

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. 7

Long-Term Residency Policies and the Retention of Healthcare Professionals

A Case Study on the UAE's Golden Visa Program in the Gulf Context

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Executive Summary

The member states of the Gulf Cooperation Council (GCC) are transitioning toward knowledge-based economies, creating strong demand for skilled professionals, particularly within the healthcare workforce, amid intense global competition. This policy report examines the unique role of the UAE's Golden Visa Program, introduced in 2019 and progressively expanded since then, in influencing healthcare professionals' migration decisions and intentions to remain in the country long-term. This policy report is based on a mixed-methods study that combined an online questionnaire-based survey of 139 healthcare professionals, of whom 45% were Golden Visa holders, followed by 12 in-depth qualitative interviews. Findings show positive links between obtaining Golden Visa status and intentions to stay in the country and confirm the UAE's competitiveness within the GCC. Migration motivations, including career advancement opportunities, competitive compensation, and workplace integration, also played important roles. Participants emphasised self-sponsorship, the 10-year residency, and family sponsorship as key factors supporting the stability of their stay in the UAE, making their mobility easier and allowing for long-term planning. Challenges associated with the current rules governing Golden Visa attribution include administrative delays, salary threshold requirements, and out-of-pocket insurance costs for dependents.

The policy report recommends targeted measures such as automatic eligibility based on experience rather than salary thresholds for long-serving healthcare workers, expanded family benefits, and streamlined administrative processes. These measures are essential for sustaining the UAE's leadership in healthcare workforce attraction and retention and for furthering the broader regional transition towards diversified knowledge-based economies

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Introduction

The GCC states are driving economic diversification to reduce reliance on oil and gas, prioritising high-value-added human capital and advanced skills. This shift has increased demand for highly skilled migrants, particularly in the healthcare sector, amid population growth and persistent shortages of physicians, nurses, and allied healthcare professionals. Each country in the region has introduced its own approach to attracting international talent, supported by national visions such as Saudi Arabia's Vision 2030, Qatar's National Vision 2030, and the UAE's Vision 2021 and Centennial 2071, to foster knowledge-based economies. New residency programmes and accreditation reforms seek to improve Gulf countries' attractiveness and their potential for retaining highly skilled workers.¹

Within this regional landscape, the UAE has emerged as a global talent hub, ranking 9th in the IMD World Talent Ranking 2025.² This achievement can be attributed to a combination of factors that function as both migration drivers and retention mechanisms. These include tax-free income policies that enhance net earnings compared to origin countries, extensive professional development opportunities, comprehensive workplace inclusion, and family integration measures that support cultural diversity. Central to these mechanisms is the evolving Golden Visa Program, which has expanded in scope and accessibility since its inception in 2019. The programme contributes to a dynamic 'talent ecosystem' that not only attracts but also retains skilled professionals.³

In recent years, the retention of healthcare professionals has become a strategic priority, informed by lessons from global health crises and demographic change. The UAE remains heavily reliant on an expatriate healthcare workforce recruited principally from Asia (particularly from India, Pakistan, and the Philippines), the broader Middle East, Europe, and North America.⁴ Foreign nationals make up over 90% of the country's 100,000–110,000 healthcare professionals, including physicians, nurses, and allied staff.⁵ This highly international workforce thus provides a critical lens for examining the drivers of healthcare professionals' migration and the mechanisms underlying their retention. This report employs the UAE as a case study to evaluate the Golden Visa Program's effectiveness as a talent retention tool applicable across the GCC region.

This policy report addresses three research questions:

1. What is the relationship between Golden Visa status and healthcare professionals' intentions for long-term residence in the UAE?
2. How do migration drivers (motivation factors) and workplace integration experiences influence perceptions of the UAE's competitiveness among healthcare professionals?
3. Which Golden Visa policy features or implementation challenges most significantly shape healthcare professionals' decisions to remain in the UAE?

