Ambivalence and the experience of China-educated nurses working in Australia

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The last decade has seen an increase in research on the experience of immigrant nurses. There are two prevailing approaches in this body of work. One is a focus on the positive or negative aspects of the experience, and the other, a depiction of the experience as a linear movement from struggle to a comfortable state. Based on our study findings on the experience of China-educated nurses working in Australia, this study proposes that the concept of ambivalence is more appropriate in portraying the experience of immigrant nurses. Several sources of ambivalence experienced by the participants are represented: a disparity between expectation and reality, conflicting social and cultural norms, the dual reference points of comparison, divergent interests within families, and a sense that although it is unsatisfactory, it is hard to go back. We argue that immigration generates various forms of ambivalence and immigrant nurses must live with more or less ambivalence. The notion of ambivalence can explain a range of behaviours and situations beyond the scope of rational-choice explanations. To date, ambivalence as a theoretical concept in understanding the experience of immigrant nurses has been either ignored or insufficiently addressed in the literature.

Key words: ambivalence, experience, immigrants, immigration, nurses.

Transnational nurse migration has become an obvious feature of the global nurse shortage. A result has been a significant growth in research interest in the experience of immigrant nurses. For the most part, the literature in this area has framed the experience in three distinct ways: as a positive experience (Larsen et al. 2005; Alonso-Garbayo and Maben 2009), as a negative experience (Krinsky 2002; Omeri and Atkins 2002; Allan and Larsen 2003; Dicicco-Bloom 2004; Alexis and Vydelingum 2007; Sochan and Singh 2007; Xu 2007; Brunero, Smith, and Bates 2008) and as a linear experience that moves from struggle to a comfortable state (Jackson 1996; Yi and Jezewski 2000; Magnusdottir 2005; Jose 2008).

The first prevailing organising framework for understanding the experience of immigrant nurses is that which highlights the potential gains. Here, a number of studies have explored motivations for nurse immigration concluding that the perceived improvements in life and work are the key factors (Kingma 2001; Kline 2003). The underlying assumption is that immigration is a rational choice made by individuals to maximise benefits. It appears, however, that immigration decisions are typically based on incomplete information and individuals are often influenced by others, constrained by norms, or act impulsively (Smelser 1998). As such, although generating some improvement, immigration might also widen the gap between aspiration and achievement.

Although some scholars have emphasised the gains of immigration, others have focused on the actual experience of immigrant nurses and point to struggling and hardship as the key features of immigration. An example is a phenomenological study in Australia, which identified immigrant nurses’ experiences as mostly unhappy, isolating and lonely (Omeri and Atkins 2002). A further study in the USA found that
immigrant nurses from India experienced cultural displacement: ‘a foot here’ (USA), ‘a foot there’ (India) and ‘a foot nowhere’ (Dicicco-Bloom 2004). Yet, a possible reason for the pessimistic tone is that the focus of research is on what is problematic rather than what is normal. Hence, what is captured is the struggling aspect of the experience and what is overlooked is the growth that comes from hardship.

The experience is also posed as a linear process where it is assumed, implicitly or explicitly, that immigration is essentially an experience where individual immigrant nurses overcome challenges and barriers with a hint of success as evidence of the end point (Jackson 1996; Yi and Jezewski 2000; Magnusdottir 2005; Jose 2008). Although this research shifts the focus from outcomes to the process of immigration, it conceives of a progressive and adaptive sequence of events. A limitation of this approach is that it presupposes a unidirectional progression that obscures important elements of the experience and thus limits understanding. Indeed, the process of settlement is rarely linear and nor is it identical for each individual.

The starting proposition of this study is that the dominant frameworks blur the complexities of the immigration experience. We conducted a symbolic interactionist study on the experience of China-educated nurses working in Australia. The study findings, addressed below, revealed that ambivalence is an essential feature of the experience of the participants. Thus, in challenging the uni-dimensional or linear fashion of much existing research on the experience of immigrant nurses, we propose ambivalence as a more appropriate sensitising concept in the study of these nurses. As Blumer (1954, 7) wrote, a sensitising concept ‘gives the user a general sense of reference and guidance in approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitising concepts merely suggest directions along which to look’.

