

The transition of overseas qualified nurses and midwives into the Australian healthcare workforce

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KEY WORDS

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ABSTRACT

Objective

The purpose of this paper is to discuss the key elements to consider when developing and implementing strategies to enhance the transition of overseas qualified nurses and midwives (OQNMs) into the Australian healthcare clinical practice environment.

Setting

A local health district with a major metropolitan centre and a mix of large regional centres which provide a range of public health services, to a population of approximately 850,000 people located in New South Wales, Australia.

Subjects

Newly recruited overseas qualified nurses and midwives. Many of these nurses and midwives are from culturally and linguistically diverse backgrounds and different countries.

Primary argument

Within the Australian nursing and midwifery practice environment the recruitment of overseas qualified nurses has gradually increased. While transitioning into the practice environment requires a range of support strategies, there is limited information on how to support them.

Conclusion

The culturally constructed support program and its strategies assisted in minimising the impact of the challenges and difficulties faced by OQNMs in their transition into the Australian nursing workforce. The program was instrumental in improving their well-being and it provided a strategic framework to facilitate a smoother transition. Risks to patient safety were mitigated by providing opportunities for education so the provision of safe quality care was enhanced. This was also seen as a factor that enhanced the recruitment and retention of nurses in the workforce.

INTRODUCTION

The international recruitment of nurses into Australia has for some time been used as a strategy to fill gaps between supply and demand in the nursing workforce (Negin et al 2013; Health Workforce Australia 2012). According to an analysis of census data for overseas born health care workers, 66.8% of the 239,924 Australian midwives and nurses were born in Australia, with the next largest groups being born in the United Kingdom and Ireland and in Southeast Asia (Negin et al 2013). The census data also revealed a trend change in workforce diversity as indicated by an increase of 250%, or 5,956 of nurses and midwives born in South Asia. In particular, there has been an increase in the number of nurses and midwives from India, Nepal, Indonesia and the Philippines from 2006 to 2011. Migration of OQNMs into Australia is expected to continue as the shortage of nurses in Australian nursing and midwifery practice increases (Health Workforce Australia 2012).

Nurse and midwife migration provides an adequate supply of qualified practitioners into the health workforce in response to the demand for staff. The needs of the culturally and linguistically diverse Australian population are better able to be met by the introduction of OQNMs who provide culturally competent care by using their own cultural knowledge and language skills, which can influence direct patient care and up skill other nurses (Jeon and Chenoweth 2007; Omeri and Atkins 2002). However, nurse migration also brings a number of concerns.

Firstly, there has been growing international ethical concern about the recruitment of nurses from their country of origin, especially from developing countries already experiencing a shortage of skilled nurses (International Centre on Nurses Migration 2007; Sparacio 2005). This is often referred to as 'brain and skills drain' (Kingma 2009; Sparacio 2005). These concerns have led to investigations about migration flows, factors for migration and development of strategies for appropriate recruitment, as well as development of a variety of policies and guidelines (Dywili et al 2013; Kingma 2006; Zurn et al 2005).

The second concern relates to issues of safety and the quality of care provided by OQNMs in Australia. The Australian Health Professional Regulation Agency (AHPRA) reviews and assesses applications to gain registration in Australia on behalf of the Nursing and Midwifery Board of Australia (AHPRA 2016). The Australian Nursing and Midwifery Accreditation Council assesses the skills of nurses and midwives who want to migrate to Australia under the Australian Government's General Skilled Migration program (ANMAC 2016). This process is comparable to other countries such as United States of America (USA), Canada, New Zealand (NZ), and the United Kingdom (UK) (Xiao et al 2014). Generally, OQNMs need to meet five registration standards; Identity assessment, fit to practice, English requirement, competency-based nursing assessment and recency of practice.

Further, a number of studies call for researchers, policy makers, industry and academic leaders to investigate the impacts of globalisation on the nursing and health workforce (Jones and Sherwood 2014; Ohr et al 2011). They include transition of OQNMs into nursing practice and the safety and experiences of OQNMs in that nursing environment. The literature discussed both the contributions, its diversity and the concerns surrounding the migration of nurses and midwives, as well as the complexities involved (Newton et al 2012; O'Brien and Ackroyd 2012; Zhou et al 2011; Humphries et al 2008; Alexis et al 2007; Xu 2007).

