Research note

Chinese Nurses in German Nursing Homes: A Bourdieusian Perspective on Migration Motivation

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Abstract

International nurse migration is a well discussed topic in the Asian context. While the Philippines, for example, is often the focus of the discourse, there is also already a profound base of literature on Chinese nurse migration. Much has been written about Chinese nurses in Australia or Singapore, but little is known about them working in Europe. Why is it that Chinese nurses can be found working in German nursing homes? What motivates them to live so far away from their home country and work in a nursing home setting? This article criticizes the fact that motivations for nurse migration have mostly been studied from an economic push-and-pull perspective with weak explanatory power when it comes to individual motivations. Thus this qualitative study conducted among nine Chinese nurses working in German nursing homes breaks new ground by employing a Bourdieusian sociological approach to researching motivations for migration. It finds that instead of economic considerations, aspects of cultural capital like mobility, working and living conditions, or education are central to the decision to migrate among those nurses. This article shows that all nine nurses leveraged their "nursing capital" to free themselves from the influence of others and so change their life trajectories.

Keywords: nurse migration, China, Bourdieu, motivations, cultural capital

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Introduction

With decreasing birth rates and higher life expectancy, many Asian societies, like Germany, are faced with aging populations. While countries like Germany and Japan have struggled with societal aging for a long time and the Philippines, for example, has a long history of sending nurses abroad, the People's Republic of China is still relatively inexperienced with issues concerning elder care and therefore the topic has sparked the interest of many China scholars.

The Chinese tradition of children taking care of their elderly parents worked in the past, but with working-age people representing a declining share of the population since 2010 (World Bank 2019, n.p.), the economic rise of China, and countryside to city migration, this form of elder care has increasingly come under pressure. According to the World Health Organization, China had 254 million seniors aged over 60 in 2019. By the year 2040 this senior population will reach up to 28% of all citizens (World Health Organization n.y. n.p.). Relying only on the children of those up to 405 million elderly will then no longer be possible. This gives rise not only to a debate on the availability of nursing home beds, but also on how Chinese nurses—generally educated for work in hospitals—can be better qualified in the field.

Against this background, going abroad and working in foreign nursing homes to gain insight could be seen as a method to bring knowledge on elder care nursing to China. That Chinese registered nurses have been found working in German nursing homes since the 2010s thus might not seem surprising. In 2020 the German newspaper Die Zeit wrote that Chinese nurses working in German elder care institutions are an "experiment born out of necessity" (Die Zeit 2020, 15). According to the article, Germany needs nurses and China needs Germany's knowledge about elder care. In 2020, 15% of all nursing home staff in Germany were foreigners (Bundesagentur für Arbeit 2021, 9). This shows that Germany depends on the immigration of care givers to keep the elder care sector working. In this context, several laws and regulations have been passed that ease immigration to this field of labor and attract foreigners. These include simplification of visa application and options to stay in Germany (e.g. Skilled Labor Immigration Act 2019). However, filling positions with foreign workers that were empty due to low social status or payment is by no means new. Already in the 1960s, Germany had started to recruit nurses from South Korea, for example (Yonson 2022, 157). In this perspective, Chinese nurses coming to work in German nursing homes are just a continuation of a method of plugging a deficit in human capital present since the early days of the Federal Republic of Germany. But the mere fact that two countries would be advantaged by nurse migration does not automatically mean that nurses really migrate. Additionally, there is a severe nurse shortage in China as well and out-migration increases the problem. Therefore, the question of what motivates Chinese nurses to migrate to work in German nursing homes arises.

There have been several studies on international nurse migration in the Asian context, with some also looking at motivations, especially regarding Filipino nurses

working abroad. Most authors use the push-and-pull theory, which focuses on economic factors influencing migration. Although it is the most commonly employed approach and explains migration in a macro-economic context, the pushand-pull model does not allow the researcher to understand the personal motivations influencing migration decisions.

