

Policy Report

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*Stepwise and Return Migration between the Gulf,
Europe and North America – How do GCC Countries
Fare in the Global Competition for Talent?*

No.1

Beyond the Gulf: Rethinking Stepwise Migration, Citizenship Penalty, and Filipino Nurses in the UAE

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Rethinking Stepwise Migration, Citizenship Penalty, and Filipino Nurses in the UAE

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Executive Summary

The Gulf region, especially the United Arab Emirates (UAE), has steadily become a key destination for skilled migrants from the Global South. In the UAE labour market, Filipino nurses constitute the largest segment of the expatriate healthcare workforce and are essential in maintaining hospital systems across the emirates. Despite their strong qualifications, dual licences, and long-standing contributions, they still face structural wage disparities and limited pathways to advancement—issues rooted in nationality-based hierarchies that shape the Gulf labour market. Survey data from 203 Filipino nurses in Dubai, along with 30 in-depth interviews, reveal ongoing disparities in pay and professional mobility compared to Western expatriates with similar credentials. Filipino nurses earned an average of USD 1,569 per month in the UAE, well below what is typically earned in Western countries. Logistic regression analysis shows that expected salaries abroad—and limited long-term integration prospects—are the strongest factors influencing their intent to migrate further.

Many respondents view the UAE as a temporary stepping stone to gain experience before moving to Canada or the United States. Recent labour reforms, including long-term residency programmes, are steps toward more inclusive migration policies. However, high salary thresholds and strict eligibility rules still exclude most healthcare workers, reinforcing job insecurity and leading to skilled worker attrition. To improve highly skilled professionals' retention and support the region's healthcare goals, Gulf states must address the citizenship penalty directly. Harmonising wage and promotion systems, expanding skills-based residency pathways, and investing in inclusive leadership and professional growth programmes are vital. Viewing skilled migrants as long-term contributors — not just temporary workers—will strengthen healthcare resilience and support the broader socio-economic development plans of the region.

Introduction

The Gulf states, particularly the UAE, have become major destinations for skilled migrants from the Global South.^{1,2,3} In the nursing sector, foreign professionals overwhelmingly outnumber nationals, with Filipinos forming the single largest group.⁴ An estimated 30,000 Filipino nurses work across UAE hospitals, reflecting the Philippines' strong nursing education system and its global deployment pathways.⁵ In Abu Dhabi alone, Filipinos constitute one in four healthcare workers and 40% of nurses.⁶ Despite their reputation for strong training, English proficiency, and adaptability,⁷ Filipino nurses continue to face wage inequality and limited career progression.

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Extensive empirical research indicates that wage structures in the UAE and the wider Gulf are shaped by nationality-based hierarchies rather than skills alone.⁸ Citizenship status consistently determines access to pay scales, promotions, and job security. Available data⁹ reveal tiered salaries, with Western expatriates at the top, Arab professionals in mid-tiers, and Asian workers at the bottom. Similar global studies report that migrant workers earn 30–50 percent less than equally qualified citizens or Western expatriates.¹⁰ Despite recent anti-discrimination reforms in Gulf states, researchers have noted persistent divides between nationals and expatriates.¹¹ These disparities are reinforced by practices such as nationality-linked wage bands, unequal access to housing allowances, and restrictions on long-term residency.¹² As a result, nationality functions as a symbolic economic credential that shapes how migrant workers—including Filipino nurses—experience Gulf labour markets.

The concept of the ‘citizenship penalty’ underscores this system. It situates Gulf labour segmentation within broader theories of global labour-market stratification¹³ and world-systems theory,¹⁴ in which citizenship serves as symbolic capital that shapes mobility and rewards. Filipino nurses frequently face this penalty due to persistent wage gaps and stalled career mobility despite strong credentials. These inequalities have broader implications for the socio-economic transformation agendas of Gulf states. National visions—such as Saudi Vision 2030, UAE Centennial 2071, and Oman Vision 2040—aim to build knowledge-based health systems, yet their success depends on retaining experienced foreign healthcare workers.¹⁵ Addressing nationality-based barriers is therefore not only an ethical concern but a strategic requirement for the sustainability of Gulf healthcare systems. Strengthening conditions for long-term retention—including fair compensation, clear promotion pathways, and inclusive recognition of skills—will be critical for meeting future healthcare needs amid population growth and aging trends. In this context, understanding how Filipino nurses navigate wage inequality, limited mobility, and future migration aspirations is essential for informing policy reforms that support both workforce stability and regional development.