Transition into both a new society and nursing practice arena is challenging for OQNMs and their families, as well as the organisations recruiting them. These challenges are closely linked to differences such as culture, language and clinical practice methods. For example, the differences between their country of origin and the host society's cultural norms and ways of carrying out nursing practice can impact on their transition (Ohr et al 2014; Deegan and Simkin 2010; Takeno 2010; Konno 2006). Further, even though cultural norms and practice can be similar there is still an impact on their transition, as it is in a different cultural context (Brunero et al 2008). Lessening the impact of change is required for a smooth transition, and the need for

cultural and professional support at a workplace level, is critical to increasing the individuals' capability to adjust to, and provide quality nursing care in the Australian clinical practice environment.

The existing literature emphasises the need for support strategies for the OQNMs entering a new nursing practice environment (Ohr et al 2014;NSWNMA 2012; Deegan and Simkin 2010; Zizzo and Xu 2009; Garling 2008; Sherman and Eggenberger 2008). The key support strategies identified by the authors are education programs which include an orientation program, a mentoring program, a logistics support and acculturation program, including language and communication training (Ohr et al 2014; Timilsina Bhandari et al 2014; Allan 2010; Boylston and Burnett 2010; Robinson 2009; Zizzo and Xu 2009; Sherman and Eggenberger 2008; Davis 2003; Ryan 2003). Some of the authors also indicate that the managers and local nurses require support strategies, such as how to deal with cultural challenges and supportive leadership within the diverse workforce (Ohr et al 2014; Pacquiao 2008; Sherman and Eggenberger 2008). However, a systematic review on the post hire transitional program for OQNMs indicated there was lack of evidence of the efficacy of the support strategies (Zizzo and Xu 2009). Contrary to the previous finding about the uncertainty of support strategies an international study tour report indicated that those support strategies were effective for the OQNMs' successful transition into the workplaces (Ohr et al 2014; Pacquiao 2008). Given the difference in opinions regarding what is required for OQNMs, there is scope to gain further insight into the effectiveness and use of support strategies.

This paper presents a discussion of the development and implementation of support strategies using an exemplar of a support program at an Australian Health organisation.

SUPPORT PROGRAM – AT A GLANCE

The exemplar is from a Local Health District located in New South Wales, Australia, (hereafter District) with a major metropolitan centre and a mix of several large regional centres which provide a range of public health services to a population of approximately 850,000 people. The District employs 15,500 staff including 8,300 fulltime equivalent nurses and midwives. With increased recruitment of OQNMs into the District, the Nursing and Midwifery Services (N&MS) identified that a support program was crucial in supporting a large cohort of OQNMs who were recruited during 2011-2012. Most of the recruits came from culturally and linguistically diverse backgrounds and were from more than 25 different countries. Although there was an increased number of OQNMs at the District during past decades, previous support was undertaken in an ad hoc manner, and was usually reactive, problem focused as opposed to being proactive and finding "solutions" to the challenges. Support provided lacked cultural sensitivity and coordination. In 2010 with active recruitment of OQNMs to the District, an Overseas Staff Support Program (OSSP) with different support strategies was developed and piloted. It was made available across the entire District in 2011 (see table 1).

In 2013, with an approval from the District's Research Ethics Committee for this quality assurance project, a cross-sectional study using a survey was conducted to evaluate the effectiveness of the support strategies. A total of 65 OQNs completed the survey. Ninety one per cent of the respondents were employed as a registered nurse or a registered midwife at 16 different facilities. At the time of survey, 82% of them were aged between 20 and 39 years, and 82% of were female. The countries where their first nursing qualifications were achieved were India (62%), UK (8%), and 10 other countries. The majority of respondents (69%) have had at least two years of experience prior to their arrival in Australia, and 65% of them had been in Australia for less than 24 months.

Table 1: Description of Overseas Staff Support Program

The Overseas Staff Support Program aims to improve the experience of the overseas qualified staff, and to provide advice and guidance to the managers and staff to support the overseas staff during their transition into the workplaces. The following support are available to new overseas recruits:

Prior to arrival:

- Assist visa applications
- Provide an Arrival Manual and information on the place they are going to work
- Connect with support people (the coordinator of the OSSP and a support person recruited through an Adopt-A-Nurse program)
- Provide Overseas Staff Orientation Manual to acclimatise with the Australian nursing practice

On arrival and on commencement of their work:

