

A PROGRAMME TO ENHANCE THE SUCCESSFUL TRANSITION OF THE OCCUPATIONAL IDENTITY OF THE INTERNATIONALLY QUALIFIED NURSE(IQN)

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INTRODUCTION

This paper describes a collaboration between Otago Polytechnic and Mercy Hospital, Dunedin, that supported the transition of Internationally Qualified Nurses (IQN) to practice as Registered Nurses (RNs) in New Zealand.

An issue of national significance in nursing today is the supported integration of IQNs into the New Zealand workforce. In 2016, the Nursing Council of New Zealand (NZNC) reported that "around 25% of the nursing workforce is educated outside New Zealand and each year up to 40% of new nurses added to the Register of Nurses have overseas qualifications" (p. 17). These nurses are predominantly of Filipino nationality, the Philippines being the world's leading nurse exporter, with several hundred nursing schools (Brush & Sochalski, 2007). New Zealand, in its recruitment from the Philippines, has an ethical responsibility to support these nurses.

Many IQNs have worked at an expert level prior to their migration. These nurses must understand the vocational and cultural values base of New Zealand as they make their occupational transition. While a body of nursing literature is devoted to nurse migration and IQN support, little is offered in terms of actual strategies to support a smooth transition into a new clinical practice setting. Montayre (2016) promotes the conscious support of IQNs across practice settings: "More support in the clinical environment and from employers such as DHBs and specifically, private health-care providers, is critical" (p. 2). This paper contributes practical and tested strategies to the discourse on IQN support.

BACKGROUND

In July 2016 Mercy Hospital, Dunedin, opened a stand-alone day-stay facility (Manaaki), resulting in the employment of six Filipino theatre nurses. How could the hospital plan and deliver a programme to support the transition of these IQNs? And what was needed to support the almost exclusively New Zealand-trained preceptors or clinical teachers?



Figure 1. Manaaki, Mercy Hospital's stand-alone day-stay facility.

PROJECT PLANNING

The Deming Institute website recommends the Quality Cycle (Plan-Do-Study-Act) as one tool for evaluation and goal redefinition as a project progresses. This cycle was applied to the IQN project to ensure that the steering group remained mindful of project objectives while continuously evaluating the effectiveness of any interventions. This enabled the project to extend beyond an orientation programme, to navigate the complexities of assertiveness training for the IQNs, preceptor training for the RNs and the formation of an ongoing partnership with an expert in IQN transition.

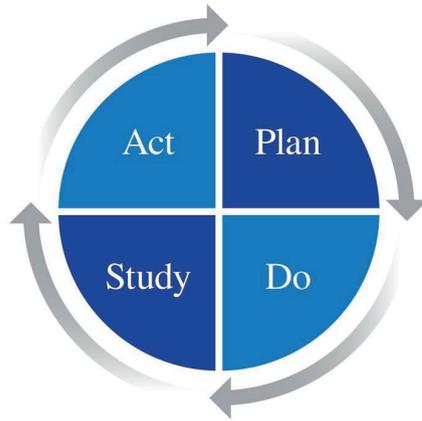


Figure 2. The Deming Institute's Quality Cycle (<https://deming.org/explore/p-d-s-a>). Reprinted with permission. W. Edwards Deming, *The New Economics for Industry, Government, Education*, published by The MIT Press.

This project was motivated by a desire to ensure the seamless transition of the IQNs into New Zealand life and the perioperative team at Mercy Hospital. Mercy Hospital wanted to offer the best possible start to these nurses whom it had recruited from another country. A primary objective was to develop a successful clinical induction programme, tailored to the needs of IQNs. Mercy Hospital wanted to ensure that the IQNs demonstrated the Nursing Council of New Zealand (NCNZ) competencies for RNs, including cultural safety and knowledge of the Treaty of Waitangi. The ongoing provision of safe patient care was also paramount.

