

International Nurses' Integration in Germany: A Viewpoint on Global Health Equity and Public Health Resilience

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ABSTRACT

The integration of international nurses into German hospitals, long term care facilities and acute care units will continue to be vital in supporting and maintaining healthcare in Germany. As such, we believe that their incorporation into the German healthcare system should be viewed as both a means of responding to the current Labor Market Needs but also as a public health equity and resilience strategy. Utilizing data from governmental reports, international policy documents, and research in the area of migration and health, the findings indicate that simply recruiting international nurses will not ensure retention, continued safe practice, ethical governance of the workforce, nor a sense of professional belonging. Although Germany is experiencing nursing shortages, its nursing density rate

is at a comparative level above many other developed countries. Additionally, it is evident through available data that foreign trained nurses represent an increasingly large proportion of the overall nursing workforce. Therefore, given these trends, there appears to be a need to shift from solely focusing on the recruitment of nurses to focusing on how best to integrate them into the German workforce. To achieve effective integration, it would be necessary to develop a set of metrics including recognition times, retention rates, workplace inclusion and participation and measures designed to protect against discriminatory practices. Furthermore, providing opportunities for career advancement and ensuring some degree of accountability by the country of origin would further enhance the ability to effectively utilize international nurses within the German healthcare system. By viewing international nurses as equal partners in the provision of healthcare and not just temporary staffing solutions, Germany can create culturally competent care delivery systems that promote both workforce sustainability and equitable global health partnerships.

Keywords: *international nurses; internationally educated nurses; nurse migration; workforce integration; global health equity; public health resilience.*

INTRODUCTION

Germany's healthcare system provides universal health insurance coverage, advanced hospital equipment and a well-regulated health workforce. However, similar to other European Union member-states (OECD, 2025), Germany faces significant nursing shortages, especially in hospitals, geriatric care, intensive care and related specialty areas. According to OECD (2025), Germany's nursing density ratio was 12.3 nurses per 1,000 residents in 2023, greater than the EU average of 8.5. While this indicates that Germany is better positioned than most EU countries to address future health-care demand issues based on population

demographics and changing epidemiology, it does not account for the distribution of nurses across different types of facilities. Similarly, while Germany has one of the largest numbers of foreign-trained nurses in Europe (OECD, 2025), this number is likely insufficient to meet future projected shortfalls. Thus, while Germany has adequate nurse headcounts relative to other European countries (at least currently), workforce resiliency cannot be judged solely by head counts. Rather, factors such as distribution of nurses across types of facilities, retention rates, working-conditions, skill-mix, changes in the demographic composition of the population requiring care and levels of professional integration are also important.

As described by OECD (2025b), international nurse migration has become a common structural response to nursing shortages in many high income countries. In 2023, approximately 820,000 foreign trained nurses worked in OECD countries (compared with approximately 140,000 foreign-trained nurses in OECD countries in 2010 [OECD, 2025c]). Nurse migration is thus no longer primarily a "work-force" issue in terms of addressing specific shortages in individual facilities. Instead, nurse migration has become an integral component of contemporary health system governance and results in shared-responsibility among destination countries (and associated regulatory agencies), source countries (including governments responsible for regulating and monitoring the exportation of skilled-workers), employers who recruit foreign workers (regardless of whether directly or indirectly via third-party vendors), educational institutions responsible for preparing students for licensure exams administered in destination countries, and nurses themselves (who bear personal risks for migrating).

Similarly, Germany is reflective of this larger trend toward increasing reliance on foreign-trained nurses. Recent reports from The Federal Employment Agency indicated that foreign workers made up almost 18% of the total nursing workforce and accounted for nearly all of the increase in employed nurses since 2007 (Bundesagentur für Arbeit, 2025). The same agency reported that labor shortages in nursing remain severe with fewer than 45 job-seekers competing for each registered qualified nursing position listed with the agency in 2023 (Bundesagentur für Arbeit, 2024). Thus, while international nurses are certainly used to supplement domestic nursing-staffing needs in Germany (and potentially in other countries), their role is increasingly becoming indispensable to provide continuity-of-care.

