Indian nurses in the United Kingdom: A two-phase study of the expatriate-host country national relationship

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Abstract

It is well established that expatriates need support from host country nationals (HCNs) to successfully adjust in their new location, and subsequently perform well on their jobs. Drawing on a sample of 149 Indian nurses in the United Kingdom, this two-phase study illustrates how expatriate-HCN interactions unfold over time (two years). To do this, we draw upon social identity theory and show that effective expatriate-HCN relationship building (i.e., perceived categorization and perceived values similarity) lead to HCN support and, subsequently, expatriate adjustment.

Results confirmed that perceptions of categorization and value similarity significantly impacted HCN willingness to offer support. We also find that expatriate age, education level, and time spent in the host country significantly impact adjustment. We discuss theoretical and practical implications and offer suggestions for future research.

Keywords: Self-initiated expatriates; Host country nationals: Nurses; India; U.K.

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Introduction

As the global economy becomes more inter-dependent, and countries continue to invest in economies far and wide, these is a corresponding increase in the number of expatriates traveling to distant shores to support organizational strategy (KPMG, 2018). Ironically, one of the critical issues faced by expatriates is how to successfully adjust at the new location (see Kumar, Budhwar, Patel & Varma, 2019). As is well-documented, the longer it takes an expatriate to adjust to living and working in the new location, the longer it will be before he/she is able to contribute productively toward his/her assignment (see Bhaskar-Shrinivas, Harrison, Shaffer, and Luk, 2005 for a meta-analytic review). From an organizational perspective, this amounts to significant loss of time and investment, and the associated opportunity costs in terms of business lost to competitors can be staggering (Tungli and Peiperl, 2009). Indeed, the costs of failed (or delayed) expatriate assignments are substantial and prohibitive. In order to address this issue, the expatriate literature has identified several critical variables that can help with the adjustment of expatriates, including (i) pre-departure training, (ii) prior international experience, (iii) expatriate personality, (iv) host country national support (HCN) and so on (Bhaskar-Shrinivas et al., 2005; Takeuchi, 2010). Among these, the role played by HCNs has received a lot of attention from scholars, as HCNs have a lot of information required by expatriates, and their assistance can go a long way in helping expatriates adjust (See Kang and Shen, 2018 for a review). Specifically, HCNs have been shown to be able to provide expatriates with two types of information – role information and social support (see, e.g., Varma, Budhwar, and Pichler, 2011a; Varma, Pichler, and Budhwar, 2011b). While role

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information can help guide the expatriate by providing him/her with information about the workplace and the accepted norms of behaviour in the workplace, social support helps the expatriate adjust to living in the new city/country by providing him/her information about schooling for children, shopping, hospitals, and safe neighbourhoods, etc. Indeed, research shows that such information is critical to the smooth adjustment of expatriates (Mahajan and Toh, 2014; Varma, Pichler, Budhwar, and Kupferer, 2012).

One group that would require such help is self-initiated expatriates (SIEs) (see, e.g., Al Ariss & Ozbilgin, 2010) as they are often expected to fend for themselves, since they operate out of the traditional umbrella of organizational support. Indeed, SIEs, such as academics and nurses, are an under-researched group when it comes to understanding their experiences as expatriates (Al Ariss, 2010; Doherty et al., 2013). In this connection, Froese (2012) and his colleagues (Froese & Peltokorpi, 2013) have studied the adjustment of academics and noted that they are often motivated by poor job conditions in their home countries and better prospects in the country to which they expatriate. Other scholars (e.g., Sikierski, Lima and Borini, 2018) have noted that academics are often motivated by two major factors – (i) the science, technology, and innovation infrastructure, and (ii) the quality of life in the new country, as they decide to launch a career as an expatriate. Indeed, scholars (Kline, 2003; Thompson & Walton-Roberts, 2019) have noted that nurses are guided by similar factors in their decision to self-expatriate. In their attempt to adjust to the new country, both groups of SIEs still need assistance and information from HCNs (Singh, Pereira, Mellahi, & Collings, 2019). Of course, HCNs may not automatically be motivated to help expatriates, and sometimes expatriates may not seek help from HCNs (Kang and Shen, 2018; Mahajan and Toh, 2014).

Even when HCNs are willing to help expatriates, they may not be willing to help all expatriates they encounter. In this connection, research has identified several variables that may determine the degree to which, or if HCNs are likely to assist expatriates. Key among these are (i) HCN categorization of expatriates as in-group or out-group, (ii) perceived value similarity, (iii) collectivism, (iv) dogmatism, and (v) ethnocentrism (e.g., Sonesh and DeNisi, 2016; Varma, Pichler, Budhwar, and Kupferer, 2012). Thus, SIEs would need to try and understand how HCNs view them. Thus, SIE perceptions of how HCNs view them would If SIEs believe that HCNs see them as similar (or, in-group) they are more likely to approach HCNs for assistance than if they believe that HCNs categorize them as different (or, out-group).

The present study was thus designed to examine expatriate perceptions of HCN willingness to offer support to expatriates, and the related impact on expatriates' adjustment. Our sample included expatriate nurses from India who were working in hospitals in the United Kingdom. During our initial conversations designed to seek support for our study, and solicit participation, we met, individually, with a pilot group (n=13) of senior nurses and inquired about their experiences. They pointed out that each one of them had experienced categorization as out-group, in addition to having fielded numerous questions about their value systems from colleagues, patients, and others they had met both in and outside the workplace. Based on this initial inquiry, we decided to concentrate on two key variables in the present study – (i) perceived categorization, and (ii) perceived value similarity.

