

# Professional Experiences of Immigrant Turkish Nurses in Berlin, Germany: A Descriptive Phenomenological Qualitative Study

## Göçmen Türk Hemşirelerin Mesleki Deneyimleri, Almanya Berlin Örneği: Betimsel Fenomenolojik Nitel Bir Çalışma

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**ABSTRACT Objective:** The escalating global demand for nurses has precipitated a surge in immigration, primarily characterized by a notable influx of individuals from low-income countries to high-income nations. This research aims to explore the professional experiences of Turkish nurses who have immigrated to Germany. **Material and Methods:** A descriptive phenomenological qualitative approach was utilized in this study. Due to the limited number of immigrants Turkish nurses, the snowball sampling method was employed. The data for the study were collected during the period of July to September 2018. Twelve nurses were selected as samples for the study. The interviews were conducted face-to-face using a semi-structured form, and the conversations were recorded. **Results:** The findings from the interviews yielded three main themes: (1) providing care to patients from diverse cultures, (2) caring for patients from the same culture, and (3) opinions about the country where the nurse works. **Conclusion:** Immigrant nurses have encountered some challenges in their professional lives, including high cultural diversity, communication barriers, racism, an inadequate number of nurses, and a heavy workload. However, having adequate insurance services, better earnings compared to their home country, and flexibility in working hours were found to have a positive impact on the nurses. Overall, the nurses' positive and negative experiences have led them to recommend immigration to their colleagues in their home country. The experiences of immigrant nurses hold crucial importance in guiding other nurses considering migration and addressing the challenges they may face in the future.

**ÖZET Amaç:** Hemşirelere olan küresel talep, özellikle düşük gelirli ülkelerden yüksek gelirli ülkelere göçü artırmıştır. Bu araştırmanın amacı, Almanya'ya göç etmiş Türk hemşirelerin mesleki deneyimlerini keşfetmektir. **Gereç ve Yöntemler:** Bu çalışmada, betimsel fenomenolojik nitel bir yaklaşım kullanılmıştır. Göçmen Türk hemşirelerin sınırlı sayıda olması nedeniyle kartopu örnekleme yöntemi uygulanmıştır. Araştırmanın verileri Temmuz-Eylül 2018 tarihleri arasında toplanmıştır. Çalışma için 12 hemşire örnekleme alınmıştır. Görüşmeler yarı yapılandırılmış form kullanılarak yüz yüze yapılmıştır ve ses kaydına alınmıştır. **Bulgular:** Görüşmelerden elde edilen bulgular 3 ana tema ortaya koymuştur: (1) farklı kültürlerden hastalara bakım sağlama, (2) aynı kültürden hastalara bakım sağlama ve (3) çalışılan ülke hakkındaki görüşler. **Sonuç:** Göçmen hemşireler mesleki yaşamlarında bazı zorluklarla karşılaşmışlardır, bunlar arasında yüksek kültürel çeşitlilik, iletişim engelleri, ırkçılık, yetersiz hemşire sayısı ve ağır iş yükü bulunmaktadır. Bununla birlikte, yeterli sigorta hizmetleri, kendi ülkelerine kıyasla daha iyi kazanç elde etme ve esnek çalışma saatleri, hemşireler tarafından olumlu deneyimler olarak vurgulanmıştır. Göçmen Türk hemşirelerin olumlu ve olumsuz deneyimleri sonucunda, kendi ülkelerindeki meslektaşlarına göçü önerdikleri görülmüştür. Göçmen hemşirelerin deneyimleri, göçü düşünen diğer hemşirelere rehberlik etmesi ve gelecekte karşılaşılabilecekleri zorlukları ele alması açısından önem taşımaktadır.

