

The Global Nursing Migration Crisis: A Review Of Socioeconomic, Ethical, And Policy Dimensions Impacting Healthcare Sustainability

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Abstract

The global nursing migration crisis has emerged as a critical challenge to healthcare sustainability, particularly in the wake of escalating health workforce shortages and widening socioeconomic disparities. This review paper examines the complex interplay of socioeconomic, ethical, and policy factors driving the international migration of nurses, with a focus on its implications for both source and destination countries. Drawing from recent literature, global health reports, and policy analyses, the paper synthesizes evidence on the causes, consequences, and potential solutions to this growing phenomenon. Socioeconomic drivers remain the most prominent catalysts of nurse migration. Push factors such as low wages, poor working conditions, limited professional development opportunities, and political instability compel nurses to seek employment abroad. Conversely, pull factors—including higher salaries, advanced training, better infrastructure, and immigration incentives—make high-income countries attractive destinations. While remittances from migrant nurses contribute to household income and national economies, they do not compensate for the systemic loss of skilled professionals in source countries, where health systems are often fragile and understaffed. Ethical concerns surrounding nurse migration are increasingly debated in global health discourse. The depletion of nursing workforces in low- and middle-income countries raises questions about distributive justice, equity, and the right to health. Ethical tensions also arise between respecting individual autonomy and protecting collective healthcare needs. Recruitment practices, particularly those targeting vulnerable populations or bypassing national workforce planning, further complicate the ethical landscape. Policy responses to nursing migration have been fragmented and inconsistent. While the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel provides a framework for ethical recruitment, its voluntary nature limits enforcement. National policies vary widely, with some countries actively recruiting foreign nurses while others impose migration restrictions. The COVID-19 pandemic has intensified migration trends, exposing the fragility of health systems and the urgent need for coordinated global action. This review concludes that sustainable solutions to the nursing migration crisis require a multifaceted approach: strengthening domestic health systems, enforcing ethical recruitment standards, and fostering international cooperation. Addressing these challenges is essential not only for protecting the rights of nurses but also for ensuring equitable and resilient healthcare delivery worldwide.

Introduction

The international migration of nurses has become a defining feature of the global health workforce landscape. As healthcare systems worldwide grapple with rising demands, aging populations, and

chronic staff shortages, the movement of nurses across borders has intensified. While migration offers individual nurses opportunities for professional growth, financial stability, and improved working conditions, it also raises profound concerns about equity, ethics, and sustainability—particularly for source countries that struggle to retain their healthcare personnel. The global nursing migration crisis is not merely a workforce issue; it is a multidimensional phenomenon shaped by socioeconomic disparities, ethical dilemmas, and policy failures that collectively threaten the resilience of healthcare systems. Globally, the nursing workforce is estimated to be around 30 million, yet the World Health Organization (WHO) reports a shortfall of nearly 6 million nurses, with the most severe deficits concentrated in low- and middle-income countries (LMICs). These countries often serve as the primary sources of migrant nurses, who are drawn to high-income nations by promises of better pay, safer working environments, and career advancement. The push factors—such as low wages, poor infrastructure, political instability, and limited professional development—create a fertile ground for emigration. Conversely, pull factors in destination countries include aggressive recruitment strategies, immigration incentives, and chronic domestic shortages. This imbalance has created a global market for nursing labor, where the movement of professionals is driven more by economic imperatives than by coordinated health planning. The consequences of this migration are far-reaching. Source countries face the depletion of their most skilled and experienced nurses, undermining their ability to deliver quality care and achieve universal health coverage. The loss is particularly acute in rural and underserved areas, where healthcare access is already limited. Destination countries, while benefiting from the influx of trained professionals, often fail to address the root causes of their own workforce shortages, relying instead on foreign labor as a stopgap solution. This dynamic perpetuates global inequities and raises ethical questions about the fairness and sustainability of current migration practices. Ethical considerations are central to the nursing migration debate. At the heart lies a tension between individual autonomy—the right of nurses to seek better opportunities—and collective justice—the obligation to ensure equitable healthcare access for all. The migration of nurses from countries with fragile health systems to those with more robust infrastructures exacerbates global health disparities. Moreover, recruitment practices that target vulnerable populations or bypass national workforce planning mechanisms can be exploitative, undermining the dignity and rights of migrant workers. The WHO Global Code of Practice on the International Recruitment of Health Personnel, adopted in 2010, offers a framework for ethical recruitment, but its voluntary nature and lack of enforcement mechanisms limit its effectiveness. Policy responses to nursing migration have been fragmented and inconsistent. While some countries have developed bilateral agreements to manage migration flows and support workforce development, others have imposed restrictive measures or pursued aggressive recruitment without regard for source country needs. The COVID-19 pandemic further exposed the fragility of global health systems and accelerated migration trends, as high-income countries scrambled to fill staffing gaps amid surging demand. The crisis highlighted the urgent need for coordinated international action, ethical governance, and investment in domestic health systems to build long-term resilience. This review paper aims to critically examine the global nursing migration crisis through the lenses of socioeconomic drivers, ethical implications, and policy frameworks. It synthesizes findings from recent literature, global health reports, and case studies to provide a comprehensive understanding of the factors fueling migration and the consequences for healthcare sustainability. The paper explores how economic disparities shape migration patterns, how ethical tensions manifest in recruitment and retention practices, and how policy interventions can either mitigate or exacerbate the crisis. By analyzing these dimensions, the review seeks to identify pathways toward more equitable and sustainable solutions.