Research Methodology

This policy brief employs a mixed-methods design to examine the experiences, labour-market challenges, and migration aspirations of skilled Filipino nurses in the UAE. The research was conducted in two phases, combining quantitative and qualitative approaches to capture both structural patterns and lived experiences. Between May and August 2018, a survey was administered in person and online to 203 Filipino nurses in Dubai. Participants were selected based on their professional nursing experience in both the Philippines and the UAE, ensuring that respondents possessed comparable training and diverse workplace exposures. All participants provided informed consent, and the study adhered to ethical protocols throughout. To strengthen validity, the survey instrument was pilot-tested, and responses were cross-checked through interview triangulation. The survey collected demographic information, wages, certifications, perceptions of discrimination, and intentions for onward migration.

To complement the survey, 30 in-depth interviews were conducted with Filipino nurses working in public and private facilities. These interviews examined personal accounts of unequal pay, limited career progression, and the UAE's role as a strategic platform for future migration to Western countries. Interview narratives provided insight into how structural wage hierarchies and residency constraints shape their long-term choices. Quantitative analysis included logistic regression to identify predictors of migration intent. Variables such as current salary, previous salary, gender, and marital status were tested, with expected earnings abroad and certification emerging as the most influential predictors. The integration of survey data and interviews yielded a comprehensive understanding of how skilled migrants navigate wage disparities, professional stagnation, and future mobility options in the Gulf.

Key Findings and Analysis

The literature and survey findings highlighted in this policy brief are structured around three key themes: (a) the citizenship penalty's impact on highly skilled Filipino nurses in the UAE; (b) their encounters with migrant precarity; and (c) the strategic utilisation of the Gulf as a transit point for moving on to the Global North.

Citizenship Penalty in Action

Nationality-based wage segmentation is a formalised feature of Gulf labour markets.¹⁶ Among the surveyed Filipino nurses, 88.7 percent held at least a bachelor's degree, and nearly half were dually licenced; yet these credentials did not translate into equitable pay or career mobility. Filipino nurses earned an average monthly salary of USD 1,569 in the UAE, compared to expected entry-level wages of USD 4,665 in North America. While UAE salaries exceed those in the Philippines, they remain significantly lower than anticipated earnings abroad. Interview narratives reinforced the perception of institutional inequity. As one respondent, Marco, noted: "We put in the same effort and hold the same qualifications, yet Westerners get promoted while we lag. Our nationality is the barrier". Many nurses, like Katrina, described, "limited access to supervisory roles or advanced training", attributing these barriers to nationality-based preferences rather than to performance. These findings align with broader research indicating that citizenship functions as symbolic economic capital, shaping labour outcomes regardless of skill.¹⁷ This combination of wage inequality and restricted mobility not only affects individual careers but also undermines Gulf states' retention efforts within the healthcare sector.

Migrant Precarity and Job Insecurity

Citizenship hierarchies are closely tied to migrant precarity in the Gulf. Skilled migrants, including Filipino nurses, remain dependent on employer sponsorship and short-term contracts, limiting long-term security. While residency reforms such as the UAE's Golden Visa signal progress, access remains highly selective. Eligibility is concentrated among investors, entrepreneurs, and elite professionals, excluding many healthcare workers who do not meet salary thresholds. This reflects the economic-security logic of Gulf migration governance: long-term residency is granted to those who contribute directly to diversification goals, not to sectors considered fiscally dependent. Salary requirements—such as Saudi Arabia's SR35,000 monthly threshold or the UAE's AED 30,000 benchmark¹⁸—place permanent pathways out of reach for most nurses. Survey findings showed an average duration of stay of 2.8 years before considering onward migration. As one nurse, Maricela, stated, "There's no path to citizenship for us here. The UAE is only a training ground". Other Filipino nurses, like Marcos and Paula, highlighted other important factors, including limited mentorship, grievance mechanisms, and advancement opportunities, that compound professional uncertainty, creating what Fernandez (2021)¹⁹ terms 'institutionalised humiliation'. Logistic regression results indicate that demographic characteristics do not predict migration intent; instead, expected salary abroad and certification do. These findings underscore the structural nature of onward migration decisions.

