

Overseas qualified nurses in Australia: reflecting on the issue

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ABSTRACT

Objective

The migration of international nurses is a growing phenomenon and will continue in response to global nursing shortages. Historically, nursing has been depicted as a 'portable' profession, or one which enables individuals to move across inter/national borders. This 'portability' of nursing is supporting skilled nurse migration around the world. However, nursing practices learned by Overseas Qualified Nurses (OQN) in their home countries may differ to the role and expectations of the new country in relation to scope of practice, professional and legal environment, accountability, professional autonomy, health care technology and inter-professional relationships.

Primary argument

Relatively little is known about the experiences of OQN in Australia and particularly, about those from non-English speaking backgrounds. Supported by international literature and personal experiences, this paper describes the adaptation process and challenges faced by OQN in beginning a new life in Australia.

Conclusion

Australia, like many other developed countries, is facing an ageing population and an ageing health workforce, including nurses. The global shortage of nurses in many countries, including Australia, means that OQN will continue to be a significant part of the workforce. As the welcoming country, Australia can benefit from hosting OQN and these nurses in return contribute to the enrichment of Australian life.

INTRODUCTION

Over recent years, the provision of healthcare in countries around the world has faced a range of pressures as it seeks to address new demands and expectations, often in the context of a constrained or shrinking resource base. Often these pressures have concentrated on the structure and nature of the nursing workforce; how might this workforce be efficiently and effectively developed, organised and managed, to meet upcoming challenges (Xu and He 2012; Smith et al 2011; Ohr et al 2009; Xu 2007). A major driver for nursing mobility is the chronic and severe global shortage of registered nurses (RNs) in many countries, not just Australia. The reasons for emigration of OQN are many and not necessarily related to the nursing profession. For example, the main author of this publication emigrated for personal and family reasons.

According to Bieski, (2007), in the United States of America (USA) ...'foreign recruitment is not a permanent solution for the escalating international shortage of nurses' (p.23) as predicted nurses shortfall in 2020 will reach 808,500. The migration of nurses in United Kingdom was initially presented as 'a quick fix' to solve the acute nursing shortage, but over time has become an essential and periodic strategy in the overall nurse recruitment policy (Yunxian 2010; Ohr et al 2009). Employment of OQN in the USA accounted for nearly one-third of the total growth of RN employment (Buerhaus et al 2004).

Australia, like many other developed countries, is facing an ageing population and according to the Australian Bureau of Statistics (ABS), 13.5 per cent of Australians were 64 years old and older (ABS, 2010). Ageing, together with increases in chronic diseases and longer life expectancy, is creating more consumer demand for health care and requires comprehensive involvement of different health professionals, especially nurses (Ohr et al 2009).

The nursing profession is the largest single health profession, making up over half of the total Australian healthcare workforce (Ohr et al, 2009). This workforce is also ageing, with 38.6 per cent of nurses aged 50 years or older in 2011 (Australian Institute of Health and Welfare (AIHW) 2013). The Australian health care workforce has benefited from increased migration of nurses over the last few decades and increasing the nursing workforce through migration, is expected to continue.

The reasons for health workforce shortages in Australia are many and complex, but a crisis in attraction and retention of nurses is likely to exacerbate the current nurses' shortage (Rezaei-Adaryani et al 2012; Toh et al 2012; Bieski 2007). In Australia this crisis has been labelled as the worst nursing shortage in the last 50 years, as it is estimated there will be a shortfall of around 31,000 nurses by 2062 (Holland et al 2012). The lack of retention of nursing numbers is due to retirement; a lack of recognition and/or job satisfaction; job reorientation; and/or burnout (Happell et al 2012; Rezaei-Adaryani et al 2012; Toh et al 2012; Smith et al 2011). According to Holland et al (2012), 38 per cent of nurses reported experiencing high or very high levels of burnout as a result of their work. Shift work and decreases in the average length of stay of patients in hospital, are creating increasing pressure on nurses. Increased workloads and patient ratios, together with a fall in the average number of hours worked by nurses per week, is further contributing to this crisis (Holland et al 2012; Ohr et al 2009).

Utilising the literature and personal experience of the first author, this paper describes the challenges related to being OQN. The migration literature is dominated by issues of accumulation, assimilation and integration of OQN (Ohr et al 2009; Berry 2005; Martin 2005) and describes 'reconciling' migration as a dynamic, ongoing and nonlinear process (Yunxian 2010), or transition (Higginbottom 2011; Xu 2010). The significance of language, culture and practice differences are the key issues of adjustment for immigrant nurses (Terry et al 2013; Xu 2010; Yunxian 2010; Ohr et al 2009; Sherman and Eggenberger 2008; Bieski 2007; Konno 2006).

