
Career Transitions of Underqualified Workers in Healthcare in Germany: Understanding Key Moments

Abstract

This paper examines why healthcare workers transition into underqualified employment and under what circumstances this occurs. There is a shortage of qualified healthcare professionals, so conventional measures, such as expanding training or improving working conditions, have not been effective. The requalification and validation of skills among experienced, underqualified care workers have not received much attention despite their potential. People with extensive experience but no formal qualifications are often overlooked, even though they could help reduce the skills shortage. In Germany, approximately 21% of employees are formally underqualified, and similar rates are observed in countries such as France, Finland, and the United Kingdom. This study employs Bourdieu's social class theory and a sociology of knowledge approach, utilizing a documentary method that incorporates narrative interviews. The findings indicate that transitions into underqualified employment are frequently triggered by opportunities or chance events within the social environment. However, these are processed differently depending on individual circumstances and dispositions. This pattern is evident in transitions into nursing, education, and the broader labour market. The analysis reveals that institutional and social factors influence biographical transitions. While institutional transitions, like completing training, are clearly defined and formally recognised, social transitions, such as the end of parental leave or unemployment, tend to be less structured and more unclear.

Keywords: *healthcare, Germany, formally underqualified, care professions*

1 The initial situation: Demand for skilled workers in the care professions

The issue of securing and providing sufficiently qualified personnel in the healthcare sector is a significant challenge for society, both now and in the future. Potential analyses by the Federal Statistical Office (Destatis) predict an additional need for up to 690,000 nursing staff in Germany (Destatis 2024a). In everyday nursing care, tasks cannot always be clearly distinguished from one another, and staff shortages contribute to the need for situational and pragmatic solutions to manage care tasks effectively. As a result, people without qualifications or with qualifications that are too low or unrelated to the field assume tasks that require the skill level of a fully qualified nursing professional. However, this poses challenges: on the one hand, it presents a dilemma, as these individuals work under precarious conditions because they perform tasks in everyday nursing care that they are not legally permitted to perform. On the other hand, they earn less than skilled workers, which

not only affects their current standard of living but also has consequences for their future pension entitlements.

In the healthcare professions, it is significant that there are currently no standard qualification formats that recognise the informal and non-formal acquired competencies that this group of people brings with them. In contrast to professions governed by the Crafts and Trades Regulation Act (*HwO*) and the Vocational Training Act (*BBiG*), the Nursing Professions Act (*PfIBG*) does not provide for a procedure such as an external examination, which would allow long-term employees to obtain a training qualification without first completing a training programme (Sachse 2025). Nevertheless, it can be assumed that, despite their lack of formal qualifications, these individuals generally have sufficient professional skills and competencies to perform their care tasks. These individuals are therefore not inadequately or poorly qualified, but merely formally underqualified. Formal underqualification, therefore, means that the employee does not possess the exact formal qualifications required for the job they perform, resulting in a mismatch between the person's level of qualification and the job's requirements. However, to develop bespoke qualification formats, it is necessary to engage with this group. The central question guiding this study concerns the timing (when) and motivations (why) underlying the professional transition of nursing staff who lack the formal qualifications typically associated with the profession. The present study demonstrates that opportunities, chances, and serendipity play a role in professional transitions; however, these factors differ in the way they shape these transitions.

To address these questions, the healthcare system and the specific characteristics of healthcare professions are first presented (Chapter 2), followed by a closer look at the concept of formal underqualification (Chapter 3). This study adopts a habitus-theoretical approach to examining the transitions of formally underqualified nursing staff, with the theoretical foundations outlined in Chapter 4. The study follows a praxeological approach and presents the methodological and methodical procedure in Chapter 5. Chapter 6 presents the key moments when and why formally underqualified individuals switch to nursing, and Chapter 7 draws conclusions.

