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Promoting the Wellbeing of Culturally Diverse Nursing Staff

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ABSTRACT

Health care workforce is becoming culturally more diverse globally. Nurses migrating from one country to another might face specific challenges in their integration such as discrimination and language difficulties. Many misunderstandings are likely to occur due to cultural differences.

The purpose of this final project was to chart scientific research articles to introduce management strategies that promote the wellbeing of a culturally diverse nursing staff. The specific research question that was intended to answer was: What kinds of management strategies promote the wellbeing of a culturally diverse nursing staff?

CINAHL database was used to conduct a literature review. Research articles published between 2001-2012 and written in English language or Finnish that were able to answer the research question and that do not concentrate on expatriation were included in this literature review if full texts of the articles were accessed. Altogether 21 articles were included. Inductive content analysis was applied to analyze the data.

Three generic categories including three to five subcategories were formed. The categories are: (1) Organizational support: Managerial support, Emotional support, Social support, Additional support and Provision of formal networks; (2) Provision of education: Education and training, Language support, Orientation programs and Time; and (3) Nature of working environment: Working conditions, Favorable working environment and Fairness and Equality.

Promotion of well-being of culturally diverse nursing staff requires many interventions and a lot of efforts. A holistic approach is important, as can be seen from various perspectives appearing in the categories that were identified. The most important thing seems to be consideration of the needs of newly arrived nurses and interest in their supporting. They need not only educational and practical, but also emotional and peer support in an environment where equality and fairness can take place.

Keywords	management, culturally diverse staff, nursing

Abstract

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TIIVISTELMÄ

Terveydenhuollon henkilökunnan monikulttuurisuus on lisääntymässä maailmanlaajuisesti. Yhdestä maasta toiseen muuttavat sairaanhoitajat saattavat kohdata tiettyjä integroitumisen haasteita kuten syrjintä ja kielivaikeudet. Monien väärinymmärryksien ilmeneminen on kulttuurisista eroista johtuen todennäköistä.

Tämän opinnäytetyön tarkoitus oli kartoittaa tieteellisiä tutkimusartikkeleita, jotta voitaisiin esitellä johtamisstrategioita, jotka edistävät monikulttuurisen sairaanhoidon henkilökunnan hyvinvointia. Tutkimuskysymys, johon pyrittiin vastaamaan, oli: Millaiset johtamisstrategiat edistävät monikulttuurisen sairaanhoidon henkilökunnan hyvinvointia?

CINAHL-tietokantaa käytettiin tämän kirjallisuuskatsauksen suorittamiseksi. Vuosien 2001 ja 2012 välisenä aikana englanniksi tai suomeksi julkaistut tutkimusartikkelit, jotka vastasivat tutkimuskysymykseen eivätkä keskity tilapäiseen ulkomailla asumiseen, otettiin mukaan katsaukseen, mikäli artikkeleiden sisältö löydettiin kokonaisuudessaan. Kaiken kaikkiaan 21 artikkelia sisällytettiin tähän katsaukseen. Induktiivista sisällön analyysiä käytettiin aineiston analysoinnissa.

Kolme kategoriaa alakategorioineen muodostettiin, ja kategoriat ovat: (1) organisaation tuki: johtotason tuki, emotionaalinen tuki, sosiaalinen tuki, lisätuki ja virallisista tukiverkostoista huolehtiminen; (2) koulutuksesta huolehtiminen: koulutus, kielellinen tuki, perehdyttämisohjelmat ja aika; ja (3) työympäristön luonne: työolosuhteet, myönteinen työskentely-ympäristö ja oikeudenmukaisuus ja yhdenvertaisuus.

Monikulttuurisen sairaanhoidon henkilökunnan hyvinvoinnin edistäminen vaatii monia ponnistuksia. Kokonaisvaltainen lähestymistapa on tärkeää, ja kaikkein tärkein asia näyttäisi olevan vastikään saapuneiden sairaanhoitajien tarpeiden huomioon ottaminen. He eivät tarvitse ainoastaan koulutuksellista ja käytännöllistä vaan myös emotionaalista ja vertaistukea ympäristössä, jossa yhdenvertaisuus ja reiluus voivat vallita.

Avainsanat	johtaminen, monikulttuurinen henkilökunta, sairaanhoito

Contents

Appendices

1   Introduction

The significant nursing shortage in the Western countries has created a great need to recruit international nurses from abroad mainly from the developing countries. The demand and recruitment of international nurses is used as strategic means to curb the shortages of nurses. International nurses migrating to new countries are likely to face many kinds of challenges which may interrupt their adaptation if migrant nurses are left unsupported. In addition to the difficulties they face during their adaptation to the clinical environment in the host countries, they are also divided between two cultures, their own and that of the host countries.

According to Tregunno, Peters, Campbell and Gordon (2009: 182) internationally educated nurses experienced that nursing in Ontario was different than in their home countries. Moreover, they had some language problems leading to stress and cognitive fatigue (Tregunno, Peters, Campbell & Gordon 2009: 182). Nichols and Campbell (2010) also identified adaptation problems among internationally recruited nurses in the UK and reported that many felt frustration due to non-recognition and devaluing of their professional skills and experience. Many felt disappointed, and their expectations were not met (Nichols & Campbell 2010: 2814). According to Tregunno, Campbell and Gordon (2009) increasing amount of international nurses and changes in the ethnic and cultural composition of nursing workforce challenges the hospital management (Tregunno, Campbell & Gordon 2009: 182).

Likupe (2006: 1219) conducted a literature review to explore the experiences of African nurses in the United Kingdom and found out that nurses generally had negative experiences including poor pay and discriminatory practices. The results of three case studies of discrimination conducted by Allan, Cowie and Smith (2009: 905) in the United Kingdom point out that the reason for workplace bullying was racism. Similarly, Nichols and Campbell (2010: 2821) found out in their integrative review that many of the internationally recruited nurses in the UK have reported negative experiences and faced discrimination. They state that listening to them carefully will help to find ways to treat them well and to diminish their intent to leave. They speak of an environment where "migrant nurses feel personally happy and professionally fulfilled". (Nichols & Campbell 2010: 2822.)

Evidence-based knowledge is needed about challenges that migrant nurses are facing in order to target specific problems with specific interventions and appropriate approaches (Likupe 2006: 1213). Allan, Cowie and Smith (2009: 905) identified two situations where hospital management was not supporting the overseas nurses, so a critical view of the attitudes of the hospital management itself would be recommended. They also argue that nurse leaders have responsibility in fighting against racial discrimination (Allan, Cowie and Smith 2009: 905). Alexis, Vydelingum and Robbins (2007: 2227) state that establishment of a welcoming and accepting environment is needed and suggest training targeted to aid nurses in problems that may arise due to increased cultural diversity among health care workers.

The level of job performances and quality of care provided by international nurses are strongly linked to their job satisfaction. Opportunities offered to international nurses to participate in decision-making and recognition for their contributions to the organizations are some of the managerial strategies required to support their integration into the host working environment.

This final project is important because it will enable the readers of our study to understand the skills and tools that are essential to best manage and respond to diverse staff in the clinical settings. It is important to increase the sensitivity of hospital management towards the needs of a culturally diverse nursing staff. Hospital management should recognize and acknowledge that there are differences between cultural values and beliefs of nursing staff members. Information on education and how to increase the cultural competence of a culturally diverse nursing workforce is needed.

The desired outcome of our project is increased awareness of the promotion of wellbeing of a culturally diverse nursing staff and increased knowledge about possibilities to accomplish it in nursing practice. In our final project, we analyzed and introduced management strategies that promote the wellbeing of a culturally diverse nursing staff. These measures will help to create effective environment for international nurses, host nurses and offer a better patients' outcome.

2   Key concepts

The key concepts related to our approach and study question include: management strategies, culturally diverse nursing staff, and wellbeing of a culturally diverse nursing staff. Diversity nursing management "tries to build specific skills and to create policies that derive the best from each employee" (Gardenswartz & Rowe cited in Sadri & Tran 2002: 228). In this paper, a management strategy is defined as a plan, means or tools that aid in the achievement of a desired employee outcome, for example improved motivation and staff satisfaction.

We define culturally diverse nursing staff as workforce that contains employees from different cultural backgrounds with varying cultural values and beliefs, such as over-seas nurses. According to Gerace and Salimbene (2010), differences may exist, for example, in work styles (hierarchic versus egalitarian work styles), role relationships (and "face" in collectivist versus individualist cultures), communication styles (for example formal versus informal and direct vs. indirect), taking initiative, language and time orientation. According to Smeltzer, Bare, Hinkle and Cheever (2008: 128) cultural diversity is commonly defined by mentioning biological variations, religious affiliations and country of origin or region where one lives.

