working well initiative

Success with internationally recruited nurses

RCN good practice guidance for employers in recruiting and retaining

Royal College of Nursing

Royal College of Nursing

Success with internationally recruited nurses

RCN good practice guidance for employers in recruiting and retaining

The RCN believes that internationally recruited nurses (IRNs) should experience ethical recruitment and employment. The RCN also believes that international recruitment of nurses should be conducted in a manner which ensures gains for the individual nurse, the country they came from and the country to which they are recruited.

Acknowledgements

The RCN would like to thank:

The IRNs who participated in the research

The researchers from the three pieces of research that have informed the guidance:

We need respect by Dr H Allan and Dr John Aggergaard Larsen from the European Institute of Health and Medical Sciences, University of Surrey

Here to Stay: international nursing in the UK by Professor James Buchan from Queen Margaret University College, Edinburgh

An exploration of the experience of employed internationally recruited nurses in the UK by Josie Irwin, RCN Head of Employment Relations, unpublished MPA (Masters in Public Administration) dissertation (lodged in the RCN and University of Warwick libraries)

Note on language

There are several terms used to describe nurses who come to work in the UK from other countries (including the EU, and countries which have applied to join the EU) – for example, overseas nurses; internationally recruited nurses; EU/international nurses. For the purposes of this publication the RCN uses the term 'internationally recruited nurses' (IRNs).

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

Success with internationally recruited nurses

RCN good practice guidance for employers in recruiting and retaining

Contents

Introduction

Overseas recruitment is an increasingly permanent part of employers' recruitment and retention strategies in the health care sector. The Department of Health (DH) in England, for example, is achieving staffing growth partly by actively recruiting nurses from abroad; in some health care organisations IRNs now account for over 60% of the nursing workforce.

Managers often see IRNs as a relatively easy method of meeting staffing requirements, and no less cost effective than home-based recruitment policies. In Royal College of Nursing (RCN) research, one NHS manager believed IRNs had been the 'saviours' of his organisation. But recruitment is not necessarily as easy to get right as employers believe.

Many IRNs suffer special pressures because of their race and different experience, and a 2003 RCN study, *We need respect*[1] shows that some face degradation, humiliation, discrimination and exploitation.

Success with internationally recruited nurses draws on that and other research commissioned by the RCN which shows the many problems EU/international nurses encounter - problems which mean that they are often unhappy, under-performing and hard to retain.

How can we ensure that these 'saviours' are supported so they can use their skills and experience to the full, contributing the maximum to patient care and to their own professional growth?

Why we need IRNs

Our active labour market has meant that while in the early 1990s, one in ten new entrants to the UK nursing register was from overseas, by 2001/2 more than half of new registrants were from outside the UK. The RCN's *Labour Market Review 2002* shows that without these IRNs, in England from 1999-2002 we would have managed only to maintain the number of nurses on the register, despite all the resources pouring into improving retention, encouraging returners and increasing student nurse numbers.

As the need for more nurses continues, and both the nursing and the general population grow older (two-thirds of registered nurses were aged 40 or older in 2000), so overseas recruitment will continue to be used to respond to skills shortages (RCN, 2004).

It is not just a question of numbers. Nurse migration can be mutually beneficial in many ways. Nurses coming to the UK can broaden their professional and social experience, and they in turn enrich the professional nursing practice of the host country, enhancing the quality of patient care.

This guidance

Success with internationally recruited nurses sets out some of the key issues faced by IRNs, and suggests good practice for managers in overcoming these problems to create a new workforce whose wellbeing and professional status is at the forefront of recruitment policies.

It complements the RCN publication *Internationally recruited nurses. Good practice guidance for health care employers and RCN negotiators*[2], which describes some of the ethical and practical issues employers need to consider before deciding to recruit from overseas, such as choice of country, immigration and work permits, and registration with the Nursing and Midwifery Council (NMC).

[1] *"We need respect": experiences of internationally recruited nurses in the UK*, a major study undertaken for the RCN by Dr Helen Allan and Dr John Aggergaard Larsen of the European Institute of Health and Medical Sciences, University of Surrey (RCN 2003). Web only - available at www.rcn.org.uk; and *Here to stay? International nurses in the UK* reports on the employment policy and practice implications of the rapid growth in IRNs working in the UK (RCN 2003). Web only - available at www.rcn.org.uk

[2] *Internationally recruited nurses: Good practice guidance for health care employers and RCN negotiators*, (2002) Publication code 001 788.

1

Preparing IRNs

The RCN believes that to make the perceived benefits of overseas recruitment a reality, it is vital that employers in both the public and independent sectors:

- retain existing IRNs
- attract new recruits from overseas, in the face of increasing competition from other developed countries
- ensure that new recruits are treated in the right way to encourage them to stay.

In other words, employers must make sure that internationally recruited nurses are treated with respect and understanding - both before and after arrival in the United Kingdom.

Matching motives

What motivates nurses to leave their home country, and to choose the UK as their destination? If employers can understand these motives, and prepare nurses properly before they arrive in the UK, they can perhaps reduce the disappointment and disorientation which many IRNs can feel - and provide themselves with a more motivated workforce.

Nurses will have expectations based on their working experience in their home countries. They may find the UK role and status of nurses - and their particular status as an IRN - very different. Their reasons for coming to the UK may be purely personal or professional, but may also be motivated by the social and cultural traditions of their home countries. They will experience achievement - and discrimination - on personal, cultural and professional levels.

- **Personal motives**

  IRNs share an urge for adventure, and to experience another part of the world. For some it's just to experience that way of life for a short time: a long working holiday. For others, it's more of a life change. Their nursing qualifications mean they can enjoy a lifestyle and independence they could not at home: as one Nigerian nurse said, 'Here in Britain everybody is independent, you don't need to depend on anybody or anything.....back home, most children could stay with their parents until death do they part'.

