HWA

Health and Wellbeing Academy

University of Huddersfield

International Nurses:
Transitional toolkit

Contents

Background

- **National Health Service England has a rich history of recruiting nurses from international labour markets** (Nichols and Campbell, 2010), **with nearly one in five nurses currently working in NHS Trusts recruited from overseas** (Palmer et al., 2021). **The Long Term Workforce Plan indicates that we will continue with current levels of ethical international recruitment in the coming years before reducing its reliance in the medium term over time. The NHS has many attributes that attract international nurses including career advancement, superior pay, prospects on offer in the United Kingdom (UK) and opportunities for continuing professional development** (Palmer et al., 2021).

- **The contribution that our overseas colleagues make to the health and care sector should be celebrated and each individual recognised for the wide range of cultures and expertise that they bring to the UK. However, international recruitment is complex, with international nurses facing different opportunities and challenges in the process of joining and integrating into the nursing workforce depending on their experience and recruitment approach** (Nichols and Campbell, 2010; Davda et al., 2018; Bond et al., 2020; Pressley et al., 2022). **International nurses are recruited from across the globe from many different countries, all with their unique healthcare systems and rich cultural backgrounds. As numbers of international nurses rise, it is imperative to understand the broad range of factors that impact the retention of this increasingly crucial workforce including their backgrounds and previous experiences.**

- **The team at the University of Huddersfield embarked on a portfolio of research aiming to understand factors influencing recruitment and retention of international nurses. The experiences of International Nurses portfolio**

THIS PORTFOLIO OF RESEARCH CAN BE ACCESSED HERE

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How to use this guide

- With recognition of the evidence base, this toolkit has been designed to support line managers or preceptors supporting international nurses within any care context. We have also integrated resources that may be useful for international nurses to use alongside staff supporting them.

- The resource aims to promote awareness of international nursing contexts, cultural contexts and nursing approaches across different countries that we recruit large numbers of international nurses from. In discussion with international colleagues individually, this information can then be linked to the support and development guidance informing integration and transition within the workplace.

- However, this document should not be used in isolation but rather in conjunction with resources that might have been developed by your own organisation as well as existing, evidence-based research. Also, it is acknowledged that the information provided in this document may require amendment when the included countries make any changes to relevant aspects of their systems.

- This resource is underpinned by the University of Huddersfield research portfolio exploring experiences of international nurses – we have also integrated good practice case studies from organisations successfully supporting international colleagues. Throughout this toolkit we have integrated resource links, case studies and examples of good practice.

- Your organisation may have developed their own resources. The content page has links for you to dip into sections of relevance/interest to you.

NMC registration processes

International retention toolkit

Preceptorship eCompendium (2023)

AUTHORS

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Country profiles

India

The Republic of India is a country situated in South-East Asia and the second most populous country in the world. New Delhi is the capital. About 1.39 billion population reside in India.

India has a **tropical monsoon** climate.

The official languages spoken are **English and Hindi,** however some local languages are also spoken in different states.

Dominant faith constitutes the majority with **80.5% Hindu, 13.4% Muslims, followed by Christians, Sikhs, Buddhists, Jains, and others**. In the Indian context, caste/tribe and religion occupy an important space (India.gov.in (n.d).

Population Health: India has made significant progress in reducing maternal mortality ratio (MMR) and infant mortality ratio (IMR), and increase in institutional deliveries in the country. Average life expectancy at birth is 70 years, MMR is 130 per 100 000 live births and IMR is 27 per 1,000 live births

(Selvaraj et al., 2022).

Current health expenditure is 3% of GDP in India (The World Bank, 2023a). **Inequalities:** There are differences in health outcomes between states. India has large social and health inequalities.

Healthcare is a mixed system, inclusive of public and private healthcare service providers. However, most of the private healthcare providers are concentrated in urban India, providing secondary and tertiary care healthcare services.

Density of doctors, nurses and midwives is about 22 per 10 000 population. Nearly 48,395 Indian-trained nurses work in the UK (NMC UK, 2023).

Kenya

The Republic of Kenya, an East African country, has a population of approximately 54 to 55.1 million

(The World Bank, 2023b; United Nations Population Fund, 2023).

Kenya has a **young population** with about **73% of the populace below 30 years of age** (Oliwa et al., 2020; British Council, 2018) and having an average life expectancy at birth of 61 years for males and 66 years for females (United Nations Population Fund, 2023). Nairobi is the capital city. Kenya is a lower middle-income country.

The country is heterogeneous - geographically, culturally and economically (Moses et al., 2021). The country's economic outlook is broadly positive, and seems to be working towards reducing the poverty rate post- COVID-19 pandemic. The GDP per capital was $2,099.30 in 2022. The country seeks to attain a competitive and prosperous status with a high quality of life for its populace through the long-term development agenda called Kenya's Vision 2030 (The World Bank, 2023b).

The climate varies from arid in the north to tropical climate along its coastline.

Kenya has two official languages, **English and Swahili** although about sixty-nine (69) languages are spoken across the country. **Most (85%) Kenyans are Christians**, with 54% Protestants and 21% Roman Catholics.

Kenya has made significant **progress in improving health outcomes and utilisation of health services** such as child and maternal health. There is reduced child mortality, prevalence of HIV among adults, and the burden of major communicable diseases. Also, **the proportion of children fully immunized has increased** (Moses et al., 2021; Oraro-Lawrence & Wyss, 2020).

The health system is made up of both public and private sectors. Recently, Kenya's healthcare system was devolved (Muinga et al., 2020). The government is the main provider of public health services owning approximately 48%-51% of all health facilities (Turin, 2010; Chuma et al., 2012). The private for-profit owns 34.3% – 34.0% of total facilities, while the private not-for-profit (largely faith-based institutions) owns 14.8% - 15% (Chuma et al., 2012; Government of Kenya, 2009). It is mandatory for all salaried workers in Kenya to be enrolled on health insurance via the National Insurance Fund, while membership for the self-employed populace is voluntary (Azevedo, 2017).

Dispensaries, health centres, sub-district hospitals, district hospitals (with the help of private clinics), provincial hospitals, national hospitals, and nursing homes constitute the Kenyan healthcare system (Azevedo, 2017).

In July 2021, the Kenyan Government signed a Bilateral Labour Agreement with the UK to recruit Kenyan healthcare workforce into the UK (Department of Health and Social Care, 2021).

Philippines

The Republic of the Philippines is an archipelagic (islands) country in South-East Asia. Comprising 7640 islands, the Philippines is situated in the Pacific Ocean. It is the world's 13th populous country with the population of 115.6 million (The World Bank, 2023c).

Manila is the capital.

The Philippines is a **Lower Middle-Income Country** (The World Bank, 2021).

The official languages spoken are **Filipino and English**. Christianity is the dominant faith shared by 89% of the population.

The healthcare system is both government and privately funded with well-trained healthcare professionals. In cities, healthcare is a good standard. However, the quality is not maintained in rural and remote regions with lack of resources and poor staffing levels. Inequalities exist, and in many vulnerable groups the system remains fragmented. Deep inequities persist between regions, rich and the poor, and different population groups. **About 70% of nurses migrate** and work overseas which makes the Philippines one of the largest suppliers of international nurses.