A fundamental point is that immigration implies and generates ambivalence. Thus the experience of immigrant nurses is socially interpreted as expressions of ambivalence and as efforts to manage and negotiate this ambivalence. It is noted that it is not the intention here to propose a comprehensive theory of immigration ambivalence. Indeed, such a formulation would not be appropriate at this point, given the state of knowledge in this area.

We begin with a discussion of the concept of ambivalence and review its theoretical antecedents in the sociological and psychological literatures. Following this, we pose a working definition of immigration ambivalence. We introduce our study on the experience of China-educated nurses working in Australia and provide illustrations of sources of immigration ambivalence. The study concludes with insights that are drawn from this alternative perspective and with some implications and recommendations for future research.

**THE CONCEPT OF AMBIVALENCE**

Ambivalence as a concept is employed in many different contexts, from ordinary language to psychological and sociological research. In everyday speech, the term ‘ambivalence’ refers to inner conflict and being torn in two directions, particularly in relation to emotions. Here it is important to distinguish between the concepts of ambivalence and ambiguity. Although ambivalence refers to simultaneously opposing affects and conflicting feelings towards the same object, the term ambiguity connotes uncertainty and lack of clarity (Zielk 1966). It is possible that ambiguity contributes to ambivalence but the former concept does not necessarily imply opposed perceptions or emotions.

Two dimensions of ambivalence are conceptualised in the literature: psychological ambivalence and sociological ambivalence. Psychological ambivalence refers to the experience of contradictions at the subjective/individual level in terms of cognitions, emotions and motivations (Lüscher and Pillemer 1998). Indeed, the term ‘ambivalence’ was first used by the psychiatrist, Bleuler, around a century ago to refer to a distinctive symptom of schizophrenia (cited in Lüscher 2002). This beginning usage had a negative connotation that waned in subsequent psychiatric literature. The term was also used by Freud to refer to the simultaneously opposing affects of love and hate directed at the same person or object (cited in Smecher 1998). More recently, the psychologist, Festinger (1957) proposed that human beings strive for consistency between cognitions and that dissonance is experienced where there is inconsistency that brings discomfort. The discomfort then motivates the individual to reduce or eliminate the dissonance. From this perspective, ambivalence is a manifestation of cognitive dissonance.

Sociological ambivalence has been defined as ‘incompatible normative expectations of attitudes, beliefs, and behaviour’ by sociologists Merton and Barber (1963, 94). This form of ambivalence arises when an individual is faced with a particular situation that simultaneously values contradictory courses of action that are grounded within the wider social structure (Connidis and McMullin 2002).

Following Merton and Barber, the sociologist, Coser (1966), further developed the concept of sociological ambivalence in drawing on Goffman’s (1961) concept of role distance. From this view, role distance was perceived as a way of dealing with contradictory expectations and
assuming distance from one role was for the purpose of fulfilling other roles.

In challenging the proposition of rationality and rational choice, Smelser approached ambivalence from a slightly different position. Where Merton’s starting point was roles, for Smelser, this was intrapsychic processes (Smelser 1998). In Smelser’s view, ambivalence was central to an understanding of ‘individual behaviour, social institutions, and the human condition generally (1)’. His central proposition is that individuals in society are confronted by dichotomies (such as freedom versus constraint and autonomy versus dependence) that are fundamentally insoluble (Smelser 1998). Because the poles in a particular dichotomy cannot be realised in an absolute sense, and because neither is truly a separate state, individuals find themselves in a position of striving for both poles to some degree simultaneously (Smelser 1998).

Based on the discussion of the concept of ambivalence, we defined immigration ambivalence as immigrants simultaneously holding opposing feelings or emotions on the immigration experience, which are at least partially created from contradictory social circumstances or structures. Like Smelser, we view ambivalence as a psychological response that extends beyond Merton’s definition based on conflicting roles and social status. Yet, a key point of our definition is that immigrants experience this ambivalence regardless of his/her personal, psychological proclivities. Hence, the source of ambivalence is understood as social and its explanation as sociological.

**THE RESEARCH**

We conducted a study on the experience of China-educated nurses working in two major cities in Australia (Brisbane and Adelaide) using a symbolic interactionist approach (Mead 1934; Blumer 1969).1 The method applied was a modified constructivist grounded theory building on the work of Charmaz (2006). The initial form of sampling was purposive and the inclusion criteria were that participants had received basic nursing education in Mainland China and were registered and had been working as registered nurses in Australia for at least 6 months. All participants were female and aged from 20 to 50 years. Time spent working as a registered nurse in Australia ranged from 6 months to 4 years.