By using Pierre Bourdieu's concepts of capital, this article brings in a sociological perspective to the debate on nurse migration, making it possible to go beyond the economic framework facilitating migration and to understand nurses' decisions on an individual level. As an explanatory study, this paper employs a qualitative approach. In-depth interviews with nine Chinese registered nurses working in German nursing homes reveal that economic incentives or professional development reasons alone cannot explain Chinese nurse migration. Rather, it is evident that cultural capital has a significant role to play when talking about migration motivations.

Predominance of the Push-and-Pull Model in Asian Nurse Migration Studies

Some Asian countries, such as the Philippines, have a long history of nurse migration. Thus there is already a profound base of literature on the topic. Compared to the Philippines, China is relatively new to nurse migration but can be seen as a potential big player as it has many unemployed nurses. Much has already been researched about international nurse migration from Asia and even from China in particular. However, those studies are usually not focused on explaining motivations. Nevertheless, the papers reviewed for this article implicitly or explicitly touch upon the issue, trying to explain why nurses decide to work abroad. Just like work on global nurse migration, the pieces on Asian nurse migration show that an economic push-and-pull theory is most often employed to theorize migration. Hongyan Li, Wenbo Nie and Junxin Li, for example, state that nurses are pushed to leave their home countries by factors like insufficient healthcare policies and pulled by the economic and political strength of receiving countries. In this context they identify professional development and wage increase as the two main drivers for Asian nurse migration (Li et al. 2014, 315ff.). Ferry Efendi et al. came to a similar conclusion when researching Indonesian nursing students' intentions to migrate to Japan. Those who were motivated by professional development goals had the most definite plans to emigrate (Efendi et al. 2020, 106 ff.). In a study on Filipino nurse migration to Saudi Arabia and on to Canada, Bukola Salami et al. found that pull factors might differ depending on the recipient country. While Filipino nurses first migrated due to economic reasons as they were attracted by the high pay in Saudi Arabia, they moved on to Canada for personal development, social security or citizenship options (Salami et al. 2014, 482).

In summary, authors have identified professional development or monetary reasons as the main drivers of migration. When reviewing the Chinese case in particular, the motivations do not seem to be much different. Several researchers have stated that professional development options and good working conditions abroad are the main pull factors for Chinese nurses. Unlike most studies mentioned before, the literature on the Chinese case is more specific on the push factors. Zhiwu Zack Fang as well as Ayaka Matsuno write that China is facing the paradoxical problem of nurse shortage and nurse unemployment at the same time. While many newly educated nurses enter the job market each year, the healthcare system is not capable of employing them all. This is not because of there being too many nurses, but because of underfunding. Consequently, there are not only many unemployed nurses, but also high workloads and stress for those nurses working in Chinese hospitals (Fang 2007, 1419f.; Matsuno 2009, 6f.). Therefore, there are two push factors, namely unemployment and bad working conditions. Experts from nursing homes and recruitment agencies in a dissertation on Chinese nurses in German nursing homes also stated that Chinese nurses working for or sent abroad migrated due to high stress levels and long working hours in China (Jiang-Siebert 2019, 92).

In accordance with what has been written on other countries of origin, professional development also seems to be a major motivation for migration among nurses from China. While it was not specified in the pieces read on nurses from other countries, it is clearly written in the literature on Chinese nurse migration that professional development in the educational systems of the developed countries of their choice is the most sought-after aim. Although Chinese nurses also seek to get better jobs through international work experience when returning to China (as described in Jiang-Siebert 2019), several papers and monographs show that they mainly want to develop in their profession by receiving university education in their destination countries (e.g. Zhang and Hon 2012, 81). A survey by Zhang, Chen, and Liu found that 60% of Chinese nurses emigrating to Australia, the US, and Singapore name further education as their main reason for migration. The authors suggest that sometimes this is not only because of interest in education but also because of easier entry to the destination country through a student visa. After one or two years, they then apply for jobs as nurses (Zhang et al. 2013, 39). Furthermore, they state that education is named as motivation more often among those nurses working in the US and Australia, while nurses in Singapore mainly go there to find jobs after unemployment in China.

