

# The experiences, challenges and rewards of nurses from South Asia in the process of entering the Australian nursing system

## AUTHORS

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## ABSTRACT

### Objective

This study aims to explore the experiences, challenges and rewards of a group of nurses qualified in other countries in their journey through interview, selection, arrival, registration and integration within the Australian nursing system.

### Design

The study uses narrative analysis to tell the stories of the recruited nursing staff who took up the opportunity to travel to Australia. It relies heavily on the expressed and subjective experiences of the recruited nurses and the data are captured in narrative text. Thematic analysis was used to group the experiences into clusters that reveal a variety of positive and negative experiences.

### Setting

All of the nurses at the time of the study were working in an Australian public mental health facility.

### Subjects

Most participants were married and at the time of interview, their families were either with them in Australia or in the process of immigrating to Australia. They ranged in age from twenty six to forty one. Of the participants, fourteen were female and two were male. Their combined nursing experiences included medical, surgical, emergency, neonatal intensive care, orthopaedics, obstetrics, midwifery and psychiatry.

### Main outcome measures

The main outcome measure of this study was to explore, identify and document, in the words and expressions of participants, the lived experience of immigration, living and working as a nurse in a foreign country. The study offers insights into the individual's experience.

### Conclusions

Each story was as unique as the individual telling it however, several broad themes emerged from the narratives as insights to the experience. These themes were, Trust and fear; English language requirements; Immigration issues; Belonging, integration and family and Living and working in the West

From these insights, recommendations for future recruitment activity of this kind have been deduced and included at the end of this report.

## INTRODUCTION

The issue of worldwide nursing shortages is not new. For some time, for a variety of reasons, such as: more career choices for women, an ageing nursing workforce, inadequate availability of education places, and the continued poor status and image of the profession (Gerrish and Griffith 2004), countries like Australia have struggled to keep adequate numbers of nursing staff as well as consistent and high quality nursing care to patients.

As a result, a number of organisations have implemented recruitment and retention policies and strategies to address this growing concern.

Our organisation had experienced difficulties attracting suitably qualified nursing staff to one area in particular, within the mental health service arena, and in keeping with our recruitment strategy advertised locally and interstate without success. Therefore, we advertised on the internet and, following an expression of interest from India, in late 2002, a colleague and I travelled to South Asia in search of twenty nursing staff to complement our existing psychiatric nursing workforce. We returned two weeks later having offered twenty positions and by mid 2003, nineteen of our new recruits had arrived in the country. One recruit had failed to register her application to the Nurses Board of Victoria and take up the offer of employment.

The study is part only of an overall view of the issues and challenges our new recruits encountered before and after arrival. Issues such as the educational needs of these new recruits have been documented in another study and fall outside of the ambit of this particular study.

## LITERATURE REVIEW

Much research has been conducted on topics such as the current international nursing shortages and a great deal written about recruitment from various countries (Pearson 2004; Armstrong 2003; Buchan et al 2003; Cowin and Jacobsson 2003; Kline 2003; Stilwell et al 2003; Pacquiao 2002; Buchan 2001; Kingma 2001; Carlisle 1996).

In particular, various governing bodies such as the World Health Organisation (WHO) and the International Council of Nurses (ICN) hold particular ethical positions in relation to developed countries recruiting nurses from countries considered to be developing countries. These guidelines also document the right of the individual nurse to choose to migrate and the need for equity for all nurses in relation to wages and conditions (ICN 2001; ICN 1999).

Walters (2005), Gerrish and Griffith (2004), and Bohen and Balantac (1994), studied the educational or adaptation needs of nurses educated outside Australia. Parish (2003) highlighted the difficulties professionals qualified in other countries have in relation to language requirements. Bola et al (2003), Hawthorne (2001), D'Cruze (1996), McMillan (1996), Teschendorff (1995), Menon (1992) and Martin and Belcher (1986), studied the integration of nurses qualified in other countries and a few studies (Venamore 2003; Gonda et al 1995; Virdi 1984) highlight the advantages of a multicultural nursing workforce.

The lived experiences and the stories of nurses qualified in other countries, particularly those from developing countries migrating to developed countries, is however not well documented. This study will add to the work of DiCicco-Bloom (2004) whose American study highlights themes of displacement and the racial and gendered experiences of a small group of nurses from Kerala, South India; and the work of Omeri and Atkins (2002) and Jackson (1996) who studied the lived experiences of immigrant nurses in Australia, finding that issues of professional negation, marginalisation and a 'sense of otherness' were the prevailing subjective concepts.

## METHODOLOGY

Narrative analysis emphasises the story based nature of human understanding and learning. It is a highly subjective research methodology, distinguished from other qualitative research methodologies by its attention to the structure of narratives as a whole and not as a fragmented text (Rice and Ezzy 1999).

