool of workers who do not have the skills and knowledge to meet workforce needs and insufficient economic capacity and/or infrastructure to employ skilled workers. The most recent State of the World's Nursing Report from the WHO[1] indicates that there was **an aggregate global shortage of 5.8 million nurses in 2023 and about 78% of the world's nurses are found in countries representing less than half of the world's population.** For example, nurse density in the European region is five times higher than nurse density in the African and Eastern Mediterranean regions. **As of 2023, more than half of the global population, 4.6 billion people, were not covered by essential health services.**

These figures show that, in addition to a global shortage, there is also a **challenge of inequitable distribution of nurses and other healthcare professionals.** These factors generate push and pull factors that determine, to a large extent, the patterns of global nurse migration.

The global nursing shortage is 5.8 million– but the burden isn't shared equally.

of nurses serve less than 50% of people.

4.6 billion people lack access to essential health services.

Regions with the greatest need have the least access to nursing care, leaving more than half the world's population without essential health services.

The costs of healthcare shortfalls

Nursing shortages have severe negative impacts on health and economic indicators and disproportionately impact low- and middle-income countries (LMICs). **Even in the European region, where nurse density reaches a global high, 78% of small and medium organizations report challenges finding workers with the right skills.**[2] Established migration corridors, sometimes established through bilateral agreements and mobility partnerships, have economic implications for both sending and destination countries, and often play a meaningful economic role in intermediary countries as well. The use of bilateral agreements to establish balanced, fair, and equitable relationships that facilitate nursing development and mobility for the benefit of both sending and receiving countries should be further explored. These bilateral agreements should follow commonly agreed-upon global principles to ensure that they deliver equitable results.

Policy Recommendation

Explore further the potential of bilateral agreements for nurse migration in the context of multilateral policies. Bilateral agreements can complement broader multilateral policies by creating model agreements for nurse migration that respect the rights and interests of nurses, provide an ethical framework, and are mutually beneficial for sending and receiving countries.

Although healthcare expenditure as a percentage of GDP has continued to creep upward, health system capacity remains insufficient even in the Americas, Europe, and the Western Pacific Region, where spending is above average. Aging populations and an increasing prevalence of noncommunicable diseases (NCDs) increase burdens on health systems. The WHO estimates that 2.4 billion individuals could benefit from rehabilitative care. It is important to note, though, that these data do not yet reflect a paradigmatic change in the global geopolitical context. The withdrawal of the United States from the WHO, effective in January 2026, and the overall shift toward reducing investment in health and social services, will probably deepen the challenges.

Nurse migration and the global health workforce

Even though the WHO estimates that the aggregate global shortage of 5.8 million nurses in 2023 will decrease to 4.1 million over the next five years,[1] those estimates were made in a completely different geopolitical context than that of today. Furthermore, those gains (if they come through) will probably not reduce the already inequitable distribution of nurses around the world. Skilled workers will likely continue to migrate from LMICs to high-income countries (HICs) to access higher pay, better working conditions, career development or learning opportunities, and economic affordances for their families or communities of origin through remittances. If not properly managed, international migration of health workers at scale can thus exacerbate existing workforce shortages in low-resource contexts.

As of 2023, **approximately one in seven nurses were practicing in a country other than that in which they were trained**, participating in a larger trend of increasing global mobility.[1] A TruMerit analysis of WHO data shows that in recent years (2021–2024), an increasing share of internationally educated nurses are finding work in **Europe (representing now 8.01% of the European healthcare workforce, as compared to a ten-year average of 5.96%) and Southeast Asia (now 24.87% of the healthcare**

workforce, as compared to a ten-year average of 20.15%), while the proportion of internationally educated nurses working in the Eastern Mediterranean and African regions have dropped over the past ten years.[3]

The way forward

Global solutions are necessary to address global challenges. Regional workforce shortages require increasing coordination among regulators, educators, employers, and intermediaries to enable portable, recognizable skills; rapid identification of competencies to fill emerging health system needs; and accessible training and credentialing to bridge the gap between existing nurse education opportunities and emerging workforce needs.

Policy Recommendation

Establish a permanent global forum to discuss policies related to nurse migration and workforce challenges. Global challenges require global solutions, which can only be found through a multilateral and multistakeholder process. While workforce development remains largely a competence of national governments, nurse migration is mostly transnational and therefore requires a multilateral approach.

Global health workforce shortages require a multi-factor approach that includes policymaking, capacity-building, and system-strengthening efforts that enable communities to meet local healthcare needs. At the same time, coordination among such communities through bilateral agreements, harmonization, and pooled data for reporting can support integrated workforce development and service delivery—working toward strong, equitable, sustainable, and resilient health systems while simultaneously supporting a growing and increasingly professional global nursing workforce.[1]

Policy Recommendation

Improve collection, treatment, and sharing of data related to nurse migration and workforce development.

Despite the globalization of health workforce challenges and the need to find global solutions that incorporate various approaches in a coordinated way, there is **no global forum dedicated to workforce development and nurse migration.** The existence of several uncoordinated discussions and initiatives may not be sufficient or efficient enough to address the challenges. **A dedicated global multistakeholder forum on health workforce development would be of value.**

In this global context, nurse migration can be seen as both a challenge and an opportunity. It's a challenge because, if not properly managed, it can exacerbate inequitable distribution of health professionals by moving capacity and knowledge from lower-resourced countries to higher-resourced ones. But it's an opportunity because nurse migration can complement efforts of health workforce planning and development to address shortages and create more opportunities for those professionals. This report looks at the key global trends in nurse migration, areas of emerging focus, and care model evolution, to provide policy recommendations that can address the challenges and seize the opportunities.

