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MAINLAND CHINESE NURSES' LIVED EXPERIENCES IN THIS REGION DURING COVID-19: A PHENOMENOLOGICAL STUDY

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ABSTRACT

Background: The COVID-19 pandemic intensified global nursing shortages, compelling healthcare systems like ours to recruit migrant nurses from mainland China for Health Care Worker roles to address workforce deficits. Purpose: This study aimed to explore the lived work experiences of this unique cohort as they transitioned into our region's community care sector during the pandemic. Methods: Employing a qualitative, descriptive phenomenological design, in-depth, semi-structured interviews were conducted from January to March 2022 with eight mainland Chinese nurses, and data were analyzed using Colaizzi's thematic analysis method. Results: Five major themes emerged from the analysis. They were (1) The Trade-Off (Gain vs. Sacrifice); (2) Navigating a New World; (3) The Outsider Within; (4) The Emotional Toll of Care; and (5) Stalled Aspirations. The findings uncovered a profound dissonance between the participants' professional identity and their functional role, a conflict intensified by the isolation and pressures of the COVID-19 era. Conclusions: While these workers are a vital solution to workforce shortages, the study concludes that their long-term retention is contingent on strategic management that moves beyond a purely utilitarian approach to implement targeted support, create formal pathways for professional recognition, and foster an inclusive work environment.

KEYWORDS: COVID-19; migrant nurses; nursing workforce; professional identity; qualitative study; skills-mix; nursing management

1. INTRODUCTION

The global healthcare landscape is navigating the converging challenges of a persistent shortage of professional nurses and the escalating care demands of a rapidly aging population.¹ This nursing shortage has been declared a "global health emergency" by the International Council of Nurses, which warns that health systems can only be rebuilt post-pandemic with significant investment in the nursing workforce.² The crisis was profoundly exacerbated by the COVID-19 pandemic, which, as numerous systematic reviews show, intensified pre-existing issues of widespread burnout, stress, and turnover among frontline nurses, further compromising workforce stability.³ These human resource deficits are particularly acute in the long-term care sector, where a growing "care gap" strains services for aging demographics.^{5,6}

This global challenge is mirrored with intensity in our region, a special administrative region experiencing a swift demographic transition. The demand for comprehensive care services, especially for the elderly, is outpacing the local supply of healthcare professionals. According to the local government portal,⁷ the region had 2,980 registered nurses at the end of 2023. With the majority employed in hospitals, this distribution highlights a significant human resource gap in the community care sector. To address this critical workforce deficit, local community care institutions have increasingly turned to a skills-mix solution: recruiting migrant nurses from mainland China to serve as "Health Care Workers."

This strategy, however, introduces a unique set of professional and personal challenges. These nurses' transition from a registered nurse role in mainland China to a semi-professional Health Care Worker role in this region, a process of professional re-identification fraught with difficulty. A large body of international research confirms that migrant nurses frequently confront significant challenges with professional identity, credential recognition, and a sense of "deskilling," where their existing skills are underutilized.⁸⁻¹³ This struggle is often compounded by the need for extensive cross-cultural adaptation to new workplace norms and communication styles.^{14,15}

The Health Care Worker role in this region is not formally regulated, lacking a defined scope of practice and a clear pathway for career

advancement. This ambiguity can lead to a perceived loss of professional status, contrasting sharply with their identity as licensed professionals. While literature exists on the experiences of migrant nurses, a significant research gap remains concerning mainland Chinese nurses who undergo this specific role conversion in our region. Understanding their unique lived experience is critical for developing targeted, humanistic management strategies that can foster a greater sense of belonging and professional worth.

Aim. This study explored the lived work experiences of mainland Chinese nurses who transitioned to roles as Health Care Workers in our region during the COVID-19 pandemic.

2. METHODS

This study utilized a qualitative, descriptive phenomenological approach, philosophically grounded in the descriptive tradition of Husserl.¹⁶ This design is exceptionally suited for understanding the essence of a lived experience from the perspective of those who have lived it.¹⁷ The study was conducted within several local community-based social service institutions providing long-term care. Participants were recruited using a combination of purposive and snowball sampling. Inclusion criteria were: (1) registered nurse in mainland China for at least one year; (2) Chinese citizen with mainland household registration; (3) currently employed locally as an HCW for at least one year; (4) able to communicate clearly; and (5) provided informed consent. The sole exclusion criterion was holding a local resident identity card. Data collection continued until saturation was reached, resulting in a final sample of eight participants.

