



Adaptation, Burnout, and Retention Among Migrant Nurses: A Scoping Review

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ABSTRACT

Background: International nurse migration is an important component of global health workforce mobility. Migrant nurses may encounter challenges when entering new healthcare systems, including differences in language, culture, organizational systems, professional expectations, and communication patterns. **Purpose:** This scoping review aimed to map evidence on adaptation, burnout, and retention-related outcomes among migrant nurses and to identify associated factors. **Methods:** The review followed Joanna Briggs Institute methodology and was reported according to the PRISMA extension for Scoping Reviews (PRISMA-ScR). Literature published from 2020 to 2026 was searched in PubMed, Scopus, ScienceDirect, ProQuest, Wiley Online Library, and SAGE Journals. Studies involving migrant nurses and examining at least one core concept were eligible. **Results:** Twenty studies were included: 7 qualitative, 11 quantitative, and 2 mixed-methods studies. Four domains were mapped: adaptation and professional integration; work environment, burnout, and occupational stress; retention and turnover; and the interrelationship among these domains. Language and communication, organizational support, workload, discrimination, interpersonal relationships, professional recognition, career development, and working conditions were recurrent factors. **Conclusions:** Adaptation, occupational well-being, and retention were interconnected and influenced by individual, organizational, sociocultural, and structural factors. Retention strategies should consider language and orientation support, healthy work environments, burnout prevention, and professional development. These findings may also have implications for community and rural nursing workforce planning in both destination and source countries.

KEYWORDS

Migrant nurses, Adaptation, Burnout, Occupational stress, Personnel retention

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1. BACKGROUND

International nurse migration has become an important component of global health workforce mobility. Global health

workforce reporting identifies international movement of health professionals as an important feature of the changing health workforce landscape (OECD, 2025). More

than 800,000 foreign-trained nurses were working in Organisation for Economic Co-operation and Development countries in 2023, representing a 69% increase from 2010. The United States, the United Kingdom, and Germany together hosted more than 60% of foreign-trained nurses in OECD countries (OECD, 2025). This growth highlights the increasing contribution of international nurse mobility to meeting workforce needs in destination countries. Arrival in a destination country does not mark the end of the migration process. Migrant nurses must adjust to new languages, cultural norms, professional expectations, clinical routines, documentation systems, and workplace relationships. Studies of foreign-educated and internationally recruited nurses have described difficulties with communication, workplace discrimination, recognition of previous qualifications, and differences in organizational support during this transition (Dervishi et al., 2025; Efendi et al., 2025; Nagaya et al., 2024; Pressley et al., 2023; Resti et al., 2025).

These adjustment experiences are closely related to working conditions. Migrant nurses may face heavy workloads, demanding shifts, work-life imbalance, concerns about safety or the practice environment, and discrimination. Such

conditions can be accompanied by occupational stress or burnout and may be reflected in job satisfaction and decisions to remain in or leave a workplace (Berdida et al., 2025; Roth et al., 2021; Thankachen et al., 2025; Zhang et al., 2025). Retention is also not a single outcome. Previous studies have used job continuance, willingness to continue working, intention to stay, longer-term plans, intention to leave, and actual turnover to describe different aspects of workforce attachment. These measures are related, but they do not represent exactly the same outcome. Evidence from Japan, Canada, Germany, Saudi Arabia, New Zealand, England, Ireland, and the United States points to the relevance of organizational support, professional recognition, career development, social relationships, working conditions, language confidence, and quality of life (Abou Hashish & Alnajjar, 2025; Hua et al., 2023, 2024; Primeau et al., 2021; Ram et al., 2025; Shoki et al., 2024; Sumi et al., 2020).

The Indonesian context is also relevant because Indonesian nurses are represented in several international migration pathways, including Japan, the United States, and Saudi Arabia. Studies involving Indonesian nurses have described cultural and professional adjustment, communication

difficulties, workplace support, career considerations, and factors related to remaining in destination-country employment ([Carolintina & Malinti](#), 2025; [Efendi & Gunawan](#), 2022; [Efendi et al.](#), 2025; [Resti et al.](#), 2025). These experiences are part of a wider international pattern, but evidence remains varied across countries, migration pathways, professional roles, and study designs.