Though these articles show that there are a few pieces by Chinese authors on migrant nurses, none of those studies focus specifically on motivations. Moreover, no paper looks specifically at migration in the context of work in nursing homes instead of hospitals. Although there are two monographs on Chinese nurses working in German nursing homes, the authors both take a different perspective. Jiang-Siebert was interested in exploring factors influencing migration but only interviewed nursing institutions in Germany and agencies, not including nurses themselves (Jiang-Siebert 2019, 16). The second study composed by Changrong Deng was focused on the status of Chinese nurses' integration in German nursing homes. She used a quantitative survey to approach her topic and drew on findings by Jiang-Siebert to

state something on migration motivations (Deng 2021). Thus no qualitative interviews with Chinese nurses have been done so far. Directly interviewing Chinese nurses and letting them explain their motivations themselves can add an important piece to the puzzle of understanding nurse migration in general and the migration of Chinese nurses in particular.

Additionally, this article not only seeks to advocate for a qualitative approach, but also for employing a different theoretical perspective. Although the push-and-pull model has its strengths in explaining macro-economic and societal factors in migration, it is argued here that this is not sufficient to identify motivations for individual migrant nurses. If, for example, working conditions are better in the recipient country, why do most nurses still stay in the home country? How do plans for the future influence motivations for migration? This article argues that a sociological approach is needed to get a deeper understanding of personal motivations and a more individualistic picture of "the nurse migrant."

Advocating for a Bourdieusian Perspective on Nurse Migration

When studying migration in general, economic theories have gained the upper hand in research. One of the most prominent is A theory of migration, written in 1966 by Everett S. Lee, in which he developed the "push-and-pull" model of migration. He criticized that classical migration theory up until his time only looked at characteristics of migrants and did not study the underlying reasons for migration. He filled this research gap by introducing a simple model of why people migrate, knowing that it was very general, but that it therefore could also be used for all kinds of research on migration. Lee stated that there are factors in the country of origin and in the country of destination which influence a person's decision to migrate. "In every area, there are countless factors which act to hold people within the area or attract people to it, and there are others which tend to repel them" (Lee 1966, 50). If the positive factors in the country of destination are greater than those in the country of origin, the person will decide to migrate. He acknowledged that migration is still not a simple cost-benefit analysis as obstacles and irrational decisions also play a role. However, he found that negative factors (push) in the home country and positive factors (pull) in the country of destination are the main explanatory elements for migration, although this theoretical model would never be able to explain every individual complex case (Lee 1966, 51).

The model Lee developed is often used in migration studies today as it considers aspects in both the country of origin and the country of destination (also see Dywili et al. 2013). However, this cost-benefit macroeconomic approach to migration is insufficient for qualitatively researching very personal motivations for migration as it looks at the phenomenon from a more general perspective. Later theories developed for researching global migration also put heavy emphasis on the economic perspective. Migration is understood as demand and supply rationale (e.g. world-system theory; labor market segmentation theory) or as a personal investment in

human capital (Schwenken 2018, 78; 87; 92). According to the human capital-based theory by Gary Becker, human capital is the most important form of capital and investment in it is necessary for economic success (Becker 2006, 292). If wages are higher somewhere else, migration might be the result.

Without negating the strengths of all these approaches, however, they have weaknesses when migration is studied in more depth. As has been mentioned above, economic considerations do not seem to be the predominant factor influencing Chinese nurse migration. So why do those nurses migrate? Thus, choosing a theory like Bourdieu's sociological concepts of capital that studies people and their motivations from a more differentiated perspective seems to be more adequate.

Bourdieu's theory is no classical migration theory but rather an approach helping the researcher to understand why people are in the positions they are in and why people take the decisions they take. As his theory has explanatory power for why a person decides to do something, it is a fitting approach for studying motivations for migration.

According to Bourdieu, three forms of capital structure our social lives. Those are economic, cultural, and social capital. For him, it is important to get away from economic-centered theory building as economists fail to "take systematic account of the structure of the different chances to profit which the various markets offer these agents [...] as the function of the volume and the composition of their assets" (Bourdieu 1986, 244). With this, he especially criticizes the human capital theory by Becker and states that with their focus only on economic profit, economists like Becker remain unaware of why people invest differently in human capital. They do not see that "ability or talent is itself the product of an investment of time and cultural capital" (Bourdieu 1986, 252). Economic capital is the basis of the other forms of capital as they derive from it, but the investment of it into the other forms of capital defines what people do.

