LOCAL INTEREST PIECE

SUPPORT FOR OVERSEAS QUALIFIED NURSES: REPORT OF A STUDY TOUR TO THE USA AND THE UK

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Abstract

Overseas qualified nurses (OQN) coming to Australia to work require well-organized transitional support into the Australian health care system. A study tour was undertaken to learn about the organisational support for overseas qualified nurses at several hospitals and universities in the United States of America (USA) and United Kingdom (UK). The key areas examined during the tour were the recruitment processes for overseas qualified nurses and midwives; the personnel involved in their recruitment and support; and the transitional support provided by the recruiting organisations. The lessons learned from the study tour have provided insights and given direction to inform the development, implementation and evaluation of the overseas staff support program in the Hunter New England Local District (HNELHD). Key words: Adjustment, overseas qualified nurses and midwives, support.

Introduction

It is well known that overseas qualified nurses (OQN) can experience many challenges in the transition to a new country and a new workplace (Deegan, 2011; Konno, 2006). Consequently, the importance of supporting these nurses has been emphasized (Konno, 2006; Ohr et. al., 2011). The study tour was undertaken in September and October 2011 to investigate the support for OQN in the UK and USA. This tour aimed to explore the recruitment process of overseas qualified nurses and midwives; to identify the personnel involved in the recruitment and support; and organisational support strategies for OQN. The study tour also attempted to obtain the perspectives of all parties involved in the recruitment and transition of overseas qualified nurses and midwives.

Background

The Australian nursing workforce has more than 30% of its nurses born overseas, with more than 16% percent gaining their first qualification outside Australia (Australian Bureau of Statistics, 2013, Australian Institute of Health and Welfare, 2009). The movement of OQN is a global phenomenon encouraged by many factors including the globalisation of the health workforce in general; the host countries' societal needs for an increased health workforce; immigration policy of any host country; changes to support the migration of nurses; and the individual nurses' need to seek a better life (Ohr et.al., 2011; World Health Organisation, 2012). While the USA and UK have experienced a decrease in entry of OQN into their nursing workforces during the last few years, the OQN's entry into the Australian nursing workforce has been increasing (Dumont and Zurn, 2007; Ohr et.al., 2011). Australia is ranked third globally after Ireland and New Zealand with the largest proportion of overseas qualified nurses (World Health Organisation, 2012). The recruitment of overseas qualified nurses continues to fill vacancies in the Australian nursing workforce. Changes in the nursing profession such as the nursing hours per patient day in the Public Health System Nurses' and Midwives' (State) Award NSW (2011) and an easier immigration policy towards the OQN have increased the recruitment of OQN into the Australian health care setting.

This global movement of OQN results in many benefits and challenges. OQN contribute to an increased number of nurses in the host nursing workforce and contributes to the provision of culturally competent care (Dreachslin, 2008; Ohr et. al., 2011). Some of individual OQN have enjoyed better pay and working conditions, a safe working environment and the opportunity to improve their professional skills after moving to Australia (Konno, 2006). However, some authors have identified challenges and difficulties in the transition into Australian nursing practice:

- 1. Differences in nursing practice;
- 2. Difficulties in communication and language;
- 3. Racism and discrimination; and
- 4. Settlement and cultural transition (Deegan, 2011; Gerrish and Griffith, 2004; Konno, 2006; Walters, 2008).

The authors agree that such challenges and difficulties can impact on an individual nurse's well-being and also impact on the provision of safe quality of care. To address these challenges and difficulties, different strategies and support systems have been suggested, and some of these have been implemented. Examples of these are the assessment standards for international nurses which include English proficiency (Australian Health Practitioner Regulation Agency (AHPRA), 2012); and specific orientation programs to support OQN to integrate into the host nursing context (Garling 2008; Konno, 2006; Sherman and Eggenberger, 2008). Informal support from family, friends, colleagues and religious groups has also been discussed as a vital component for assisting the OQN to settle into a host country (Hagey et al., 2001; Konno, 2006). However there is limited documentation on the details of such support programs and the strategies to promote a culturally safe transition of an OQN.