Background, Context, and Methodology

The UAE Golden Visa offers long-term residency (up to 10 years) to highly skilled professionals, including healthcare workers, although recent government updates require skilled professionals, including healthcare workers, to demonstrate a minimum basic monthly salary of AED 30,000 (approximately USD 8,200), exclusive of allowances, to qualify for the UAE Golden Visa. The scheme is designed to foster talent attraction and retention by granting self-sponsorship, expanded family visa rights, and freedom from employer-based sponsorship obligations.

These characteristics distinguish the Golden Visa scheme from traditional residency permits in the Gulf region, making it especially attractive to expatriate healthcare professionals seeking stability and career advancement opportunities. By contrast, most other GCC residency pathways retain elements of the

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traditional *Kafala* system and offer narrower options for healthcare professionals. For instance, Saudi Arabia's Premium Residency Program introduces steep financial barriers (SAR 100,000 per year or SAR 800,000 for unlimited residency, respectively; approximately USD 30,000 to 240,000) and rigid competency criteria, including a high minimum salary, work experience, and employer endorsement.⁶ Qatar's permanent residence is the most exclusive in the region, with strict requirements for years of residence, investment, Arabic proficiency, and ministerial approval, resulting in very limited allocations and minimal impact on healthcare labour mobility.⁷ Thus, the UAE leads the GCC region in attracting healthcare talent, supported by progressive reforms to visa regulations.

To assess the impact and effectiveness of the UAE Golden Visa as an attraction and retention factor for foreign healthcare professionals, an explanatory sequential mixed-methods design was employed. The research began with quantitative data collection using an online survey distributed to healthcare professionals (N=139) across the UAE through LinkedIn, WhatsApp, and hospital networks, through snowball sampling. Inclusion criteria, survey validation (Cronbach's $\alpha = 0.86$), and demographic details provided robust data quality. The survey included closed-ended Likert-scale questions (1=Strongly Disagree to 5=Strongly Agree) and ratings to capture respondents' demographic profiles, experiences with the Golden Visa, migration motivations (tax-free salary, professional development), retention factors (long-term residency security, family sponsorship), workplace integration (the autonomy and stability provided by the visa's long-term residency and sponsor-free status), and perceived policy barriers. Principal Component Analysis with varimax rotation verified the grouping of survey items into meaningful domains.

While receiving the survey link, participants were also asked if they were willing to take part in an interview. From those who agreed, 12 participants were invited for qualitative interviews using purposive sampling to ensure diversity in nationality, specialty, and career stage. Informed consent was obtained from all participants for both the survey and the interview phases. Quantitative data were analysed using SPSS v28. Qualitative data were coded thematically in NVivo to uncover explanatory themes supporting survey findings. The integration of quantitative and qualitative methods yields comprehensive evidence to inform policy recommendations.

Limitations

This study uses a nonprobability, convenience sample; findings are indicative, not population-representative. All perceptions are UAE-based, so 'competitiveness' here should be interpreted as a measure of retention rather than attraction. Comparative data across GCC schemes should be interpreted with caution.

Key Findings and Insights Informing Recommendations

Quantitative Findings

The quantitative analysis of survey data from 139 healthcare professionals (45% of them holders of Golden Visas) revealed clear patterns in their assessment of the UAE Golden Visa policy. The survey results demonstrated the effectiveness of the Golden Visa scheme as a mechanism for talent attraction and retention while also highlighting areas for potential policy enhancement.

- **Demographics:** The Golden Visa most strongly enhances retention among doctors, mid-career professionals, female staff, and South Asian nationals.