2 Overview of healthcare in Germany

The following chapter will commence with a general overview of the healthcare system in Germany. Germany's healthcare system comprises 1,874 hospitals and a workforce of around 6.1 million people. Total health expenditure was €500.8 billion in 2023 — ≈€1.37 billion per day (own calculation) — and accounted for 12.0% of GDP (Destatis 2025a; Destatis 2025b). The pivotal function of healthcare professionals within a well-functioning society is especially apparent during periods of crisis, such as a pandemic that poses a direct threat to public health. A scarcity of skilled workers is evident in many fields, but the social and healthcare sectors are particularly affected. Situations of this nature emerge when the provision of nursing care in residential care facilities for the elderly cannot be assured, or when intensive care units in acute hospitals are not operating at full capacity. An increase in

the number of people requiring long-term care is also evident. As of December 2023, the number of individuals requiring long-term care in Germany stood at about 5.7 million, up 15% from the end of 2021 (5.0 million). At the end of 2023, 78% of people in need of care were aged 65 or older, 34% were aged 85 or older, and the majority were female (61%). As age increases, the probability of requiring care rises. Approximately 11% of those aged 70 to 74 are care-dependent, compared with 87% among those aged 90 and above (Destatis 2024b). To illustrate workload pressures, employees in ambulatory care recorded an average of 30 sickness days in 2023, well above the economy-wide average (BGW 2024).

The increasing demand for skilled workers in various settings is becoming clear in both hospitals and long-term care. In Germany, a considerable number (~ 6 million) of occupations are classified as healthcare professions (Wingerter 2021). These include, for example, activities such as a medical assistant, paramedic or occupational therapist. The delineation of the domain of health occupations, with clearly defined professions, poses a considerable challenge (Bals 1993). The distinction between healthcare professions (the broader term) and healthcare occupations (the narrower term) appears to lack clarity. The broader term is typically assigned to all professions within the healthcare sector that provide personal services to maintain health, heal, care for, or restore health through rehabilitation. Furthermore, no distinction is made between the various training types, whether school-based, dual or university-based, nor between training durations in years. Health professions are frequently defined as those that are trained in schools of healthcare in accordance with a professional licensing act (for example, see Reiber et al. 2017). Health professions are examined within the context of three distinct regulatory domains (Sachse & Grunau 2023; Grunau & Bals 2016):

- (1) the professions trained in the dual system of vocational education and training based on the Vocational Training Act (*BBiG*),
- (2) the health professions regulated under federal law based on occupational licensing laws, which are not regularly trained at universities,
- (3) the training courses according to federal state law.

The duration of training varies across these sectors. Whilst the duration of *BBiG* professions can extend to three or occasionally four years, training programmes that are not governed by the Vocational Training Act generally span a duration of three years. According to federal state legislation, the duration of an apprenticeship is typically between one and two years, although in some instances, a period of three years may be observed (Dielmann 2021).

In conclusion, the healthcare professions in Germany are a diverse and complex field. This area is facing significant challenges, but it also presents many opportunities for innovation and development. To address the challenges currently faced by the sector, it is essential to increase the number of individuals trained and employed in this field. It is imperative to establish more favourable working conditions and enhanced remuneration for health professionals.

3 Formally underqualified nursing staff: A conceptual approach

As stated in the introduction, the focus of this study is on employees who are formally underqualified. This chapter conducts a more detailed examination of the notion of formal underqualification. Formal underqualification can manifest itself as a horizontal mismatch or a vertical mismatch. A vertical mismatch occurs when a person's academic credentials do not align with their job title or position. For example, this could be a person who has received assistant-level training but is working as a certified professional. A Horizontal Mismatch is defined as the phenomenon of individuals in possession of a fully qualifying degree who are engaged in a field that is not aligned with their qualifications. To illustrate this point, one may consider the case of an individual who has undergone training as a gardener and subsequently assumes a role in geriatric care (cf.: Tab. 1):

Table 1: **Mismatch between Requirements and Qualifications (Sachse 2025)**

		Level of requirements of the profession exercised			
		Assistant	Professional	Specialist	Expert
level of qualification	Without vocational training	suitable	underqualified	underqualified	underqualified
	Training to assistant level	suitable	underqualified	underqualified	underqualified
	Fully qualifying vocational training	overqualified	suitable	underqualified	underqualified
	Master craftsman/bachelor's degree	overqualified	suitable	suitable	underqualified
	Academic degree (master's)	overqualified	suitable	suitable	suitable

In terms of research methods, it is challenging to identify horizontal or vertical mismatches, as there are divergent methods for measuring underqualification. Three approaches are primarily used to record (formal) underqualification: (1) job analyses, (2) self-assessments by employees, and (3) so-called realised matches.