By wellbeing of a culturally diverse nursing staff we mean absence of discrimination and the experience of nursing staff members are valued and appreciated regardless of their cultural differences. According to Sullivan and Decker (2005: 6), "nurse managers must develop sensitivity towards cultural differences among their staff as well as their patients and be responsive to these differences within the context of the work environment". Sullivan and Decker (2005: 124) also discuss cultural differences in communication and mention that failure to understand others cultural expectations cause misunderstandings.

3   Study question and purpose of the project

We discussed about our topic and decided to limit it further by formulating our study question: What kinds of management strategies promote the wellbeing of a culturally

diverse nursing staff? The purpose of this final project was to chart scientific research articles to introduce management strategies that promote the wellbeing of a culturally diverse nursing staff.

The desired outcome of our project is increased awareness of the promotion of wellbeing of a culturally diverse nursing staff and increased knowledge about possibilities to accomplish it in nursing practice.

4   Methodology

4.1   Data collection

We did a tentative literature search in November 2011. We used CINAHL database with the following keywords: culturally AND diverse AND staff, and culture AND nursing management AND workforce. The limitations were full text and research articles from 2001-2011. One article was chosen from this tentative search.

In February 2012, we conducted another database search in database CINAHL. The limitations were peer reviewed publications from 2001-2011. A more in-depth description is presented in the APPENDIX 1. Suitable articles were not found from this search.

We continued our search in CINAHL again in March 2012 and decided to expand our search criteria by including articles published in 2012. We also attended a teaching session offered by our school library and got some help with figuring out of appropriate search terms. In May and June we used such keywords as foreign nurses, retention, international nurses, overseas nurses, support and adaptation. We used Google search engine to find full texts of articles identified by using CINAHL database and unintentionally found one additional article. Altogether 21 articles were chosen for final analysis.

4.2   Inclusion criteria

We looked for articles that provide evidence-based strategies and articles that can prove the effectiveness of the interventions presented. We chose the research studies

that we considered to succeed best in answering our research question. Literature reviews were used sparingly. Our inclusion criteria are as follows:

- research articles that are able to answer to our research question
- access to full texts of the articles
- articles that do not concentrate on expatriation
- articles published between 2001-2012
- English language or Finnish

4.3   Data Analysis

Nursing researchers often select content analysis as a method for qualitative data analysis (Elo & Kyngäs 2008: 107) and the qualitative content analysis as described by Elo and Kyngäs (2008) was also used in this final project to analyze the data. More specifically, inductive content analysis, in which individual examples are assessed in order to get a broader picture of the topic (Chinn & Kramer cited in Elo & Kyngäs 2008: 109), was considered to be a relevant method to be used in this final project.

All of the chosen articles were read through. According to Elo and Kyngäs (2008: 109) open coding, formation of categories and abstraction are used to arrange or systematize the informative material if inductive content analysis is the method used. Answers to the research question that were found from the articles were listed and the list served as a coding sheet. The unit of analysis was a phrase or word. The answers were then grouped under categories which were named according to their contents, and those subcategories were eventually used to form generic categories with more extensive contents.

5   Findings

Altogether 3 generic categories were formed on the basis of 12 subcategories which in turn are based on management strategies that were identified in the chosen articles and considered to promote the wellbeing of culturally diverse nursing staff. These categories are described more thoroughly in following sections and are as follows:

- Organizational support
  - Managerial support
  - Emotional support
  - Social support
  - Additional support
  - Provision of formal networks
- Provision of education
  - Education and training
  - Language support
  - Orientation programs
  - Time
- Nature of working environment
  - Working conditions
  - Favorable working environment
  - Fairness and Equality

Figure 1: Findings according to categories
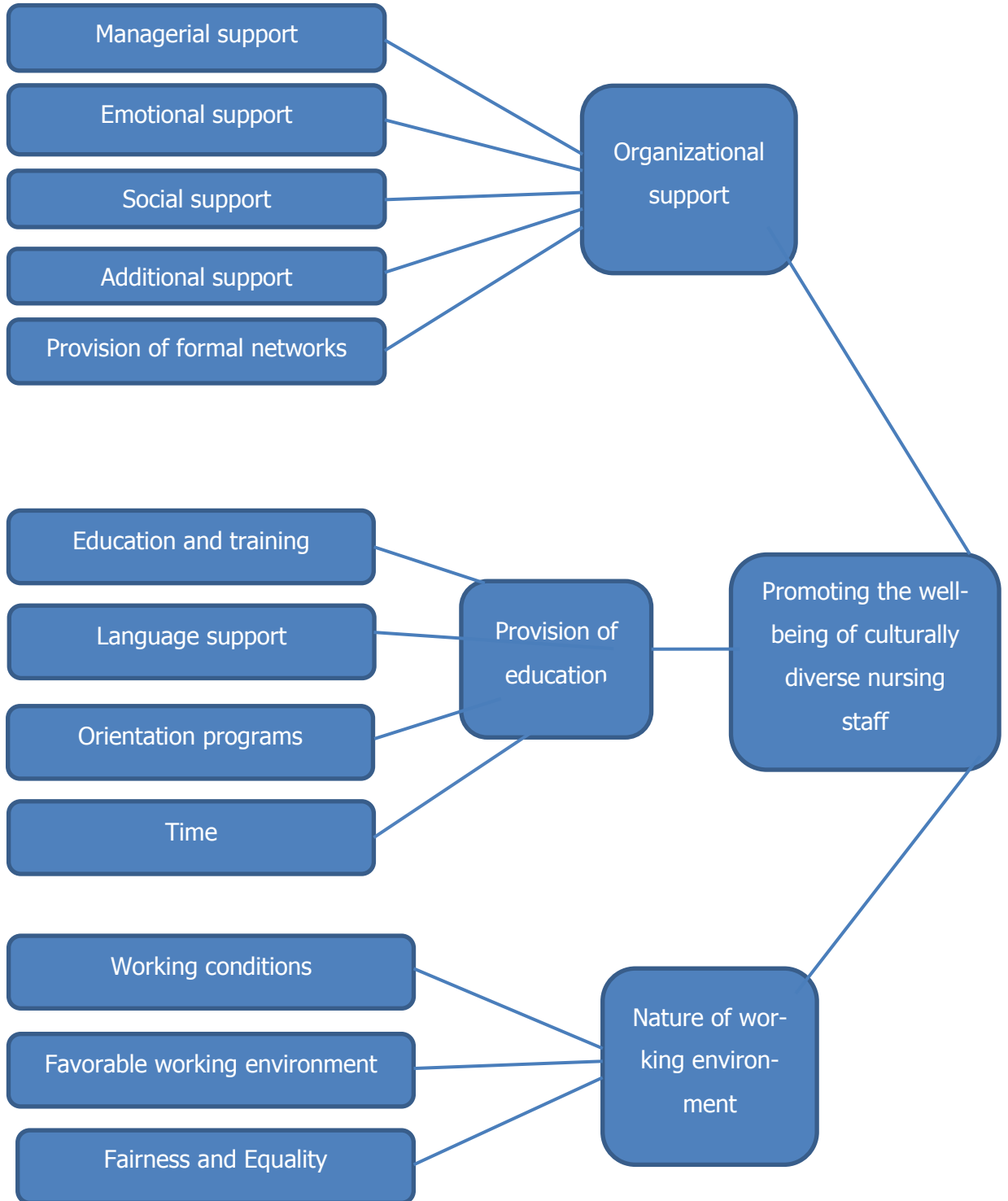
5.1 Organizational support

Managerial support

Gerrish and Griffith (2004: 583) found out that international nurses found adaptation less challenging in cases where senior ward nurses were caring and welcoming. One nurse commented: "My ward manager, she's really good, she gives me support, she encourages me, she makes me feel I am valued, part of the team" (Gerrish & Griffith 2004: 583). It was also expressed by one international nurse that the clinical support sister had helped her when she had had difficulties with her buddy:"…and that was when I really had this assurance that the clinical support sisters are on my side. So I could talk to them" (Gerrish & Griffith 2004: 584).

Daniel, Chamberlain, and Gordon (2001: 254) studied experiences of recently arrived migrant nurses who came from the Philippines to the UK. They report that trust's senior nurse responsible for retention supported international nurses. She was available and attending and listened to any problems or worries. She also was effective in solving such problems. (Daniel, Chamberlain & Gordon 2001: 262.)

In the study by Sherman and Eggenberger (2008: 542) one nurse from Zambia found that it is good if nurse managers help migrant nurses with "fitting in with the new tribe of nursing". Sherman and Eggenberger (2008: 543) state that nurse managers affect their healthcare settings to a great extent. Helpful nurse managers are needed so that migrant nurses could positively adapt to their new nursing practice environments (Sherman & Eggenberger 2008: 544). Support provided by nurse leaders has been discovered to be associated with ease with transition process of international nurses (Withers & Snowball cited in Cummins 2009: 1612).