South Africa

Officially known as the Republic of South Africa (RSA), it is the most southern country in Africa. RSA boundaries are 2,798 kilometres (1,739 miles) of coastline across the Atlantic and Indian oceans. RSA has a population of about 60 million (Statistics South Africa, 2021).

As RSA is surrounded by the ocean, it has a temperate climate ranging from extreme desert in the far northwest to subtropical climates in the east.

RSA has three cities that serve as capitals: Pretoria (executive), Cape Town (legislative), and Bloemfontein (judicial). South Africa is considered a resource-rich, middle-income country in terms of its economy. However, it has had health outcomes that are worse than those in many lower income countries (Coovadia et al., 2009).

RSA has eleven (11) official languages with Zulu and Xhosa as the two most common languages spoken. Afrikaans, which was developed from Dutch and English, reflects British colonialism and it is commonly used in the public sector. **Christianity is the dominant faith shared by about 80% of the population.**

HIV/AIDS continues to be a real health challenge in the country and significant investments continue to be made to avert this situation (Mayosi & Benatar, 2014; Benatar & Gill, 2020; Modisakeng, et al., 2020).

The public sector is state-funded and caters for the majority (71%) of the population as most South Africans cannot afford the cost of private care. **About 73% of white individuals, 52% of Asian individuals, and only 10% of black Africans are members of a medical scheme. The government aims to eliminate poverty and reduce inequality through South Africa's National Development Plan 2030, developed in 2012.**

Communicable diseases dominate in the public sector where there is limited access to modern surgery and other sophisticated treatments for chronic non-communicable diseases. A reverse pattern characterizes the private sector (Benatar & Gill, 2020). **The life expectancy at birth has improved by 9.5 years from 55.8 years in 2000 to 65.3 years in 2019** (World Health Organization, 2023).

The healthcare system is two-tiered with private and public sectors. RSA is divided into nine provinces, and each has a Department of Health that participates in health delivery, health promotion and preventative services (Modisakeng et al., 2020). **About 79% of doctors work privately,** leaving only 21% of doctors for the public sector (Alliance For Science, 2023). After their 4-year diploma or degree in nursing, nurses who trained in South African public nursing colleges or universities are mandated to undergo a compulsory community service at public health facilities prior to employment (Matlhaba, 2023).

The systematic review

The evidence:
Individual experiences of international nurses

- **In our survey of 763 international nurses, 552 (representing 71%) had been qualified as nurses for more than six years including 270 (35%) for 11 years or more prior to arriving in England (Figure 1)**. Therefore, it is important to recognise the vast amount of experiences that many international nurses come to England with and it is essential that any development programmes acknowledge this: International nurses research portfolio.

- **We also know that the primary motivator for international nurses to work in the UK is career development (87%) with improvement in quality of life a close second (86%).** The need to improve salary and economic circumstances is a motivator for some but not a high motivating factor for the majority of all international colleagues.

- **International colleagues' additional learning needs and career development planning must be undertaken on an individual basis no matter which country they originate from.** It is also acknowledged that although organisations will have induction and integration programmes adapted to the specific needs of the organisation, however it is not to be presumed that a standard preceptorship/new registrant programme will fully meet the needs of an experienced international nurse coming to work in the UK.

YEARS OF NURSING EXPERIENCE

	Less than a year	2 to 5 years	6 to 10 years	11 years or more
	30	191	282	270

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Case study

NHS
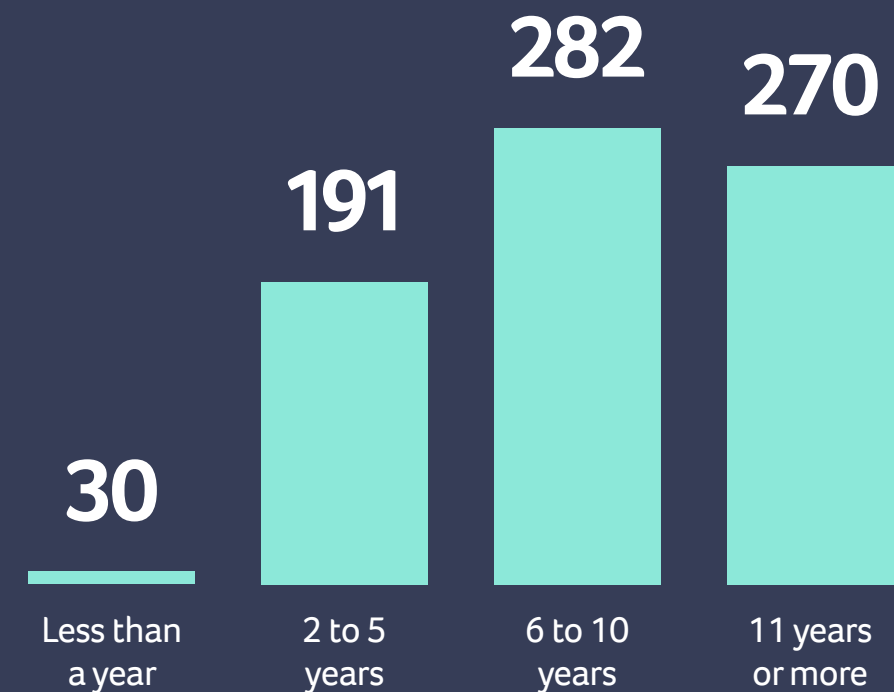
The Rotherham
NHS Foundation Trust

- Two meetings have taken place at The Rotherham NHS Foundation Trust which led to the Trust to seek out and listen to feedback from international nurses about the challenges they face during the initial period of employment. This has developed greater joined-up working with the Estates Team to ensure that hospital residences are as comfortable and welcoming as possible for new international recruits.

- The Trust has also initiated a handbook being produced to improve communication for new starters. In addition, a Safe Staffing Matron has been appointed to support staffing levels across the wards, and the Trust has found that recently appointed international nurses are aware of the sideways transfer scheme that enable access to other divisions and specialities within the hospital. This is helping international nurses to transfer skills already obtained in their career and develop and progress further in their roles in the NHS.

- The Trust is actively promoting the development and progression of international nurses and has recently celebrated the promotion of 5 nurses to Band 6 positions within clinical areas. A further 5 nurses are undertaking the Professional Nurse Advocate course, and 16 nurses recently attended a welcome to South Yorkshire event hosted by the Trust's Integrated Care Board which commended the role nurses and allied health professionals play in the NHS. The Trust has also promoted the Florence Nightingale Foundation leadership programme for internationally educated nurses and midwives and supports study time for those enrolled on the course.

Case study

NHS

Torbay and South Devon
NHS Foundation Trust

- Torbay and South Devon NHS Foundation Trust has always been proud of the contributions internationally educated nurses have made. As an organisation, they recognise that arriving in a new place is daunting and have therefore provided international nurses with a thorough information booklet detailing the local area and their new working environments.

- They have a bespoke induction session to discuss living and working in the UK and an overview of the organisation. They conduct a welcome meeting with them to introduce them to employee support services, including the opportunity to meet their teams and senior leads. They work closely with Black, Asian, and minority ethnic (BAME) network and Equality. Diversity, and Inclusion (EDI) leads in order to support clinical teams to be culturally prepared in welcoming new internationally educated nurses (IENs).