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- **Migration Factors:** 78.4% cited tax-free income and 70.5% emphasised professional development as initial migration drivers. However, among this same cohort, 75.5% now report salary and benefits, professional growth opportunities, and family integration as the most influential factors in their decision to remain in the UAE under the Golden Visa rather than other GCC countries (see Annex Figure A1). The long-term residency (10-year renewal) allowance increased retention commitment (75.5%), reinforcing long-term settlement. Together, these dimensions explain why the UAE outperforms neighbouring GCC states in attracting and retaining skilled healthcare talent under the Golden Visa framework.
- **Regional Competitiveness:** The UAE Golden Visa was rated superior to GCC counterparts, with family sponsorship (89.9%), professional recognition (87.1%), and employment flexibility (83.5%) being leading advantages. Overall, the pattern demonstrates that the Golden Visa acts as a strong pull factor for professionals motivated by financial stability, career advancement, and family integration, while an inclusive workplace culture supports retention once in the UAE.
- **Workplace Integration:** Healthcare professionals in the UAE show high workplace integration ($M = 3.80$, $SD = 1.04$). The Golden Visa's autonomy, stability, and sponsor-free structure enhance professional freedom, fostering security, belonging, and increased retention.
- **Policy Enhancement Priorities:** Automatic eligibility for long-serving healthcare professionals (32.6%) was the top recommendation expressed by survey participants to enhance the attractiveness of the Golden Visa scheme, followed by subsidised continuing education (14.5%) and expanded family visa benefits (14.5%).
- **Implementation Challenges:** 62.6% reported no major challenges; difficulties were limited to administrative delays and pay disparity issues (See Annex Table A3). These insights directly inform the proposed policy recommendation.

Qualitative Findings

Following the quantitative survey, this study integrated semi-structured interviews with 12 healthcare professionals representing diverse nationalities, specialisations, and career stages to provide a deeper contextual understanding of the Golden Visa's impact on migration and retention patterns.

A significant finding was that nine out of the twelve participants received their Golden Visa through the UAE government's Frontline Heroes initiative, which recognised healthcare workers' contributions during the COVID-19 pandemic. In 2022, the Frontline Heroes Office awarded over 30,000 Golden Visas to healthcare professionals through a nomination-based process.⁸ Participants reported that they did not apply themselves, but their departments nominated them, and they were notified via SMS within a few days of the application.

As one nursing professional noted: "We were surprised to receive a text message stating that we had been granted a favour from the President...a free ten-year Golden Visa for us and our families, with no fees". This streamlined approach contrasted sharply with current application requirements, highlighting policy evolution and participants' concerns about accessibility for future applicants. This experience informs Recommendation 3 (streamlined processing hubs).

Participants universally identified self-sponsorship as the Golden Visa's most transformative feature. The ability to change employers without visa complications emerged as professionally liberating, enabling career advancement and improved working conditions. One allied health specialist explained, "Before, employers used to hold back the employee based on visa. So, we don't have these restrictions now as Golden Visa holders". This finding supports the Golden Visa's role in workplace integration.

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The 10-year validity period provided profound psychological security, enabling long-term personal and professional planning, something that was previously constrained by visa uncertainty. Multiple participants described feeling 'at peace' and 'like locals', with reduced anxiety about renewal cycles. A biomedical professional summarised: "You will feel safe... no psychological effect... and you will feel relaxed; you will love your work because you have 10 years of residency". This finding underscores the Golden Visa's role in supporting long-term residency security.

The visa extension to family members created significant integration advantages, particularly for the continuity of children's education. One participant noted: "My son...has graduated and is recently employed. Since he has a Golden Visa, he had better opportunities". This benefit informs Recommendation 1 (family protection programme).

The rule stating that applicants must meet a basic salary requirement of AED 30,000 sparked significant concern among participants. Many described this as difficult to meet given their compensation levels, despite years of experience and advanced qualifications. A physician advocated for experience-based criteria, stating: "Eligibility should be based on 6–10 years of UAE healthcare service rather than a salary threshold, which may exclude highly qualified professionals". This concern directly informs Recommendation 2 (tenure/performance-based eligibility).