2.1. Ethical Considerations

This study was approved by the Institutional Review Board of our institution (ESCSD/MSN-030/2021), and the research adhered to the principles of the Declaration of Helsinki.¹⁸ Written informed consent was obtained from all participants. All identifying information was removed from transcripts, and participants were assigned codes. All data were stored on a password-protected computer accessible only to the primary researcher.¹⁶

2.2. Data Collection

Data were collected from January to March 2022 through in-depth, semi-structured, face-to-face interviews. The interview guide was developed based on a literature review and refined through consultation with three experts and one academic supervisor. This resulted in the final interview

questions listed in Table 1. Interviews lasted between 30 and 50 minutes, were conducted in a private room, and were audio-recorded in the participants' native language (Cantonese or Mandarin). The first interview served as a pilot test; as no modifications were needed, it was included in the final analysis.

Table 1: Interview questions

| No. | Question |
|-----|---|
| 1 | What were your reasons for choosing to work in Macao? |
| 2 | After coming to work in Macao, what changes and effects have you experienced in your life and work? |
| 3 | What sources of pressure have you experienced in your work process? |
| 4 | Could you talk about your work experiences and feelings? |
| 5 | What difficulties have you faced working in a different region, and how did you resolve them? |
| 6 | What kind of support would you hope to receive from management? |

2.3. Data Analysis

Data were analyzed using the seven-step phenomenological method described by Colaizzi.¹⁹ This involved verbatim transcription, data immersion, extraction of significant statements, formulation of meanings, clustering into emergent themes, and creating a comprehensive narrative description. Finally, findings were returned to the participants for member checking and validation to avoid subjective bias.

2.4. Rigor and Trustworthiness

Trustworthiness including credibility, transferability, dependability, and confirmability, was systematically addressed.²⁰ Credibility was enhanced through supervisor guidance and member

checking. Transferability was supported by purposive sampling and providing a "thick description" of the research context. Dependability and confirmability were maintained through independent coding by a second researcher, peer debriefing, and maintaining a formal audit trail of all recordings and transcripts.

3. RESULTS

A total of eight female Health Care Workers participated. Their ages ranged from 23 to 30 years. Their local tenure was between 1 and 8 years, and their prior nursing experience in mainland China ranged from 1 to 8 years. All participants held qualifications in vocational nursing education (Table 2).

Table 2: Participant Demographics (N=8)

| Participant | Age | Experience (Years in Macao) | Experience (Years in Mainland) | Marital Status (All Female) | Education |
|-------------|-----|-----------------------------|--------------------------------|-----------------------------|--------------------------------|
| 1 | 27 | 3 | 5 | Married | Higher Vocational Education |
| 2 | 23 | 1 | 1 | Single | Secondary Vocational Education |
| 3 | 25 | 2 | 4 | Single | Higher Vocational Education |
| 4 | 27 | 6 | 3 | Married | Higher Vocational Education |
| 5 | 30 | 4 | 8 | Married | Higher Vocational Education |
| 6 | 30 | 8 | 4 | Married | Higher Vocational Education |
| 7 | 24 | 2 | 2 | Single | Secondary Vocational Education |
| 8 | 28 | 3 | 6 | Married | Higher Vocational Education |

Higher vocational education requires three years of study after senior high school. Secondary vocational education requires three years of study after junior high school.

The analysis revealed five major themes that capture the essence of the participants' lived

experience, illustrated in the thematic map (Figure 1).