**Keywords:** Emigration and immigration; nursing

**Anahtar Kelimeler:** Göç ve göçmenlik; hemşirelik

The current phenomenon of nurse immigration has attracted global attention, although it is not a recent development.<sup>1</sup> The international labor market provides nurses with opportunities for global employment.<sup>2</sup> The shortage of nurses in many countries

is a significant factor driving nurse immigration. Many countries, particularly those with high income, provide job opportunities for international nurses to compensate for the insufficient number of local graduates.<sup>3</sup> A large number of nurses, most of whom are

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women, migrate to other countries in search of better earnings and working conditions, a higher quality of life, protection, job mobility, professional development, safety, or sometimes simply for a change or adventure.<sup>2</sup>

In a study conducted with Turkish student nurses, it was reported that the primary choices for migration as nurses were the United States in the first place, followed by Germany in the second place. Within the same study, it was identified that among the reasons for desiring migration, the aspiration for living in a more liberated country and enhancing the quality of life ranked prominently.<sup>4</sup> Globally, around 12.5% of nurses work in a country other than their country of origin.<sup>5</sup> Mass recruitment campaigns and incentives have encouraged nurses to immigrate.<sup>6</sup> During times of critical shortage, certain countries, such as the UK, Australia, and Switzerland, have placed nurses on a list for preferential treatment.<sup>7</sup>

The German Federal law enacted in 2012 abolished the requirement for German citizenship to work in certain professions in Germany. Additionally, the Skilled Labor Immigration Law, which was enacted in 2020, aimed to facilitate the flow of skilled labor from third countries to the German labor market. These laws allow non-German citizens to work in Germany as health personnel, including doctors, midwives, and nurses. However, immigration from Türkiye to Germany did not begin with these regulations alone. In fact, the “October 31, 1961 Labor Agreement” signed between Türkiye and Germany led to the participation of many Turks in the foreign labor force in Germany.<sup>8</sup> Immigration mobility has continued in various fields since those years, with an increasing number of health professionals immigrating in recent years, particularly doctors and nurses. Notably, the rise of companies supporting the immigration process and the increasing demand for German language courses for nurses are notable trends. The professional experiences of nurses after the immigration process are a matter of curiosity, but there is no research on the professional experiences of immigrant Turkish nurses. This study was conducted to reveal the professional experiences of immigrant Turkish nurses working in Berlin, Germany.

## RESEARCH QUESTION

What are the professional experiences of migrant Turkish nurses working in the city of Berlin, Germany?

## MATERIAL AND METHODS

### STUDY DESIGN AND SETTING

In this study, a descriptive phenomenological qualitative research design was employed to investigate the professional experiences of migrant Turkish nurses. This type of study aims to comprehensively understand and describe a specific area, focusing on individuals' experiences.<sup>9</sup> Due to the limited number of Turkish nurses working abroad as immigrants and the difficulty of reaching them, the snowball sampling method was utilized.<sup>10</sup> The researcher reached out to nurses of Turkish origin working abroad as immigrants through key contacts, and new participants were recruited for the study through the contribution of the interviewed participants.

### STUDY PARTICIPANTS

The inclusion criteria for the study comprised having worked as a nurse in Germany for a minimum of one year, being of Turkish origin, and demonstrating proficiency in speaking and understanding the Turkish language. Sixteen Turkish nurses working in Berlin were invited to participate in the research; however, two nurses were unable to participate due to time constraints, and two others were unavailable during the study period as they were in another city. Therefore, the study was completed with the participation of twelve nurses. The sample was selected using the criterion sampling method, which is used to identify and select individuals who possess knowledge about or have experience with a relevant phenomenon.<sup>11</sup> The number of participants was sufficient to capture the knowledge and experience of immigrant nurses/midwives while being low enough to avoid overcomplicating the content analysis.

### DATA COLLECTION

The data for the research were collected during the period of July to September 2018 when the researcher visited Berlin as a short-term investigator. The nurses

reached through the snowball method were contacted to assess their suitability based on research criteria. Those deemed eligible were provided with information about the purpose of the study and requested to schedule an appointment for the interview. Appointments were scheduled with nurses who willingly agreed to participate at a suitable time, and face-to-face interviews were conducted in a quiet room at their respective clinics, where only the researcher and participant were present during the discussions. To obtain detailed and individualized data, an in-depth interview method was employed. The interviews were conducted by the female researcher herself, who had prior experience in qualitative research, using semi-structured question forms with the participants' consent. Concurrently, notes were taken during the interviews, and audio recordings were made. No repeated interviews were conducted. The questions used in the in-depth interviews are provided in [Table 1](#). Each session lasted approximately 45-60 minutes, and only one nurse was interviewed at a time.