The implications of international nurse migration extend beyond individual employment outcomes and healthcare organizations. International mobility is also relevant to the geographic distribution and sustainability of the nursing workforce. The World Health Organization emphasizes the importance of an adequately, equitably distributed, and adequately supported nursing workforce, while recognizing persistent inequalities in the distribution of nurses across countries and health systems ([WHO](#), 2025). These considerations are particularly relevant to rural and underserved communities, where workforce availability and continuity of nursing services are important components of equitable access to care. International migration may therefore need to be considered alongside domestic retention and geographic workforce distribution

when planning sustainable nursing and community health services.

Guidance from WHO, OECD, and International Labour Organization (ILO) notes that poorly managed international recruitment may exacerbate workforce shortages in source countries, while appropriately managed migration can generate benefits for both source and destination countries ([WHO, OECD, & ILO](#), 2024). The 2026 amendment to the WHO Global Code of Practice further emphasizes international cooperation and investment in health systems and health workforces, with attention to ensuring that international recruitment generates benefits for both source and destination countries ([WHO](#), 2026). For destination countries, migrant nurses may contribute to addressing workforce needs, including in underserved settings, although successful retention and integration depend on working conditions, organizational support, professional recognition, language and communication, and opportunities for career development, as reflected in the studies included in this review.

Although individual studies have examined adaptation, occupational well-being, or retention, the evidence is distributed across different migration

pathways, destination countries, concepts, and outcome definitions. A scoping review is therefore useful for mapping how these domains have been studied together and for identifying recurring factors relevant to nursing management. This review aimed to map evidence on adaptation, burnout, and retention-related outcomes among migrant nurses and to identify individual, organizational, sociocultural, and structural factors associated with these domains.

2. METHODS

This scoping review used the Joanna Briggs Institute methodological approach and was reported in accordance with the

PRISMA extension for Scoping Reviews (PRISMA-ScR) (Peters et al., 2020; Tricco et al., 2018). Using the Population–Concept–Context framework, the population comprised migrant nurses, including internationally educated, internationally trained, foreign-educated, and foreign-born nurses working in destination countries. The concepts covered adaptation, adjustment, acculturation, professional integration, burnout, occupational stress, emotional exhaustion, retention, intention to stay, job continuance, intention to leave, and turnover. The context included healthcare workplaces and health systems in destination countries (Table 1).

Table 1. Population, Concept, and Context framework

PCC Component	Description
Population	Migrant nurses, including internationally educated nurses, internationally trained nurses, and foreign-educated nurses working in destination countries.
Concept	Adaptation, adjustment, acculturation, professional integration, burnout, work-related stress, emotional exhaustion, retention, intention to stay, job sustainability, intention to leave, and turnover.
Context	Healthcare workplaces and health systems in destination countries, including organizational, professional, sociocultural, and structural contexts.

The review question was: What is known about adaptation, burnout, and retention-related outcomes among migrant nurses, and what individual, organizational, sociocultural, and structural factors are associated with these outcomes?

Literature searches were conducted in six electronic databases: PubMed, Scopus, ScienceDirect, ProQuest, Wiley Online

Library, and SAGE Journals, during June–July 2026. Searches were limited to publications from 1 January 2020 to 31 July 2026 and, where applicable, to publications in English or Indonesian. The search strategy was structured around terms related to migrant nurses and the core review concepts of adaptation, burnout, and retention. Search syntax and available database-specific limits

were adapted to the requirements of each information source. The search strategies used for each database are presented in Table 2. Because database interfaces use different field codes and search syntax, the

strategies were adapted to the respective database platforms. The complete PubMed search strategy is provided verbatim to facilitate reproducibility.