The greatest emphasis in his theory is on cultural capital, which can have three different states, namely the embodied, the objectified and the institutionalized state. Embodied cultural capital can be cultivation, culture, or education, for example, and time needs to be invested in accumulating it. Embodied cultural capital becomes an essential part of a person's self and can be either acquired or inherited through socialization by the parents. The value of this state of cultural capital lies in its unequal distribution (Bourdieu 1986, 245).

Objectified cultural capital, different from the embodied state, is not inside a person's mind but takes material form (Bourdieu 1986, 247). This could be a piece of art or a machine, but also a language certificate.

The last state of cultural capital is the institutionalized state. It can be described as a specific form of objectified cultural capital that has gained institutional recognition. This is mainly qualifications and certificates authorized by an official source. Having such a certificate of qualification, the bearer does not constantly have to prove his or her ability but can be assured of its recognition through the certificate. This is what

Bourdieu calls the "magic of the power of instituting" (Bourdieu 1986, 247). Moreover, institutionalized capital makes it possible to compare cultural capital and attach economic value to it. The notion of institutionalized cultural capital is especially relevant when looking at the case of Chinese nurse migration. To receive a work permit requires certain language and education levels. If there were no official, institutionalized certificate for language levels or papers showing professional qualifications, it would hardly be possible to migrate at all.

The essential part of Bourdieu's theory is that these described forms are also convertible into each other. Economic capital can be invested in school education to achieve institutionalized cultural capital, namely degrees or certificates, and this capital can then be used to find a job and increase the initial amount of economic capital, for example. But the conversion of capital is often not direct. Time and effort need to be added to it. Thus Bourdieu suggests that cultural capital is best measured by the time invested in it (Bourdieu 1986, 253). And as time needs to be invested, the outcome of this investment becomes uncertain.

Another important part of Bourdieu's theory adding to the understanding of the phenomenon of migration is his work on habitus and the field. Habitus is the embodied cultural capital or the social in a person and the field is the "objectified social" (Bourdieu 2020, 29). The habitus can be understood as a key to a certain field. If it fits, the field can be accessed. To acquire the correct habitus, people need to develop a "feel for the game" and they have to "invest in the game" (Bourdieu 2020, 83). Which habitus it takes to access the field can be subject to change over time as "an external phenomenon is retranslated into the logic of the field" (Bourdieu 2020, 197). The entry requirements to the field or the condition of the field might change and influence the habitus needed. In the case here, nurse shortage and an aging society influence the field of elder care in Germany and potentially lower the qualifications needed to access it or for the work done in it.

According to Bourdieu, every field is structured by economic and educational capital. This structure is designed to explain "why it is that people find themselves in the place they are in, and, being where they are, why it is they do what they do" (Bourdieu 2020, 220). This is thus a fitting theory to study motivations for migration.

There are some other authors in the literature who also took this approach to researching migration. When reviewing the literature, two concepts appeared to be especially relevant in the context of Chinese nurse migration to Germany. Those concepts are "migration-facilitating capital" and "transnational habitus."

In her article, Jaeeun Kim describes that not all cultural capital has the same value for migrants as states play a central role in the migration process. According to Kim, states have symbolic power in engaging in the governance of qualifications, mobility, and identity. By introducing skilled migrant immigration policies, countries decide what capital is convertible into what value when people migrate. Thus states are the "central bank of symbolic credit" (Kim 2018, 266). Converting this for the study here, by lowering the entry barriers for educated nurses to the German job market, the German government increases the value of "migration-facilitating capital" (Chinese nursing degrees).

Rosa-Maria Radogna adds that there is also a certain transnational form of habitus in migrants. According to her paper, the migrants' attitudes differ from those who do not migrate and the attitudes in this transnational habitus also differ among migrants, allowing them to identify different categories of migrants (Radogna 2019, 66). As an example, she states that a dominant attitude in some migrants can be mobility (Radogna 2019, 64). Thus this study includes a look at the role of mobility in Chinese nurses' migration decisions.