- Experiencing cultural shock is real for most of internationally-recruited nurses, hence, they monitor and provide support where needed. They have also conducted supportive sessions in order for internationally-recruited nurses to have a safe space to raise concerns or just someone to listen to them.

- They have adapted the Collaborative Learning in Placement Practice (CLiPP) for IENs before they commence in their substantive wards. This enhances their strengths in working with their peers and the rest of the team. This includes promoting the Integration Buddy System within the CLiPP in order to help internationally-recruited nurses expand their personal and professional network.

- Career progression is important to internationally -recruited nurses, hence, they started conducting quarterly career progression workshops. Included in this is promoting continuing professional development (CPD) through the workshop, Preceptorship and Trust-wide communication channels. They also recognise their wonderful cultural heritage and will be holding a Culture Event Evening with internationally-recruited nurses to showcase their home country's culture and share it with the rest of the organisation. They advocate for internationally-recruited nurses and continue to listen and enhance the support for them.

Professional international standards

Professional international standards: Nursing regulations

The nursing profession across the globe is overseen by national regulators such as the United Kingdom's Nursing and Midwifery Council (NMC). India, Philippines, South Africa and Kenya are no different and all have national regulators who maintain an oversight of the knowledge, skills, conduct, and practice.

India also has regional regulators, overseen by the Indian Nursing Council. Alongside professional associations, the various councils offer recommendations and improvements in regulation activities (Bvumbwe & Mtshali, 2018; Kelley et al., 2017).

On arrival in the UK, international nurses need encouragement to be familiar with the NMC Code towards professional standards of practice and behaviour in areas such as:

A **exercising professional judgement and being accountable for their work.**

B **exercising professional 'duty of candour' and raising concerns.**

C **being familiar with other cadres and their role such as Nursing Associates.**

The National Nurses Association of Kenya in collaboration with the Nursing Council of Kenya (NCK) have developed the code of conduct for all nurses (Ethics and Anti-Corruption Commission, 2009). The code of ethics involves nurses in matters of social justice, altruism, advocacy, and rights of care (Shaibu et al., 2021). NCK prescribes the code of conduct in training and practice among nurses and midwives (Nursing Council of Kenya, n.d.). **https://nckenya.com/**

The Indian Nursing Council has a code of ethics and code of professional conduct for nurses. A hard copy is available with payment from Indian Nursing Council. **https://www.indiannursingcouncil.org/**

Nurses are required to adhere to the International Council of Nursing Code of Ethics for Nurses as well as the Code of Ethics for Nursing Practitioners in South Africa (2013) which has been developed by South African Nursing Council (SANC) and premised on the values of respect for life, human dignity and the rights of other persons (South African Nursing Council, 2013). The softcopies of the codes are readily available online. Nursing education includes a component on code of ethics before registration with the SANC (Mathibe-Neke, 2020; White et al., 2015). **https://www.sanc.co.za/**

The Philippines national nursing core competency standards and the code of conduct promote, guide and direct professionals for nursing practice. It assures the public of safe, competent, quality nursing care and ethical practice (Professional Regulation Commission, 2017). The code of ethics and standard for nursing practice for registered nurses is well developed and has some similarities to the NMC Code (NMC UK, 2018). **https://www.prc.gov.ph/nursing**

Professional international standards: NMC code

On arrival in the UK, international nurses should be familiar with the regulation of practice by the Nursing and Midwifery Council (NMC) as they will almost certainly have been asked about it on application. Most international nurses will attempt to access the NMC UK code of conduct for professional nursing practice in preparation for their job interviews and other professional registration requirements, although there may be challenges to fully and contextually apply the code within the UK nursing practice

(NMC UK, 2018).

RECOMMENDATIONS

On arrival in the UK, international nurses may need additional support with familiarisation and application of the NMC Code in areas such as:

A Exercising professional judgement and accountability within their daily work. For example:

- professional accountability

- caring with confidence and professional nursing responsibilities

- demonstrating evidence-based practice

- effective delegation

B Exercising professional 'duty of candour', safeguarding and raising concerns – speaking up when things go wrong and protecting patients and public from harm.

C Familiarity with other professional roles that some international nurses may not be familiar with such as Nursing Associates.

Professional international standards: Fields of nursing

- The **BSc Nursing** in all of the four countries is a 4-year duration and generic rather than field specific in nature.

- They prioritise adult care but incorporate moderate knowledge in **Child and Mental Health Nursing.** Learning Disability Nursing is not covered.

- Notably, **Kenya, South Africa and India also have Diploma in Nursing routes** or qualifications, but the Diploma (General Nursing and Midwifery) is phasing out in India (Indian Nursing Council, 2020).

- **All countries have separate nursing programmes across Child/Paediatric and Mental Health,** as post-registration programmes (Armstrong & Rispel, 2015; Blaauw et al., 2014; Chigangaidze, 2022; Indian Nursing Council, n.d.).

- **The African countries are seeing an increase in professionalisation** and a shift to university education and offer an upgrade from the nursing diploma to BSc nursing (Chigangaidze, 2022).

- **International nurses from these countries have a good general knowledge on most of the fields of nursing with special exception to learning disability.** Therefore, it is prudent that international nurses are oriented and supported by employers to work within their fields of NMC registration and scope of practice.

- Also, **international nurses should follow the NMC and organisational policies** to ensure they work within their limits of registration despite their levels of exposure to the other fields from the experience they have from their countries of origin and/or training. Organisations should ensure that training is available to support international nurses to provide holistic care for patients with learning disabilities.

RECOMMENDATIONS

International nurses should be supported to work only within their fields of NMC registration in the UK and it may be useful to promote awareness of the NMC standards of proficiency for registered nurses.
Read more

International nurses should be supported to follow the NMC and organisational policies and procedures to ensure they work within their limits of registration despite their levels of previous exposure to the other nursing fields from their nursing training and practice.

Managers or preceptors who are supporting international nurses should have insight into how to support international nurses using standards for education and training.
Read more

Standards for post registration programmes.
Read more

Professional international standards: Nursing curricula

The nursing curricula for all the four countries are built on a biomedical model. Therefore, this continue to significantly influence international nurses' practice. Most international nurses will be able to demonstrate improved knowledge in the areas highlighted on the right:
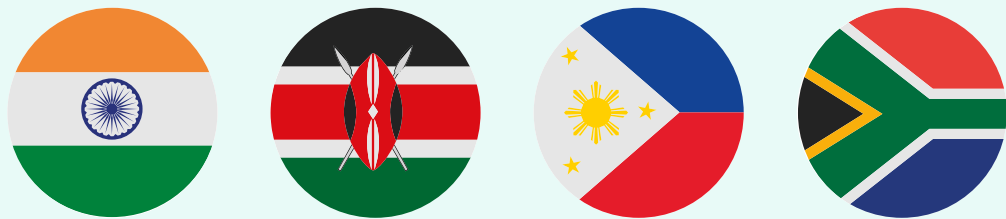
- The biomedically-focused curricula cover topics such as pharmacology, pathology, genetics, microbiology, biochemistry, nursing research, applied nutrition and dietetics, adult health, maternal/infant health, psychiatric/mental health, child/paediatric nursing, community health, administration and teaching.