THE EXPERIENCE OF MIGRATION

The migration of international nurses is a growing phenomenon (Xu 2010; Yunxian 2010; Sherman and Eggenberger 2008; Xu 2007). However, relatively little is known about the experiences of OQN's in Australia and particularly, about those from non-English speaking or linguistically diverse backgrounds (Ohr et al 2009; Brunero et al 2008; Xu, 2007).

The Australian Nursing and Midwifery Accreditation Council holds the authority for the Department of Immigration and Citizenship to assess the eligibility of OQN's for migration; however it does not grant nurses a licence to work (Smith et al 2011; ANMC 2009a, 2009b, 2008). The Nursing and Midwifery Board of Australia (NMBA) is responsible for processing registration applications (Smith et al 2011) and OQN's with intention to register need to comply with documentation and processes. To be eligible to register, OQN's seeking to practice must satisfy five criteria determined by the NMBA. These criteria require the applicant to: establish identity, meet current English language proficiency standards, meet current Australian nursing education standards, provide evidence of recent nursing practice and provide evidence of 'fitness to practice' nursing in Australia (ANMC 2013, 2009a, 2009b, 2008). The applicant's qualifications are assessed against the ANMAC standards, the applicant being notified of the determination of the process and informed of the review process if they wish to appeal the determination of the assessment (ANMC 2009a, 2009b, 2008).

OQN's are required to participate in transition programs before official registration (Xu and He 2012; ANMC 2013, 2009a, 2009b, 2008). To become a registered nurse on arrival in Australia, the first author attended specific courses such as the Preparatory Course for OQN's; the Occupational English Test (OET); and the Preregistration Course, which included academic (undertaken in a university) and supervised practice components (undertaken in private hospital). Despite these regulatory developments however, the transition process remains a highly personal journey for an individual OQN. For the first author, this process took two years and included much frustration about lengthy delays and missed deadlines for enrolment in courses. However, all this preparation for work was insufficient and further clinical adaptation continued in an acute setting, under the supervision of an allocated preceptor (Bieski 2007; Konno 2006).

Commonly, the reason for immigration is an aspiration to live and work in a more economically developed country, although personal/family reasons and even religious or political reasons may contribute to the desire to work in Australia (Ohr et al 2009; Xu, 2007; Mejia et al 1979; Lewis, 1954). Other reasons for a nurse's decision to migrate include a wish to travel or seek new adventures and new experiences, or new training or employment opportunities when these are limited in their home country. Nurses also seek to work in countries that offer improved working conditions and the chance to utilise English language skills. For many, the opportunity to meet personal and professional ambitions could be achieved by the decision to immigrate to a country with a different culture, both in and outside the workplace (Xu 2010; Ohr et al 2009; Sherman and Eggenberger 2008; Xu 2007; Kline 2003).

Globalisation, together with the rising integration of labour markets worldwide, is facilitating factors in increasing immigration. Communication, transport and information technology developments make transmission of information faster, long distance travel more affordable and thus the experience of immigration can be less isolating (Xu 2010; Ohr et al 2009; Martin 2005).

An increasing awareness of the need to internationalise nursing higher education is pivotal for learning flexibility in working with different cultures and contexts. However, besides the obvious language barriers, there are difficulties in learning and knowledge transfer, in both social and professional recognition (Terry et al 2013; Xu and He 2012; Xu 2010; Ohr et al 2009; Brunero et al 2008; Xu 2007). The harmonisation of academic degrees between countries, especially those like nursing with an internationally mobile workforce,

would permit further mobility between countries, from the source country to the country of destination (Xu 2010; Xu 2007; Kline 2003).

For all nurses who immigrate, the decision to do so is complex, needs to be well informed and made in consideration of the possibility of exposure to a number of challenges (Xu 2010; Sherman and Eggenberger 2008; Walters 2008;). The process itself may be very challenging, as it also means beginning a new life and dealing with a new country, a new language, culture, lifestyle and values which can be overwhelming (Walters 2012; Berry 2005). In particular, when work begins in the new country, many factors affect the nurse's perception of success, such as whether their new work experiences are positive, with respect to their self-confidence, competence and professional skills, all of which will impact on how they cope with the overall challenge (Terry et al 2013; Xu and He 2012; Yunxian 2010; Xu 2010; Walters 2008; Bieski 2007; Konno 2006).

ADJUSTMENT

There are two main strategies related to the individual who is engaged in the process of adjustment to a new environment: rational thinking and behaviour change (Yunxian 2010; Konno 2006). The process of *rationalising* is an individual experience and takes place over a period of time (Yunxian 2010; Sherman and Eggenberger 2008; Konno 2006); it is related to reframing the meaning of expectations in comparison to a new reality. In the process of adjustment, the individual closes the gap between what was expected and the new reality. *Behaviour change* is dependent on the situation and involves willingness to acknowledge and accept differences and has a more personal than professional character (Sherman and Eggenberger 2008). These processes (rationalising and behaviour change) together enable the person to change. Both challenge the person and lead to individual discoveries like new potential, their capacity for adaptation, energy for change, levels of determination and readiness to learn new pathways. These experiences may be very rewarding for the individual, making them more receptive to the differences and more respectful of the values of the new culture.