Table 2. Database Search Strategy and Results

Database	Search strategy	Filters / Limits	Records identified
PubMed	("Nurses"[Mesh] OR "Nurses, International"[Mesh] OR "migrant nurse*" [Title/Abstract] OR "foreign nurse*" [Title/Abstract] OR "internationally educated nurse*" [Title/Abstract] OR "internationally trained nurse*" [Title/Abstract] OR "overseas nurse*" [Title/Abstract] OR "immigrant nurse*" [Title/Abstract] OR "expatriate nurse*" [Title/Abstract]) AND ("Adaptation, Psychological"[Mesh] OR "Acculturation"[Mesh] OR "Burnout, Professional"[Mesh] OR "Personnel Turnover"[Mesh] OR adapt* [Title/Abstract] OR acculturat* [Title/Abstract] OR burnout [Title/Abstract] OR "emotional exhaustion" [Title/Abstract] OR "job stress" [Title/Abstract] OR retention [Title/Abstract] OR turnover [Title/Abstract] OR "intention to leave" [Title/Abstract] OR "intention to stay" [Title/Abstract] OR attrition [Title/Abstract]) AND ("2020/01/01" [Date - Publication] : "2026/07/31" [Date - Publication]) AND (english [Language] OR indonesian [Language])	Publication date: 2020–2026; Language: English/Indonesian	302
Scopus	TITLE-ABS-KEY (("migrant nurse*" OR "foreign nurse*" OR "internationally educated nurse*" OR "IENS" OR "overseas nurse*" OR "immigrant nurse*" OR "expatriate nurse*") AND ("adaptat*" OR "acculturat*" OR "burnout" OR "emotional exhaustion" OR "job stress" OR "retent*" OR "turnover" OR "leave intention*" OR "stay intention*" OR "attrition"))	Publication date: 2020–2026; Language: English/Indonesian	570
ScienceDirect	("migrant nurse" OR "foreign nurse" OR "internationally educated nurse") AND ("adaptation" OR "burnout" OR "retention" OR "turnover")	Year: 2020–2026; Article type: Research articles	768
ProQuest	noft("migrant nurse*" OR "foreign nurse*" OR "internationally educated nurse*" OR "IENS" OR "overseas nurse*") AND noft("adaptat*" OR "burnout" OR "retent*" OR "turnover" OR "leave intention*")	Publication date: 2020–2026; Peer reviewed	316
Wiley Online Library	("migrant nurse" OR "foreign nurse" OR "internationally educated nurse") AND ("adaptation" OR "burnout" OR "retention") in Title, Abstract, Keywords	Publication date: 2020–2026; Language: English/Indonesian	161
SAGE Journals	[[All Fields: "migrant nurse*"] OR [All Fields: "foreign nurse*"]] AND [[All Fields: "adaptat*"] OR [All Fields: "burnout"] OR [All Fields: "retent*"]]	Publication date: 2020–2026; Language: English/Indonesian	150
Total			2,267

Note: Search syntax was adapted to the search interface and Boolean operator limitations of each database. The ScienceDirect search was simplified to the principal population and concept terms, with research articles published from 2020 to 2026 included. Other database-specific filters were applied as available, including publication year, language, and peer-review status. Records identified represent the initial search yield before duplicate removal.

Inclusion criteria were empirical mixed-methods designs; involving migrant studies using qualitative, quantitative, or nurses or internationally educated/trained

nurses working in destination countries; examining at least one core concept of adaptation, burnout, and/or retention-related outcomes; conducted in healthcare or a relevant professional context; published from 2020 to 2026; available in English or Indonesian; and available as full text. Studies were excluded if they were systematic reviews, scoping reviews, narrative reviews, editorials, commentaries, opinion articles, or conference abstracts without a full article; did not involve the relevant population; did not address the core concepts; did not provide sufficient full-text information; or did not meet the publication period or language criteria.

Records were imported into Mendeley for reference management and duplicate removal, followed by title and abstract screening and full-text assessment. Reasons for full-text exclusion were grouped according to the eligibility criteria. Data were charted in Microsoft Excel using fields for author/year, country and context, study design, participants, migrant characteristics, concepts or outcomes, and relevant factors. Findings were synthesized descriptively and

narratively across four domains: adaptation and professional integration; work environment, burnout, and occupational stress; retention and turnover; and the relationship among adaptation, occupational well-being, and retention. Meta-analysis was not undertaken because the included studies differed substantially in design, measures, settings, and outcome definitions.

3. RESULTS

The search yielded 2,267 records: 302 from PubMed, 570 from Scopus, 768 from ScienceDirect, 316 from ProQuest, 161 from Wiley Online Library, and 150 from SAGE Journals. After 1,609 duplicate records were removed, 658 records remained for screening. Six hundred records were excluded at the title and abstract screening stage. Fifty-eight full-text reports were assessed for eligibility, of which 38 were excluded. Thus, 20 studies were included in the scoping review. The included evidence comprised 7 qualitative studies (35%), 11 quantitative studies (55%), and 2 mixed-methods studies (10%) (Figure 1).