- A particular strength international nurses bring is the detailed explanations and rationale for physiological issues that underpin applied pathophysiology. However, integrating a biomedical approach to care is different to that adapted to UK nursing practices.

- The international curricula are mainly content-driven and offers limited opportunity for students to actively engage in the process of constructing context-driven knowledge and person-centred approaches. It is worth highlighting that the countries may have the best practices documented and taught during nursing education; however, implementation remains a challenge in developing world nursing practices.

Professional international standards: Nursing curricula

- According to the World Health Organization (2013), the training of general nurses shall comprise at least three years of study or four thousand six hundred hours (4600 hours) of theoretical and clinical training. In addition, the duration of the theoretical training should be at least one-third and the duration of clinical training at least one-half of the minimum duration of the training.

- All the countries, except Kenya, indicate more clinical hours in learning experiences under supervision over the four years compared to that of the UK, partly due to the 4 years of training as compared to the 3 years in the UK. For example, 4000 clinical hours are required by nurses in South Africa, 3936 hours for BSc (4 years) in India, 2703 hours in Philippines compared to the 2300 clinical hours in UK

(Govender et al., 2017; Commission on Higher Education, 2009; Indian Nursing Council, 2021).

COUNTRIES, LICENSING EXAMINATION AND MANDATORY INTERNSHIP STATUSES, AND CADRES OF TRAINED NURSES

COUNTRY	MANDATORY NATIONAL LICENSING EXAMS REQUIRED	INTERNSHIP OR COMMUNITY SERVICE REQUIRED	CADRES OF TRAINED NURSES
KENYA	YES	YES	a. Enrolled Nurses (2.5 years certificate) b. Registered Nurses (3.5 years diploma) c. Nursing Officers (4 years degree) (Wakaba et al., 2014; Nyangena et al., 2011)
SOUTH AFRICA	NO	YES	a. Auxiliary Enrolled Nurses (1 year certificate) b. Enrolled Nurses (2 years) c. General Nurses (3 years nursing college diploma) d. Professional Nurses and Midwives (4 years university degree) (Armstrong & Rispel, 2015; Blaauw et al., 2014; Rispel, 2015)
INDIA	NO	NO	a. Auxiliary Nurse Midwives (2 years) b. General Nurses and Midwives (3 years), c. BSc Basic (4 years) d. BSc Post Basic (2 years) specialised subject (Indian Nursing Council, n.d) (Institute of Medicine [IoM], 2011, p.565)
PHILIPPINES	YES	NO	Philippines has only BSc nursing 4 years programme (Commission on Higher Education, 2009; Institute of Medicine [IoM], 2011, p. 565)

Professional international standards: Useful resources in the UK transition

Professional accountability
https://www.nmc.org.uk/standards/code/code-in-action/accountability/

Caring with confidence and professional responsibilities
NMC video: https://www.nmc.org.uk/news/news-and-updates/code-in-action/

Demonstrating evidence based practice, see Standards of proficiency for registered nurses
https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf

Delegation
https://www.youtube.com/watch?v=UBNhABfc5Y8

Further reading:
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf

Professional 'duty of candour', safeguarding and raising concerns
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf

Different professional roles:
https://www.youtube.com/watch?v=Sxt5HE7s044&t=5s

Communication and language

Communication and language

International nurses from all four countries are mostly educated in English and pass English language requirements as part of NMC registration.

Of the 753 international nurses in our survey, when asked whether they were able to communicate without a language barrier, 573 (48%) returned a positive response. International nurses may however face initial challenges with conversation speed, accents, abbreviations, and local slang when they first arrive which may be barriers to effective communication.

Greater acknowledgment and understanding of this experience by international nurses, recruiters and employers could assist in overcoming language and communication barriers. More specifically, language complexities such as regional dialects, colloquialisms, turns of phrases, conversational speeds, abbreviations and medical terminologies can make it more challenging without enhanced support to understand all the nuances of nursing situations. These can create additional burdens on the complexity of overall interpersonal and written communication.

RECOMMENDATION

To overcome these barriers, we suggest training that could include common terminologies encountered in practice, practice telephone communication and transcribing orders and medications in communication.

Communication and language

International nurses suggest:

> "I hope that my colleagues will speak to my pace while I adapt with the language. Also, I hope that the trainer will introduce us to the differences, make us feel welcome and comfortable in asking questions because everything is new to us. I feel like we need something/someone familiar to us to slowly integrate with the system and not feel overwhelmed and culture-shock. English people are so nice and respectful but for us, it is difficult to say, "slow down"

Employers, line managers and staff should understandably and reassuringly offer some multidimensional language support to international nurses when the need arises to facilitate such dynamic adaptation and integration process with the NHS and UK in general – often this mean simply making time to check in and offer explanations of new terminologies or abbreviations.

Many international nurses speak at least 2 or 3 languages. It would therefore be useful for their team to have a working knowledge of other languages spoken by these international nurses, since such nurses can play key roles to provide language concordant for patients with limited English proficiency.

> "I am still trying to cope with the accent, it seems they are too fast, but I always ask them to repeat what I don't understand during conversation. The employer has been very supportive in every way and that makes it easier for me to settle in…"

Communication: Abbreviations

RECOMMENDATIONS

International nurses should be encouraged to ask for clarifications on abbreviations and should endeavour to initiate a compilation of common abbreviations to enable their work.

Employers may also initiate a compilation of key abbreviations to guide international nurses.

Communication: Belonging

Language and communication can be a major barrier to integration into the professional workforce and successful job-embeddedness within teams. Relative experience of integration will vary depending on individual experiences as well as country of origin and whether a new international nurse is arriving into a country with sufficient language proficiency.

LANGUAGE AND THE CONCEPT OF BELONGING

Philip et al. (2019) studied intra and interprofessional communication between linguistically diverse healthcare workers, and there was a distinct lack of the workplace 'small talk' with team members of an English-speaking background. Conversely, interactions with international nurses were short and purposively aimed at functionally completing nursing goals or activities.

Language constraints can therefore result in the exclusion of comfort, fluency and spontaneity of their first language, ultimately leading to feelings of disempowerment, isolation and impacting a sense of belonging

(O'Neill, 2011; Philip et al., 2019).

'…I can function well in daily work. However, when it comes to a joke, usually everyone laughs except for me"

(Zhou et al., 2011 p. 5).

Case study

NHS

The Leeds Teaching Hospitals
NHS Trust

- Leeds International Nurse Connection Forum

- Leeds Teaching Hospitals NHS Trust received their first cohort of international nurses in January 2020. Carried out by the corporate nursing team, a staff survey with new recruits was conducted in August 2021 with a focus on uncovering their cultural integration during the initial arrival period. Despite a strong welcome and the feeling of being supported during the first few weeks, the survey found that most international recruits were struggling after entering the ward or clinical areas, particularly around communication and interaction with colleagues that was constrained by the need to wear Personal Protective Equipment in clinical areas, for instance facemasks that reduced the ability to see facial expressions such as welcoming smiles. This left some of the nurses feeling devalued, lacking a sense of belonging and lonely.