- **Professional motives**

  Many want to develop professionally, with a high level of nursing practice and the possibility of further education. They expect a professional standard of nursing, and the most advanced technology at their disposal. Others expect opportunities for further education and study, particularly those from ex-colonial countries where Britain was always seen as a world leader and the source of teaching material.

- **Financial motives**

  Part of the motivation is the prospect of earning a living - especially where overproduction of nurses in their own countries could make it difficult to find

work. Others believe that their high earnings level compared with home will allow them to save for the future or send money back home, or both.

Some IRNs in fact suffer a decrease in personal living standards by coming here, but the strength of sterling means their savings still have high purchasing power in their home country. 'It's not much we are getting here, in fact, it's only the currency that is helping us, but when you use [the money] at home …[it] will manage to do whatever you want it to do,' said one South African nurse in the RCN's study.

- **Social and family motives**

  These are difficult to separate from the financial, but contributing to family obligations at home, and making a wider contribution to home society at large, are important for many nurses. 'When I go back home, I'm going to use… [what] I've observed here to do something better for my community,' said one South African nurse. Nurses who bring their families with them also want their children to have an advantage by growing up in the UK and attending British schools. IRNs can also enjoy great status in their home country, gathering respect through their overseas experience.

Success or failure

For many, it is a personal sacrifice to uproot themselves and enter a new culture. Many could not return home without considerable stigma if their expectations were not met - it would let down the family and, for those who pay substantial fees to recruitment agencies, create a worse financial situation than they left behind.

Meeting expectations of the UK

By understanding what coming to the UK means for these nurses, trying to prepare them properly and meet their expectations, employers can contribute a great deal to their experience of UK working.

Many, from both developed and developing countries, are surprised by the long hours and low pay in relation to UK living costs. Participants in the RCN research stressed how British curriculae, books and values had shaped nurse training at home, but did not measure up to expectations in reality: 'I have to admit that I was disappointed, I was expecting it to be more progressive and modern'.

One nurse from Zambia illustrates how poor conditions and pay, coupled with expectations from home, can trap an EU/international nurse into a cycle of frustration: 'I spent all the savings that I had to come here and I cannot just go home… because I have to achieve what I came here for. I came here for international experience, I came here because I think going to the UK I'll have better money than the way it is back home - and you find yourself just being frustrated. You have nowhere to run to.'

- **Tell them what to expect**

  If you give potential recruits clear information about what it is like to live in the UK, you will protect against disappointment (see Advance information, below).

- **Find out what they want**

  Nurses who have a clear idea of what they want, and are in a position to negotiate the terms of their employment, fare better in finding the right post, and are more likely to stay in it.

- **Tell them what the job involves**

- **Find out whether your job matches their expectations, qualifications and experience**

  It's important to get the basics right if the recruitment is to work, both for the employer and for the practitioner. Technical skills and dealing with the local dialect and terminology will probably need further adaptation once the IRN has arrived, but at least the basics must be in place. Recruiters should generally examine:

  - **technical skills** - although UK practice can be taught, to ease the transition between cultures and working practices, candidates must be judged a safe practitioner
  - **experience** - does their experience fit your job? If they are used to working in a high tech, acute environment, and expecting to expand these skills, can you really put them to work in a care home where their primary responsibility will be caring for people with chronic conditions?
  - **proficiency in English** - at a level equivalent to 6.5 in IELTS with confidence to converse on a one-to-one or group basis is vital
  - **personal attributes** - confidence, the ability to cope, and enthusiasm are the qualities most sought by managers who recruit IRNs

- **their motives in coming to the UK** - are they coming for a temporary working holiday to save up funds, or are they planning a permanent move? If you know this, you can put your recruit on the right sort of contract.

Using commercial recruitment agencies

Inserting a third party between employer and recruit means you must be especially vigilant. It is vital that if you are using a recruitment agency, you provide them with clear and extensive information, and ensure that they use it. Many nurses in the RCN's research had no clear idea of what they were coming into. Information given by some agencies was inaccurate, and economic or technological disadvantages in the home country meant it was hard to check the information. Nurses arrived to find no proper welcome, the job not what they expected, and no mentoring. Some were even told of care homes or adaptation programmes that didn't exist. They had no control over negotiating their contracts, and some agencies and employers carried out illegal practices such as confiscating passports and documents, or charging penalty clauses: 'You have to sign this [contract] for three years or else pay back such a large amount of money to compensate them for it'; '[The manager] told me I couldn't leave the job for two years.'

There is no need for this kind of horror story. The RCN's publication *Internationally recruited nurses. Good practice guidance for health care employers and RCN negotiators*, gives guidance on choosing and monitoring commercial recruitment agencies.

Advance information

Better pre-recruitment information is crucial - the degree of uncertainty and disorientation involved in a nurse's transition to the UK is likely to affect their performance and their tendency to stay. IRNs need to know about life in the UK, differences of culture and language. They also need to know about how the structure of the UK public and independent health service sector works, and what sort of area they will work in.

- **The kind of work**

  Many are recruited to nurse in care homes, which may be a completely unfamiliar environment. 'Back at home we don't have nursing homes,' said one Nigerian nurse. 'We've never had experiences [of this] back home whatsoever. We come here, we don't know what to do, we're exposed… to such an environment.' Agencies and employers should be able to tell IRNs what sort of areas they are recruiting people to work in. Some of the larger care home providers have made CDs depicting life in a care home.