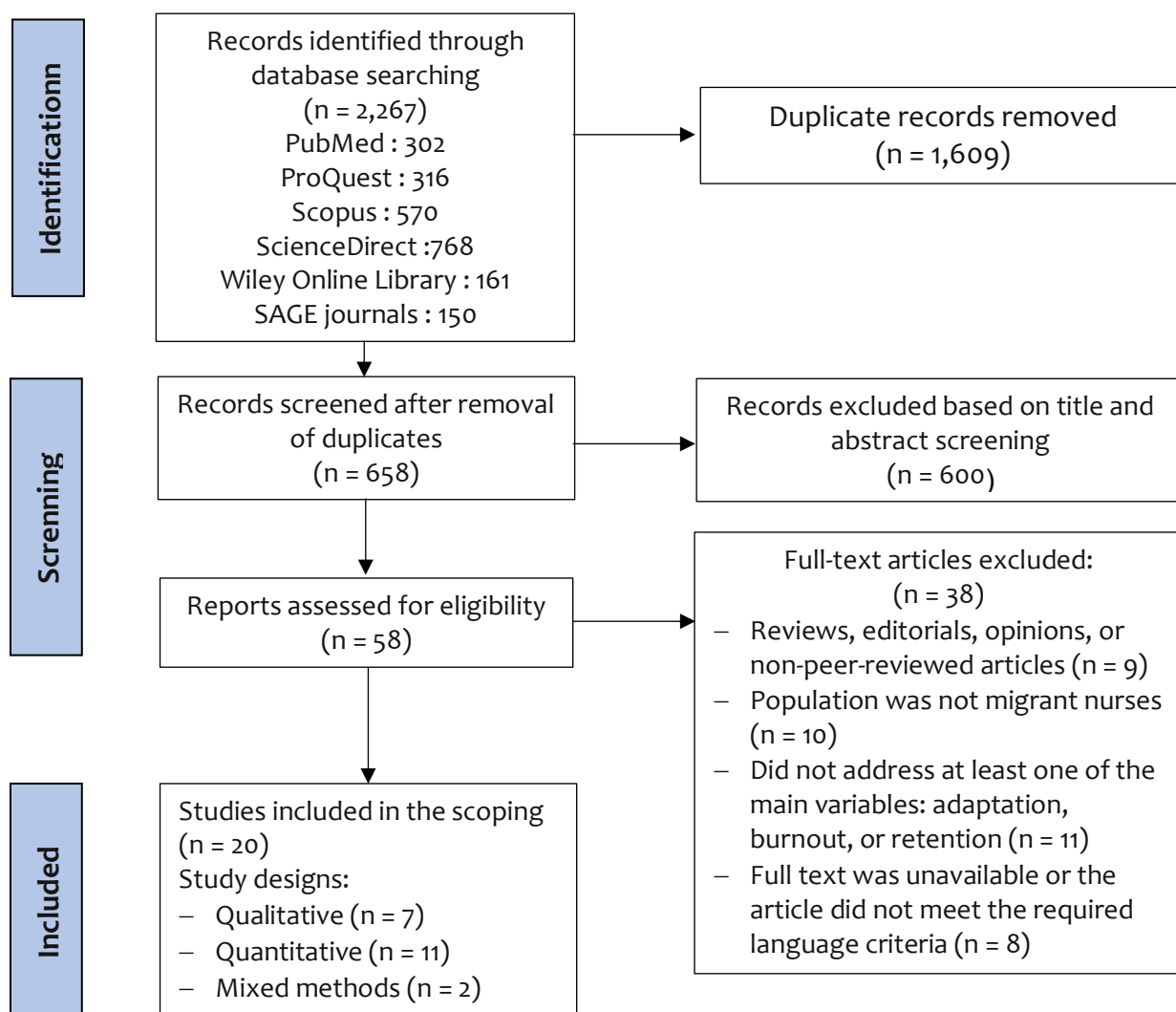


Figure 1. PRISMA-ScR flow of study selection

The included studies covered nine geographic settings or groupings. Japan accounted for nine studies, followed by Germany and Saudi Arabia with two studies each and the United States with two studies. Canada, New Zealand, England, and Ireland were each represented by one study, while one study included nurses across 13 countries. The studies involved several migration pathways, including internationally educated nurses, foreign-

born registered nurses, Economic Partnership Agreement nurses in Japan, expatriate nurses, and internationally recruited nurses.