#### ETHICAL CONSIDERATION

The Ankara University Health Sciences Lower Ethics Committee (date: June 25, 2018; no: 157) approved the study. Participants were informed that they had the right to withdraw from the interview at any time. They were informed about the study's purpose and scope, and written informed consent was obtained from them. No personal identification information was requested from the participants. The research has been conducted in accordance with the principles of the Helsinki Declaration. The Consolidated Criteria for Reporting Qualitative Research checklist was used to report the study.<sup>12</sup>

#### DATA ANALYSIS

The interviews were transcribed verbatim, and the resulting transcriptions were transferred to a Microsoft Word file (Microsoft Software, USA). MAXQDA software (VERBI Software, Germany) was used to analyze the data. Each file was uploaded to MAXQDA software as a single document, and the participants were assigned codes such as P1, P2, P3, etc. The constant comparative method used to group phenomena into diverse categories through constant comparison was used to analyze the data. Firstly, the meaning units were separated into groups of emerging categories that were related to the topic. Secondly, these categories were compared and classified into thematic elements that were extracted from the data and associated with the categories. In the third step, 2 experts who were not part of this research combined, analyzed, and re-evaluated the data twice. However transcripts could not be provided to the participants for their comments and/or corrections, and participants were not able to provide feedback on the findings.

#### RESULTS

To protect participants' privacy, they were assigned codes P1-P12. The participating nurses were between the ages of 28 and 57, all of whom had a nuclear family structure, and half of them perceived their economic status as high income. The working experience of the nurses in Germany varied between 3 and 25 years ([Table 2](#)). The interview findings were classified into three main themes: (1) providing care for patients from different cultures, (2) caring for patients from the same culture, and (3) opinions about the country where the nurse works.

**TABLE 1:** In-depth interview questions.

Can you tell us about your working conditions as a migrant nurse?
Can you tell us about the characteristics of the health institution that you are currently working for, such as the patient population and team members?
What kind of reactions do you get from the patients that you provide care for?
What kind of reactions do you get from your colleagues and other members of the healthcare team?
What do you think are the advantages of working as an immigrant nurse in this country?
What do you think are the challenges of working as an immigrant nurse in this country?
What advice do you give to your colleagues who are considering immigrating to Germany?

	Age	Family type	Economical situation	Working time in Germany
P1	52	Nuclear	Middle income	25
P2	28	Nuclear	Middle income	3
P3	31	Nuclear	High income	4
P4	57	Nuclear	Middle income	20
P5	53	Nuclear	High income	20
P6	35	Nuclear	Low income	5
P7	52	Nuclear	Low income	24
P8	35	Nuclear	High income	7
P9	40	Nuclear	Middle income	11
P10	29	Nuclear	High income	4
P11	46	Nuclear	High income	14
P12	33	Nuclear	High income	4

### PROVIDING CARE FOR PATIENTS FROM DIFFERENT CULTURES

The hierarchical model of the first theme, “providing care for patients from different cultures”, is presented in Figure 1. This theme was explored through 9 different codes. Table 3 presents the expressions of nurses pertaining to the codes reported within this thematic category.

### CARING FOR PATIENTS FROM THE SAME CULTURE

The hierarchical code subdivision model for the second theme of the research, which is caring for patients from the same culture, is presented in Figure 2. Three distinct codes were identified under this theme.

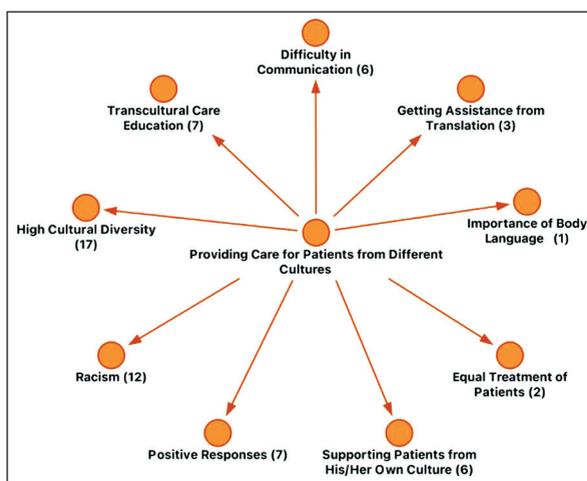


FIGURE 1: The codes of the theme of providing care for patients from different cultures.