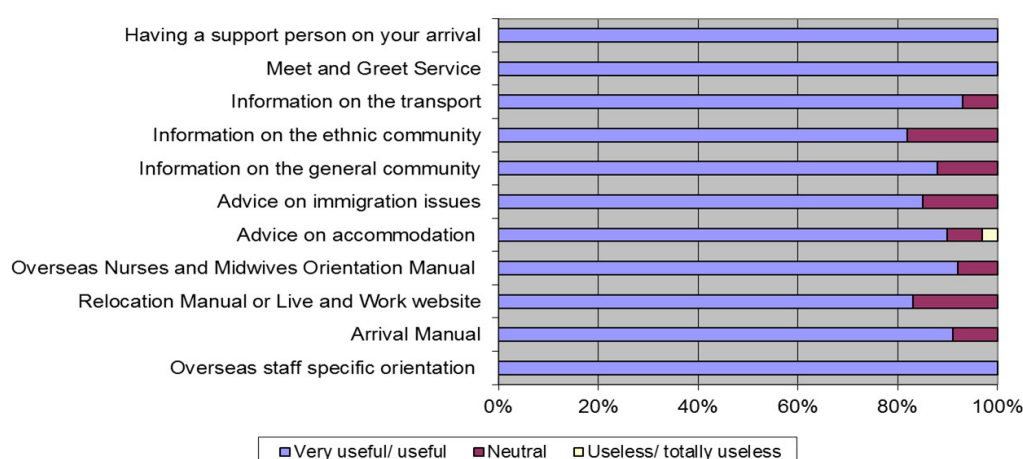
- Meet with the Nursing and Midwifery Services and/or volunteers to support transition into the society
- Provide a two days corporate orientation program for new staff
- Provide a day facility specific induction program to the workplace
- Support by a Clinical Nursing/ Midwife Educator (CNME) and a preceptor or a mentor
- Provide additional three days of specific education on working in the Australian Health Care system, including education about working within a different culture, medications and documentation.
- Provide a period of one to five days supernumerary days

During their work at the District

- Conduct performance review by the manager or CNME to discuss their transitional needs at work
- Support from the coordinator of OSSP
- Provide cultural competency training called "Working within a diverse workforce" is being made accessible to OQNs and District staff
- Provide a fact sheet on immigration procedure and workshops
- Provide managers with a Guidance for Overseas Qualified Nurse and Midwife Recruitment: Manager's manual
- Annual overseas staff professional development day

OSSP coordinator was available as a support person through their transition period

The findings of the study indicated that more than 90% of the respondents found the support strategies useful for their transition. Table 2 indicates the most useful strategies were personal support and a welcoming atmosphere on arrival, and an orientation specifically designed for OQNMs to acclimatise into the Australian culture and nursing workforce.

Table 2: Program usefulness**Usefulness of the support received**

Excerpts of qualitative data indicate satisfaction for the support they received on commencement of work. Comments revealed a sense of appreciation for the support received prior to and upon arrival in Australia.

"...Gave me very good support in all aspects of settling in from the day of arrival and continued it for few weeks. Excellent job" OQNM 1

"It is a great pleasure to know that somebody is there to look after you if you have no family and friends around you" OQNM 2

"I felt I was really supported well when I started my job in the medical unit by co-workers and my nursing unit manager. I am really grateful." OQNM 3

"All the support which I received was excellent. I had an excellent support from nurse manager, overseas staff support program to settle as a family and to settle in to the job. It will be very helpful if you continue that." OQNM 4

Other respondents expressed the need to be informed of all available support strategies and a need to have further support. In fact, 66% of them were aware of the Overseas Staff Support Program.

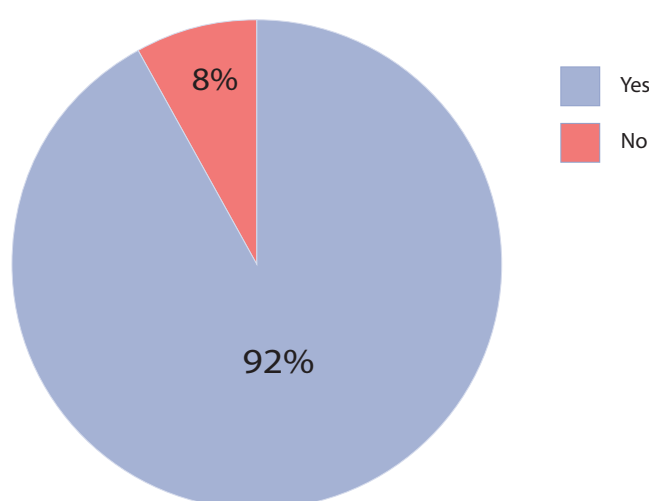
"I would have liked someone special to turn to regarding questions or assistance." OQNM 5

