Exploring the Challenges Immigrant Nurses have with the Working Life Integration Process

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**Abstract:**

This study is part of the TyöPeda project by the Ministry of Education with Arcada University of Applied Sciences. The purpose of this study is to identify the challenges that immigrant nurses experienced in integrating into a new work environment. The questions that guided this were: what types of accreditation and recognition of prior learning strategies exist for immigrant nurses in transition; what types of core competencies they need to have when working in the healthcare profession; and what type of challenges they face at the workplace during the transition. The study uses a literature review of 30 articles from Academic Search Elite (EBSCO), PubMed, SAGE, and ScienceDirect. Inductive qualitative content analysis is used, guided by the Graneheim and Lundman’s (2004) concepts, procedures and measure to achieve trustworthiness. Transition theory by A.I. Meleis is used as a conceptual framework. The major findings are categorized into cultural, intrapersonal, licensing and education, profession-specific, and social. Cultural, that include belief, language, and values, is the most common category from the articles that were reviewed. There also exist intrapersonal conflicts: anxiety, isolation/loneliness, and homesickness during the transition. There is also a lack of standard accreditation process for the immigrant nurses’ previous education and experience. Profession-specific includes orientation, role confusion, and skills mismatch. This comes from a lack of orientation, unclear expectations, and differences in practice between the source and host countries. Interpersonal conflicts, racism, and discrimination are under Social. These extend from co-workers, patients, visitors, and at institutional levels. The study recommends further researches to be conducted to identify coping mechanisms and interventions to overcome the challenges identified, and also to see more extensive studies specifically on immigrant nurses integrating to working life in Finland.

**Keywords:** diversity and inclusion, immigrant nurses, workforce integration, working life challenges

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1 INTRODUCTION

The authors being immigrant nurses themselves wonder about the experiences of other nurses who are also undergoing the same transition. The phenomena of the movement of nurses across borders are not new nor show a sign that it is halting soon. Therefore, it is relevant to know the experiences of those who have undergone this kind of transitional challenges to help develop interventions that will support them during this phase. It is the aim of this study to identify and understand the challenges of foreign nurses during their transition into a new work environment. This thesis is in accordance with the commission between Arcada University of Applied Sciences and the Ministry of Education TyöPeda project. It is a national initiative whereby several higher educational institutions are participating.

This study uses the Transition theory by Afaf Ibrahim Meleis, Ph.D., DrPS (hon) as the framework for the study. This is introduced in Chapter 3. This theoretical framework will help in understanding the findings. In Chapter 4 are the research questions that the study aims to answer. Chapter 5 contains the methodology used in the study. In this chapter, there is the illustration of the data collection process; the list of articles; content analysis; illustration of themes, categories, and units of analysis; and ethical considerations. A literature review was utilized in data gathering. It uses inductive analysis in treating the data. The content analysis uses Graneheim and Lundman method. In the data collection, a total of 30 articles were selected. All the articles were chosen from the available databases of Arcada University of Applied Sciences. The findings of the study can be found in Chapter 6. The findings were listed under the major categories that were identified from the articles. Discussion is contained in Chapter 7 that ties all the previous components together. Lastly, the Conclusion is in Chapter 8, where the authors include the strengths and limitations of the study. It also lists recommendations for further study.
2 BACKGROUND

Within a thesis, the background typically provides information by identifying and describing the history and nature of a well-defined research problem with reference to the existing literature (USC Libraries 2019). We have three core areas that we will be looking at: the nursing profession, integration and immigration, and working life.

2.1 Healthcare Provision, a Global Issue

The international migration of doctors, nurses and other health workers is not a new phenomenon, but it has drawn a lot of attention in recent years because of concerns that it exacerbates shortages of skilled health workers in some countries, particularly in those that are already experiencing critical shortages. (WHO 2017)

Health and social care in every system and in every country are labor intensive and must be oriented to people’s needs if it is to be effective. It is now widely recognized that human resources for health are a key enabler for the attainment of universal health coverage, and for the achievement of Sustainable Development Goal 3 which is to ensure healthy lives and promote well-being for all at all ages. As is stressed in the Global Strategy on Human Resources for Health: Workforce 2030, there can be no viable national or global, health system without an effective health workforce. (WHO 2017)

In many high-income and upper-middle-income countries, economic growth and demographic trends will drive demand for health care for aging populations and additional services. In many of these contexts, however, the supply of health workers will remain constrained – a mismatch that could raise the cost of health workers, fuel broader cost escalation in the health sector, and stimulate health worker mobility across borders. In these settings, relaxing barriers to entry into health training and health professions may be required, together with increasing both public sector and private sector investment in health education geared to a more efficient and responsive skills mix. Quality standards should be maintained and harmonized across public and private health education institutions and reinforced with effective regulatory mechanisms to protect the public from harm. (WHO 2017)
2.1.1 The Nursing Profession

Nursing is an ever-evolving profession offering new challenges to individuals embarking on this career pathway. There are many fields of practice within nursing covering a range of specialist care (Kozier et al. 2012). At the core of each branch of nursing is the concept of care and caring. The RCN (2014) defines nursing as the use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.

In the Western world, governments have a constantly growing apprehension about the costs of healthcare and assuring the sufficiency of the workforce. A common vision views technology as a solution to these problems. Simultaneously, there is considerable apprehension about the effects of technology have on transforming care, relationships between human beings, nurses and patients, and even the individual human being. The technological rationality and technological society thinking brought up the question about the ethics of technology in human sciences. (Korhonen, E.S., et al 2015)

2.1.2 Nurses in transition

To integrate is “to mix with and join a society or a group of people, often changing to suit their way of life, habits, and customs (Cambridge University Press 2019). While according to the World Health Organization, “migration is the movement of a person or a group of persons either across an international border or within a state and that includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes like family reunification”. (WHO 2019)

Diversity means “variety” and refers to things different from each other (United Nations 2017). It is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. Inclusion, on the other hand, is involvement and empowerment, where the inherent worth and dignity of all people are recognized (Ferris State University 2008).
Research shows that immigrant nurses face varied challenges in language, racism, discrimination, alienation, and challenges arising from cultural differences (Connor and Miller 2014; Dahl et al. 2017; Crookes et al. 2014). International nurses also undergo language training to pass the host country’s licensure exam (Chen C-M 2017) and those who are applying for registration in a host country need to pass language tests and qualifications (Nursing and Midwifery Council 2019). International nurses who do not meet registration requirements also need to complete bridging programs or an undergraduate nursing degree program so they can have the qualifications necessary to work within the chosen country (Birks et al. 2018).