Quick glance

The State of Global Nurse Migration

The global nursing workforce is defined by uneven distribution, rising mobility, and structural misalignment between supply and need. Although the worldwide shortage totals 5.8 million nurses, its effects are most acute in regions with the greatest care demands, while even high-income systems continue to face persistent staffing gaps. Migration now shapes a significant share of the workforce, with internationally educated nurses increasingly concentrated in select destination countries and education capacity remaining clustered in regions already well resourced. Together, these dynamics underscore the need for coordinated, data-driven workforce planning and secure credentialing to protect patient care and strengthen health systems globally.

2025 Key Insights

5.8 million
shortage of global nurses.

1 in 7 nurses
practice outside their country of education.

78% of nurses
serve less than 50% of people.

Emerging Trends & Risks

3% of U.S.-bound nurses have already worked internationally.

1 in 3 graduate in the Americas or Europe.

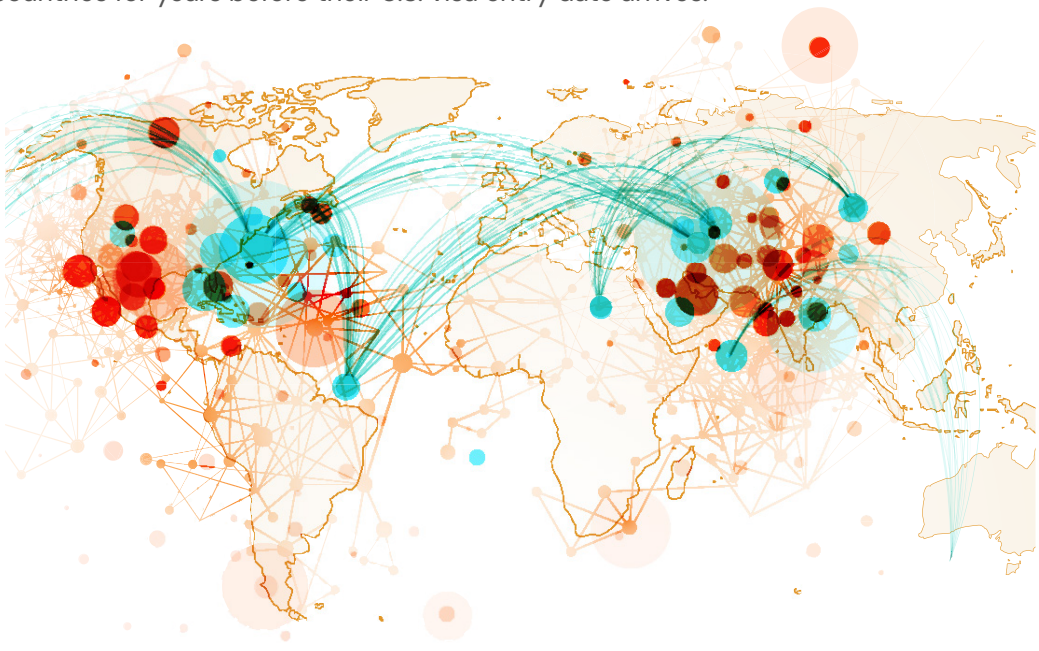
Key global trends in nurse migration

Global insights into nurse migration rely on data that are collected at the local, regional, or national levels, and large-scale trends are challenging to describe in detail. Since 2020, a top-down, country-level approach to analyzing health worker mobility has primarily been taken by international organizations like the World Health Organization (WHO), the Organization for Economic Cooperation and Development (OECD), and the International Organization for Migration (IOM). The WHO has paid particular attention to nursing, issuing an updated State of the World's Nursing Report in 2025. While these data do not permit a comprehensive analysis of nurse migration, better understanding of the phenomenon remains a WHO priority.[4,1] However, the recent changes in WHO structure and its funding challenges, coupled with the inexistence of a dedicated global forum, raises the question of whether this priority can be effectively addressed.

Professional migration has emerged as one means of addressing local health workforce shortages, particularly in high income countries. Employment-driven migration from the developing world to the developed world is common across all professions, including nursing.[5-6] **As of 2023, the United Kingdom and the United States are the top two destination countries for migrant nurses.**[6]

While every migrant's circumstances differ, **individuals move for higher wages, better working conditions, professional advancement opportunities, the prospect of better economic conditions, and to reconnect with family** in destination countries.[7-12]

Transnational mobility is easily disrupted by immigration policies relating to healthcare workers. If domestic policies prevent migration to one country, nurses will often take a mediated migration route to their intended destinations. In the past decade, TruMerit has seen a trend in Filipino and Indian nurses "stopping" in Persian Gulf countries, including Saudi Arabia and the UAE, while they are en route to their final destinations, including the U.S. **Approximately 3% of nurses who completed TruMerit VisaScreen orders between 2021-2024 took a mediated migration pathway.** Saudi Arabia and the United Arab Emirates were among the top 5 countries where a nurse was licensed but not educated.[13] For those seeking licensure in the United States, this mediated migration route is usually due to visa retrogression. A country experiences visa retrogression when the number of applicants exceeds the number of allotted visas within a particular category.[14] Many nurses work in well-paying Gulf countries for years before their U.S. visa entry date arrives.



Final action dates for employment-based preference cases

	China (mainland born)	India	Philippines	Mexico	Other
EB-1	22 December 22	15 February 22	Current	Current	Current
EB-2	01 April 21	01 April 13	01 December 23	01 December 23	01 December 23
EB-3	01 March 21	22 August 13	01 April 23	01 April 23	01 April 23

Figure 1. According to the November 2025 Visa Bulletin published by the U.S. Department of State, India is experiencing the longest visa retrogression wait times for EB-2 and EB-3 visas. While the State Department does not publish data on the number of individuals affected by visa retrogression, longer wait times indicate more affected individuals. Please note that EB-2 and EB-3 visas are common amongst nurses migrating to the United States.