"Some simple things like library cards and where to move and where not to live (safe and unsafe areas) would have been helpful." OQNM 6

"Could have done with more supernumerary days?" OQNM 7

Further, anecdotal evidence collected suggested that Nurse Managers and Clinical Nurse Educators believed the support strategies were useful. Currently, all of OQNM's who were supported by the program remain employed in the District, and there have been a decreased number of referrals to the OSSP program manager to address issues of concern once work had commenced. In addition, ninety two per cent (92%) of respondents stated they would recommend, or have recommended the District as a potential employer (figure 1).

Figure 1: Respondents' recommendation of the District as a potential employer



DISCUSSION

In an attempt to change the cultural landscape across the organisation the principles of change management were used to provide a systematic, holistic framework that guided the development and implementation of the program (Neilson et al 2004). The change process was also embodied in open but targeted communication with frontline staff and managers. From an organisational perspective there was greater engagement and a progressive commitment to the program, which allowed the recruits and existing staff to be empowered to manage personal and professional changes. Seven key themes were identified as crucial to the success of the support strategies used across the District.

1. Leadership

Strategic leadership was identified as important in providing a vision for change and was the impetus for linking the program objectives to the District's strategic priorities. For example, the program aimed to be a mechanism to create better alignment to the priority area of "our staff and workplace culture (supporting and encouraging our staff)" (Hunter New England Local Health District 2013) and redress the imbalance.

Presentation of the program to, and endorsement by all nursing and midwifery managers at the District Nursing and Midwifery Senior Managers Forum enabled commitment to the change process to grow. With this commitment a Nurse Manager position was recruited to lead and oversee the development and implementation of a support program. Involving managers in the planning, implementation and evaluation phases developed a united sense of ownership and commitment to the program and its support strategies, at both the strategic and operational levels. Further on in its development the program became known as the Overseas Staff Support Program, and it was evident that the strong and united leadership of nursing and midwifery managers was a major factor in the success of the program.

2. Consultation

An extensive consultative process occurred in the planning and implementation phases (see table 3). Key stakeholders included Nursing and Midwifery Services, Human Resources, clinical staff, OQNMs, volunteers, and community cultural groups. The consultative team approach increased cohesion and synergy between key groups and assisted in the development of the program and its support strategies. This process involved several steps in identifying staff needs and in developing a model of support which was based on best practice principles, so that all members of the consultation group were included in various stages. This was instrumental in ensuring participants clearly understood what was expected as they communicated openly with each other.

Table 3: Measures taken to inform program development

An extensive review of literature
A review of support programs in other health services across Australia
Consultation with OQNMs already employed in the District and other District stakeholders
Survey of OQNMs to identify needs and a survey of nurse managers and clinical nurse educators
A study tour of the UK and USA by the nurse manager of the overseas staff support program
Review of evaluation feedback from the overseas staff professional day where 50 OQNMs and international allied health professionals participated
Ongoing case reviews within the Local Health District

3. Embedding the support strategies as normal practice

Embedding the practice of providing support into routine practice became essential. For example, including information about support strategies in the District's generic online education program called "Recruit, Select and Orientate new Employees," enhanced the dissemination of information to all staff which increased their awareness on how to support new OQNMs. Another example was to better inform managers through the development and circulation of a factsheet stating the steps involved in processing visa nominations and visa applications. This normalisation of providing support empowered the direct line managers, human resource personnel, as well as the OQNMs themselves to change the cultural landscape and embed the support strategies. In addition, the development of a standardised process and the associated policy compliance procedure about the recognition of prior experience for OQNMs was a positive outcome that emulated out of embedding the strategies.