Across the studies, adaptation was described as a multidimensional process involving language and communication, cultural adjustment, professional role transition, recognition of previous qualifications, confidence, and relationships with colleagues and managers. Studies from

Japan repeatedly identified language proficiency or confidence, communication with colleagues and patients, workplace relationships, orientation, and familiarity with local nursing practices as important parts of this process ([Hua et al., 2023, 2024](#); [Jiang et al., 2024](#); [Nagaya et al., 2024](#); [Tanaka & Yoshimura, 2024](#)).

Work environment and occupational well-being were described in relation to workload, staffing, night shifts, work-life balance, job demands, safety culture, discrimination, organizational support, and social relationships. In Germany, internationally trained nurses reported workplace integration experiences alongside perceptions of safety culture, work-life balance, burnout, and job demands. In Ireland, migrant healthcare workers reported occupational stress and psychological distress, with nurses making up most of the sample ([Roth et al., 2021](#); [Thankachen et al., 2025](#)). Evidence among internationally qualified nurses also showed links among practice environment, social support, resilience, job satisfaction, stress, and acculturation, suggesting that occupational well-being and adaptation may develop together rather than independently ([Berdida et al., 2025](#)).

Retention-related outcomes included job continuance, willingness to continue, intention to stay, longer-term plans, intention to leave, and turnover. Supportive workplaces, positive relationships, career development, professional recognition, job satisfaction, and favorable working conditions were recurring positive factors. In contrast, discrimination, heavy workload, limited career progression, language-related difficulties, role mismatch, and inadequate support were repeatedly described as challenges ([Abou Hashish & Alnajjar, 2025](#); [Efendi et al., 2025](#); [Hua et al., 2023](#); [Pressley et al., 2023](#); [Ram et al., 2025](#); [Shoki et al., 2024](#); [Sumi et al., 2020](#)).

Taken together, the evidence points to a connection among the three domains rather than three separate processes. Difficulties with adaptation may occur alongside lower job satisfaction or greater occupational stress, whereas supportive organizational and social environments may help nurses integrate into the workplace and remain employed. The available evidence does not establish a common causal pathway because most studies were cross-sectional or qualitative and used different definitions and measures of retention-related outcomes.

Table 3. Characteristics and mapped findings of the included studies (*Continue to page 375*)

Author, Year & Country	Study Design & Participants	Mapped Domain(s)	Main Findings
Abou Hashish & Alnajjar, (2025) Saudi Arabia	Qualitative; lived-experience interviews with 25 expatriate nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Workload, working conditions, social adaptation, career opportunities, and organizational support influenced retention.
Carolintina & Malinti, (2025) USA	Quantitative descriptive; Indonesian migrant nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being	Language, cultural differences, discrimination, and workplace challenges affected adaptation and professional experience.
Dervishi et al., (2025) Germany	Cross-sectional; 162 Albanian nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Recognition, autonomy, career opportunities, mentorship, and language support facilitated integration and retention.
Efendi et al., (2025) Japan	Qualitative; 22 Indonesian nurses	Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Workplace/peer support, motivation, and family and economic considerations shaped continued employment.
Nagaya et al., (2024) Japan	Grounded theory; Southeast Asian internationally educated nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being	Japanese language difficulties affected communication confidence, relationships, and workplace adaptation.
Hua et al., (2024) Japan	Cross-sectional; 187 foreign-born nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being	Language confidence was associated with workplace discrimination and job satisfaction.
Hua et al., (2023) Japan	Cross-sectional; 180 foreign-educated nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Discrimination, language experiences, and workplace orientation influenced job satisfaction and intention to leave.
Jiang et al., (2024) Japan	Qualitative; 13 Chinese nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being	Language, communication, workload, and professional self-esteem challenged workplace adaptation.
Primeau et al., (2021) Canada	Cross-sectional; 1,951 internationally educated nurses	Adaptation and Professional Integration; Retention and Turnover	Career satisfaction was associated with individual, organizational, geographic, and integration factors.
Roth et al., (2021) Germany	Cross-sectional; 167 nurses (64 internationally trained nurses and 103 host nurses)	Work Environment, Burnout, and Occupational Well-being	Job demands, safety culture, and work-life balance were associated with burnout and occupational well-being.
Shoki et al., (2024) Japan	Mixed methods; 40 survey participants and 9 interview participants	Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Work relationships, work-life balance, shifts, and workplace support influenced job continuance.
Tanaka & Yoshimura, (2024) Japan	Qualitative; 9 EPA nurses/candidates	Adaptation and Professional Integration; Retention and Turnover	Communication, self-confidence, motivation, resilience, and social support influenced continued employment.