Motivations for Nurse Migration: the Case of Chinese Nurses Working in German Nursing Homes

Because the secondary literature basis is small, in-depth, semi-structured interview data was collected. Nine relevant interviews were chosen for the study, all done in approximately 30 minutes of Zoom or WeChat online video calls. The participants had Chinese citizenship, all but one were registered nurses— meaning that they had passed the National Nurse Qualification Examination after their education in China— and all had worked in German in-patient nursing homes after their arrival in Germany. Some no longer work there, but among those, all had worked there for a minimum time from their arrival to their job recognition by the German authorities, which is usually between one and two years. The table below shows a list of all interview participants, including some general information about them.

The participants were part of a group of 570 Chinese working in German nursing homes in total. Of those, 143 were men and 427 were women (Bundesagentur für Arbeit 2021). The lower number of men fits into the picture that fewer men work in the sector in general. That said, Chinese nurse migration is different from what has been seen before. Indian nurse migration to Germany in the 1960s, for example, mainly happened among women and had significant influence on gender roles as their husbands had no opportunity to work (Goel 2019, 104). This way, the women became the breadwinners when moving to Germany. As will be discussed later, migration of Chinese nurses is connected to role expectations in China. However, in this case no gender specific pattern or "feminization of migration"—as described by Ahn Yonson for the case of Korean nurse migration to Germany (Yonson 2022, 158)—could be identified here.

The socio-economic backgrounds of the interview partners were quite diverse, ranging from a middle-aged woman from a poor village in Anhui (participant E) to the daughter of a respected professor in Hunan (participant F).

	Gender	Position in Germany	Place of work	Chinese degree	Years in Germany	Marital status	Children	Province of origin
A	f	recognized nurse	Darmstadt	Bachelor of Nursing	>5	unmarried	no	Sichuan
в	m	recognized nurse	Berlin	Bachelor of Nursing	1	unmarried	no	Sichuan
С	f	trainee	Magdeburg	Higher Vocational College Graduate	1.5	unmarried	no	Gansu
D	f	recognized nurse	Potsdam	Higher Vocational College Graduate	3	unmarried	no	Shandong
Е	f	elder care assistant	Braunschweig	Secondary Vocational School Graduate	1	married	yes	Anhui
F	f	recognized nurse	Hamburg	Bachelor of Arts	>5	unmarried	no	Hunan
G	f	recognized nurse	Brandenburg	Bachelor of Nursing	2	unmarried	no	Hubei
н	m	recognized nurse	Schopfheim	Bachelor of Nursing	4.5	married	yes	Jiangsu
I	m	recognized nurse	Berlin	Secondary Vocational School Graduate	>5	unmarried	no	Hebei

Table: General information on interview participants

Source: own data (f= female, m= male).

The hands-on steps for analyzing the interview data were taken from Lyn Richards. In *Handling Qualitative Data*, she describes how analysis "up from the data" can be done (Richards 2021, 101). Richards argues that the goal of qualitative data analysis is not only to answer questions but also to give ideas for further research. The explanations derived from qualitative analysis are always generating—at least a small—theory, which can then again be tested and added to. For coding data, she suggests a method similar to what Anselm Strauss and Juliet Corbin use in *Grounded Theory* (Strauss and Corbin 1998, 103; 113). Richards especially refers to Strauss's and Corbin's first data coding step. "Open Coding" is a procedure through which abstracting and conceptualizing concrete actions, events, etc. can be done. Discovered concepts can then be turned into more abstract categories. Following that

method, interpretative codes focusing on the extent to which what was said was connected to nurses' motivations to migrate were generated. Codes were revised several times to make sure that their meaning was the same for any paragraph or word that was coded with them. Later, categories emerging from coding were defined to arrive at a higher-level abstraction of the interview data.

Interviewing nine nurses and analyzing their motivations can certainly not represent all Chinese nurses' motivations to work in Germany. However, it gives insight into their decision-making process and suggests patterns of motivations. Additionally, it allows the relevance of a sociological perspective on nurse migration to be shown.