The main form of data generation was the face-to-face in-depth interview. We did not set out to frame the interview around the concept of ambivalence. The initial interview question, broadly posed and designed to encourage conversation, was along the lines of: ‘Tell me of your experiences of working as a registered nurse in the Australian healthcare system’. Follow-up questions were used to encourage the elaboration of responses when necessary and probing questions were used to ensure clarity.

Chinese was the interview language and data were generated through the eyes and ears of a Chinese nurse (the first author). Interviewing in the first language helped maximise the quality of data. The sharing of a cultural and professional background also allowed the researcher to better view the world from the perspective of the participants. The interviews were audio-recorded and lasted from 40 to 158 minutes. Following the completion of each interview, field notes were written by the researcher to record details of observations and encounters. In addition, a reflexive journal was kept to record the researcher’s impressions, thoughts, problems and decisions generated during the research process and the rationale underlying such decisions. Finally, relevant literature was consulted as an additional source of data to expand understanding of concepts.

In accordance with grounded theory methods (Charmaz 2006), data analysis commenced directly following the first interview. Through constant comparison, incoming data were constantly compared with previous data, and concepts or categories emerging from one stage of data analysis were compared with concepts or categories emerging from the next stage of data analysis. This process of constant comparison continued during the whole analysis through a series of reiterative coding steps: initial coding, focused coding and theoretical coding (Charmaz 2006).

Chinese was the coding language and English translation of analysed codes occurred following focused coding. It is important to note that coding is not purely a mechanical process but requires a theoretical sensitivity to reach analytic depth. In addition to coding, memos were written during the analysis to record the researcher’s thinking about the coding and questions and directions for further data generation.

After initial analysis of the first few interviews, theoretical sampling was employed to direct further data generation. In this study, theoretical sampling was achieved by both selection of participants with particular characteristics and alteration of the interview questions across interviews to meet the needs of ongoing theory development. After 28 interviews with 28 participants, the study categories were tentatively established and data generation became more deliberate with the intent of filling certain conceptual gaps. For this purpose, 18 of the initial 28 participants were invited for a second interview. The process of theoretical sampling

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1 The full study is reported in the PhD dissertation of the first author (Zhou 2010).
continued until a point of theoretical sufficiency was reached. This resulted in a total of 46 interviews with 28 China-educated nurses over a period of 13 months.

Ambivalence as a theoretical concept surfaced at the latter stages of the analysis\(^2\) (when all categories had been integrated), although tensions of all forms appeared much earlier.\(^3\) It seemed that the participants had contradictory feelings about their immigration experience, although the degree of ambivalence varied. The ambivalence emanating from the social circumstances of immigrant nurses in a host society has not been subject to comprehensive interpretation. As a step in this direction, we provide illustrations of immigration ambivalence as they appeared in our study findings.

**IMMIGRATION AMBIVALENCE**

The study findings produced a number of sources of ambivalence related to the experience of China-educated nurses working in Australia. These include discrepancies between expectation and reality, conflicting social and cultural norms, the dual reference points of comparison, divergent interests within families, and a sense that although the experience is far from satisfactory, it is hard to go back. These sources of ambivalence were closely related and reinforced one another in the Chinese immigrant nurses’ everyday lives. For the purpose of analytic clarity, we discuss each in turn.

**Discrepancies between expectation and reality**

The first expression of immigration ambivalence draws from the discrepancy between immigration expectation and reality. As immigration is a conscious choice for many, it is reasonable to assume that people hold certain expectations for a new life. In the case of the China-educated nurses, these expectations were often unrealistic. Indeed, few participants had been exposed to the actual experience of living abroad. What they did assume was that ‘the west is a better place and western life is a better life’. This partly emanated from those who had emigrated and who, although not consciously manipulating the perceptions of those who had never left, for cultural reasons omitted certain signs of success and de-emphasised the less attractive aspects of immigration life abroad. Certainly, the nurses did not and could not reflect greatly on what lay ahead in Australia. They were much clearer about what they were leaving behind than what was to be encountered. As a result, expectations were high as the anticipated potential seemed boundless. Yet, as reality unfolded, a discrepancy appeared between what was expected and what actually occurred.