The steering group included the director of clinical services, the theatre manager and clinical nurse educator. Key objectives and an action plan were developed. Preparation for the planning meeting included a review of current literature on the needs of IQNs and the issues that they encounter when transitioning to work in a new country (Kawi & Xu, 2009). The sacrifices made by many IQNs include separation from families and small children, sending earnings home and encountering bias from nursing and medical colleagues in the new country (Montayre, 2016). Staff often fail to grasp why IQNs are employed over new graduate nurses, even when it is experienced perioperative staff that are required. IQNs report feeling scrutinised, stereotyped and judged, having to prove themselves clinically (Kawi & Xu, 2009). The planning group was mindful that any induction program would need to take account of these factors.

The action plan identified the following methods of supporting IQN transition:

- Review of the existing literature on IQN transition and support
- Consultation with key stakeholders – managers, preceptors and IQNs
- The establishment of a partnership with a local expert in IQN transition, for ongoing support and collaboration
- Investment in the development of the preceptors – nurses who would work intensively with the IQNs during the six-week or longer supernumerary period
- The development of an orientation programme, creating a safe space to explore what it means to nurse in New Zealand today

A pivotal moment in the project was the development of a relationship with the Otago Polytechnic School of Nursing. The clinical nurse educator at Mercy Hospital approached Otago Polytechnic and was introduced to Geoffrey Harvey (second author), the local Competence Assessment Programme (CAP) provider. He graciously agreed to partner with Mercy Hospital as it implemented the project. The wisdom and practical insights of this expert in IQN transition were to prove invaluable.

During this planning phase, consultation was essential to ensure that all perspectives were represented and all parties committed to the project. Face-to-face meetings with the managers in areas employing IQNs were held to ensure that the project group understood their expectations, addressed their concerns and elicited feedback on proposed staff release for IQN orientation or preceptor training. Credentialed specialists were consulted, and their feedback incorporated into the ongoing plan. Both electronic and face-to-face meetings with preceptors and other theatre staff followed. The second author was available for regular face-to-face meetings, in addition to electronic or phone contact.

PROJECT IMPLEMENTATION

The real success of this project can be traced to the separate elements that together shaped the early months of the IQN transition. The project timeline (Figure 3) reflects these elements, including but not limited to the following:

- A journal club article entitled "Speaking up," completed by IQNs and preceptors. The article explored the concept of a safety culture and the influence that cultural factors have on our ability to speak up in the interests of patient safety.
- A teaching session for preceptors and colleagues provided by the second author. Entitled "Supporting IQNs," the session explored the impact of nurse migration on the individual, alongside tips for supporting IQN transition. Best practice from nursing research was utilised to reinforce the importance of fostering skills in "speaking up assertively on behalf of patients" (Rainer; 2015). An eight-hour orientation program, personalised to IQN needs, including an overview of New Zealand work culture and common Kiwi idioms, was held. Expressions such as "right as rain" or "good as gold" required some explanation! The day was informed by current literature, with an emphasis on 'speaking up,' 'asking for help' and 'self-care.'
- A powerful session entitled 'Nursing in this place,' containing insights for survival, was facilitated by a senior Mercy Hospital Filipino nurse. This session resonated with the nurses because of the authenticity that a Filipino colleague brought to it.
- Deliberate psychosocial support in the form of regular social gatherings with food and conversation were held on a Friday after work. Facilitated by two nursing managers, the clinical nurse educator and IQN expert, these gatherings were well attended.
- Regular meetings were held between several IQNs and the nurse educator to offer additional guidance or professional support.