- **How your workplace functions**

  Outline information will help IRNs to prepare in advance - for example, the kind of shifts worked, holiday allowances, the nurse's role in relation to others in the team (nursing grades, doctors, health care assistants), management structures, protocols and documentation.

- **Qualifications, status and adaptation**

  How the adaptation process will work, and the NMC requirements for someone from their country, and what the self-directed educational process will mean in practice. What language training, if any, will be provided?

- **Personal finances**

  Salaries may seem high on paper, but this means little unless the recruit knows the cost of living in the UK - and how little a nurse's salary may cover. Many in the RCN's study felt they were getting little back from contributing to the British welfare system, while often supporting a double burden of having to send money home. How much tax/national insurance will be taken from their salary? What about council tax and average rent in your area? How much are average food bills, transport and vehicle costs? They will need to know how to open a bank account, how to obtain their National Insurance number, and whether they can access a mortgage.

- **Living and facilities**

  What are the local facilities, shops, and places to worship? How does transport and accommodation work? What are the average temperatures here throughout the year - and what type of clothing will they need to bring or buy here to cope? Where can they get food (shops and canteens) and what are the facilities for cooking likely to be in their accommodation?

  Where is your workplace? Supply maps to help with locating the town in the UK (many IRNs will only have seen the UK through their media in terms of London), and local maps showing the place of work. What kind of area is it - rural, small town, city - and how far is it from the major airports?

- **Rights**

  Nurses considering working in the UK also need to know their rights, so that they can make informed choices before they sign contracts, and know when and how to seek help in challenging abusive practice should they encounter it. Information about how to contact and join the RCN will help them on arrival.

- **Arrival**

  Supply clear instructions and information about what will happen when they arrive. If you can't meet them, they will need to know what to do to get to you, how to access transport, what currency they will need, and how to make phone calls if they need help.

Personal adaptation

Personal induction and adaptation is as important as professional.

Arrival in the UK

Employers large and small can provide a good reception, introducing 'meet and greet' programmes and providing initial accommodation in hotels or B&Bs, as well as helping nurses to find more permanent homes. Being immigrant workers, IRNs can find it very difficult to find decent accommodation, and could be excluded from getting a mortgage or even, with no UK credit rating, a loan to buy a car. It's not just about having to live in poor conditions, it's also the conclusion that they can draw from the fact that their employers haven't provided help - it signals a lack of care and respect: 'So this is how they think of me,' felt one South African, 'they think I come from the dumps'.

- **Initial arrival**

  Arrange for nurses to be met at the airport, and provide initial accommodation. This doesn't always happen, and some overseas nurses in our study had been treated terribly: imagine arriving after a long flight, and 'being left in the middle of London and the actual accommodation was quite a way outside of London and I was expected then, with all my baggage, to try and find my own way'.

- **Accommodation**

  Providing initial, pleasant accommodation is important, but ongoing support with longer term is also key. They need to know how the system works in the UK. Many come from their own homes and will find it difficult to be squeezed into rented places or single rooms. One nurse told how: 'The [employer] hadn't been paying the rent properly, so after three months…we were thrown out'. You may need to discuss longer term requirements as some nurses will have a different cultural approach to sharing rooms, or living in the same house as male colleagues.

- **Support**

  For many, adapting to all the practical and bureaucratic issues when they first arrive can be overwhelming - from small, everyday issues like where to buy milk or the type of foods they are used to, to trying to fit in to work. As well as providing advance information, they may need help from identified colleagues through these processes. They may also need emotional as well as practical support to ease their first weeks in the UK.

  It's a good idea not to recruit IRNs to arrive at the same time as newly qualified nurses who've just finished UK nursing courses, as this can put too much pressure on existing staff to mentor and orientate.

- **Links with other IRNs**

  If you have recruited from overseas before, you have a tremendous resource to draw on to help improve the experience for future recruits. One nurse explained how being among the first group of foreign nurses in her workplace 'paved the way, because our experience is they learn how we perceive things and I think that made it easier for the next big group that came in'.

Professional adaptation

Adaptation courses

How much adaptation nurses will have to undertake to achieve NMC registration will depend on their country of origin. The NMC will not register a nurse to practice here until its varying requirements are satisfied (see RCN publication *Internationally recruited nurses: Good practice guidance for health care employers and RCN negotiators*,). Even where a nurse is not required to undertake a **formal adaptation period**, it is vital that they be given an **orientation time** to get used to the local ways of working - plunging them into full time work in an unfamiliar

environment and culture helps no-one, least of all the patient: 'It was about four days after I arrived in the country and I got my uniforms in the morning and I was expected to start work at one o'clock in the afternoon'; 'The day I came into UK [from Nigeria], the following morning I was asked to work 12 hours straight ahead. No prepare… no induction'. *Internationally recruited nurses: Good practice guidance for health care employers and RCN negotiators*, gives guidance on establishing supervised practice and adaptation.

Effective adaptation

Where adaptation courses work well, IRNs can be set up for a long stay and make a positive contribution to your workplace. One nurse's good experience:

'When I arrived, they had an international nurse trainer who ran a course… for three weeks… We went through every single thing, the manual handling, life support and everything, so by the time we actually went on to the ward we had been completely taken through that trust's policies… If you ever had any problem you could go back to that.'

Preparation on the part of employers and managers is key. In particular:

- **Support from managers**

  Employers need to make sure managers are properly informed about the arrival of IRNs so that they can plan the induction period and make sure other staff are prepared. Managers should introduce new nurses to their colleagues and explain their qualifications and what their adaptation period means. They can also do the same with patients/clients, so that the nurse is accepted from the start.