- Maybe people would imagine that life abroad is very good. Actually the first few years after arriving are very difficult …
- The hardship dominates rather than the nice things and your life quality is not as good as before.
- Indeed the past two years has been quite a tiring process. Because it is not easy to settle down a family … You feel rootless and unsettled abroad. Even after I bought my own house and settled with my family physically, deep in my heart, I still felt unsettled.
- The study participants belonged to a relatively privileged group in China\(^4\) that enjoyed stable jobs, incomes and welfare. This is perhaps one reason why the expectation of this group, that life in the west would be greatly improved, was not fully realised. Indeed, immigration was conceived as a fortress besieged for the China-educated nurses: those who were outside wanted to enter and once inside, they were frustrated to find that the characteristics and opportunities of Australia were very different from that imagined.

- At the beginning, you feel immigration is a good thing, a road to happiness. But many people feel it is ultimately very difficult.
- Many people consider immigration to be a good thing as Australia lacks nurses and they can stay after getting a nursing license. This is not the whole story.
- Immigrant nurses interpret their experiences through a lens created, at least in part, prior to immigration and where there is a lack of knowledge this leads to unrealistic expectations. The source of ambivalence is thus located in the structure of social situations encountered by individuals. From this perspective, immigration is an ambivalence creating situation. In other words, the disparity experienced by the nurses was a structural precondition that gave rise to ambivalence.

**Conflicting social and cultural norms**

The second source of immigration ambivalence was an incongruency in social and cultural norms that was depicted in the ‘middle position’ of the China-educated nurses.

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\(^2\) For more detail of the analytical process, please refer to the first author’s PhD dissertation (Zhou 2010).

\(^3\) A tension arose during the latter stages of the analysis between the adherence to the grounded theory method and a desire to continue the analysis in a far more unstructured way. This is an interesting point that warrants further exploration elsewhere.

\(^4\) In China, it is not easy to secure stable employment with a good income and welfare such as housing and medical and unemployment insurance. Most nursing employment falls within this privileged group and hence this statement.
Although growing up in China, the Chinese elements were deeply embedded in the minds of the participants. On arrival in Australia, they encountered different values and cultural norms and felt a clear need to ‘fit in’.

Sometimes I struggle over whether I should act Chinese or Australian. For example, when my colleagues invite me to go clubbing with them, I am always hesitant. I think I should go because it is a good chance for me to communicate with them in private. However, as a Chinese, I don’t like clubbing and I don’t have the habit. Even if I go, I know I won’t fit into that environment.

‘Fitting in’ is considered necessary because it indicates respect for the local culture (Lee 1994). There is also the concern if one stays close to one’s co-ethnics, one does not move far. However, a commitment to a culture one has known for a lifetime may produce resistance to new ways. Without a shared background, engaging with the Australian culture was uncomfortable for the participants. In addition, the exposure to western culture brought to the immigrants enhanced understanding not only of the new world, but also of their home culture and therefore of themselves (Kim 2001). As part of the immigration experience, the China-educated nurses might come to a greater appreciation of Chinese culture. Ambivalence thus originates in the conflict between one’s desire to be like the others and one’s wish to be different in order to retain one’s ‘own self’.

On one hand, I want to fit into the society here; on the other hand, I don’t want to completely lose my true self. I frequently question myself why I try so hard to fit into their group, eat the same food, do the same thing, and think in the same way each day, and try to change myself totally to pretend to be a westerner. Actually I am not.

However, as Lee (1994) pointed out, immigrants cannot realistically choose between maintaining intact the past self and becoming the same as the majority. Kim (2001) also argued that no immigrant could completely escape assimilation as long as they remained in, and were functionally dependent on, the host society. But it was also the case that because the participants were caught between two worlds, they faced the dilemma of how to act. As the contrasting norms could not be simultaneously expressed in behaviour, they were expressed in an oscillation of behaviours. Where deeply held values were hard to change, external behaviour was altered so that one did not appear too different from the local people. This is what Goffman (1959) referred to as the adoption of impression management in order to shape how one is seen by others.

When you interact with western people, you need to obey their etiquette. That is a courtesy issue. This is like the Chinese saying, ‘入乡随俗’ [a Chinese idiom, which literally means ‘enter village follow customs’, but is usually translated as ‘when in Rome, do as the Romans do’]. But ‘enter village follow customs’ is more about your behaviour, not your internal values.