The World Health Organization lists areas for a healthy workplace that included the psychosocial work environment. This is the organizational culture, attitudes, values, beliefs, and daily practices a work that affect the mental and physical well-being of employees. They propose ways to influence the psychosocial work environment by eliminating or modifying hazards at the source, among others. This may include enforcement of zero tolerance for workplace harassment and discrimination and protecting workers by raising awareness and providing training to workers. (WHO 2010)

2.2 The Working Environment of a Professional Nurse

The Occupational Safety and Health Administration describes hospitals as some of the most stressful places to work with potential hazards that include life-threatening injuries and illnesses complicated by overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths. (Mullen 2015) In addition to safety, there are many factors affecting well-being in the workplace. Well-being is a positive outcome that is meaningful for people and for many sectors of society because it tells us that people perceive that their lives are going well (CDC 2010). According to the World Health Organization (2010), a healthy workplace is where workers and managers work together using a continuous process to better, protect, and promote health, safety, and well-being of workers and workplace sustainability. This healthy workplace is achieved by considering the health and safety concerns in the physical work environment; health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture; personal health resources in the workplace; and
ways of participating in the community to improve the health of workers, their families, and the other members of the community.

This definition from WHO, as they also mentioned, is mainly for the prevention of injuries or illnesses before they happen. This is primary prevention. They also recommend and add for secondary and tertiary preventions which may include occupational health services given by the employer under “personal health resources” if this is not already in place within the community. (WHO 2010)
3 THEORETICAL FRAMEWORK

The framework that is used in study is Transitions Theory which was developed by Afaf Ibrahim Meleis, PhD, DrPS (hon), FAAN, who is the Margaret Bond Simon Dean of Nursing at the University of Pennsylvania School of Nursing, Professor of Nursing and Sociology, and Director of the School’s WHO Collaborating Center for Nursing and Midwifery Leadership. This theory was chosen because it was formulated with the goal of integrating what is known about transition experiences across different types of transitions with nursing therapeutics for people in transition. The theory provides a framework for understanding the results of previous transitions research more clearly and for proposing concepts for further study. (Alligood, M.R. 2018)

3.1 Major Concepts of the Transitions Theory

There are different types and patterns of transitions which include developmental, situational, health and illness, and organizational. As seen in the figure in the appendices section, human developmental transitions are complex and dynamic phenomena involving a predictable series of biologically determined stages of growth (i.e., physical, cognitive) and of normatively governed psychosocial maturation. Developmental transitions also involve unpredictable events and transitions, which precipitate changes that are likely to influence adult men and women’s health and wellbeing in an adverse manner. (Alligood, M.R. 2018)

Situational transitions are triggered by events that require spatial or geographic changes such as discharge and relocation (of elders) and/or relationship changes such as divorce. All of these may have health consequences and may affect levels of wellbeing. Examples of situational transitions are divorce or homelessness. Immigration is another example of a situational transition that affects health, health and illness-seeking behaviors, as well as the immigrant’s ability to cope with other life changes. Understanding the immigration experience is usually enhanced by learning about the immigrants in their own homeland. Nurses also go through educational transitions that are situational. Among the events that trigger transitional responses in nurses are their transition from nursing student to nurse, to becoming a competent practitioner, as well as such events as moving up the educational ladder from a diploma or associate degree to a baccalaureate degree.
Each of these advancements up the educational ladder creates the need for transitional intervention. (Alligood, M.R. 2018)

The third type of transition is that which is instigated by a health and illness situation. These we call health and illness transitions. As individuals receive a diagnosis, undergo surgery, or realize that they will live the rest of their lives at risk for a particular new condition, they go through various processes and they require care during these processes that match their varying needs during the different stages and milestones in this process. These transitions may be compounded by other biobehavioral, sociocultural, or genetic conditions. Being an immigrant and living alone, having a stigmatizing disease, or facing the end of life may affect one’s transition experiences and responses. (Alligood, M.R. 2018)

Finally, there are organizational transitions triggered by changes in policies, leadership, practices, as well as models of care. The focus in organizational transitions is on uncovering and intervening in the experiences and responses of the members of the group undergoing the transition, either individually or collectively. Technological changes, the introduction of electronic health records, robotic caregivers, new Chief Nurse Officers, new leadership models, and staffing patterns create disruptions and the need for strategies that enhance healthy adoption of the new changes. (Alligood, M.R. 2018)

Another component of this theory is the Properties of the Transition Experiences. It can be defined as “perception, knowledge, and recognition of a transition experience,” and level of awareness is commonly reflected in “the degree of congruency between what is known about processes and responses and perception of individuals, undergoing similar transitions” (Meleis et al. 2000). Engagement refers to “the degree to which a person demonstrates involvement in the process inherent in the transition.” Changes and differences are properties of transitions as suggested by Meleis and associates (2000). Changes that a person experiences in her or his identities, roles, relationships, abilities, and behaviors to internal as well as external processes (Schumacher & Meleis, 1994). Time span Critical points and events are defined as “markers such as birth, death, the cessation of menstruation, or the diagnosis of an illness.” Additionally, Transition Conditions are, “those circumstances that influence the way a person moves through a tran-
sition, and that facilitate or hinder progress toward achieving a health transition” (Schumacher & Meleis 1994). Personal conditions include meanings, cultural beliefs and attitudes, socioeconomic status, preparation, and knowledge. Community conditions or societal conditions could be facilitators or inhibitors for transitions. Finally, Patterns of response or Process and outcome indicators are process indicators that direct clients into health or toward vulnerability and risk make nurses conduct an early assessment and intervention to expedite health outcomes. (Alligood, M.R. 2018)