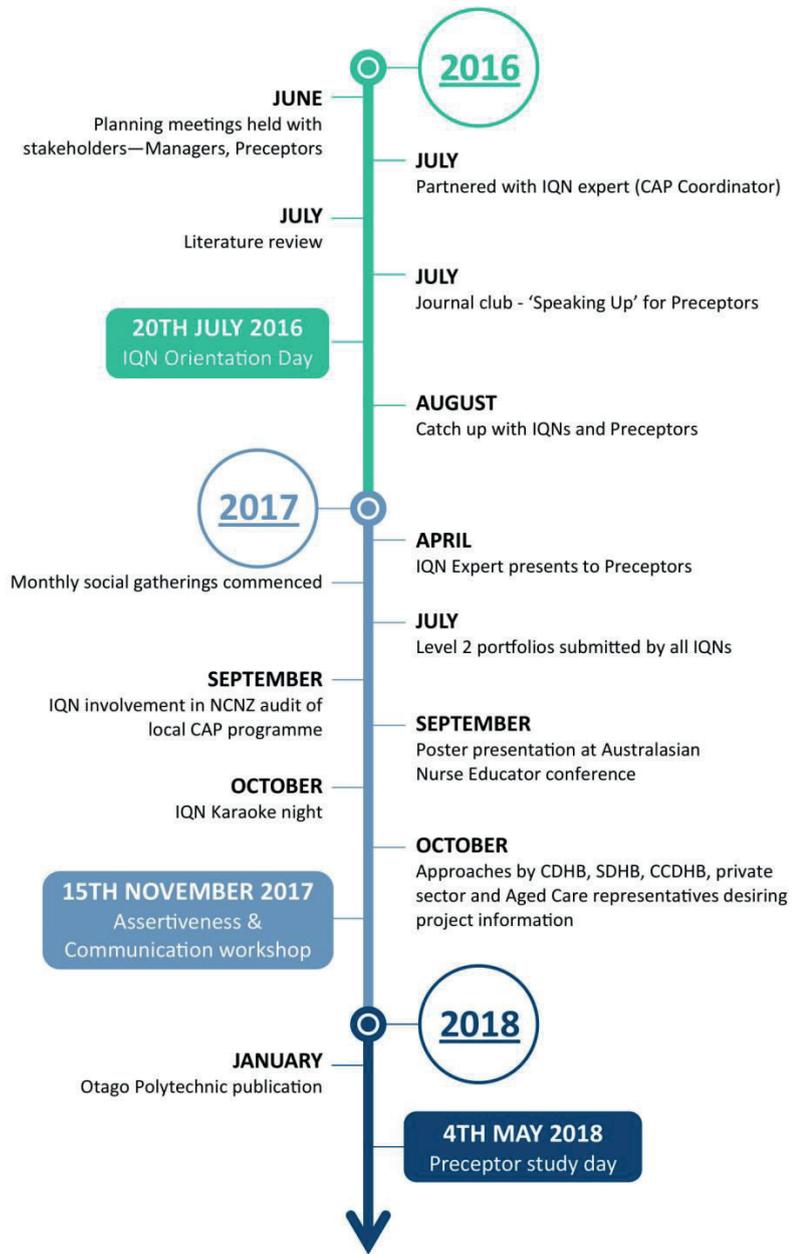


Figure 3. IQN project timeline.

SUSTAINING BUY-IN

To ensure the momentum of the project, the weekly meeting of the clinical services team at Mercy Hospital included a review of the progress of the project and any issues as they emerged. Flexible time frames and interdepartmental teamwork were required in cases where IQNs required extended supernumerary periods or additional training. Structured assessment of essential clinical skills and communication techniques was also employed.

A clinical newsletter informed colleagues of ongoing initiatives to support IQN transition. Nurse managers regularly checked in with the preceptors who worked alongside the IQNs to ensure that issues were identified early, such as the need for additional training or support with a skill. Small things can make a difference. After 12 months of continuous employment, each IQN received a handwritten card and some iconic New Zealand confectionery, an acknowledgement of a milestone reached.

Barriers to successful IQN transition included the complexities involved in applying for New Zealand residency and the relative expense of postgraduate study for non-residents. Senior nurses supported the IQN group with these processes. On the rare occasion that IQNs encountered negative bias or overt racism from colleagues (medical or nursing), managers held courageous conversations, outlining the consequences should unacceptable communication continue.

Another obstacle to successful IQN transition was social isolation and loneliness (Jenkins & Huntington, 2016). Adeniran et al. (2008) describe "the lonely path of transitioning from one country's practice style to another." A senior Filipino team member supported the nurses as they established linkages with the Dunedin Filipino club and the perioperative nurses section of the New Zealand Nurse's Organisation. In the early stages of the project, the project group lacked an understanding of the different ways that other cultures socialise. Our IQN expert and several IQNs indicated that the group had outgrown the Friday social catch-ups, preferring informal socialisation off the hospital campus. The IQN group enjoyed sharing music, food and sport. The authors planned a shared meal and a karaoke evening at the local Manila Grill restaurant, with preceptors and theatre colleagues showing great enthusiasm for the idea. The evening that followed proved to be a cross-cultural learning experience as Mercy Hospital colleagues stepped outside their comfort zones to enter the world of Tagalog menus and karaoke lyrics.



