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## HUMAN RESOURCES

### **Handling the Shortage of Nurses in Germany: Opportunities and Challenges of recruiting nursing staff from abroad**

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# Handling the Shortage of Nurses in Germany: Opportunities and Challenges of recruiting nursing staff from abroad

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## **Abstract:**

*The lack of qualified nurses has been a burden on the German health care system for many years. Due to the important role of nurses in health services, there are increasing attempts to address the shortage of staff by recruiting professionals from abroad. To alleviate the shortage of skilled labour in general, the German government passed a new law in 2020 on the immigration of skilled workers from outside the European Union to take up work in Germany (Fachkräfteeinwanderungsgesetz).*

*Whether recruiting nurses from abroad is a viable or sufficient strategy needs to be evaluated. In our case, a selection of participants in the healthcare sector, hospital managers, staffing agencies and foreign nursing staff were interviewed. Although foreign professionals are perceived to make a significant contribution to mitigate the tight staffing situation, serious obstacles have been identified. In addition, data collected and analysed showed, that recruitment of foreign nursing staff still accounts for a small number of nurses. Even though it helps, it cannot substitute changes in the German system and workforce attractiveness itself. Especially, since nurses from abroad have similar work expectations as Germans do.*

*The challenges for foreign nursing staff relate mainly to administrative hurdles, language barriers and social integration, especially cultural issues, the latter having also emerged as the key factors for long-term retention.*

*Furthermore, the Global Code of Conduct of the WHO prohibits recruiting from countries which themselves already suffer from a shortage of skilled workers or have a similar demographic development as Germany. Also recruitment from abroad should not postpone necessary reforms in the German nursing sector. Therefore, recruiting foreign nurses is not the only strategy against the nursing shortage. Only a mix of different measures will lead to long-term success.*

*The study provides insights into the feasibility and sustainability of international recruitment, not disregarding the complexity of the underlying reasons for the nursing shortage and is, therefore, relevant for scientists and practitioners alike.*

## **Keywords:**

nursing shortage, foreign nurses, professionals from abroad, obstacles to international recruitment, professional recognition, workplace integration, long-term retention

## **Inhalt**

<b>1. Introduction</b>	<b>6</b>
<b>2. Dimensions of the nursing shortage in Germany</b>	<b>6</b>
2.1 The demographic shift	6
2.2 Job-related factors influencing the shortage of nurses	6
2.2.1 Occupational prestige	7
2.2.2 Job satisfaction	7
<b>3. The recruitment of foreign nurses for the German health care sector</b>	<b>7</b>
3.1 Foreign nurses in Germany – current status	7
3.2 Recruiting-process for foreign nursing staff	8
3.2.1 Zentrale Auslands- und Fachvermittlung (ZAV)	8
3.2.2 Recruitment agencies	9
3.2.3 Countries considered for future work migration to Germany	9
3.3 Challenges of recruiting nurses from abroad	9
3.3.1 Entry, work and residence permission	9
3.3.2 Recognition of foreign professional qualifications	10
Option 1: Partial approval of foreign qualifications plus additional qualification in home country	10
Option 2: Additional qualification or examination in Germany	10
Option 3: Vocational training in Germany	10
3.3.3 Integration in work and society	11
3.3.3.1 Language skills	11
3.3.3.2 Cultural differences and effective integration	11
3.3.3.2.1 Patterns of cultural differences	11
3.3.3.2.2 Possible approaches to deal with cultural integration and interaction issues	12
3.3.3.2.3 Easing integration through mentoring	13
3.3.3.3 Work organisation, competence and profile	13
3.4 Requirements for long-term recruitment	14
3.5 Fair recruitment	14
<b>4. Research approach</b>	<b>14</b>
<b>5. Results</b>	<b>15</b>
5.1 Reasons for recruiting nurses from abroad – hospital view	15
5.2 Approaches to recruitment of nurses from abroad	16
5.2.1 The international recruiting process – hospital view	16
5.2.2 Countries targeted for international recruitment of nurses	16

5.3 Challenges in recruiting international nursing staff	17
5.3.1 Organisational challenges during and after the recruitment process	17
5.3.2 (Pre-)qualification of foreign nurses	17
5.3.3 Work and social integration challenges	18
5.3.3.1 Challenges of the German language	18
5.3.3.2 Cultural differences	18
5.3.3.3 Professional qualification profile	18
5.3.3.4 Work team integration	19
5.3.3.5 Social integration	19
5.4 Assessment of the success of employing nurses from abroad	19
5.4.1 Overall satisfaction of German employers and foreign nurses	19
5.4.2 Long-term recruitment of foreign nurses	20
<b>6. Discussion and Recommendations</b>	<b>21</b>
6.1 Seizing Opportunities of international recruitment	21
6.2 Meeting bureaucratic hurdles	21
6.3 Reducing Integration difficulties	22
6.3.1 Improving language skills	22
6.3.2 Accepting cultural differences	22
6.3.3 Supporting professional qualification	22
6.3.4 Improving work team integration	23
6.3.5 Fostering social integration	23
6.4 Ensuring long term stay	24
<b>7. Conclusion</b>	<b>24</b>
<b>References</b>	<b>26</b>

## 1. Introduction

What seemed to be a theoretical worst-case scenario, has meanwhile become reality for many hospitals throughout Germany. The lack of nursing staff is becoming more and more serious due to the progressing demographic shift. The number of elderly patients needing hospital care will continue to increase. Since the shortage of nurses can supposedly not be adequately overcome with professionals from Germany alone, the question for other strategies arises.

For many years already, health care professionals and politicians have been considering foreign nurses as a possible solution to handle the need for skilled personnel. This study aims at analysing whether, to what extent and under which circumstances the recruitment of nurses from abroad can be an effective measure to handle the shortage of nurses in Germany. In this context, only professionals living abroad that are recruited explicitly as additional staff are taken into consideration, disregarding foreign qualified nurses already living in Germany. The term 'nurses' is used in the sense of general care nurses throughout the study, unless stated otherwise. This is because in most countries elderly care is not a distinct profession, thus a specific recruitment of geriatric nurses from abroad is usually not possible. As a further limitation, for precision purposes, only nursing care delivered in hospitals or clinics is taken into consideration, since this is where general nurses are usually employed.

## 2. Dimensions of the nursing shortage in Germany

### 2.1 The demographic shift

Reaching its preliminary maximum of 83.5 million inhabitants in 2020, the German population is expected to constantly decrease until 2060. At the same time, the share of elderly people (aged 67 and older) is estimated to constantly rise (Statistisches Bundesamt (Destatis), 2017, p. 9) due to a further increasing general life expectancy (Becker, 2017, p. 18).

Due to these effects, the share of employable members of the population is shrinking in relation to that of the elderly. It can be assumed that in the future fewer and fewer people will have to cover the needs of a growing senior population. This trend especially affects the nursing sector since the probability of people needing care rises with age. The likelihood of stationary care services increases as well as the required intensity of care due to increasing numbers of multi-morbid or dement people among the ones getting older than 80 years (Becker, 2017, p. 19).

### 2.2 Job-related factors influencing the shortage of nurses

Due to this demographic development, the need for qualified nursing personnel is expected to further increase with the corresponding supply shrinking simultaneously (Prognos AG, 2012, p. 1). Depending on the scenario, estimations of the future shortage of nurses range from about 100,000 to 200,000 nurses (Bonin et al., 2015, p. 25) to up to 520,000 in 2030 (Prognos AG, 2012, p. 2). Already in 2025, 9% of vacancies in the nursing field will supposedly be impossible to fill given the prospected labour supply (12% in 2030, respectively) (Prognos AG, 2011, p. 35).

Even though the number of patients has not increased much over the last years, those over 80 years has clearly risen [hence presumably also the required intensity of care] (Augurzky et al., 2016, p. 35). On the other hand, the share of nurses working part-time increased by 10 percentage points to 50% from 2002 to 2014, reaching almost double the share of part-time staff in all other industries (ibid., p. 42).

This could be one factor explaining the growing shortage of nurses despite the increasing number of nursing students and graduates as well as an overall increasing number of active professional nurses.

Nevertheless, the changing demographic structure and its consequences for nursing is only one of several different factors that have contributed to the lack of nurses. There are additional reasons that prevent potential domestic workforce to take up or remain in the nursing profession. Many nurses leave the occupational field at a

relatively early stage<sup>1</sup> and, the number of people deciding to enter the nursing profession is not rising according to need. Although there are many different, and highly individual reasons for this, it can be generally assumed that the characteristic occupational prestige of nursing in Germany and the job satisfaction to play a central role.