Source: U.S. Department of State (Visa Bulletin For November 2025)[15]

There have been recent attempts from non-OECD countries to become more attractive for the global pool of nurses. For example, the United Arab Emirates has recently sought to attract regional health tourism. Intentional recruitment of a migrant nursing workforce has been integral to this effort, and as of 2022, native-born Emiratis comprised approximately 8%-10% of the Emirati nursing workforce.[16]

While the United States and the United Kingdom remain the preferred destinations for migrant nurses, as mentioned before, recent data and political shifts seem to point to a change to these traditional patterns and other destinations may be more attractive in the future. See the Appendix for more information on nurse migration to the U.S.

Migration involves obstacles and challenges before, during, and after an individual moves from one country to another. Country-level immigration policies vary along a spectrum from open and welcoming to restrictive and hostile toward immigrants. Health workers are not exempt from these policies. Migrating nurses face difficulties such as lack of professional support, language and communication difficulties, destination countries not meeting migrant expectations, discrimination, and lack of cultural integration and feelings of belonging.[17-24]

Nurses who migrate to another country also describe working below their educational level or scope of practice as unwanted consequences of their new working environments.[17-19, 25-26] Assimilation exercises, language training, and other measures to increase migrant nurse satisfaction in their destination country address these challenges.[27-28]

Despite the challenges, migration remains an appealing opportunity for many nurses who sometimes face much worse situations in their countries of origin, even if their expectations in destination countries aren't fully met.

Areas of emerging focus

Areas of emerging focus include:

- Global certifications.
- Involuntary migration.
- Competency-based education.
- Mutual recognition and credential portability.
- Occupational fraud and system security.
- Ethical recruitment.
- Care model evolution.

Global certifications

In an increasingly interconnected world, the demand for a competent, agile, and responsive health workforce has never been greater.[29-31] Among the most promising solutions are global certification programs, which offer a transformative approach to recognizing and validating the competencies of health professionals worldwide.[32-33] Global certification serves as a unifying framework standardizing the assessment and recognition of health worker competency.[34]

One of the most compelling benefits of global certification is its focus on patient safety. By establishing clear, competency-based standards, these programs help ensure that certified professionals are truly "work-ready." Health worker migration is a growing trend, driven by factors such as family needs, economic opportunity, professional development, and humanitarian impetus. But the journey from one healthcare system to another is often fraught with bureaucratic hurdles, including redundant training requirements, inconsistent credentialing standards, and lengthy approval processes.[35] A key strength of global certification is its adaptability. It can actively engage local authorities and institutions in the certification process, ensuring that global standards are contextualized to reflect local healthcare priorities, cultural norms, and resource realities.

Global certification is more than a credential; it is a catalyst for transformation. It bridges gaps, removes barriers, and builds a stronger, more cohesive health workforce. As the global health community continues to evolve, embracing and promoting global certification will be key to ensuring that every patient everywhere receives the high-quality care they deserve.

Policy Recommendation

Promote the development of global certifications that recognize the knowledge, skills, and qualifications of nurses according to truly global frameworks.

Involuntary migration

Conflict and violence remain significant drivers of involuntary nurse migration,[36] and nurse displacement adds to care delivery disruption.[36-37] It is worth noting that climate change has become a significant cause of displacement for skilled healthcare workers in many regions of the world, as well.[38-41] Recent work has a new focus on the role of healthcare workers in peace promotion, protecting health care during geopolitical turmoil, promoting the mental health needs of healthcare workers, and

upholding medical ethics.[36] Challenges facing involuntarily displaced nurses include long wait times and limited information regarding work permits in their destination countries.[42] Policies that provide opportunities for professional development, incorporate financial incentives, establish flexibility, and identify staff with strong community links may reduce attrition of nurses and other skilled healthcare workers in these post-conflict settings.[43]

Competency-based education and workforce development

According to TruMerit analysis of WHO data,[3] the global diversity of educational systems, degrees, credentials, and programs around the world offer nurses skills and experiences that may differ widely from one scope or context of practice to another. A degree or credential originating from two different educational systems may have the same name but represent wildly different training and skills. In the past decade, a marked shift toward competency-based education has been reshaping the nursing education landscape.[44] In 2025, the European Commission announced an initiative to make skills portable across the European Union.[45] This effort is designed to empower people by facilitating access to good-fit jobs and helping employers identify the talent they need. Standards and their associated competency frameworks enable skills recognition and unlock portability, but today few internationally recognized standards exist.

Communication (verbal and written) is a significant factor in IEN transition to practice in destination countries[46-47] and so represents an important set of competencies. Patient safety and satisfaction are connected to a nurse's ability to communicate clearly and effectively.[48] This is not always a question of language proficiency, as local dialect and cultural factors also meaningfully affect communication. A disconnect between an IEN's actual language proficiency level and their perceived level of proficiency can negatively affect an IEN's work experience in their new country and impact patient outcomes, as well.[49]

Mutual recognition and portable credentials

According to TruMerit analysis of WHO data,[3] **one in three new graduates of nursing programs receive their degrees in the Americas or in Europe.** Many regions with the most severe nurse shortages do not have the educational system capacity to produce skilled graduates to meet local needs, and many health systems with significant workforce shortages do not have the capacity to hire those graduates who can meet local needs. Nursing pipeline reinforcement and health system capacity-building will require time and coordinated policymaking. Today, health professionals (particularly nurses) seek higher degrees for career advancement. When combined with professionals' desire to migrate for their work, the question of comparability and harmonization of standards becomes more prevalent in the greater conversation of workforce mobility.

Policy Recommendation

Improve recognition of qualifications and skills across borders by enabling digital, portable, recognizable skills, and rapid identification of competencies to meet emerging health system needs.