It was also necessary for the nurses to determine when Chinese values and behaviours could be expressed and when they should be concealed.

So you need to act according to where you are. When interacting with westerners, you need to talk in the western way. When you are among Chinese, you need to return to your previous self.

In the public sphere, the western culture shaped behaviour, and in the private sphere, the Chinese tradition dominated. As one participant said:

‘When in Rome, do as the Romans do’ is necessary as it is a kind of respect for local people. However when we are back home and we close the door, we keep to our own traditions.

The workplace gave the participants little room to be Chinese; they behaved in the western way in order to be accepted and successful. At home, there was choice and after all here it was totally one’s own business. Thus, the China-educated nurses lived in the Chinese way but did not work in the Chinese way. The sense of strain engendered by the incongruity between private and public behaviour gave rise to ambivalent feelings.

There was also a perceived need to behave differently when in China and Australia. It was necessary to conform to Chinese culture and act accordingly during home visits. On return to Australia, there was a need to revert back to being less Chinese.

Each time when it is close to going back (to Australia), I have nearly changed myself to become a complete Chinese; however, after a few days’ stay in Australia, I become westernised again, like a double faced person.

This adoption of different behaviours is reflected in the image of one face, two masks, or in being Chinese now and not being Chinese later depending upon the context. The dilemma of the ‘middle position’ or ‘living between two societies’ exposed the China-educated nurses to conflicting social and cultural norms. The Chinese influence dictates that nurses act in one way and the Australian context demands another. In oscillating between being more or less Chinese, the participants managed two cultural realities with different levels of comfort and efficacy. From this perspective, ambivalence can in part be understood as a response to the conflict inherent in the social position one occupies.
Dual reference points of comparison

A third source of ambivalence for the study participants was the use of the dual reference points of comparison. A reference point is the frame used in the organisation of perceptions. As Thomas (1931) argued, how an individual acts depends largely upon his/her definition of the situation. In a similar vein, we argue how an immigrant perceives himself/herself and evaluates his/her situation is relative and subjective and depends upon the perspective or reference point chosen. As noted above, being an immigrant means being in ‘a state of in between-ness’ or in between two systems of reference. This social circumstance makes immigrants desire and strive for what is good from both societies. Yet, when they achieve a measure of one, the other reasserts itself. Indeed, the very nature of ambivalence means that individuals want for both and cannot be fully satisfied with either (Smelser 1998).

Here the leisure life is boring. But I prefer to live here from the perspective of work. I have just come back from a holiday in China and I feel that life there is quite good, if we don’t need to work. It would be perfect if we could move the life in China to Australia.

Here I miss many things in China; while in China, I miss many things here. I always want to get those things I like most in different lives. However, as you know, a sugar cane cannot be sweet from both sides.

The role of the reference point in people’s self-perceptions was much earlier articulated by Festinger’s (1954) theory of social comparison processes. Festinger argued that much of people’s understanding of themselves is not context-free but rather is based on how people compare with others around them. Social comparison is usually directed towards someone familiar as it is more difficult to gain an accurate appraisal by comparison with dissimilar others (Festinger 1954). Here the China-educated nurses perceived themselves and their situations through both people in China and Australia. Although comparing themselves to local nurses may bring dissatisfaction, a comparison with others around them. Social comparison is usually directed towards someone familiar as it is more difficult to gain an accurate appraisal by comparison with dissimilar others (Festinger 1954). Here the China-educated nurses perceived themselves and their situations through both people in China and Australia. Although comparing themselves to local nurses may bring dissatisfaction, a comparison with others around them. Social comparison is usually directed towards someone familiar as it is more difficult to gain an accurate appraisal by comparison with dissimilar others (Festinger 1954). Here the China-educated nurses perceived themselves and their situations through both people in China and Australia.

The advantage I once possessed is no longer there.

As immigrants, the participants were in the unique position of existing between China and Australia and comparisons between one life and the other added to their ambivalence. Although the situation in Australia is not without suffering and hardship, the admiration from people in China reinforces their increased social status at home and brings psychological compensation. This combination of satisfaction and disappointment, which is not tied purely to the psychological inclinations of the individuals involved, suggests the existence of sociological ambivalence.

Also, when you go back to China, you feel very good because you earn a lot, your husband works abroad and your child studies abroad. You feel quite good when back home in China. Even if you are nobody here and you live a common life, you feel very good when compared to others in China.