### **2.2.1 Occupational prestige**

In the case of nurses, it is noteworthy that the overall prestige of the profession differs from society's opinion about the importance as well as the quality of nursing services (Isfort, 2013, p. 1082). In 2018, 89% of German citizens saw nurses as an occupational group they regard highly. This ranking puts nurses on the second position together with medical doctors (dbb Beamtenbund und Tarifunion, 2018, p. 7).

In spite of this high respect or nurses in the overall population, nurses themselves rate their image in society much lower. Within the scope of the Nurses Early Exit (NEXT) Study, 50% of the German nurses evaluated their prestige as bad or very bad (Hasselhorn, Zegelin-Abt, Wittich, & Tackenberg, 2008, p. 459), suggesting that nurses usually do not perceive the overall positive reputation and recognition for their profession.

### **2.2.2 Job satisfaction**

According to a broad-based study of the University of Applied Sciences Münster, the majority of nurses and nursing students are generally satisfied with their choice of profession (about 70%), show identification with their job (80%) and state that they like doing their job (85%) (Buxel, 2011, p. 946). Nevertheless, half of the participants are dissatisfied with their job and only 1/3 of them state they would recommend their occupation to someone else (ibid.).

Dissatisfaction arises mainly from specific factors: the recognition of nurses within the hospital, i.e. by other professional groups, the staff available per shift and the overall work pressure (Buxel, 2011, p. 947). 89% mention good personal interaction with patients as most important at the workplace (ibid., p. 946) but only 44% are currently satisfied with this aspect (ibid. 947). Therefore, dissatisfaction is likely to increase even further if a decreasing staffing ratio, thus accelerating workload, is going to leave increasingly little time for that. Understaffing contributes to a vicious circle since the likelihood of attracting and retaining nurses is declining along with the adverse staffing ratio and the corresponding workload (ibid. 946). This might be one reason why most nurses often feel mentally as well as physically strained or exhausted (ibid., p. 947). After all, even 70% of nurses think that they will probably not be able to do their job without restrictions up to the official retirement age under current working conditions (ibid.). The days of sick leave per year among nurses clearly exceed the average of other occupational groups (19,3 versus 16,1) (Kliner, Rennert, & Richter, 2017, p. 34).

The salary level is another reason for dissatisfaction.<sup>2</sup> In contrast to only 48% of employees of other occupational fields, 71% of nurses see their salary as being too low and not reflecting their performance (Institut DGB-Index Gute Arbeit & ver.di - Vereinte Dienstleistungsgewerkschaft, 2018, p. 5). Moreover, the share of nurses working unpaid overtime often or very often is higher than in other professions (ibid., p. 6).

## **3. The recruitment of foreign nurses for the German health care sector**

### **3.1 Foreign nurses in Germany – current status**

Recruiting internationally to cope with the local labour shortage in the field of nursing is not new in Germany, but need and hiring have been clearly increasing lately.

Evidence can be found in the results of the recent surveys of the "Hospital Barometer". With this the German Hospital Institute periodically surveys hospitals of different size and location throughout Germany on certain parameters, among others their employment of nurses from abroad. In 2017, 29% of all hospitals participating were employing foreign nurses (Blum et al., 2017, p. 44). This is an increase of 7 percentage points compared to

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<sup>1</sup> On average 10 years (Deutscher Berufsverband für Pflegeberufe - DBfK Bundesverband e.V., 2014, p. 3).

<sup>2</sup> The DGB-Index Gute Arbeit 2012-2017 suggests that nurses experience an indirect disregard through underpayment (Institut DGB-Index Gute Arbeit & ver.di - Vereinte Dienstleistungsgewerkschaft, 2018, p. 5).

the report of only 2 years earlier (Blum et al., 2015, p. 22). 21% of all hospitals had actively recruited nurses from abroad (Blum et al., 2017, p. 46).

Most applications for the recognition of foreign nursing qualifications in 2016 came from European countries, with the Philippines being the most prominent exception (Figure 1). Considering the time between 2012 and 2017, the top 5 countries applications came from were Bosnia-Herzegovina, Serbia, the Philippines, Albania and Romania (Pütz, Kontos, Larsen, Rand, & Ruokonen-Engler, 2019, pp. 34 f.).

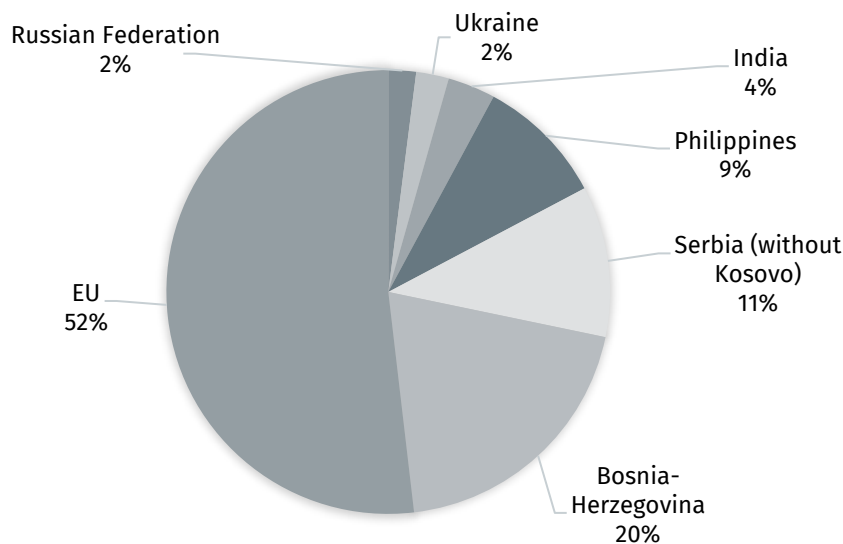


Figure 1. Countries of origin of applicants for the recognition of foreign nursing qualifications in 2016

Source: Based on BQ-Portal, 2016.

### 3.2 Recruiting-process for foreign nursing staff

Once the decision to employ nurses from abroad has been taken, there are two main options for employers in Germany. On the one hand, the Zentrale Auslands- und Fachvermittlung (ZAV) can help to place foreign nurses in collaboration with the respective authorities in the partner countries. On the other hand, numerous private recruitment agencies act as link between the German health care organisations' demand and an international workforce supply.

#### 3.2.1 Zentrale Auslands- und Fachvermittlung (ZAV)

The ZAV is a specialized department of the Federal Employment Agency that offers different programs for placing foreign professionals with German employers. It predominantly acquires nursing personnel in EU-countries drawing on its network of international partners. The ZAV searches for suitable candidates, organises information and recruitment events abroad, and informs candidates about living and working conditions in Germany. (Bundesagentur für Arbeit: Zentrale Auslands- und Fachvermittlung (ZAV), 2014, p. 2).

In 2013, ZAV and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH jointly started the project Triple Win, specifically concerned with a sustainable recruitment of nurses from non-EU countries (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, 2018).

The project name Triple Win indicates that there should be winners on three sides. First, German employers and the German society benefits, since the project helps to fill some of the numerous vacancies in nursing (Bundesagentur für Arbeit: Zentrale Auslands- und Fachvermittlung (ZAV), 2016, p. 3). Second, the nurses' home countries can make jobs abroad accessible to some of their unemployed citizens and will profit from financial retransfers of the migrant workers (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, 2018).



Third, the foreign professionals are being given the opportunity to broaden their experience through an employment in abroad (Bundesagentur für Arbeit: Zentrale Auslands- und Fachvermittlung (ZAV), 2016, p. 3). While they usually face poor prospects in their home countries' job markets (ibid., p. 3), they get the opportunity to live and work in Germany (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, 2018). The project supports the integration process through all phases of recruitment and onboarding, starting already in the nurses' home countries and continuing in Germany until the recognition process has been completed (Bundesagentur für Arbeit: Zentrale Auslands- und Fachvermittlung (ZAV), 2016, p. 3).

### **3.2.2 Recruitment agencies**

In the private sector we find a number of recruiting agencies that specialize on health care. We will introduce two recruiting agencies as examples for this offering. DEKRA, although originally being an inspection company specialised in the industrial field, has developed a major field of business in HR services, where they are by now one of the largest providers in Germany (DEKRA e.V., n.d.-a, n.d.-b). DEKRA Qualification provides a comprehensive concept for recruiting qualified nurses from abroad and placing them with German health care providers. They have branded this offering as EMHC, Expert Migration HealthCare (DEKRA Akademie GmbH, n.d.).

Another example is Capitalent Medical, a recruitment agency supporting German health care organisations in search for qualified health care professionals from around the globe. The list of partner countries has been continuously extended and now includes non-EU countries such as Brazil, Columbia, Vietnam and Thailand besides Italy and Spain.