The use of standardized nursing terminology has been demonstrated to improve the implementation of evidence-based nursing care, promote better patient outcomes, and provide reliable predictive measures of nursing workload, clinical patient complexity, and cost.[50] Shared data structures and standardized nursing terminologies extend semantic interoperability and medical resource sharing,

and can enable evidence-based clinical decision-making, impact measures, and workforce planning.[51] As electronic health records become more widely implemented and digital documentation becomes more comprehensive, the field is poised to improve interoperability and expand data flows.[52] Around the world, nursing regulatory bodies are concerned by the lack of visibility of nursing work and are aware of the importance of traceability in nursing activities across different professional cultures and countries. A standardized nursing language shared among different nations and nursing communities could enhance visibility of nursing work and help achieve better quality of care and better recognition of care outcomes, as outlined by scientific literature.

Policy Recommendation

Develop a global, harmonized, and standardized terminology that will help enhance the visibility of nursing work, better quality of care, and facilitate the process of transnational recognition of qualifications and skills.

Occupational fraud and secure systems

Occupational fraud is a growing challenge worldwide. In its most recent report, the Association of Certified Fraud Examiners (ACFE) detailed occupational fraud cases in 138 countries and reported healthcare as among the industries reporting the most fraud cases.[53] When undeterred, fraud can erode trust, lead to financial loss, and cause harm to the public. Emerging trends in occupational fraud include the use of generative AI. A 2025 report from Gartner estimates that by 2028, **1 in 4 job candidate profiles will be fabricated by AI.** As job candidates increasingly use AI during the application process, it becomes harder to evaluate candidates' abilities and even their identities.[54] This rapidly evolving problem affects employers, healthcare workers, healthcare credential regulation, and credential evaluation. In some regions of the world, regulation around the use of AI in hiring, credential evaluation and verification, and health workforce development is beginning to emerge.

Policy Recommendation

Build secure systems that leverage human expertise as well as AI-enabled fraud detection and prevention functionality as a key approach to combatting occupational fraud.

A recent TruMerit environmental scan found that credential evaluation professional associations and some regulatory bodies have released descriptive information about fraud detection and prevention, but that this guidance is limited. Secure systems that leverage human expertise as well as AI-enabled fraud detection and prevention functionality are emerging as a key approach to combatting occupational fraud.[55]

Ethical recruitment

As individual countries or regions tend to regulate international recruitment through legislation and governmental oversight, the current international frameworks are largely voluntary and serve to encourage governments to uphold their responsibility of ensuring fair and ethical recruitment. The WHO *established the Global Code of Practice on the International Recruitment of Health Personnel* in 2010, during the Sixty-third World Health Assembly. Through its establishment and promotion of voluntary principles and practices for ethical international recruitment of health workers, the Global Code keeps the rights, obligations, and expectations of source countries, destination countries, and migrant health workers at the forefront.

The *Global Code* has been endorsed by various organizations and governments since its establishment, and 94% of participating WHO member states say, "They were taking measures for health workforce sustainability and to address the geographical maldistribution and retention of health and care workers."

Other international organizations have published ethical guidelines for international recruitment more recently. The International Labour Organization (ILO) has the general principles and operational guidelines for fair recruitment and definition of recruitment fees and related costs, published in 2019. Their framework is based on established international labor standards, with the operational guidelines more specifically addressing and identifying the responsibilities of governments versus those of enterprises and public employment services, including labor recruiters.

Based upon the 2019 Conference on the Regulation of International Recruitment, the Montreal Recommendations on Recruitment were established to guide the role of governments in ensuring fair and ethical recruitment. Through their IRIS Global Policy Network on Recruitment, IOM allows for ongoing policy dialogue and State-led collaboration among its 45+ members and supporters as they discuss challenges in cross-border recruitment and protection of migrant workers and work toward solutions to those challenges rooted in policy, regulation, and enforcement.

In alignment with more international frameworks, several countries have developed regulatory frameworks for international recruitment through their governments. The Department of Migrant Workers (DMW) in the Philippines—having absorbed the work of the former Philippine Overseas Employment Administration (POEA)—utilizes their set of standards to ensure the protection of Filipino citizens working abroad.

In the United Kingdom, the government has *established the code of practice for the international recruitment of health and social care personnel in England*. Last updated in March 2025 for clearer guidance alongside the changing immigration landscape in the country, the code of practice serves to implement the WHO Global Code of Practice in the UK NHS Employers maintains the Ethical Recruiters List, applicable for recruitment organizations, agencies, or collaborations that apply and are sufficiently found to adhere to the code of practice. This ensures migrant workers bound for the UK. are informed and equipped to work with an ethical recruitment provider in their journey.

Germany utilizes the Fair Recruitment Healthcare Germany Seal, developed by the German Competence Center for International Healthcare and Nursing Professionals for the Federal Ministry of Health in 2019-2021. While the legal basis for the Seal is the nation's *Law to ensure the quality of recruiting nursing staff from abroad*, its standards provide more specific guidance for the fair recruitment and placement of nursing professionals from third countries via providers in the private sector of the German nursing labor market.

As the United States is a prominent destination country for migrating health professionals, ethics in international healthcare recruitment is an area of great importance. The Alliance for Ethical International Recruitment Practices, a division of TruMerit, works to ensure that all internationally educated health professionals are recruited fairly, ethically, and with transparency for employment in the U.S. The basis for the Alliance's ethical framework is its Health Care Code for Ethical International Recruitment and Employment Practices (the Code). The Code outlines best practices for the ethical recruitment to work in the U.S., protecting their rights and addressing key ethical issue areas present in the recruitment process.

The Alliance maintains a certification program recognizing international recruitment firms actively recruiting health professionals to the U.S. for their commitment to fair, ethical, and transparent recruitment practices. As part of this process, recruiters must demonstrate compliance with the Code and its provisions, such as the incorporation of all parties' rights and obligations as well as specifically described nature of offered employment (in terms of length of term, pay, location, etc.) in all employment agreements, utilizing clear and transparent recruitment advertisements, charging no fees to FEHPs for recruitment services, and not restricting the FEHP's right to access justice, among others. The Alliance also directly engages FEHPs as part of the certification approval process to gain fuller insight into their experiences with their recruiters.