The positive impact of support provided by nurse leaders for work related contentment of multicultural nursing staff is supported (Berg, Rodriguez, Kading & De Guzman cited in Bae 2011: 82). This involves nursing leaders who show appreciation of work that is well done (Berg, Rodriguez, Kading & De Guzman cited in Bae 2011: 82). In the study conducted by Al-Enezi, Chowdhury, Shah and Al-Otabi (2009: 98) five factors that were related to job satisfaction of international nurses were identified. They found out

that the nurses participating in their study were content with when it comes to three of these factors, one of them being praise and recognition (Al-Enezi, Chowdhury, Shah & Al-Otabi 2009: 94).

Nurse leaders and buddies should have clear goals that can also be understood by nurses who use English as a second language (Daniel, Chamberlain & Gordon cited in Smith 2004: 41). Hunt (2007) reports themes that emerged in a workshop that involved researchers in the Researching Equal Opportunities for Internationally Recruited Nurses and Other Health Professionals study and speaks for efficient management involving setting of broader objectives, motivating and prompting employees and increasing their willingness to stay at their jobs and enhance their skills and competencies (Hunt 2007: 2257). Hayne, Gerhardt and Davis (2009: 318) noted a relationship between support from the organization and relationships between nurses and doctors and suggest "decentralized and participative decision making and excellent nursing leadership".

Sherman and Eggenberger (2008: 539) found out that some overseas nurses were used to more extensive power-distance in relation to leaders and could not perceive nurse leaders as potential sources of support unless received guidance. Interviews with nurse leaders revealed that they felt in need of more training about coaching and ways to encourage assertiveness of new nurses (Sherman & Eggenberger 2008: 540). Sherman and Eggenberger (2008: 544) conclude with a notion that coaching skills help nurse managers to oversee overseas trained nurses more effectively.

Based on their research, they developed an example of topics that could be covered in a workshop designed for managers' education. One of the aims of the program is to facilitate recognition of effective ways to coach and solve culture related problems. One point presented concerning this issue is building an environment where questions are dared to be asked. (Sherman & Eggenberger 2008: 543.)

Emotional support

O'Neill (2011) investigated the progress of nurses who do not speak English as their first language when they were leaving their English language classrooms and entering

into clinical practice environments in Australia. Based on her study, she states that the issues confronted by nurses who use English as a second language and are trying to adapt to clinical environments call for concentrating on them (O'Neill 2011: 1127). The participants would like to be part of the local nursing team (O'Neill 2011: 1127).

Alexis (2009: 265) researched how a sample of international nurses in the UK saw caring attitudes of native nurses. The author discusses the views of overseas nurses including the need for increased caring attitudes on the part of host nurses toward overseas nurses (Alexis 2009: 269). They also perceived that UK nurses need to think about how they treat international nurses and relate to them (Alexis 2009: 269).

Alexis (2009: 269) argues that caring involves "concern and commitment for others". He also brings up that empathy encompasses being understanding and sensitive (Dyson cited in Alexis 2009: 269). The author concludes by saying that empathy and sympathetic approaches together with minimizing emotional stress of international nurses deserve attention in terms of fostering job satisfaction and effective working relationships among culturally diverse staff (Alexis 2009: 269).

Liou and Cheng (2011) explored experiences of a Taiwanese nurse immigrating to the USA and adapting to the local nursing environment. Migrant nurses need formal support to stay at their new positions, and especially empathic attitude and showing consideration help with this (Liou & Cheng 2011: 108). Kawi and Xu (2009) investigated issues that help or hinder transition of migrant nurses into new nursing environments and see that the need of overseas nurses for emotional support need to be addressed with, for example, well-prepared welcomes when the nurses have just come to the host country (Miraflor cited in Kawi & Xu 2009: 181).

Hayne, Gerhardt and Davis (2009: 321) report on efforts one community hospital in the United States made in trying to support newly recruited Filipino nurses and they noticed that the hospital achieved desirable outcomes in the form of job satisfaction and overall well-being of the new recruits. One of the motivating attitudes mentioned comprises genuine concern and attentiveness which the Human Resource Specialist and the Chief Nursing Officer were showing in relation to how the overseas nurses were and how was their quality of life (Hayne, Gerhardt & Davis 2009: 317). The Hu-

man Resource Specialist and the Chief Nursing Officer reached the position of being trusted as sources of support by overseas nurses (Hayne, Gerhardt & Davis 2009: 317).

Social relations including friendliness that the workforce showed in the study by Daniel, Chamberlain and Gordon (2001: 262) were reported to have a significant meaning. This friendliness can help in minimizing stress of overseas nurses and help with the adaptation process (Daniel, Chamberlain & Gordon 2001: 264).

Hunt (2007: 2254) presents that openness is necessary for the process of appreciating dissimilarity, as well as are questions revealing customs that are not noticeable for everyone. Hunt also writes about genuine listening which involves psychological readiness and eagerness to understand and be sensitive to the delicate nuances appearing in oral and physical expression (Egan cited in Hunt 2007: 2258). This can go a long way to sustain effective communication (Egan cited in Hunt 2007: 2258).

Social support

In their study, Daniel, Chamberlain and Gordon (2001: 262) note the presence and availability of the trust's senior nurse for recruitment and retention to whom the Filipino nurses could report any difficulties and concerns as factors that helped to ease their feeling of being new. Daniel, Chamberlain, and Gordon (2001) also state the need for social support system as a means used to reduce anxiety and foster successful adaptation. The oversea Filipino nurses perceived as valuable the support that was offered to them by the programme facilitators (Daniel, Chamberlain & Gordon 2001: 254).

The study by Daniel, Chamberlain and Gordon (2001) reveals that newly recruited nurses were offered hospital accommodation for 6 months as a strategy to promote socialization during their early difficult days. Furthermore, parties were organized for the Filipino nurses working for the trust (Daniel, Chamberlain & Gordon 2001: 262).

According to Gerrish and Griffith (2004: 583) the approachability and supportiveness of the senior ward nurses help to create a sense of value and encouragement for the overseas registered nurses (Gerrish & Griffith 2004: 583). In Sherman and Eggen-

berger's (2008) study of the transitioning of International nurses into clinical setting, supportive nurse leaders was noted as critical factor to successful transition of internationally recruited nurses (Sherman & Eggenberger 2008: 544).

In her study addressing the adjustment issues of overseas qualified nurses coming and working in Australia, Konno's (2006) findings show that informal networks with nurses who can share their experience provided consolation and helped to rectify the feeling of not belonging among the oversea nurses. Provision of formal networks for overseas nurses and planning of support programs was pointed out as strategic means ensuring increased social support at work for the oversea nurses (Konno 2006: 88).

Additional support

Hayne, Gerhardt and Davis (2009: 317) describe how the organization involved in their study was engaged in promoting the health of and supporting the local U.S. Filipino community. Some apartments locating near the hospital were bought to help migrant nurses and their close ones (Hayne, Gerhardt & Davis 2009: 317). The participants felt that they had good individual resources, higher quality of accommodation and were capable to be responsible for their own health and wellbeing (Hayne, Gerhardt & Davis 2009: 321). The hospital also offered some assistance with other societal, financial and economic issues including issues related to handling their business at the bank, buying groceries and means of transportation and school attendance of their children (Hayne, Gerhardt & Davis 2009: 320).

In addition, the hospital educated some of the significant others of the international nurses so that they could work as nurse aides (Hayne, Gerhardt & Davis 2009: 318). This contributed so that the Filipino nurses could get more support from their husbands (Hayne et al. 2009: 317). Hunt (2007: 2256) emphasizes the importance of human and economic investment in order to increase possibilities for cultural education and thus fostering more inclusive organizational environment.

The organization involved in the study conducted by Daniel, Chamberlain and Gordon (2001: 262) also provided help with housing in the form of hospital accommodation at least for six months. This was reported to be helpful (Daniel, Chamberlain, & Gordon

2001: 262). In addition, some of the newly migrated nurses were offered a sightseeing trip in London (Daniel, Chamberlain, & Gordon 2001: 262). The trust also gave assurance that it would help with applications of extended work permits increasing the feeling of job security for international nurses (Daniel, Chamberlain, & Gordon 2001: 263).

Kawi and Xu state that helping international nurses with issues concerning registration and licensing process is supportive for them (Sochan & Singh cited in Kawi & Xu 2009: 181). Moreover, they acknowledge the importance of logistical support containing assistance with finding housing and financial institutions following the arrival of these new nurses (Miraflor cited in Kawi & Xu 2009: 181). Zizzo and Xu (2009: 57) conducted a systematic review of adaptation programs designed for overseas nurses. They state that when migrant nurses had just come to their destination countries, logistics support appeared to be extremely significant for them (Zizzo & Xu 2009: 61). Migrant nurses wellbeing was fostered with 'meet and greet' upon arrival, help with getting accommodation, banking services and locating shops meeting their cultural preferences and aid in discovering church activities (Zizzo & Xu 2009: 61).