(1) In the field of job analysis, experts meticulously evaluate the requirements of a particular role.

(2) Self-assessments by job holders have the advantage of being able to reflect job-related variance better; however, they are subject to the typical weaknesses of subjective measurements, such as misjudgements and socially desirable response behaviour.

(3) The realised matches approach is predicated on the premise that the requirement level is derived indirectly from the observed average qualification level of those employed in a particular occupation (Hall 2021).

In this study, the formally underqualified staff were identified through a process of (self)-assessment by the employees and their employers (see Chapter 4 for further information on the sample). The phenomenon of employees lacking the necessary qualifications for their role is a salient issue throughout Europe. France, Finland and the United Kingdom have been identified as countries with particularly high rates of overqualification, with figures reaching approximately 45% in France and Finland, and around 40% in the United Kingdom. These figures are notable given that the proportion of employees in these countries who are overqualified is relatively low (Ghignoni & Verashchagina 2014). In Germany, the proportion varies depending on the occupational field. For instance, the proportion in the IT/ICT sector is approximately 40%, while in the nursing and healthcare professions it is 17.9% (Gericke & Schmid 2019). The reasons cited for the high proportion of underqualified employees are skills shortages and mismatches between skill requirements and available qualifications (Gericke & Schmid 2019; Hall 2021). It is evident that both the IT sector and the nursing and healthcare professions are regarded as shortage occupations (Hickmann & Koneberg 2022). It should be noted that formal underqualification is not synonymous with low competence; it has been observed that many people compensate for a lack of qualifications through non-formal and informal learning, and in some cases, have above-average reading, maths, and IT skills (Bauer et al. 2018). Qualitative studies highlight different career advancement opportunities, such as those found in the construction industry (with collectively agreed wage development). In contrast, such options are scarce in the cleaning sector (Gonon & John 2022).

4 Theoretical background: A habitus-theoretical perspective

The present study draws on Bourdieu's concept of 'habitus' (Bourdieu 1982), given the central role that social background plays in shaping educational and career paths. It is becoming evident – and this is not exclusively applicable to formally underqualified individuals – that employment biographies are becoming more flexible, discontinuous and uncertain (Geffers & Hoff 2010; Kirchknopf & Kögler 2018). It is important to note that career paths may involve detours, wrong turns and crises (Bron & Thunborg 2017). However, it is equally evident that educational and career trajectories must be contextualised within the confines of the prevailing milieu. A substantial corpus of research demonstrates that educational and career trajectories must be contextualised within the confines of their respective milieus. A significant proportion of individuals who do not complete vocational training originate from families where at least one parent has also not completed vocational training. As Allmendinger (2017) stated: the concept of the 'long arm of early childhood' is a term used to describe the influence of early-life experiences on later development. The potential efficacy of further education formats in compensating for the absence of vocational qualifications is a subject that merits further investigation. However, this phenomenon is known as 'double

selectivity' (Faulstich 1998). This suggests that individuals with higher levels of educational and vocational qualifications are more likely to pursue further education compared to those with limited formal education. It may be hypothesised that entry processes into the labour market are divergent for underqualified employees, as there is an absence of an institutional framework to facilitate this transition. For instance, 40 to 72% of individuals who are formally underqualified possess no apprenticeship (Hall 2021). It is evident that informal structures assume a pivotal role, a phenomenon that can be attributed to the absence or inaccuracy of formal qualifications. Individuals with limited formal education often enter the labour market through social networks, as social contacts can serve as gatekeepers to this environment. The absence of qualifications is indicative solely of what people are unable to do. By contrast, gatekeepers can provide information about informally acquired skills and competencies (e.g., see Solga 2009).

This is closely linked to the habitus theory: "Habitus is a deeper, more general attitude towards the social world that encompasses taste, lifestyle, physical and emotional attitudes, patterns of social practice and relationships, mentality, and worldview" (Vester et al. 2001). Furthermore, "Habitus functions as an action-effective structure of boundaries" (Maschke 2013) within which an individual's habitus moves, making certain behaviours and reactions likely and others unlikely. Thus, the concept of habitus not only determines action but also highlights the limits within which individuals can act. Career aspirations, therefore, differ depending on social background. However, this does not mean that individuals only choose careers that correspond to their social background. Habitus determines which opportunities can be recognised and exploited, and which remain unseen. Research has demonstrated that timing and motivations are anticipated as pre-reflective as suitable choices ('implicit matching'). The fit between habitus and field frames career options (Holzmayer 2021).