Figure 4. IQN group karaoke evening, Manila Grill restaurant, Dunedin. Photograph: Kerry Davis.

OUTCOME

Mercy Hospital continues to benefit from the successful integration of the IQN group into the perioperative team. The practice of the IQN cohort has flourished, as evidenced by the following results:

- 100% of these nurses continue employment in perioperative settings.
- 100% of these nurses have achieved a Level 2 or 3 portfolio in the national Professional Development and Recognition Programme (PDRP). This NZNC-approved programme measures nurses against occupational competencies, including professional responsibility, the management of care and interpersonal communication.
- A progressive shift in the attitudes of colleagues who now better understand the IQN reality and actively support the transition process.
- Mercy Hospital is benefiting from a more diverse workforce, consistent with its core value of *whakautē* (respect)
- The IQN group have taken up various specialty roles in the organisation, including that of intravenous link nurse, health and safety representative and hand hygiene auditor
- The IQN group has enjoyed success in several ways – one IQN received an International Nurses Day scholarship for postgraduate study in 2018 and acceptance of a report for publication in a national professional journal.
- One of the IQNs accepted an invitation to speak to the NZNC panel at the 2017 audit of the Otago Polytechnic's CAP program.

EVALUATION

Mercy Hospital invited the IQNs to comment on their employment experiences. Feedback from the IQNs indicated that they took comfort in knowing that colleagues understood their journey as migrant nurses. The deliberate support provided to ensure that the IQNs felt welcome and comfortable in the workplace had eased their transition to a foreign land. The IQNs indicated that they desired professional extension beyond the initial social support. They wanted to assimilate, no longer being treated as different or special. This feedback informed future planning as the project progressed.

This project has captured interest both locally and nationally. The retention and successful supported transition of IQNs affects the entire health-care sector. Approaches from several DHBs, managers in the aged-care sector and private hospitals reflect an increasing reliance on IQNs and a desire to better support their transition. Otago Polytechnic has promoted the transition project and its pivotal role in the collaboration in a recent publication.

The authors presented the project at the 2017 Australasian Nurse Educator Conference (ANEC), winning the best poster prize. This recognition is testament to the broad applicability of the learnings gained and the ongoing issue that IQN support presents in this country. A NCNZ representative requested aspects of the project for consideration with the 2018 review of the Competence Assessment Programmes for new IQNs. The mandatory professional portfolio and communication competencies for IQNs both captured interest. With a projected workforce shortage of Registered Nurses, New Zealand continues to rely on IQNs. This project contributes simple yet meaningful and tested strategies to the sector-wide issue of IQN transition and support.