Understanding the complexities of nursing migration is essential for policymakers, healthcare leaders, and global health advocates. It requires moving beyond simplistic narratives of supply and demand to address the structural inequalities that drive migration and the systemic vulnerabilities it creates. Sustainable solutions must balance the rights of individual nurses with the needs of communities, promote ethical recruitment practices, and foster international cooperation. Investment in nursing education, retention strategies, and workforce planning in source countries is critical, as is the development of fair and transparent migration policies in destination countries. In the sections that follow, this paper will delve into the socioeconomic factors that influence nurse migration, examine the ethical challenges posed by current practices, and evaluate the effectiveness of existing policy

responses. It will also offer recommendations for building a more resilient and equitable global health workforce. As the world continues to confront evolving health challenges—from pandemics to aging populations—the sustainability of healthcare systems will depend in large part on how the nursing migration crisis is addressed.

Socioeconomic Drivers

The international migration of nurses is deeply rooted in socioeconomic disparities between source and destination countries. These disparities manifest in the form of push and pull factors that influence individual decisions to migrate and shape global patterns of workforce movement. Understanding these drivers is essential to addressing the structural causes of the nursing migration crisis and its implications for healthcare sustainability.

Push Factors in Source Countries

In many low- and middle-income countries (LMICs), nurses face challenging working conditions that compel them to seek opportunities abroad. These push factors include:

- **Low wages and poor compensation:** Nurses in LMICs often earn salaries that are insufficient to support themselves and their families. In some cases, wages are delayed or inconsistent, contributing to financial insecurity.
- **Inadequate infrastructure and resources:** Many healthcare facilities lack basic equipment, supplies, and staffing, making it difficult for nurses to deliver quality care and maintain professional standards.
- **Limited career advancement:** Professional development opportunities, including continuing education, specialization, and promotion, are often scarce or inaccessible, leading to stagnation and frustration among nursing staff.
- **Political instability and social unrest:** In regions affected by conflict, corruption, or weak governance, nurses may face safety risks, discrimination, or systemic neglect, further motivating emigration.
- **High patient-to-nurse ratios:** Overburdened healthcare systems place excessive demands on nurses, leading to burnout and job dissatisfaction.

These conditions not only diminish the quality of life for nurses but also undermine the capacity of health systems to retain skilled professionals.

Pull Factors in Destination Countries

High-income countries, facing their own nursing shortages due to aging populations and declining domestic enrollment in nursing programs, actively recruit foreign nurses. The pull factors include:

- **Higher salaries and financial incentives:** Nurses in destination countries often earn several times more than their counterparts in LMICs, making migration an attractive economic proposition.
- **Better working conditions:** Modern facilities, adequate staffing, and access to advanced technologies contribute to safer and more efficient work environments.
- **Professional development and training:** Opportunities for specialization, research, and leadership roles are more readily available, allowing nurses to advance their careers.
- **Immigration pathways and visa support:** Many countries offer expedited visa processing, permanent residency options, and family reunification programs for healthcare workers.
- **Social prestige and recognition:** In some contexts, nursing is more highly valued and respected, contributing to greater job satisfaction and personal fulfillment.