Despite receiving 'free' Golden Visas, participants faced unexpected costs, including health insurance for dependents or themselves if unemployed, as well as additional fees when traveling home. An occupational therapist explained, "We pay for our own medical insurance. When I go home, I am asked to pay a fee, like a business or entrepreneur fee". The Golden Visa status can also trigger extra taxes and fees, as some migrants' origin countries reclassify holders as business owners rather than employees.⁹ This barrier directly informs Recommendation 1 (insurance reclassification).

The 10-year renewal process generated significant anxiety among participants, who expressed uncertainty about future requirements and documentation needs. One participant raised critical questions: "What about the renewal? If I want to renew, will they ask me for AED 30,000 salary, or will it be automatic because I have it already?" This anxiety informs Recommendation 2 (removing salary requirements for renewal).

Participants consistently preferred the UAE over other GCC countries. A few had previous experience in other Gulf countries, describing the UAE's more open social environment and professional development infrastructure as decisive factors in long-term stay decisions. One participant remarked: "Saudi Arabia, it's more of an isolated place where they were stricter with their rules before". This finding underscores the UAE's comparative advantage in attracting and retaining skilled healthcare professionals.

Policy Recommendations

To maximise the sustainable impact of the long-term residency (Golden Visa) policy for the much-needed and competed-for healthcare workforce, the following evidence-based actions are advocated:

- The UAE government may establish a dedicated healthcare Golden Visa family protection programme that reclassifies Golden Visa-holding healthcare professionals and their dependents into a specialised 'healthcare worker' insurance category. Under this programme, primary visa holders would pay employee-level premiums capped at no more than 30% of current investor rates, while spouses and children would automatically receive government-subsidised family coverage at 50% of market rates. Coverage would remain in force during job

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transitions and international travel, with portable emergency benefits included. By aligning insurance costs with healthcare roles rather than investor status, this reform removes the primary financial barrier identified by participants and ensures affordable, accessible health insurance that reflects healthcare professionals' essential service contributions rather than their visa classification.

- The UAE government should adopt an experience and performance-based approach to Golden Visa eligibility and renewal for healthcare professionals. Specifically, any practitioner with at least six years of UAE service,¹⁰ who has demonstrated exceptional performance, validated through documented positive patient and employer feedback, and who has contributed to national health emergencies (e.g., frontline COVID-19 care), would automatically qualify for a 10-year Golden Visa without needing to meet the AED 30,000 salary threshold. Renewals would follow the same criteria, eliminating salary requirements and alleviating renewal-related anxieties. This would allow lower-paid nationalities to gain equitable access and help retain experienced clinicians who might otherwise seek opportunities in countries with less discriminatory criteria.
- The UAE government should facilitate the smooth integration of Golden Visa recipients and their families into life in the country by establishing dedicated hubs within major healthcare clusters to address administrative delays and pay disparity issues affecting Golden Visa healthcare professionals. These one-stop centres would provide streamlined administrative services, family settlement support, and professional development coordination.

Conclusion

The UAE's Golden Visa initiative has set a new regional standard for skilled migrants, significantly enhancing recruitment, retention, and satisfaction among healthcare workers. Its transparency, progressiveness, and 10-year residency stability have strengthened sectoral resilience and positioned the UAE as a preferred destination for global healthcare talent. Findings confirm that the economic incentives, professional mobility, and family sponsorship benefits associated with the Golden Visa are the primary drivers of healthcare attraction, retention, and long-term professional commitment. These features were rated by the survey participants as the UAE's leading advantages compared to Saudi Arabia's and Qatar's residency programmes, collectively creating a more attractive and supportive environment than that offered by its Gulf neighbours.

The Golden Visa serves as a critical enabler for retaining healthcare professionals rather than a primary driver of migration. It transforms professional satisfaction, competitive compensation, and family benefits into long-term commitment by removing visa-related constraints. The results underscore the Golden Visa's role as a powerful 'pull factor' in the global competition for healthcare expertise and a key contributor to the UAE's knowledge economy ambitions. The UAE government's recognition of healthcare workers, particularly during the COVID-19 emergency, and its continued support for their families reinforce this effect.