HCNs and Expatriates – A Literature Review

As Tung and Varma (2008) had argued, the need for expatriates to assume critical responsibilities in important assignments around the world has continued to increase. At the same time, the cost of sending an expatriate to take on responsibilities around the world has sky rocketed (Hebert, Very and Beamish 2005; Tungli and Peiperl, 2009) and MNCs can barely afford to have expatriates fail on the assignment or return home early (Nowak and Linder, 2016).

Over the last three decades, the expatriate literature has consistently emphasized the important role that host-country nationals (HCNs) can play in supporting the adjustment of expatriates (Kang and Shen, 2018; Sonesh and DeNisi, 2016). Indeed, the attitudes and behaviours of HCNs towards expatriates to a great extent determine expatriate success (Kang and Shen, 2018). Scholars (e.g., Toh and DeNisi, 2007) have discussed the expatriate-HCN relationship in great detail, pointing out that HCNs are a critical, and often only, source of important information that the expatriate needs in order to successfully adjust to the host country and perform at optimal levels in his/her jobs (see also Varma, Budhwar, and Toh, 2006; and, Varma, Budhwar, Katou, and Matthew, 2016). Broadly, HCNs have access to, and can share two types of information with expatriates – role information and social support (Varma et al., 2006). However, as Toh and DeNisi (2003; 2007) have argued, HCNs may not be inclined to offer the necessary support to expatriates for any number of reasons. For example, expatriates are often paid much higher than the HCNs for performing the same jobs, thus evoking resentment among HCNs. Indeed, authors have argued that HCNs may sometimes resort to sabotage and negative behaviors as a result of their resentment, as in the case where expatriates are paid more than HCNs (see, e.g., Toh and DeNisi, 2003).

Of course, as we noted above, expatriates must still get the needed information from the HCNs as the information available with HCNs can neither be sourced from books or websites or alternative sources. The good news is that the HCNs do help the expatriates with the relevant information but only under certain conditions (Kang and Shen, 2018). In a series of empirical studies, Varma and his colleagues examined HCNs willingness to offer support to expatriates from different countries (Varma et al.,2011a; Varma, Pichler, and Budhwar, 2011b; Varma et al., 2006). These studies report that HCN categorization of expatriates was a key determinant of HCN willingness to support help. In other words, if HCNs categorize the expatriate as an in-group member, they were more likely to offer support than if they categorize the expatriate as an out-group member. While HCN categorization of expatriates may depend on a number of factors, such as the national origin of expatriates, two key determinants have been identified as (i) HCN categorization, and (ii) perceived value similarity (Toh and DeNisi, 2007).

Nurses as expatriates

For over five decades now, there has been huge shortage of nurses across the world (Gazza, 2019; Gray, Wilde, & Shutes, 2018). In order to address this shortage, governments and hospitals in the western world have heavily recruited nurses from the Philippines. While this has solved the problem in the short-term, the shortages continue. As a result, nurses from other Asian countries like India and Thailand have also begun to participate in the process and compete for the same jobs (Oda, Tsujita, and Rajan 2018). Perhaps because of the UK's long reign in India, qualified nurses from India have found the UK to be a much more attractive destination, though they

often get there via the middle-east. There has been a steady increase in the employment of Indian nurses in the UK (England and Henry, 2013).

Furthermore, nurses are generally SIEs. Highly educated and autonomously motivated SIEs, are increasingly playing a key role in addressing skill shortages across the world (Chen and Shaffer, 2016; Myers and Pringle, 2005) ever since Inkson, Arthur, Pringle and Barry (1997) highlighted the concept of SIEs' foreign work experience. SIEs is in fact an aspect of global trend of globalization. SIEs initiate their own expatriation in pursuit of developmental opportunities; naturally they do not get the training or benefits that corporate expatiates enjoy (Tharenou 2015; Farcas and Goncalves 2017). Consequently, they face more structural difficulties in their pursuit (Al Ariss and Ozbilgin 2010; Chen and Shaffer 2017). However, they tend to have a wider social network, especially with colleagues across the world, as compared to traditional expatriates (Agha-Alikhani, 2016).

Theoretical Perspective and Hypotheses

Social Identity Theory

Drawing upon social identity theory, Toh, and DeNisi (2007: p.282) argued that "social identities such as national identities, maybe especially significant because they have the potential to be salient and thus, may have potent influence on members' attitudes, perceptions, and behaviors." For example, when an HCN interacts with an expatriate, the expatriates' country of origin is likely to be salient and thus cause the HCN to categorize the expatriate either as in-group or out-group. Furthermore, Larsen, Allan, Bryan and Smith (2005) demonstrated that some of their colleagues, managers and patients view overseas nurses in the UK in the negative light as purely economic migrants who have escaped from the poor socio-economic conditions in

their home country. In another study, Varma et al. (2009) found that HCNs from China categorized expatriates from the USA as out-group more often than expatriates from India and were more likely to offer support to Indian expatriates than those from USA. On following up with their participants about the reasons for these findings, many talked about the common cultural heritage of both nations (i.e., China and India). This finding is quite interesting, since this shows that HCNs may categorize expatriates as in-group or outgroup for any number of reasons, not all of which may be obvious.