These pull factors create a strong incentive for nurses to migrate, often resulting in a one-way flow of talent from resource-constrained settings to wealthier nations.

Economic Implications

The economic impact of nurse migration is multifaceted. On one hand, remittances sent by migrant nurses contribute significantly to household income and national economies in source countries. These funds are often used for education, healthcare, and small business development, providing a lifeline for families and communities. However, the systemic loss of skilled professionals imposes a heavy cost on public health systems. Governments invest substantial resources in nursing education and training, only to see their graduates leave for better opportunities abroad. This phenomenon, often referred to as “brain drain,” results in a net transfer of human capital from poor to rich countries, exacerbating global health inequities. In destination countries, reliance on foreign nurses can reduce the urgency to invest in domestic workforce development. While short-term staffing needs are met, long-term sustainability is compromised if migration becomes a substitute for systemic reform.

Gender and Social Dimensions

Nursing is a predominantly female profession, and migration decisions are often influenced by gendered expectations and responsibilities. Many nurses migrate not only for personal advancement but also to support extended families, educate children, or escape patriarchal constraints. However, migrant nurses may face **gender-based discrimination**, exploitation, or isolation in destination countries, particularly if recruitment practices are unregulated. Social networks also play a crucial role in migration. Diaspora communities, professional associations, and online platforms provide information, support, and job leads, facilitating the migration process. These networks can empower nurses but also perpetuate cycles of emigration from specific regions or institutions.

Regional Trends and Disparities

The socioeconomic drivers of nurse migration vary by region. For example:

- In South Asia, particularly India and the Philippines, nursing is a well-established export profession, supported by government policies and private training institutions.
- In Sub-Saharan Africa, migration is often driven by acute shortages of resources and political instability, with devastating effects on local health systems.
- In Eastern Europe and Latin America, economic stagnation and limited career prospects fuel migration to Western Europe and North America.

These regional patterns reflect broader global inequalities and highlight the need for context-specific interventions.

Sustainability Challenges

The socioeconomic drivers of nurse migration pose serious challenges to healthcare sustainability. Source countries struggle to maintain adequate staffing levels, compromising service delivery and public health outcomes. Destination countries, while benefiting from foreign labor, risk creating dependency and neglecting domestic workforce planning. Addressing these challenges requires a shift from reactive recruitment to proactive investment in health systems. Policies must focus on improving working conditions, compensation, and career pathways in source countries, while promoting ethical recruitment and retention strategies in destination countries.

Ethical Considerations

The global nursing migration crisis presents a complex ethical landscape, where individual rights, systemic equity, and global health responsibilities intersect. While migration offers nurses the opportunity to pursue better working conditions and personal advancement, it simultaneously raises critical questions about justice, fairness, and the sustainability of healthcare systems—particularly in source countries. At the core of the ethical debate is the tension between individual autonomy and collective responsibility. Nurses have the right to seek employment and improve their livelihoods, especially when faced with poor working conditions, low wages, or limited professional growth in their home countries. However, their departure often exacerbates existing healthcare disparities, leaving behind understaffed and overburdened systems that struggle to meet basic health needs. This raises concerns about distributive justice, as the migration of skilled professionals from low-resource settings to wealthier nations deepens global inequities in access to care. Another ethical dilemma involves

recruitment practices. In some cases, international recruitment agencies target vulnerable populations, offering contracts that may not reflect fair labor standards or transparent terms. Nurses may face exploitation, deskilling, or discrimination in destination countries, particularly when their qualifications are undervalued or when they are placed in roles below their training level. Ethical recruitment should ensure informed consent, recognition of credentials, and protection of migrant rights. The WHO Global Code of Practice on the International Recruitment of Health Personnel provides a framework for ethical recruitment, emphasizing transparency, fairness, and sustainability. However, its voluntary nature and lack of enforcement mechanisms limit its impact. Many countries continue to recruit aggressively without considering the consequences for source nations, undermining the spirit of global solidarity. Finally, ethical considerations extend to policy design and implementation. Governments and institutions must balance workforce needs with global health equity, ensuring that migration policies do not perpetuate systemic imbalances. Bilateral agreements, circular migration models, and reintegration programs can help align individual aspirations with collective health goals. Ethical nursing migration requires a rights-based, equity-focused approach that respects individual freedom while safeguarding the integrity of health systems. Addressing these ethical challenges is essential to building a fair and sustainable global healthcare workforce.