In Bourdieu's theoretical framework, the concepts of economic, social, and cultural capital are interwoven to form a cohesive apparatus of influence.

(1) Economic capital is defined as the material resources (income, wealth, property). Its distinguishing characteristic is its comparatively frictionless convertibility: financial resources can be converted into other forms of capital. For instance, the financial outlay on paid tuition, courses or tuition fees can result in the acquisition of degrees and thus institutionalised cultural capital. Within the context of health and care, it manifests, for instance, in the financing of a pre-care internship or a more extended period of voluntary service, functioning as a year of orientation prior to the commencement of formal training (Fuchs-Heinritz & König 2011; Bourdieu 1982).

(2) Social capital is defined as the resources that arise from lasting networks of belonging, trust and reciprocity. The volume of the network is contingent on two factors: the size of the contacts and the capital resources of the network members ('significant others'). (Fuchs-Heinritz & König 2011; Bourdieu 1982).

(3) Cultural capital manifests in three distinct forms. As embodied capital, it encompasses internalised dispositions, such as language codes, demeanour, and professional interests that are acquired biographically. In its objectified form, it manifests in cultural assets, such as

books, instruments and technical equipment, whose productive utilisation subsequently necessitates incorporated capital. Institutionalised cultural capital constitutes certified evidence, such as school or university degrees and professional diplomas. The logic of action underpinning this phenomenon is predicated on the structuring of fit: the cultural capital of the individual facilitates navigation in situations pertaining to the selection of educational institutions, such as school and university, as well as professional opportunities, including job interviews (Fuchs-Heinritz & König 2011; Bourdieu 1982).

From a habitus theory perspective, the question of motives and timing in career decisions is a matter of (implicit) matching (a) incorporated dispositions, (b) available capital (economic, social and cultural), and (c) field-specific rules and opportunities.

5 Method(ology): Praxeological sociology of knowledge and Documentary method

A praxeological research approach was chosen to examine the question of matching between incorporated dispositions, capital and field. Praxeological sociology of knowledge is fundamentally based on three cornerstones. First, it assumes that social reality is based on social patterns created through everyday actions, in line with Harold Garfinkel's ethnomethodology. Furthermore, praxeological sociology of knowledge is based on the distinction between conjunctive and communicative knowledge, drawing heavily on Mannheim's sociology of knowledge. The final cornerstone is the idea that social practices continue to have an effect through incorporated knowledge (Bohnsack 2012). The empirical basis of this article is formed by narrative biographical individual interviews to reconstruct incorporated dispositions. Narrative-based interviews are a method of eliciting narratives from interviewees, with a particular focus on conjunctive knowledge and personal experiences rooted in their practical actions (Nohl 2017). In this study, fifteen employees lacking formal qualifications were interviewed. Access to these employees was gained through gatekeepers. Baethge and Severing (2015) elucidate that individuals who are formally underqualified exhibit 'disparate profiles'. Therefore, the search strategy based on theoretical sampling (Glaser & Strauss [1967] 1998) exhibited variability across several characteristics, including: The age of the interviewees ranges from 26 to 55 years. The candidate's professional history includes the following: The interviewees have a minimum of five and a maximum of 34 years of work experience, along with relevant professional qualifications. A total of nine individuals have been identified as exhibiting a horizontal mismatch, indicating that they have previously completed training in fields such as horticulture, floristry, and medical assistance. Three individuals had completed training as nursing assistants, while two others had completed their training abroad, but this was not formally recognised in this country. It is noteworthy that one individual had not received any form of training. The educational attainment of the parents was also documented. With three exceptions, the mothers were either homemakers or employed as assistants. The fathers' occupational level was marginally elevated, yet their overall educational attainment was also suboptimal. The evaluation of the data was conducted in accordance with the steps of the

documentary method. In this process, excerpts from the material under investigation were presented at various research workshops as part of a peer debriefing process. The interviews were conducted as part of a doctoral study, the results of which were published under the title “*Formale Unterqualifikation in der Pflege*” (Sachse 2025). Additional analyses and interpretations of the collected data were carried out for this article. The dimensions of timing and motives were compared using an inductive approach in the analysis of the empirical material.

