INTERNATIONALLY RECRUITED NURSES: ADAPTATION PROCESS

This is a summary: the full paper can be accessed at nursingtimes.net

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ABSTRACT Dunnion, M. et al (2008) Internationally recruited nurses: adaptation process. Nursing Times; 104: 1, 37–38. This article reports on a one-year, action-based research project on the adaptation of 70 internationally recruited nurses (IRNs) from the Philippines to a hospital in Cork, Ireland. It examines the challenges for both international and indigenous staff, the achievements of both groups and recommendations for the future.

There is currently a global shortage of suitably qualified nurses and Ireland is not exempt from this phenomenon. Changes to the Irish nurse-education curriculum meant there would be no new nursing graduates to fill vacancies in Irish hospitals in 2005. In common with most hospitals in Ireland, Mercy University Hospital (MUH) in Cork faced a significant shortfall in registered nursing staff. To address this the department of nursing at MUH decided to use internationally recruited nurses (IRNs) to fill the high number of vacancies. It was the first time that an acute hospital in Ireland had recruited internationally in such numbers in so short a time.

To achieve professional registration in Ireland, all internationally trained nurses must successfully complete a 6–12 week professional competency framework programme designed by An Bord Altranais (the Irish nursing board). The adaptation programme requires these nurses to have designated staff nurses in the role of preceptor, providing guidance and support during the adaptation programme. This function is in addition to the staff nurses’ regular nursing duties.

AIMS Recognising the challenges that the introduction of many IRNs would present, the director of nursing commissioned an action-based research project. The aims of the study were to:

- Describe the challenges faced by IRNs;
- Describe the challenges faced by Irish nurses (clinical and managerial);
- Describe the level of satisfactory performance attained by the IRNs;
- Explore what adaptation means for IRNs.

A literature review was carried out for this study – for details see nursingtimes.net.

METHOD

Four stages of adaptation were monitored in this action-based research study. Reflecting a ‘stepped approach’ of changes, the researchers used a model modified from Daniel et al (2001). The four stages were orientation, indignation, resolution and adaptation.

MUH recruited 70 Filipino nurses between September 2005 and March 2006. Also, 32 nurses were recruited from India at a later stage. IRNs arrived in seven groups of varying number. The researchers followed groups 1 and 3, comprising 20 nurses in all.

The research began at the IRNs’ initial induction phase and followed their progress and that of their Irish colleagues for eight months. Senior nurse managers also took part in a reflective focus group 16 months after the IRNs’ arrival. Some 17 staff nurses, 10 preceptors, 12 clinical nurse managers (ward managers), 20 IRNs and seven senior management members participated.

The research study used a combination of focus groups and semi-structured interviews that were recorded and later transcribed. For details on data collection periods for each staff group, see nursingtimes.net.

A thematic analysis was carried out to elicit the main themes from the recorded interviews (Braun and Clarke, 2006). The researchers gave feedback in the form of a brief report to the director of nursing following each focus group, to ensure changes could be made to make the transition less stressful for both Irish and overseas staff.

RESULTS

Challenges Both IRNs and Irish nurses experienced initial difficulties communicating with each other, building trust and understanding that basic nursing-care standards differed between their two countries.

Other issues included: Timeframe: Irish nursing staff found the timeframe for the IRNs’ arrival extremely challenging – within six months, a quarter of their staff complement was from overseas.

IMPLICATIONS FOR PRACTICE

- The most important lesson learnt by nurse management in this study is that the issue of nurse shortages affects not only their department but also the healthcare institution as a whole. A corporate response, including input from human resources, is required.
- As the adaptation process is such a lengthy one, there must be a simultaneous focus on staff retention in order to safeguard this investment in training of internationally recruited nurses.
- The role of the preceptor needs to be established more formally, with appropriate rewards given for the immense effort that is involved.
- Undergraduate nursing programmes should contain modules on working in a multicultural environment in order to help indigenous staff adapt to working with international colleagues.
and staff nurses were precepting them along with their own duties.

**Homesickness:** The Filipino nurses initially missed their families very much.

**Time management:** The pace of work of their overseas colleagues was an issue that Irish nurses initially found challenging.