However, as stated previously, integration is typically viewed as an administrative process involving visa-granting authorities (to allow entry); testing languages proficiency (to facilitate communication); issuing documentation certifying education/ training received prior to migration (as evidence of qualifications); finding placements; and ensuring employer compliance with regulations governing hiring foreign workers. All of these processes are important components in ensuring successful integration. However, simply completing these steps will not necessarily result in meaningful integration. For example, a nurse may successfully navigate the required bureaucratic hurdles to gain legal status to work in Germany and subsequently begin working for a licensed employer. However, she/he may simultaneously be subject to deskilling, excluded from decision-making processes, experience discrimination, suffer social-isolation, or experience limited opportunity for career advancement and/or fail to use her/his professional skills and knowledge to provide optimal patient care. From a public health perspective, these barriers to successful integration can adversely affect not only the individual nurse's quality-of-life, but also retention, patient-safety and ultimately workforce sustainability.

Additional support for this contention comes from my qualitative research study examining Filipino-travel-nurses participating in clinical assignments in Germany. This study demonstrated that foreign-recruited nurses migrate across international boundaries for purposes of work; adapt to new clinical-practices and expectations; communicate in new contexts; negotiate-professional identities; adjust to cultural differences; and accommodate varying workplace standards. The study supports the conclusion that successful integration must occur beyond mere deployment or placement. Successful integration requires structured orientation programs; culturally-sensitive mentorship; access to clinical-language-support; formal recognition of previously acquired clinical-expertise; and protections against marginalization (Miña, 2026).

Thus, this view-frame defines successful integration as a quantifiable health-system-outcome. The objective here is not to argue against the recruitment and international hiring of nurses; rather it emphasizes that recruitment becomes ethically and sustainably viable only once those hired have experienced support post-arrival. The potential benefits that exist for Germany utilizing international nurses are substantial, similarly so are the responsibilities involved in creating conditions allowing international nurses to safely practice clinically, advance professionally and engage in decision-making regarding patient care.

Table 1. *From Recruitment-Centered to Integration-Centered Governance for International Nurses in Germany*

Dimension	Recruitment-Centred Approach	Integration-centred Public Health Approach
Main goal	Fill vacancies	Build long-term workforce resilience
View of international nurses	Labor supply	Public health partners and knowledge contributors
Success indicator	Number recruited or placed	Retention, satisfaction, fair recognition, career development, and care continuity
Ethical focus	Legal recruitment and placement	Fair recruitment, fair integration, source-country responsibility, and migrant worker dignity
Institutional responsibility	Human resources department	Shared responsibility of employers, regulators, educators, managers, policy makers, and nursing associations
Integration support	Document processing and language requirements	Clinical transition, mentorship, anti-discrimination systems, family support, and professional development
Public health contribution	Temporary staffing relief	Resilient, culturally responsive, and sustainable care delivery

METHODS

This viewpoint utilizes an opinion and point-of-view format to explore international nurse integration as both a global health issue and a public health issue. No original data nor systematic reviews were presented within the paper. Instead, policy-based evidence and relevant scholarly literature were reviewed to create a defensible position for future discussions among policy-makers, employers, educators, researchers and nursing leadership. Three key questions guided the analysis of this study:

- (1) In what way is international nurse integration in Germany related to global health equity?
- (2) To what extent will integration contribute to public health resiliency?
- (3) Which reforms will need to occur to transition from a recruitment-focused workforce development model to an integration-focused governance model?

Relevant sources used for the analysis include OECD Reports, WHO Ethical Recruitment Documents, German Federal Employment Agency Data, German Government Portals on Professional Recognition, Robert Koch Institute Migration-and-Health Materials, and Peer Reviewed Studies on Migrant Healthcare Workers and International Nurse Integration.

The analysis was structured according to four categories:

- (1) Workforce Sustainability,
- (2) Professional Integration,
- (3) Global Health Equity, and
- (4) Public Health Resilience.

RESULTS

The nursing shortage in Germany is not merely a short-term labour market issue. Rather, the nursing shortage reflects multiple interrelated factors including demographic changes due to population aging, increasing dependency on care services, increased hospital demand, high clinical acuity requirements for nurses and challenges associated with retaining employees in jobs requiring significant physical and mental demands. While there are more registered nurses per capita in Germany compared to the EU Average, nursing shortages continue to exist in hospitals and long-term care settings. Therefore, numerical density alone cannot account for variations in workload, employee turnover rates, geographic variation in the distribution of employed nurses across regions of Germany, differences in full-time and part-time employment status of registered nurses, or specific skill set requirements for specialized areas of nursing.