Objectives of the Study Tour

The objectives of the study tour were:

- To identify the best strategies and supports to enhance the transition of overseas qualified nurses and midwives into the host nursing workforce by reviewing the current practices from the USA and UK and comparing these with Australian practices;
- To develop a sustainable program for the transition of overseas qualified nurses and midwives to Australian nursing and midwifery practice and the Australian health care system;
- 3. To develop the foundation for a collaborative relationship and professional network for future projects between Australian, UK and USA professionals, e.g. research on the effectiveness of the overseas staff support program.

Study Tour

The places visited during the study tour are detailed in Table 1. A total of 34 managers, coordinators, researchers and academics and 29 overseas qualified nurses were interviewed during the visits. The reasons for choosing the organisations visited were based on the fact that they have been recruiting nurses from overseas in the past; and/or that they have provided successful transition support programs for overseas qualified nurses.

Health care organisations and meetings with OQN

- Shriners Hospitals for Children, Los Angeles, USA;
- Johns Hopkins Hospital, Baltimore, USA;
- Two hospitals from one of the largest integrated healthcare systems in north-eastern USA comprising of 13 hospitals, New Jersey, USA;
- Raritan Bay Medical Centre, New Jersey;
- University Hospital, University of Medicine and Dentistry, New Jersey;
- Sussex Health Care Service, Sussex, UK;
- The Royal Surrey County Hospital, Surrey, UK.

Experts

• Dr Dula Pacquiao, School of Nursing, University of Medicine and Dentistry, New Jersey, ;

- Dr Helen Allen,
- The University of Surrey, Guildford, UK.

Educational originations

- Sussex Health Care Service, Sussex, UK;
- The University of Surrey

Nursing and midwife industrial support organisations

• The Royal College of Nursing, London, UK.

Results

The findings of the visits are summarised in five (5) key areas of: recruitment and retention; support programs; management of overseas qualified nurses and midwives; key person supporting overseas qualified nurses; and the gaps identified during the visits.

Recruitment

Minor differences in the practice of recruiting an OQN were identified in the health care services visited however a team approach was generally used regardless of whether the recruitment occurred in the host country, or at the donor country. The members of the team normally consisted of human resources personnel, nursing and midwifery unit staff in each hospital, and a specialist for overseas recruitment if the organisation supported such a position.

The recruited nurses were interviewed by a recruitment officer on arrival before being allocated to specialty areas of work at the host organisation. All of the visited health services and hospitals emphasised the need for ethical considerations: selecting the agencies in donor countries that assisted with the recruitment; careful consideration of the conditions of recruitment in line with the immigration policies; and informing the Immigration Department of variations in their employment. For example, a long term absence from work due to pregnancy or illness while on a sponsorship visa could lead to their visa being cancelled.

The Support Programs for Transition

A transition program was regarded as invaluable to achieving the clinical competencies of the host country's nursing standards. An acculturation program which assisted the OQN to familiarise with the host culture, was as important as the transition program itself. One Director of Nursing from a hospital in New Jersey, USA, urged the importance of training in leadership, decision making, and assertiveness at an early stage of the nurse working to prepare them for a nurse leader role in the future. A mentoring/preceptor program was also important to support the overseas trained nurses while working and living in a new environment. For local staff, cultural competency training was a must to enhance their working/mentoring relationship with overseas recruited nurses.

Initial support on arrival was also seen as pivotal for their harmonious transition to the workplace and aided in future retention as well as settlement into the host country.

Some of examples of the initial support were:

- 1. Assistance in finding accommodation;
- 2. The "meet and greet" and social support assistance to settle into a new community;
- 3. Connection to an ethnic community or church group; and
- 4. Orientation to community services including transport, and pastoral care for the OQN.

Besides the organisational support, external support from industrial and professional bodies was recommended by the OQN as this offered the OQN the opportunity to seek advocacy independently.

The Management of Overseas Qualified Nurses

Managing the successful recruitment and support programs required a robust support team with strong leadership. A team of people, including senior nurse managers, recruitment team and human resource managers, educators, and a designated support person, was required to support the recruitment, support the program for transition and support the OQN in everyday situations. It was pointed out that communication among team members through a regular team meeting was one of the most important strategies to support each other during the recruitment and supporting period. In addition, all team members needed to have a clearly defined role description and expectations in the management of the OQN.

The integration of the recruitment of an OQN should be included into the larger systems of recruitment and retention of the nursing workforce.

The Person Supporting Overseas Qualified Nurses

While many people were involved in the support of the OQN, the importance of a designated person for this role was recommended by many people interviewed.