Table 4 presents the expressions of nurses pertaining to the codes reported within this thematic category.

### OPINIONS ABOUT THE COUNTRY WHERE THE NURSE WORKS

The hierarchical code subdivision model for the final theme of the study, “Opinions about the country where the nurse works,” is presented in Figure 3. This theme was investigated through three categories. Table 5 presents the expressions of nurses pertaining to the codes reported within this thematic category.

The distribution of the participants’ expressions by frequency is presented in Figure 4. The codes displayed in larger font size represent more frequently used expressions, whereas those in smaller font size represent less frequently used ones.

## DISCUSSION

The results of the study indicated that the professional experiences of immigrant nurses were primarily related to cultural characteristics. The experiences of most nurses in caring for patients from different cultures were related to high cultural diversity, racism, transcultural care education, and communication difficulties. Since World War II, there has been a significant immigration movement to the country where the research was conducted to revive its economy. Consequently, it is not surprising that patients and caregivers from many different countries come together, and this immigration mobility still has a sig-

TABLE 3: The codes of the theme of providing care for patients from different cultures expressions of nurses.

Codes	Expressions of nurses
High cultural diversity	"Since this country receives a lot of immigrants, there are patients from a wide variety of cultures. Half of our patients are German, and the other half are from countries, such as France, Türkiye, Italy, Greece, Spain, and Saudi Arabia, so they are very diverse. Even nurses are from different cultures. We sometimes have no German nurses on our team. We all come from other cultures and countries." (P12)
Racism	"I think there is racism; we call it everyday racism, that is, they make you feel it slightly without showing it too much. They demean you; for example, they sometimes check your work behind you, or some show it with their eyes. When you use your mother tongue, some say that this is Germany, you will speak German. I am a nurse, and I have been serving them for years, but sometimes I get reactions from my patients or colleagues just because I am from a different nationality." (P11)
Transcultural care education	"Here, we definitely receive education on cultures. For example, we are taught about what we should consider when we have a Jewish, Muslim, or Christian patient. When you know these, you already have some insights. When you read the patient's biography, you have more or less an idea before seeing him/her. You learn about the patient's origin, and then you think about your attitude when you learn the patient is Polish or Muslim. When you know about their holidays, values, or religious background, you approach them accordingly. Then, as you get to know them more closely, they definitely add something from their personality to the story. In other words, this country gives importance to transcultural care. They have grasped its importance as they receive a lot of immigrants." (P10)
Difficulty in communication	"Our primary problem is the language. Some patients do not speak German at all, nor do they speak English. Our colleagues are from different countries; for example, Poland, Germany, or Russia. We sometimes find it difficult to understand each other. We have to write patient files, but for example, if your colleague is not very good at writing German, it also becomes a problem. Starting the shift or ending it gets harder." (P3)
Positive responses	"Patients often ask me which country I am from, and I say I come from Türkiye. I usually get positive reactions from patients. They say that I have adapted here, but there are also those who experience the opposite." (P5)
Supporting patients from own culture	"Nurses try to help patients from their own culture, especially to solve the language problem or understand the patient better. We have a list in the hospital, showing the language each nurse speaks and where they are from. If there is a patient who we cannot understand, we look at the list and ask for support." (P7)
Getting assistance from translation	"There are translators at the hospital; we can reach them immediately. We also have patient consent forms in every language. For example, we have anesthesia forms in different languages, and we use them according to the patient's language." (P6)
Equal treatment of patients	"Patients from all nationalities come to our hospital. Our approach is that everyone is treated the same, in other words, we do not discriminate against anyone." (P7)
Importance of body language	"One of the important things is the body language of the patient. You can understand a complaint, pain, or emotional state from the patient's body language. They cannot say they cannot communicate with the nurse because they do not know the nurse's language. This is wrong. You can also communicate with body language." (P1)