The effects of practices aligned with the Alliance Code are tangible. In surveying health professionals engaged with current or prospective Alliance Certified Ethical Recruiters, 90% indicated a positive or very positive recruitment experience.[56]

Key issue areas related to:

- Contract review (97% received a copy of their contract and had adequate time to review it, while 92% did not feel pressured to sign).
- Communication (82% agreed that their recruiter regularly communicated and addressed concerns).
- Transparency in employment (91% knew their pay rate prior to arrival in the U.S. and 72% knew their job location in advance).

The data shows that the Alliance's certification and its code of ethics have a positive impact on the journey of the migrating health professional. In adhering to the Alliance Code, Certified Ethical Recruiters are not only leaders in addressing the rights of FEHPs during their migration and employment in the U.S., but they also encourage a market standard of excellence for other organizations recruiting internationally to follow.

Policy Recommendation

Develop tools and policies to ensure ethical international recruitment practices in accordance with current global standards, such as certification programs and requirements.

Care model evolution

Care model evolution will have a significant impact on nurse migration. The use of new technologies will change the pull and push factors by creating demand for new skills and shifting roles between modalities of care. In addition, the use of new technologies such as telehealth will increasingly blur the concept of borders in healthcare provision, thus affecting the way that nursing practices will evolve. Furthermore, the social and demographic changes are already requiring a change in planning and deployment of nursing capacity around the world. Nursing is becoming ever more global.

Addressing healthcare system shortfalls requires coordinated efforts, and research suggests that local approaches such as task shifting, integrating digital health technologies, and care integration can increase efficiencies.

Recent recommendations[2] include:

- Tailoring recruitment.
- Building labor migration governance capacity.
- Supporting effective worker–employer matching.
- Improving visa processing efficiency.
- Strengthening support for migrant workers.
- Investing in language training.
- Mainstreaming skills development opportunities.
- Extending soft skills training as well as vocational training.
- Improving skills recognition.
- Facilitating circular migration and maximizing its development impacts.
- Supporting knowledge and data exchange.
- Promoting better oversight and worker protections.
- Supporting fair-cost sharing.
- Reducing debt burden for workers to strengthen and extend health systems.

These recommendations address the growing complexity being brought to bear on nursing roles and, more than ever, the need for a global, holistic, and standardized approach. Nurse migration will evolve alongside this global transformation, giving different opportunities for nurses to exercise their profession in response and adapting to new demands.

Policy recommendations

Nurse migration presents challenges and opportunities for nurses and for workforce development. The complexity of the issues requires multiple solutions at different levels, as well as coordination and cooperation between various entities in different regions/countries and with different levels of responsibility. The recommendations below are not meant to be an overall solution to all the problems but rather initial steps toward a more nurse-migrant-friendly global environment.

- Establish a permanent global forum to discuss policies related to nurse migration and workforce challenges. Global challenges require global solutions, which can only be found through a multilateral and multistakeholder process. While workforce development remains largely a competence of national governments, nurse migration is mostly transnational and therefore requires a multilateral approach.

- Explore further the potential of bilateral agreements for nurse migration in the context of multilateral policies. Bilateral agreements can complement broader multilateral policies by creating model agreements for nurse migration that respect the rights and interests of nurses, provide an ethical framework, and are mutually beneficial for sending and receiving countries.

- Improve recognition of qualifications and skills across borders by enabling digital, portable, recognizable skills, and rapid identification of competencies to meet emerging health system needs.

- Develop a global, harmonized, and standardized terminology that will help enhance the visibility of nursing work, better quality of care, and facilitate the process of transnational recognition of qualifications and skills.

- Improve collection, treatment, and sharing of data related to nurse migration and workforce development.

- Build secure systems that leverage human expertise as well as AI-enabled fraud detection and prevention functionality as a key approach to combatting occupational fraud.

- Promote the development of global certifications that recognize the knowledge, skills and qualifications of nurses according to truly global frameworks.

- Develop tools and policies to ensure ethical international recruitment practices in accordance with current global standards, such as certification programs and requirements.

Appendix: Nurse migration to the United States

TruMerit data bolsters much of the data provided by international organizations regarding nursing workforces and internationally educated nurse migration flows. TruMerit provides the unique perspective of a migration intermediary to illuminate an often-overlooked part of the healthcare professional's journey: the credentials verification and assessment process. TruMerit is in an ideal position to report on nurse migration trends because of its repository of verified, primary source application materials that include educational and licensure documents. Understanding global nurse mobility through this lens provides new data about the phenomenon and adds to the conversation surrounding migration patterns, care chain delivery, and the global nursing pipeline.

The following data were derived from application information submitted to TruMerit's VisaScreen® (VS) service. VS entails a comprehensive screening service for internationally educated health professions seeking occupational visas to work in the United States. Applicants who complete the assessment receive an official International Commission on Healthcare Professions (ICHP) Certificate, which satisfies the U.S. federal screening requirements. TruMerit (CGFNS at the time) was named in the statute establishing the healthcare worker certificate requirement for occupational visas and is approved by the United States Department of Homeland Security (DHS) to validate the credentials for nine healthcare professions.

This report uses data primarily from the 2025 fiscal year but also references data collected in prior years. These data are representative only of those internationally educated healthcare professionals applying to or certified by the TruMerit VisaScreen® service. Once granted a VS Certificate, TruMerit is not able to track whether the individual completed their migration to the United States in the same fiscal year, if at all. While the data presented within this report are not a comprehensive representation of all internationally educated healthcare professionals migrating to the United States, it is nonetheless valuable as a limited proxy in the absence of a national tracking system.