6 Transitions in career: timing and motives

The results show that career transitions are shaped by opportunities, chance, and serendipity, which are primarily represented by the social environment and ‘significant others’. However, these are processed differently, which could be reconstructed not only for the transition into the nursing profession, but also for other career transitions, such as the transition into training or the labour market. As can be seen, most of these individuals use informal structures to transition into the nursing profession (Sachse 2025). From a vocational education perspective, it is interesting to consider when participants take up an underqualified job, given that the transition between school education, vocational training and the labour market is described as particularly challenging. Individuals enter the nursing profession at three different points: the first threshold is the transition from school to fully qualified training; the second is between training and professional activity in the labour market; and the third is re-entering the labour market after a break in employment, e.g. due to parental leave or redundancy.

6.1 Utilise professional serendipities without vocational education and training

This type is benefit- and situation-oriented, guided by chance. Here is the case study of Mona: Mona is 38 years old, married, but currently separated. She has no children. Mona and her parents were both born in Germany. Her mother is a housewife, while her father worked as a miner and is now retired. Mona has four siblings. She has a secondary school leaving certificate as her highest level of education. She has received no vocational training. She has worked in a nursing home for five and a half years. The transition to nursing was not sought but discovered by chance.

Y: Yeah, thanks anyway. And, um, how did you get into nursing? You said through a friend?

Mona: My best friend works as a carer in the home[Y:Mmh1] and she said she thought they were looking for someone, so I should just ask. Because she's on very good terms with the boss, so everything is really informal in our home [Y:Mmh1], which is the nice thing about it. So I called and applied (1) and he said yes, that's fine. As a temporary worker at first, with the option of more hours, which I then got after a year. [Y:Mmh1](1) Exactly.(Mona 35-39)

Mona describes her entry into nursing as a relationship-driven, almost friction-free sequence: Through her best friend, who works ‘in the home’ and ‘she's on very good terms with the

boss,' she gains access without any significant formal hurdles; one phone call is enough, and the job offer follows immediately, initially as a temporary position with the prospect of a permanent role, which she gets after a year. Informality does not appear to be a shortcoming, but rather a sign of the organisation's quality ('that's the nice thing about it'). By introducing the "we" reference ('at our nursing home') early on, Mona also signals a rapid sense of belonging, even though her starting position is peripheral. From a documentary perspective, this reveals a framework of orientation incorporated disposition in which personalised logic – trust and closeness – dominates formal procedures; qualifications or standardised application processes fade into the background in the narrative. The rapid succession of events ('called – fits – more hours later') naturalises the process and refers to conjunctive knowledge: 'That's how it works here.' In practical terms, the sequence can be understood as a relationship-driven, utilitarian-pragmatic transition strategy: informal contacts are deliberately used as gate openers, and temporary status is accepted as a calculated entry point for gradual expansion. It remains ambivalent that the same personalisation that lowers barriers to entry also links belonging and security to relationships, thereby creating potential dependencies. In the context of professionalisation, the case points less to formal career rationality than to a practical mode of integration: belonging, trust and situational opportunity structure the transition more strongly than certified procedures.

As the interview progresses, it becomes clear that the descriptions of professional practice give the impression of interchangeability. Professional serendipities are used in particular to increase economic capital. Family relationships tend to be either problematic and conflictual or play no role in professional decisions. This type documents a distant relationship with their family, but there are no indications that they want to escape their background. Instead, they come to terms with their situation and feel unable to take action to improve their circumstances fundamentally. Career decisions are made based on coincidences in the local area.

6.2 Explore career opportunities following vocational education and training

The "Explore Career Opportunities" approach is characterised by an exploratory transition into the professional field, involving the discovery and exploration of career opportunities that emerge. It became evident that opportunities constitute one of several options for this type. While further opportunities for this occupational category may exist, it is essential to note that such prospects typically pertain to professions closely related to the initial occupation. Based on Kirsten's case study: At the time of the interview, Kirsten was 31 years old and single. She has a brother, and her father is a skilled worker while her mother is a housewife. Kirsten completed a three-year training programme to become a remedial therapist. Afterwards, she moved to a nursing home for the elderly, where she has worked for eleven years.