Author, Year & Country	Study Design & Participants	Mapped Domain(s)	Main Findings
Ram et al., (2025) New Zealand	Survey; internationally qualified nurses	Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Workplace culture, professional development, financial factors, and quality of life influenced leaving or staying.
Berdida et al., (2025) multinational (13 countries)	Cross-sectional; structural equation modeling; 578 Filipino internationally qualified nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being; Retention and Turnover; Interrelationship	Stress, practice environment, social support, resilience, job satisfaction, and acculturation were interconnected.
Zhang et al., (2025) USA	Secondary analysis of national registered nurse survey data	Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Retention and turnover factors differed between internationally educated and U.S.-trained nurses.
Pressley et al., (2023) England	Mixed methods; 655 internationally recruited nurses	Adaptation and Professional Integration; Retention and Turnover	Organizational support, qualification fit, professional integration, and career aspirations influenced retention.
Sumi et al., (2020) Japan	Cross-sectional; 74 EPA nurses	Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Workplace support, recognition, engagement, job satisfaction, and working conditions were associated with continued employment.
Thankachen et al., (2025) Ireland	Cross-sectional; 447 migrant healthcare workers, including 416 nurses	Work Environment, Burnout, and Occupational Well-being; Retention and Turnover	Workload, job control, relationships, and work environment were associated with occupational stress and employment stability.
Efendi et al., (2022) Japan	Qualitative; 18 Indonesian nurses working as care workers	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being; Retention and Turnover; Interrelationship	Deskilling, communication barriers, leadership, and peer support shaped adaptation and intention to stay.
Resti et al., (2025) Saudi Arabia	Qualitative; 20 Indonesian nurses	Adaptation and Professional Integration; Work Environment, Burnout, and Occupational Well-being	Cross-cultural communication and professional differences shaped adaptation and support needs.

4. DISCUSSION

This review brings together evidence showing that adaptation, occupational well-being, and retention are closely related in the experiences of migrant nurses. Adaptation involves more than learning the local language or clinical routines; it also includes gaining confidence, building workplace relationships, understanding

organizational expectations, recognition of previous qualifications, and becoming comfortable in the professional role (Nagaya et al., 2024; Pressley et al., 2023). These findings are consistent with research indicating that successful adaptation among migrant nurses is influenced by workplace relationships, organizational support, and the ability to navigate professional and

cultural expectations ([Villamin et al., 2025](#)). Studies from Japan similarly identified language difficulties, communication confidence, workplace relationships, orientation, and workplace support as relevant to professional adaptation and job-related outcomes ([Hua et al., 2023, 2024](#); [Nagaya et al., 2024](#)). Similar challenges among Indonesian nurses working internationally suggest that adaptation is shaped by both individual preparation and the receiving work environment ([Carolintina & Malinti, 2025](#); [Efendi et al., 2025](#); [Resti et al., 2025](#)).

Working conditions were also consistently linked to occupational well-being. Workload, night shifts, job demands, work-life balance, discrimination, safety culture, and organizational resources appeared across the included evidence. Roth et al. (2021) examined workplace integration alongside safety culture, work-life balance, burnout, and job demands among internationally trained nurses, while Thankachen et al. (2025) reported occupational stress and psychological distress among migrant healthcare workers in Ireland, most of whom were nurses. These findings suggest that burnout and occupational stress should be considered in relation to the work environment rather

than solely as individual problems. Among internationally qualified nurses, practice environment, social support, resilience, job satisfaction, stress, and acculturation were also statistically interconnected ([Berdida et al., 2025](#)). Thus, organizational and social support may facilitate both workplace adaptation and occupational well-being.