Looking at Bourdieu's theory and preliminary literature on nurse migration, it could be expected that economic incentives would play a major role in Chinese nurse migration. Additionally, Bourdieu's theory suggests that economic considerations could motivate people to migrate. Cultural capital, such as a nursing degree, has value in its convertibility to economic capital. If the "exchange rate" of a nursing degree to money is higher abroad, that could cause migration. Although literature and theory suggest a central position for economic incentives in the decision to migrate, interviews among Chinese nurses in German nursing homes showed contrary findings.

Unlike what was initially assumed, economic factors were an obstacle rather than an incentive in many respects. First, nurses described that migrating to Germany involved paying for a placement agency and taking German classes full time for several months in China. During this time, they had no opportunity to earn money. Additionally, migration did not constitute an increase in economic capital for many of them, as the nurses perceived their payment in Chinese hospitals as relatively good.

[N]urses earn pretty well for such efforts in relation to other professions in China.

[...] the wage here [Germany] is a bit low [...]. (Participant H)

In one case, working in a German nursing home even resulted in a reduction of economic capital. The participant had a well-paid job in China's media industry and only changed to become a nurse when migrating.

Only in one of the cases did economic considerations follow the expected pattern. Nurse E was already 44 years old at the time of the interview and had a son and parents to care for in China. In the small village she came from she did not earn much compared to her pay in Germany. She used her certification as a registered nurse in China as "migration-facilitating capital," as has been described in Kim's paper, converting objectified cultural capital to economic capital.

In China, I worked in a very small hospital in a very small town. There I earned very little money, but I have to feed my son and my parents. [...] In Germany, there is more money [...] I can earn more money and support my parents, and I can provide good living conditions for my son and my parents. (Participant E)

Having discovered that most of the nurses participating were not motivated to come to Germany by economic incentives—either in Germany or after return to China this does not mean that nurses could not profit economically anyway. Participants F and I even got offers from China to work as a director of a nursing home in Shanghai and as a nurse educator in Chengdu respectively. Nevertheless, they turned these offers down as they preferred their lives in Germany over increased economic capital. This shows even more that economic considerations were not at the center of migration decisions in the cases under research. Some others also thought that working in Germany and speaking the language cannot even theoretically be leveraged. Participant E, for example, said that no German speakers were needed in Chinese nursing homes or hospitals and G added that on-site training has no cultural value in China as only university degrees matter for promotion.

The qualitative study shows that only counting economic factors when trying to understand nurse migration is not sufficient for explanation building.

The interviews instead revealed that there are two main patterns of motivation that are connected to certain groups of Chinese nurse migrants. On the one hand, nurses who were older and already had children were the ones who named economic considerations as having influenced their migration decisions. Nurse E, for example, had to care for her parents and son in China and especially emphasized the value of social security. She was already more than ten years older than the other participants and thought that she would not be able to find a job again in China if she returned there. Nurse H, who also had children, was motivated by financial and social security advantages as he had to care for his family as well. He was especially incentivized to come to Germany as insurances like unemployment and healthcare insurance made it possible for him to plan for his family without having to fear financial insecurity in case of job loss or illness. On the other hand, nurses who were relatively young, not married and whose families were not described as poor were all motivated by more cultural aspects. They only had to care for themselves and therefore they were motivated to come to Germany to travel or to be able to go to university. Nurse F is an example of this type of Chinese nurse migrant. Her parents were a college professor and a state civil servant, and she was young and unmarried. She stated that she always did what she wanted to and also independently decided to work in Germany. F had just started university in Germany and was optimistic about her work and private life in Germany.

The importance of cultural factors for most nurse migrants can be seen when looking at the different sets of motivations identified through coding. While only two nurses were incentivized by economic factors (E and H), six wanted to use their capital of being a nurse for freedom to travel, better working conditions like regulated working hours or access to free university education.