Obtaining professional recognition is typically the first step for foreign trained nurses seeking to practice nursing in Germany. Nursing is a licensed profession; foreign trained nurses must receive state recognition or approval to practice nursing in order to utilize the legally protected title "recognized nurse" (Federal Ministry of the Interior and Community, 2024). State recognition serves to protect patients and maintain professional standards; however, delayed processing times can result in job insecurity. Internationally trained nurses awaiting state recognition may be required to perform tasks at lower levels than those for which they have been formally prepared. As a result of this delay, internationally trained nurses may suffer loss of income and/or experience deskilling or feel that their previous training and experience are being devalued. Additionally, delayed recognition limits the utilization of available skills and talent within the system.

Therefore, recognition should not only be considered as a legal mandate but also as a workforce efficiency and equity metric. Efficient and supportive recognition systems that provide timely service would help to minimize the waste of previously acquired education and experience. Equally important, streamlined recognition processes would decrease frustration felt by internationally educated nurses who have years of clinical experience but are unable to begin practicing in Germany at levels commensurate with their competence.

B. Integration is Not Just About Entering into Practice — Language Acquisition & Recognition

The common path for internationally educated nurses includes recruitment, migration, documentation, language acquisition, professional recognition and employment. These stages represent foundational aspects rather than ultimate goals. The "Make It in Germany" Portal provides general information regarding practical matters concerning internationally qualified nurses such as recognition, administrative processes, insurances and settlement (Federal Government of Germany, 2026a). Workplace integration, however, also includes having confidence when providing patient care as a member of a clinical team; feeling like a part of a professional community and receiving organizational support.

While language is a visual aspect of integration (i.e., a clinically competent nurse may speak German fluently), clinical language encompasses much more than mere grammatical proficiency. Nursing communication includes assessment, documentation, emotional support, patient education and negotiation with other professions and rapid decision-making. For example, while a nurse may successfully complete a formal examination demonstrating competency in German language proficiency, he/she may still struggle

with dialect, abbreviations, fast handoffs, emotionally charged interactions and high-stakes communication.

For instance, clinicians providing direct patient care in ICUs or ERs often face barriers related to language proficiency that negatively impact both clinician confidence and team functioning. Consequently, workplace integration should be viewed as a bi-directional process.

International nurses must learn about laws, regulations, documented practices, professional boundaries and care models applicable in Germany. Simultaneously, local teams or managers must learn how best to support colleagues with varied educational preparation and clinical experiences. Figure 1 illustrates recruitment as the initial stage and integration as the link to enhanced resilience.

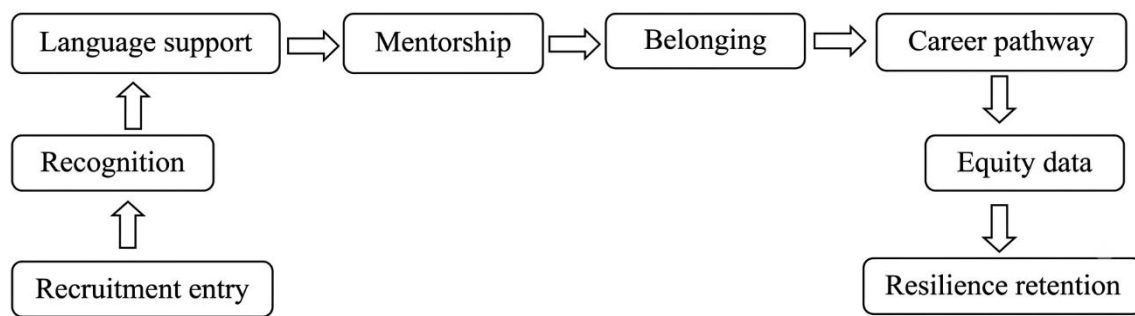


Figure 1. *The Recruitment-to-Integration Governance*

Recruitment to work abroad provides opportunities for nursing professionals such as professional advancement, increased salary, supporting families and experiences around the world. Additionally, it supports maintaining important services in Germany. Nevertheless, recruiting staff from countries experiencing their own staffing shortages raises an ethical dilemma. According to the World Health Organization’s (WHO) Global Code of Practice for International Recruitment of Health Personnel, international recruitment should protect both the needs of the country being recruited to and the sustainability of the healthcare system in the country supplying the personnel (WHO, 2010). The ongoing WHO review will continue to focus on improving data collection processes, increasing bilateral cooperation and communication related to policies and practice (WHO, 2025).