Of course, what is important here is that HCNs base their decision to help expatriates depending on their categorization, since expatriates who are categorized out-group are less likely to receive the required information and support. As social identity theory proposes, the more a differentiating characteristic (e.g., national origin) becomes salient, the more it is likely that the individual will be categorized as the out-group (Tajfel, 1978; Turner and Reynolds, 2004). Here, as Varma et al. (2011b: p.106) have argued "individuals often avoid associating with those who are dissimilar… because such interaction might cause them to question their own belief system and attitudes." Since an individual's value system is unique to his/her culture (Hofstede, 1993) and determines his/her behavior, it is important to recognize that individuals would tend to seek out those that they perceive as being similar to them. In cases where the individuals are forced to interact with other individuals who are perceived as having dissimilar value systems, they might suffer from cognitive dissonance and discomfort (see, e.g., Hinojosa et al., 2017). In the context of expatriate-HCN interactions, it is highly likely that HCNs would interact with, and offer necessary support to, those expatriates whom they perceive as having similar values (e.g., Varma et al., 2011b). Given that values are derived from national culture,

individuals from other countries are more likely to be seen as holding different values (Varma et al, 2011a). Furthermore, other researchers argue that organizational factors also exercise an influence on HCN's willingness to help expatriates. Shen, Kang and Dowling (2018) have illustrated that high-commitment HRM practices generate perceived organizational support and organizational identification sequentially and this positively influences HCN's willingness to help expatriates. In particular, social responsibility orientation in HRM generates organizational identity and this in turn generates HCN's willingness to help expatriates. Through an extensive review of literature, Kang and Shen (2018) argue that HCN's personality, HCN's social categorization, the perceived compensation gaps between expatriates and HCNs, HCN's previous contact with expatriates, the justice of expatiates, expatriates' task cohesiveness, interpersonal affect and interpersonal relationship (guanxi) influence HCN's attitudes and behaviors. In the present study, since all the expatriates hail from India, and the HCNs are UK citizens, it is highly likely that the HCNs will be perceived as having different values as the India and the UK are significantly different in terms of culture (Hofstede, 1993).

In order to study how individuals interact with, and react to, other individuals, scholars have developed the social identity approach, drawing upon Tajfel's social identity theory (1978), which posits that there are three cognitive processes used in evaluating individuals as "similar to us" or "different". At the first stage, individuals categorize other individuals in order to define where they fall in reference to themselves. So, for example, a male individual would/could place a female individual in a different category based on his and her genders. Such categorization helps guide our behaviour and reactions towards target individuals. Similar to gender, we may use race, national origin, ethnicity, type of employment/profession to categorize others

and ourselves. This process helps us understand how we should behave with reference to the others.

Once we have categorized others and ourselves, we move to the second stage known as social identification. Here, we identify with the category where we have placed ourselves and adopt the traits and characteristics of this group. So, for example, if an individual has categorized himself/herself as an accountant, he/she will begin to identify more with other accountants and adopt their traits and behaviours, in order to conform with the accountant's group norms. Over a period of time, such identification will begin to define the individual's self-esteem, which will be intricately linked with the group's self–esteem.

The third and final stage of social identity is known as social comparison. At this stage, individuals compare their groups with other groups and draw self-esteem if their own group compares favourably with the other group. So, for example, an accountant could compare his/her group with a group of data entry operators or human resource executives. If he/she believes that the group of accountants is superior to the other group, his/her self-esteem receives positive reinforcement.

In addition to social identity theory, scholars have also drawn upon self-categorization theory (Turner, 1981; 1985) to understand how individuals categorize themselves in relation to others, and how such self-categorization determines their attitude and behaviours towards others. Since an individual will most likely belong to more than one category, it is critical to understand that only the relevant/salient categories will determine an individual's attitude/ behaviour towards other individuals (Hogg and Terry, 2001). So, for example, an accountant may be evaluating his position/standing in reference to a data entry operator, who may be of a different

gender/race/age group. However, where the issue is related to both individual's professions, the other personal trait/characteristics (i.e., race/gender) will not be salient and will play less of a role (if any) in determining the accountant's attitude/behaviours towards others – in this case, the data entry operator.

Social identity and HCN categorization of expatriates

When it comes to HCN interaction with expatriates, we believe the self-identity approach is likely to play an important role in determining HCN's attitudes and behaviours towards expatriates. We believe this would be the case because several personal traits/ characteristics of both actors in this scenario would be salient. First, the national origin/ethnicity of both expatriates and HCN's would be different and be a critical determining factor in their reactions to each other (Olsen and Martins, 2009). As we noted above, expatriates broadly need two kind of assistance from HCNs -- role information and social support. When HCNs perceive expatriates as similar and categorize them as in-group they are more likely to offer role information and social support to those expatriates (e.g., Varma et al., 2006). By the same token, when HCNs categorize expatriates as out-group, they are less likely to offer required role information and social support to those expatriates. Accordingly, we propose the following *synchronous relationships* within each time period (´ denotes Time 2 relationships):

H1 & H1´: There is a positive relationship between perceived in-group categorization and perceived values similarity.

In addition to categorization of expatriates as in-group or out-group, another key determinant of HCN support has been identified as perceived value similarity, as noted above (e.g., Varma et al., 2011b). Here, HCNs make an assessment of

expatriates' personal values (e.g., family, work, or social values). In cases where they deem the expatriates to have similar values as themselves, they are likely to feel an affinity for the expatriates and offer role information and social support.