### **3.2.3 Countries considered for future work migration to Germany**

Although the expected demographic shift suggests a poor migration potential of European countries, this is partly outweighed through a relatively large stock of nurses, which is, in some cases, even expected to further increase, potentially exceeding national demands (Merda, Braeseke, & Kähler, 2014, p. 21; OECD, n.d., 2019; WHO, 2019). According to this criterion, especially Italy and Spain appear to hold good potential (ibid.). Besides Italy and Spain, Croatia and Serbia have witnessed a growth in the number of nurses over the last few years.

Nevertheless, their recent stock of professional nurses is comparatively low (ibid.), suggesting that they do not (yet) have a sufficient surplus for a considerable migration to Germany. The Philippines, India and Vietnam appear to have the highest potential for future migration of nurses to Germany, with India obviously even exceeding the Spanish and the Italian value by far (ibid.). However, given the population in these countries (The World Bank, 2019), the density of nurses is much lower than in the European countries considered, partly even falling below the critical threshold as defined by the WHO (see World Health Organization, 2006, pp. 11-13).<sup>3</sup>

## **3.3 Challenges of recruiting nurses from abroad**

When recruiting from abroad, challenges concern three major areas: 1. Entering the country and obtaining a work permit. 2. Coping with the professional demands and requirements. 3. Integrating in a foreign working and living culture.

### **3.3.1 Entry, work and residence permission**

#### **EU citizens:**

According to the EU act on the general freedom of movement, all citizens of the European Union and the European Economic Area (EEA) have the permission to enter and reside in any member state for the purpose of work, job search or professional training without the need of a visa (Bundesministerium der Justiz und für Verbraucherschutz, 2004a). The act grants the same rights to accompanying relatives and spouses given that they are EU-citizens as well (ibid., § 2 II 7, § 3, § 4).

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<sup>3</sup> See chapter 3.5 Fair recruitment.

### **Third-country citizens:<sup>4</sup>**

Third country citizens generally need a visa to enter Germany (Bundesministerium der Justiz und für Verbraucherschutz, 2008, § 4 I). To take up work, applicants need to apply for a residence permit which clearly indicates the permission to engage in employment (ibid. § 4a I, III). According to a new law which came into force on March 1, 2020, not only academics, but also those with a foreign professional qualification can now be granted a residence permit for work, if they have a job offer and their qualification has been recognised as equivalent to the corresponding German qualification (ibid., § 18 II, § 18a, § 18b), without the former limitation to understaffed professions (Bundesministerium für Arbeit und Soziales, 2020). Before, professionals who obtained vocational training abroad (or intended to work in a profession that requires vocational training in Germany), could obtain a work permission, only if the Federal Employment Agency had declared vacancies in the respective occupational field as eligible for foreign professionals, which was the case with professions officially classified as understaffed (Bundesministerium für Bildung und Forschung, n.d.).

### **3.3.2 Recognition of foreign professional qualifications**

Since qualifications acquired in an EU-country, in a member state of the EEA or in Switzerland will usually be approved automatically (Amt für amtliche Veröffentlichungen der Europäischen Gemeinschaften, 2005), the following section solely deals with the options for recognising qualifications from third country citizens. Nevertheless, all candidates need to present a certificate of sufficient German language skills, a certificate stating the candidates good mental and physical health as well as a certificate of good conduct (Die Bundesregierung, n.d.). In this context there are different ways of achieving the required certificates.

#### **Option 1: Partial approval of foreign qualifications plus additional qualification in home country**

One way of getting the formal qualification required to work as a nurse in Germany is the approval of a foreign nursing qualification in connection with an additional qualification obtained in the country of origin. This pre-qualification shortens the process of recognition as it increases the equivalence of the German and the foreign professional training before the nurses' departure for Germany (Biebeler, Körbel, & Pierenkemper, 2015, p. 39).

#### **Option 2: Additional qualification or examination in Germany**

Another way of approving foreign qualifications is to supplement them with an additional qualification in Germany. In contrast to the before mentioned, it requires no additional training in the nurses' home country (Biebeler, Körbel, & Pierenkemper, 2015, p. 34). Either the nurses attend an additional seminar to close gaps, or they take an assessment test usually being combined with preceding preparatory courses to increase their chance of passing (ibid.).

#### **Option 3: Vocational training in Germany**

A third possibility for obtaining the formal qualification for nursing is a regular vocational training in Germany. For professionals from third countries to be eligible for an apprenticeship in Germany, the Federal Employment Agency needs to confirm the shortage of professionals in the particular field of work and in the respective region (Biebeler et al., 2015, p. 24). Candidates must present a certain level of education, either in form of a middle school diploma or Lower Secondary Education<sup>5</sup> complemented with either an apprenticeship of minimum 2 years or a completed vocational training in nursing assistance (ibid.). As opposed to the approval of foreign qualifications, the proof of German language skills is not officially required for taking up an apprenticeship in nursing (Pierenkemper & Körbel, 2017, p. 77).

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<sup>4</sup> The regulations presented in this section exclude citizens of Australia, Canada, the USA, Korea, Israel, Japan and New Zealand who are permitted to enter Germany without a visa, even for stays exceeding the regular duration of a short-term visa and can apply for a residence permit in Germany (Bundesministerium der Justiz und für Verbraucherschutz, 2004b, §41 I III). Moreover, they are allowed to work in Germany after being granted a residence permit for the purpose of employment (Bundesministerium für Bildung und Forschung, n.d.). A recognition of professional qualification is necessary only in the case of intended work in a regulated profession (ibid.).

<sup>5</sup> Equivalent to the German graduation Realschulabschluss/Hauptschulabschluss.

### **3.3.3 Integration in work and society**

#### **3.3.3.1 Language skills**

According to Schreck (2017, p. 61), two thirds of nursing institutions regard German language and communication skills as a major problem connected with the employment of foreign nurses, placing it as issue number one. Even though foreign nurses must have successfully completed a German language course and thus, can be expected to have a profound command of German, they naturally lack routine in writing and especially (colloquial) speaking (Slotala & Bollinger, 2014, p. 38).

Since the nursing profession requires comparatively strong communication skills, both spoken and written (Halm, 2013, p. 16), high expectations on foreign nurses' language skills [from co-workers and superiors] can adversely affect their integration (ibid., p. 28). Moreover, sufficient knowledge of the German language is often a prerequisite for further education, thus professional development within the company [or the occupational field in general] (ibid., p. 22).

Especially in the hospital context, German language skills are often a means of distinction that reinforce existing hierarchical structures and power relations between newcomers and established nurses (Pütz et al., 2019, p. 93). Remarkably, even established nurses with migration background do not necessarily show solidarity with new foreign nurses, but rather team up with German colleagues (ibid.). As foreign nurses often find themselves in the role of an outsider due to insufficient language skills, they themselves tend to band together in solidarity against the established colleagues (ibid., p. 179). In part, also patients place high expectations on foreign nurses' language skills and sometimes even regard their level of German as reason to complain (ibid., p. 94).

Yet, many foreign nurses feel that language training as offered through integration courses is not adequately preparing them with respect to job-related language requirements (Pütz et al., 2019, p. 22).

#### **3.3.3.2 Cultural differences and effective integration**

After foreign nurses have been living in Germany for some time, thus usually have extended their German language skills, culture-related differences increasingly emerge. In this context, values play an essential role since they are normally imparted at a young age and get strongly anchored over time (Merda, Braeseke, & Kähler, 2014, p. 32).

Cultural differences that show themselves in behaviour, interaction and expectations are most obvious and of paramount relevance in all areas where social interaction and difficult interpersonal situations become relevant. And this is the case in nursing. Therefore, it can be easily understood, that cultural barriers are more relevant and more difficult to overcome than lack of expertise or training.

##### **3.3.3.2.1 Patterns of cultural differences**

Foreign nurses' behaviour and ideas differ to a greater or lesser degree from what is common in Germany (Slotala & Bollinger, 2014, p. 39). As a consequence, it happens that (groups of) people are strictly associated with their cultural otherness so that interpersonal conflicts often tend to get explained by cultural differences (Pütz, Kontos, Larsen, Rand, & Ruokonen-Engler, 2019, p. 188).

Slotala & Bollinger (2014, p. 39) refer to and describe patterns of potential culture-based conflicts without ascribing them to specific national groups.

- In many countries, even the collaboration with colleagues differs from what is common in German work teams. As one example, Slotala & Bollinger (ibid.) mention "face-keeping" which contradicts a working culture generally characterised by open criticism. As for the collaboration in multi-cultural teams, this carries the risk of conflict since being openly criticised especially in front of others, which is common in Germany, might in some cultures lead to a perceived loss of face, thus long-lasting interpersonal issues.
- In addition, the mutual informal addressing of colleagues, as it is mostly common in the nursing profession, might be rather unknown in some countries (ibid.).