From a policy perspective, the adjustment of OQN is a regulatory issue (Xu 2010). Additional to evidence-based and standardised transition programs is the major transition which occurs inside the individual, for example in 'unlearning' previous professional pathways (Higginbottom 2011; Xu 2010). According to the literature only three major destination countries, the United Kingdom, New Zealand and Australia, currently have compulsory transition programs for OQN (Xu 2010). All of them support the standardisation processes occurring in the USA (Xu and He 2012; ANMC 2009b).

Indeed, the adaptation of OQN to different realities is a complex social and psychological process. While physical immigration, (that is, taking one's body to a new country), is a relatively short term event, social and psychological immigration is a separate and long term process (Yunxian 2010). Phases in the accommodation process involve a growing awareness of the disparities between different realities, when the individual realises their existence; and an ongoing struggle associated with experiencing the 'position in the middle' (between two cultures) and 'to being different' (Xu 2010; Brunero et al 2008; Konno 2006). Adjustment to a new environment then is a lengthy process and one which is never totally complete; for many, it is ultimately an experience of living day to day (Xu and He 2012; Xu 2010; Walters 2008; Berry 2005).

IMPLICATIONS FOR PRACTICE SETTINGS

Understanding adjustment processes may assist health services in developing adaptation programs to assist OQN in transition (Terry et al 2013; Crawford and Candlin 2012; Higginbottom 2011; Xu 2010; Brunero et al

2008; Konno 2006). These transition programs would benefit from engaging OQN's already in employment in the preparation of the programs.

In order to support the OQN, timely access to realistic information about life in a new country after migration and information about support services, will make the transition easier (Higginbottom 2011). Because the process of adjustment is ongoing, OQN may benefit from utilising reflective skills in both their professional and personal life, to assist them in their new environment (Xu 2007).

A distinctive cause of slower adaptation of OQN is insufficient information provided prior to arrival (Xu 2010; Brunero et al 2008; Xu 2007). Therefore, pre-arrival planning and logistical support of OQN is to be encouraged and should be provided by the recruiting institution (Ohr et al 2009; Brunero et al 2008; Walters 2008; Bieski 2007; Xu 2007; Berry 2005). The immediate period after arrival is pivotal in making OQN feel at home and welcomed (Xu 2010; Xu 2007). Furthermore, explicit and clear communication is required between employers and recruitment agencies to avoid employment contract misunderstandings and to facilitate interpretation of the particular credentialing process (Higginbottom 2011; Yunxian 2010; Ohr et al 2009; Walters 2008; Xu 2007).

Arriving from overseas, a migrating nurse has to have the willingness to help themselves, based on their determination to adjust to Australian culture. To allow immigrant nurses to assimilate to the Australian culture adequate time should be given (Higginbottom 2011; Smith et al 2011; Yunxian 2010; Brunero et al 2008; Konno 2006; Berry 2005). There is limited evidence on how long it takes for OQN's to successfully adjust to both foreign social and professional environments, mainly because of the complexities of compounding factors; however, it is commonly suggested that 12 months is the optimal time for the didactic and clinical part of transition (Xu 2010; Konno 2006).

A welcome from local nurses and the health care facility, as well as an inclusive ward team, will assist in reducing the ambivalence that OQN's will undoubtedly carry with them. To facilitate the mutual exchange of information and shared experiences among nurses, the establishment of an Overseas Qualified Nurses Association (OQNA) in Australia maybe helpful. Australian health care providers could further develop, establish and implement support services, including transition and workplace orientation programs targeting OQN, consistent preceptor ship and support programs for OQN's families (Higginbottom 2011; Xu 2010; Xu 2007).

Establishing these supports may be cost-effective, in reducing adjustment time, increasing inclusiveness and integration. Furthermore, support of the OQN will enhance their self-confidence and therefore decrease attrition. These measures will move Australia forward in promoting an inclusive culture which values, rather than eliminates diversity (Ohr et al 2009; Brunero et al 2008). Understanding the support needs of OQN's by host nurses will assist the adjustment process.

CONCLUSION

Like many other developed countries, Australia is facing an ageing population and an ageing health workforce, including nurses. The global shortage of nurses in many countries, including Australia, means that OQN's will continue to be a significant part of the workforce. This paper has described aspects of the OQN immigration experience, drawing on the literature and personal experience of the first author. This author has enjoyed a positive experience of working in a clinical setting as well as an academic environment, finding many challenges along the way, but ultimately appreciating the journey to finding her new home. As the welcoming country, Australia can benefit from hosting OQN's and these nurses in return contribute to the enrichment of Australian life.

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