Rapid social economic progress in China in recent years has also contributed to dual reference ambivalence. The anticipated gap between China and Australia was, for many, historical more so than real. The improved situation in China had shifted the reference point and there was some ambivalence over the concept of a better life.

China’s economy has developed quickly in recent years. When I came back last time, I saw the appliances they are playing with were much more advanced than those people have here. And they can play very well. Like the mobiles they have are really dizzying and here we are old fashioned.

Divergent interests within families

A further condition that gave rise to ambivalence was the divergent interests of the China-educated nurses and their families. The participants left their families behind when immigrating. Only after gaining some financial security through stable employment did some bring immediate family members to Australia. Yet the parents had to be left behind in most cases. Although separation was talked about in terms of the pursuit of a better life, the participants felt guilty for ‘abandoning’ their older parents.

I hate to part from my parents. I feel I cannot look after them when they are ill. Living abroad, it is always not easy to visit them. As a nurse, I make an effort to take care of patients each day. I feel ashamed and regretful that I could not look after my parents if they get sick one day.

The cultural importance of filial piety made acute the participants’ concern about ageing parents. This was reinforced by the responsibility of the participants as only chil-
dren, the result of China’s one-child policy. Indeed, a sense of guilt was a constant for the nurses and the gains of immigration were constantly weighed against the psychological cost of family separation.

Conflict also existed within family units residing in Australia. Although the participants may have experienced a rise in professional and economic status following immigration, their husbands suffered psychologically because of a loss of social standing.

Most overseas nurses feel generally satisfied with their jobs after coming over. But most husbands have had bad experiences. Many cannot find jobs, or are doing only some labour work. Some stay at home taking care of children because of their poor English.

The women [nurses] are quite good here, but their husbands are not since they have lost their social status. Those married nurses experience great psychological stress, both from their own and their husbands’ difficulties in accepting new roles … The income is better but they still feel not so good inside.

As revealed in the data, the husbands relinquished their careers in China and entered the Australian labour market in inferior positions. They were compelled to take jobs far below their education and training because their Chinese qualifications were not recognised and their language proficiency and cultural skills were limited. George (2005) described the experience of men in this position as two-fold: a loss of status with respect to their wives and a loss of status relative to their prior social position. Work is not just a means of livelihood but is an important source of self (Shaffir and Pawluch 2003). The husbands lose a central part of their identity as primary providers for the household. Furthermore, the traditional Chinese family value, where the woman’s place is ‘inside’ the family and the man is responsible for the ‘outside’, makes role reversal difficult. The changed family dynamics gave rise to conflict over gender relations. For the participants who valued family harmony, marital conflict was a hidden cost of immigration and hence there was associated ambivalence. As one participant stated:

There is much family conflict among married immigrant nurses. Couples quarrel and this hurts affections. Personally, I consider it is a great cost. If one doesn’t have a happy family life, one cannot be happy even if one lives abroad and leads a comfortable life materially.

For single immigrant nurses, the issues were different. Finding a partner in Australia was problematic and there was much uncertainty about the future.

Who will you marry, a Chinese or westerner? Where will you stay, back in China or in Australia? We are struggling with which road to take for our lives in the future and it is indeed a dilemma for us.

Personally, I think I won’t go back to China to find a partner and then bring him over Australia to form a family. Because I feel I am a 60% Australian and 40% Chinese. I cannot accept many Chinese views and values now. But my experience is that there is a big gap with local Australians as well.

The Chinese view is that marriage is necessary to create a sense of home and to secure a future. Failure to marry at a certain age and to have children reinforces a sense of rootlessness (Beynon 2004). Thus, marriage and family remained important dimensions of the participants’ lives. However, immigration changed the nurses’ attitudes towards and expectations of marriage. For a Chinese woman in a predominantly white society, it is more difficult to find an appropriate male to marry as the choice is limited. In the eyes of single immigrant Chinese nurses, it is unwise to marry Chinese men who live in China because of the poor employment prospects for those men in Australia. As one participant stated:

I am single but I am hesitating to find a boyfriend in China … If I find a boyfriend working in China, it will bring a lot of trouble. He may do well in China but it is going to be hard for him to find a job here.

There is also concern over the cost associated with partners abandoning careers in China.

My boyfriend is in China and he won’t come here. It is too much for him to give up his career in China. I feel it is too cruel and selfish for me to ask him to sacrifice so much to come over and restart from beginning … I am afraid he will become socially disabled here.