4. Tailored support strategies

Different support strategies were used to meet the specific needs of the OQNMs, such as providing resources to assist clinical transition and community settlement. It was initially evident that basic needs such as accommodation, schools for children, community adjustment, and religious needs were as important as being able to meet the required Australian nursing competencies. Resources were developed and strategies aimed at providing support and delivery information about: 1) clinical transition into the Australian workforce; 2) settlement into the community; and 3) personal support was provided. Additional strategies included the provision of the Overseas Qualified Nurses and Midwives Orientation Program in both a face to face and online modality, and a hard copy of the Orientation Manual was specifically designed for OQNMs. Orientation included education about working in the Australian health care system, working within a different culture, and clinical information relating to specific policies and procedures about medications, their safe administration and clinical practice. The online orientation/education program was effective in supporting the dissemination of important information to OQNMs across a large diverse geographical area. An identified need for current clinical information was met by providing subject content on a USB stick or through emails. This information included the District's policies and procedures related to medications such as Nurse Initiated Medications, management of S8 and S4 drugs, information about insulin, warfarin, and high risk medications. It also included information about the minimum standards of patient care, rights and responsibilities, and professional nursing portfolio management. Beside these support strategies for clinical transition, the OQNMs were encouraged to access many resources from the NSW Ministry of Health online service and the DVDs such as "Nursing and Midwifery: No two days are the same" and "Ways of Working in Nursing" proved useful in increasing their understanding of Australian nursing practice.

To support them with community settlement, a number of resources were provided. For example, an Arrival Manual was given to them prior to their arrival in Australia. This gave access to basic information and an overview of the District to assist with work readiness, salary packaging for relocation expenses and settlement issues such as information about school choices, transport, and accommodation. Another example was the provision of a community information booklet that included information about the places they would live or work in. For immigration issues, Nursing and Midwifery services in conjunction with the Department of Immigration and Border Protection provided an information sheet and seminars on immigration matters.

Personal support on an individual basis was pivotal to their transition. A buddy program called, the Adopt-A-Nurse Program was introduced to provide each new recruit with a contact person who gave them individualised support. Those that gave the support were volunteers, and they were recruited by placing an advertisement within the District for all staff to see. The roles and boundaries of both the OQNMs and the support persons were clearly defined and managed by the overseas staff support program coordinator. The volunteer met and

welcomed the family group into the community, and assisted them to find appropriate places for shopping and accommodation if required. Social networking occurred through invitations being extended to BBQs or afternoon tea. Some of the volunteers and the OQNMs developed long term friendships.

5. Support for the existing staff

To support cohesive team work and to increase staff capacity to work with OQNMs at the operational level resources about working with people from different cultures and education was made available to existing staff (both clinical and management). As line managers needed to work with the OQNMs from recruitment to work placement, a Manager's Guideline document was developed that included information about immigration matters, communication strategies, nursing competencies and other useful ways to provide support. Through the involvement of managers, co-workers and volunteers a supportive working environment developed.

6. Timely access to support

Depending on the needs of the individuals timely access to support was essential. For example, before arrival in Australia the overseas recruits were given access to the resource materials and if requested a volunteer was provided to support them during their preparation for relocation. Upon arrival they were provided with an orientation program and other support strategies. They were also provided with various seminars and professional development programs such as the "Overseas Staff Professional Day". This provided an opportunity for them to meet and share their experiences so they could create an internal support network which was aimed at improving their capacity to transit into the workforce.

7. Program leader

A designated person was appointed to lead the program and this was pivotal in ensuring that the program was well coordinated and each aspect was evaluated. The program leader was situated at the N&MS so support and guidance was available to the program manager particularly during the development, implementation and evaluation of the support strategies. The role was also instrumental in providing support to the managers and it was located in the N&MS as one of the primary functions of that team was to support managers to recruit and retain skilled staff.

CONCLUSION

The findings of the evaluation affirmed that the culturally constructed support program and its strategies assisted in minimising the impact of the challenges and difficulties faced by OQNMs in their transition into the Australian nursing workforce. The program established a strategic framework to facilitate a smoother transition and at the same time proved to be instrumental in improving the well-being of individual OQNMs. It also assisted with mitigating risks to patient safety by providing educational opportunities for OSNMs to enhance their capacity to provide safe quality care. All of these outcomes have enhanced the recruitment and retention of nurses into the District's workforce.

RECOMMENDATIONS

The support for the transition of overseas qualified staff into the Australian health care system continues to change, but it remains important to maintain support mechanisms and strategies to build the capacity and capability of the health workforce (Health Workforce Australia, 2012; NSW Health 2012) so they can provide safe quality patient care. With the health landscape constantly changing and the prediction of continued recruitment of OQNMs, supporting their transition into the workforce and into the Australian community will better equip the Australian health workforce to prepare for future challenges. It is envisaged that the lessons learnt by the District through the implementation of this program may provide insights to other

health organisations that are likely to recruit OQNMs irrespective of location and discipline. Finally, further investigation of the relationship between support programs and the retention of OQNMs through a longitudinal study may be considered as an area for further exploration.

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