However, persistent challenges remain that may undermine the programme's positive impact. Salary discrepancies by workers' citizenship, high insurance costs, administrative opacity, and the AED 30,000 salary threshold create barriers that disproportionately affect mid-career professionals from lower-paid nationality groups, the very cohort the UAE seeks to retain. Renewal anxieties further limit access for experienced but lower-paid professionals, threatening sectoral equity and workforce confidence.

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Therefore, implementing the reforms we proposed as recommendations would strengthen migration pathways for experienced healthcare professionals, improve long-term retention, and signal a sustained commitment to valuing the contributions of the healthcare workforce. Preserving the Golden Visa's position as a regional exemplary will depend on evidence-based design aligned with international best practice (e.g., the WHO Global Code of Practice) and responsiveness to the lived experiences of healthcare professionals and their families.

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Ayat Jebril Nashwan is a Full Professor of Sociology and Social Work at Yarmouk University, Jordan and Associate Professor of Sociology at the University of Sharjah, UAE with over two decades of academic leadership across the MENA region and North America. She has served as Head of Department at both universities, Assistant Dean for Accreditation and Quality Assurance and Director of the Refugees, Displaced Persons and Forced Migration Studies Center, becoming the first woman to lead these units. Her research focuses on migration, refugee studies, social policy, gender and education, with more than 50 publications, including numerous articles in Scopus-indexed journals. She has led and contributed to multiple externally funded projects on refugee integration, social protection, gender inequality and sustainable development. Fluent in Arabic and English, she is deeply engaged in community partnerships, research capacity building and advancing inclusive, socially responsive higher education.

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Endnotes

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9 Origin-Country Tax Reclassification: Some home country tax authorities notably those in India and the Philippines reclassify UAE Golden Visa holders as self-employed entrepreneurs or business owners rather than salaried employees. This reclassification results in additional tax liabilities, compliance fees, and reporting requirements when conducting financial transactions or traveling home.

10 We selected six years as a practical tenure threshold because (1) participant recommendations (explicitly suggested '6–10 years of service'); (2) alignment with specialist training and licensing milestones in UAE healthcare; (3) capturing the 74.8% of our sample with >5 years' experience-a proven retention cohort; and (4) mitigating citizenship-based wage inequities that exclude qualified professionals earning below AED 30,000 despite equivalent contributions.