Transit Migration and Strategic Mobility

Given these constraints, many Filipino nurses use the UAE as a transit point for stepwise migration. Survey data show strong preferences for Canada (60.4 percent) and the United States (22.6 percent), driven by clearer residency pathways, professional recognition, and family reunification policies. The Gulf's temporary visa system stands in contrast to those of Western countries, which offer higher wages, career ladders, and long-term security.²⁰ Expected salary abroad was the only statistically significant

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predictor of migration intent. However, interviews with Filipino nurses revealed that motivations also included long-term stability, access to part-time work, children's education, and professional autonomy—opportunities rarely available under short-term Gulf contracts. A Filipina nurse in Dubai, Karla, added, “We want a better nationality and higher income for our children and our family. We want to bring them with us too as we grow older, earn more with part-time work, and have better access to healthcare and pensions. We cannot have that in the UAE”.

Reforms such as the UAE's long-term residency schemes and Saudi Arabia's professional mobility initiatives reflect recognition of these challenges.²¹ Yet as indicated in the previous section, high-income thresholds and sectoral disparities limit their impact. Initiatives such as the Golden Visa pathway for nurses with 15 years of service²² or Saudi Arabia's high-wage Premium Residency remain inaccessible to most. An emerging pattern is the ‘halfway return’, in which migrants leave for Western countries, acquire citizenship, and then return to the Gulf to leverage their new status for better pay and increased mobility.²³ Thus, this dynamic reveals the paradox of Gulf migration systems: Western citizenship becomes a tool to overcome barriers rooted in the region's own labour hierarchies.

Policy Implications and Recommendations

Addressing nationality-based inequities is essential for both fairness and healthcare sustainability. This study reveals that wage disparities, stalled career mobility, and temporary residency structures contribute to onward migration among Filipino nurses. The following recommendations align with the Gulf states' broader human-capital strategies.

- **Standardise pay and promotion pathways.** Wage structures and promotion mechanisms should reflect qualifications and performance, not nationality. Transparent salary bands and periodic equality audits—drawing from Diversity, Equity, Inclusion (DEI) frameworks—would reduce discriminatory practices and support compliance with anti-discrimination laws.
- **Recognise skilled migrants as long-term contributors.** Current labour regimes reinforce temporariness. Expanding skills-based residency pathways for experienced healthcare workers would enhance retention and align with national health sector priorities. Integrating skilled migrants into long-term development plans is essential for building resilient health systems.
- **Build inclusive career-development infrastructure.** Professional stagnation is a key driver of motivation. Gulf health institutions should invest in leadership development programmes, advanced clinical training, and mentorship structures that are accessible to all nationalities. Internal promotion pathways would help the region retain the human capital it has already invested in.
- **Expand residency and recognition pathways.** Residency insecurity contributes directly to onward migration. Lowering salary thresholds for healthcare-specific long-term visas, recognising advanced certifications, and offering renewable multi-year permits would enhance predictability for workers and their families.

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Conclusion

The citizenship penalty remains a defining feature of Gulf labour markets, shaping the experiences and mobility of Filipino nurses in the UAE. Despite possessing strong qualifications and making essential contributions, they continue to face wage disparities, limited opportunities for career advancement, and temporary residency status. These inequities persist even amid reforms, revealing the limitations of governance models anchored in short-term contracts.

These findings underscore broader structural challenges within South–South migration systems. Skilled non-Western workers face segmented labour markets where opportunities are distributed by nationality rather than competence. Without equitable wage structures, promotion pathways, and residency options, Gulf states risk continued loss of human capital to Western destinations. To meet long-term healthcare and development goals, labour-governance systems must evolve to recognise skilled migrants as long-term contributors. Embedding equity into wage-setting, promotion standards, and professional development will strengthen healthcare resilience and reduce dependence on constant recruitment. Future research should examine migrant trajectories over time, compare experiences across nationalities, and explore re-migration patterns such as “halfway return.” Understanding how citizenship interacts with labour structures and institutional reforms will be essential for designing equitable and future-oriented policies.

About the Author(s)

Mouawiya Alawad is an economist and academic leader with over 25 years of experience in economic policy, institutional strategy, and higher education across the MENA region. He serves as Director of the Institute of Social and Economic Research at Zayed University, leading policy-relevant, evidence-based research initiatives. Previously, he held senior advisory and directorial roles with the Dubai Economic Council, Tanmia, and various academic institutions. His research spans labour migration, development economics, macroeconomics, and international finance. He holds a PhD in Economics and an MSc in Statistics from North Carolina State University.

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