More data and analysis specific to the United States is available on TruMerit's I-905 reports.

Applications received (FY2025)

The number of VisaScreen applications received for FY2025 was 20,048 (Figure 2). This represents a 19% decrease compared to FY2024, a sharper decline than the previous period FY2023-FY2024. Compared to a peak of 25,935 applications received in FY2023, the decrease was 23%. However, the total number of applications received is still higher than in all other previous years. There isn't sufficient data to make a definitive conclusion, but this decrease may be caused by compounding factors such as postponing requests of VisaScreen services to avoid expiration of validity due to increased delays in visa processing times, political uncertainty due to changes in immigration policies, and higher demand from other world regions.

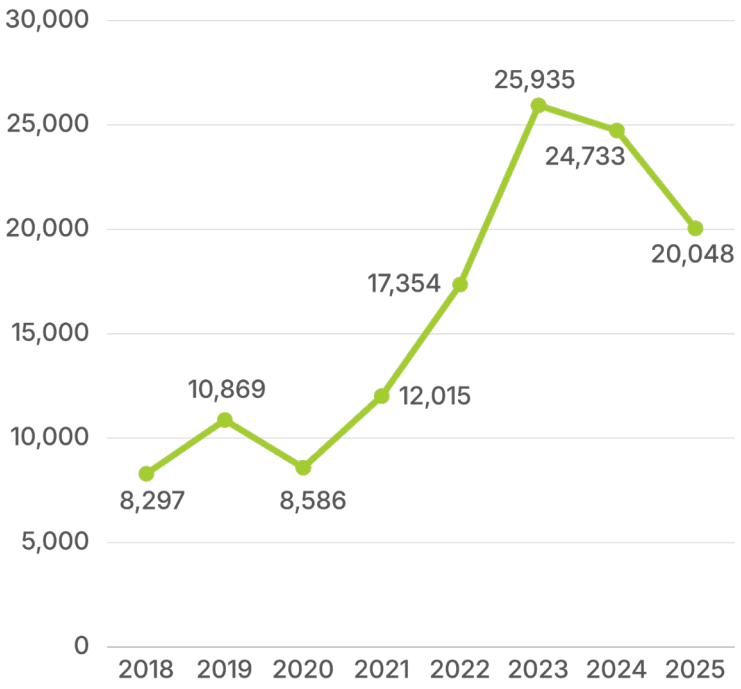


Figure 2. Total new applications received in FY 2025.

VisaScreen certificates issued (FY2025)

In FY2025 TruMerit issued 20,277 VisaScreen Certificates (Figure 3), a reduction of 3,959 compared to FY2024 (-16%), including new orders and renewals.

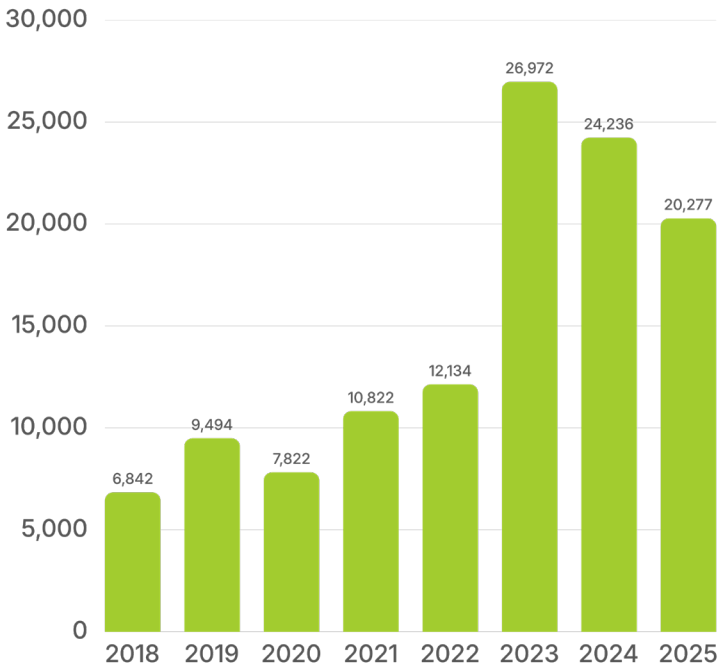


Figure 3. VisaScreen certificates issued in FY 2025.

Professional categories

In FY2025, TruMerit issued VisaScreen certificates for nine professional categories: Audiologists (AUD), Clinical Lab Scientists (CLS), Clinical Lab Technicians (CLT), Licensed Practical or Vocational Nurses (LPN/VN), Occupational Therapists (OT), Physical Therapists (PT), Physical Therapy Assistants (PA), Registered Nurses (RN), and Speech Language Pathologists (SLP). Registered Nurses were the largest professional group for new VisaScreen Certificates (16,887) followed by Clinical Lab Scientists (2,237).

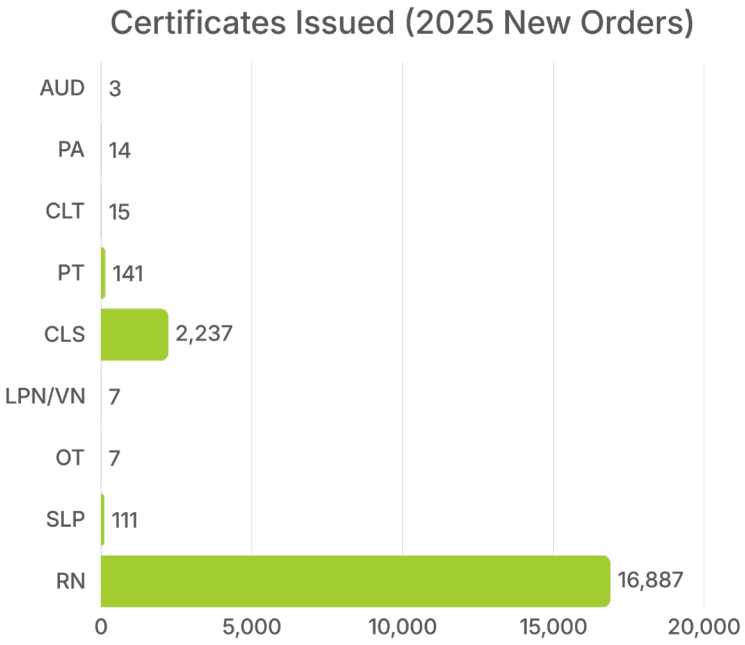


Figure 4. Professional categories issued VisaScreen certificates in FY2025.