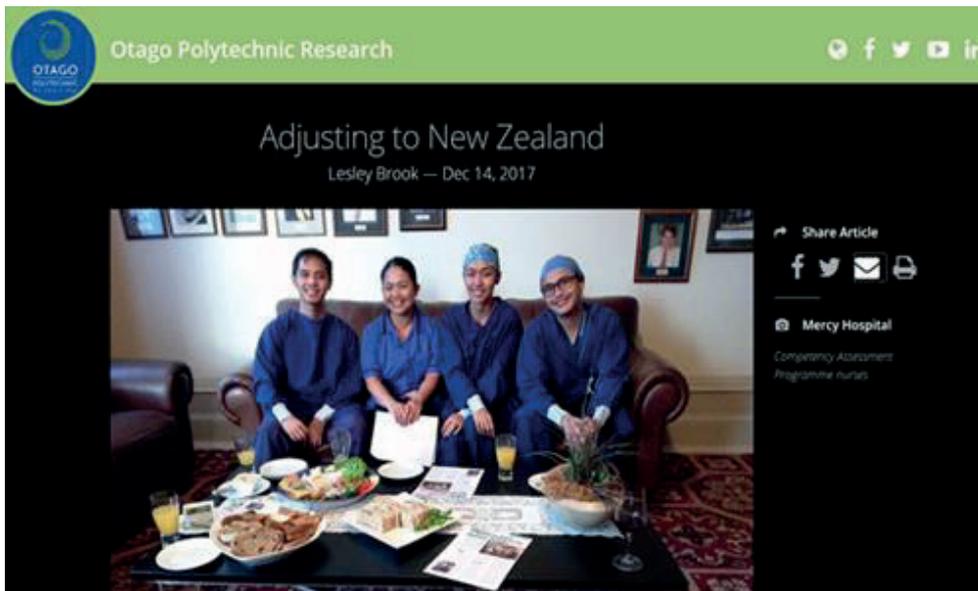


Figure 5. Otago Polytechnic research publication on the IQN integration project.

INTERPROFESSIONAL COMMUNICATION AND ASSERTIVENESS

The literature on IQN transition suggests that acculturation takes, on average, two years. One year into this project, feedback from clinical managers at Mercy Hospital indicated that communication techniques warranted a further investment. Specifically, confident and assertive speech was proving a challenge for some nurses within the clinical teams. This was consistent with a recent statement made by the New Zealand Nurses Organization (NZNO) that "Effective communication does not depend on language skills alone but also on cultural awareness and understanding" (2018, p. 7). We responded to this request with a practical communication workshop in November 2017. The P-D-S-A cycle was again employed, and a creative solution found by the authors, in collaboration with Mercy Hospital's 'people and capability manager.'

Entitled 'Interprofessional Communication and Assertiveness,' this 90-minute evening workshop involved the IQNs alongside Mercy Hospital's new graduate nurses, for whom communicating as Registered Nurses in New Zealand was also relatively new. The workshop explored the responsibility that nurses have to communicate effectively for the benefit of patients and colleagues and the impact of culture on communication. Barriers to effective communication were identified, including slang, accents and fear of the telephone. The participants learned a model of 'assertiveness rights' before engaging in role-play of various clinical scenarios, which included 'confidently phoning a specialist late at night to discuss a patient of concern' or 'asking a reluctant theatre colleague to cover meal breaks.' The workshop evaluated highly, with several IQNs stating that they now felt confident to attempt the new techniques in practice. No new communication issues have been reported since the workshop.

PRECEPTOR DEVELOPMENT

Written evaluations of the Interprofessional Communication and Assertiveness workshop included several suggestions that preceptors would also benefit from the workshop. It was felt that a broader discussion of the impact of culture on communication would foster and reinforce effective communication strategies in practice. A further eight-hour preceptor study day was planned for May 2018. The day included general themes of preceptorship

and a workshop entitled 'The International Nurse Preceptee,' which explored the role of the IQN in the New Zealand workforce. Facilitated by the second author, this session afforded the preceptors an understanding of the unique experiences of IQNs and how best to support their learning and transition. The afternoon utilised a 'speed dating' format where pairs of nurses rotated through real-life scenarios, including 'giving feedback' and having 'the hard conversations.' The hard conversations involved issues of clinical competence and failure to meet expected standards.



Figure 6. 'Speed dating' role-play, preceptor study day, May 2018. Photograph: Kerry Davis.

CONCLUSIONS

The New Zealand health-care system is entering a phase of increased investment in nursing staff, many of whom will be IQNs. This presents an opportunity to proactively invest in the successful transition of these nurses. In collaboration with Otago Polytechnic, Mercy Hospital has successfully implemented a two-year program in support of IQN transition. This transition support continues, alongside ongoing recruitment. It is our hope that in sharing the key initiatives and subsequent learnings from this project, other organisations will be inspired to take up the challenge of supported transition of our IQN colleagues.

ACKNOWLEDGEMENTS

Kerry would like to thank the Management and Preceptors at Mercy Hospital for their investment in IQN transition. Finally, thank you to the IQNs themselves, sacrificing much while bringing their skill and passion to this country. It is hoped that elements of this project may afford some transferability to other settings.

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