### 3.2 Rationale for Choice

This theory was chosen as a framework because the subject of the study is the experiences of the immigrant nurses and their integration to working life. This theory was used by the author Meleis, A.F. herself as a conceptual framework of her study Description of Immigrant Transitions (Meleis, Lipson & Dallafar 1998). These transitions have been known to affect the person undergoing the process. Therefore, knowing the changes that occur during the transition process will help in understanding the changes and developing interventions. This theory was also chosen because it “is relevant for any population in transition...” (Alligood, M.R. 2018). This is important because the subject of the articles that were chosen were from different countries and backgrounds.
4 AIMS AND RESEARCH QUESTIONS

The world is shrinking, and as national boundaries disappear, there is an increase in the number of professional nurses seeking employment abroad. Therefore, this thesis seeks to understand the challenges foreign nurses have during their transition into a new work environment. The questions used to help guide this study are listed below.

1. What types of accreditation and recognition of prior learning strategies exist for immigrant nurses in transition?
2. What types of core competencies do nurse professionals need to have when working in the healthcare profession?
3. What type of challenges do immigrant nurses face in the workplace during the transition?
5 METHODOLOGY

In thesis writing, the methodology aids in gathering the necessary data to help answer the presented aims and research questions. In this chapter, we present the method, data collection process, content analysis, list of articles chosen for the study, and ethical considerations.

For this thesis, a review of the literature was used. The primary purpose of a literature review according to Polit (2018) is to summarize evidence on a topic...” A qualitative methodology for content analysis aided in gathering the data. Through a systematic search from different databases available on the Arcada Libguides, 30 articles were selected. Inductive analysis was used and for the content, analysis taking advantage of the Graneheim and Lundman method.

5.1 Data collection

For data retrieval process, four search engines and a variety of keywords and phrases related to the core research questions were used. These were ScienceDirect, SAGE, Pub-Med, and Academic Search Elite (EBSCO). The process began with ScienceDirect. Using the Advanced Search option, the following search words “immigrant nurses AND workforce integration” were entered. Under “Year(s)”, articles for the last 10 years were included. Hence, “2008-2018” and we looked at peer-reviewed articles narrowing the result to 332 hits. Then, we read through the titles and abstracts. Articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 2 articles relevant were found and chosen from this search engine. Below, Illustration 1 shows the process of database search for the articles and implying the inclusion and exclusion criteria.
The first round of the search was made using the four search engines:

- **ScienceDirect**: In Advanced Search under Find articles with these terms "Immigrant nurses AND workforce integration”
- **SAGE**: In Advanced Search under Keywords "Immigrant nurses AND workforce integration”
- **PubMed**: Under PubMed Advanced Search Builder in Builder All Fields "Immigrant nurses AND workforce integration”
- **Academic Search Elite (EBSCO)**: In Search "Immigrant nurses AND workforce integration”

Peer-reviewed articles from 2008-2018:

- ScienceDirect: 332 articles
- SAGE: 631 articles
- PubMed: 7 articles
- Academic Search Elite (EBSCO): 4 articles

Reading through the articles’ titles and abstracts, articles related to the study were chosen:

- ScienceDirect: 2 articles
- SAGE: 11 articles
- PubMed: 1 article
- Academic Search Elite (EBSCO): 1 article

15 articles were chosen from the first round.

Second round of search was conducted:

- **ScienceDirect**: In Advanced Search with these terms "Immigrant nurses AND working life AND competency”
- **SAGE**: In Advanced Search under Keywords "Immigrant nurses AND working life AND competency”

Peer-reviewed articles from 2008-2018:

- ScienceDirect: 569 articles
- SAGE: 1118 articles

Reading through the articles’ titles and abstracts, articles related to the study were chosen:

- ScienceDirect: 2 articles
- SAGE: 8 articles

10 articles were chosen from the second round.

Third round of the search through ScienceDirect:

- In Advanced Search under Find articles with these terms "Internationally educated nurses AND workplace integration AND experiences”

Peer-reviewed articles from 2008-2018:

- 402 articles

Reading through the articles’ titles and abstracts, articles related to the study were chosen:

- 3 articles were chosen from the third round.

Fourth round of the search through EBSCO:

- In Advanced Search with these terms "Internationally educated nurses”, full text

Peer-reviewed articles from 2008-2018:

- 11 articles

Reading through the articles’ titles and abstracts, articles related to the study were chosen:

- 2 articles were chosen from the fourth round.

30 articles total were chosen for the study.
As shown in the illustration above, similar steps were used for SAGE. Typing in Advanced Search, using the keywords “immigrant nurses AND workforce integration” and limiting our search to publications within the last 10 years and we looked at peer-reviewed articles, resulting in 631 hits. Then, we read through the titles and abstracts. Articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 11 articles relevant to our study were found and were chosen from this search engine.

Similar steps were used for PubMed. Typing in under PubMed Advanced Search Builder in builder fields “immigrant nurses AND workforce integration” resulted in 7 hits. We narrowed down our search by limiting our articles to publications within the last 10 years, and articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 1 article was chosen from this search engine.

Similar steps were used for Academic Search Elite (EBSCO). Typing in the search words “immigrant nurses AND workforce integration”, resulted in 4 hits. We narrowed down our search by limiting our articles to publications within the last 10 years, and articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 1 article was chosen from this search engine.

From the first round of our search using the 4 search engines, using the same search words, the same range of the date of publication, and with the same inclusion and exclusion criteria applied, we collected only a total of 15 articles. As the number of articles reviewed was not sufficient to conduct a reliable literature review, the search was broadened to get more results and we used another set of keywords which are still related to our research aims, questions, and criteria.
The second round of search was conducted. Similar process and same search conditions as mentioned in the initial search through ScienceDirect were done using these following keywords, “immigrant nurses AND working life AND competency”. Under “Year(s)”, articles for the last 10 years were included, choosing “2008-2018”. We looked at peer-reviewed articles narrowing the result to 569 hits. Then, we read through the titles and abstracts. Articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 2 articles relevant were found and chosen from this search engine.