Visa categories

The main visa category used by VisaScreen applicants was the immigrant (green card/EB3) category. This is in line with previous years. However, it is important to note that a significant number of applicants used non-immigrant H1B visas (12%). Recent policy changes to this category can severely affect the number of applicants in the coming year and reduce the flow of healthcare professionals to meet the urgent demand of the domestic market.

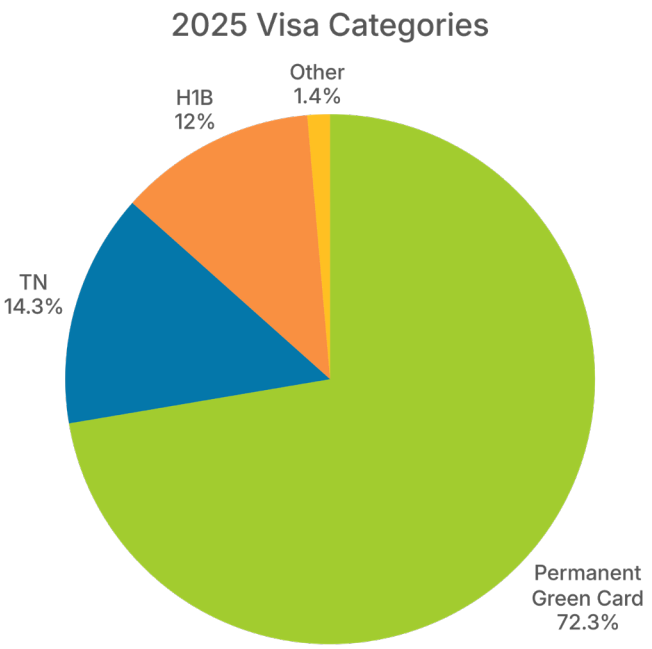


Figure 5. Visa categories for FY2025.

Countries of education

The main country of education of health professionals seeking VisaScreen services in FY2025 was the Philippines, followed by Kenya, Canada, India, and Nigeria. Compared to FY2024, the percentage of applicants applying from the Philippines fell from 51 to 47, while those applying from Kenya now represent 11% (up from 8% in FY2024), overcoming Canada as the second largest country of education.

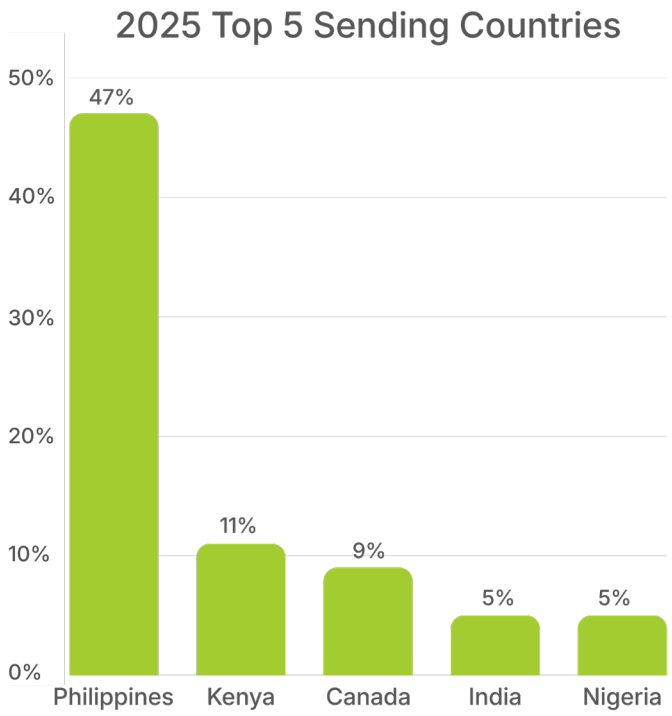


Figure 6. Top 5 Countries of Education.

U.S. Policy Changes: De-professionalization and immigration in 2025

Domestic policy and international agreements shape professional migration. This report presents an opportunity to reflect on the seismic shifts in U.S. policy that affect nurse migration. Effects of federal policy implementations under the Trump administration involve de-professionalization and changes to recognized credentials for nurses and other health professionals in the United States. Changes made in the FY2025 budget reconciliation law (P.L. 119-21/H.R. 1, also widely referred to as the One Big Beautiful Bill Act (OBBBA) have resulted in two borrowing tiers for post-baccalaureate students. The first and lower tier is for graduate programs, while the second and higher tier will be reserved for certain professional programs. As the law likewise eliminates Grad PLUS loans for future cohorts, the classification of "graduate vs. professional" becomes the key determining factor in how much students can borrow in federal Direct Loans.[57]

The Reimagining and Improving Student Education (RISE) Committee convened by the U.S. Department of Education reached consensus in November 2025 on draft regulatory text to define a "professional student" (i.e., a student in a program awarding a "professional degree"), versus a "graduate student" (i.e., a student in a program awarding a graduate credential other than a professional degree). Under this consensus, "professional degree" eligibility would be tied to specific "fields" and associated CIP-code groupings, effectively including a limited number of programs while excluding many others.[58] With this definition, numerous programs—including nursing, physical therapy, occupational therapy, engineering, business, architecture, and others—would be excluded and treated as "graduate" for the lower borrowing caps.