As I said, I definitely did the training to become a remedial therapist and passed my exam in 2008 (1). Then I was unemployed for two or three months after the training.(.) At first I thought, oh well, you deserve the first month, but the second

month was a bit meh? And then I thought, if you don't do something in nursing now, then (.) the whole training was for nothing (.) I then started working in a nursing home in [City-B]. (Kirsten 35-40)

Kirsten completed her training as a remedial therapist but was unable to secure suitable employment in the field. It is through a friend that she becomes aware of the need for staff at a nursing home. Following the completion of the necessary formalities, she commenced her employment at the institution. Kirsten demonstrates a strong affinity for health and nursing-related professions. In summary, it is evident that this type is characterised by a detailed and at times anecdotal narrative style. This type of report is characterised by its comprehensive documentation of personal experiences, with a focus that extends beyond the confines of professional careers to encompass family relationships. Social proximity and family ties have been demonstrated to play an important role in the narrative of their professional career. It is widely accepted that career transitions are generally based on opportunity structures and are initiated by the social environment, for example, through neighbours and friends. This type of person usually enters nursing after completing their training. Kirsten's passage exhibits a discernible transition sequence, wherein she initially and emphatically asserts the completion of her training as a remedial therapist, anchoring this assertion in time with the year of her examination, 2008. This serves as a marker of her professional employability, signifying the attainment of a legitimate qualification. This is followed by a brief transitional period of unemployment lasting two to three months, which the subject initially justifies on moral grounds as a well-deserved rest period ('you deserve the first month'), but then marks as a vague and negatively perceived prolongation ('the second month was a bit meh?'). This shift in tone serves to prepare the ground for an inner activation point, which is achieved through the use of a conditional if-then formula ('if you don't do something in nursing now, then... the whole training was for nothing'). Through the invocation of the threat that the training investment will be devalued, pressure is created to act. The linguistic pauses (.) serve to punctuate the transition from hesitation to decision and conclude in a sentence of execution: She commenced her employment at a nursing facility in [City-B]. The absence of a clearly defined objective, articulated as 'do something in nursing', is noteworthy. This objective does not signify a limitation to a specific professional role, but rather alludes to a domain that is closely related to health and care.

Reconstructively, an orientation framework and incorporated disposition emerge that is characterised by a time-bound work norm and self-discipline. The legitimacy of short breaks is established, while a prolonged transition period is regarded as a risk zone that necessitates self-motivation. Concurrently, a dual approach has emerged: on the one hand, the value of the formal certificate is to be preserved; on the other hand, Kirsten is flexible in her choice of follow-up training and is opportunistically linking up with the nearby nursing profession. The term "location" is understood to refer to the specific opportunities available within a given area, and the associated costs of searching for these opportunities should be minimised. It is also important to prioritise high levels of connectivity within the local community. The decision-making logic is characterised by a predominance of preventive crisis avoidance,

signifying that the impetus for action does not stem from an external disruption. Instead, it is rooted in the anticipated loss of significance the training might face, prompting individuals to take action. The sense of urgency, addressed to oneself, effectively transitions the agency from a state of passive waiting to an active search.

From a typological perspective, the episode corresponds to the paradigm of 'exploring career opportunities following vocational education and training'. Following the completion of initial training, a brief transition period ensues, followed by a period of exploratory activity within a related field. During this exploratory period, formal qualifications continue to serve as a reference point; however, the specific step is characterised by the presence of local opportunities. This has implications for a signal and competence economy (early entry as protection against skill decay and as a signal of employability), for the fluidity of career paths between neighbouring health professions, and for a time risk regime in which windows of opportunity threaten to close.

6.3 Seize career opportunities after parental leave

This type shapes transitions perceptively and seizes career opportunities. This is the example of Anisa, aged 40 at the time of the interview. Born overseas, she migrated to Germany at the age of 15 and completed her secondary education there, subsequently training as a medical assistant. She is married and has two children. She has worked in nursing for nine years. After taking parental leave for her second child, Anisa began searching for a job. The specific nature of the work is not important to her; she is simply looking for part-time employment. Due to the circumstances, she cannot imagine returning to her original profession.