- The survey's findings led to initiatives like the buddy system and LINC forum (Leeds International Nurse Connection) within the Trust. Set within a psychologically safe environment, the buddy system provides international nurses with an experienced colleague whom they can meet regularly, help to understand organisational values and provide opportunities to discuss challenges in the workplace such as how to overcome communication barriers. Similarly, the LINC forum provides a space for international recruits to meet regularly and connect with one-another and senior nursing leaders within the Trust. It also enables pertinent issues affecting new recruits to be resolved more urgently. In addition, LINC provides opportunities for senior management to talk with international recruits face-to-face, therefore allowing experiences to be shared with decision-makers directly. As an outcome, LINC is enabling new international recruits to have a voice within the Trust and to build their contacts and networks of support. This is strengthening their clinical integration and enabling them to overcome challenges outside of work involving integration with a new country and laying the foundations for a new life.

Case study

NHS

Royal Devon University Healthcare
NHS Foundation Trust

- Clinical educators at Royal Devon University Healthcare Foundation Trust designed four workshops on professional communication simulations for newly recruited international nurses intended to cover a patient's clinical journey. The educator team felt this was required to improve the confidence of newly-recruited international nurses to safely practice patient scenarios with all its complexity. Clinical judgement is key to patient safety and international nurses are challenged to understand how the NHS functions in particularly acute environments. Clinical decisions need to be made consistently and at times under pressure, and international recruits can experience these alongside additional language and cultural hurdles. Subject experts delivered sessions in the morning and simulation scenarios were experienced in the afternoon to consolidate learning. The workshops 'walked' international recruits through key steps of the patient's journey:

DETERIORATION	DELIRIUM	FALLS	DISCHARGE
• Assessment • Management • Escalation	• Consent • Law • Mental Health • Nutrition	• Assessment • Management • Human Factors • Tissue Viability	• Communication • Medication Management • Referrals

- The outcomes of the workshops indicated that nurses felt much more confident in dealing with policy and procedure, multi-disciplinary team working and situational awareness in clinical scenarios. The workshops also helped international recruits to understand the wider support systems in place across the Trust to achieve quality patient care. This initiative supports the argument that investing time to prepare international nurses for clinical work can empower them to take control of their work, feel less stressed and enable their previous experience to be optimised. The workshops gave them a platform to address their concerns, to safely address differences in practice and feel valued as part of a community of practitioners.

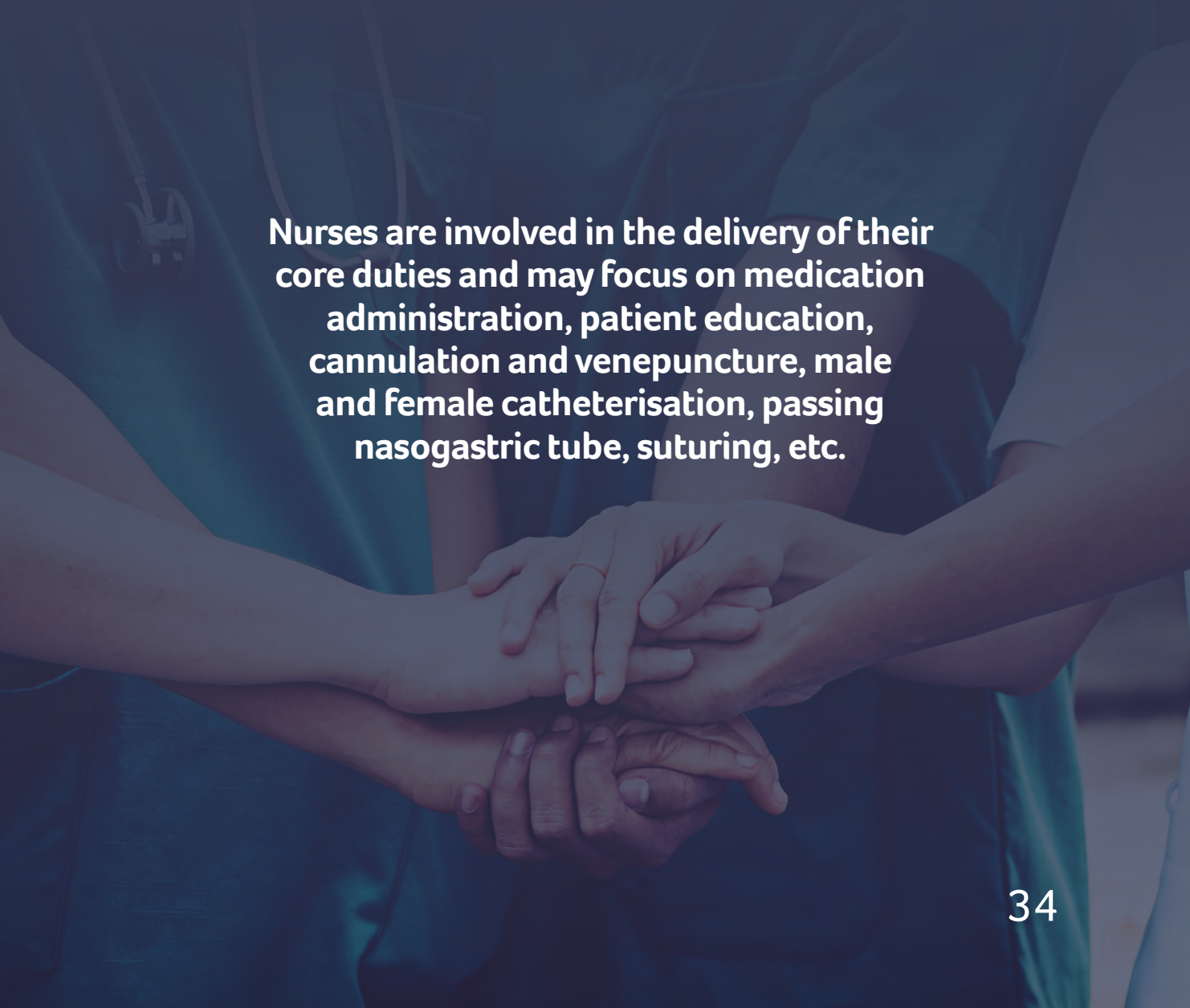# International health and care contexts

The international nurses may come from very different clinical settings and therefore, the following section presents key factors and differences that may influence the practices of international nurses in the UK.

Professional teams: Hierachies

Predominantly, health care practice across all the four countries utilises a medically-led system, with nursing leadership or management occupying specialist roles or functions within the teams (UN Millennium Project, 2013).

Being a physician-centric hierarchy, doctors are mostly the ultimate decision makers in all the countries (Sanjeev et al., 2021). There is not always a co-ordinated multidisciplinary teamwork (MDT) approach. Therefore the opinions of medical teams almost always prevail.

Within the nursing profession, each country has a well-structured hierarchy system of seniority and progression. Senior nurses manage the nursing workforce within their facilities or under their control. However, ultimate decisions regarding nurses' welfare, promotion, recruitment among others may need authorisation from wider professionals within their organisations.