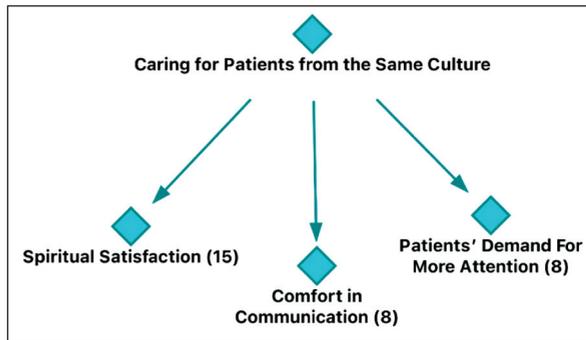


FIGURE 2: The codes of the theme of caring for patients from the same culture.

nificant impact today. However, multicultural interactions necessitate continuous development of effective intercultural communication competence in healthcare. Healthcare workers frequently provide care to people from different cultures; therefore, it is essential to develop intercultural communication techniques in hospitals and improve educational systems at schools to ensure the provision of more productive and safer nursing care.<sup>13</sup> On the contrary, nurses who meet the labor requirements of the sector have reported instances of experiencing racism. Racism is characterized as the articulation of beliefs that rationalize racial inequality, which may involve hereditary aspects such as skin color, as well as cultural disparities that assume the superiority of certain groups over other.<sup>14</sup> Migrant nurses, particularly those belonging to ethnic and racial minorities, encounter both workplace and societal challenges characterized by over hostility and racism.<sup>15</sup> A systematic review of studies conducted on nurses who immigrated from countries such as the Philippines, India, Europe, and Africa, many of which were conducted in the USA, indicated that immigrant or minority group nurses were more likely to experience work-related health problems and unfairness than native nurses. It was also found that these nurses were subjected to discrimination, which led to health problems for them.<sup>16</sup>

On the other hand, it appears that there is a sensitivity towards cultural diversity in nursing care in the country. The participating nurses reported that they received education on transcultural care. Transcultural approaches are crucial in caring for immigrant patients as cultural characteristics play a significant role in various issues, including how individuals perceive their illness and continue their treatment.<sup>17</sup> Leininger and McFarland has noted that nursing care that ignores a cultural approach could potentially harm the individual rather than benefit them, and that culture-specific care could increase individual satisfaction with care and contribute to the healing process.<sup>18</sup>

As stated by Larsen et al., having cultural competence can improve nurses' communication skills and enable them to gather important information from patients.<sup>13</sup> Placing emphasis on transcultural

TABLE 4: The codes of the theme of caring for patients from the same culture and expressions of nurses.

Codes	Expressions of nurses
Spiritual satisfaction	"When I have Turkish patients, I am very happy. I am proud to serve them, and I finish the day happily. When you do your job, all patients thank you, but our patients' thanks come with prayers. They say, "God bless you, my daughter." This nurtures us spiritually." (P6)
Comfort in communication	"Of course, I feel more comfortable when providing care for patients from our own culture. Even your way of addressing changes; for example, German patients like formal communication, and therefore you use formal language." Turkish patients, on the other hand, are happy to be called "aunt" and "uncle." (P5)
Patients' demand for more attention	"Turkish patients expect more attention from us; they have more requests. When they see me, they say, "you are from our homeland; you come from Türkiye." So, they expect more attention and care, or they say, "There was a Turkish nurse here. Can she come?" "Come on daughter, you can do it. Come on daughter, you can arrange this?" They have such expectations from us." (P9)