Uh, yes, after raising [child's name], who was a good two years old, I started looking for a job (.). It's difficult in a doctor's office, uh:: with two children [Y: Mmh1] uh, to work full-time as a doctor's assistant. Um, so I thought about going into nursing (.). Yes, and that's how it started. I started working part-time at a retirement home here in [A-town] when the little one was still so small. Yeah, then I worked my way up from twenty to thirty hours and, um, after two years, I moved because, um: (1) I wasn't getting anywhere, financially or in terms of hours. I wanted to work more, but I couldn't (Alisa 28 – 35).

Here, too, her active role is evident, as indicated by the verb 'search'. Although she mentions in the opening narrative that she had considered becoming a nurse, it later becomes clear that she is also seizing an opportunity presented by her social environment. It becomes apparent that this type links their affinity for the occupational field retrospectively to their childhood. They, therefore, associate their desire to work in nursing with the motive of helping others, which was already evident in their childhood.

In contrast to Kirsten's case, where social relationships guide actions, Anisa orients towards individual career development options, which differ between performance-oriented and learning-oriented approaches. Throughout the presentation, there is a documented orientation

towards formal academic certificates and qualifications as well as professional titles. While Mona makes the transition to the nursing profession to avert (impending) biographical breaks, this is not the case with Anisa. Career transitions are often shaped and managed without any prior crisis. Career opportunities are recognised and seized. This type also draws on social contacts when initiating the transition and shows a high affinity for the nursing profession and nursing work. The focus is particularly on formal recognition as a nursing professional, enabling the use of this qualification for further career development. Additionally, Anisa overcame the first two thresholds without issue, progressing from training to employment. However, she did not wish to return to her original profession after taking time out for childcare, ultimately entering the nursing profession. In this case, although this type decides against their previous working environment, they do not actively choose the nursing profession, but find their way into a nursing job through opportunity (cf. Tab. 2):

Table 2: **Summary of timing and motives (Own Representation)**

	Mona	Kirsten	Anisa
Timing	Not actively seeking; discovered by chance through her best friend; immediate acceptance started as temporary help, increased hours after 1 year.	After completing training (remedial therapy); no job in the profession learned; tip from a friend; entry after formal steps; change early after training, then 11 years in a home	After parental leave (second child); actively looking for part-time work; returning to original profession not conceivable; opportunity seized from social circle; has been working in nursing for nine years.
Motives	Recommendation from best friend; likes informality (“that’s what we like about this place”); low-threshold entry accepted (temporary help with the option of more hours).	Completed training as a remedial therapist; no suitable position in her chosen profession; tip from a friend; affinity for health/care professions.	After parental leave, actively looking for part-time work; returning to original profession not conceivable; has considered caregiving; wants to help (looking back on childhood)
Implicit motives	Benefit/situation orientation (local opportunities, quick access); relationship logic instead of formality (trust > procedures); economic motives (more hours/security) without a career programme; early affiliation (‘we’) as a need for integration	Exploratory follow-up choice in a related field; socially embedded transition (neighbours/friends as gate openers); weighing up options within related professional fields instead of making a clean break; family/close ties support the decision.	Recognising and seizing opportunities; career/qualification orientation (formal aspects, titles, recognition as a lever for advancement); individual development logic (performance/learning) while utilising social contacts; opportunity-driven entry instead of a conscious long-term choice.

The reconstructive case analyses illustrate how habitus–field fit and capital portfolios shape both content and timing of decisions. Kirsten's "if–then" self-activation strategy serves to safeguard the value of her cultural capital, whilst concurrently ensuring field flexibility ("something in nursing"). In contrast, Mona's pathway is propelled by social capital (relationship-driven serendipity), which is itself buffered by economic security. Finally, Anisa's post-parental-leave re-entry demonstrates the catalytic role of titles (cultural capital) in enhancing self-efficacy and facilitating advancement. Across cases, implicit motives (benefit/security orientation, relationship logics, time discipline, and preservation of credential value) coexist with explicit triggers (peer tips, part-time preferences, and affinity for care). Decisions are network- and opportunity-based, and practical skill is central—yet current recognition regimes prioritise certification over competence.