**Handover/reporting:** The IRNs were very surprised at the volume of reporting that is done in Irish hospitals. In the Philippines, there is only one handover/report to be done.

**Registration programme/self-esteem:** Anxieties about their registration programme and the effects of the experience on their self-esteem were further challenges for IRNs. There is only one handover/report to be done. Anxieties about their registration programme and the effects of the experience on their self-esteem were further challenges for IRNs.

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**Achievements**

Of the 70 Filipino nurses who came to work in MUH, 94.3% passed the adaptation programme and 91.4% passed probation. A total of 12.9% left before completing their adaptation or probation. Ten months after the arrival of the first group of IRNs, the Irish ward managers had some positive reflections on their experience, such as they felt IRNs had become part of the team and were settling in well. The Filipino nurses were also more confident in their own abilities and performance.

In their reflective focus group 16 months after the IRNs’ arrival, members of MUH’s senior nursing management highlighted the achievements of Irish staff in supporting and precepting their overseas colleagues, while simultaneously carrying out their regular nursing duties. Also, the number of elective procedures cancelled fell and some beds were reopened after the IRNs’ recruitment.

**Action on ongoing feedback**

Given the action-research design of this study, there was an opportunity for nurse management to act on ongoing research feedback. This was particularly important when Irish staff were feeling unsupported or there was another group of overseas nurses due to arrive while saturation point had already been reached among preceptors and ward managers. For details on actions taken as a result of feedback from the research team, see nursingtimes.net.

**The understanding of adaptation**

Following analysis of the IRNs’ final focus group (eight months post-registration), it appears they are still at the ‘indignation’ stage – recognising the differences between their own system and that of MUH and coping with this and with being ‘different’.

Initially, however, adaptation was considered to be merely the achievement of professional registration. The idea of adaptation being a longer-term objective following the other three stages (orientation, indignation and resolution) was not explored until the final focus group. At this point, it became clear that many could see that adaptation was a lengthy process.

As a result, the initial definition of an ‘adaptation programme’ – fulfilling the registration requirements while working with a preceptor – was viewed by ward managers as having only achieved adequate success.

**DISCUSSION**

The realisation that ‘adaptation’ of IRNs involves considerably more than meeting the registration requirements of the host country was the most significant outcome for the participants in this research. After eight months of working as RNs and 10 months after arriving at MUH, the IRNs were still at the indignation phase (Daniel et al, 2001). However, this should not undermine the achievements of both Irish and Filipino nurses in overcoming the initial challenges such as communication, standards of basic nursing care and trusting one another.

**Limitations**

This study was limited by the fact that hospital environments are extremely busy places where people work to a 24-hour rota. It was, therefore, not possible to include more participants or ensure there was full attendance at each focus group.

**REFERENCES**


Focus groups with members of other disciplines, including consultants, junior doctors, general managers and care attendants, would have given more information on the IRNs’ progress and the effect of their presence on the multidisciplinary team. Unfortunately, time and funding constraints did not allow this.

**Recommendations for the future**

The shortage of nursing staff in MUH had become so acute that in order for vital beds to be reopened, the IRNs’ arrival could not occur on a more phased basis. This meant that within six months the nursing staff complement went from being almost 100% Irish to 25.9% comprising IRNs.

International trends of nurse shortages should be formally recognised by the institution and a stepped response put in place, so that the department of nursing is not placed under such intense pressure to recruit staff. This response should incorporate the establishment of IRN manager posts.

Finally, An Bord Altranais should re-evaluate the 6 to 12-week professional competence framework for specialist nursing. In this study, nursing competencies and skills for IRNs did not appear to be at a comparable level as would be expected from indigenous nurses with similar qualifications and experience. Consequently, the initial adaptation period must be significantly extended.

**CONCLUSION**

The continuing nurse shortage implies that Ireland and many other countries will have to continue international recruitment over the next decade. To facilitate ease of transition for both indigenous and international staff, a phased recruitment process is necessary. The entire healthcare institution should be involved and positions of responsibility established.