Ethical recruitment will require more than merely completing contractual agreements. Hanrieder (2025) cautions against referring to migrant workers as "beneficiaries" if there are significant disparities of power. Therefore, destination countries must create definitions of ethics beyond the hiring practices of foreign-born employees. In other words, equitable hiring practices must be followed by equitable recognition of foreign-born employees' qualifications and work experience, providing safe workplaces, providing clear, well-defined career paths, providing adequate support to employees and their families and protecting them from discrimination.

The “Triple Win” concept is described as a structured framework for benefits to be realized by all three parties: (1) Germany; (2) the source countries of these nurses; and (3) the nurses themselves (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), 2026). Establishing organized pathways to employment can assist in reducing reliance upon non-regulated recruitment methods. Nonetheless, a triple-win outcome for all parties will depend on what occurs post-arrival regarding integration. Integration must be continuously monitored rather than simply assuming its occurrence. Countries that have been identified as having a direct link to the Triple Win Concept include the Philippines, Tunisia, Indonesia, India, Bosnia

and Herzegovina, Jordan, and Vietnam. Current recruitment efforts for highly skilled and educated nurses have focused primarily on the Philippines, Tunisia, Indonesia and India. More specifically, Kerala and Telangana in India are targeted as well (Bundesagentur für Arbeit, 2026). Table 2 includes proposed indicators that can be used to assess how recruitment and integration are promoting greater equity and resilience among those being recruited.

Table 2. *Proposed Indicators for Evaluating International Nurse Integration in Germany*

Domain	Indicator	Public Health Relevance
Recognition	Median time from arrival to full professional recognition	Shows whether qualifications are being used efficiently and fairly
Retention	12-, 24-, and 36-month retention rates	Indicates whether recruitment produces sustainable workforce capacity
Belonging	Reported psychological safety and team inclusion	Links integration to well-being, communication, and patient safety
Equity	Reported discrimination and response mechanisms	Monitors whether institutions protect migrant workers from harm
Career development	Access to specialization, continuing education, and leadership roles	Shows whether international nurses can progress rather than remain in marginal roles
Global ethics	Source-country partnership and transparency indicators	Connects German workforce planning with global health equity

Public health resilience refers to a public health system's ability to absorb disruptions while maintaining its core service functions. In addition, it has the capability to be adaptable during or after a disruption, and to recover when possible. Nurses have a key role in developing an organization's resilience due to their ongoing provision of care within acute, long term, home, and community environments. During the COVID-19 Pandemic, German migrant healthcare workers made significant contributions toward delivering care. However, according to Kuhlmann et al. (2023), there is very little research available regarding migrant healthcare workers in high resource European countries. Therefore, without the availability of adequate information about the experiences of migrant healthcare workers, organizations may be unable to adequately address issues related to integrating these individuals into their employment structures.

International nurse retention is a major concern for all health care providers. The loss of international nurses results in the loss of clinical knowledge to the employer, which requires employers to start the recruitment process over again at considerable cost. While salary can impact whether an international nurse will remain with their current employer, so too do other factors including recognition from management and peers, dignity of being treated professionally, ability to maintain a healthy balance of work and life, access to family support, adequate housing, ability to create a psychologically safe workplace, access to continuing education opportunities, and the opportunity to advance one's career. Employers who treat their employees with respect and value them as professionals are more likely to retain those nurses and allow them to function as educators, quality improvement specialists, advanced practice registered nurses, and culturally sensitive practitioners.

According to Hövener & Wieler (2023), the Robert Koch Institute monitors diversity oriented aspects of public health in Germany. As such, it is logical that similar attention would need to be given to migrant healthcare workers. To achieve greater equity in the hiring and retention of international nurses, Germany would benefit from collecting data regarding the experiences of migrant healthcare workers. For example, collecting data on whether these workers experience discrimination in the workplace; if their qualifications were recognized prior to or subsequent to employment; job satisfaction; mental health; career mobility; and retention rates. Figure 2 illustrates how workforce pressures are applied through integration processes and result in resilient organizational behaviour and equitable outcomes.