In the context of expatriate-HCN interactions, we believe that the British HCNs' initial interactions with Indian nurse expatriates are likely to evoke the salience of the nurses' national origin, thus leading to them being categorized as out-group (Toh and DeNisi, 2007). Of course, it is possible that some HCNs experience positive interactions with the expatriates (e.g. friendly, spending time with them, etc.), which may lead them to believing that the expatriates have similar values (Varma, Pichler, Budhwar, and Biswas, 2009), thus categorizing them as 'in-group'. If this is the case, then HCNs will be willing to provide the necessary "role information" to expatriates (e.g. work behaviors and attitudes, how to perform, etc.) and they will offer adequate "social support" to them (e.g. make work life easier, listen to personal problems, etc.). As noted earlier, role information and social support are the two pillars that can help expatriates properly "adjust" in terms of their work life and living conditions. As earlier, we propose the following *synchronous relationships* within each time period (´ denotes Time 2 relationships):

H2 & H2´: There is a positive relationship between perceived values similarity and willingness to provide role information.

H3 & H3´: There is a positive relationship between perceived values similarity and willingness to provide social support.

Expatriate adjustment

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Expatriate adjustment (Puck, Holtbrugge, & Raupp, 2017; Kumar et al., 2019) has been shown to be a key determinant of expatriate performance. In other words, the more an expatriate feels adjusted in the new country/culture, the better he/she is likely to perform on the job (Bhaskar-Shrinivas et al., 2005). Several factors have been shown to impact expatriate adjustment including expatriate resilience (Davies, Stoermer, & Froese, 2019), cultural intelligence (Malek & Budhwar, 2013), and relevant information from HCNs (Singh et al., 2019). As a corollary, the sooner the expatriate receives the required role information and social support, the sooner he/she is likely to feel adjusted in the new culture (Takeuchi, 2010). Accordingly, we propose:

H4′:   *There is a positive relationship between role information and expatriate adjustment.*

H5′:   *There is a positive relationship between social support and expatriate adjustment.*

Since the initial experiences of the expatriates are likely to play a critical role in determining their experience and also their decision to continue with the job (Olsen and Martins, 2009), the positive initial reactions of HCNs in Time 1 may become the basis for further development of similar reactions in Time 2. In other words, if an expatriate develops a positive relationship with an HCN, that relationship and the related outcomes should get strengthened over time, since both categorization and perceptions of value similarity happen early but are sustained over time. Therefore, all other variables (i.e. perceived values similarity, role information, social support) should most likely gain in strength (i.e., have higher scores), over time. Accordingly, we assume the

following *autoregressive relationships* which reflect the amount of change in a single variable across the two-time periods (Maruyama, 1998; Mayerl and Andersen, 2019):

H6:   *There is a positive relationship between categorization in Time 1 and categorization in Time 2.*

H7:   *There is a positive relationship between perceived values similarity in Time 1 and perceived values similarity in Time 2.*

H8:   *There is a positive relationship between role information in Time 1 and role information in Time 2.*

H9:   *There is a positive relationship between social support in Time 1 and social support in Time 2.*

Figure 1 presents the operational model of the study, depicting the various relationships, reflected through the hypotheses. In particular, this model is constituted by two similar sub-models: Time 1 and Time 2. The similarity of the model reflects a cross-time homology hypothesis (Kozlowski and Klein, 2000), and the autoregressive relationships between the two sub-models reflect the dynamic causality of the phenomenon under study.

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Figure 1 goes about here

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Methods

The Present Study

The present study was specifically designed to collect data at two different points in time in order to examine, if and, how the expatriate perspective changes due to actual interaction with HCNs in the host country (e.g., Kang and Shen, 2018; Takeuchi, 2010), In addition, this study also responds to the recent call to examine the experience of non-traditional expatriates (see, e.g., Vijayakumar and Cunningham 2016). Accordingly, our sample is comprised of Indian nurses in the United Kingdom (UK), a very important, though traditionally overlooked, expatriate group.

In recent years, because of concerns over Brexit and demographic changes, there has been a rapidly growing demand in the UK to recruit and retain nurses from overseas. It is estimated that the UK's National Health Service will need additional 5,000 nurses every year, three times more than its current annual recruitment, many of them will be coming from Asian countries, like India (e.g., BBC, 13 May, 2019; Telegraph, 28 Nov., 2017). As a matter of fact, Indian nurses have been migrating to the gulf countries for decades, and have recently begun to use the gulf as a stopover on their migratory journey to the United Kingdom and Ireland (Percot, 2006; Thomas, 2006), among other western countries. Thus, it is important to understand the experiences of these nurses so that both future migrants and employers are better prepared for their employment. In this connection, Davada, Gallagher, and Radford (2018) argue that the drivers for the migration include personal and professional factors. They further found that overseas nurses experienced wider knowledge gap and multi-level discrimination and less career progression as compared to overseas doctors.

Sample

For purposes of this study, we collected data from 316 registered nurses of Indian origin working in a large hospital system in the United Kingdom. We approached these nurses through personal contacts and assured them of complete confidentiality and anonymity. We explained the purpose of the study and requested their participation. At the same time, we also requested their contact information so that we may follow up with them at a later date. As noted in the introduction, 13 of these nurses (chosen based on seniority) were used for our pilot study – these individuals were not included in our final sample.

We initially distributed over five hundred surveys at the beginning of 2015 and received 303 completed responses. Just over two years later, in the summer of 2017, we approached the respondents of the first phase for a follow-up study. Of the 303, only 222 were available (or reachable) to participate in the follow-up. Of these, 149 participants returned phase two of the completed survey. Accordingly, the effective sample size for this study is 149 and all analyses are performed on this sample.