Implications for Healthcare Sustainability

The global nursing migration crisis poses significant challenges to the long-term sustainability of healthcare systems, particularly in low- and middle-income countries (LMICs). While destination countries may temporarily benefit from an influx of skilled professionals, the broader consequences of unregulated and inequitable migration patterns threaten the stability, equity, and resilience of global health delivery.

Workforce Imbalances and Service Disruption

One of the most immediate implications of nurse migration is the creation of workforce imbalances. Source countries, already grappling with limited healthcare infrastructure and high patient-to-nurse ratios, experience further depletion of their skilled workforce. This leads to service disruptions, longer wait times, reduced quality of care, and increased burnout among remaining staff. In rural and underserved areas, the loss of even a few nurses can critically undermine access to essential services, including maternal and child health, chronic disease management, and emergency care. Destination countries, while filling staffing gaps, often rely on foreign-trained nurses as a stopgap measure rather than addressing systemic issues such as poor retention, inadequate training pipelines, and aging domestic workforces. This dependency can create fragile systems vulnerable to geopolitical shifts, immigration policy changes, and global health emergencies.

Training Bottlenecks and Brain Drain

The migration of nurses also contributes to training bottlenecks in source countries. Governments invest substantial resources in nursing education, only to see graduates leave for better opportunities abroad. This “brain drain” not only represents a loss of human capital but also discourages future investment in health education. As experienced nurses depart, mentorship and clinical supervision for new graduates decline, weakening the overall quality of training and care. In some cases, migration leads to a cycle of underdevelopment, where health systems cannot retain talent, and the lack of skilled personnel further erodes public trust and service delivery. This undermines efforts to achieve universal health coverage and meet Sustainable Development Goals (SDGs) related to health and well-being.

Economic and Social Costs

While remittances from migrant nurses provide financial support to families and contribute to national economies, they do not offset the systemic costs of workforce depletion. The economic burden of recruiting, training, and replacing lost personnel is substantial. Moreover, the social costs—such as family separation, cultural dislocation, and professional deskilling—affect both the individual nurse and the communities they serve. Destination countries may also face integration challenges, including credential recognition, language barriers, and workplace discrimination. These issues can hinder the full utilization of migrant nurses and affect team cohesion, patient safety, and job satisfaction.

Systemic Resilience and Global Equity

Healthcare sustainability depends on the ability of systems to adapt, recover, and thrive amid changing conditions. Unbalanced nurse migration weakens systemic resilience by concentrating resources in wealthier nations and leaving vulnerable populations behind. It also exacerbates global health inequities, as countries with the greatest need for healthcare professionals are often those losing them to migration. To build sustainable systems, both source and destination countries must engage in ethical, coordinated workforce planning. This includes investing in domestic education and retention strategies, enforcing fair recruitment practices, and fostering bilateral agreements that support circular migration and capacity building.

Pathways to Sustainability

Addressing the implications of nurse migration requires a multifaceted approach:

- Strengthen domestic health systems through improved working conditions, competitive compensation, and career development.
- Promote ethical recruitment aligned with the WHO Global Code of Practice.
- Support circular migration models that allow nurses to gain experience abroad and return with enhanced skills.
- Enhance global cooperation to ensure equitable distribution of health workers and shared responsibility for workforce development.

The sustainability of healthcare systems in the face of global nurse migration hinges on balancing individual rights with collective health needs. Without strategic intervention, the crisis will continue to strain fragile systems and deepen global disparities in health access and outcomes.

Recommendations

Addressing the global nursing migration crisis requires a coordinated, ethical, and sustainable approach that balances individual rights with collective health needs. The following recommendations aim to guide policymakers, healthcare institutions, and international organizations in mitigating the adverse effects of nurse migration while promoting equitable workforce development.