Nurses are involved in the delivery of their core duties and may focus on medication administration, patient education, cannulation and venepuncture, male and female catheterisation, passing nasogastric tube, suturing, etc.

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Professional teams:

RECOMMENDATIONS

International nurses will need orientation to avert their minds to the fact that, personal care is one core duty of nurses especially in the NHS UK.

International nurses should strive to understand the MDT approach and the UK hierarchy and reporting systems.

International nurses should be supported to participate in MDTs and psyche themselves to be well-positioned and confident for leadership and managerial roles.

Professional teams: Speaking up

Healthcare leadership is often male-dominated, and decision-making is mostly done by doctors. There are gender-based challenges in the profession which also plays a role in lowering the confidence of some nurses particularly in **India** (Mayra et al., 2021).

RECOMMENDATIONS

International nurses should be encouraged to explore the available support for the organisational 'culture to speak up' and be courageous in their new work environment (NHS and various Trusts) to build their confidence especially in the MDT.

This, therefore, leaves room for employers to scale up the 'culture to speak up'. This may include training sessions and peer support systems to enhance their confidence.

Professional teams: Nursing approaches

Although the scope of nursing practice is informed by a competency-based framework and nursing curricula that support holistic care and outcomes-based approach (Institute of Medicine [IoM], 2011, p.565), factors such as low staff resources, tend to make most international nurses focus their nursing practices on task-oriented/task shifting approaches to patient care (Limbani et al., 2019).

That said, most international nurses are proficient in tasks such as cannulation and phlebotomy, medication administration, catheterisation, passing nasogastric tubes, among other relevant skills in their home countries. However, many international nurses reported the concern when their previous clinical skills were undervalued in the NHS and elsewhere during the migration (Garside et al., 2023; Dahl et al., 2017). This requires some support and recognition of prior knowledge and clinical skills by employers.

On the other hand, specialist roles such as tissue viability nurse, stoma nurse, district nurse, etc are not roles that are familiar in most countries including those in context. Also, the procedures required in checking for controlled drugs (CDs) in the UK are more structured and rigorous than in the countries in context.

In addition, as nurses from these countries were educated by the biomedical model, it has been shown that such nurses may need further understanding to aid application of holistic/person-centred care (Zamanzadeh et al., 2015).

Also tasks such as assisting patients with personal care are predominantly done by family members, friends and untrained staff in home countries of international nurses (Nichols & Campbell, 2010; Biswal et al., 2020).

Therefore, international nurses need to orient themselves and be oriented right from their preparation for the Objective Structured Clinical Examination (OSCE), a requirement for NMC registration, to the time they start working on the wards towards providing holistic care or patient-centred care.

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Professional teams: Nursing approaches

Discharge in the UK involves care packages, etc. However, in other countries it can be more focused around travel arrangements and financial settlement of costs. International nurses, therefore, might need to gain a good understanding of a range of discharge options available in the UK and the nursing role within this process. Sometimes, there is the detention of patients who are unable to pay hospital fees (Yates et al., 2017) as reported in Kenya (Mohamed, 2014), and India (The Hindu, 2015). Therefore, international nurses receiving thorough training on the UK discharge processes and objectives is key to help integration.

There are limited (and absent in some cases) discharge destinations such as care homes partly due to cultural norms in all countries (Badana & Andel, 2018). For example, in the African countries, discharged patients are mostly catered for by family members at home. In South Africa, multi-disciplinary care coordination during discharge planning as well as patient referral for follow-up care and specialized care has been reported (Cichowitz et al., 2018) .

Therefore, international nurses need to adapt to diverse ways of work in the UK healthcare system such as the care of the elderly and its guiding societal values. Recruiting outfits need to include pre–arrival details to accurately explain healthcare and social systems (Nichols & Campbell, 2010). Again, there are disparities in the level of responsibility, decision-making, and accountability in their home countries' health care system when compared to the NHS UK (Taylor, 2005).

International nurses may be considerably placed in units of prior experience and be given mentors to enhance the adaptation process (Nichols & Campbell, 2010). Employers should support international nurses to prioritise their learning and training in order to be educated on the scope of professional practice, complex patient discharge processes, the social and health care support systems in the NHS and UK.
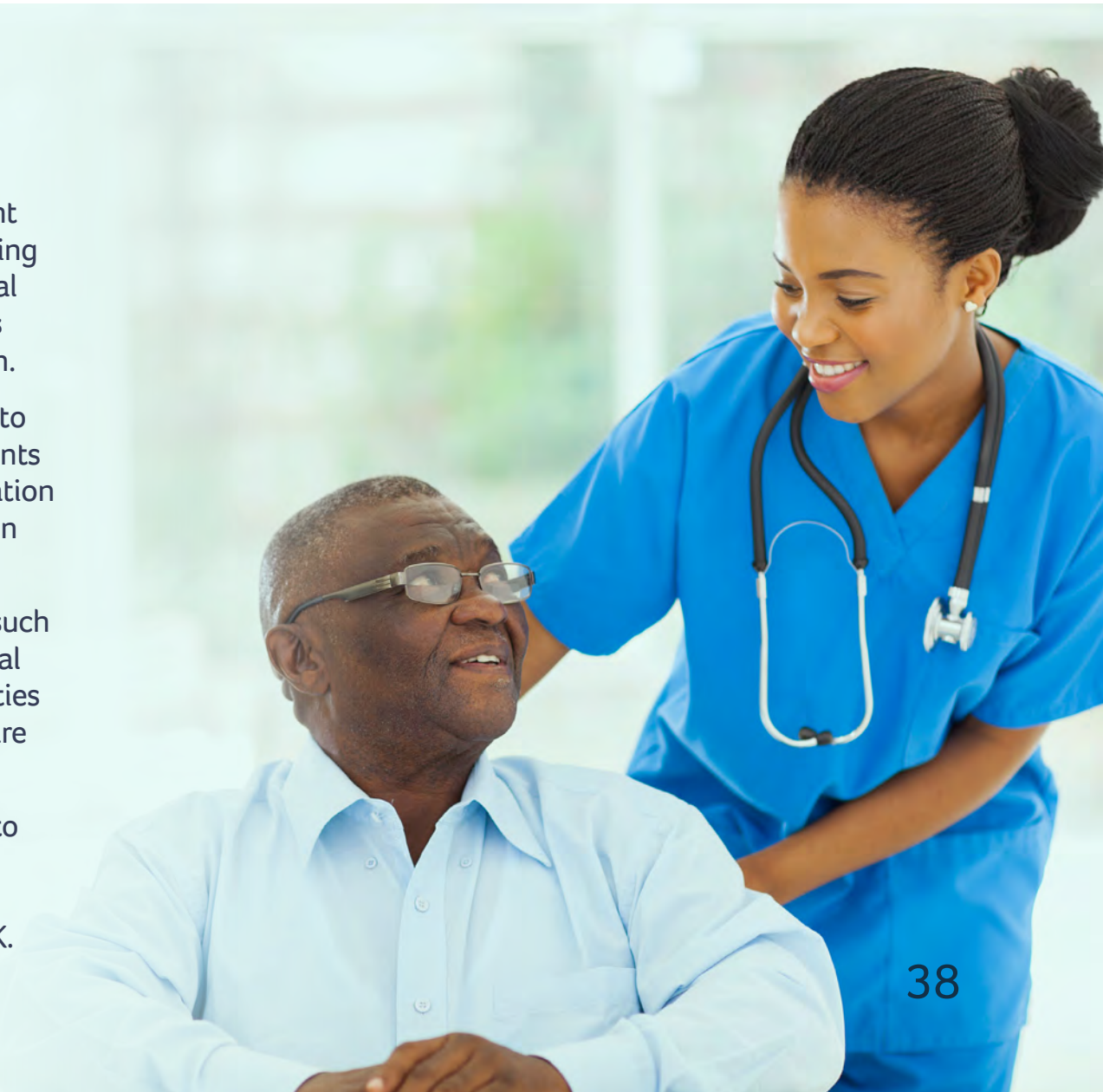
Professional teams:
Nursing approaches and healthcare responsibilities