  Managers should recognise that IRNs may experience a strong drop in status during adaptation and probably for some time afterwards, suddenly being degraded from experienced, fully-qualified nurse to being lowest on the grading scale with unrecognised qualifications, facing discriminatory attitudes. 'My confidence was completely shattered,' says one nurse. They also resent the fact that things they are well qualified to do are off limits because they didn't train here, or have yet to be assessed for each procedure: '…a simple intravenous infusion… they'll ask you "Have you trained in England?", and when you say no, then they will tell you that you are not allowed to do that - a simple thing that you can do to save the life of the patients,' as one nurse said. It is important to do what you can to encourage nurses not to get dispirited during adaptation, building up their skills to meet NMC requirements as soon as you can. You should also make clear why they are allowed to carry out certain tasks and not others during their adaptation.

  Managers who take an active role in supporting IRNs may also avoid the bullying and manipulation of new staff which can take place if they don't monitor the situation properly. Our research indicated that in some care homes, tension could develop between experienced carers and newly appointed IRNs - with good management this should not happen.

  Some IRNs feel they are 'outside the loop' when it comes to change in the workplace or information about CPD opportunities, and managers can play a key role in ensuring that they aren't excluded.

- **Mentoring and supervision**

  The role of mentors is crucial in taking the IRN through their induction and adaptation, and providing ongoing support if necessary. They may need to provide emotional support as well as professional training. If you are able to use IRNs who've been with you for some time to mentor or 'buddy' new arrivals, these old hands can pass on the benefit of their own experience of coming to a new culture.

  Where mentors are uncomfortable with their role, or not properly trained, they can do more harm than good. Mentors must be available to the IRN easily and regularly - it's no good if they are on a completely different work schedule. They must be able to provide information about CPD. They must also be ready to work with someone who may already be highly experienced in their own country, and respect this even when the newcomer may need what appears to be basic training in a procedure or equipment the IRN is not used to.

- **Self-directed study**

  Nurses from different countries will have studied in many different ways. Reflective, self-directed study will be very unfamiliar to many. Some nurses will be expecting a standardised adaptation course, and need to be prepared for the fact that the programme is self-directed, practice-related and based on individual progress. 'It's up to you, no-one follows up

what you have to do, no-one sits down with you to say "This is…what you are doing",' as one nurse put it. You may need to provide additional support to familiarise the nurses with this learning style.

IRNs can also feel very isolated, and don't know where to look for essential information, and will need support by mentors or other colleagues in helping them adapt.

On the other hand, matching learning to the individual is important: it is demoralising for nurses who've got many years' nursing experience to be sent on basic training, where 'nobody wants to know you are a D grade, you have to start from the anatomy and physiology'.

- **Avoiding overload**

  It can be difficult at a time when IRNs may be experiencing culture shock in every part of their lives, to take in a great deal of professional change too. Paced adaptation is helpful, and mutual communication critical. Induction and adaptation must include cultural differences and local colloquialisms as well as professional aspects, to help them deal with the whole experience.

Adaptation in care homes

Research shows that adaptation provided for IRNs in some of the independent sector may be less comprehensive than that provided in the NHS. Good management and planning can assist IRNs in developing appropriate skills for their particular workplace and will help them recognise that alternative skills may need to be acquired for an alternative care environment. Some nurses believe managers deliberately postpone NMC registration as long as possible so that they can keep them on lower rates of pay for a longer period.

Good induction in care homes is of course vital, particularly if new arrivals are not used to nursing elderly people in this kind of facility, where the older people are not actually ill. IRNs may need to be taught how to handle patients, deal with falls, gauge patients' habits and so on. A long-term commitment from them is far more likely to result from good adaptation programmes.

- **Dissatisfaction with adaptation**

  Many nurses immediately take the chance to leave the employer with whom they've spent their adaptation period, in order to re-establish their status as a registered nurse in another workplace. It is common to move to the NHS from the independent sector, as it's felt that conditions and support are better in the NHS. Improving the adaptation process will help with both recruitment and retention of IRNs.

- **Relationships with care assistants in care homes**

  Quality of support and supervision is important. Although IRNs must always have a registered nurse mentor, there will be occasions when experienced care assistants (with the appropriate level of training) will supervise them. To ensure positive relationships between the IRN and care assistant, these relationships must be carefully managed with time spent ensuring that each understands their roles and responsibilities. Otherwise highly skilled and experienced nurses finding themselves supervised by care assistants may feel humiliated and angered: 'You cannot imagine a situation where you are being… handed by an untrained person supervising your own job as a qualified nurse.' It is also difficult for care assistants (and perhaps unfair to ask them) to give IRNs a proper induction into nursing practice and responsibilities at their workplace, if they themselves are not trained to this level of practice.

Pay during adaptation

The RCN believes that IRNs should be paid during their period of adaptation/induction at D grade. This isn't always the case and means that they are forced to struggle financially as soon as they arrive, and can't fulfil their obligations to families back home.

Poor pay can prevent the development of the commitment and loyalty that is important for retaining IRNs, and employers will gain in the longer term by treating the new arrivals on an equal footing to other registered nurses.

Different ways of working

Adaptation courses need to prepare nurses for the many different ways of working they may face - even when they are from a more westernised country. As well as preparing incomers for technical change, managers and mentors will need, sensitively, to pick up on cultural differences and the best ways of coping with change. Big differences in the way health care systems work, and in attitudes about and from patients, make a fundamental impact. IRNs also identify a great number of differences

in the details of everyday living which can spill over into the workplace, and in professional practice - central heating, plumbing, uniforms, how beds are made, how titles are or aren't used.

It may be impossible to predict or prepare nurses for every difference, but understanding from colleagues of their need for support while they adapt to the UK system is critical. While you can't predict every difference, encouraging open dialogue and an atmosphere of shared learning will promote faster and smoother integration.

