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Abstract

Objective:

This study aimed to review and synthesise existing research that investigated overseas-trained health professionals (OTHs) working in rural and remote areas.

Design:

A systematic literature review was conducted using electronic databases and manual search of studies published from January 2004 to February 2011. Data were analysed from the final 17 original report articles that met the inclusion criteria.

Results:

The reviewed research studies were conducted in Australia, Canada, New Zealand, the UK and the USA. Overseas-trained medical practitioners were the most frequently researched (n=14), two studies involved nurses and one study included several health professionals. Four main themes emerged from the review and these were: (i) expectations, (ii) orientation to rural and remote health work environment, (iii) cultural diversity and (iv) the adaptation and integration process. The OTHs were expected to possess the appropriate professional and cultural skills while they themselves expected recognition of their previous experiences and adequate organisational orientation and support. A welcoming and accepting community coupled with a relaxed rural lifestyle and the joy of continued patient care resulted in successful integration and contributed to increased staff retention rates.

Conclusions:

Adequate and comprehensive orientation of OTHs, the provision of sufficient organisational support and the recognition of cultural diversity by all parties are important elements in the integration process and subsequent delivery of quality health care to people living in rural and remote areas.

KEY WORDS:

Overseas-trained, expectations, orientation, integration, cultural diversity.

What is already known on this subject?

- There is a critical global health workforce crisis especially in rural and remote areas.
- Developed countries largely depend on overseas-trained health professionals for the provision of healthcare in rural and remote areas.

What does this study add to the subject?

- There is limited original research on overseas-trained health professionals other than medical practitioners
- Organisational support with effective orientation is an important element in the integration process.
- There is need to negotiate cultural differences with rural communities in order to reach an understanding that is acceptable to all.

Introduction

The critical global shortage of health professionals affects both developed and developing countries. The shortage of health professionals is even more evident in rural and remote areas, than in urban areas and has become a significant problem for health care delivery.[1, 2] Approximately half the global population live in rural areas, yet only 38% of the total nursing workforce and 24% of the medical practitioners' workforce serve these areas.[1] The Organisation for Economic Cooperation and Development (OECD) countries have shown a dependence on health professionals from other countries especially medical practitioners and nurses.[3] This has been widely reported in the USA,[4-6] the UK,[7] Canada,[8-10] Australia[11-13] and New Zealand.[14-16] The overseas-trained health professionals (OTHs) working in these rural and remote areas include doctors,[4, 9, 17] nurses,[18, 19] dentists/dental therapists[20-22] and pharmacists.[7, 23]

Given the continuation of the recruitment and presence of OTHs in rural and remote areas in many countries, this literature review sought to explore what is known about the OTHs in these areas and what issues are raised by their presence. It is important to understand these factors as they may impact on the performance and the retention of these healthcare professionals and continuity of care.[24]

In this paper health professionals working in a country other than the one they were trained in are collectively referred to as OTHs and the individual professions are specified accordingly.

Methods

A search was conducted of published literature between January 2004 and February 2011 that investigated OTHs working in the rural and remote areas. Electronic databases searched were: EBSCOhost (Health), Rural and Remote Health Database (RURAL), SAGE Journal online, Scopus, Journals@Ovid, and Science Direct (Elsevier SD). The initial search terms were: *overseas-trained health workforce, overseas-trained health professionals, overseas-trained nurses, international medical graduates and rural/remote areas.* More specific terms like *overseas-trained doctor/physician, nurse, pharmacist, dental therapist and occupational therapist* were added. The titles and abstracts were screened by the first author. Key journals that were manually searched included the Rural and Remote Health, Journal of Health and Social Policy, The Journal of Rural Health, Australia and New Zealand Journal of Public Health, Australian Journal of Rural Health, Diversity in Health & Care and British Journal of Community Nursing. The inclusion criteria and the selection process are shown in Table1 and Figure1 respectively. Studies which appeared in more than one database were included only once. To strengthen reliability the other authors supervised the review process and scrutinised the final included articles. The final number of included articles was 17.

[Insert Table1 here]

[Insert Figure1 here]

Results

The reviewed articles described research studies that were conducted in Australia, Canada, New Zealand, the UK and the USA. The overseas-trained medical practitioners were the most

studied. Of the 17 articles reviewed 14 were specifically on medical practitioners, two on nurses, and one included several health professionals (see Table 2 below).

[Insert Table 2 here]

The lack of research information on other health professionals readily shows a gap in research. Although most of the literature was on medical practitioners the findings should, to a certain extent, provide some insight into issues that may also affect other overseas-trained health professionals. Table 3 below shows the themes that emerged from the analysis.