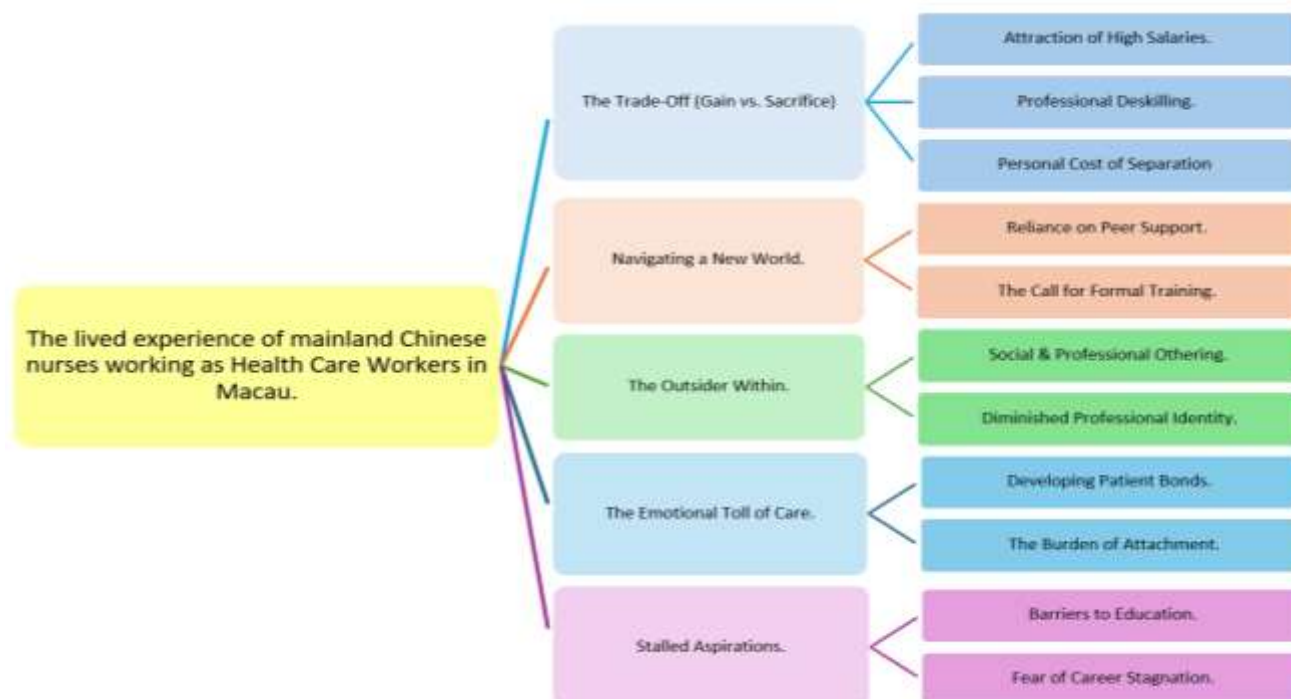


Figure 1: Thematic map of themes and subthemes derived from the analysis.

3.1. The trade-Off (Gain vs. Sacrifice)

Participants framed their decision to work in our region as a conscious trade-off of gain or sacrifice, drawn by significant financial improvement but contending with professional deskilling and personal costs.

- *Attraction of High Salaries:* Economics was the primary motivator. The higher salary here justified the challenges of migration. Participant 4 stated, "The environment and salary here are higher than in the mainland... The salary is a big attraction."
- *Professional Deskilling:* Financial gain came at a professional cost. Participants experienced a profound shift from performing a wide range of nursing duties to a role focused on basic, non-invasive care. "In the mainland, we were engaged in nursing work, which included some invasive procedures. Here, due to legal restrictions, we only do simple nursing care," Participant 5 noted.
- *Personal Cost of Separation:* The physical distance from home was a major source of stress, acutely intensified by COVID-19 border controls, mandatory quarantines, and the constant fear of being unable to return home. Separation from family created a significant emotional burden. Participant 6 shared, "Because my child is young, I have less time to be with him, and sometimes I feel guilty."

3.2. Navigating a New World

Adaptation to the new work environment depended heavily on external support systems, revealing an unmet need for structured training.

- *Reliance on Peer Support:* Colleagues and superiors

served as a lifeline for navigating unfamiliar clinical procedures and institutional policies. "To solve difficulties, I have a good director and colleagues... [they] help and explain how to solve the problems," explained Participant 2.

- *The Call for Formal Training:* Despite peer support, participants identified significant knowledge gaps regarding English medical terminology, Traditional Chinese characters, and local pharmacology. "The medications are a challenge; they are in Chinese, but many are also in English, which makes reading doctor's orders difficult," said Participant 8.

3.3. The Outsider Within

Participants grappled with a sense of being "outsiders" within this region workplace and society.

- *Social & Professional Othering:* Several participants felt that local residents received preferential treatment in job opportunities, which fostered resentment, particularly during the pandemic's economic downturn. Participant 7 remarked, "The unemployment rate here is high, and the voices of local people become stronger, feeling like we have taken their positions."
- *Diminished Professional Identity:* The transition from a registered nurse to a lower-status HCW role created a profound identity dissonance. "You do a lot fewer of the things a nurse does. I'm slowly accepting it, after all, I've been doing it for so many years," stated Participant 3.

