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Confronting the Challenges of Nursing in Pakistan

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The healthcare system of Pakistan is silently in a state of crisis, which is an under-supported and under-valued nursing workforce. The system is perilously doctor-centric, with only 5.2 nurses per 10 000 people and a ratio of nurses to doctors of only 0.4. Thousands of nurses quit their jobs because of low wages, high workloads, and opportunities, leaving hospitals with no choice but to employ underqualified workers. Although the stigma attached to the profession is slowly disappearing—which has attracted more men into the profession—lack of nurses in leadership and decision making positions has continued to hamper progress.

The world market is experiencing a surge in demand of nurses. The world is going to experience a lack of more than 4 million nurses by the year 2030. Nations such as Qatar and the UAE already rely on foreign nurses to do more than 98 percent of their jobs. Pakistan has meanwhile made little headway. Although the number of nurses registering overseas is expected to increase by 33 percent yearly between 2014 and 2024, the proportion of nurses among highly qualified emigrants remains low at 5.8 percent. One of the reasons is the broken nursing education system in Pakistan.

Most of the nursing colleges particularly unregulated private colleges graduate nurses with no practical training. Graduates are not prepared because of theory-practice gaps, obsolete curricula, and a shortage of simulation equipment. The gap between the academic institutions and clinical practice is grim and not many faculty members have actual hospital experience. In addition, nurses face difficulties in international mobility because it is expensive, national curriculum are obsolete and there is little government support. Pakistan needs to take decisive action to alter this course. First, enhance retention: standardize compensation, decrease workloads, and provide tax advantage and career path. Second, transform nursing education through standardized testing, high-tech instructional materials, and specialization in accordance with the needs around the world. Third, reduce the clinical-academia divide by requiring faculty to be joint-appointed and immersed.

Lastly, in case of international placement, the government will have to redesign the national curriculum, obtain international accreditation, and promote nurses internationally. Exploitative private agents should be substituted with direct government-to-government recruitment models and the financial barriers should be minimized. Nurses are not mere support personnel they are the spine of the patient care. Nursing can no longer be a second thought in Pakistan, which is serious about developing a robust healthcare system and accessing the global demand. It is not only necessary, but it is overdue to face the challenges head on.