This role included:

- 1. Working with Nursing and Midwifery team members within the recruitment process, advising on cultural, and migration issues and problems which may arise during the recruitment process;
- 2. Assisting with initial settlement support such as finding accommodation, meeting and greeting, assistance in settling in a community including making connections to an ethnic community or church group, and orientation to community services including transport;
- 3. Assisting with the development of the orientation or education program for overseas qualified nurses;
- 4. Supporting local staff with identified issues of concern

Recommendations

The following conclusions and recommendations result from the findings of the study tour:

- 1. There is a need for an increase in the coordination and teamwork by everyone involved in the recruitment of the overseas qualified nurses and midwives;
- 2. An orientation program is required to assist the transition to Australian nursing practice and acculturation to Australian society and culture;
- 3. Initial support and pastoral care to overseas qualified nurses and midwives is essential to their integration into the health system and Australian society;
- Support programs for overseas qualified nurses and midwives including training in leadership skills, decision making and assertiveness should be a normal part of the orientation program;
- 5. There is a need to educate local nurses and midwives on working with overseas qualified nurses and midwives;
- 6. There is a need to explore discrimination and possible institutionalised racism in the health workforce and to develop policy to protect overseas qualified nurses and midwives if needed; and
- 7. There is a need for more support from the industrial and professional bodies of nursing and midwifery to protect overseas nurses and midwives rights in the workplace.

The study tour was an invaluable opportunity to increase understanding of the needs of overseas qualified nurses and midwives from an international perspective. The lessons learnt from the study tour are being used to develop and implement the overseas staff support program in the local health District.

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References

Allen, H. & Larsen, J. (2003). We need respect: experiences of internationally recruited nurses in the UK. Surrey: London University of Surrey.

Australian Bureau of Statistics. (2013). Doctors and Nurses. From http://www.abs.gov.au/AUSSTATS/abs@.nsf/ Lookup/4102.0Main+Features20April+2013 accessed on 25/3/2014

Australian Health Practitioner Regulation Authority (2012). Framework for the Assessment of Internationally Qualified Nurses and Midwives for Registration, Nursing and Midwifery Board of Australia. http://www.nursingmidwiferyboard.gov.au/Registrationand-Endorsement/International.aspx accessed on 25/5/2012

Australian Institute of Health and Welfare [AIHW] (2009). Health and Community Services Labour Force 2006. Canberra: AIHW.

Deegan, J. & Simkin, K. (2010). Expert to novice: experiences of professional adaptation reported by non-English speaking nurses in Australia. Australian Journal of Advanced Nursing 27(3): pp.31-37.

Dreachslin, J. (2008). Racial and Ethnic Disparities: Why Diversity Leadership Matters. Journal of Healthcare Management, 53(1), 8-13.

Dumont, J. & Zurn, P. (2007). Immigrant Health Workers in OECD Countries in the Broader Context of Highly Skilled Migration. International Migration Outlook http://www.oecd.org/ dataoecd/22/32/41515701.pdf accessed 28/4/2012

Gerrish, K. & Griffith, V. (2004). Integration of overseas registered nurses: evaluation of an adaptation programme. Journal of Advanced Nursing 45(6):579-587.

Hagey, R., Choudhry, U., Guruge, S., Turrittin, J., Collins, E., & Lee, R. (2001). Immigrant Nurses' Experience of Racism. Journal of Nursing Scholarship 33(4): 389-394.

Konno, R. (2006). Support for overseas qualified nurses in adjusting to Australian nursing practice: a systemic review. International Journal of Evidence Based Healthcare 4, 83-100.

Ohr, S., Parker, V., Jeong, S. & Joyce, T. (2010). Migration of nurses in Australia: Where and why? Australian Journal of Primary Health Care, 16(1):17-24.

Sherman, R. O. & Eggenberger, T. (2008). Transitioning internationally recruited nurses into clinical settings. Journal of Continuing Education in Nursing 39(12): 535.

Walters, H. (2008) The Experiences, Challenges and rewards of nurses from South Asia in the process of entering the Australian nursing System. Australian Journal of Advanced Nursing 25(3): 95-105.

World Health Organisation (2012), International Migration of Health Workers, Organisation for Economic Co-operation and Development 2010. World Health Organisation. http://www.oecd.org/dataoecd/8/1/44783473.pdf accessed 28/4/2012