Equally, because of dissimilar world views, to marry a western man living in Australia is considered less than desirable. Yet, the pressure of time ultimately forces most single immigrant Chinese nurses to confront the issue. In making a marriage choice, they are faced with decisions not only on a prospective partner but also on future life circumstances. Thus, in terms of marriage prospects and family situations, the participants were ambivalent over whether immigration had brought, or could ever bring, ‘a better life’. This conflict was an inevitable part of the immigration process and could not be wished away. Even where the situation for the nurses improved following immigration, for the family, the circumstances were characterised by ambivalence.

It is hard to go back

Ambivalence was also central to the impression that although the experience in the new country was far less than
fulfilling, it was hard to go back. Immigration had removed the participants from many relationships and predictable contexts. Leisure activities differed and there was an absence of an appropriate social life in Australia. Life in Australia was considered boring and inconvenient.

Indeed life here is not as colourful as in China. The supermarket and shops close at night and you cannot go shopping after it is dark. You can only go to the pub or stay at home if you don’t like.

Living in Australia, even if it is a minor thing, you need to learn from others. A local may take it for granted or consider it common sense, but it is not for us. Every minute step takes some effort. Even a simple thing like paying a bill, it is different here.

The gains of immigration came only at considerable cost that could not have been fully anticipated at the moment of departure. A new society offers immigrants boundless possibilities and yet also imposes constraints (Lawson 2000). Although wages are better in Australia, immigration does not ensure a happier life. Economic improvement is accompanied by increasing vulnerability and disadvantage. This gave rise to mixed feelings about being abroad. The dream of migration transformed into a dream of return after encountering the reality.

I am struggling whether to stay or not. Most probably I will stay here but I want to go back to China very much since my parents and brothers live there and I feel it is very good if I had a decent job in China and I could visit my family on weekends.

Why would participants have a desire to return home? First, where the immigration experience involves hardship, there is a tendency to idealise the country of origin (Berger 2004). Although physically attached to Australia, the participants’ emotional attachment may well remain with China. Second, immigrants are in ‘a state of in-betweeness’, caught between a ‘here’ and ‘there’ that makes the self long for one place when living in another; identifying with abroad when home, and with home when abroad (King 1995). In addition, being different and situated as ‘the other’, Australia can be ambivalent as a place to make home. Thus, the participants aspired to return to ‘a place called home’ where they felt comfortable and were not identified as foreigners. A dream of return may be important for immigrants in relieving pressure for the idea of return itself is full of symbolic meanings (Bagnoli 2007).

Nonetheless, having experienced the advantages of Australia in terms of more reasonable workloads, richer resources, higher salaries and greater autonomy, the China-educated nurses were also reluctant to return to their previous lives. It is not that they did not want to go back, but it was hard to do so.

I’ve thought of going back to China but found it is very hard … If there is a good chance that I can develop my career and live a comfortable life, I will go back definitely. Because now I am away from home … Local people still treat me as Chinese and I cannot fit into the society here totally.

Several factors contribute to a desire to stay despite the yearning for what is missed. Immigration is an objective pursued at great cost and cherished as a result. As the participants have already endured the most arduous time in Australia, there is an unwillingness to concede. It is also possible that the participants do not return despite dissatisfaction because they cannot face the reality of having held false hope. The implicit assumption is that returning home is an admission of one’s failure in an adventure and deserving of loss of face. In addition, investment in homes, in the education of children, and as a result in a community, reflects a level of commitment which is difficult to forsake. Concern over the capacity to adjust to life in China after so long away further discouraged a decision to return. Finally, the lack of viable alternatives at home for the participants deemed return impossible.

Originally I wanted to go back to China but I cannot find a suitable job there … The income is a big concern for me.

The ICU where I have worked in China is considered first class, but one nurse still needs to take care of on average of two to three patients during the day shift and four at night. It is too risky working that way. But since I don’t have the management experience and I am not good at that, so I cannot work as a nurse manager. So there are lots of difficulties if I want to go back home.

Returning home may thus always be a possibility but often is not a realistic option. For the participants, while immigration to western countries was hard, so was return to their home country. When immigrants do return, life at home appears more problematic than expected (Bagnoli 2007). Indeed, permanent return is more often a myth as living and working becomes inevitably embedded in the Australian context.