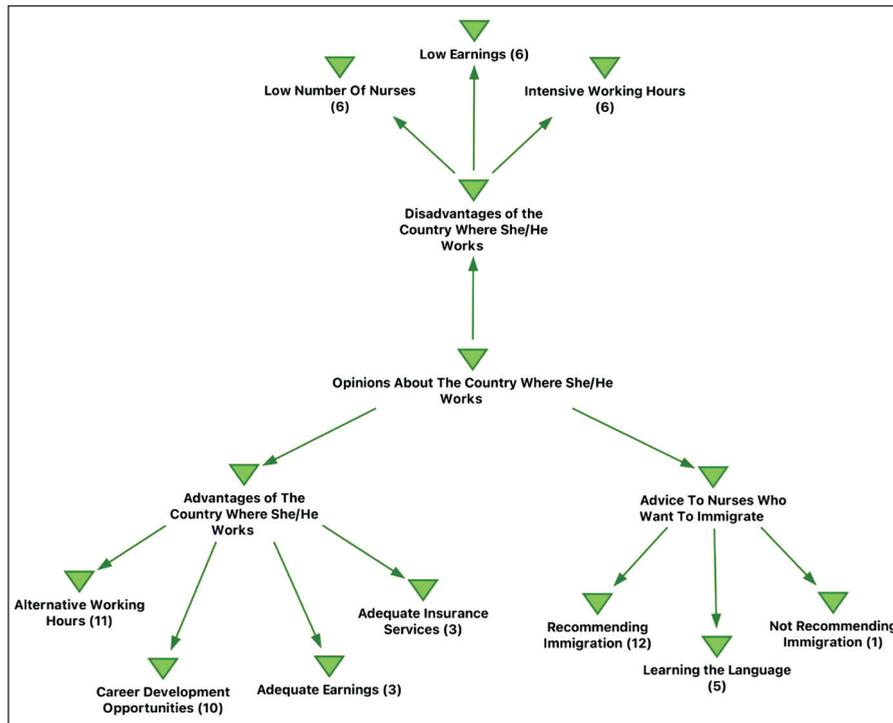


FIGURE 3: The codes of the theme of opinions about the country where nurse works.

care and providing education on this topic is crucial for enhancing the quality of nursing care.

Our research revealed that nurses faced challenges in communication, which is a critical aspect of providing care. Due to globalization and migration, nurses encounter patients who speak different languages.<sup>19</sup> Consistent with our findings, Choi et al. reported that immigrant nurses encountered language barriers while communicating with colleagues and patients.<sup>20</sup> A study on interpersonal communication in intercultural nursing care in India found that all nurses acknowledged language as a barrier to understanding culturally diverse patients and delivering care.<sup>13</sup>

A systematic review on the effects of language barriers in healthcare revealed that communication problems arose between healthcare professionals and patients, which reduced the satisfaction of both parties and the quality of healthcare delivery and patient safety.<sup>21</sup> Neglecting language barriers resulted in poor nurse-patient communication, decreased quality of care, and negative care-related consequences.<sup>22</sup> Communication barriers exist between healthcare providers

and patients, and it is difficult to overcome them in the healthcare system.<sup>23</sup> Furthermore, language barriers between nurses and patients not only escalate stress and workload but also render care delivery more intricate.<sup>24</sup> This study suggested some solutions to the problem, such as nurses supporting patients from their own culture, employing translators, and having documents in different languages. These initiatives seem to minimize communication problems.

The majority of nurses in the study reported experiencing spiritual satisfaction when providing care for patients from their own culture. Spirituality, originating from the Latin word “spiritus,” refers to the concept of being alive and feeling life in a broader sense. It involves meeting the needs of the mind and spirit, and is one of the fundamental components of holistic care philosophy.<sup>25</sup> Spiritual satisfaction can provide individuals with strength, hope, peace, and relief in dealing with various problems, such as assuming social responsibility, reducing pain, stress, and depression, and improving their quality of life.<sup>26</sup> For nurses, experiencing spiritual satisfaction during