RECOMMENDATIONS

- International nurses may need further training on holistic and person-centred care duties as part of their mandatory training alongside exploration of personal care as a core duty of nurses in the NHS.

- Many international nurses migrate to the UK with a wide range of clinical skills which might not be initially recognised within organisations. International nurses may see this as a de-skilling or 'going back to zero'.

- Employers may consider prior experiential knowledge and skills of international nurses with some support.

- The discharge process as part of the health and social care support system in the UK, with its guiding societal values is complex and very different from that of the four countries. Therefore, employers should institute robust sessions as part of mandatory training and pre-arrival packages should contain information on discharge processes and destinations (e.g., care homes).

- Biomedical model of curriculum and knowledge could be beneficial to influence nursing practice although patient/person-centred care approach, NHS values, and '6Cs of nursing' need to be encouraged and reinforced among international nurses.

- Also, international nurses should recognise the gaps in their learning from the biomedical model of their pre-registration curricula to post-registration nursing practice and development in the UK.

Professional teams: Task orientation

RECOMMENDATIONS

- International nurses may be too familiar with the task-oriented instructions directed by the doctors in their home countries. Also trained on biomedical model, there may be lack of good understanding and application of holistic care as well as the discharge processes and social and health care support systems in the UK. Therefore, international nurses need rigorous training on holistic care as part of their mandatory training.

- International nurses may need a good orientation to avert their minds to the fact that, personal care is one core duty of nurses especially in the NHS UK.

- Also, a lot of international nurses migrate to the UK with enormous clinical skills which are not recognised and are seen as a de-skilling or 'going back to zero'. Employers should consider prior experiential knowledge and skills of international nurses with some support.

Professional teams: Equipment and Technology

Compared to all the four countries, the UK appears to have more up-to-date innovative technology for healthcare delivery. For the four countries in context, most of their healthcare facilities are under-equipped, apart from a few hospitals (mostly large privately-owned) which may be relatively well equipp For example, India and South Africa have a few hospitals that use advanced technology and are well-equipped.

(Kumar, 2023; South African Medical Research Council, 2023)

However, most international nurses may be unfamiliar with most equipment used in the NHS (due to lack of these equipment in their countries of origin or training). Equipment as simple as a hoist, syringe driver, macerator among others are unfamiliar or unknown to some nurses until they join the NHS.

RECOMMENDATIONS

There are many clinical equipment within the NHS that have not been used by some international nurses before. Therefore, the individual learning needs should be identified for unfamiliar equipment and support given to international nurses to learn how to use these equipment effectively and efficiently.

Employers should encourage international nurses and they should also endeavour to undertake all their mandatory and additional trainings to be confident and proficient in using them for healthcare delivery.

Case study

NHS

University Hospital Dorset
NHS Foundation Trust

- Internationally Educated Nurse Forum

- University Hospital Dorset (UHD) organised a monthly forum for international nurses that have been recruited by the Trust. As a series of four events, forums provide a safe space for internationally educated nurses to talk about their experiences and to gain information on topics like childcare and schools admission processes, maternity/paternity benefits, finances such as how to build credit scores as well as educational training and opportunities. Resourceful personnel within and outside the Trust were invited to share their thoughts and experience on a variety of topics aimed at supporting overseas nurses to stay. The forum also provided an opportunity for the Chief Nursing Officer and Deputies to collectively welcome new members to their teams, therefore demonstrating gratitude to the international nurses that have chosen to join the Trust.

- The forums were well attended and provided opportunities to gain feedback from topics discussed as well as suggestions for future sessions. The forums covered the two sites in the Trust.

- Information is key in any decision-making process. Hence, the Trust believe international nurses should have access to information that can provide solutions to the pastoral issues they may face that might prevent them from staying and thriving in work and England more generally. The Trust learned that pastoral needs and support for international nurses differ depending on individual lived experiences; hence, there is a need to approach pastoral support on an individual basis. Establishing the forum has also provided a base from which the accelerated development pilot programme for international nurses can progress, and also offer influence over the programme's content.

Career and professional development

Professional development

- There are mixed approaches to career development within these countries. Some of the countries (e.g., Kenya, Philippines) predominantly support career progression via support with approved higher qualifications such as master's degree, specialised post-registration courses as well as number of years of experience.

- In India, nurses need long years of experiences and follow hierarchies rather than individual calibre. Therefore, they may have years of experience and it is important to understand their past experiences and tailor them to their career development conversations.

- However, nurses without higher qualifications can be promoted after a minimum number of years (e.g., after 3 years) in some of the countries like India, subject to the individual's application performance appraisal based on meeting facility targets. Therefore, international nurses may need an orientation on the career progression approach that dominates the NHS system and apply for jobs based on their experiences.

Continuing professional development

- Continuing professional development (CPD) is key for all categories of nurses including international nurses. International nurses should have equal access to CPD and educational programmes to build their clinical competence and be well-positioned to ensure their career progression. Also, many international nurses desire to pursue further studies for multiple reasons including career and self-development. Therefore, employers should consider nurses pursuing further studies in planning the duty roster to enable them combine both.

- Mentoring or buddying is key to the professional development of nurses, and therefore the employer should consciously institute systems that promote mentor-mentee engagements.

Career development

Career development plans should recognise previous qualifications and experiences of international nurses.

All international nurses should have appraisals and career development conversations with their line managers, and this should include NHS promotion procedures.

International nurses require mentors, buddies and regular trainings on career progression or development to guide them.

International nurses should have equal access to CPD and educational programmes to build their clinical competence and be well-positioned to ensure their career progression.

Where possible, employers should support nurses pursuing further studies.
This can be achieved through minimal avenues such as considerate duty rostering.

Revalidation and renewal

- The post-registration processes are quite different across the four countries compared to the UK. Some of the countries have mandatory requirements for post-registration and licence renewal processes whereas others do not.

- The quality of nursing care provided is partly contributed by factors such as licensure, accreditation, and continuing professional development (CPD) (Bvumbwe & Mtshali, 2018).

- None of the four countries have revalidation policies. Therefore, international nurses require support on the process and information required, and should avail themselves to be familiar with the NMC licence revalidation requirement and process.