In Phase 1 of the study, we asked the nurses/participants to respond to the questions about: (i) their perceptions of HCN categorization, (ii) their perception of value similarity with HCNs, and the degree to which HCNs were willing to offer them (iii) role information, and (iv) social support. In the Phase 2 survey, we asked them to respond to the same questions, as we were interested in measuring the change in their perceptions, post experience. We chose to include this comparison in our study, as we believe that there would be measurable, and possibly significant, changes on some or all of these constructs, depending on the expatriate's experience in the interim. Further, these changes, if any, would provide us important information about the HCN-expatriate relationship, and help inform academic debate on the subject.

Measures

Unless indicated, we used a seven-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree.

Perceived categorization was measured through a 4-item measure drawn from Greenland and Brown (1999), and the scale included items such as "HCNs liked spending time with me" and "HCNs tried to get to know me better." Cronbach alphas for this construct are $\alpha = 0.854$ for Time 1 and $\alpha = 0.853$ for Time 2.

Perceived values similarity was measured through a 5-item measure drawn from Varma et al (2011 a). This scale included items such as "HCNs believed that we had similar work values" and "HCNs believed that we had similar social values". Cronbach alphas for this construct are $\alpha = 0.836$ for Time 1 and $\alpha = 0.884$ for Time 2.

Role information was measured via a 5-item scale drawn from Morrison (1993), and included items such as: "HCNs provided me with information on the behaviors and attitudes that were valued and expected at work" and "HCNs provided me with information on how to perform specific aspects of my job". Cronbach alphas for this construct are $\alpha = 0.806$ for Time 1 and $\alpha = 0.870$ for Time 2.

Social support was measured via a 4-item scale drawn from Caplan, Cobb, French, Van Harrison, and Pinneau (1980) and included items such as "HCNs helped me to make work life easier for me, without being asked" and "HCNs helped me out when things got tough, without being asked". Cronbach alphas for this construct are $\alpha = 0.872$ for Time 1 and $\alpha = 0.876$ for Time 2.

Expatriate adjustment was measured in Time 2 by 11-items adapted from Black (1988), which included items such as "I have adjusted to jobs and responsibilities"

and "I have adjusted living in the host country, in general". However, following factor analysis, these items were divided into two factors with the first named "work life" (α=0.785) and the second named "living conditions" (α = 0.829).

Controls: In order to rule out alternative explanations of the findings (Turnley and Feldman, 2000), we included appropriate control variables in our analyses. Specifically, the following controls were used: gender (0 = male, 1 = female), age (in years), education (1 = high school, 2 = bachelor, 3 = master, 4 = PhD), total work experience (in years), nationality (1 = Indian, 2 = others), job title (1 = nursing related job, 2 = computer / technology related job, 3 = other) and impetus (1 = self-indicated, 2 = friend/family suggestion, 3 = company transfer).

Consistency of the survey instrument

Construct internal consistency was investigated by evaluating the computed Cronbach α's. As reported above, the α's in the present study ranged between 0.785 and 0.884, thus meeting the threshold of 0.70 (Nunnally, 1978). Construct discriminant validity was assessed by examining whether the correlation coefficients between pairs of constructs were significantly different from unity (Gefen, Straub, and Boudreau, 2000). Fulfillment of this condition in our study provided evidence for separate constructs (see Table 1).

Statistical analyses

To test our hypotheses, we used "structural equation models" (SEM), via AMOS, and the maximum likelihood estimation (MLE). We assessed the overall model fit following Bollen's (1989) recommendation to examine multiple indices, since it is possible for a model to be adequate on one fit index but inadequate on many others.

We used the Chi-squared test (with a critical significance level p>0.05) and the

Normed Chi-squared ratio (with a critical level not more than 3); the goodness of fit

index (GFI) (with a critical level not lower than 0.80); the normed fit index (NFI)

(with a critical level not lower than 0.90); the comparative fit index (CFI) (with a

critical level not lower than 0.90); and the root mean square error of approximation

(RMSEA) (with a critical level not more than 0.08) (see Hair, Black, Babin, and

Anderson, 2010).

Results

Descriptive statistics and correlations

Table 1 presents the means, the standard deviations and the correlation

coefficients of all the constructs used in estimation. Considering the significant

correlations of constructs, most hypotheses of the study are supported. However,

several authors have noted (e.g. Katou, Budhwar, and Patel, 2014) that results based

on correlations although interesting, may be misleading due to the interactions

between several variables.

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Tables 1 and 2 and Figure 2 go about here
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Measurement model

Table 2 presents the fit indices of CFAs of all pair constructs with respect to time.

The results of these CFAs are highly acceptable indicating the discriminant validity of

these constructs. Additionally, in the same table the CFA for the full measurement

model indicated that the model fit the data well. We compared the fit of the proposed

measurement model to an alternative, less restrictive, where the pair constructs are not

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correlated and we found that the fit of this model is not as good as the proposed measurement model. Additionally, comparing the results of these two analyses (i.e. Δchi-square=287.837, Δdf=16, Δratio=Δchi-square/Δdf=17.989), we conclude that the latent factors represent distinct constructs and that common method bias is limited because the Δratio=17.989 is much larger that the critical value of 3.84 per degree of freedom (see Brown, 2015). These results support the proposed factor structure of the constructs used in this study.

SEM estimation

In testing the operational model presented in Figure 1, it should be noted that with respect to the controls, we linked controls with the appropriate constructs. However, for further analyses, we only included the controls that proved to be significant. Figure 2 presents the results of the operational model of the study presented in Figure 1. The fit indices (Chi-square = 1382.212, df = 765, p = 0.000, Normed chi-squared = 1.807, GFI = 0.712, NFI = 0.667, CFI = 0.815, RMSEA = 0.074) indicated that this model fits the data well. Furthermore, in Figure 2, all the estimates included refer to standardized coefficients.