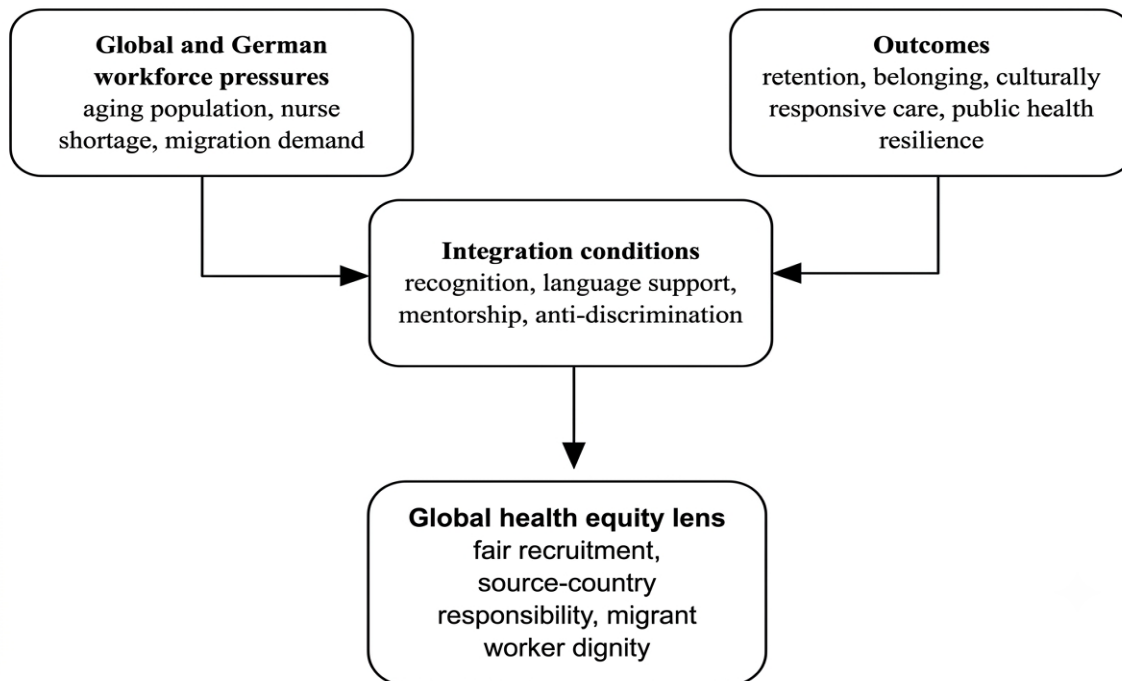


Figure 2. *Conceptual Framework: International Nurse Integration as a Pathway to Global Health Equity and Public Health Resilience*

The real debate is not about whether Germany should recruit international nurses. What matters most is whether recruitment is tied to mechanisms that protect, recognize, include, develop, and retain those nurses. The success of recruitment-focused policies is typically measured by the number of nurses recruited and how quickly they can be assigned to positions. Success in integration focused policies is measured by the number of nurses retained, the degree to which they have been respected, the degree to which they have utilized their full capabilities, the degree to which they have advanced professionally and contributed to providing high-quality and safe care.

Recruitment-focused strategies may offer short-term solutions to staff shortages. However, these strategies may create a cycle of continuous recruitment when nurses ultimately leave due to poor working environments, deskilling, lack of career opportunities, racism and inadequate support. On the other hand, integration centered governance views international nurses as integral members of the German healthcare system where their success is dependent upon organizational conditions. Furthermore, this perspective acknowledges that integration is influenced by all stakeholders involved in the employment relationship, including employers, managers, regulatory bodies, educators, professional organizations and policymakers and not solely through the individual efforts of the nurse.

Workforce equity is an important public health issue. Unfair treatment of nurses can negatively impact their well-being and reduce job stability. Additionally, unequal recruitment practices that focus primarily on low-income countries with limited workforce capacities can exacerbate global health inequities. Therefore, Germany has an ethical obligation to promote fair recruitment as well as fair employment of migrant workers once they enter the country.

Fair employment practices would include protection from exploitation (unfair fees), deception (misinformation), hazardous working conditions, discrimination, and professional marginalization.