Similar steps were made as we continued to conduct our second search through SAGE using the following keywords, “immigrant nurses AND working life AND competency”. Under Publication Date the Years, “2008-2018”, limiting our search to publications within the last 10 years and we looked at peer-reviewed articles, resulting to 1118 hits. Then, we read through the titles and abstracts. Articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 8 articles relevant to our study were found and were chosen from this search engine.

From the second round of the search using two search engines, using the same search words, the same range of the date of publication, and with the same inclusion and exclusion criteria applied, we collected 10 articles making the total articles to 25. The third round of search was required since the number of articles was not sufficient.

In the third round of the search, we conducted it using ScienceDirect with the search words, “internationally educated nurses AND workplace integration AND experiences” and under years published, “2008-2018” and looked at peer-reviewed articles which yielded to 402 results. Then, we read through the titles and abstracts. Articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to
formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, only 3 articles relevant to our study were found and were chosen from this search engine, making the total articles now to 28.

The fourth and final search was conducted through EBSCO to complete the number of articles we need for the research. Using the search words “Internationally educated nurses”, limited to “full text”, years published were “2008-2018” resulted in 11 articles. We narrowed down our search by limiting our articles to publications within the last 10 years, and articles with the titles which are not related and do not answer any of our research questions were eliminated. The inclusion criteria were to what extent these articles’ abstracts were related to the formulated research questions and how they are related to our topic. After reading carefully the articles’ titles and abstracts, 2 articles were chosen from this search engine. The 2 articles were added to the previously selected articles, making the total selected articles to 30.

5.1.1 Implying Inclusion and Exclusion Criteria

As mentioned above, from the first round of search there were only 15 articles that met the criteria. The first and second round yielded 25 articles. The authors used the inclusion and exclusion criteria of articles written in English, free full-text access, relation to research questions, and relation to nursing practice. The articles were read from their titles, abstracts, and in their entirety. The articles that did not meet the criteria were eliminated. The final number of articles chosen after this process was 30.
5.2 List of articles chosen for the study

Listed below are the 30 articles with the titles, author/s, journal’s name, date, volume, issue, pages, source, and type of articles. These are listed alphabetically.


18. Overseas Qualified Nurses’ (OQNs) perspectives and experiences of intraprofessional and nurse-patient communication through a Community of Practice lens, Manias E., Noronha M., Philip S., and Woodward-Kron, R., Collegian, 2018, ScienceDirect, qualitative


20. Playing the game: A grounded theory of the integration of international nurses, Birks M., Chun Tie Y., and Francis K., Collegian, 2018, ScienceDirect, qualitative

21. Professional integration as a process of professional resocialization: Internationally educated health professionals in Canada, Bourgeault I. and Neiterman E., Social Science and Medicine, 2015(131), pp. 74-81, ScienceDirect, qualitative


27. The role of internationally educated nurses in a quality, safe workforce, Shaffer F. and Sherwood G., Nursing Outlook, 2014, 62, pp. 46-52, ScienceDirect, literature review


5.2 Content Analysis

Content analysis is used for written texts regardless of the source (Bengtsson 2016). Qualitative content analysis in nursing research as described by Graneheim and Lundman (2004) is used for this study. The concepts and labels mentioned and utilized for this analysis are based on this approach. An inductive approach is done wherein the data is analyzed and combined to come up with meanings or findings that are in line with the research questions.

The concepts for this analysis are the manifest and latent contents, unit of analysis, meaning unit, condensing, abstracting, content area, code, category, and theme. The manifest content is the obvious meaning of the text. Latent meaning is the underlying meaning of the text. In this paper, the units of analysis are the chosen study articles as
they are the whole texts. They function as the contexts for the meaning units. The meaning units are sentences derived from the unit of analysis. They are related to each other via context and content. These meaning units are then shortened. It is used when the latent content analysis is performed later. Describing, interpreting, and forming codes, categories, and themes on a higher level are an abstraction. A content area highlights a specific part of the text. A code labels a meaning unit which can then be seen in a new light but still understood as relating to the context. Categories which express the manifest content of the text are created. Themes which represent the latent meaning of the text are drawn. (Graneheim and Lundman, 2004)

5.2.1 Step 1: reading and coding

Reading of the whole texts is done for the articles that were initially chosen by title and abstract. Articles not meeting the inclusion and exclusion criteria are removed. The final 30 articles remained for the study. Next, re-reading of the selected units of analysis (articles) is done and notes are made separately with references to the articles when relevant data is found especially relating to the research aims and questions. Colored highlights are made throughout the texts when meaning units pertinent to the research questions are found. Similar codes emerging from these meaning units are noted. Coding is done repeatedly.

5.1.2 Step 2: listing and categorizing the codes

In this part of the process, those separately written notes and keywords that were picked from the units of analysis were listed and discussed. Reading through the highlighted materials several times allowed for the emergence of codes that were then grouped into categories. Table 1 in Appendices shows an example of how a unit of analysis from a study article has gone through inductive qualitative content analysis. It started from meaning units. The text was condensed, abstracted, and labeled with codes. While condensing and labeling, the context of the meaning unit was still kept in mind (Graneheim and Lundman, 2004). Patterns were drawn from the codes, their similarities and differences were seen, and they were then sorted into categories. These categories were discussed by the researchers and edited as necessary.
5.1.3 Step 3: emerging sub-themes and theme from collected categories

The figure below shows the major and minor categories from the chosen 30 articles. The hidden meaning or latent content of the categories were drawn to come up with a theme and sub-themes.

<table>
<thead>
<tr>
<th>Theme</th>
<th>The integration of foreign nurses into working life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-theme</td>
<td>Conflicts Relating to Diversity and Inclusion</td>
</tr>
<tr>
<td>Major Category</td>
<td>Cultural</td>
</tr>
<tr>
<td>Minor Category</td>
<td>Values</td>
</tr>
<tr>
<td>Unit of Analysis</td>
<td>1, 3, 4, 7, 11, 16, 20, 21, 24, 25, 26, 28, 29</td>
</tr>
</tbody>
</table>

Figure 1 Illustration of the most common categories and their distribution inside the 30 units of analysis and coming up of a theme.