Provision of formal networks

In many of the reviewed studies, peer support and support from mentors have been reported to be beneficial for overseas nurses' adaptation and development. Feedback from supervisors has been found to be related to job satisfaction (Abu Ajamieh, Misener, Haddock & Gleaton cited in Al-Enezi, Chowdhury, Shah & Al-Otabi 2009: 95). Bae (2011: 85) found out that there was an association between support received from colleagues and mentors and nurses' plans to quit their current jobs. Specifically, the items 'treated as a colleague by my peers' and 'support at work by my supervisors' were concerned. The author concludes by indicating the significance of supervisor and peer support for nurse retention (Bae 2011: 85) and continues by suggesting a mentor and buddy programme that could be used (Ryan cited in Bae 2011: 85).

Another strategy suggested by Bae (2011: 85) is the use of nurses who immigrated to the USA as children as mentors and buddies since they might have the cultural competence and language skills required to guide nurses from different backgrounds. Sherman and Eggenberger (2008: 542) explored overseas nurses' need for training and

support and state that it is useful to utilize the experience of nurses who have experienced same kind of professional transition and make them supervisors and buddies for international nurses. Interviews with managers revealed that they considered assignment of a nurturing preceptor for an international nurse as a valuable supportive measure (Sherman & Eggenberger 2008: 539). One Scottish nurse interviewed asked: "Be patient with questions" and found that ongoing mentoring and feedback would be beneficial (Sherman & Eggenberger 2008: 542).

The importance of guidance from supervisors and fellow nurses in the clinical setting for international nurses' cultural adaptation is documented in the literature (Brislin cited in Okougha & Tilki 2010: 105; Beunza, Boulton, Ferguson & Serrano cited in Okougha & Tilki 2010: 105). Cummins (2009: 1615) found that support from preceptors was useful in assisting migrant nurses to integrate. For example, one migrant nurse wrote that: "Staff take the time and put in the effort to ensure we adjust to the new environment" (Cummins 2009: 1614). Okougha and Tilki (2010: 106) recommend that kind of cultural sensitivity which fosters overseas nurses' trust and confidence and involves, despite of failing, performing any corrective actions needed in a professional and thoughtful manner.

Liou and Cheng (2011: 108) report that a Taiwanese nurse participating in their study received support from her work environment including peers and some patients. This support was very important for the participant in order to gain necessary courage (Liou & Cheng 2011: 108). The participant received support from her nurse colleagues who answered her questions, gave counseling and provided timely encouragement. The participant also told that her colleagues do not normally assign her to situations where communication might be too challenging (Liou & Cheng 2011: 107).

Most of the newly migrated Filipino nurses in the study conducted by Daniel, Chamberlain, and Gordon (2001: 262) found that staff was helpful and supportive. One of the nurses said: "My confidence in working as a nurse has already increased as the weeks go by. This is not only because of the helpful study days that we have had but also because of the warmth of the other staff members, acceptance of our presence and capabilities as nurses" (Daniel et al. 2001: 262). Another one commented: "I have no

problem with my co-staff which is a main factor in my previous anxiety of working in a foreign country" (Daniel, Chamberlain, & Gordon 2001: 262).

Dubois, Padovano and Stew (2006) describe a study of an educational intervention which allowed participating American nurses to work and Italian nurses to be trained abroad. The authors identified certain issues that could be used to improve this international training program and note that these could also apply to other nurse migration programs (Dubois, Padovano & Stew 2006: 115). One of the suggestions made was that the organizers involve more supervisors, specifically supervisors that have experience of working in another country (Dubois, Padovano & Stew 2006: 114). The authors also note that in addition to informal networks the participants also received formal support and attribute participants' positive attitudes to this (Dubois, Padovano & Stew 2006: 115).

Peer mentors have been found to facilitate the organizational socialization of newly recruited nurses (Allen, McManus & Russell cited in Bae 2011: 82). Gerrish and Griffith (2004: 585) aimed to evaluate the success of an adaptation program for overseas nurses in the United Kingdom and report that support received from preceptors was beneficial in the process of gaining fitness for practice. Hayne, Gerhardt and Davis (2009: 313) studied ways to assist Filipino nurses when they were adapting to a nursing environment in North America. Recruited Filipino nurses usually worked closely with a preceptor for the first 12 weeks (Hayne, Gerhardt & Davis 2009: 317).

Kawi and Xu (2009: 181) state that a buddy program or a system of preceptorship is important for overseas nurses' emotional wellbeing and development of clinical skills and it is noted that the need for support is biggest in the beginning of the adjustment process (Withers & Snowball cited in Kawi & Xu 2009: 181). Similarly, Konno (2006: 92) recognizes the need for a buddy or mentoring system to aid international nurses in language and culture related issues. Konno (2006: 91) also mentions the need to provide formal networks for international nurses. In one qualitative study, described by Konno (2006: 89) a vocational English course was provided for nurses from non-English speaking backgrounds in Victoria. "In the program, each student was assigned to work with a buddy nurse during the clinical practice, which was reported to be very useful in terms of promoting cross-cultural comparisons, mediating links across cul-

tures and facilitating culturally appropriate nursing skills" (Palmer cited in Konno 2006: 89).

5.2   Provision of education

Education and training

Some of the articles collected for this final project emphasized on the needs for education and training as strategies required to support migrant nurses in their clinical settings. In a study that was conducted in Kuwait, Al-Enezi, Chowdhury, Shah and Al-Otabi (2009: 99) suggest that nurses should be given opportunities for career advancement by furthering their capabilities, skills, and competencies. Additionally, Al-Enezi, Chowdhury, Shah and Al-Otabi (2009: 99) also stated that nurses should be given opportunities to attend training courses so that their professional competencies and skills could be enhanced.

Deegan and Simkin (2010) investigate the perceptions of overseas qualified nurses from non-English speaking background of their educational experiences in a competency based assessment program. In their study, Deegan and Simkin (2010) note that overseas nurses' feeling of competency was affected because their professional skills were not recognized by host nurses and this influenced their professional development (Deegan & Simkin 2010: 31). Deegan and Simkin (2010) present the need for including professional development curriculum that promotes diversity within the hospital existing singular corporate culture. Additionally, Deegan and Simkin (2010: 36) propose the need for recognition, extensive development and proper utilizing of the skills of non-English speaking nurses. Furthermore, Deegan and Simkin (2010: 36) emphasize there are potentials in providing international training programs for both host and non-host nurses.

In their study Dubois, Padovano and Stew (2006: 115) argue that education create a two-ways learning effect where the nurses learn with, from and about each other. According to Dubois, Padovano and Stew (2006: 115) leadership development programs need to be made available for nurses managing a diverse workforce (Dubois, Padovano and Stew 2006: 115). In their study, Sherman and Eggenberger (2008: 544) argue

that the educational investment made in helping both Internationally recruited nurses and the nurse managers who supervise them through the transition process will be critical to success (Sherman & Eggenberger 2008: 544).

The needs for education and training to include cultural sensitivity and awareness were identified as a strategic management of diversity nursing staff (Hunt 2006: 2256; Okougha & Tilki 2010: 105). Inadequate knowledge about the culture, values and practices of international nurses can create difficulties for managers during coaching of the international nurses, and the use of culturally sensitive programmes has been pointed out as a factor that promotes successful adaptation and retention among the foreign nurses (Daniel, Chamberlain & Gordon 2001: 262). Cummins (2009) propose in her study the needs of host nurses to learn to adapt to other cultures (Cummins 2009: 1615).

Language support

Communication skills are extremely important in nursing. Foreign born nurses are more likely to experience language difficulty during interaction with patients and colleagues. Exposing migrant nurses to host language is crucial in laying down a solid foundation that hastens adjustment to their new environment. According to Dubois et al. (2006: 113) American–Italian nurses international experience case study, majority of the American and the Italian nurses feel language barrier and communication problems have negative effects in terms of difficulties it creates for one in a new environment. Language and communication barriers have been shown as major concern by employers, regulatory agencies and international nurses themselves (Davis & Nichols; Xu; Xu et al.; Yi, as cited in Shen et al. 2012: 22). Takeno (2010) in her study explores the perceptions of five Asian nurses from Japanese and Korean backgrounds in regard to their view of nursing in Australia. In her study, Takeno (2010) identified language difficulties, cultural differences and discrimination as issues encountered by overseas trained nurses upon migration (Takeno 2010: 216).

Interaction with colleagues and patients occur through spoken and written words inform of documentation from different sources. For international nurses having a good knowledge of the host language will help to reinforce expectation of the patients. Ac-

cording to Liou & Cheng's (2011: 108) study language barriers and cultural differences in patient care causes frustration for international nurses (Liou & Cheng, 2011: 108).