Hypotheses testing

In this section, we summarize the major findings of our study with respect to the hypotheses developed. First, perceived categorization positively influences perceived values similarity, supporting H1 ($\beta = 0.47$, $p < 0.01$) & H1′ ($\beta = 0.40$, $p < 0.01$). This finding supports the view that the positive reaction of HCNs to expatriates produces the feeling to expatriates that HCNs believed that their values are similar with the values of expatriates. Second, perceived values similarity positively influences role information, supporting H2 ($\beta = 0.19$, $p < 0.05$) & H2′ ($\beta = 0.28$, $p < 0.01$). This

finding indicates that if HCNs have similar values with expatriates, then HCNs will be willing to provide the necessary role information to expatriates.

Third, perceived values similarity positively also influences social support, supporting H3 ($\beta = 0.21$, p < 0.01) & H3′ ($\beta = 0.30$, p < 0.01). This finding indicates that if HCNs have similar values with expatriates, then HCNs will be willing to provide all the support that expatriates need. Additionally, considering that both role information and social support directly depend on values similarity, they may (in fact are) be correlated. This was based on Xanthopoulou, Bakker, Demerouti, and Schaufeli (2007) and Shaufely (2015) who support that correlations should be applied when it is believed that there is no clear-cut between latent constructs. Next, role information and social support in Time 2 positively influence expatriate's adjustment in Time 2, supporting H4′ ($\beta = 0.29$, p < 0.01) & H5′ ($\beta = 0.30$, p < 0.01) respectively. In other words, in case that the expatriates receive all the information and support they need from the HCNs, then, they will properly adjust in their host country.

Sixth, perceived categorization in Time 1 has a positive impact on perceived categorization in Time 2, supporting H6 ($\beta = 0.24$, p < 0.01). This in fact is true considering the figures in Table 1 where through the usual t-test it is seen that the mean value of perceived categorization in Time 2 is significantly larger ($p < 0.10$) than perceived categorization in Time 1. Next, perceived values similarity in time 1 has a positive impact on perceived values similarity in Time 2, supporting H7 ($\beta = 0.21$, p < 0.01). According to the figures in Table 1 the mean value of perceived values similarity in Time 2 is significantly larger ($p < 0.05$) than perceived values similarity in Time 1. Eighth, role information in Time 1 has a positive impact on role

information in Time 2, supporting H8 ($\beta = 0.19$, $p < 0.01$). According to the figures in Table 1 the mean value of role information in Time 2 is significantly larger ($p < 0.05$) than role information in Time 1. Nine, social support in Time 1 has a positive impact on social support in Time 2, supporting H9 ($\beta = 0.16$, $p < 0.05$). According to the figures in Table 1, the mean value of social support in Time 2 is significantly larger ($p < 0.05$) than social support in Time 1. Accordingly, we conclude that the autoregressive relationships used in the operational model of the study confirm that the pair variables have been increased across the two-time periods. Finally, in terms of controls, we found that older expatriates adjust more ($\beta = 0.15$, $p < 0.10$), educated individuals adjust less ($\beta = -0.15$, $p < 0.10$), possibly because they were waiting more rewards according to their status, and expatriates that moved specifically looking for jobs adjusted better ($\beta = 0.16$, $p < 0.10$) compared to those who moved due to family reasons.

In summary, our findings suggest that the two sub-models, for time 1 and time 2, follow the cross-time homology hypothesis and the relationship between the two sub-models follow the dynamic and positive causality relationship.

Discussion

Expatriate assignments play a critical role in the success of multinational organizations, yet the high rate of failure of these assignments continues to baffle and bother practitioners and researchers. As we noted above, expatriates need a lot of help prior to departure for their assignment(s) and once they arrive at the host country location.

While several organizational and individual level factors potentially contributing to expatriate success have been investigated, one important aspect of the expatriate

assignment process, namely, the role played by HCNs, needs closer attention, given the critical role HCNs can play in expatriate adjustment (see, e.g., Varma et al., 2012; 2016a) through providing them critical role information and social support. While there is no doubt that better pre-assignment training can help organizations better prepare individuals for expatriate assignments, there is another rather important variable that needs to be studied – the role of HCNs.

Of course, organization-sponsored expatriates typically have the benefit of the organization's policies and procedures which are designed to help their move from home base to host country. Indeed, many organizations have global mobility cells with dedicated professionals whose job is to help the expatriate with pre-departure training (e.g., language and culture basics) as well as on-arrival arrangements (e.g., housing, school admissions for children, etc.). When organizations provide such support to expatriates (see, e.g., Varma & Russell, 2016), they are known to adjust faster and become productive sooner at the host location. However, SIEs do not have the benefits of organizational systems and must rely on their own efforts to collect relevant information about the location before they leave for the host country, as well as on arrival. While SIEs can try to collect required hard information (e.g., location of office, hospitals, markets) via the internet, soft information (such as cultural nuances and workplace norms) can only be gleaned via HCNs. As such, the role played by HCNs becomes even more critical in the case of SIEs such as nurses, as SIEs venture out on expatriate assignments without the benefit of pre-departure training.

As we note earlier, the perceptions, attitudes, and behaviours of HCNs can have a significant impact on the SIEs' experience, from understanding local norms and practices to adjustment and work performance (see, e.g., Toh and DeNisi, 2007).