Strengthen Domestic Health Systems

Source countries must prioritize investment in their healthcare infrastructure to retain nursing talent. This includes:

- Improving working conditions, including safe staffing ratios, adequate supplies, and supportive management.
- Offering competitive compensation and benefits to reduce the economic incentive to migrate.
- Expanding access to continuing education, specialization, and career advancement opportunities.
- Enhancing workplace safety and professional recognition to increase job satisfaction and retention.

By creating environments where nurses feel valued and supported, countries can reduce push factors that drive emigration.

Promote Ethical Recruitment Practices

Destination countries and recruitment agencies must adhere to ethical standards that respect the rights and dignity of migrant nurses. Key actions include:

- Implementing and enforcing the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Ensuring transparency in contracts, fair wages, and recognition of qualifications.
- Avoiding recruitment from countries with critical health workforce shortages unless part of a mutually beneficial agreement.

- Providing cultural orientation, language training, and anti-discrimination safeguards to support integration.

Ethical recruitment helps prevent exploitation and promotes trust between source and destination countries.

Foster Bilateral and Multilateral Agreements

Governments should establish formal agreements that regulate migration flows and support workforce development. These agreements can:

- Facilitate circular migration, allowing nurses to gain experience abroad and return with enhanced skills.
- Include provisions for financial compensation or technical support to source countries.
- Promote joint training programs and knowledge exchange initiatives.
- Align migration policies with national health workforce strategies and global health goals.

Such partnerships ensure that migration benefits both individuals and health systems.

Invest in Data and Workforce Planning

Accurate data is essential for informed decision-making. Countries should:

- Develop national health workforce registries to monitor migration trends and staffing needs.
- Collaborate with international organizations to harmonize data collection and reporting.
- Use evidence-based forecasting to anticipate future workforce demands and guide policy.

Strategic planning enables proactive responses to migration pressures and supports long-term sustainability.

Empower Nurses as Policy Stakeholders

Nurses should be actively involved in shaping migration and workforce policies. This includes:

- Representation in national and global health forums.
- Inclusion in policy consultations and decision-making processes.
- Support for professional associations and advocacy networks.

Empowering nurses ensures that policies reflect frontline realities and uphold professional integrity.

Conclusion:

The global nursing migration crisis represents a multifaceted challenge that threatens the sustainability and equity of healthcare systems worldwide, driven by deep-rooted socioeconomic disparities, ethical tensions, and fragmented policy responses; while migration offers individual nurses opportunities for professional growth and financial stability, it simultaneously exacerbates workforce shortages in low- and middle-income countries, undermines public health infrastructure, and perpetuates global inequities in access to care, with ethical dilemmas arising from the tension between respecting individual autonomy and safeguarding collective health needs, particularly when recruitment practices target vulnerable populations or fail to account for the systemic consequences of workforce depletion; the voluntary nature of international frameworks such as the WHO Global Code of Practice limits their effectiveness, and national policies often lack coherence or fail to align with broader health workforce strategies, further complicating efforts to manage migration responsibly; the COVID-19 pandemic has intensified these dynamics, exposing the fragility of health systems and accelerating migration trends, making it clear that ad hoc solutions and short-term fixes are insufficient to address the underlying structural issues; sustainable responses must include investment in domestic health systems to improve working conditions, compensation, and career development for nurses in source countries, while destination countries must commit to ethical recruitment, transparent credentialing, and inclusive integration policies; bilateral and multilateral agreements can facilitate circular migration and capacity building, ensuring that migration benefits both individuals and health systems; moreover, empowering nurses as stakeholders in policy design and implementation is essential to crafting solutions that reflect frontline realities and uphold professional dignity; accurate data collection, strategic workforce planning, and global cooperation are critical to anticipating future needs and preventing further

destabilization of health services; ultimately, addressing the nursing migration crisis requires a paradigm shift from reactive recruitment to proactive, equity-driven health system strengthening, where the rights of nurses are respected, the needs of communities are prioritized, and the global health workforce is governed by principles of justice, solidarity, and sustainability—only through such coordinated and ethical action can we build resilient healthcare systems capable of delivering quality care to all, regardless of geography or income level.

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