Support from colleagues and organizations was relevant across several parts of the review. Supportive managers and coworkers may help migrant nurses manage language and cultural differences, build workplace relationships, and gain confidence. Studies in Japan described workplace support, positive relationships, and supportive nursing experiences in relation to job continuance ([Efendi et al., 2025](#); [Shoki et al., 2024](#)). Retention-related outcomes in the included studies varied and included job continuance, willingness to continue, intention to stay, intention to leave, longer-term plans, and turnover. These outcomes are related but not interchangeable. Supportive workplaces, professional recognition, career development, job satisfaction, and favorable working conditions were recurring factors associated with retention, whereas discrimination, heavy workload, limited career progression, language-related

difficulties, role mismatch, and inadequate support were described as challenges ([Abou Hashish & Alnajjar, 2025](#); [Efendi et al., 2025](#); [Hua et al., 2023](#); [Pressley et al., 2023](#); [Ram et al., 2025](#); [Shoki et al., 2024](#); [Sumi et al., 2020](#)). Career satisfaction among internationally educated nurses was also associated with individual, organizational, geographic, and integration-related factors ([Primeau et al., 2021](#)). Among Filipino internationally qualified nurses, social support, resilience, practice environment, job satisfaction, stress, and acculturation were statistically interconnected ([Berdida et al., 2025](#)).

Overall, the findings suggest that retention is shaped by several factors that may change as migrant nurses settle into their new environment and become more integrated into the workplace. For nursing workforce management, these findings suggest that retention should be addressed as part of broader workforce planning rather than as a stand-alone organizational outcome. Recruitment of migrant nurses may help destination countries respond to workforce needs, but retaining these nurses requires attention to the conditions under which they work. Structured orientation, workplace-specific language and communication support, mentoring, recognition of prior qualifications, fair career

opportunities, manageable workloads, and protection from discrimination can be incorporated into workforce strategies. This interpretation is consistent with the World Health Organization's emphasis on an adequate, equitably distributed, and fully supported nursing workforce ([WHO, 2025](#)). WHO guidance also emphasizes that international health worker migration should be managed in ways that strengthen health systems and support both source and destination countries ([WHO, 2024, 2026](#)). The 2026 amendment to the WHO Global Code of Practice specifically emphasizes international cooperation and co-investment in health systems and health workforces so that international recruitment can generate benefits for both source and destination countries.

For source countries such as Indonesia, strengthening the social and organizational conditions that support nurses to remain in domestic employment may also contribute to sustainable nursing careers while respecting nurses' right to international mobility. Indonesian evidence highlights the relevance of non-financial support, social relationships, family considerations, and other socio-cultural factors in nurses' decisions to remain working in Indonesia ([Hamid et al., 2024](#)). This suggests that

domestic retention policies may form part of a broader strategy for managing the effects of international nurse mobility. Rather than restricting individual nurses' mobility, workforce planning can focus on strengthening domestic employment conditions, improving workforce data, and monitoring movement across regions, sectors, and countries. Such monitoring can help distinguish international migration from other causes of workforce maldistribution and identify areas requiring additional workforce support.

The findings also have implications for rural, regional, and community nursing workforce planning. Nurses are essential to maintaining access to health services, particularly in communities where workforce availability is limited. However, the included studies did not specifically examine rural or community nursing or directly quantify the effect of international nurse migration on rural workforce capacity. International migration may interact with existing patterns of domestic mobility and geographic maldistribution, but workforce shortages may also result from working conditions, employment opportunities, geographic distribution, and other factors. Therefore, the rural and community implications of this review should be

interpreted as workforce-planning considerations rather than causal findings. Workforce strategies should consider international mobility alongside domestic retention, geographic distribution, supportive working environments, and appropriate career opportunities in underserved areas. This broader perspective is consistent with WHO evidence emphasizing the importance of equitable distribution and adequate support of the nursing workforce.

Implications for Rural Community Nursing Practice and Workforce Planning

The findings also have implications for rural, regional, and community nursing workforce planning. Nurses are essential to maintaining access to health services, particularly in communities where workforce availability is limited. However, the included studies did not specifically examine rural or community nursing or directly quantify the effect of international nurse migration on rural workforce capacity. International migration may interact with existing patterns of domestic mobility and geographic maldistribution, but workforce shortages may also result from working conditions, employment opportunities, geographic distribution, and other factors.