Indeed, the significant positive effects of such help from HCNs has been documented in numerous studies (e.g., Caligiuri, 2000; Mahajan and Toh, 2014).

Our study helps contribute to the literature on SIEs by examining the experience of a unique group – nurses. Given the growing need for nurses across the western world, the movement of qualified nurses is likely to continue, and even increase, for the foreseeable future. Our study confirms, through the nurse perspective, that when HCNs see the nurses as similar to them, they are more likely to offer them required support. Further, we found that the longer the nurses stayed at the new location, the stronger their perceived relationships with HCNs, leading to better adjustment. Our study also responds to the calls for a time-lagged investigation of the expatriate-HCN relationship (e.g., Kang and Shen, 2018) by studying the expatriate perceptions at two distinct points in time.

Theoretical Implications

The findings of our study offer further support for the importance of social identity and self-categorization in studying the experience of expatriates. As expatriates try to locate themselves at their new location(s), they often struggle to understand their place vis-a-vis HCNs. To better understand how HCNs perceive expatriates, they often try to understand how HCNs perceive them – as similar to themselves or different from them. Here, self-categorization theory helps to explain the process by which expatriates try to establish their position in their new home, vis-à-vis HCNs. Next, self-identity theory explains how SIEs establish their identities in their new location(s) by ascertaining the categories into which they belong. Clearly, both these theories can help us better understand the experience of SIEs, and not just organizationally sponsored expatriates.

Practical Implications

From a practical perspective, it is clear that SIEs (i.e., nurses), could really use help from HCNs as they attempt to adjust at the new location. As such, recruiters, hospitals, or medical establishments, that hire these nurses should institute training programs for HCNs, where possible, to explain the types of assistance that might be needed by these nurses, and explain to them why they should offer such assistance. Of course, it is difficult to identify which HCNs the SIEs might work or interact with, so dedicated and directed training in medical establishments that hire foreign nurses could prove to be more practical and cost-effective. Clearly, such training would go a long way in making the nurses' experience better and help them perform faster through easier adjustment.

In addition, the hospital systems and recruiters could work with nursing schools in countries where they source nurses, to help train nurses as to how they could go about establishing relationships with HCNs in order to acquire required information and support. We are convinced that doing this would ensure faster adjustment and better performance of the nurses and help the organizations that recruit them in the first place. In the long run, nursing schools would do well to include topics such as pre-departure information-gathering and post-arrival social networking in their curriculum for those interested in migrating abroad.

Limitations and Future Research

The findings of this study should be viewed with several shortcoming in mind. First, our sample consisted of Indian nurses in the UK, and although this is a timely topic, the study sample might not generalize to other expatriate-HCN environments, for instance, within an MNC working environment or within an academic setting (e.g., Trembath and Hansen, 2019). Second, this study used a convenience sampling technique to recruit participants through personal contacts, and this have introduced some bias. Finally, while we believe our study offers new insight into the experience of expatriates, it should be borne in mind that our data were collected only from expatriates, and not expatriate-HCN dyads. Future studies could (i) examine these relationships in expatriate-HCN dyads, (ii) recruit a random sample, and (iii) include expatriate nurses from different countries.