3.4. The Emotional Toll of Care

The new role required intense emotional labor.

Developing new relational skills led to powerful emotional attachments that were both rewarding and psychologically demanding.

- *Developing Patient Bonds: Communicating with elderly clients with complex cognitive needs required immense empathy. "Sometimes they don't understand or get angry, and you have to coax them like a child," noted Participant 2.*
- *The Burden of Attachment: Participants formed strong bonds with clients, viewing them as family. However, this brought psychological stress when clients' health deteriorated. "Sometimes you treat the residents as your own family, and you feel sad when they pass away or are transferred," said Participant 6.*

3.5. Stalled Aspirations

A pervasive sense of career stagnation was a major source of frustration. Participants felt trapped by systemic barriers preventing further education.

- *Barriers to Education: The primary barrier was the non-recognition of mainland qualifications for entry into local higher education programs. Participant 4 expressed: "My academic qualifications from the mainland are not well-recognized by the local government... I need to have a local resident ID card to enroll... So I can't pursue the courses I want to."*
- *Fear of Career Stagnation: This inability to advance created a fear of becoming obsolete. "We can't keep up here, so there's not much motivation to go back and work in that profession [nursing]," worried Participant 3.*

4. LIMITATIONS

This study presents a few limitations that should be considered. First, the sample size was restricted to eight participants. While a small sample size is standard and appropriate for phenomenological designs aimed at reaching data saturation regarding lived experiences, it inherently limits the broad generalizability of the findings to all migrant healthcare workers. Second, the study was conducted exclusively within a single geographic region (local). The unique socio-economic, cultural, and political landscape of this specific region—combined with the unprecedented cross-border restrictions of the COVID-19 pandemic—means that these exact experiences may differ from those of nurses migrating to other global territories. Future research should expand on this work by incorporating larger, more diverse cohorts across multiple regions and healthcare settings to validate and broaden these insights.

5. DISCUSSION

This study reveals a complex narrative of trade-

offs, professional adaptation, and significant unmet needs among mainland Chinese nurses working as Health Care Workers in this region during the pandemic. The analysis revealed five major themes that describe their lived experience: (1) The Trade-Off (Gain vs. Sacrifice); (2) Navigating a New World; (3) The Outsider Within; (4) The Emotional Toll of Care; and (5) Stalled Aspirations. The findings align with and extend the international literature on migrant nurses, providing specific insights into the unique context in this region under crisis conditions.

In the first theme, The Trade-Off (Gain vs. Sacrifice), participants articulated a central conflict between financial incentives and professional costs. While the primary driver for migration was economically, a well-documented phenomenon, this study highlights the significant professional sacrifice of "deskilling." This result resonates strongly with studies on internationally educated nurses, which report frequent underutilization of existing skills and challenges with credential recognition.^{8-11, 21} The resulting dissonance between a trained professional identity and a more limited functional role can lead to job dissatisfaction and a sense of professional loss, a finding consistent with the work of Bahlman-van Ooijen et al.²² This feeling was likely amplified during the health crisis, where participants' critical nursing skills could not be fully deployed.

The second theme, navigating a New World, underscores the critical need for structured organizational support. The challenges of adapting to new clinical protocols, documentation, and language are common among migrant health workers, a point supported by the literature.^{12, 14, 23} This study found that informal peer support, while valuable, was insufficient to address these systemic gaps. The lack of structured orientation and ongoing training was found to exacerbate feelings of incompetence and anxiety, a finding that aligns with research by Heath et al,²³ who noted that such needs become more acute during a pandemic characterized by rapidly changing protocols.