Therefore, the rural and community implications of this review should be interpreted as workforce-planning considerations rather than causal findings. For rural communities in source countries, international migration may form one component of a broader workforce distribution problem when nurses leave areas that already experience limited access to health professionals. This potential effect should not be interpreted as evidence that migrant nurses themselves cause rural workforce shortages, because the included studies did not measure rural-to-international migration flows or changes in rural nurse availability. Instead, the findings support the need for workforce planning that monitors the geographic distribution of nurses, strengthens employment conditions in underserved communities, and considers international migration together with domestic mobility and local retention.

For rural and regional destination communities, migrant nurses may contribute to maintaining access to care where recruitment difficulties and workforce shortages are persistent. However, recruitment alone does not ensure long-term retention. Evidence from migrant nurses working in regional settings indicates that autonomy, competence,

relatedness, organizational support, and opportunities for professional integration may contribute to workplace stability and retention (Villamin et al., 2025). Thus, rural and regional employers may need to combine recruitment with structured orientation, language and communication support, mentoring, equitable professional opportunities, supportive leadership, manageable workloads, and pathways for career development. Such measures may help rural and regional health services retain migrant nurses while supporting continuity of community-based care. These implications should be considered within broader international workforce governance. WHO guidance emphasizes equitable distribution and adequate support of the nursing workforce, while international recruitment policies increasingly recognize the importance of benefits and responsibilities for both source and destination countries (WHO, 2024; WHO, 2026). For rural workforce planning, this means that international recruitment should complement rather than replace investment in domestic education, retention, geographic distribution, and working conditions.

Strengths and Limitations

This review has several strengths, including a predefined PCC framework, explicit eligibility criteria, searches across multiple information sources, and adherence to JBI and PRISMA-ScR guidance. However, several limitations should be considered. The included studies were heterogeneous in populations, destination countries, migration pathways, study designs, and retention-related outcomes, limiting direct comparison across studies. The search was restricted to English and Indonesian publications from 2020–2026 and may not have captured relevant studies published in other languages or sources. Searching ScienceDirect, Wiley Online Library, and SAGE Journals alongside bibliographic databases may also have contributed to database overlap despite duplicate removal. Finally, most included studies were cross-sectional or qualitative; therefore, the review maps experiences and associations rather than establishing causal relationships. In particular, the included evidence does not allow the effect of international nurse migration on rural or community workforce distribution to be quantified.

5. CONCLUSIONS

Twenty studies published from 2020 to 2026 indicate that adaptation, occupational well-being, and retention among migrant nurses are closely connected and influenced by individual, organizational, sociocultural, and structural factors. Language and communication, workplace relationships, organizational support, workload, discrimination, professional recognition, career development, and working conditions were recurring factors across destination settings. Because retention-related outcomes varied across studies, the available evidence does not support a single causal pathway.

The findings have implications for nursing workforce sustainability in both destination and source countries. In destination countries, supportive working environments may help migrant nurses integrate into the workplace and remain in employment. In source countries such as Indonesia, international nurse migration should be considered within broader workforce planning, particularly where rural and community services depend on a limited nursing workforce. The present review does not establish a direct effect of migration on rural service capacity, but highlights the importance of considering international

mobility alongside equitable workforce distribution and continuity of community care. Nursing management and workforce policy should therefore consider language and cultural orientation, supportive working environments, manageable workloads, attention to burnout, fair professional integration, and career development. Future longitudinal and mixed-methods research using clearer and more consistent retention outcomes is needed to examine how migrant nurses' experiences change over time and how these experiences relate to workforce distribution and community nursing services.

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AUTHOR CONTRIBUTIONS

All authors contributed to the conception and design of the study. RG and AA collected the data and drafted the manuscript and revised the manuscript. FIF performed the analysis and revised the manuscript. RL contributed to the methodology and revised the manuscript. All authors read and approved the final version.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

FUNDING

This study received no external funding.

DATA AVAILABILITY

The data supporting the findings of this scoping review are available from the corresponding author upon reasonable request.

DECLARATION OF USE OF AI

During the preparation of this work, the authors used Grammarly to assist with language and grammar editing. The authors reviewed and edited the content as needed and take full responsibility for the manuscript

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