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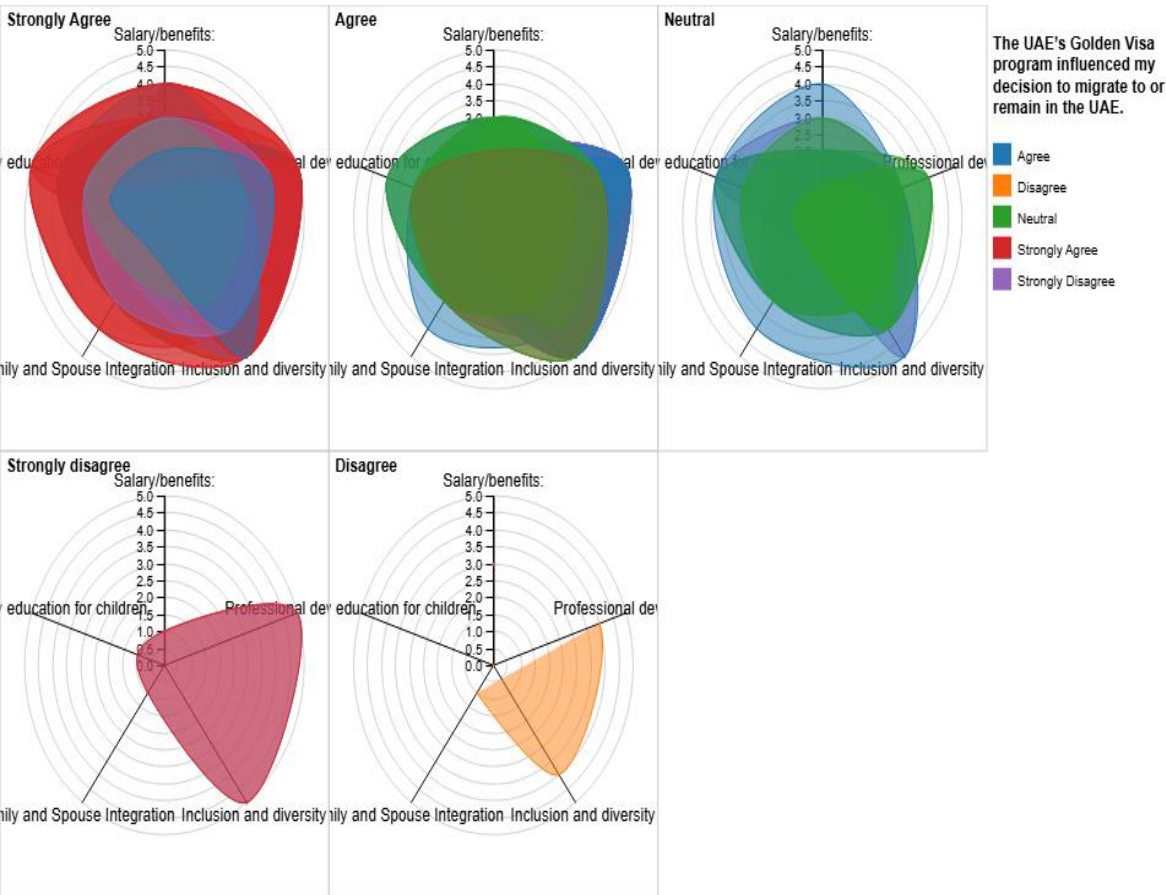
Annexes

Annex Table A1 – Demographics and Golden Visa Status (N=139)

Variable	Subgroup	%
Gender	Male	52.5
	Female	47.5
Age	25–34	24.6
	35–44	49.6
	45+	25.8
Experience	1–5 years	25.2
	>5 years	74.8
Nationality	India	34.5
	Pakistan	18.7
	Philippines	10.1
	Jordan/Egypt/MENA	19.4
	Other Asia	7.2
	Europe/North America	10.1
Professional Role	Doctor	41.0
	Nurse	38.0
	Allied Health	21.0
Golden Visa	Holder	44.6
	Non-holder	39.6
	Applied/Unsure	15.1

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Annex Figure A1 – Perceived Impact of the UAE's Golden Visa on Migration and Retention



Note: Radar charts illustrating mean Likert-scale ratings (1 = Strongly Disagree, 5 = Strongly Agree) for five motivational factors: salary/benefits, professional development, access to quality education for children, family/spouse integration, and inclusion/diversity, stratified by respondents' agreement level with the statement: "The UAE's Golden Visa Program influenced my decision to migrate to or remain in the UAE." Larger, more saturated polygons indicate stronger agreement. Respondents who *Strongly Agreed* exhibited the highest composite scores across all dimensions, particularly for family integration. Overall, the Golden Visa acts as a decisive pull factor for professionals motivated by financial stability, career advancement, and family integration.

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Annex Table A2 – Summary Statistics for Thematic Constructs

Construct	Mean	SD	Cronbach's α	Strongest Predictor
Professional Rewards/Retention	4.03	0.92	0.83	Salary/Benefits (β=0.54, p=.046)
Family Integration	3.85	1.01	0.80	Quality Education for Children
Workplace Integration	3.80	1.04	0.86	Recognition (p=.056)

Annex Table A3 – Implementation Challenges

Challenge	% Reporting
None/No Major Challenge	62.6
Admin Delays	22.3
Pay Disparity	15.1
Insurance Costs (Dependents)	12.2
Other	5.7

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