Here are some examples of differences highlighted in the RCN report.

- **Formality**

  Some nurses find British nursing very hierarchical and old-fashioned, other see it as dynamic and less formal - it depends on their home country, and on their working environment. Those who find it hierarchical comment that this makes it difficult to learn and progress, because they aren't gaining any responsibility at D grade. They describe those in senior grades as 'throwing their weight around'. On the other hand, UK nurse managers can seem very hands-on compared to some home countries: 'I quite cherish the kind of way the senior colleagues do work in the wards,' said one African nurse. 'Back home, you just do what the doctor says you should do,' commented another. Employers can help the transition by encouraging managers to talk with IRNs and their colleagues soon after arrival to ensure they can work with the transition

- **Documentation and bureaucracy**

  Some nurses will not be used to working with the level of documentation in UK nursing, and feel it moves them away from caring. 'I have to be conscious all the time that I must document things, not to care for the client, to cover my back. That frustrates me, because... there's a difference with me at home, I'm more hands-on to care for the client.' Some feel the British are concerned with the system, not with the patient. Adaptation needs to cover the documentation necessary, and how and why it is used.

- **Scope of practice**

  Some may not be used to working within strict protocols, which can seem to limit the scope of practice: 'Where we qualify [overseas], we nurse the patient from head to toe, if something needed to be done… you just did it'. Some feel that too many tasks have to wait for a doctor's approval in the UK, when at home they would have carried out the task themselves. Nurses coming from Commonwealth countries, where Britain set the standards in nursing, are particularly frustrated by the limitations on practice here: '[The British] built up the Commonwealth on common sense, and it's gone in professional jealousy'.

  On the other hand, some felt shocked by the distinction between caring duties and nursing - a split which does not happen in many countries. They expected that part of their nursing role would be to wash patients and spend time with them, but instead as registered nurses they were expected to leave these 'basic' duties to care assistants.

- **Patient rights**

  IRNs may feel that asking a patient's permission for every intervention is difficult: 'the client here has got a right to do something even if it is detrimental to his life or health, then I get frustrated'. Sometimes they feel patients 'are the lords, and you are the servants' as nurses

- **Standards of care**

  Some IRNs have expressed concern about what they perceive as differences in standards of care and approaches to cleanliness and infection control. They resent being criticised for taking a long time to do something - wash a patient, for instance - because they believe they are doing it to a high standard, and may feel their colleagues are not taking proper care. Managers should be aware of differences of approaches to these types of issues and should facilitate positive discussion amongst staff so that nurses share and learn from each other rather than criticise each other.

- **Care of older people**

  For African and Filipino nurses, there is no tradition of caring for the elderly in care homes, and they are often unaware of this form of care before they arrive in the UK - preparation before they arrive as well as after is important

- **Disease profile**

  The common disease profile will vary in different countries. Some nurses will be very skilled at dealing with conditions which are less common in

the UK, and others will not have encountered conditions which nurses in the UK commonly deal with - for example, heart disease may be more prevalent in the West than in some developing countries. Again, it will be valuable to create a dialogue where experience and expertise is shared.

- **Equipment and support**

  Some are delighted with the level of equipment and support that is available here. On the other hand, those who have worked in the Antipodes, North America or Saudi Arabia may find the relatively restricted resources and equipment frustrating. It will be down to mentors and managers to work through these differences

- **Related agencies**

  Some will not be used to the complexities of the patient pathway from, and back to, GPs, community nursing and social services - discharge planning, for example, can be confusing.

Language and communication

Communication is a key skill for nurses everywhere. Working in English as a second language may cause frustration for overseas nurses, and their difficulty in understanding is exacerbated by colloquialisms and local dialects. Some new arrivals were surprised by this, as they expected that English would be spoken as they had learnt it at school, or as they heard it on TV or at the cinema. Telephone calls can be particularly difficult.

It is also hard sometimes for patients and staff to understand accents or dialects - they may speak English at home in India or Nigeria, for example, but will have different ways of using it. Sense of humour is also an issue, with British humour sometimes excluding overseas colleagues, and vice-a-versa.

The language barrier can also become a vehicle for racism and discrimination, marking IRNs out as different. 'She was told patients cannot understand her, she cannot communicate with patients, everybody on the ward was not nice to her' said one nurse of a colleague. Instead of accusing and excluding IRNs, your staff will need to make an effort to communicate when they arrive - it won't help new arrivals to develop their language skills if no one speaks to them.

Providing or helping IRNs find classes in developing language skills (including training in handling phone conversations), will help them feel included and smooth the process of communication for patients and staff.

2 Preparing UK staff

Inducting existing staff

It is as important to develop understanding among your existing staff as it is to induct incoming IRNs. Programmes should help UK nurses develop acceptance of the professional and cultural differences they will encounter, so that they are better able to support nurses in integrating into the UK team and developing their full potential. 'Fair enough, we've got a lot to learn,' said one Zimbabwean nurse in the RCN study, 'but we've also got a lot to give. If they give us credit for what we do now, instead of being threatened by us and … saying "Well, how would you know, you're just Africans?" They think that we've got lions prowling around outside the theatre'.

Staff training should cover, and engage staff in developing understanding, for example:

- **The reason for recruitment**

What are the positive reasons why you are recruiting from overseas? Is it to extend your workforce, and thus take pressure off existing short-staffing? These new staff will be important in delivering patient care and in becoming active contributors to the health care team. Foster understanding of the mutual benefits of overseas recruitment: perhaps new perceptions and different experience will bring new ideas for everyone

- **Adaptation**

How will induction and adaptation periods work? How quickly will the IRNs be working alongside existing staff? Will they be away on training courses at first? How can staff help them through the day-to-day details which they may find frustrating and confusing at first - form filling, locating equipment and services, ward rounds, shifts and so on?