5.3 Ethical considerations

Ethics could be shortly defined as “moral principles that govern a person’s behavior or the conducting of an activity” (Oxford Dictionaries 2019). For the purpose of this thesis, this covers the principles for the conduct of the literature review, the writing of the paper as a whole, and the authors’ unbiased behaviors towards the information obtained. In addition, The Arcada University of Applied Sciences has on its official website the Writing Guide 2014 Version 2.1 (4.9.2015) containing the school’s instructions in writing essays and degree thesis. These guidelines were abided by the authors in the writing of this thesis. The authors are registered degree students at Arcada University of Ap-
plied Sciences hence, they used their official identifications to access the available academic databases and then find the articles needed for this paper. Only the articles obtained through the official sources were utilized for this systematic literature review.

The topic of the thesis was chosen after discussions between the authors and the thesis supervisor and in accordance with the commission between Arcada University of Applied Sciences and the Ministry of Education TyöPeda project. Arcada’s Writing Guide was always based upon for uniformity.

With the referencing of other literature for this paper, the rights of the participants and authors were respected. The information used were those that were already published. Proper citations of articles and sources were always observed throughout the whole writing, to ensure that the published works were honestly treated and given credits. Records of all sources were kept and updated and varied sources were used to ensure diversity of content. Both of these helps to avoid plagiarism in the writing of this paper (Panter 2019). Paraphrasing was also utilized for some specific information obtained that were needed for the thesis. There was no fabrication of data during the writing of the paper. Transparency showed, for example, with the drawing up of the list of articles that could also be replicated with the help of the detailed descriptions and diagram. There is no conflict of interest in the writing of this paper.
6 FINDINGS

In this chapter, we present the findings from the literature review of 30 articles. There are five (5) major categories that have emerged during the data analysis. These are cultural, intrapersonal, licensing and education, profession-specific, and social. They are presented here in alphabetical order. The minor categories under each major category are also detailed below.

The first major category is cultural. These studies showed that there were cultural challenges related to values, language, and beliefs. The studies cite that because of differences in values, there were reluctance or fear of speaking out, differences in care approach, and some say they could be have been more independent, assertive and proactive. When it comes to language, the challenges were unfamiliarity with communication norms in the workplace, struggle with communication proficiency, difficulty with language and pronunciation, unable to express well or inability to communicate, and concerns of language proficiency causes self-doubt. Language barriers including cultural expressions and colloquialisms contribute to poor outcomes when minority migrant nurses apply and interview for promotions. Through the act of speech, the participants were discerned as different which impeded acceptance or belonging. The ability of international nurses to relate to patients, families, and healthcare team members, to protect and advocate for their patients, and to speak up for themselves is compromised at times. Difficulties also arose in reading and keeping medical records. Passing a language proficiency test does not guarantee success in the workplace. Communication challenges also affect the organization’s functioning. There were also lack of knowledge of health beliefs from different cultures and differences in approaches to care of death and dying of patients. Listed below are the number of articles from which the presented topics were gathered.

[1,2,3,4,6,7,11,14,15,16,17,18,20,21,22,24,25,26,28,29,30]

The second major category is intrapersonal. Foreign-educated nurses report feelings of homesickness, challenges in dealing with events in their home countries, and lack of support from family. Loneliness is experienced by immigrant nurses in the host country. The Chinese internationally qualified nurse felt being like an outsider. Immigrant nurses were increasingly isolated at their workplace, which increased their loneliness.
Some internationally educated nurses felt isolated because of their inability to communicate fluently in English. Some participants were discerned as different which impeded acceptance or belonging. Many described feelings of being like an outsider or an alien in their new workplace. Internationally educated nurses feel alien in their new workplace.

Anxiety commonly occurred to immigrant nurses in their host countries to which some have affected their working performance. The nurses also feel fear/anger and disappointment from poor leadership of preceptor and colleagues. They experienced fear in a new environment because of unclear expectations. There was lack of understanding of the working conditions leading to work dissatisfaction. Some abandon the profession because of challenges with integration. Some struggle to be recertified. Some felt being thrown into an unfamiliar world. Adaptation to a new environment and culture were reported as tiring. There were feelings of unhappiness, leading them to seek another environment where there are happiness and comfort. There was fear of differences compared to the citizens of the host country. Differences were not always respected. Many expressed fears that speaking up would magnify any deficit in language, knowledge or skills and potentially affect their visa to stay and work in Australia. Internationally educated nurses feel alien in their new workplace.

[3,4,14,15,16,18,20,24,28]

The third major category is licensing and education. It includes mentoring, accreditation, recruitment, visa and bridging. Mentoring includes the needs of immigrant nurses for additional mentoring when in the ward; experience of poor leadership exhibited by preceptor and colleagues contributing to fear, anger, and disappointment; and that immigrant nurses receive mentoring for the licensure examination. Accreditation includes the need to take licensure examinations, language certifications, equivalence accreditation of academic credentials, verifications of professional credentials, struggle for recertification, nonrecognition of experience and expertise especially in placement areas, and the lack of uniform standards for accrediting education, expertise, and experience of immigrant nurses.
Nurses have to undergo additional education and training in bridging programs or undergraduate nursing degree in a university. Their previous experience and expertise are not recognized in the choice of placements.