Five out of the nine nurses wanted to come to Germany for the opportunities it would open to them concerning freedom to travel. Unlike most Chinese citizens, nurses are able to get a work visa relatively easily in Germany as they are employed in a shortage area (see German Residency Act 2004 and Professional Qualification Assessment Act 2011). Thus nurses can travel all over Europe with the Schengen Visa they receive, increasing their "mobility capital." Connected to that, it became clear during some of the interviews that nurses often had no free choice of profession in China. Either their grades only allowed them to study nursing or they were given a small variety of options to choose from, which they did not like. In this context, nurse A, for example, stated that she decided upon nursing as this area of study is transnationally convertible and "nursing professionals are needed everywhere" (Participant A). By becoming a registered nurse in China she knew that she would obtain institutionalized capital with high "convertibility value," making it relatively easy for her to fulfill her wish to work abroad.

Besides leveraging the—sometimes undesired—capital of being a nurse in order to travel and be able to go abroad, nurses also used it to gain access to education in Germany in two ways. For one, nurse H, who had children, mentioned that he was able to provide his children with German school education because he worked in the country.

There are many factors, not only income but also education. In China now there is a tendency that you can send your children to a good school only if you have money. Here there is no such thing. (Participant H)

And secondly, those nurses who were young used their nursing degrees to gain access to free German university education through migration. This allowed them to either develop their careers in their preferred way, as opposed to their nursing education in China, or to get a university degree in general. One participant stated that university degrees are valued higher than vocational education in China and thus using their nursing degrees to come to Germany first and study at university could be seen as a way to potentially increase economic capital in China.

If I have a bachelor's and master's degree, then I can find a good job. If I just worked in Germany for several years and then fly back to China, then I have no advantage. A friend of mine did nursing training in China and then worked in Germany for three years. When she was looking for a job in China, she also said that she had already worked abroad for 3 years. But the employer said that it doesn't matter because she doesn't have a bachelor's degree. That's a real pity. That's why I want to study first. In any case, we need to raise our status. (Participant G)

One motivation that was identified across both major patterns of motivation and that was also commonly discussed in the literature was working and living conditions in Germany. Eight out of nine participants mentioned the "slowness" or "quietness" of work and life in Germany as compared to the "hustle and bustle" (Participant H) in China. In this context, converting a Chinese nursing degree into a job and life in Germany can also be seen as an active search for a reduced pace of life. Nurses described their work or internship in a Chinese hospital as physically and mentally stressful and saw migration as an option to escape this life trajectory without having to change jobs.

And I find the working atmosphere in Germany is very relaxed. When we've done the work, we can take a very relaxing break, eat, drink, even cook. I think that's great. In China, that's impossible. [...] in China, every step of the work is checked or rechecked. If we didn't do something perfectly, we are criticized, but nobody can be perfect. This thing stressed me out a lot in China. (Participant G)

Not only did the participants feel stressed by their work as nurses in China, they also wanted to free themselves from the strong influence of others on their lives. Nurse H said that if others bought luxury products for their children then he felt forced to do so too, or if others talked about their new cars he would have to get a car too. In Germany, he did not experience this kind of peer pressure and thus improved his personal living conditions through migration. Although he as a nurse was not among the top earners in China, he found a way to use his cultural capital of being a nurse to escape this pressure of having to compete with others over status symbols not by increasing his economic capital, but by using his cultural capital as "migrationfacilitating capital." H's migration was also a way of working around Chinese social constraints. He stated that it is not only that he had to compete for social status in China, but also that there are certain unwritten rules for young males who want to get married. Being a "worthy" husband involves having one's own flat, for example. Escaping social constraints is a pattern that is common to nurse migration in general. To give an example, Suin Roberts, in her study on Korean nurses who came to Germany in the 1960s and 1970s, found that marriage restrictions were among their reasons for migration (Roberts 2010, 32).

Similar to the way in which living conditions influenced nurse H to migrate, nurse F was also motivated by the perceived "quietness" in Germany. F stated that people in China constantly criticize others. In this context, "quietness" can be understood as the absence of other "voices," of others who told those nurses what to do or how to behave before they moved to Germany. This is a living condition that she appreciated, but also a "freeing" from her life trajectory.

