Lived Experience of International Migrant Nurses

Discussion Paper

Working Group 2

Methods

This paper summarizes findings and insights from three recently published reviews [1-3] and 4 primary studies[4-7]. The contemporary studies analyzed were published between 2017 and 2019. The reviews assessed and considered the health of migrant nurses, the experience of Chinese migrant nurses, and the experiences of nurses migrating to the United States of America. The primary studies compared the experience of nurses native to New Zealand and Germany, with that of their counterparts who had migrated to those countries.

Insights from the studies

The process of transitioning from working as a health worker in one country to another, has been conceptualised as encompassing adapting, adopting, acculturating, adjusting, integrating, and resettling [3].

While Ghazal and colleagues report that their review of studies showed more barriers than facilitators for migrant or internationally educated nurses [3], Zhong and colleagues argue that migrant nurses are not a homogenous group [2]. Zhong and colleagues suggest that that the lived experience may differ depending on where nurses come from, where they have migrated to, their familial, social, professional contexts, and more.

Across the studies, it was reported that nurses were motivated to leave because of dreams of a better life, and the expectation of better working and living conditions [2, 3, 7]. For example, Chinese nurses were reported as perceiving nursing in western countries to be considered as more prestigious and appreciated, than what they experienced as a doctor-centric practice at home [2].

Yet, the reality of working in a foreign country did not always meet the aspiration of a better life. A review found that migrant nurses, and nurses from ethnic minorities were at higher risk of work-related injuries and discrimination than nurses who were from the receiving country or where the ethic majority in the receiving country[1]. The review revealed discrimination as the leading cause of impaired health amongst migrant and minority nurses [1]. The experience of discrimination was borne out across the studies and was described as coming both from other health professionals, as well as from patients and their families. For example, one study quoted a migrant nurse in Germany who relayed that she felt that her client was scared of her, and when she asked the client why this was, the client answered that this was because she was black [7].

Nurses in New Zealand also reported experiencing both overt and covert racism within their working context [4]. Ghazal and colleagues found that nurses were reported as experiencing feelings of shock, frustration, fear, anger, and disappointment, when transitioning to work in the United States [3].

Across the studies, the feeling of disconnect, was often related to language, cultural and professional differences. For example, a study by Choi and colleagues, explored the impact of experience and beliefs about what was an appropriate hierarchical relationship within the workplace [6]. Nurses who came from a context in which hierarchy was clear found it challenging when working in a flatter structure. This struggle could be with having to take decisions that a doctor would normally take, having a more junior staff member speaking to them as an equal, or using their voice and asserting themselves with respect to saying what care they felt the patient needed.

Across the studies language challenges were experienced both with colleagues and with clients. This challenge, was not as simple as understanding the same language, since some nurses were tested for language competency, and others shared a first language with the country that they have moved to. Instead the language issue had more to do with understanding colloquial terms and understanding cultural nuances. For example, it was felt that it was harder for nurses to socially adapt into their work context if they did not catch the meaning of the jokes told in that particular context. Not being able to adequately converse, and be understood by one's peers and clients, was sometimes met with a sense of shame or an undermining of the nurse's sense of professional credibility [6].

In some instances, nurses in the primary studies in New Zealand and Germany, who were native to those countries, reported that they had learnt to be more culturally sensitive through their colleagues[4, 7].

Across the studies, differences in expected nursing practice caused tension. Authors of one study argued, that while caring was perceived as a universal nursing value, each cultural cohort thought that their approach was superior, with one cohort suggesting that the other was task orientated, while the other cohort thought that nurses from their home country were more caring [4].

Moving to another country also meant having to deal with that country's legislative framework. Thus nurses were reported a facing legal challenges, that included fear of litigation, problems with getting visas, having to behave in a certain way to keep their nursing licenses [3].

If the struggle to adapt to the new setting became overwhelming, then the initial dream of a better life abroad, could turn into a dream of returning [2]. In contrast, they competent and capable in their practice in the new environment, if they were able to overcome these challenges, through developing coping mechanisms, including patience, self-control, and resilience [3]. Across the studies nurses were reported as striving to overcome the challenges, and in doing so was not only about gaining respect of their contemporary peers, but also of those in their home county [2].

The role of family was reported as important to the experience of migrant nurses. Nurses who were separated from their families could feel a sense of loneliness [2]. This could be reduced in contexts where there was an established community of migrants from the same country, for example Filipino nurses in Hawaii were reported as being more likely to have a community to move into, than Canadian nurses were, since there was a large Filipino migrant community there [3].

The presence of support immensely aided migrant nurses. This support occurred both within the workplace and outside, including having a family presence in the receiving country, living in a community with similar ethnicity, supportive leadership who provided orientation and transition programs, supportive managers and other registered nurses [3].

References

1. Schilgen, B., et al., *Health situation of migrant and minority nurses: A systematic review.* PLOS ONE, 2017. **12**(6): p. e0179183.
2. Zhong, Y., L. McKenna, and B. Copnell, *What are Chinese nurses' experiences whilst working overseas? A narrative scoping review.* International Journal of Nursing Studies, 2017. **74**: p. 101-111.
3. Ghazal, L.V., et al., *Transition-to-U.S. Practice Experiences of Internationally Educated Nurses: An Integrative Review.* Western Journal of Nursing Research, 2019: p. 0193945919860855.
4. Brunton, M. and C. Cook, *Dis/Integrating cultural difference in practice and communication: A qualitative study of host and migrant Registered Nurse perspectives from New Zealand.* International Journal of Nursing Studies, 2018. **83**: p. 18-24.
5. Brunton, M., et al., *Internationally qualified nurse communication—A qualitative cross country study.* Journal of Clinical Nursing, 2019. **28**(19-20): p. 3669-3679.
6. Choi, M.S., C.M. Cook, and M.A. Brunton, *Power distance and migrant nurses: The liminality of acculturation.* Nursing Inquiry, 2019. **0**(0): p. e12311.
7. Schilgen, B., et al., *Work-related barriers and resources of migrant and autochthonous homecare nurses in Germany: A qualitative comparative study.* Applied Nursing Research, 2019. **46**: p. 57-66.