- Renewal of licences in South Africa and Kenya are undertaken yearly through achieving CPD Points from attending conferences, workshops, etc (Baloyi & Jarvis, 2020; Hosey et al., 2016).

- Licence renewal in Philippines and India are undertaken every three and five years respectively (Professional Regulation Commission (n.d.); Indian Nursing Council, 2019).

- Licence renewal in all the four countries require specified number of clinical practice hours.

- Therefore, it can also be argued that although there are no official revalidation policies, the processes for the licence renewals in these countries suggest elements of NMC revalidation processes such as fee payment, practice hours, demonstration of continuing professional education and development, and a renewal cycle.

RECOMMENDATIONS

International nurses should be provided with NMC requirements to support their previous knowledge of the essence of license renewal, although with differing periods of time or renewal cycle.

International nurses should be supported by employers, and they should be keen, to familiarize themselves with the NMC personal/professional identification number (PIN) renewal and revalidation requirements and processes.

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Case study

NHS

University Hospitals Bristol and Weston
NHS Foundation Trust

- Career Recognition and Development

- University Hospital Bristol and Weston NHS Foundation Trust (UHBW) ran a series of workshops for international nurses focussed on career growth and progression within the NHS. The workshops sought a comprehensive view of the resources and opportunities available within the Trust that could be leveraged to meet aspirations and reach international nurse potential. The workshops were aimed at equipping international nurses with information, learning resources and skills that would help to develop their professional abilities and ultimately lead them to thrive in the workplace. The workshop includes specific sessions on job application writing, interviewing skills, continuing professional development, Nursing and Midwifery Council revalidation and education-based simulations.

- In total, the workshops engaged over 100 international nurses in 5 events spread across 6 months. Candidates found the sessions extremely beneficial and supportive of their career goals, and the tremendous success of the workshops motivated the UHBW team to make them an integral part of training for all incoming cohorts of international nurses.

- UHBW highlight that strong and continuous support is essential if international nurses are to stay and thrive in their professional lives in the workplace. They have therefore established a further community of practice to provide our international nurses with help, advice and mentorship as required. This forum will convene quarterly and include the wider integrated care system.

Embracing cultures

Embracing cultures: Cultural transition

- Integrating into a new country is culturally and socially challenging and may be the greatest integration challenge for many of our international colleagues (O'Brien & Ackroyd, 2012).

- There are often strong community support systems especially in African and Asian countries. When the individual international nurse migrates, it is important to consider the impact to the individual if they are far from home and away from their families and familiar community networks. Indeed, many international nurses find support either from their families or friends who remain in their homeland or relocated with them (Higginbottom, 2011; Kishi et al., 2014; Alexis, 2013; Pung & Goh, 2017).

- Cultural, social, and religious priorities play important parts of the daily lives with religious festivals and cultural practices or observations important to many international nurses and their families. They may also have implications for their clinical roles.

RECOMMENDATION

Therefore, employers may encourage or facilitate social and emotional networks and social introduction support systems (e.g., buddy systems, etc).

Embracing cultures: Cultural transition

- Employers may facilitate the migration of the 'significant others' (including families) of international nurses to join them in the UK when requested. A previous study report indicates that, pastoral support was provided by many UK nurses to international nurses who were considered 'being here alone'. These international nurses were kindly offered a drive home upon missing their buses, and taken to local, scenic, and historic places on their days off by their UK nurses (Taylor, 2005). This kind gesture goes a long way to facilitate the socialisation of international nurses into the British community, and therefore colleagues should be encouraged to offer such support to their overseas counterparts.

- International nurses have also felt supported by sharing affinity with other international nurses (Taylor, 2005). On the other hand, international nurses should be receptive towards a new culture since integration is an interactive process involving migrants and hosts societies (Bosswick & Heckmann, 2007; Pung & Goh, 2017).

- Diversity and inclusion policies in the NHS should find innovative ways of celebrating inclusiveness while valuing the different cultures and backgrounds at work (Taylor, 2005).

- Cultural and religious differences in addressing people by either titles or first names as well as expectations of families and family care (including expression of grief) differ across these countries and should be understood as part of ongoing transition and integration process for international nurses.

RECOMMENDATIONS

- **Cultural transition should be prioritised in professional induction or orientation programmes organised for international nurses. International nurses should be receptive towards a new culture as part of the integration process.**

- **International nurses should discuss with their line managers their key cultural, social, and religious priorities (such as festivals) they like to celebrate and to plan their days off work.**

- **They should also be supported by employers, line managers and colleagues through a social support system to integrate into the British society, while facilitating their families to join them where necessary.**

- **Employers may introduce international nurses to the relevant nursing associations (and provide their contact details) to provide social support.**

- **Diversity and inclusion policies in the NHS should find innovative ways of celebrating inclusiveness while valuing the different cultures and backgrounds at work.**

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Case study

NHS

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Celebrating the Cultures of International Nurses

- York and Scarborough Teaching Hospital NHS Foundation Trust organised a week to celebrate the cultures of international nurses who work within the Trust. Through showcasing different types of cultural expression, the Trust did this to establish and promote cultural diversity aimed at enabling staff to appreciate the diversity of the arts and cultures of the world, as well as promote social inclusion, awareness and a feeling of belonging.

- The Trust encouraged that on each day of the celebration, international nurses told their stories and shared their migration journeys. They talked about their culture, discussed cultural differences and challenges since moving to the UK, and also highlighted the difference in working practice between the countries they trained in versus the NHS. The days ended with a special food dish from each culture that was served in the hospital canteens for all to share. The celebration week ended with a party that invited wider family participants and was attended by over 400 people in total. The party involved food, music, dancing, and many different games.

- The week-long culture programme provided an opportunity for staff to deepen their understanding of cultural diversity. The presentations from each group were informative throughout the week and the Trust learnt a lot from nurses as they spoke about their journeys to the UK. Using feedback, the Trust intends to plan and implement effective ways to enable internationally educated nurses to do their best at work, have long and successful careers in the NHS, feel a sense of belonging and create a community where everyone feels free to speak up. The cultural week enabled staff to freely speak out while they were listening to stories, and there are plans to organise this function yearly to embed cultural awareness.

Embracing cultures: Cultural shift

International nurses may need time to achieve a cultural shift. This requires support, sensitivity and guidance of workplace mentors and colleagues. Therefore, cultural transition which has been missing in the professional induction or orientation programmes that are organised for international nurses, should be equally prioritised (Okougha & Tilki, 2010).

In the same light, therefore, nurse managers should consider following cultural, social and religious priorities as much as possible when requested. Below are a few common country-specific occasions.

- **India:** Diwali, Dussehra (October-November), and Christmas for some people.

- **Philippines:** Sinulog (January), several local festivals.

- **South Africa and Kenya:** E.g., Easter, Christmas, Eid ul Adha, etc.

These, among others, are the key holidays that affect the planning of annual leaves, etc for most international nurses.

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Experts by experience from all named countries were consulted throughout this project.

Please also note that the information provided in this resource is evidence-based and referenced. Accordingly, however, the NMC as the regulator and responsible for registration process were not involved in its development.

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