- Leadership style and hierarchy structures in the workplace are another major challenge of integrating nurses from abroad. Schreck (2017, p. 61) finds that 18% of representatives of nursing institutions view differences in understanding of hierarchies as a problem (24% concerning the way of dealing with mistakes, respectively).
- As Angelovski (2016, p. 29) explains, German HR managers and staff in leading positions usually get taught a rather cooperative and inclusive approach of managing personnel which entails open discussions and asking for employees' constructive support. The way of handling mistakes is presented to be rather supportive than punitive. As opposed to this, some nurses, especially from Eastern European cultures, seem to be used to a more authoritarian leadership style with clear instructions leaving little room for staff's contributions (ibid.). Merda et al. (2014, p. 32) similarly conclude that especially nurses from [Eastern] Asia are used to much stronger hierarchical structures which come along with a greater reverence for superiors. Moreover, they tend to be more afraid of making mistakes (ibid.).
- Cultural differences can also relate to common distance zones including the socially accepted degree of body contact (Merda et al., 2014, p. 32). Compared to Germany, this zone can be smaller or wider depending on the foreign nurses' cultural background (ibid.). While Germans usually tend to have a rather wide distance zone already, there are certainly cultures where body contact, especially between strangers, is even less commonly accepted. Especially concerning (intimate) body care of patients, many Muslim as well as (Buddhist) Asians seem to feel comparatively ashamed (ibid.). In this context, differences also reveal in form of culturally accepted ways of dressing, such as covering arms, legs and shoulders as common for Muslims. This can represent a practical problem in the workplace since nursing activities generally require the wearing of short-sleeved shirts for hygiene reasons (Knauß, 2016).

### **3.3.3.2 Possible approaches to deal with cultural integration and interaction issues**

It is understood, that multicultural teams offer the opportunity for a fruitful exchange of knowledge, skills and experiences (Slotala & Bollinger, 2014, p. 37). Moreover, they can trigger a change in the predominant common perspective by breaking traditional patterns and bringing together different occupational self-definitions and (best) practices (ibid.). Nevertheless, in everyday working life there is often little time to create a profound understanding [thus tolerance] of each other's cultural backgrounds (ibid.). This carries the risk of misunderstandings and frustration on both sides, which often lead to mutual reproaches and subconscious development of dominance patterns, hindering productive collaboration (Baluyot, 2014, p. 163; Slotala & Bollinger, 2014, p. 37).

Although dealing with and accepting foreign cultures plays such a vital role for a successful integration process, foreign nurses are predominantly taught language and professional skills, often disregarding necessary cultural trainings (Tewes, 2014, p. 232).

Staff in leading nursing positions are crucial for the establishment of a professional working atmosphere; hence they play a vital role for a successful integration of foreign nurses (Auernheimer, 2005, p. 163). Therefore, as a starting point, they need to undergo an adequate leadership training to develop both general leadership skills and more specific skills, needed for an effective management of multi-cultural teams (ibid.). Ideally, established nursing staff take over an active role in promoting successful teamwork by being directly involved in designing a joint project for integrating foreign nurses into the emerging multi-cultural team (ibid., p. 162 f.). With the help of professional inter-cultural coaches, nursing and management staff are trained until they can independently take on fundamental tasks in integrating foreign colleagues (ibid.).

Foreign nurses often prefer to work in a multi-cultural team together with other foreigners as they feel that it contributes to a good working atmosphere and supports the integration at work (Kovacheva & Grewe, 2015, p. 39). Co-working with nurses who have made similar experiences and faced similar issues plays a considerable role in supporting workplace satisfaction (ibid.). Consequently, if possible, a multi-cultural team should be put together considering a mix of several different cultural backgrounds to support a successful integration process from the very beginning. However, the emergence of two major subgroups, e.g. one of Germans and another of the respective foreign nationality or culture should be avoided (ibid.).

Finally, potential prejudices and reservations towards foreign nurses' qualifications or cultural habits can only be countered through a clear statement of the employer, that foreign nurses are important and in every way accepted and respected members of staff. This needs to be communicated and backed up throughout all organisational levels as well as towards patients (Kovacheva & Grewe, 2015, p. 47).

### **3.3.3.2.3 Easing integration through mentoring**

Besides written guides for a first general orientation (Kovacheva & Grewe, 2015, p. 35) and a profound introduction, hospital staff, including administrative clerks, can be trained to support foreign nurses in everyday bureaucratic issues. Similarly, direct colleagues can be assigned as mentors who advise and coach foreign nurses in a more personal way and for a longer period than the regular induction phase (ibid.).

However, as rather obvious prerequisites for an effective mentoring system, wards need to be sufficiently staffed and mentors as well as mentees need to be granted the extra-time needed (ibid.). Mentoring programmes that at least partly take place off the job could be feasible, provided this personal commitment was adequately acknowledged and rewarded by the employer. Although most employers offer introductory and welcoming events to new staff, they are usually limited in time so that many nurses feel left alone too early while being expected to adapt fast (Pütz et al., 2019, p. 159).

### **3.3.3.3 Work organisation, competence and profile**

A practical obstacle to collaboration in multicultural teams lies in the different qualification profiles and professional expertise. Although such differences might be used as beneficial resource, they may lead to misunderstandings and various kinds of conflicts in everyday working life.

Since the occupational profile of the nursing profession as well as the corresponding training are not equally structured internationally, individual nurses' professional backgrounds, thus expectations of their occupational practice, might highly differ from each other (Slotala & Bollinger, 2014, p. 38). Since nursing is an academic education in most countries (ibid., pp. 38 f.) foreign nurses usually lack practical experience compared to their German colleagues. When starting to work in German hospitals, foreign nurses are therefore sometimes met with mistrust or even prejudices regarding their qualifications from both colleagues and patients (Kovacheva & Grewe, 2015, p. 40).

In addition, nurses abroad usually have much wider responsibilities and competencies in patient care, compared to German nurses. Foreign nurses are usually entrusted with more medical tasks which are traditionally carried out by medical doctors in Germany (Slotala & Bollinger, 2014, p. 39). Therefore, they often have a greater say regarding therapeutic decisions (ibid., p. 38). Due to a lack of background knowledge of these different systems among German hospital staff (in addition to communication and cultural issues mentioned above) there are substantial sources of tensions and conflict between foreign nurses and German nurses and medical doctors, mostly based on hierarchical issues (ibid.).

While nurses in Germany mostly carry out basic nursing care, in many countries this is taken over by other occupational groups, such as auxiliary nurses (Kovacheva & Grewe, 2015, p. 40) or family members. Therefore, foreign nurses often feel degraded when realising the scope of German nursing practice (ibid., p. 38). This issue is well known, considering the results of the study by Schreck (2017, p. 61) in which almost 50% of the participants named expectations of foreign nurses regarding their tasks as a problem.

Especially in hospital nursing, where teamwork is essential, there is a rather strong discrepancy between established and new nurses (Pütz et al., 2019, pp. 151 f.). Usually, there are competitive conflicts concerning the "right" professional practice, which includes degrading foreign nurses' qualifications and rebuking them in their work routines while imposing German standards on them (ibid., p. 82). In many cases, this even leads to situations where colleagues intentionally hold back knowledge or give insufficient explanations to their foreign colleagues (ibid., p. 158). This makes the adaptation to the new work environment even more difficult and increases the potential for conflicts among team colleagues (ibid., pp. 158 f.).

### 3.4 Requirements for long-term recruitment

According to the nurses interviewed for the WORK || INT study, satisfaction with working conditions is the main factor of workplace retention (Kovacheva & Grewe, 2015, p. 43). Especially permanent work contracts [as fully-fledged nurse], opportunities for (academic) career development and better possibilities to balance work and private life seem to be crucial for nurses not only to stay in the workplace but, more importantly, to be attracted in the first place (ibid., p. 43). Although foreign nurses usually get permanent work contracts (ibid., p. 36), they are often employed as auxiliary nurses for a relatively long time until their qualifications have been accredited (ibid., p. 37). While waiting for their accreditation they can only be employed as auxiliary nurses, putting them at a low salary level at a given high cost of living. (ibid., p. 43).

Many nurses, coming to migrate to Germany do so as they hope for better career opportunities, often facing a rather poor labour market situation in their countries of origin (Kovacheva & Grewe, 2015, p. 44). Through the recognition of their professional qualification in Germany, they hope for opportunities of further professional education and the assignment of more complex higher-level tasks and responsibilities (Pütz et al., 2019, p. 187). For this they would need adequate time beside a full time job, which proves difficult regarding the working time in this profession (Pütz et al., 2019, p. 133).