Konno (2006) conducted a study on International nurses in Australia aiming to identify the supportive interventions that could best assist these nurses in their adjustment into the Australian nursing practice. According to Konno's (2006: 91) study Australian pronunciation and accents, fast delivery of speech, idiomatic language, slang, differences in abbreviations and medical terminologies, telephone conversation were identified as factors which created language problems for nurses from Philippines in addition to the difficulties they also experience with adjustment into the Australian culture (Konno, 2006: 91). Konno (2006: 91) also states that non-English speaking nurses need improved ability to communicate with staff and patients. She argues that pronunciation is significant factor in terms of understanding and being understood for the local nurses and oversea nurses (Konno, 2006: 89).

Language training can facilitate migrant nurses settling down and acculturation in their areas of deployment. According to Takeno; Zizzo and Xu; Shen et al. desirable outcome is achieved through language and communication skills (Takeno 2010:221; Zizzo & Xu 2009:62; Shen et al. 2012:12). In her pilot study conducted on overseas nurses mainly from India, Smith (2004) indicates the need for greater emphasis to be given to communication and language session within the sphere of practice (Smith, 2004: 42). Additionally, Smith (2004) stressed the need for overseas nurses to have the opportunity to check concepts, seek clarification and relate the information to ensure that an effective communication and learning take place (Smith, 2004: 42). Shen et al. (2012) study reveals that effect of linguistic course for International nurses improved their linguistic competence by reducing their phonologic errors (Shen et al.2012: 21).

Konno (2006) suggested that nurse educators and team leaders need to have understanding of strategies for supporting the linguistic needs of overseas nurses. In addition, she pointed out the critical need of a close work with English language specialists in bridging programs (Konno 2006: 92). Konno (2006) also propose it is important to recognize that the required language skills of nurses are highly complex and good language support for overseas nurses of non- English speaking background is needed (Konno 2006: 91).

According to Horner's (2004: 41) study, the mentors who were involved in a supervised practice program of international nurses considered providing more facilities for international nurses in order to serve in the facilitation of their communication skills (Horner 2004: 41).

In addition to language being taught in context, O'Neill (2011) states that international educated nurses need to be prepare for new professional and cultural identity and emphasized on the need of improving second language support and mentorship in the clinical setting, as well as giving values to the communicative and intercultural competences the nurses offer (O'Neill, 2011: 1127).

Orientation programs

According to Gerrish and Griffith (2004) research study industrialized nations involved in recruiting from the global market need to invest in providing appropriate support for oversea nurses' adaptation to different health care system and social and cultural context that is different from what they have been used to (Gerrish & Griffith 2004: 579).

Dubois, Padovano and Stew (2006: 115) suggest in their study the need for a more institutionalized integration process that includes a well-organized training process as means to reduce immigrant nurses' negative experience of feeling lost. Al-Enezi, Chowdhury, Shah and Al-Otabi (2009) explore job satisfaction of international nursing staff in Kuwait. They urge that new staff members need to be provided with an opportunity for good orientation that is skillfully planned and receive information or summary about nurses' work, circumstances, relevant regulations and places where to get help (Al-Enezi, Chowdhury, Shah & Al-Otabi 2009: 99). Hunt (2007: 2255) refers to Smith, Allan, Henry, Larsen and Mackintosh and speaks for helping migrant nurses when they are transmitting their professional capabilities from one setting or culture to another.

Horner (2004) writes about an orientation program designed for international nurses. She infers that groundwork that assists overseas nurses to gain knowledge about the process of transitioning into a different healthcare setting would support the overseas nurses (Horner 2004: 41). After that they could continue and start their induction programs in clinical settings with an increased ability to adapt to their new organizational

roles and responsibilities as members of nursing teams representing a different culture (Horner 2004: 41).

Additionally, Gerrish and Griffith (2004: 585) note the closeness between nurses' previous experience and the clinical areas in which they undertook supervised practice, together with the support provided by mentors and managers, were important influences on achieving fitness for practice (Gerrish & Griffith 2004: 585). In their study, Hayne, Gerhardt and Davis (2009) suggest that in orientation programs there is critical need for nurses to be assigned to mentors and supervisors where uncertainties can be clarified in manner where individual sense of competency is maintained (Hayne, Gerhardt & Davis 2009: 321).

Smith (2004: 42) in her study draws attention to the fact of overseas nurses wanting more explicit information and training about the National Health Service (NHS) working environment in order to utilize their experience and skills effectively (Smith 2004: 42). Smith (2004) pointed out that adaptation programme is perceived by overseas nurses as a means of personal and professional development, in which they would be given the support necessary to improve their clinical confidence and obtain registration in the UK (Smith 2004: 42).

In the study by Sherman and Eggenberger (2008: 542) a nurse from Jamaica found it significant to get information about regulatory bodies and issues during the induction period. More specifically, she mentioned information about a commission related to accreditation and laws concerning health insurance, accountability and emergency medical treatment as examples (Sherman & Eggenberger 2008: 542). Smith (2004) writes about experiences of international nurses on an orientation program of Poole Hospital NHS Trust in the UK. She suggests the need to stress, recognize and comprehend what is the role of an international nurse and what are the operations or meaning of the NMC (NMC cited in Smith 2004: 42).

Cummins (2009) explored international nurses' views of adaptation to the perioperative setting. She presents the usefulness of utilization of organized and educative nursing settings and places where professional competencies can be developed (Hancock & Hopkins cited in Cummins 2009: 1612). Gerrish and Griffith (2004: 585) refer to Allen

and Larsen who detected that the practical placement environments where international nurses practiced had a substantial meaning for them.

Cummins (2009: 1615) also recommends workshops and in-service education about the work done in operation theatres so that newly recruited nurses can have insight. Horner concludes by adding a recommendation to monitor and evaluate the most important competencies that international nurses possess preceding the commencement of the program (Horner 2004: 41). Examples of skills to be evaluated include inserting a cannula and obtaining intravenous access (Horner 2004: 41).

Time

Bae (2011) conducted a study to explore issues related to migrant nurses' adaptation and becoming part of social environments of hospitals situated mainly in the greater New York City metropolitan area. She presents that the adaptation process or organizational socialization process of newly recruited nurses takes some time which must be allocated for them (Bae 2011: 82). Cummins (2009: 1615) presents an implication for the practice of professional nursing according to which it is important to allow sufficient time and support for internationally recruited nurses to become confident and to learn necessary assertiveness skills.

Gerrish and Griffith (2004: 584) argue that information concerning the length of an adaptation period required to enable international nurses to acquire relevant skills and competencies is welcomed due to the amount of resources needed in order to assist these new nurses when they go through orientation programs.

5.3   Nature of working environment

Working conditions

There is great deal that management and staff could do to promote desirable working conditions in their various wards. "Various studies have suggested that when care providers are satisfied, their patients are more likely to be contented" (Kuokkanen, Leino-Kilpi, & Katajisto; Patrick & Laschinger cited in Al-Enezi, Chowdhury, Shah & Al-Otabi

2009: 95). According to Al-Enezi, Chowdhury, Shah and Al-Otabi (2009: 99) the perception of not being recognized, not appreciated by colleagues and not informed about terms and conditions of their jobs created feelings of frustration among foreign nurses. Al-Enezi, Chowdhury, Shah and Al-Otabi (2009: 95) also talked about the importance in recognizing that nurses' job satisfaction is related to quality of care and retention and policy makers need to have an awareness of this (Al-Enezi, Chowdhury, Shah & Al-Otabi 2009: 95). Job satisfaction, age of years of experience, adequate monetary compensation and flexibility in work schedule are positively correlated (Arafa et al.; Yaktin et al. cited in Al-Enezi, Chowdhury, Shah & Al-Otabi 2009:95).

Based on the findings from Daniel, Chamberlain and Gordon (2001) study better career prospects, higher salaries, and promotion opportunities were among the motivating factors that make the Filipino nurses in the UK to want to stay (Daniel, Chamberlain, & Gordon 2001: 262). However, another study previously conducted pointed out that the UK-educated Filipino nurses had experienced barriers to accessing training opportunities that would have enabled them to get promotion (Cole cited in Daniel, Chamberlain, & Gordon 2001: 245).

Daniel et al. (2001) further hinted that the feeling of resentment and disappointment were generated among State Enrolled Nurses (SENs) who experienced barriers when prevented from accessing training courses in order for them become state registered, even though they have the appropriate qualifications and were given earlier promise that their registration will be easy (Daniel, Chamberlain, & Gordon 2001: 254). In addition, Daniel, Chamberlain and Gordon (2001: 263) urged that extension of work permit beyond the short-term contract will present International nurses with greater choice and sense of job security.

However, Gerrish and Griffith (2004) based the factors on which oversea nurses gain professional registration as nurse's experience, the characteristics of the clinical environment and the nature of support that have been provided (Gerrish & Griffith 2004: 586). According to Liou and Cheng (2011) case study of the experiences of a Taiwanese nurse in the US the sick leave policies and the patient-nurse ration was seen as an advantage in the workplace. Researchers found that higher pay, adequate staffing and

support from management through recognition of good work increased job satisfaction of international nurses (Berg et al. cited in Bae 2011: 82).