Managers play a key role in supporting the integration of employees. Research conducted by Roth (2025) examines the role of nurse managers and internationally qualified nurses in Germany in regards to employee integration. Managers positively influence employees' perception of respect, availability of mentors, clinical supervision, communication norms, and perceived psychological safety. As such, integration should be considered a leadership competency directly related to quality of care and employee retention and not just a human resources function.

In addition to the workplace environment, a successful integration centered approach must consider family and social aspects. Many international nurses bring responsibilities for family members living in their home countries with them when they migrate to a foreign country to begin a new life. Access to affordable housing, child-care services, social networks and understandable administrative information may influence whether they choose to continue to work in the healthcare sector. While these elements may seem unrelated to traditional hospital staffing concerns, they significantly impact retention rates and overall well-being of international nurses.

Future research should expand beyond descriptive analyses of nursing shortages. Longitudinal and mixed-methods studies examining recognition timeliness, role adaptations, mental health impacts of migration-related experiences, experience with discrimination in the workplace, retention rates among international nurses and career mobility options for international nurses are needed. International nurses' perspectives should be included in studies. Differences in pathways taken during immigration (e.g., refugee vs. economic immigrant), types of nursing education completed prior to migration (i.e., diploma vs. BSN), locations where international nurses worked prior to migrating (e.g., acute care setting vs. primary care clinic), and current recognition status should also be examined. Developing better evidence would enable policymakers to operationalize integration as a measurable public health outcome rather than a vague promise.

1. Policymakers should establish national integration standards with measurable indicators. For example, recognition timeliness, retention, incidence of reported discrimination, career advancement and representative participation in leadership roles. Hospitals or any healthcare agencies employing international nurses should establish formalized transition-to-practice programs that incorporate mentoring relationships, support for clinical communication skills development, provision of protected learning time and culturally-safe team orientation activities. Regulatory bodies should ensure patient safety while ensuring transparency, expediency and accessibility to recognition processes as well as limiting the amount of time that internationally-qualified nurses spend performing supervisory tasks which could limit long-term professional growth opportunities.

2. Integration-centred quality-of-care and safety issues should be identified by leaders in nursing. Leaders/managers should participate in training sessions designed to educate them on identifying behaviours that exclude or integrate marginalized groups, promoting/respecting cultural differences through supportive communication patterns, creating equitable career pathway opportunities for internationally-trained nurses and preparing domestically trained-nurse to work collaboratively with culturally-diverse peers.

3. Curriculum content concerning migration ethics, global health, transcultural care and workforce equity should be integrated into curriculum offerings for both domestically- and internationally-trained nursing students. Evidence-based research on outcomes related to employment retention, mental health,

career advancement and quality-of-care for internationally-trained RNs working in Germany should be developed nationally.

4. Long-term monitoring of outcomes related to Germany, source-countries and internationally-trained RNs working in Germany are necessary components of establishing equitable international partnerships that promote mutually-beneficial relationships.

5. Hospitals/healthcare agencies employing internationally-trained RNs should regularly collect integration-related data and meet with nursing leaders and internationally-trained RN representatives to review the collected data. Indicators used to evaluate successful integration can include but are not limited to: delayed recognition periods, turnover within 1-year and 2-years post-hire, access to specialist roles within 6-months post-hire, reports of discriminatory treatment, access to continuing education activities, self-reported satisfaction with mentorship received while employed in Germany. Collecting these indicators can transform the value of integrating internationally-trained RNs into a quantifiable quality improvement initiative.

Internationally-trained nurses are currently contributing to the public health infrastructure of Germany. They will continue to be essential contributors to the future public health infrastructure of Germany. They are not temporary fixes to staffing shortages in Germany. They are capable professionals who can enhance quality of care provided by publicly-funded healthcare providers in Germany when they are recognized as equal professional partners.

Therefore, it is imperative that internationally-trained nurses be viewed as part of a global health equity strategy as well as a public health resilience strategy in Germany. Also, integration determines whether they will stay, grow professionally and lead others in delivering quality care and maximize contributions.

A public health response must go beyond determining how many nurses in Germany can recruit. The far more relevant question is, “what kind of workforce system can be created so that internationally-trained nurses become valued members of the workforce system in Germany?”

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