They frequently get disillusioned by the limited career opportunities and possibilities for professional development (Kovacheva & Grewe, 2015, p. 43). This even causes some nurses to change the workplace (Pütz et al., 2019, p. 87), to move to another country or to re-migrate, if the economic situation in their home countries allows for it (Kovacheva & Grewe, 2015, pp. 36, 43 f.). If employers want to retain foreign nurses beyond their integration they need to actively support their further specialisation (ibid., p. 43 f.) and offer adequate (also non-monetary) rewards and professional development, thereby also improving the quality of care and promoting job satisfaction.

### 3.5 Fair recruitment

In order not to drain other countries' workforce, recruitment shall be based on the WHO Global Code of Practice which forbids to recruit from countries that suffer a lack of professionals themselves or show a demographic development similar to that in Germany (World Health Organization, 2010).

In order to be attractive for foreign professionals, it is essential that they perceive themselves as being equally treated to their German colleagues, preventing any discrimination regarding their working contracts' details (Deutscher Berufsverband für Pflegeberufe, 2014, p. 1).

As another central aspect of a fair recruitment, candidates are to be given reliable contracts with binding working conditions which allows them to plan their professional as well as private lives in Germany well ahead (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege, 2014, p. 5). False expectations and disappointments concerning the occupational profile of nursing in Germany are to be avoided by informing candidates in-depth beforehand (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege, 2014, p. 4). Also, typical misunderstandings, such as the confusion of gross and net salary or the fact that, even within the EU, a recognition of qualification is only possible with proof of sufficient language skills (Deutscher Berufsverband für Pflegeberufe, 2014, p. 1), are to be clarified beforehand.

From a political point of view it would be helpful, if migration policy was not changed too frequently and only with sufficient lead times, allowing foreign professionals to base their migration decision on reliable information concerning recent regulations (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, 2013, p. 33).

## 4. Research approach

Our research is based on a total of 14 in depth interviews with experts who have substantial experience in the field of recruiting a high number of nursing professionals from abroad and with nurses who are currently working in German hospitals. The expert-interviews focussed on challenges encountered during the recruitment and employment of foreign nurses and on the question whether hiring foreign nurses can be regarded as a viable

strategy to alleviate the existing shortage. The interviews with nurses mainly assessed the likelihood of their staying in Germany long-term.

We chose interviews instead of questionnaires to gain differentiated qualitative data and make use of the possibility of discussing individual aspects in more detail, depending on the course of the interview and the respective answers given.

- The hospital staff interviewed were working at hospitals (private, non-profit, university) in both rural and metropolitan regions throughout Germany.
- Nursing directors or other representatives of the hospital management were all involved in recruitment, mentoring and supervision of foreign nurses.
- In addition, interviews with representatives of recruitment agencies took place.
- The foreign nurses interviewed, were all working at the same hospital (on different wards), waiting for their professional qualifications to be recognised. Thus, they were all employed as auxiliary nurses. Three are from the EU and one from a non-EU country. They had been in Germany between 6 and 28 months.

## 5. Results

### 5.1 Reasons for recruiting nurses from abroad – hospital view

All hospital managers interviewed had started recruiting from abroad because their demand for qualified nurses has been clearly exceeding the corresponding national supply. In one case, it was explicitly pointed out, that the sole reason for choosing this expensive and work-intensive process was the insufficient supply of national nurses.

All interviewees had been experiencing a shortage of nurses for a relatively long time and most had tried to take alternative steps before deciding to recruit from abroad. This included:

- measures for stronger retention of own apprentices,
- different marketing activities,
- bonuses for employees who successfully referred new employees,
- enhanced investments in in-house vocational trainings,
- further education of employees,
- public relations efforts,
- greater integration of elderly care nurses.

In spite of all this, the hospitals did not receive sufficient applications to fill their vacancies.

It should be noted, that there are further factors that add to the recruiting difficulties, such as location and competition:

- one hospital being located in a rather rural area, was confronted with a lack of junior jobseekers in the local population, since young people prefer to move to larger cities;
- another hospital faces strong competition, being located in a region with a high number of hospitals and suffers since it does not have any unique selling proposition that would attract jobseekers.

Concerning the assumedly low general attractiveness of the nursing field, only one hospital manager mentioned the nursing profession as well as the corresponding vocational training in Germany not to be attractive enough. On the whole, general care nursing was pictured as in fact quite attractive considering a relatively high salary (compared to other fields of nursing) and currently 36 days of vacation in shift work. Furthermore, the same interviewee maintained that, regular vocational training has always been of high quality, irrespective of the recently increasing degree of teaching the nursing profession academically. The attractiveness of the nursing

occupation is also said to be reflected in the full occupation of the hospital's vocational training positions. It is rather the demographic shift, that leads to a constantly increasing demand for nursing services, that was named as a reason for the shortage of personnel. Another reason is seen in the introduction of the DRG system<sup>6</sup> in Germany, whereafter many nursing schools were systematically closed down to reduce costs, thus yielding fewer trained and qualified nurses.

Many trained and experienced nurses leave their job nowadays and choose to work with temporary employment agencies, the reasons being higher salary, more freedom in terms of working time as well as other benefits, such as company cars. Moreover, some of the nurses that have completed their vocational training in the hospital take up additional academic studies (usually after having worked for 2-3 years). That way they seem to seek improved career opportunities in the future. Another aspect that may contribute to the shortage of nurses are the changed expectations nurses place on their job these days. One nursing director mentioned, that job candidates increasingly ask for fixed working times; either specific days or shifts only. This is a major issue since this is not compatible with a hospital's operational structure.

Three hospitals have already been able to significantly reduce their shortage of nurses through international recruiting. As for one hospital, it was possible to fill almost all vacancies, thereby preventing a reduction of services or a shutdown of entire wards. Even the intensive care unit, being very personnel intensive, has been running without restrictions. Another hospital explained to have intensified its international recruiting efforts due to the effectiveness of the strategy, with a staffing of all open positions to be expected in the near future.

## **5.2 Approaches to recruitment of nurses from abroad**

### **5.2.1 The international recruiting process – hospital view**

The ways of recruiting nurses from abroad differ. Two hospital representatives stated to (partly) recruit nurses through the project Triple Win. One hospital is planning own international recruitment activities for the future and has already prepared for that by employing a specialised recruiter, only one has already been pursuing an active recruitment of foreign nurses. Three of the hospital representatives stated that they have been recruiting through the help of agencies. In addition to this, two of them are being regularly approached by agencies that advertise for their recruitment services.

Three hospitals are frequently receiving unsolicited applications, whereby two of them not only receive applications from nurses living abroad but also from foreign nurses already living and working in Germany, wishing to change their workplace. Some aim at changing from elderly care to general nursing, while others want to change their location. As additional way of recruitment, one hospital is offering vocational training to foreign nurses (recently Vietnamese) in its own nursing school.

### **5.2.2 Countries targeted for international recruitment of nurses**

Hospitals as well as agencies recruit nurses both from European as well as from non-European countries.

The Balkan countries, foremost Serbia and Bosnia, seem to be the most popular countries for recruiting nurses within Europe. Besides, Southern European countries, particularly Italy, Spain and Portugal, are targeted as countries for recruitment. However, as for Spain (and partly for Portugal), recruitments have significantly decreased in the past years due to improved socio-economic conditions there. Concerning the recruitment of nurses from outside of Europe, Asian countries, foremost the Philippines and Vietnam followed by Thailand, are accessed. In some cases, nurses are also being recruited from Latin America, precisely Brazil and Columbia.

The recruitment of nurses from non-European countries is more complex regarding formalities. However, on the other hand, they usually have a higher command of German upon arrival compared to European nurses, having

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<sup>6</sup> The system of DRGs (Diagnosis Related Groups) classifies hospital cases into case groups according to their consumption of resources, i.e. the economic cost they cause. The basis for the classification is the respective diagnosis and the treatments carried out. Each DRG is assigned a specific monetary base rate on which additional patient-related criteria (e.g. age, gender, length of hospital stay) are applied for individual calculation. Since its mandatory implementation in Germany in 2004, hospitals' operating costs are being reimbursed based on the DRG system.



attended language courses in their home countries already. Furthermore, almost all of them are reported to have better English skills compared to most of their European colleagues, which might be helpful for bridging language gaps, especially in the initial phase.