- **Qualifications**

What are the professional qualifications and nursing practice in the source country? IRNs are highly qualified professionals. Everyone needs to remember that though they may have to undertake a period of professional adaptation to meet the NMC's requirements, IRNs should be treated with the respect that any other qualified nurse deserves.

Ways of working

It will be helpful to staff to run through the possible differences and similarities in professional practice between IRNs and existing staff (see Different ways of working on page 8), so that staff can see areas where they may need to provide additional support. Discussions with recent arrivals and existing staff can help share ideas and build confidence for both groups.

Motivations for coming to the UK

It is helpful if staff see that there may be a whole range of good reasons for overseas nurses to choose to come to the UK, and that for many the chance to develop professionally - and thus contribute greatly to developing patient care - is key. They have also often taken a very brave step to travel to work here, and should be respected for their choice. A common perception, for example, is that all African nurses had no choice but to work abroad because of poverty at home. The experience of being goaded or undermined because of this perception is common: 'The matron [said] something [that] really, really annoyed me. She said: "Well, it's a good opportunity to come over here then, it's a whole lot of money isn't it?"' Some UK nurses may feel that overseas recruits are 'wicked' to leave their families - but in different cultures, travel overseas to work is often an acceptable and accepted part of the way people live. In the Philippines, for example, sometimes one family member goes to school then works abroad, sending back funds which may allow another relative to receive an education.

Avoiding cultural stereotypes

All the research shows that managers, staff and patients tend to attribute stereotypes to IRNs from different nationalities, instead of dealing with them first and foremost as individuals. For example, 'Asian people, we're always accused of not having a lot of assertiveness,' said one Filipino nurse. Also, overseas nurses are often just as puzzled by UK culture as British people can be of theirs. Some feel it's bad that there seems to be little respect for older people here, for example. Others bringing families here are worried about protecting their children from what they see as the harmfully liberal attitudes to sex, drugs and alcohol.

Understanding and accepting cultural difference

Behaviour from different cultures can be very different, and UK staff may not always be able to read an IRN's behaviour in the way they are used to. 'When I first came to this country I wouldn't look at you [when] talking to you… you see my head [looking down]… It was taken against me, I was rude,' tells one nurse. Eventually, after no less than two years, someone asked her about this habit, and the nurse was able to explain that in her home country, it is a sign of disrespect to look people of senior status directly in the eyes.

'I think they need to feel more emotions… sympathy, more sympathy' said one IRN of his colleagues. Small cultural differences can lead to mistakes - but these can be treated with understanding rather than sneering and over-disciplining. One nurse was castigated for giving a patient a bowl of cold water to wash in, for example, because at home in Ghana the need for hot water doesn't arise. 'Oh, come and see the insults' that resulted, said his IRN colleague. Another asks not for sympathy but for empathy: 'Put yourself in my position, if you go back to my country today… it will take you one month to pronounce the words and before you can get it right people will laugh at you'.

Language

Initial problems with understanding local dialects and terminology can also be an area of friction, and staff need to be aware that an IRN's language skills may take time to adapt: compare the different accents around the UK with what they might have heard before - the US English spoken in films, or 'received pronunciation' of the BBC World Service.

Involving managers

Managers play a significant role in ensuring that IRNs are supported and welcomed. Often it seems that employers don't involve management staff in decisions or information about how to induct and use IRNs. One nurse was told by her manager: 'I didn't hire you, it's not my choice', and the job continued to be a negative experience from that point. Another manager said; 'I don't have a clue what to do because you are the first people to come here'.

Managing relationships with colleagues

Workplace relationships are fraught with difficulty and negotiating their way through unwritten rules of status can be very difficult for incoming nurses. Good preparation and firm management can prevent the imbalance of power that can develop between IRNs and care assistants in care home settings, for example.

Being friendly and supportive

Many IRNs feel tremendously isolated when they first arrive, and their colleagues can make a great deal of difference by being friendly and supportive. Some will feel very homesick and disorientated. This is heightened if they don't have an existing immigrant community or family living with them.

Staff may need to make a positive effort to involve newcomers in local social life, while being aware of cultural differences. Nurses from some cultures will need to be actively invited, even to sit with others at a tea break, because they would not presume to join in unless asked. A nurse from India explains how hard it was to adapt to the social activities on offer - a pub-going culture: 'We cannot socialise because coming from Asian origin or India or Pakistan… we don't smoke, that's not our culture, we don't drink… We can mingle only if we have the same interest'.

Sometimes the British culture is more reserved, and colleagues will need to make a special effort. 'Three years I work [here] and I have only one friend,' said a nurse from the Ukraine. 'People really keep for themselves and they don't speak to you.'

Tackling racism

The attitudes that incoming nurses face from their UK colleagues are sometimes more than indifference or simple lack of understanding: colleagues may be openly hostile. A survey of British minority ethnic nurses working in the NHS found nearly 40% of these nurses experienced racial harassment from colleagues, and 64% from patients. This had an effect on job satisfaction and retention (Shields and Price, 2002). 29% of black and ethnic minority nurses surveyed by the RCN in 2000 for its Working Well Survey had been bullied or harassed.

Racism is a problem for IRNs, both from colleagues and patients, and many feel their culture or colour was the source of discrimination and that they were being stigmatised for being different. Some, even after many years of working in the UK, still feel affected by racism and discrimination, and others who are senior nurses feel they are not given the respect their status demands, simply because they are black. Other black nurses say that staff and patients fear that everyone from Africa is carrying HIV. It's not only colour that is the issue: white incomers are sometimes accused of 'taking English jobs', when of course it's more likely they are filling a gap in the workforce.