Immigration policies are at the discretion of the federal government and reflect the goals and objectives of the administration in power. The Trump administration has prioritized an "American First" immigration agenda that is reflected in certain visa-related policies. One recent change involves altering the process of awarding the H-1B visa process to "better protect American workers." The new process, which becomes effective in February 2026, will replace a "random selection" process with a "weighted selection" process that gives priority to more highly skilled immigrants.[57] The Trump administration also announced that a $100,000 H-1B fee will be imposed on new H-1B visa applications filed on or after September 21, 2025. However, petitions to waive this can be made on the individual level if the Department of Homeland Security deems the individual's occupation meets the following exceptions: "The H-1B worker's employment is in the national interest, no qualified U.S. worker is available for the position, the worker poses no security or welfare risk, and requiring the payment would undermine U.S. interests."[59] While health professionals migrate to the United States on multiple types of visas, approximately 12% of 2025 TruMerit VisaScreen® applications involved H-1B visas.

In January 2026, the U.S. Department of State announced that it will pause all immigrant visas from countries that the Trump administration believes will require federal financial assistance upon arrival in the United States. This pause will apply to immigrants from 75 countries, effective January 21, 2026. The list of affected countries includes large portions of Africa, the Middle East, Southeast Asia, and Eastern Europe. The pause only applies to new immigrant visas. Current visa holders from countries on the pause list and new non-immigrant visas (post-secondary student visas, tourist visas, temporary work visas) are not included.[60] Many high-volume sending countries, such as Ghana and Nigeria, are part of the pause.

It is difficult to fully anticipate the effects of these policy changes on nurse migration. At the time this report was drafted, many issues were still uncertain, such as the request for a blanket exemption for all healthcare professionals from the H-1B processing fee, given the market shortage in this industry. In any case, it is hard to imagine that there will be an improvement of the inflow on nurses and other healthcare professionals into the United States and this will most certainly add challenges to the already serious market shortages, putting into question the access of patients to quality and timely healthcare.

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Glossary

Alliance Code
The Alliance Health Care Code for Ethical International Recruitment and Employment Practices is a voluntary code of practice for international healthcare recruitment firms to ensure ethical international recruitment practices of nurses being recruited into the U.S.

Allied health professions
Healthcare professions that are distinct from medicine and nursing. TruMerit is an approved credentialing agency for the following allied health occupations: physical therapists, occupational therapists, physician assistants, audiologists, speech language pathologists, clinical/medical laboratory technicians, and clinical/medical laboratory scientists.

Credentials evaluation
The assessment of academic and professional degrees and certifications earned in one country to determine comparability and portability to another country, to identify deficiencies, and to ensure one's ability to practice to the full scope of their educational preparation, skills, and abilities.

Credentials Evaluation Services (CES®) Professional Report
A detailed analysis of the credentials earned at multiple levels of nursing education received outside the U.S., including a statement of comparability of a nurse's education when assessed against U.S. standards. FENs use CES to secure licensure and employment in the United States. It can also be used for specialty certification and by immigration attorneys.

Foreign-educated nurse (FEN)
As defined by U.S. immigration law, a healthcare professional who has obtained their nursing education and training in a country other than the one where they are currently seeking employment or practice. FENs are also referred to as nurse migrants, internationally educated nurses, internationally qualified nurses, and foreign-trained nurses, depending on the context.

Global North
A loosely defined group of economically developed and politically influential countries primarily located across North America, Europe, and parts of Asia.

Global South
A broad category of countries primarily located across Africa, Asia, Latin America, and the Caribbean, which are characterized by lower levels of economic development and political influence compared to the Global North.

Green card
Also referred to as a permanent resident card, an identity document that shows that a person has permanent residency in the United States. Green card holders are formally known as lawful permanent residents of the U.S.

EB-3 visa
An employment-based, permanent residency visa (green card) that is intended for skilled workers, professionals, and other workers (e.g., healthcare workers).

H1-B visa

A common temporary, nonimmigrant visa granted to individuals who wish to perform services in a specialty occupation (e.g., healthcare workers).

International recruitment

The process of identifying, attracting, interviewing, selecting, hiring, and onboarding employees from overseas. Recruitment firms are one of the main pathways for nurse and healthcare migrants to travel to and secure employment in the United States.

Registered nurse (RN)

In the United States, an individual who has graduated from a state-approved school of nursing (or received TruMerit credentials evaluation), passed the NCLEX-RN, and is licensed by a state board of nursing. For this report, RN is used in the U.S. context only.

TN visa

A special nonimmigrant visa that offers expedited work authorization to citizens of Canada and Mexico, as per the 1994 North American Free Trade Agreement (NAFTA). In nurse migration, the primary users of TN visas are Canadian nurses seeking work in the U.S.

VisaScreen® service

A comprehensive screening service for immigrant healthcare professionals seeking occupational visas to work in the United States. Nurses who complete the assessment receive an official ICHP Certificate, which satisfies the U.S. federal screening requirements.

Visa retrogression

This occurs when the cutoff date that determines visa availability moves backward instead of forward. Visa retrogression occurs when more people apply for a visa in a particular category or country than there are visas available for that month.

WHO Code

Adopted in 2010 at the 63rd World Health Assembly, the WHO Global Code of Practice on the International Recruitment of Health Personnel seeks to strengthen the understanding and ethical management of health migrant recruitment through improved data, information, and international cooperation.

WHO Health Workforce Support and Safeguards List 202

A list of 55 countries that face the most pressing health workforce challenges relating to universal health coverage (UHC). These countries have: 1) a density of doctors, nurses, and midwives below the global median (49 per 10,000 population); and 2) a universal health coverage service index below a certain threshold.