Recruitment includes receipt of compensation that is actually less than what was offered and also less than those of the host country’s local nurses; working as assistant nurses while waiting to pass the licensure examination of the host country or waiting for authorization; the recruitment requirement from the Indonesia-Japan Economic Partnership Agreement of diploma level 3 in nursing leading nurses to apply for caregiver positions; and need for local support system to help with processing. Visa includes navigation of complex systems of immigration documentation by the immigrant nurses, pre-migration qualification screening issues, the long wait leading to stress, working outside of the area of expertise to gain an employer-sponsored visa, and fear of speaking up at work because of its potential effect to their visa. [2,4,6,7,8,10,11,12,13,14,16,17,20,22,25,26,27,28,30]

The fourth major category is profession-specific that includes skill mismatch, role confusion, and orientation. When it comes to skills mismatch, the nurses work as auxiliary or assistant nurses despite being educated as nurses; receive clinical placements that do not match their skills; employed in areas outside their expertise; validated in their area of competence but in a lower status vocation; nurses have skills that could be utilized more optimally in the home country where they were trained; unable to practice their profession; and knowing or unknowingly agree to perform lower skills and status tasks.

Role confusion includes experiences of differing role interpretations, unclear expectations, environmental shock because of differences in role expectations and actual reality of practice, unclear about scope of practice and division of labor, nonrecognition of previous experience leading to adjustment of usual standard of practice to be different, and differences in approaches to care at work. When it comes to orientation, there is a necessity of additional orientation and training and with a mentor; lack of orientation in the ward; lack of cultural orientation to the new environment leading to confusion during nurse-patient and nurse-nurse interactions at work; lack of orientation about a host country; and other difficulties during the orientation and acculturation. [2,3,4,5,7,8,11,12,14,15,16,17,18,19,20,22,23,25,28,30].
The fifth and final major category is social which covers interpersonal, racism, and discrimination. Under Interpersonal, internationally educated nurses experience conflicts that affect them in integration to the society and workplace. The patient also does not have confidence in the immigrant nurse. Colleagues do not ask help from the immigrant nurse. Internationally educated nurses have challenges adapting and integrating into the new culture of the workplace. Experience, and expertise are not acknowledged. The nurses felt fear/anger and disappointment which increase as they suffered lateral violence and bullying from other nurses. The residents ask for another nurse or suggest that the immigrant nurse is working illegally. The host nurses’ contributions to immigrant nurses’ adaptation lack recognition so they may not want to work with non-English speaking background nurses, there is a lack of cultural sensitivity among intercultural nurses. Non-European nurses undertake less technical direct-care duties. Barriers were raised to exclude them from the most professionalized duties. It is different and difficult to adjust to the ward culture and no preparation is given to us to help us adjust to this new environment. Furthermore, the nurses reported being concerned that their differences were associated with feelings that their views were not always respected.

Overseas qualified nurses believe that patients expect them to articulate in the same way as a native speaker and if the expectations are not met, the nurses sometimes face unpleasant consequences. Minority migrant nurses sense a lack of professional respect from workmates, patients, and family members. Nurse immigrants are often restricted to entry-level positions or less desirable work and may be excluded from job opportunities that would lead to upward career mobility. The unequal opportunity prevents nurses from obtaining further training and advancement or managerial positions. The difference was also constructed as “incompetence” where China-educated nurses were situated less favorable in terms of acceptance, recognition, and career development, a sense of incompetence was accompanied by stigma and made the nurses vulnerable in the host society. Poor supportive work environments were reported by internationally educated nurses trying to conform and conduct themselves in the ‘western-way’ in the workplace. Credentials and professionalism of internationally educated health professionals are subject to greater scrutiny. Because of bias based on race, gender, culture, and language, international nurses often experience inadequate support from peers, supervisors, and employees, they also encounter unfair treatment and racism, including stereotyping and
rejection by patients and peers, the feeling of “otherness” is prevalent which negatively impact their performance and integration into the workplace. And lastly, discrimination was reflected in a lack of employment opportunities, low-paid and inferior tasks, and verbal assaults or marginalization by patients or colleagues.

Racism manifested as well as being experienced by internationally educated nurses, the nurse experiences racism, the patient does not have confidence in the nurse, the colleague would not accept help from the immigrant nurse. Throughout, internationally qualified nurses experienced considerable racism from both patients and families. Although they were asking to be given a chance, they were met with racism by both patients and coworkers. This racism was expressed both directly—by having the staff or patients tell them that they thought that they were not competent because of their skin color or accent—and indirectly, through staff and patients treating them as if they were invisible, or an outsider. Most of the certified nursing assistants reported an experience of racism and prejudice from residents. Many studies document foreign-educated nurses’ experiences of racism and discrimination encountered in the workplace in the host country.

This discrimination comes from multiple sources: from patients and visitors, from colleagues, and from supervisors. The overseas qualified nurses perceived that although patients were satisfied with the care they received in encounters where clinical skills outweighed the need for extended verbal exchanges, patients exhibited frustration and intolerance in instances where interactions were disrupted or unsatisfactory due to their foreign accents, mispronunciation, or rapid speech. Sometimes, these frustrations verged on having racist overtones. Encounters with social exclusion from the dominant group and perceived pressure to conform to their social norms were identified in several studies as forms of perceived racial discrimination. Racial discrimination hindering access to promotion and training was second only to racial harassment by colleagues as a cause for job dissatisfaction. Workplace bullying was also reported to limit the professional advancement of internationally educated nurses. Racial prejudice was experienced in everyday life and in workplace interactions with co-workers and it was found to impact negatively on these nurses. The inferiority of internationally educated health
professionals was not only attributed to their ethnic and racial otherness; their credentials and professionalism were also subject to greater scrutiny due to the perceived superiority of Canadian education system and practice over other health care settings.

Finally, discrimination is experienced by internationally educated nurses. The residents ask for another nurse or suggest that the immigrant nurse is working illegally. The lack of formal recognition of host nurses’ contributions to immigrant nurses’ adaptation may be associated with a burden felt by host nurses and an unwillingness to work with non-English speaking background nurses. Differences in the duties of nurses in the Philippines versus the United States necessitated additional orientation and training. The issue of task definition has also been highlighted in cases in which non-European Economic area nurses were expected to undertake less technical direct-care duties, while artificial barriers were raised to exclude them from the most professionalized duties. Many studies document foreign-educated nurses’ experiences of racism and discrimination encountered in the workplace in the host country. This discrimination comes from multiple sources: from patients and visitors, from colleagues, and from supervisors. The overseas qualified nurses stated that they believed there was an expectation from patients that overseas nurses articulated in a similar manner to a native Australian speaker, in terms of fluency, choice of words, accent, and tone. If these expectations were not met, overseas qualified nurses indicated that they sometimes faced unpleasant consequences such as hostile responses during patient interactions. Minority migrant nurses report that their skills and competencies are devalued which leads them to feel untrusted and incapable as professionals. Foreign education and training became a source of professional tension at the workplace, and the perceived inferior status of foreign credentials and professional practice was rationalized by the unfair treatment that international educated health professionals received at the workplace. Discrimination was reflected in a lack of employment opportunities, low-paid and inferior tasks, and verbal assaults or marginalization by patients and/or colleagues.