Chinese people don't know any limit, they always tell you that you don't look good for your age and status and so on. I don't want anything like that and I also want more freedom, both from the government and from family. Unfortunately, I can only have that in Germany. (Participant F)

Although it has been clearly shown that the Chinese nurses wanted to gain agency and to decide on their futures for themselves, this interestingly also necessitated relying on others. The nurses were not able to find workplaces and migrate alone, but rather cooperated with placement agencies. From what was stated in the interviews, some nurses had little say in the decision to go to Germany. They just wanted to go abroad and the recruitment agencies introduced Germany to them as a destination, so they went there. Not only did the recruitment agencies influence their choice of destination country, but also that of the actual workplace. Nurses' options were limited to what was offered to them. Having the opportunity to freely change jobs after gaining job recognition in Germany was a common motivation to accept one of the nursing home offers. This made them subject to others' decisions again even though that was exactly what they wanted to get away from.

A second downside of this third-party control was that the nurses were inexperienced in work in elder care institutions and thus often felt overwhelmed with the physical work they had to do. From their perspective, the "dirty work" should have been done by assistants. Unmet expectations of this kind were a major reason for switching jobs later. Participant G, for example, no longer wanted to do that hard physical work and changed to being a nurse in a hospital in a city in Brandenburg after two years in a nursing home.

Discussion and Conclusion

As has been shown, some of the participating nurses did not decide to become nurses all by themselves. However, after they finished their training in China and became certified (institutionalizing their nursing capital), participants took decision-making power back and opted for migration. Their cultural capital of being nurses enabled them to do so.

But what motivated those Chinese nurses to work in German nursing homes? Several articles have already been written on nurse migration from Asia and even from China in particular. Although most of them do not focus on the question of why nurses decide to migrate, the papers indicate that economic considerations and professional development are the main drivers of migration. Using a push-and-pull approach, however, those motivations are very general and describe more a macro perspective on migration and factors favoring it at state level. Although this approach has its strengths in explaining why migration happens in general, it is less suitable for examining motivations for decisions on an individual level. Considering social and cultural aspects of migration decisions is only a marginal part of this economic approach. Thus Bourdieu's sociological theory was used to study motivations in more depth. To do this, nine qualitative in-depth interviews with Chinese nurses working in German nursing homes were conducted and analyzed.

It was found that cultural factors were more central to migration decisions than economic considerations. Although the two nurses who were married and had children emphasized income and financial security through the German insurance system, most nurses were still in their twenties and not concerned with these factors. These younger nurses leveraged their nursing degrees to increase their cultural capital in the form of mobility or build a perspective to increase economic capital through investment in German university education. Although younger and older nurses displayed different motivations, they all had one in common. All nine nurses used their "nursing capital" to free themselves from the influences of others and to change their life trajectories. Some exchanged their stressful and undesired jobs in Chinese hospitals for ones with better regulated working hours and a better working atmosphere in Germany, and some wanted to change their living conditions. Nurse F, for example, no longer wanted to be criticized by others around her and nurse H escaped the competition over status symbols.

Comparing the findings from this study with what has already been explored in the literature, it can be said that the case of Chinese nurses working in German nursing homes is different from the cases of Filipino nurses in Saudi Arabia or Indonesian nursing students in Japan, for example. While Filipino nurses in the study by Salami et al. study initially emigrated for economic benefits and Indonesian nurses wanted to improve their career prospects through professional development in Japan, Chinese nurses migrated despite often not profiting in any economic sense. Seven out of the nine did not name economic incentives as a reason for migration. In their case, migrating to work in Germany was instead a way to escape their previous trajectory toward being nurses in Chinese hospitals for the rest of their lives. They converted their institutionalized capital and turned it into something they liked better.

Using a Bourdieusian approach to Chinese nurse migration to Germany and employing qualitative methods allowed examination of a more individual level of motivations and the conclusion that there is more to it than just economic and professional reasons. Because only nine nurses were interviewed in a qualitative manner, the list of motivations and the typologies drawn from the analysis are certainly not complete. However, this article can give a suggestion about how Chinese nurse migration to Germany is structured. More research needs to be done to build on the patterns outlined above to see whether the suggestions are correct and complete.

This study was focused on Chinese nurses as actors and specifically researched their personal motivations. However, it is not only the Chinese nurses themselves that influence whether migration takes place. In that context, the role and position of other actors should be subject to further research.

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