Constant harassment affects nurses' sense of self worth, as well as their career progression. They won't stay if the situation doesn't improve: 'We need to be accepted, motivated to stay longer in this country,' says a nurse from Zimbabwe. 'If only people could see us for who we are.' Patients may also show racism, asking for a white nurse to deliver their medicines or information to relatives, for example. This can again undermine the IRN's sense of status and capability: 'They can easily say "No, I don't want you to care for me" and you feel bad'.

Poor management can exacerbate these problems. RCN research shows that where racism exists, it is rarely acknowledged, challenged or dealt with. Employers must tackle racism wherever it appears - it is not only bad for the working environment, it is also unlawful. The RCN can provide guidance on tackling racism if you need extra support (contact your local RCN office or see, for example, *Diversity appraisal resource guide* published by the RCN).

3

Ongoing support

Retaining your IRNs in the roles for which you have trained them depends on managing the work environment so that they can use and develop their skills, and feel valued and respected in their work.

Professional satisfaction and respect

Let them do the job for which they've been trained, and respect their skills. One of the strongest themes to emerge from the RCN's research is that of respect. A great many IRNs feel that their experience and skills are not appreciated, and they are seen as just another hand. This is reflected in the fact that their qualifications may not be recognised in the UK, that they sometimes work as care assistants rather than registered nurses in the independent sector, and that their pay does not reflect their level of experience and training.

- **Good management**

  Supportive management is key in making nurses feel valued and settled. Once they have settled in, it is easy for managers to move on and leave them to it. In fact, providing ongoing support with an open door and positive interest will make for happier and more committed staff. Employers can do much to defuse feelings of frustration and continuing disorientation if they are clearly seen to value experience, skills and qualifications.

  Where managers are supportive, we have nurses who want to stay: 'Communication channels are always open, professional development is just at your fingertips… there's no issues, it's a question of asking your manager'.

  Some IRNs feel that the environments where they work are negative and demoralising for all staff: 'I've been here for five years, I've yet to hear ["Thank you very much, you've done a good job"] come out of anybody's mouth,' said one nurse who trained in the USA. Creating a positive, supportive environment will help everyone.

  Public respect is also important. IRNs would like to be recognised for their contribution to improving and supporting the British health service, and managers could do a great deal to move this forward through in-house publications and public appreciation of staff. The health care industry as a whole could do more to raise the profile of this important part of its workforce

- **Self respect**

  Faced with a difficult and different working environment, these nurses may also need particular encouragement to stand up for themselves, and be confident in their own experience.

- **Avoiding deskilling**

  IRNs working in care homes can face the dilemma of nursing patients with long term rather than acute conditions. If IRNs are not prepared for nursing people with these types of conditions in a care home setting, (IRNs may be more familiar with people with chronic conditions being cared for at home) they may feel they are not being able to use all their skills. As one nurse put it, 'Nurses are expected to do the caring job and then they won't really have time to do the real nursing duties, which they have been registered to practice, so that brings conflict at all times'. Many are also unhappy because their professional skills are not recognised by care assistant colleagues, with whom there are often poor working relationships. Particularly in these environments, managers need to encourage positive relationships, and use registered nurses in roles for which they have been trained.

- **Terms and conditions**

  It is important that employers honour promises of changes in contracts or grade once IRNs are registered with the NMC, or have finished their orientation period.

Career progression and CPD

Professional development is a key motivator for many nurses in coming to this country. 'My manager is… teeing up all the education I will need to expand my role', says one satisfied nurse. 'Respect, acknowledging abilities, offering education… that's the stuff,' she says. Many of these nurses are very go-ahead, and very ambitious: after all, they have taken a huge step in coming to a strange country to progress themselves and their families. For employers, this could be a great resource to tap into, encouraging properly rewarded

development and increasing the skills of your workforce along the way.

Development opportunities should be a feature of both initial recruitment packages and retention strategies. Ongoing development opportunities after UK registration are just as important as adaptation and induction programmes, and managers need to look at how IRNs' learning and job rotation experiences are structured.

Employers will greatly improve IRNs' professional satisfaction and career prospects by increasing the use of APEL and validation of other qualifications gained in the countries of origin, to allow IRNs to develop career pathways and benefit from professional education opportunities.

Support from professional organisations and trade unions

The RCN continues to extend its work in supporting IRNs, but this can be difficult in settings where there is not a large union presence, such as smaller care homes and private hospitals. You will help your new nurses by encouraging the development of local or regional support and discussion groups for IRNs, which the RCN can help establish for you or a group of employers.

Many IRNs in the RCN's study felt that they received the greatest support from other overseas nurses, and this is bound to encourage them to feel better about their experience. You can also help professional development and networking by encouraging IRNs to participate in professional groups such as RCN specialist forums and groups for black and minority ethnic nurses where appropriate. Membership of a professional organisation also means access to written and internet information on professional and employment issues.

Belonging to a local or national group can also develop a feeling of belonging, which will help nurses to feel more settled: 'The joining of the RCN has helped tremendously, it feels like it's given me a voice.'

Fair treatment

Pay and grading

Increased income is a crucial factor in bringing IRNs to the UK, and in retaining them. Once they are here, many are employed as D grade nurses, but are expected to bring their experience of working as more senior nurses in their home countries to their UK role. 'When you talk about … money they don't look at the experience you have. … They're using our experience but paying us as if I'm just qualified'. Pay is an important measure of their feeling valued.