[2,3,4,5,7,8,9,12,15,16,18,19,23,24,26,28,29,30].

All the major categories form two (2) sub-themes which are Conflicts relating to Diversity and Inclusion and Transitional challenges. The two (2) sub-themes then form the main theme which is The Integration of Foreign Nurses into Working Life.
7 DISCUSSION

Due to the shortage of nurses in many of the developed countries, to fill these shortages, nurses that were educated outside of the recipient country are taken in. The nurses that immigrate will have to undergo the process of integrating into their new environment. This study supports immigration as a situational transition by highlighting interventions that facilitate a healthy transition. The study also identifies the challenges that immigrant nurses encounter when transitioning to a new work environment, such as immigrant nurses who were already registered nurses in their own countries and who must go back to be a student in their new country due to the lack of recognition of prior learning and professional experience. Our thesis brings forward the point that immigrant nurses who are integrating into working life in a foreign country undergo more than one transition, which is one pattern of the Transition theory.

One aspect of the Transitional theory is providing interventions before, during and after the transition. The identified challenges in the study would need a multidisciplinary approach to address them. This includes, among others, legislative and political interventions. The role of the nurse mentor during these transitions is a key component as they can guide the immigrant nurse in the actual working environment along with providing insight into the working culture.

The questions we aimed to answer through this thesis relate to the challenges that immigrant nurses face at the workplace during the transition, types of accreditation and recognition of prior learning paths existing for them, and the general competencies they need when working. The main findings from the articles relate the challenges experienced by immigrant nurses; however, there were also some that mentioned both challenges and positive experiences of the host nurse mentors while working with immigrant nurses and a few areas that showed the support immigrant nurses receive while in transition in a new working environment. Support may extend from themselves, family, community, co-workers or through programs already in place or are initiated for them in their workplace.

As seen in Figure 2, there are conflicts relating to diversity and inclusion along with transitional challenges experienced by immigrant nurses. In addition, they experience
intrapersonal and interpersonal challenges at work. They do not only have conflicts within themselves because of differences in culture, language, and professional tasks from where they come from, but they also experience different types of discrimination from patients and their relatives, co-workers, and even educational institutions. There are a few programs that aid in foreign nurses’ transition in another country, but these are not always present. This thesis brings forward that support systems are necessary to promote transition, for their retention in the workplace as it can alleviate the shortage in health care workers while helping to ensure positive patient outcomes. As these institutional and community-wide supports should be in place, their consistency as well as transferability to areas where there are immigrant nurses, could be very useful.

In this thesis, it was found that there is a lack of uniformity in the accreditation process for immigrant nurses when considering previous education and work experience. Developing this gap especially relating to immigrant nurses in Finland, including their challenges in transition, and what higher education institutions and the government do in addressing such issues when they arise or are identified in studies like this could aid in tackling these diversity issues and thereby creating a Finland that has equality for all living there.

The immigrant nurses in this study are often previously educated in their host countries with bachelor’s degrees in nursing. In addition to taking up further education and/or training for their profession while in a host country, they also have to pass language certifications in order to be accepted, if they have not already done so while they were still in their home countries. While most of the immigrant nurses report having had work experience before immigrating, these are not always recognized during their placements in the host country. Immigrant nurses come from diverse backgrounds and go to countries that may be vastly different from their own. Their rich background is not always seen as a resource or treasure as it is lost through lack of recognition. Hence, these also further lead to conflicts and challenges, for them and those around them. WHO (2018) is a partner in the Nursing Now campaign that aims to improve global health through lifting the status of nursing and among others, “to enable nurses to maximize their contribution in achieving universal health coverage”. The further acknowledgment and efficient use of the untapped resources from immigrant nurses might be one contributory factor in the achievement of this goal.
As the world population continues to rise, the demand for healthcare services increases in every corner of the planet. There is a global shortage of health workers, in particular nurses and midwives, who represent more than 50 percent of the current shortage in health workers (WHO 2018). Many first world countries have already started taking steps to fill these gaps in order to secure healthcare demands. For all countries to reach Sustainable Development Goal 3 on health and well-being, WHO estimates that the world will need an additional 9 million nurses and midwives by the year 2030 (WHO 2018). The United States of America, one of the pioneers of hiring internationally educated nurses have been doing this for decades (Masselink and Jones 2015). Opening job opportunities to internationally educated nurses have pulled a workforce from different countries and especially from developing countries. From the 30 articles chosen for this study, many led us to key factors affecting the internationally educated nurses in the transition to working life and integration to society. The challenges were from internal and external factors like cultural, social, intrapersonal, profession-specific, licensing and education. Different internationally educated nurses experience varied challenges in the transition to a new working environment. These challenges open opportunities for the immigrant nurses and host countries having an open attitude in the matters that affect internationally educated nurses in the transition to working life and in their integration and inclusion into society. In addition, studies aimed to intensively identify missed opportunities for both immigrant nurses and host countries in bridging the gaps from these challenges could bring the needed changes that would, in the long run, support society.

