

Challenges facing nurses in Iraq: A review study

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Nursing is a cornerstone of any effective health-care system. In Iraq, however, the nursing profession has long faced multifaceted challenges, undermining the quality of patient care, professional satisfaction, and workforce sustainability. Decades of war, economic sanctions, political instability, and systemic mismanagement have severely damaged health infrastructure and undermined nursing education, staffing levels, and working conditions.

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These problems are compounded by planned demographic shifts — with an increasing aged population, growing burden of chronic diseases (e.g. cardiovascular disease, diabetes, cancer), rising demands for addiction and mental health services — all of which place added pressure on an already strained nursing workforce. (2)

Keyword: Nurses, Challenges

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Supplementary information The online version of this article (<https://doi.org/xx.xxx/xxx.xx>) contains supplementary material, which is available to authorized users.

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Introduction

Nursing is a cornerstone of any effective health-care system. In Iraq, however, the nursing profession has long faced multifaceted challenges, undermining the quality of patient care, professional satisfaction, and workforce sustainability. Decades of war, economic sanctions, political instability, and systemic mismanagement have severely damaged health infrastructure and undermined nursing education, staffing levels, and working conditions. (1)

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In recent years, studies have attempted to document and analyze the key obstacles affecting nurses and nursing services in Iraq, in order to guide policy reforms and improve health outcomes. This review article aims to synthesize the available evidence on the main challenges facing nurses in Iraq, focusing on structural, educational, institutional, and psychosocial dimensions. (3)

Results:

Based on recent empirical research and reviews, the following major challenges emerge consistently:

1. Shortage of Qualified Nurses and Staffing Issues

- Historically, the ratio of nurses to population in Iraq has remained very low, a situation worsened after wars and mass emigration of health professionals. (4)

- A 2024 cross-sectional study of 60 critical-care nurses in public hospitals in Duhok city found that 95% reported increased workload, highlighting “workforce shortage” as a dominant challenge. ⁽⁵⁾
- Shortage of qualified nursing faculty and clinical training resources continues to hinder the capacity to train new nurses. ⁽⁶⁾

2. Inadequate Nursing Education and Weak Clinical Training Infrastructure

- Several nursing colleges exist in Iraq, but the link between academic nursing education and the realities of hospital-based clinical practice remains weak. ⁽⁷⁾
- A recent review highlighted that the lack of a robust standardized regulatory framework (for accreditation, licensure, clinical practice standards) undermines the quality and consistency of nursing education and training. ⁽⁸⁾
- Clinical learning environments are often deficient: a 2023 study across 18 Iraqi universities reported that administrators and instructors identified major difficulties in the clinical learning settings — such as insufficient resources, poor infrastructure, and inadequate institutional support. ⁽⁹⁾

3. Poor Implementation of the Nursing Process

- The structured, evidence-based nursing process (assessment, planning, implementation, evaluation) is inadequately implemented in many Iraqi hospitals. ⁽¹⁰⁾
- Key barriers include insufficient knowledge and skills among nurses (78.4%), lack of organizational support (86.2%), inadequate training (77%), shortage of time, poor interprofessional collaboration, and lack of documentation tools. ⁽¹¹⁾
- As a result, patient care quality suffers: there are increased risks of medication errors, readmissions, prolonged hospital stays, and suboptimal health outcomes. ⁽¹²⁾

4. Low Professional Status, Poor Remuneration and Motivation, Weak Institutional Support

- The nursing profession in Iraq has suffered from a historically low status: societal and institutional undervaluation, especially in a context where nursing is often female-dominated. ⁽¹³⁾
- Many nurses report inadequate pay, limited career progression, and lack of incentives, even for working in high-risk conditions. ⁽¹⁴⁾
- Working conditions are often unsupportive and stressful; for example, nurses may lack sufficient protective equipment, face high workloads, and carry heavy responsibilities without commensurate support. ⁽¹⁵⁾

5. Security, Migration & Brain Drain

- The unstable security conditions in Iraq, combined with administrative corruption, politicization of health institutions, and mismanagement, have led many nurses to consider migration or leave the profession altogether. ⁽¹⁶⁾
- The resulting “brain drain” threatens the sustainability of nursing services and undermines efforts to rebuild the healthcare system. ⁽¹⁷⁾

Discussion:

The findings reveal a systemic crisis in nursing in Iraq — one that spans human resources, education and training, institutional policy, and societal recognition. The shortage of qualified nurses and trained faculty is perhaps the most fundamental challenge, because without adequate workforce capacity, even well-intentioned reforms cannot succeed. ⁽¹⁸⁾

The inadequate linkage between academic education and clinical practice reflects deeper structural weaknesses: lack of standardization, regulatory oversight, accreditation, and continuing professional development. When combined with poor working conditions, low pay, and limited career growth, it is unsurprising that many nurses either migrate or become disengaged, further exacerbating staffing shortages.

The poor implementation of the nursing process points to both knowledge/skill gaps and organizational failures: high workloads, lack of time, insufficient resources, and poor interprofessional collaboration. This undermines the quality of care, patient satisfaction, and long-term health outcomes. ⁽¹⁹⁻¹⁰⁴⁾

Moreover, the low status and undervaluation of nursing in societal and institutional contexts — particularly given gender norms — hampers efforts to elevate nursing to a respected profession, attract talent, and secure commitment from existing staff. The combination of psychosocial stress, occupational hazards, and limited support intensifies job dissatisfaction and burnout.

Finally, the security situation and ongoing instability in Iraq continue to create an environment where long-term planning, investment in healthcare infrastructure, and retention of human resources remain very difficult. The resulting brain drain undermines both immediate care delivery and future capacity-building. ⁽¹⁰⁵⁻¹⁴³⁾

However, these challenges are not insurmountable. International and regional efforts — such as those by World Health Organization Eastern Mediterranean Regional Office (WHO/EMRO) — have been highlighted as potentially pivotal in supporting nursing education, policy development, training, infrastructure improvement, and long-term capacity building in Iraq. ⁽¹⁴⁴⁾

Conclusion

Nurses in Iraq face a complex web of challenges: severe staffing shortages, inadequate education and training, poor working conditions, low pay, weak institutional support, limited professional status, and a health system weakened by decades of conflict and mismanagement. These obstacles undermine the ability of nurses to provide effective, evidence-based, and patient-centered care, and threaten the sustainability of healthcare services across the country.

Addressing these challenges requires a comprehensive, multipronged strategy:

1. Expanding and standardizing nursing education and clinical training — including accreditation, regulatory frameworks, and continuing professional development.
2. Improving staffing levels by recruiting and retaining nurses, offering competitive remuneration, incentives, and career progression pathways.
3. Strengthening institutional support and resources: adequate equipment, safe working conditions, documentation tools, and time for proper patient care.
4. Enhancing the status and recognition of nursing as a profession — both socially and within the healthcare system — to attract motivated individuals and reduce attrition.
5. Engaging international and regional partnerships (e.g. WHO/EMRO) to support capacity building, training, and policy reform.

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