**TABLE 5:** The codes of the theme of opinions about the country where nurse works and expressions of nurses.

Codes	Expressions of nurses
Disadvantages of the country where nurse works	
Low earnings	"Nursing is highly in demand in Germany. But people do not prefer it much because it does not pay as much as the job deserves. A family that lives off one person has difficulty making a living here." (P8)
Low number of nurses	"Working conditions in the hospital are difficult because there are very few nurses and therefore we have a lot of responsibilities. For example, there are 4 nurses in the morning group and there are sometimes 30 patients. I worked in different hospitals; the system is always like that and all nurses complain as there are very few nurses." (P11)
Intensive working hours	"There are days when we do not sit at all while working 8 hours here. There is a large elderly population here and their care needs are high." (P2)
Advantages of the country where the nurse works	
Adequate insurance services	"If you get a job with insurance, you are automatically insured. You can also choose the insurance company." (P4)
Adequate earnings	"I cannot say that nurses here make good or bad money. If we compare it with our own country, the income is higher here." (P1)
Career development opportunities	"After your nursing education, your path to career development opportunities opens like the branches of a tree. You can develop yourself in any of them you like." (P3)
Alternative working hours	"We normally work 40 hours a week, but I used to work 35 hours because of the child, but I am planning to work 30 or 25 hours a week because I have children. It is more difficult to work with children. It is very nice to have such options." (P9)
Advice to nurses who want to immigrate	
Recommending immigration	"Here there is cultural richness. We do nice things here. We work very well. Medical applications here are highly advanced. It is nice for them to see these things and see what kind of system works here. I recommend my colleagues from my country to come here." (P2)
Learning the language	"First of all, I recommend them to learn German. The most important thing is that they can express themselves, and most importantly, if they know the language well, it really becomes much easier. Their life here becomes easier. They understand everything more quickly, and they can easily qualify to work anywhere." (P8)
Not recommending immigration	"I love my country. If I had the opportunity today, I would open a small nursing home and go there. I would not recommend anyone to work here, even as a doctor because our country is beautiful. I want the generation there to develop it. People who come here stay here and serve here. If the people of our country are given good opportunities, good possibilities, they will do good things." (P4)

care provision can serve as a powerful coping mechanism in dealing with the negative aspects of their profession that they may encounter within immigrant communities. Additionally, the nurses in the study reported that they found it easier to communicate when providing care for patients from their own cultural backgrounds.

When sharing their perspectives on the country in which they reside, some immigrant nurses indicated that their income was insufficient, there were a limited number of nurses, and the working hours were demanding. The demand for nurse employment is increasing steadily, and there is a shortage of nurses. According to the International Council of Nurses, approximately 13 million nurses will be required to address the global nurse shortage in the future. Governments should take steps to mitigate the risk and improve nurse retention.<sup>27</sup>

Although the nurses who participated in the study encountered some challenges, nearly all of them recommended immigration to their colleagues. This finding can be interpreted as an indication of their professional satisfaction in the country to which they immigrated. In a systematic review, it was reported that some nurses returned to their home countries or moved to another country. However, those who remained abroad enjoyed better career opportunities and made positive contributions to the workforce despite initial chal-



FIGURE 4: Code cloud.

lenges.<sup>28</sup> Pressley et al. demonstrates that employers offer a range of career opportunities for international nurses including equitable pay, economic rewards and opportunities for continuing professional development.<sup>15</sup>

#### STRENGTHS AND LIMITATIONS

This study possesses both strengths and limitations. The first limitation lies in its phenomenological nature, rendering the findings not readily generalizable. Nevertheless, the insights garnered from the research have provided a better understanding of the professional experiences of immigrant Turkish nurses. The second limitation is the inability of participants to provide feedback on the findings. Despite these limitations, the study also boasts significant strengths. Primarily, it is the first study, to the best of our knowledge, to delve into the professional experiences of immigrant Turkish nurses. Additionally, the study adhered to the Consolidated Criteria for Reporting Qualitative Research checklist for its reporting. Lastly, the data analysis was conducted using the MAXQDA software.

#### CONCLUSION

The international migration of nurses has become increasingly prevalent, predominantly motivated by the pursuit of enhanced living standards in developed countries, particularly among low-income or devel-

oping nations. The findings of this study revolve around the professional experiences of immigrant Turkish nurses, focusing on their interactions with patients from either similar or diverse cultural backgrounds. Within this scope, their experiences with culturally diverse patients encompassed heightened cultural diversity, encounters with racism, an emphasis on transcultural care education in the host country, and challenges in communication. On the other hand, their experiences in providing care to nurses from the same cultural background concentrated on spiritual satisfaction, comfort in communication, and patients' demand for more attention. As for the last theme of the study, the nurses' perspectives and experiences related to their host country emerged. Under the disadvantages theme, they emphasized low earnings, low number of nurses, and intensive working hours, while the advantages theme covered recommending immigration, learning the language, and not recommending immigration. Considering the likely continuity of nurse migration in the forthcoming years, the experiences of immigrant nurses hold significance in guiding other nurses contemplating immigration and in identifying and addressing the challenges they encounter.

#### Source of Finance

*During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct con-*

nection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

### Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or mem-

bers of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

### Authorship Contributions

This study is entirely author's own work and no other author contribution.

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