8.1 Strengths, limitations, and recommendations

In this section of this chapter, the strengths, limitations, and recommendations of the study are brought forward. This study has included articles from different countries. The subjects of the articles have also come from different backgrounds and experiences. Even with these differences, there were similarities in the challenges that the immigrant nurses experienced. This is a strength of the study because the results then can be generalized and may be transferable to different settings such as in Finland.
During the data collection process, there were no articles found that were conducted in Finland. The authors also recommend that a study using a survey method be done in Finland to uncover the unique experiences of immigrant nurses. Another limitation of the study is that it did not investigate further whether the subjects overcame the challenges and what coping mechanisms that they used. Therefore, a study focused on coping mechanisms or interventions utilized to overcome the identified challenges could be useful. These could be on the individual, educational, or institutional levels. The authors of this thesis are novices and not researchers and therefore the inductive content analysis results could end in different themes if, for example, a researcher was to undertake the process. Lastly, this thesis is a bachelor level and there were only ten articles chosen from each author equaling to thirty in total. This being the case, this effort was in no measure an exhaustive study of the topics brought forward. All of these points taken together, more research could be beneficial.
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Appendix 1. Figure

Nature of Transition
- Types
  - Developmental
  - Situational
  - Health/Illness
  - Organizational

Patterns
- Single
- Multiple
- Sequential
- Simultaneous
- Related
- Unrelated

Properties
- Awareness
- Engagement
- Change and difference
- Transition time span
- Critical points and events

Transition Conditions: Facilitators and Inhibitors
- Personal
- Meanings
- Cultural Belief and attitudes
- Socioeconomic Status
- Preparation and Knowledge

Patterns of Response
- Process Indicators
- Feeling connected
- Interactions
- Locating and being situated
- Developing confidence and coping

Appendix 2. Table

Table 1 Internationally educated nurses’ experiences in a hospital in England: an exploratory study, Alexis O., Scandinavian Journal of Caring Sciences, 2013

<table>
<thead>
<tr>
<th>Meaning Unit</th>
<th>Condensed meaning unit, using the words from text</th>
<th>Condensed meaning unit’s latent meaning</th>
<th>Codes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>They stated that they were fearful of leaving their own working environment because they did not know what to expect …</td>
<td>They experienced fear in a new environment because of unclear expectations.</td>
<td>Fear in a new environment and unclear expectations are linked.</td>
<td>Anxiety</td>
<td>Intrapersonal</td>
</tr>
<tr>
<td>It was the language and some phrases that I didn’t understand. Back home we are more familiar with</td>
<td>The nurse is more familiar with the American English used in</td>
<td>Foreign nurses experience language challenges.</td>
<td>Language</td>
<td>Cultural</td>
</tr>
<tr>
<td>American English and not British English …</td>
<td>her home country than British English.</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>---</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They described how they felt removed from their everyday world and being thrown into an unfamiliar world, namely the National Health Service.</td>
<td>Removal from a familiar world to an unfamiliar world.</td>
<td>Feeling of alienation.</td>
<td>Anxiety</td>
<td>Intrapersonal</td>
</tr>
<tr>
<td>Another informant indicated that adapting to a new environment and the culture of the National Health Service were tiring.</td>
<td>Adapting to a new environment and culture was tiring.</td>
<td>Adaptation and feeling tired are linked.</td>
<td>Anxiety</td>
<td>Intrapersonal</td>
</tr>
<tr>
<td>The thing is I feel that they normally - that is my feeling anyway - when you can’t express yourself very well it means that you can’t perform well, so maybe the language can be a problem. I sometimes feel isolated from the rest. The language itself can be a drawback and, you can be ignored by work colleagues if you can’t speak the language.</td>
<td>The nurse experiences problems with the language and feels isolated and ignored by colleagues.</td>
<td>The nurse experiences language problems and feelings of isolation.</td>
<td>Isolation</td>
<td>Intrapersonal</td>
</tr>
<tr>
<td>The feelings of isolation for some informants were apparent. They indicated that they found it difficult to integrate with their United Kingdom counterparts, and as a consequence, they kept to themselves.</td>
<td>The informants apparently feel isolation, have difficulty in integrating with their United Kingdom counterparts, and so they keep to themselves.</td>
<td>The nurses feel isolated.</td>
<td>Isolation</td>
<td>Intrapersonal</td>
</tr>
<tr>
<td>When I started there everything was fine at first, but I really went against all odds and people started to become nasty and racist, it was open racism there, you just could not. I mean there wasn’t anything that you could do right as far as I was concerned. And there was always a person there that was favored</td>
<td>The nurse faced people who are nasty and racist, and she feels that there is a person favored above others.</td>
<td>The nurse feels racism and discrimination.</td>
<td>Racism, discrimination</td>
<td>Interpersonal</td>
</tr>
</tbody>
</table>
above certain people and that was what really disillusionsed me.

A number of informants indicated that to survive in their everyday world, they had to tolerate unacceptable treatment and a lack of recognition for their hard work…

Another informant revealed that she became frustrated because of having to work several times alone with a healthcare assistant.

As identified in this study, it would appear that many internationally educated nurses found adapting to the norms and values that underpin the National Health Service to be challenging because of the cultural differences.

Another informant stated that due to the feelings of unhappiness, it was necessary to find an environment where they could experience happiness and comfort, make new friends and be accepted.

In this study, some internationally educated nurses felt isolated because of their inability to communicate fluently in English.

Within this study, some internationally educated nurses became frustrated because of the way in which they were treated by their United Kingdom counterparts.

| The informants indicate that they experience unacceptable treatment and lack of recognition for their hard work in order to survive. | The nurses do not receive recognition for their work. | Interpersonal | Social |
| A nurse feels frustrated with working regularly alone with a healthcare assistant. | The nurse feels frustrated at work. | Anxiety | Intrapersonal |
| Internationally educated nurses face adaptational challenges in norms and values because of cultural differences. | Culture and adaptation challenges are linked. | Culture and adaptation | Cultural |
| The feeling of unhappiness led to seek another environment where there is happiness. | Support-seeking because of unhappiness. | Anxiety | Intrapersonal |
| Because they are not fluent in English, some internationally educated nurses feel isolated. | Isolation and communication difficulties are linked. | Isolation | Intrapersonal |
| Some internationally educated nurses experience frustration from the treatment of their United Kingdom co-workers. | Internationally educated nurses experience discrimination at work. | Interpersonal | Social |