[Insert Table 3 here]

Expectations

The literature revealed a variety of expectations placed on OTHs. These expectations came from organisations, colleagues, clients and the OTHs themselves. The OTHs were expected by the employing organisations to possess adequate clinical and interpersonal skills[5, 25] and this was checked through appropriate registration assessment procedures. Some OTHs in Canada were expected to function beyond their previous cultural limitations, for example, male medical practitioners were now expected to attend to female clients.[26]

In Australia[27, 28] work colleagues expected overseas-trained medical practitioners to understand their culture 'no matter what' stating that it was up to the overseas-trained medical practitioners themselves to reduce the cultural divide. The clients expected communication and cultural competency[28, 29] and they perceived language as a barrier to effective communication. The language barrier, in certain instances, created misunderstandings which negatively affected relationships. However, an Australian study found that patients were just as satisfied with overseas-trained medical practitioners in comparison to locally trained ones and they saw them as valued members of their society.[30]

OTHs had their own expectations and these included consideration of their previous experiences by their employer,[28] a longer and more comprehensive orientation process,[31] their own culture to be recognised and respected[27] and support for their spouses and children.[25, 28]

Orientation to rural and remote health work environment

Orientation to the health work environment in the rural areas was reported as crucial to the adaptation process. While comprehensive orientation of medical practitioners and nurses was offered by some centres,[27, 32] in others newly recruited OTHs were expected to start work immediately with very little orientation to the local workplace.[28, 31] For instance, nurses in Newfoundland found themselves in charge of wards without a proper handover from previous staff .[31] Some medical practitioners reported a lack of resources to assist them to prepare for medical exams[33] while others expressed being stressed by the inadequate transition time and support when they entered the new health system.[26]

There was also lack of access to orientation workshops or courses which were offered in the cities because of distance and staff shortages in rural health centres.[33] A lack of sufficient orientation to the rural practice context was found to be particularly important for OTHs. Francis et al[18] found that nurses reported being forced to practice below their previous skill levels, and Curran et al[26] reported that some medical practitioners had not done certain procedures in their countries of origin because of cultural reasons.

Cultural diversity

Cultural diversity was found to have implications for the OTHs, their co-workers and clients. There was reluctance among the rural indigenous elders in America to consult the medical practitioners due to perceived language barriers and Goins et al[34] identified these cultural differences as barriers to health care access. Durey et al[27] noted tensions between medical practitioners, the indigenous clients and co-workers due to conflicts of cultural practices and expectations. Again, these cultural differences created barriers that resulted in ineffective communication. A need was identified for the recognition of cultural diversity and the subsequent accommodation by all as this was key to effective communication. Gilles et al[28] identified that organisational support (e.g. professional & cultural mentoring) were important components in the successful professional and community integration into indigenous communities.

Adapting and integrating to rural and remote work and everyday life

The literature reported important factors that determined the level of integration of OTHs into rural and remote communities. Some of these factors were personal and professional in nature while others related to the family and community.[25, 35] Han and Humphreys[25] found increased staff retention rates in rural areas where there were successful integration of medical practitioners.

Kearns et al[36] identified that a relaxed rural lifestyle and the professional enjoyment of being able to provide continuity of care for patients which continued beyond their practice clinics assisted in retaining medical practitioners in rural areas of New Zealand. Overseas-trained nurses in rural Newfoundland[31] found communities welcoming and accepting and this resulted in some staying permanently. However, feelings of entrapment like physical

isolation due to the distance to urban centres,[31, 33, 36] the absence of cultural activities and entertainment coupled with lack of employment for their spouses[18, 26, 36] and inadequate secondary schooling for their children[36] were identified as negative factors. Some of those who remained eventually 'gravitated to each other' and formed their own networks to support each other.[31] Those nurses who had to orientate themselves to a 'different way of working'[18] took longer to adapt.

Discussion

This literature review sought to explore the issues that arise when OTHs are employed in rural and remote areas. The main issues concern expectations, orientation of the OTH to the work environment and the community, adaptation and integration to rural work and everyday life, and dealing with cultural differences.

Adequate and comprehensive orientation plays a significant part in the integration process and especially so in closely knit communities. Smith[37] identified that inadequate orientation coupled with limited onsite support and the inability to access further education have been identified as barriers to practising confidently. Baumann et al[38] noted that it was vital to understand the challenges faced by the OTHs and to identify ways to facilitate their integration into the workforce. Some of these challenges include cultural differences. Cultural diversity in the workplace is a global phenomenon[39] and the growing health workforce diversity can enrich the work environment through multiculturalism[40]. However, it may also bring cross-cultural communication challenges resulting from different world views and professional values[41-43], a sense of 'cultural separateness' and 'otherness'[44] and feeling 'like an outsider'.[45] Patient safety depends highly on effective communication among health

professionals. Healthcare systems have been challenged to equip their staff, particularly those trained overseas, with skills that are culturally sensitive especially for the rural communities who tend to be more cautious and have a strong desire to see their culture respected.[46, 47] Rural orientation programs that have resulted in effective communication include the introduction to local communication styles and protocols, informed consent by the key members of the community for the placements[48, 49] and embracing of cultural diversity.

Provision of organisational support is an important element for the OTHs in rural areas. Inadequate support in a different environment, sometimes with no family or friends to relate to, causes anxiety among some OTHs. These findings were consistent with those of Alexis and Vydelingum[46] and Omeri and Atkins[44] where nurses felt isolated in the communities they worked or lived in. Governments have been urged to give greater support for OTHs in ways such as funding compulsory orientation and ongoing support programs so that they can fully participate within the communities they serve.[50]

Conclusion

Despite the abundance of literature on overseas-trained medical practitioners there is a lack of research that has correspondingly examined the experiences of other health professionals in rural and remote areas. It is also concluded that effective orientation and communication coupled with organisational support and acceptance within a community creates a good environment for successful integration and adaptation of overseas-trained health professionals. Understanding of these issues is important as there are implications for organisations and managers who continue recruiting OTHs.

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