Favorable working environment

Based on the on articles collected for this final project, the working environment plays a significant role in terms of how migrant nurses recruited in hospitals are able to adjust well in their working environment. Additionally their job performances are greatly affected based on how their skills are supported and valued by their colleagues and patients. According to Hayne, Gerhardt and Davis (2009: 314) transcultural nursing knowledge and conceptions of care can bridge cultural gaps and differences and contribute to effective and constructive communication between groups, a healthy work environment and better patient care. Furthermore, Hayne, Gerhardt and Davis (2009) also stated that cultural competence in both parties optimizes communication (Hayne, Gerhardt & Davis 2009: 320).

There is need to foster genuine communication practices, based on culturally competency, respects and staff empowerment in order to support the outcome of patient (Purnell & Paulanka cited in Hunt 2006: 2258). Without effective communication with various co-corkers and patients, nursing cannot be practiced effectively (Konno, 2006: 91). Increased understanding of purpose and role of the adaptation programme for interdisciplinary staff will promote effective working relationships; improve morale, understanding and respect for each other's culture. Deegan & Simkins (2010: 36) in their article referred to initiation of positive environment for culturally diverse staff.

Gerrish & Griffith (2004) express the need for mentors and managers to be sensitive to the position of overseas nurses and to create an environment that values diversity in the workplace (Gerrish & Griffith 2004: 586). "Learning and appreciating cultural differences can direct efforts toward closing the cultural gap and promoting the development of respect, credibility, and healthy working relationships" (Scholes & Moore cited in Dubois et al. 2006: 115). Hayne, Gerhardt and Davis (2009) in their article stated the importance of maintain open channels of communication which allows sharing of professional values and belief systems (Hayne, Gerhardt & Davis 2009: 321). In their study Sherman and Eggenberger (2008: 544) noted that nursing leaders who supervise

internationally recruited nurses are able to better support their needs by learning to develop strategies to build supportive unit environments and provide effective coaching.

Fairness and Equality

O'Neill (2011: 1126) speaks for comprehending that internationally educated nurses are as capable nurses as nurses from the host country, in this case from Australia. Deegan and Simkin (2010: 36) find it good to safeguard identification, improvement and employment of the capabilities that nurses from non-English speaking backgrounds have. O'Neill (2011: 1127) argues for "giving value to the communicative and intercultural competence these nurses offer" meaning nurses to whom English is a second language (Deegan & Simkin cited in O'Neill 2011: 1127; Hearnden cited in O'Neill 2011: 1127).

In the study conducted by Gerrish and Griffith (2004: 585) managers found that international nurses should receive equal treatment compared with that received by their British counterparts. The authors refer to previous literature to point out that overseas nurses in the UK are not having the same opportunities for promotion than British-trained nurses (Beishon, Virdee & Hagell cited in Gerrish & Griffith 2004: 585; Culley & Mayor cited in Gerrish & Griffith 2004: 585) and indicate that equal opportunity and anti-discriminatory policy directives have been developed to address this shortcoming. They hold the perspective that operational anti-discriminatory policies are needed (Gerrish & Griffith 2004: 586).

Sherman and Eggenberger (2008: 542) interviewed international nurses and nurse leaders in their study and one Indian nurse commented about approaches nurse managers could use: "give the same importance to international nurses as nurses from here. Don't show partiality." Kawi and Xu (2009: 181) suggest provision of equal and fair treatment regardless of race, gender, culture, ethnic background, native language and differing pronunciation and making sure the prospects are the same. Fair treatment is also required by the law of different countries (Daniel, Chamberlain & Gordon cited in Kawi & Xu 2009: 181; Hagey et al. cited in Kawi & Xu 2009: 181) and its implementation could be promoted (Kawi & Xu 2009: 181).

Hunt (2007: 2258) suggests that legislation and policies guide attempts to promote effective diversity practice. She states that the Race Relations (Amendment) Act 2000 profits native staff in addition to ethnic minorities if it is used to manage change and according to the Department of Health it promotes equal prospects and harnessing of variety in the workplace (Department of Health cited in Hunt 2007: 2256). Papadopoulos, Tilki and Taylor see it is important to enthusiastically fight against racism and have knowledge of the ways of life, opinions, ideals and morals being part of a particular culture (Papadopoulos, Tilki & Taylor cited in Daniel et al. 2001: 258).

Equal opportunities in terms of training and promotion have been pointed out as a factor that promotes successful adaptation and retention among the foreign nurses (Daniel, Chamberlain & Gordon 2001: 262). Daniel, Chamberlain and Gordon (2001: 264) stress that if it is to be found out whether these nurses have same opportunities for training and promotion than other nurses, monitoring should be carried out on a long-term basis. They also state some ways to protect international nurses against mistreatment. These include an induction period implemented in a thoughtful manner, support with extended work permit requests and assessing migrant nurses' outcomes (Daniel et al. 2001: 263).

Hunt (2007: 2258) describes approval and appreciation of cultural diversity as a solution to some obstacles that can be achieved by alteration of one's approach, perspectives and ways to think and inspiration to do that. Moreover, Hunt cautions against causing international nurses to assume that they cannot maintain their traditional culture-related characteristics if they want to succeed (Hunt 2007: 2258). She also argues for respecting and esteeming individual persons and building a health care environment that encourages for that (Hunt 2007: 2258).

Deegan and Simkin (2010: 31) interviewed nurses from non-English speaking backgrounds adapting to Australian working environment. They present the concept of productive diversity according to Cope and Kalantzis as "a relationship between perceived traditions and the necessity to negotiate change" (Cope & Kalantzis cited in Deegan & Simkin 2010: 35). Cope and Kalantzis argue that the particular culture dominating in a given organization leads to existence of 'ghettos' and argue for nurturing of differences

within the workforce and penetrable borders (Cope & Kalantzis cited in Deegan & Simkin 2010: 36).

Hunt states that questions concerning human rights as well as results of the workshop show that education is needed in order to promote inclusive attitudes of staff members in an organization (Smith, Allan, Henry, Larsen & Mackintosh cited in Hunt 2007: 2256). One of the aims of the education is to foster sensitive behavior towards nurses representing racial and ethnic minorities (Hunt 2007: 2255). Daniel et al. (2001: 264) suggest training containing anti-harassment and anti-discriminatory practice policies as a way to reduce prejudiced attitudes.

6   Discussion

Management is part of the nursing practice, and with increasing cultural diversity cultural issues are becoming more important. Ward managers should be able to deal with all staff members, including those coming from different countries and cultures. There might possibly arise some conflicts or problems, for example misunderstandings, due to cultural diversity. Ward managers need means to deal with these problems in order to promote collaboration, create a positive working climate and ensure best possible patient care.

Aiken, Clarke and Sloane (2002: 187) studied job satisfaction of nurses living in different countries and what kind of impact a given working condition had on poor levels of work related satisfaction among these nurses. They found out that having enough nurses and receiving help at the workplace result in better implementation of professional nursing, less dissatisfied workforce and decreased turnover rates (Aiken, Clarke & Sloane 2002: 187). Bae (2011: 82) concludes by pointing out the importance of providing help when overseas nurses are trying to transition into their new environments. Moreover, it has been noted in the literature that discrimination and poor relationships between local and international nurses pose a risk to patient safety (Kingma cited in Deegan & Simkin 2010: 35) as well as poor communication has been identified as a source of potential danger (Flynn & Aiken cited in Cummins 2009: 1612; Haloburdo & Thompson cited in Cummins 2009: 1614).

Several articles were collected for this final project the findings from our articles were explained, analyzed and presented. The articles we collected for this project provided great deal of knowledge and strategies hospital management can adopt in order to promote high levels of job satisfaction, work commitment and increased job performance among migrant nurses recruited in different hospitals in the developed countries. The chronic shortage of nurses is becoming an increasing occurrence in most of the developed countries, most of the articles we collected for our final project made a significant reference to the chronic nursing shortages facing the western countries and how it has created great need for the recruitment of nurses from overseas especially from developing countries.

Overseas trained nurses are recruited from developing countries as a strategy to curb the shortages of nurses facing the developing countries. They bring with them knowledge, skills, and experience to their new practice workplaces. The failure to recognize the skills and clinical know-how of International trained nurses by hospital management could create in them feelings of marginalization, frustration and discrimination. Migrant nurses who came from different cultures are used to own country's healthcare system whose approaches to nursing are likely not to similar with that of the host country. The benefits of their knowledge, skills, and experiences can be utilized successfully through integration them into the healthcare system of their host countries.

7   Ethical consideration and trustworthiness

Ethical implications is not limited only to human research, we are aware of the ethical considerations at the literature review phase because ideas and the research of others are at the focal point. We think that ethical aspects of this study include acknowledging any author whose text or ideas are going to be used, with proper referencing. We also payed attention to the ethical aspects of the studies we appraise for relevance and include only those studies that follow high ethical standards.