Looking back, I have lived here for some time and the roots also start to sink here … and it is very difficult to uproot again.

As Smelser (1998) argued, immigrants are often ‘entrapped’ in a permanent stay in a host country by personal commitment or other situational circumstances and can escape only at great cost (economically, emotionally and psychologically). This element of entrapment may in turn engender feelings of ambivalence towards the immigration experience. Although some participants observed that the
immigration experience was worthwhile, this should not be taken to mean that the whole experience is positive nor one that reaches a satisfying end point. Indeed, the participants held contradictory emotions towards immigration where excitement, hope and opportunities coexisted with frustration, disappointment and challenges. The inherent paradox and conflict suggests that ambivalence is the central feature of the immigration experience.

**IMPLICATIONS FOR PRACTICE AND RESEARCH**

There are some practical implications of adopting the concept of ambivalence to further our understanding of the experience of immigrant nurses. Rather than view ambivalence as negative or pathological, we suggest ambivalence be recognised as a typical and anticipated part of the immigration experience. Given the complexities noted above, conflicting emotions about returning or remaining must be deemed the norm. The concept of ambivalence might also explain why it was important to the participants to hold on to the option of returning despite not actually doing so. The fact that immigrants choose to stay does not mean that they are without disparate emotions. On the contrary, strong positive and negative feelings towards immigration coexist and the use of a single measure may eschew the complexity of such experience. A final implication of a sociological understanding of ambivalence is to connect individual experiences to social structures and hence to encourage broader debate. Such a debate, however, would not be over whether ambivalence should or could be eliminated because ambivalence is inherent to the immigration experience. The focus might well be on the social and cultural conditions that engender the forms of ambivalence.

Our study did not start with the explicit purpose of theoretically developing the concept of ambivalence. What it concludes is that there is much room for future research, which focuses on an exploration of the social and cultural factors that give rise to immigration ambivalence. We recommend that future research take into account the methodological factors that may cause ambivalence to go unnoticed (such as a narrow research focus on what is problematic in the experience). We also argue that our concept requires several more steps of elaboration before it can be empirically examined. With some further development, ambivalence could provide a general theoretical orientation for research on the experience of immigrant nurses.

Ambivalence is dynamic. It is worthwhile investigating the ways in which immigrant nurses mediate ambivalence. As we know, social structures impose constraints on individual actions. Constraints on a capacity to manage ambivalence will be greater among those with fewer resources such as immigrant nurses. Dissatisfaction and negative consequences may be related to high levels of ambivalence, but the point at which a normal sense of ambivalence becomes problematic is not clear. The association between ambivalence and mental health status of immigrant nurses also worthy of further exploration. Although our study and implications are focused on immigrant nurses, we argue these could also be applied to immigrants generally.

**CONCLUSION**

Previous research on the experience of immigrant nurses has been dominated by approaches that construct the experience as positive or negative, or as a linear process. Based on our study of China-educated nurses working in Australia, we propose that it is naïve to define the experience of immigrant nurses as good or bad, positive or negative. Rather, ambivalence is the essential feature of the experience and a more appropriate sensitising concept. Our study found that immigrant nurses were ambivalent about their immigration experience, although the degree of ambivalence varied across time and space. We have argued that immigration ambivalence is not just a psychological phenomenon, but is built into the structure of the immigration experience. The social interactions of immigrants can be interpreted as the expressions of ambivalence and as efforts to mediate such ambivalence. Finally, ambivalence creates a lens through which immigration is experienced and ascribed meaning. Within a particular social context, immigrant nurses must live with ambivalence and cope with it in more or less effective ways. To date, ambivalence as a theoretical concept in the understanding of the experience of immigrant nurses has been either ignored or inadequately addressed.

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An upcoming special issue of *Nursing Inquiry* will be devoted to Critical Realism, a meta-theoretical perspective used increasingly in many disciplines to guide research. Recent discussions have centered on the relevance of its tenets to health research and program evaluation. This special issue seeks papers that extend this discussion into the methodological realm by addressing how critical realism can and should be used to inform or underpin research into health. Contributions are sought that explain approaches to inquiry and report findings from studies guided by critical realism in areas such as: health services evaluation; health policy; health disparities; health behaviours, decision-making, community health; chronic illness; gender and health; and care-giving. Topics of special interest include:

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