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Figure 1   The study operational model
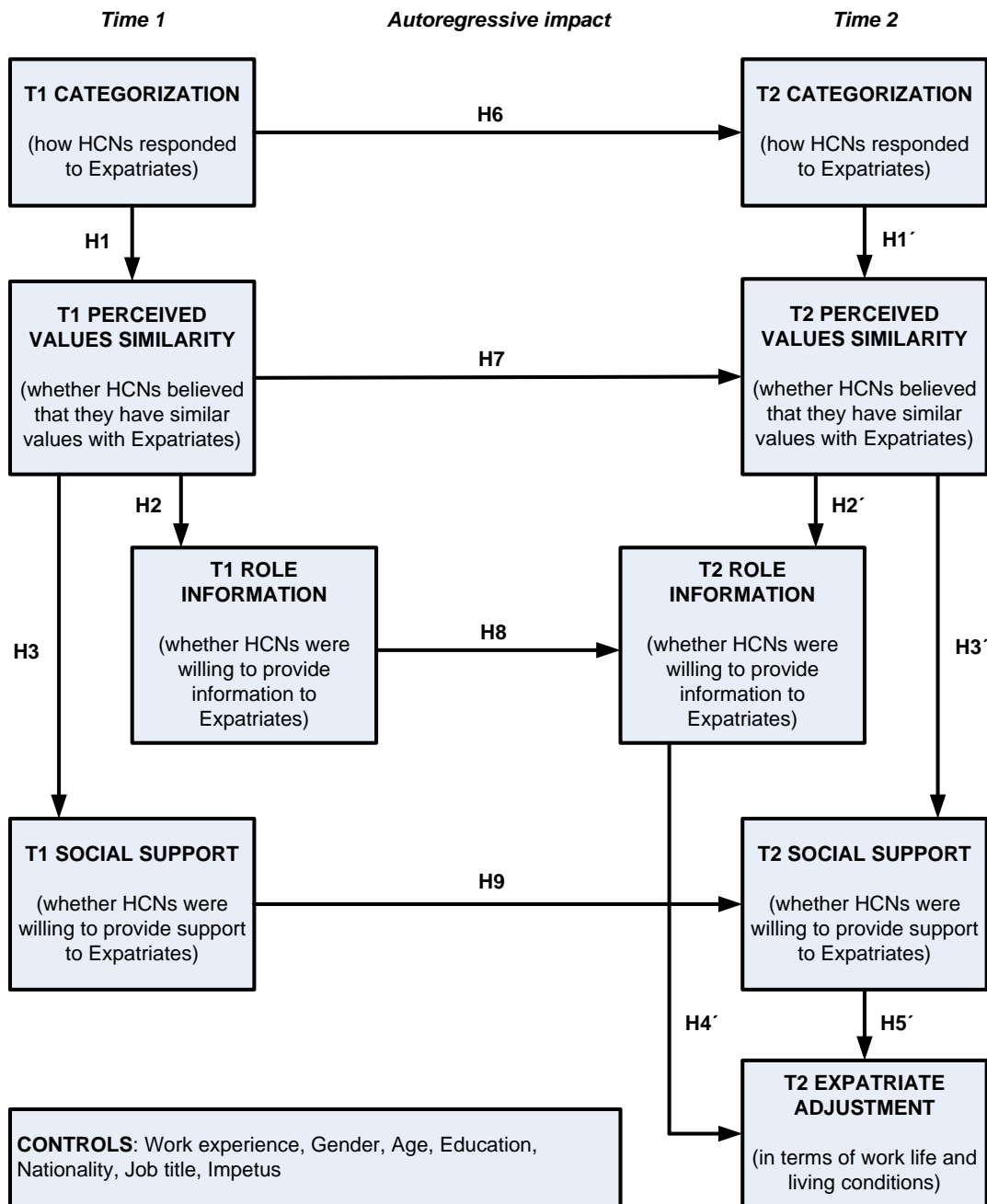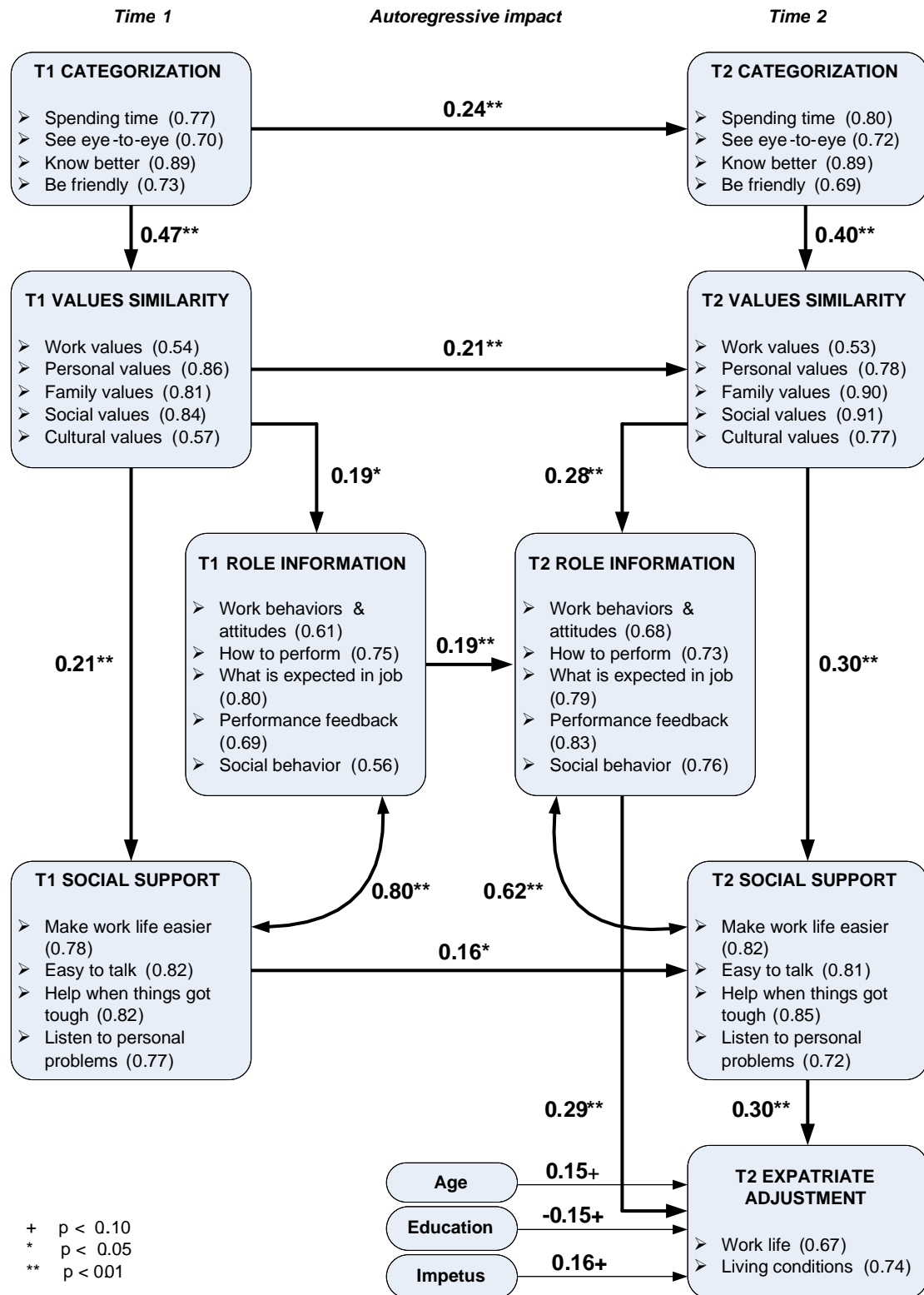
Figure 2   Estimation results of the operational model of the study