According to LoBiondo-Wood and Haber (2010: 117) ethical considerations include also in qualitative designs ensuring safety of the participants. They also mention that if researcher is as an instrument, he or she should admit the possibility that he or she is prejudiced (LoBiondo-Wood & Haber 2010: 118). The researcher should not change the data (LoBiondo-Wood & Haber 2010: 118). In addition, consistency in qualitative studies can be evaluated according to the study design and by assessing credibility, auditability and fittingness (LoBiondo-Wood & Haber 2010: 118).

We collected materials for our final project using CINAHL (Cumulative Index of Nursing and Allied Health Literature) database. CINAHL is an electronic database where references to journal articles are found. CINAHL covers English-language journals and other publications on nursing, biomedicine, health sciences librarianship, alternative/complementary medicine, consumer health and other allied health disciplines. Subject heading search was the most effective we used to search CINAHL.

Clear and understandable articles were selected. The chosen articles were able to answer to our research question and met the inclusion criteria. The selected studies were scientific research articles. The articles that we selected for our thesis were up to date and recent articles (2001-2012). However, due to time constraints some important aspects relevant for our topic may have gone unrecognized.

8   Conclusion

On the basis of the different categories, a summary was made. The summary is as follows: Promotion of well-being of culturally diverse nursing staff requires many interventions and a lot of efforts. A holistic approach is important, as can be seen from various perspectives appearing in the categories that were identified.

The most important thing seems to be consideration of the needs of newly arrived nurses and interest in their supporting. They need not only educational and practical, but also emotional and peer support in an environment where equality and fairness can take place. We ended up in a synthesis that we entitled: Holistic approach to international nurses' supporting. It is important to address the needs of these newcomers in order to find ways to best support them.

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DATABASE SEARCH CINAHL NOVEMBER 2011 AND FEBRUARY 2012

Keywords	Total hits	Relevant articles	Chosen articles
culturally AND diverse AND staff	16	3	1
culture AND nursing management AND workforce	10	1	0
discrimination AND management AND race	9		0
manager AND culture AND diversity	5	1	0
management AND culture AND diversity	99		0
management AND cultural diversity	230		0
management strategy AND cultural diversity	4		0
diversity AND leadership	217		0

DATABASE SEARCH CINAHL MARCH 2012

Keywords	Total hits	Relevant articles	Chosen articles
Cultural AND Diversity AND Hospital	78	3	0
Management AND cultural diversity	102		0
Management AND strategies	4	0	0
Management AND cultural diversity AND leadership	11	1	0
Wellbeing AND cultural diversity AND leadership	1	0	0
Wellbeing AND cultural diversity	4	0	0
Culture AND Diversity AND Management	45	6	0
Cultural diversity AND Well-being AND Management	4	1	0
Cultural competence AND Well-being AND Management	1	0	0
Cultural AND Well-being AND Management	24	1	0
Culture AND Well-being AND Management	30	3	0
Leadership AND Well-being AND Culture	6	2	0
Management AND Wellness AND Cultural diversity	1	0	0
Management AND Wellness AND Culture	5	0	0
Occupational AND Cultural diversity	28	4	0
Health AND Cultural diversity AND Human resource management	2	1	0
Health AND Cultural diversity AND Management	52	8	0
Human rights AND Cultural diversity AND Manage-	1	1	0

ment			
Human rights AND Ethnicity AND Management	1	0	0
Leadership strategies AND Cultural diversity	1	0	0
Ethnic minorities AND Well-being AND Management	1	0	0
Transcultural AND Well-being AND Management	1	0	0
(MH "Job Satisfaction+") and (MH "Health Personnel, Minority+") and (MH "Nursing Administration+")	0	0	0
(MH "Job Satisfaction+") and (MH "Health Personnel, Minority+")	1	0	0
(MH "Cultural Competence") OR (MH "Cultural Diversity") or (MH "Transcultural Nursing")	2736		0
((MH "Cultural Competence") OR (MH "Cultural Diversity") or (MH "Transcultural Nursing")) and ((MH "Nursing Administration+"))	3	2	0
(MH "Health Personnel, Minority+") and (MH "Nursing Administration+")	1	0	0
(MH "Job Satisfaction+") and (MH "Cultural Competence") OR (MH "Cultural Diversity") or (MH "Transcultural Nursing")	40		2

DATABASE SEARCH CINAHL MAY/JUNE 2012

Keywords	Total hits	Relevant articles	Chosen articles
Diverse workforce	22		0
foreign nurses	168		7
foreign nurses AND Job satisfaction	15		0
foreign nurses AND retention	19		1
international nurses AND empowerment	2	0	0
international nurses AND job satisfaction	25	1	0
international nurses AND retention	11		0
international nurses AND support	50		3
international nurses AND well-being	8		0
multicultural staff AND adaptation	1	1	0
multicultural staff AND promotion	1	1	0
multicultural staff AND retention	1	0	0
Overseas nurses AND adaptation	7	7	2
overseas nurses AND facilitating	2	1	0

overseas nurses AND inclusion	1	1	0
overseas nurses AND introduction	1	0	0
overseas nurses AND program	6	3	1
overseas nurses AND programme	8	5	0
overseas nurses AND promotion	2	1	0
Overseas nurses AND retention	7	2	0
Overseas nurses AND support	13	8	3
overseas nurses AND training	10		0
Overseas nurses AND well-being	2		0

Altogether 20 articles were chosen from these searches.

Data search findings

Author(s), year, country where the study was conducted	Purpose	Participants (sample size)	Data collection and analysis	Main results	Remarks
Al-Enezi, 2009, Kuwait	The purpose of this study is to identify factors related to the job satisfaction of nurses and the effect of selected background characteristics, for example nationality.	Nurses (n=436)	A questionnaire survey. The McCloskey-Mueller Satisfaction Scale was used. To assess the relationship between selected background characteristics and job satisfaction, multiple linear regression was used.	Nurses were found to be dissatisfied with professional opportunities and extrinsic rewards. They were moderately satisfied with praise and recognition, scheduling of duty, and control and responsibility.	A concerted action in developing a strategy to improve various aspects of nurses' professional development and extrinsic rewards are recommended.
Alexis, 2009, UK	The purpose of this study is to explore overseas nurses' perception of their nursing colleagues' caring attitudes in the National Health Service in the UK.	Overseas nurses (n=12)	A qualitative phenomenological approach using semi-structured interviews was used. The interview transcripts were transcribed verbatim and analysed using van Manen thematic approach.	Many themes, such as empathy, understanding and caring perspectives, emotional impact and lack of teamwork, emerged.	Teamwork, being empathetic, understanding and reducing emotional labour for overseas nurses could lead to a more satisfied working environment for overseas nurses.
Bae, 2011, USA	The purpose of this study is to examine international nurses' perceptions of their organizational socialization and its association with intent to leave in both the international and the American nurses.	Registered nurses (n=752)	Data from a hospital RN survey was used for secondary analysis. The analysis of variance and chi-square tests were used. A logistic regression model was used to examine the association between organizational socialization and nurses' intent to leave.	The level of organizational socialization of foreign-educated nurses was higher than that of any of other nurse groups. Good supervisor and peer support were negatively associated with nurses' intent to leave.	The orientation programme and support from peers and supervisors played an important role in the international nurse's organizational socialization process.

Cummins, 2009, Ireland	The purpose of this study is to examine migrant nurses' perceptions and attitudes of integration into the perioperative setting.	Migrant perioperative nurses (n=113)	An anonymous 34-item questionnaire with a 5-point Likert Scale. The questionnaire was analysed using the Statistical Package for Social Sciences (SPSS) version 14.	Communication issues, cultural differences and difference of work practices were reported. The majority of participants found the support of preceptors beneficial and hospital orientation programmes valuable.	Migrant nurses not accustomed to delegating and being assertive need to be supported and given time to acquire these skills and to gain confidence.
Daniel et al., 2001, UK	The purpose of this study is to identify initial expectations and experiences of newly migrated Filipino nurses.	Newly migrated nurses in group 1 (n=15) and group 2 (n=9).	Focus group interviews, brainstorming technique. Grounded theory techniques of open coding and theme analysis were used to sort the data and generate categories.	Differences emerged between the nurses' expectations of the nursing role and their actual experience on the wards. Adjusting to the new system of health care proved stressful but was helped by the provision of support services.	Factors that may promote successful adaptation and retention included equal opportunities with respect to training and promotion and the use of culturally sensitive orientation programmes.
Deegan et al., 2010, Australia	The purpose of this study is to understand the perceptions of overseas qualified nurses, from non-English speaking backgrounds of their educational experiences in a competency based assessment program.	Nurses of non-English speaking background (n=13), an Australian born nurse and clinical teachers (n=3).	In depth audio taped interviews, observation in clinical practice and personal journal entries. The constant comparative method was used to analyse data.	Three themes emerged: language use, quality of communication and non-recognition of professional skills by local nurses. Disempowerment, damaged perceptions of competence and problems related to professional identity resulted.	Strength of the program was the opportunity for NESB nurses to undertake a formal assessment process in order to achieve registration in Victoria.
Dubois et al., 2006, Italy	The purpose of this study is to find out what factors have to be taken into account to improve training and what its potential effects are in exchange and also in the context of nurse migration.	American and Italian nurses (n=26) who participated in an American-Italian programme. 85 nurses participated initially.	Confidential questionnaires about positive and negative aspects of being trained abroad and advice for future international training. An inventory of differing answers was initially completed to give as comprehensive a picture as possible.	The collected data indicate that personalized and well-aimed training, preparatory language courses, predeparture exposure of nurses to the culture of the host country and well-prepared welcomes are among the most important ways to improve this programme.	While it is good to take the specific circumstances and cultures involved in this case study into consideration, these factors might also be applied to maximize the positive effects of nurse-migration.