The third theme, The Outsider Within, reveals the participants' struggle with social and professional exclusion. This study found that participants perceived differential treatment, which fostered feelings of being "outsiders" within the workplace and society. This can negatively impact mental health and a sense of belonging, a result supported by research on the mental health and social integration of migrant populations.²⁴

In the fourth theme, The Emotional Toll of Care, the findings highlight the significant psychological demands placed on participants. The intense emotional labor required for long-term care, compounded by the stress of migration and family

separation, was found to place these workers at a high risk for burnout. This result is consistent with studies that identified these same factors as significant contributors to burnout among healthcare professionals, particularly during the COVID-19 pandemic.^{3, 25}

Finally, the fifth theme, Stalled Aspirations, identifies a pervasive sense of career stagnation as a major source of frustration and a significant risk for future turnover. The inability to access further education or a clear career pathway highlights a systemic failure to create sustainable career pathways for this vital segment of the workforce. This issue resonates with the global call for greater investment in the nursing workforce,^{1,12} which must extend to creating opportunities for all health workers, including support workers and migrants.^{26, 27}

6. CONCLUSION

This study provides a critical and nuanced insight into the lived experiences of mainland Chinese nurses working as Health Care Workers in this region. It reveals that while drawn by economic opportunity, they navigate a challenging landscape of professional deskilling, career immobility, and social isolation, compounded by the pressures of the COVID-19 pandemic. Their successful integration and retention are not merely mattering of individual adaptation but are contingent upon strategic and compassionate management. To ensure the sustainability of local long-term care system, healthcare organizations and nursing leaders must move beyond a purely utilitarian view of this workforce. It is imperative to invest in structured training, create tangible pathways for professional development, and foster a supportive and inclusive work environment that values their skills and acknowledges their sacrifices. Ultimately, investing in the well-being and professional growth of these dedicated individuals is a direct investment in the quality and resilience of care for local's most vulnerable citizens.

7. IMPLICATIONS FOR NURSING MANAGEMENT.

The findings of this study present several critical implications for nursing management and healthcare policy in this region and similar contexts. To effectively retain this vital segment of the workforce, management strategies must move beyond a purely utilitarian approach and address the complex needs identified by the participants.

Acknowledge and Mitigate Professional Deskilling. While higher salaries are a powerful recruitment tool, the experience of deskilling is a significant threat to long-term retention. Nursing managers must design roles that intentionally leverage the advanced skills of

these nurses. This involves moving beyond basic tasks to create "top-of-license" roles, such as "specialist" or "senior" Health Care Worker positions with expanded responsibilities.^{28, 29} Implementing such roles validates the professional background of these workers and bridges the gap between their qualifications and daily tasks, a strategy shown to improve both job satisfaction and retention.^{30, 31}

Implement Robust, Culturally Competent Onboarding Programs. Informal peer support is insufficient for successful integration. Healthcare organizations must invest in structured, comprehensive orientation programs that address clinical protocols alongside linguistic and cultural adaptation. Effective transition programs for internationally educated nurses are multi-faceted, combining clinical simulation, communication workshops, and cultural safety training to build competence and confidence.³² Providing ongoing professional development opportunities, even if not leading to formal qualifications, is crucial to maintain skills and demonstrate organizational investment in staff.

Foster an Inclusive and Psychologically Safe Work Environment. The sense of being an "outsider" and the intense emotional toll of caregiving underscore the need for a humanistic management approach. Managers must actively cultivate an inclusive workplace culture that combats the "outsider" phenomenon through anti-discrimination policies and team-building activities integrating local and migrant staff. Given the high risk of burnout, organizations must provide dedicated, culturally competent mental health and well-being support.³³ Fostering inclusive leadership directly enhances psychological safety and belonging, which is a key factor in reducing turnover.³⁴

Advocate for Pathways to Professional Advancement. The participants' "stalled aspirations" point to a critical systemic failure. Nursing leaders must take on a vital advocacy role, working with policymakers, regulatory bodies, and educational institutions to create transparent pathways for credential recognition and access to further education for migrant nurses. This requires top-down intervention to ensure workforce sustainability.³⁵ Nurse leaders are uniquely positioned to advocate for these systemic changes, which are essential for creating leadership pipelines and ensuring the long-term retention of the migrant nursing workforce.³⁶

Author's Contributions Statement

Conceptualization: [Chan, Leong]. Data Curation: [Chan]. Formal Analysis: [Chan, Leong]. Writing – Original Draft: [Chan]. Writing – Review & Editing: [Leong, Pang, Chans]. All authors have read and agreed to the published version of the manuscript.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data is not publicly available due to privacy or ethical restrictions.

Ethics Statement

The study was conducted in accordance with the ethnical requirement and under the ethnical research committee of our institution (ESCS/MSN-030/2021).

Consent

Informed consent was obtained from all subjects involved in the study.

Conflicts of Interest

The authors declare no conflicts of interest.

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