7 Conclusion

In summary, it is evident that formally underqualified employees may lack the specific qualifications for their role; however, they possess extensive professional experience and demonstrate a level of proficiency comparable to that of a skilled worker in their daily work activities. The theoretical framework underpinning this analysis is the habitus theory. From a habitus-theoretical perspective, the empirical results can be interpreted as habitus-field fit. This is because actors actualise incorporated dispositions in order to develop a professional capacity to act under given field rules, even though they lack institutionalised cultural capital (such as formal qualifications). Transitions are selected according to the milieu: for people with little formal education, social capital (family, neighbours, friends) is the primary mode of search and placement, as academic certificates unrelated to the target occupation or missing certificates have only limited significance in certificate-centred selection regimes (cf. Chapter 3). The social environment of formally underqualified employees consists predominantly of members from similar milieus. Milieu-specific dispositions thus structure which opportunities appear feasible at all (habitus-influenced perception and evaluation schemes) and which risks (e.g. loss of income, status uncertainty) are weighted how. Concurrently, the existence of field-specific regulations and bottlenecks within the nursing profession has been demonstrated to function as structural facilitators, thereby engendering the acceptance of certificates from other professional domains. The geographical proximity of many nursing jobs (especially nursing homes) has been demonstrated to reduce economic search and change costs (see Chapter 4). This corresponds to the limited capital resources of the people interviewed. The professional segmentation of skilled workers and assistants further reduces the cost of field participation and facilitates transitions.

In summary, the findings presented in Chapter 5 support and expand upon the central assumptions of habitus theory in a context-sensitive manner. Empirical evidence shows that incorporated dispositions and capital portfolios (economic, social and cultural) influence how opportunity structures are perceived and used, and that field rules (e.g. bottleneck and certificate regimes) favour the observed habitus–field fit. Network-based entry points and gatekeeping processes, facilitated by social capital, confirm the prognostic validity of the

approach. At the same time, the theory is refined for the regulated care sector under conditions of formal underqualification.

A significant aspect of qualitative research is the critical reflection on the research process and the identification of its limitations. The evaluation of the subjects interviewed in this study as formally underqualified is founded on the external evaluation of employers and the self-evaluation of employees (see Chapter 2). Consequently, the representativeness of the sample for the totality of formally underqualified nursing staff is therefore limited. Although the search strategy was designed based on Glaser and Strauss's (1998 [1967]) theoretical sampling, access to the respondents was gained via gatekeepers who established contact between the participants and the researcher (see Chapter 4 for further details). Consequently, it can be hypothesised that educational institutions primarily attracted individuals who were highly motivated and committed. Despite the iterative search strategy, which aimed to achieve maximum contrast between the interviewees, men were rarely represented. This suggests that the male perspective remains marginal in this work. Initial interim evaluations were conducted between interviews, which also followed an iterative research process. In relation to the conduct of the interviews, it should be noted that the initial narrative impulse was not always employed verbatim; nevertheless, the majority of interviews were highly narrative in nature, with long narrative passages emerging despite minor deviations in interview behaviour. The interviewees were able to develop their own system of relevance; concurrently, the interviewer's questions and prompts were incorporated into the reconstructions and analyses and were taken into account as influencing factors.

Despite the limitations, the results suggest that the discourse on educational equity should not be confined to the issue of upward social mobility. It is also imperative to acknowledge the contributions of workers who lack suitable formal qualifications but possess extensive practical professional competencies. However, their recognition in Germany is often hindered by the prevailing emphasis on formal qualifications. Despite the existence of equivalency assessments for foreign qualifications and *BBiG/HwO* professions, systematic validation procedures for nursing professions have yet to be established. Although individual initiatives have been observed, stagnation is evident. In light of the aforementioned context, the advancement of such procedures is rational for two primary reasons: firstly, it serves to mitigate the scarcity of skilled labour; secondly, it facilitates enhanced avenues for training, pension entitlements, and personal development opportunities for those who are formally underqualified. It is evident that nursing staff who are formally underqualified possess abundant resources and potential, stemming from extensive experience and professional competencies. These assets must be acknowledged and utilised through valid recognition processes.

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