### **5.3 Challenges in recruiting international nursing staff**

#### **5.3.1 Organisational challenges during and after the recruitment process<sup>7</sup>**

According to the hospital managers interviewed, bureaucratic obstacles are the biggest challenges to be handled when recruiting nursing staff from abroad. In cases where bureaucratic processes during recruitment were taken care of by the respective agency in charge, they caused no problems. Except for skype interviews and application days, which are undertaken by the hospital as needed, the agency was said to cover most organisational matters.

Even if supported in recruiting, all hospitals confront substantial administrative challenges after foreign nurses have started to work. Obtaining the necessary visa and permits was perceived to be just as problematic as the practical collaboration with the respective public authorities. The entire process of recognition was described to be lengthy and not well plannable since it is not certain, if and when applications will be approved and, if applicable, under which conditions. At times, the process even seems to depend on the individual administrative clerk in charge.

The lack of transparency concerning the status of recognition processes puts a burden on both employers and foreign nurses. Employers find themselves in a risky situation with uncertain outcome. Having undertaken high investments in the recruitment, they still cannot foresee if and when to expect foreign candidates to be available as full member of staff. Sometimes, recognitions are subject to certain additional qualification measures, for instance in-house internships, which the hospital is required to organise and provide the necessary capacities. Having been unable to plan for this well-ahead due to insufficient information by authorities, this might lead to additional unexpected costs, direct as well as indirect. Depending on the nurses' professional background and country of origin, it may take up to 18 months until foreign qualifications are finally recognised. The fact that regulations and requirements differ between German federal states, makes it even more difficult to understand individual recognition processes.

Given all this, the recruitment of foreign nurses only pays off in the long run. Although they do support colleagues, the additional workload for necessary induction and supervision reduces the immediate work-relief.

From the point of view of the foreign nurses, the organisation of the recruitment process on the side of the respective agencies had been rather complicated and not too professional. Only one nurse believes to have benefited from a strong support by both agency and employer concerning the entire organisational process, including the search for accommodation. Before the qualifications are recognised, nurses need to cope with the relatively low salary for auxiliary nurses. This exposes them to substantial insecurity, especially if they must cater for the partner's costs of living as well. Many find themselves confronted with the challenge of finding affordable accommodation, which, in turn, is a prerequisite to obtain a permanent residence permit. In some cases, this kind of vicious circle even forces candidates to go back to their home country for a certain time, since their temporary visa may have expired while waiting for a decision on the recognition of their qualification.

#### **5.3.2 (Pre-) qualification of foreign nurses**

None of the nurses interviewed had undergone any professional training in preparation for their migration to Germany in their home country. However, all had completed academic studies in the field of nursing in their home countries, usually holding either a bachelor's or a master's degree. Besides, two of them had already gained work experience or at least mentioned mandatory practice hours as inherent part of their studies.

Regarding foreign nurses' qualifications, Capitalent Medical only recruits graduated nurses whose professional qualification is registered for recognition, with potentially necessary adjustment qualifications to be conducted

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<sup>7</sup> Until the final recognition of foreign professional qualifications, hence employment as professional nurse.

in Germany. DEKRA, on the other hand only accepts candidates holding a (national) degree in nursing as well, but additionally trains them for the professional knowledge examination already in their own nursing schools abroad.

### **5.3.3 Work and social integration challenges**

#### **5.3.3.1 Challenges of the German language**

Concerning challenges in everyday (working) life, all interview partners see sufficient German language skills as crucial and probably the greatest obstacle to integration. Even at level B2, many nurses still have communication problems, with the step from B2 to C1 being quite big. Due to these language deficiencies, many nurses are not able to make full use of their oftentimes high professional expertise.

The nurses themselves also perceive serious language barriers, partly hampering an effective communication with colleagues and doctors and sometimes even complicating the handling of patients. While a profound language level is depicted as a key factor for collaboration, some of the German nurses are apparently impatient in dealing with foreign colleagues.

Language-related problems were said to be a bigger issue in the case of nurses from the EU than from other countries, since only the latter are required to present a language certificate prior to migration.

On the other hand, one hospital manager noted that, depending on how outgoing foreign nurses are, they would extend their German skills quite fast, for instance by chatting with colleagues during breaks. Although German nursing terminology is largely unknown to foreign nurses, it has been found to be a rather minor problem since specific language skills are apparently acquired quite fast during everyday work. Since individually used abbreviations and terms differ between hospitals and even between wards, the respective terminology is an integral part of induction for all new members of staff irrespective of their origin.

Concerning possibilities for further language acquisition, two nurses criticised that there are no possibilities for them to attend advanced level courses (beyond B2) alongside work since there is no organisation [including granting the time for course attendance] on the part of the employer.

#### **5.3.3.2 Cultural differences**

Hospital management representative mentioned, that in some cases, differences in cultures cause practical challenges in everyday working life. Some of the foreign nurses appear to be rather reluctant in direct [physical] contact with patients due to a more restrained attitude towards personal hygiene tasks in their home cultures. Furthermore, some nurses show a different understanding of authority as well as a different way of interacting with colleagues, doctors and other professional groups. All this would however also apply to purely individual behavioural preferences irrespective of cultural background.

However, a positive effect from the point of view of several hospital representatives is the cultural enrichment of employing nurses from abroad. Having in mind the increasing number of international patients (or patients with a migration background), foreign nurses are often regarded as a great asset. The possibility to overcome language barriers is viewed as an advantage, which even German colleagues do appreciate. This appears to be especially effective on neurological wards with patients usually being unable to properly communicate and oftentimes not in German. With regard to this, all parties involved can clearly benefit from foreign nurses' language skills and possibly from their knowledge about cultural characteristics as well. Another hospital even extended the positive effect of international recruitment beyond the workplace. It was stated that not only the direct location of the hospital, but also the wider region is being positively influenced on a societal level. Offering foreign nurses housing in neighbouring communities and actively involving them in social activities, such as Christmas markets, has been noticeably changing the region's face.

#### **5.3.3.3 Professional qualification profile**

Foreign nurses are regarded as highly qualified due to their academic studies, especially when it comes to medical-related tasks. One hospital particularly considers the latter a professional enrichment. Those foreign

nurses with a profile beyond basic care are indeed oftentimes entrusted with more demanding tasks thus contributing to further relieving the tight staffing situation.

However, being much more used to medical responsibilities, especially Italian and Brazilian nurses need to accommodate to a new view regarding nursing practice when in Germany. In this context, Vietnamese nurses find themselves in an easier situation, since they are much more familiar with basic nursing care.

Individual occupational deficiencies, if any, can be overcome relatively quickly during the induction phase. None of the interviewees mentioned foreign nurses to be overstrained by their duties in Germany.

While the nurses do not seem to have a particular problem with limited responsibilities, missing recognition of their professional expertise has in fact turned out to be an issue. German colleagues often underestimate or ignore foreign nurses' skills, thus regarding and treating them as students or assistants.

#### **5.3.3.4 Work team integration**

Foreign nurses are mostly being well integrated into their team of colleagues. Therefore, the chances of sustainably integrating them into the workplace as well as into the German society are overall assessed as good. In one case, this was mainly explained with the fact that the nursing staff in Germany is already quite diverse. The majority of nurses has foreign roots of some sort. Where this is the case, problems specifically related to cultural differences are not seen as an issue. In cases, where the colleagues on ward show interest in the way of life and the design of professional nursing in other countries, integration works well, too. In this context, German nurses' recognition and acceptance of foreign colleagues seem to increase gradually. One interview partner emphasised that, once foreign nurses have been successfully integrated (after about 3 years), their origin as well as their individual way of becoming a nurse in Germany loses relevance.

#### **5.3.3.5 Social integration**

The integration into a circle of friends outside the workplace seems to be difficult for foreign nurses. Most of the interview partners explicitly mention, that it is hard to make friends with Germans outside the workplace. Even building relationships with colleagues beyond work seems to be difficult.

### **5.4 Assessment of the success of employing nurses from abroad**

#### **5.4.1 Overall satisfaction of German employers and foreign nurses**

Hospital managers as well as staffing agencies, both are satisfied with the employment of foreign nurses. Hospitals are in general grateful for the additional personnel support that reduces the workload for the existing staff.

On an individual level the work effort and result of foreign nurses is not unanimously seen as positive. On the one hand, they are being perceived as committed and friendly and not different from their German colleagues in terms work performance or motivation.

On the other hand, some employers see issues in attitude on an individual level such as reliability, punctuality and sense for rules and regulations. Sometimes, unpunctuality might be explained by a different sense of time, whereas sometimes there are more practical reasons such as commuting issues resulting from restricted operation times of public transportation.

The nurses are highly satisfied with the organisation of work. Working methods are seen to be very professional, highlighting for instance the way of digital documentation. Moreover, most nurses seem to be very satisfied with their work environment, emphasising a good induction training, a strong teamwork and mostly friendly and supportive colleagues.