Gerrish and Griffith, 2004, UK	The purpose of this study is to report on findings from an evaluation of an adaptation programme for overseas Registered Nurses with reference to its objectives, outcomes and overall success.	Female overseas nurses (n=17), clinical mentors (n=10) and ward managers (n=14), other participants (n=8)	Focus group and individual in-depth interviews over a 12 month period. The principles of dimensional analysis were applied. The criteria for success identified by the various stakeholders provided a framework for evaluation.	Five meanings of success were identified: gaining professional registration; fitness for practice; reducing the nurse vacancy factor; equality of opportunity and promoting an organizational culture that values diversity.	The ease with which nurses integrated into the nursing workforce was influenced by the characteristics of the work environment, level of support, and organizational context.
Hayne et al., 2009, the USA	The purpose of this study is to examine the strategies needed to facilitate the cultural adaptation, job satisfaction, and perception of role and social support of a group of recruited Filipino nurses.	Filipino nurses (n=15) and key persons from hospital management (n=3)	Used instruments: The Nursing Work Index – Revised Edition; Occupational Stress Inventory – Revised Edition. Interviews with hospital management.	Results indicated that the investment in promoting the well-being of recruits in both social and work contexts positively benefits job satisfaction and spills over into related areas of satisfaction and positive adaptation.	The efforts of specific recruitment and retention strategies can contribute to the retention and job satisfaction of internationally trained professional nurses.
Horner, 2004, UK	The purpose of this study is to explore the experiences of internationally recruited nurses and their mentors during a supervised practice programme.	Internationally recruited nurses (n=106)	A series of individual semistructured interviews was undertaken. The common themes that emerged were used as the basis for structuring questionnaires.	The findings strongly suggest that most participants found the supervised practice programme to be a beneficial and supportive framework.	The IRNs felt that having good support, guidance, and understanding would help them to achieve the competencies within three months.
Hunt, 2007, UK	The purpose of this study is to offer practical strategies to managers and others for supporting overseas trained nurses and managing cultural diversity in the health workforce.	Researchers (n=25) including REOH study researchers, advisory group members and other researchers in the field of migration.	Workshop discussions in pairs and identification of key themes, which were shared with the whole group. Collective conversation yielded four main themes.	The four main themes of challenges to managers when managing a culturally diverse workforce are: assumptions and expectations; education and training to include cultural sensitivity, equality and human rights; performance management; and transparent human resource management process-	This article offers managers a framework of themes that can be used when developing strategies for managing racial equality and cultural diversity in the health workforce.

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Kawi and Xu, 2009,the USA	The purpose of this study is to identify facilitators and barriers encountered by INs as they adjust to foreign health-care environments.		A systematic search of eight electronic databases based on Cooper's Five Stages of Integrative Research Review.	29 studies were included. Positive work ethic, persistence, psychological and logistical support, learning to be assertive and continuous learning were found to facilitate in the adjustment to new workplace environments.	The review findings provide the basis for the development and testing of an evidence-informed programme to facilitate the successful adjustment of INs to their new work environments.
Konno, 2006, Australia	The purpose of this study is to summarise the best available evidence supporting overseas nurses' adjustment to Australian nursing practice.		A systematic review. A total of 12 papers were included.	Two syntheses were derived: overseas nurses find entry into Australian culture very difficult; and overseas nurses who feel lonely, isolated or 'outsiders' experience difficulty in settling in to nursing in Australia.	If strategies to assist overseas nurses to establish informal networks of friends and professional colleagues are in place, the transition to becoming effective practitioners could be greatly enhanced.
Liou and Cheng, 2011, Taiwan	The purpose of this study is to explore and interpret the lived experience of a Taiwanese nurse working in a U.S. hospital.	A Taiwanese nurse.	Hermeneutic phenomenology was applied to obtain information through in-depth telephone interviews.	Four themes emerged: frustration in language and communication, cultural differences in patient care, support from work environment, and advantages of working in the U.S. nursing system.	These findings are relevant to nurses and administrators who work with international nurses who wish to understand international nurses' frustration, needs, and work values.
Okougha and Tilki, 2010, UK	The purpose of this study is to explore the experiences of nurses recruited from Ghana and the Philippines by a London NHS Trust.	Ghanaian and Filipino nurses (n=13)	Two focus groups: one comprising nurses from Ghana and one comprising nurses from the Philippines. The data was audiorecorded and discussions transcribed verbatim.	Communication difficulties were reported. Significant ethnocentricity and judgmental attitudes about family care that could create tension and misunderstanding between nurses and family carers were identified.	The authors acknowledge the importance of professional skills, clinical safety and the need for induction, training and mentorship for overseas nurses.
O'Neill, 2011,	The purpose of this	Internationally edu-	Semi-structured interviews.	Themes of identity and belong-	Nurses need to make

Australia	study is to explore the experiences of internationally educated nurses using English as a second language as they progress from language learning programs to clinical settings.	cated nurses (n=10), of which five were Indian, four Chinese and one Nepalese.	Nurses' narratives were explored and documented. Thematic analysis was used in the interpretation of experiences of moving from the English language classroom to the clinical setting.	ing, safety and competence and adapting to new roles and ways of communicating were identified. These nurses reveal the challenges they face as they concurrently manage the roles of language learners and professionals.	complex linguistic, cultural and social choices when proceeding from preparation to practice. Their adaptation and integration might be facilitated with new approaches to preparation.
Shen et al., 2012, the USA	The purpose of this study is to examine the effects of a 10-week linguistic class on the reduction of phonologic errors affecting foreign accent in a sample of international nurses.	International nurses (n=61)	A quasi-experimental design. Intervention: a 10-week phonologic accent reduction course. The unit of analysis was the individual international nurse.	The linguistic course improved the international nurses' linguistic competence by reducing their phonologic errors significantly. The linguistic gap between international nurses from non-English speaking countries was narrowed.	Findings from this study have important implications for practice, for example for the transition, job satisfaction, and retention of international nurses.
Sherman and Eggenberger, 2008, USA	The purpose of this study is to investigate the educational and support needs of international nurses from both their perspective and that of managers with experience in supervising internationally recruited nurses.	Internationally recruited nurses (n=21) and nurse leaders (n=10).	Semistructured telephone interviews. Answers were transcribed verbatim. Text was read openly, memos were written, segments were tagged, the data were coded and thematic categories identified.	Education is important to the successful transition of international nurses. Current nursing orientation and continuing education strategies may not be as effective with nurses recruited from other countries.	Nursing leaders who supervise internationally recruited nurses are able to better support their needs when they learn to develop strategies to build supportive unit environments and provide effective coaching.
Smith, 2004, UK	The purpose of this study is to explore the perceptions of overseas nurses during their induction programme.	Overseas nurses (n=20)	Two questionnaires using the 'open' survey method. Semistructured taped interviews.	Key themes: communication issues, culture, role definition and feelings of self-worth. These issues and hurdles were experienced in order to develop and obtain competence.	Comprehensive support frameworks are needed so that overseas nurses and the whole organization can be entirely supported.
Takeno, 2010,	The purpose of this	Registered nurses	Qualitative research method-	The research participants were	The participants had

Japan	study is to explore the perceptions of Korean and Japanese nurses' about nursing in Australia.	(n=5) who had worked in both Australia and their home country.	ology: in-depth semi-structured interviews.	mostly satisfied with working conditions, support and continuing nursing education in Australia. English language deficits, differences in culture and beliefs about the nurse's role were also found.	some transition issues, particularly in adjusting to differences in the role of the nurse between Korea or Japan and Australia.
Zizzo and Xu, 2009, the USA	The purpose of this study is to evaluate the status of post-hire transitional programs for international nurses.		A systematic review of 20 post-hire transitional programs.	Data from this review indicate that most programs were not evidence-based.	There is minimal research on transitional programs, especially their effectiveness.