The RCN believes that IRNs' experience must be recognised with realistic grading and pay as soon as their adaptation is complete (and that they should be paid at Grade D during adaptation) - they must not be discriminated against because of their overseas training or cultural differences.

Avoiding exploitation

Managers need to ensure that IRNs have the same degree of control over choosing their work and working hours as their UK colleagues. IRNs can feel at a tremendous disadvantage, and made to feel that they must take on whatever managers throw at them in terms of shifts and tasks. Some feel their situation does not allow them any option to reject undesirable working hours - their familial and financial obligations prevent them from saying 'no'. RCN research encountered many who are always the one asked to stay back to cover shifts because of sickness or shortages: 'Friday night comes, it's just a mass exodus of all the indigenous people and… the whole hospital system is run over the weekend by immigrant people.' IRNs can also feel bullied by managers or co-workers into failing to take holiday time owed to them, or leaving early when they need to.

- **Understanding family needs**

  Being separated from their family is a powerful issue for many nurses, and some in our study were flatly denied any consideration for complications arising from family back home. They feel discriminated against in this way - that others would have been given leave to go home to deal with a family crisis.

  Employers can help motivate nurses to stay by supporting them in having their families to visit, giving reasonable leave and using flexible, family-friendly working practices for those who have family in this country.

Conclusion

The RCN's *We need respect* report argues that the Government and the NMC must be more effective in enforcing existing regulations to protect IRNs from exploitation and discrimination, and quick to introduce new regulations where necessary. Information about hospitals, care homes and nursing agencies with good quality adaptation procedures should be easily available to overseas nurses considering coming to the UK to work.

It is, however, down to employers to ensure that they prepare overseas recruits properly, plan for their arrival with their existing staff, and allow them to develop their roles once they have arrived. Exploitation and racism should not be a feature of today's health care system.

Nurses recruited from other countries can make a great input to the development of health care delivery in the UK, and employers have a great opportunity to welcome and support this new contribution. By preparing IRNs and UK staff carefully, and ensuring that new arrivals are treated with respect and understanding, employers will reap the full benefit of their investment in recruiting from overseas.

Appendix 1

Regulation of the independent sector

Health and social care services provided by organisations who are not part of the NHS are regulated by legislation and regularly inspected.

These services include care homes, hospitals, hospices, clinics and nursing agencies. These are provided by a range of organisations which include for profit, not for profit, registered charities and the voluntary sector. These are collectively known as the independent sector. Each of the four countries in the UK has its own commission for regulating these services.

In England there are two commissions

1. The Commission for Social Care & Inspection (CSCI), who regulate all that is deemed to be social care. This includes:
   - care homes – the full range, for example, learning disability, emergency mentally ill (EMI), adults 18 to 65, care homes registered to provide nursing care and care homes not registered to accept nursing clients
   - nursing agencies
   - domiciliary agencies.
2. The Commission for Health Audit and Inspection (CHAI) known as the Healthcare Commission are responsible for regulating:
   - hospices
   - acute hospitals.

In Wales

The Care Standards Inspectorate for Wales (CSIW) provides a similar role for Wales.

In Scotland

The Care Commission provide a similar role for Scotland.

In Northern Ireland

The Health Boards undertake this role.

Categories of registration

Care homes are registered in one or both of the following categories.

- Care Homes for Older People
- Care Homes for Adults 18-65

There are country specific regulations and national minimum standards for all aspects of care and where a home is registered for both older people and younger disabled people they will need to meet both sets of standards. The standards and regulations cover all aspects of the service and include specific standards in relation to recruitment, training and development of staff, as well as complaints and all the clinical governance issues. Where an organisation is in breech of these regulations the Commissions have the power to serve an enforcement notice and ultimately close the service.

Code of practice

The Government has announced its intention to produce a new code of practice for international recruitment which will cover the independent health care sector.

Useful publications and references

Buchan, J (2003) *Here to stay? International nurses in the UK* London: RCN (publication code 001 982) www.rcn.org.uk

Department of Health (1999) *Guidance on international nursing recruitment* London: DH www.dh.gov.uk

Department of Health (2001) *Code of practice for NHS employers in the international recruitment of health care professionals* London: DH www.dh.gov.uk

Irwin, J *An exploration of the experience of internationally recruited nurses employed in the UK - factors that assist retention*, dissertation submitted for MPA, University of Warwick, 2003 (unpublished).

Royal College of Nursing (2002) *Internationally recruited nurses: Good practice guidance for health care employers and RCN negotiators* London: RCN (publication code 001 788), available at www.rcn.org.uk

Royal College of Nursing (2002) *The diversity appraisal resource guide: helping employers, RCN officers and representatives promote diversity in the workplace* London: RCN (publication code 001 825)

Royal College of Nursing (2003) *"We need respect": experiences of internationally recruited nurses in the UK* (research by Dr J Aggergaard Larsen, and Dr H. Allan of European Institute of Health and Medical Sciences, University of Surrey), London: RCN (publication code 002 061) available at www.rcn.org.uk

Royal College of Nursing (2004) *Fragile future? A review of the UK nursing labour market in 2003.* London: RCN (publication code 002 468) www.rcn.org.uk

Royal College of Nursing (2002) *Working Well? Results from the RCN Working well survey into the wellbeing and working lives of nurses.* London: RCN (publication code 001 572). Web only document available at www.rcn.org.uk

Shields and Price (2002) 'Racial harassment, job satisfaction and intentions to quit: evidence from the British nursing profession' *Economica* 69, 295-326s

January 2005

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

RCN ONLINE
www.rcn.org.uk

RCN DIRECT
www.rcn.org.uk/direct
0845 772 6100

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

Publication code 002 445