Some nurses do however, encounter issues within their team due to a lack of empathy and understanding concerning their situation and mistakes they may make. While some colleagues are patient, others clearly express unwillingness to work with foreign nurses, not wanting to train them and give explanations.

There seem to be limited problems in dealing with patients who were described as friendly and tolerant towards foreign nurses – with only a few exceptions. Mostly in the case of older patients there are sometimes reservations towards foreign nurses.

As for the foreign nurses interviewed, they seem to be overall quite satisfied with their work migration to Germany. Most explained to have had at least some specific expectations and ideas regarding the work life in Germany, which have proved to be true for the most part, the full picture will however only be gained in everyday work.

The overall working conditions in Germany are regarded as attractive, given the workload, fewer patients per nurse and pay level compared with the respective countries of origin.

#### **5.4.2 Long-term recruitment of foreign nurses**

According to hospital managers as well as agencies, the majority of nurses from foreign countries stay in Germany. The exception are nurses from neighbouring EU countries, especially Spain. It seems to be much easier to return home to a country that is closer to Germany and where the economic development creates new opportunities closer to home.

Another reason for the large number of Spanish nurses who have returned so far is assumed in the fact that formal training and/or professional experience obtained abroad can be recognised in a scoring system [for professions in the public service], enhancing the nurses' chance to pursue their career. Unlike in Germany, nurses in Spain have the possibility to become civil servants and work as such in public health care facilities (López-Valcárcel, Quintana & Socorro, 2006, p. 123). In contrast, nurses from outside of Europe have mostly stayed so far presumably for economic reasons, considering poor job perspectives in their home countries and a lack of state support in the case of unemployment.

As a result of these experiences, hospitals have even significantly reduced their recruitment efforts in Spain. In contrast, Portuguese and Italian professionals have mostly stayed on to a larger degree. To some extent, this is assumed to relate back to Portugal's and Italy's economic situation still being rather poor, whereas Spain's economy has been clearly recovering. Overall, the fluctuation of foreign nurses is not generally higher than among German nurses.

Foreign nurses' length of stay in Germany strongly depends on their individual private situation and the conditions in their home countries. Examples would be the opportunities and decision of their partners or the ability to settle and develop roots in Germany. In addition, if foreign nurses believe to have poor prospects at home, their motivation to build up a new existence and settle with their families in Germany appears quite high. In some cases, nurses are motivated to stay by a personal need for security after having experienced violence in their countries of origin. Others rather seem to get pushed by their families and friends to stay in order to build a better future and make it [abroad].

All hospital representatives declared that they are pursuing the recruitment of foreign nurses as a long-term strategy with one explicitly mentioning that all nurses are offered a permanent work contract upon recognition of their qualification. The reasoning to see this as a long-term effort with the aim to retain the foreign nurses on the one hand is the need to pay off the high investments in recruiting and integration. On the other hand, the reasoning focusses more on a permanent alleviation of the shortage of nurses, which is assumed to remain an issue in the future. There is also an element of obligation in retaining employees who have taken on to migrate to Germany.

Besides permanent work contracts as well as better living conditions, including a higher salary, two interviewees assume the individual hospital's location to be an essential factor for many foreign nurses to stay. Lively, well-connected metropolitan areas seem to be especially attractive for foreign nurses to work and live in. Therefore, chances of a long-term integration are considered good, especially in the light of the social framework with various cultural activities and offerings for the promotion of integration.

However, quite a number of nurses prefer to go home again. Reasons for re-migrating are different:

- potential future job opportunities in their countries of origin
- difficulties to integrate and find comfort with the German way of life and culture
- climate conditions in Germany
- distance to their families and suboptimal flight connections to their home region from the hospital's location.

## 6. Discussion and Recommendations

### 6.1 Seizing Opportunities of international recruitment

Expecting the shortage of nurses to remain an issue in the future has been causing the hospital managers to extend rather than reduce their international recruitment efforts. In many cases, positions for correspondingly specialised HR managers have been established (Bonin et al., 2015, p. 58). With many employers struggling to fill vacant positions and most of them expecting this to become even more difficult in the future (ibid., p. 39), recruiting nurses from abroad currently seems to be an essential strategy (Schreck, 2017, p. 81). The fact that at least half of employers with international recruitment experience evaluates the overall effort as high or very high (Bonin et al., 2015, p. 50) and still considers to proceed (ibid., p. 49), can be assumed as proof for the severity of the staffing issue employers have been facing for the last years.

Concerning the effectiveness of the recruitment of foreign nursing staff, the hospital representatives seem to be quite satisfied. So far, most of them have been able to reduce their shortage of personnel substantially, in some cases almost achieving full staffing, thus allowing for the regular level of nursing service without restrictions. Due to the effectiveness of the strategy, one hospital has even enhanced its international recruitment efforts.

Overall, all hospital managers evaluate the international recruitment as worthwhile strategy to alleviate their shortage of nurses, with one mentioning it to currently be the only effective possibility. In one case, the strategy was presented as one of the central pillars of recruitment with 10-15 foreign nurses being employed on average each year.

Regarding the retention rate of foreign nursing staff, the interviews revealed quite divergent results. While nurses from third countries are still working with the hospitals, many of the European nurses have left over time.<sup>8</sup> However, interviewees maintain, that the overall retention rate is equals than that of German nursing staff.

Despite the proven effectiveness, the interview partners emphasised, that international recruiting cannot be the sole strategy against the nursing shortage. Indeed, it was pointed out that only a mix of different measures can result in long-term success. Employers need to invest a lot to retain national as well as international nurses, especially in the improvement of current working conditions. For instance, even given that shift work is indispensable, nurses should be given more flexibility regarding work times and the total amount of working hours.

### 6.2 Meeting bureaucratic hurdles

Interviews have shown that organisational matters, above all bureaucratic procedures and requirements (and especially the lack of standardization), represent the biggest hurdles to overcome when recruiting internationally.<sup>9</sup> Depending on the individual extent of support by an agency, employers need to take care of visa and various

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<sup>8</sup> Comparing these findings with data from the literature, Schreck (2017, p. 58) comes to similar results, with almost 60% of foreign nurses staying 1-4 years and at least 20% for less than 1 year. Only roughly 13% can be retained 4 years or more (ibid.).

<sup>9</sup> According to Schreck (2017, p. 56), 84% of employers who are recruiting nurses from third countries have bureaucratic issues and difficulties concerning the recognition of foreign qualifications. Interestingly, about 70% of employers who only recruit within the EU face the same problems (ibid., p. 55). The results of Kovacheva & Grewe (2015, p. 25) underpin those statements, adding the rather negative experiences of foreign nurses with authorities. The stance of administrative bodies towards foreigners is often perceived as inappropriate, with administrative clerks being not as service-oriented and helpful, besides the fact that English is not as widely spoken (ibid.). Furthermore, the lack of standardisation is seen as unfair, allowing different requirements, including different exam regulations, depending on where the foreign qualification has been obtained (ibid., pp. 27 f.).

permits for the nurses to be able to stay and work in Germany long-term. Due to the high organisational effort, HR managers specifically in charge of international recruitment have been employed in some cases.<sup>10</sup>

### **6.3 Reducing integration difficulties**

#### **6.3.1 Improving language skills**

Already during the early phase of recruitment, language barriers often cause difficulties (Bonin et al., 2015, p. 66), especially, since adequate (job-related) German skills are crucial to enable foreign nurses to make use of their expertise and gain the acceptance and recognition of their colleagues (Kovacheva & Grewe, 2015, p. 46).

Considering this, agencies as well as employers support foreign nurses with additional language courses in their home countries and/or in Germany. Mostly, this is even offered in-house to facilitate the nurses' attendance. However, the level they usually reach (B1/B2) is insufficient for proficient communication. It makes sense to offer further courses and support this with working time flexibility.

#### **6.3.2 Accepting cultural differences**

To facilitate inter-cultural team work and enable a collaboration at eye level, cultural sensitivity and tolerance needs to be promoted (Kovacheva & Grewe, 2015, pp. 46 f.). For this, information about foreign nurses' cultures and professional qualifications is crucial (ibid.). Ideally, there should be coaches who train management and nursing staff to integrate new foreign colleagues (Bolten, 2007, p. 22). However, only one of the hospitals interviewed offers cultural trainings for nursing staff, which many are apparently not even able to attend due to conflicting working hours. Although effective cultural rapprochement requires preparation on both sides, this kind of training is rarely offered (Tewes, 2014, p. 232).<sup>11</sup>

For a successful workplace integration, it is essential that extra time is considered for all parties to catch up on both language and professional matters (Kovacheva & Grewe, 2015, p. 46). In this regard, structured mentoring programmes can provide valuable support, given that required extra resources are granted (ibid.), which is often difficult considering the current workload and time pressure on ward.

#### **6.3.3 Supporting professional qualification**

Regarding the nurses' responsibilities, none of the interview partners named the differences of the professional education and corresponding expectations as an issue. Capitalent Medical explicitly informs their candidates about the occupational profile of nurses in Germany beforehand. It turned out that foreign nurses felt that the lack recognition and appreciation of their professional skills was more an issue than limited responsibilities. Overall, there seem to be reservations concerning foreign nurses' qualification and expertise both on the part of colleagues as well as patients.

This structural devaluation of (academic) qualifications as inherent part of the recognition process can result in foreign nurses being positioned as quasi-students at the very end of the organisation's hierarchy resulting in dissatisfaction on their side (Pütz et al., 2019, p. 181).<sup>12</sup> One possibility would be to develop a special recognition approach for this target group in order to make the most of their skills and qualification.

Considering that nursing education is academic in most parts of the world, international compatibility would more easily be reached by adapting the German education to international standards. This would make the profession more attractive, which is essential to fight labour shortage in this field. Only by integrating more medical knowledge and/or managerial skills, nurses' responsibilities could be extended, allowing for more diverse opportunities for individual career development throughout the work lives. The interviews did not identify

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<sup>10</sup> This is underlined by Bonin et al. (2015, p. 64) who present the overall recruitment process as costly, being associated with a high consumption of financial and time resources. Part of these costs might even be lost in case of nurses re-migrating or changing the workplace after a short while (ibid.).

<sup>11</sup> Only one of the agencies interviewed offers cultural trainings for foreign nurses in their home countries.

<sup>12</sup> Interview partners saw this as less of an issue than previous studies by Kovacheva & Grewe (2015, pp. 38 f.).

deficiencies in foreign nurses' practical expertise as a serious issue, since this can usually be acquired on the job fairly quickly.

The suggestion that training capacities be extended appears somewhat controversial since an increasing number of apprentice places does not attract more people to the profession. The number of nursing students has indeed been rising but still numerous training vacancies could not be filled. Therefore, the impact of a pure extension of capacities for vocational training on the actual number of nursing apprentices may not be a solution. The individual reputation, location and facilities of hospitals can be assumed to play a vital role in deciding for or against the commencement of nursing training. Nevertheless, even if all apprentice capacities were filled, it remains unclear how many people will actually graduate and how long they will remain in the job under current working conditions.

Another important workplace-related aspect is further professional training. In the course of the interviews this was mentioned as vital to be able to work in other fields of nursing in the future. According to Kovacheva & Grewe (2015, pp. 43 f.), many foreign nurses seek opportunities for career development since they do not expect to be able to work as nurses up to their retirement. Academic training possibilities, necessary to access physically less demanding jobs, are limited in Germany and thus put the long-term retention of foreign nurses at risk (ibid., p. 43). Therefore, Capitalent Medical claims that employers should offer possibilities for further training and career development to make the German nursing profession more attractive in terms of professional perspectives, thus increasing job satisfaction and retention. However, for this to happen, nursing education in Germany would need to be restructured.

#### **6.3.4 Improving work team integration**

Concerning the work morale, interviews have found that there are no significant differences between foreign nurses and other colleagues. The results of Bonin et al. (2015, p. 47) support this perception with 94% of HR managers indicating an equal or higher commitment to work.

At times, conflicts with established staff arise due to the attention and time invested in support and integration of international staff e.g. help with finding accommodation (Pütz et al., 2019, p. 194).

As far as all the interviewees are concerned, foreign nurses' integration at the workplace is not as easy. Regarding the atmosphere within the team, the nurses have drawn an ambivalent picture. It depends on the individual colleagues and patients; some are supportive others lack patience and empathy.

#### **6.3.5 Fostering social integration**

Regarding social integration, German skills obviously provide the basis of getting acquainted with locals and settle. Consequently, existing language barriers generally hamper socialisation, as explained by some of the foreign nurses interviewed.

Despite the reasonable assumption that work migrants strive for social integration to secure their position in the new country (Pütz et al., 2019, p. 61), the foreign nurses interviewed did stress that they find it hard to get acquainted with German people, be it with externals or with colleagues outside the workplace.

Employers can actively contribute to social integration with an extended introductory phase and continuous mentoring programmes. If, however, those events are exclusively addressing foreign nurses, it will not improve integration and collaboration at work.

Beyond job-related shortcomings, socialising with Germans outside the workplace appears to be a serious hurdle. All foreign nurses seem to have similar difficulties with Germans, being perceived as rather distanced and hard to socialise with, it is important to inform about such fundamental cultural differences well ahead to prevent negative misinterpretations that might unnecessarily impair social integration.

This given, an effective and long-lasting integration into the German society remains doubtful. This possibly is the most vital factor for a sustainable recruitment and at the same time the greatest difficulty. From the interviews it

appears that if a successful societal integration is not possible, many nurses are likely to re-migrate or move to another country, if they get adequate job opportunities.

#### **6.4 Ensuring long term stay**

To begin with, all hospital representatives pursue the international recruitment of nursing staff as a long-term strategy, since they assume that the staff shortage is going to remain an issue for some and because the investments associated with the recruitment process will only pay off long-term.

Concerning the sustainability of the strategy, hospital managers regard the chances of a long-term integration of foreign nurses as good. Apparently, most nurses are well integrated at the workplace, also because other international and German colleagues are getting used to working in international teams.

The crucial factors for a sustainable international recruitment are – as already mentioned - language acquisition, societal integration and workplace integration, of which language skills seem to be the most important factor due to their fundamental relevance for all areas of life.

Although foreign nurses are mostly perceived as committed and motivated, their intent to stay in Germany varies on an individual basis (depending on the socio-economic situation at home and personal plans) and is therefore difficult to influence externally.

Consequently, also their personal efforts for a successful workplace and social integration depend on their overall life plans. In fact, all nurses interviewed revealed pragmatic reasons for their (work) migration, mostly declaring that they would re-migrate in case they got a good job offer at home. Many interviews supported the assumption that nurses from European countries tend to re-migrate more often than nurses from outside Europe and that the motivation (and in some cases pressure) to stay abroad is higher for nurses from third countries. This could explain the findings of Bonin et al. (2015, p. 49), revealing that HR managers who focus on recruiting outside Europe, are by far more satisfied with foreign nurses. Another reason for leaving permanent hospital jobs is the decision to work for temporary employment agencies, which offer better pay and adaptable working conditions.

In several interviews, hospital managers claimed that, if more people are to be attracted to the nursing field, the perceived public image of the nursing profession needs to be improved. However, since studies have found that nurses enjoy a very high recognition in society, aspects of the need to be researched further in order to draw viable conclusions.

## **7. Conclusion**

The particular relevance of the nursing shortage concerning the quality of care for the overall population requires that effective measures be implemented rapidly and sustainably. Since even a full exploitation of the national workforce potential would not be sufficient to meet the constantly increasing demand, foreign professionals have recently come to the centre of attention.

Interviews have shown that employers regard this as a viable strategy. Concerning the long-term nature of the strategy, there seems to be a clear advantage of third country citizens, since nurses from the EU have been found to leave more often and, in some cases, already after a few years of employment. Therefore, great variances have been identified between individual retention rates depending on the regions of recruitment. In spite of the increasing stock of professional nurses in many European countries their general labour force and thus the migration potential is expected to decrease significantly. South(east) Asian countries hold the greatest potential for future work migration, but statistics suggest demographic developments similar as in Europe, putting at least their future potential into question. Whether foreign recruitment can meet the increasing demand for nurses in Germany, cannot be assessed by referring to numbers only. In fact, the study has shown that international recruitment and the long-term integration of foreign professionals is a highly complex, costly and time-consuming process.

From the interviews, bureaucratic hurdles, especially concerning professional recognition, the acquisition of (job-related) language skills and effective social integration have been found to be the biggest challenges of



international recruitment and at the same time the central factors influencing this strategy's success. Since the nurses mention primarily pragmatic motives for their migration, it appears reasonable to get a deeper understanding of their individual expectations to be able to meet the practical requirements for them to stay long-term.

Generally, the study suggests that international recruitment cannot serve as the sole or primary measure taken, thereby losing sight of the root causes for the shortage. Therefore, an enhanced mobilisation of the national workforce potential is needed. Factors of employee attraction and retention need to be assessed in more in-depth studies to handle the nursing shortage as effectively and sustainably as possible. Management in the health care sector generally needs to recognise the importance of employer attractiveness to withstand both international and national competition.

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