Narrative analysis extends the notion of text to embrace in-depth interviews, life histories, historical memoirs and creative non-fiction (Patton 2002).

Patton (2002 pp.115-116) considers that narrative inquiry: “honours people’s stories as data that can stand on their own as pure description of experience” and expands this concept by stating: “The central idea of narrative analysis is that stories and narratives offer especially translucent windows into cultural and social meanings”. As new workers in a new country and new culture, the benefits of telling these subjective stories in narrative, with all the ambiguity of a good story, is worthy of capture, as distinct from scientific investigation “designed to convince of truth through... repeatable scientifically constructed empirical tests” (Rice and Ezzy 1999 p.119).

Truth, in essence is subjective, and as a pragmatic investigator, the author’s application to truth in this study is to endorse Patton’s (2002 p.578) notion of: “What is useful is true”.

## **METHOD**

### **Selection of Participants**

The selection criteria included recruits who had successfully passed either the Occupational English Test (OET), or the International English Language Testing System (IELTS), who had also completed the mandatory six week Supervised Practice Program and subsequently been registered by the Nurses Registration Board of Victoria, Australia as registered nurses (Division 1 in Victoria).

Out of the nineteen new recruits from South Asia, seventeen met the selection criteria at the time of the study. Sixteen were invited to participate; one potential participant was not in the country at the time of this research study.

Participants had all been qualified registered nurses in their country of origin and most had considerable years of experience. Some of the nurses had also worked in the Middle East.

Participants were given a Participant Information Sheet outlining the study.

### **Confidentiality**

An independent research assistant undertook the participant interviews and transcribed the taped data. The independent research assistant also ensured that participants were able as much as possible to tell their stories without fear of offending the recruitment personnel. Confidentiality of the content of the interview was reinforced to participants at the commencement of the interview. To ensure confidentiality, the tapes were immediately erased after transcription. Individual interviews were assigned a number to safeguard their anonymity. The numbers were assigned in random order.

### **Ethics**

Austin Health Human Research Ethics Committee approved the research study, which was also endorsed and funded by the Nurses Board of Victoria, Australia.

### **Data Collection**

Initially it was intended that the participants take part in focus groups for the data collection. However due to concern that some participants might feel intimidated in a focus group setting and to ensure that participants did not feel compromised and to safeguard the quality of the information given by the participants, the idea of focus groups was abandoned in favour of individual interviews. Permission was sought from each participant to tape record the interview.

Data were collected using semi-structured interviews with participants over a four week period. Each participant was interviewed once only. At the beginning of the interview, the interviewer reiterated the aims and processes of the research and invited participants to share their experiences of the recruitment procedure, their subsequent arrival into Australia and their experience of the Australian health care system. The interview questions were designed to be used as a guide only and the interviewer was instructed to let participants deviate from the prescribed questions. The study was designed to capture the participants’ stories and it was expected that participants would digress from the questions as they focussed on what was important and relevant

for them as individuals. It was reinforced prior to each interview that genuine responses to questions were sought rather than answers that were given to please the interviewer and/or investigator.

Interviews were conducted during work time and within the workplace setting. Participants were interviewed in the order they were available to attend the interview. Permission for participants to attend the interview in work-time had been obtained from the nursing unit managers, and, in addition, permission was sought from the shift-leaders during whose shift the interviews were scheduled. Interviews varied in length due to the responses of participants and the speed with which they spoke. The duration of interviews ranged from twenty five to fifty minutes.

#### **Data Analysis and Interpretation**

Data analysis and interpretation occurred at three levels: during the interview; immediately following the interview by the interviewer; and later in reviewing the transcripts using data analysis methods. During the interview, the interviewer sought clarification of certain points considered ambiguous. A note was also made of body language, such as: nods, shrugs or facial gestures; and emotional responses such as: tears or laughter. Data collected were transcribed as soon as possible following the interview in order to capture, as much as possible, the true essence of the story. The interview transcripts were read many times and to identify themes. Although each story had its own unique features, the following broad themes were identified:

- Trust and fear
- English language requirements
- Immigration
- Belonging, integration and family
- Living and working in the West

#### **Trust and Fear**

Many of the participants expressed concern regarding the authenticity of the recruitment interview process. Some participants had previous negative experiences with both foreign recruiters and agents supposedly working in their best interests. Some participants

travelled two or three days to attend the recruitment interview. There was a lot at stake. Understandably, they experienced ambivalence and uncertainty:

*I was a bit scared for I had never attended any interviews for (working in another country). This was my first interview. I was working in Hyderabad, so it was 16 hours journey by train to reach my place. So my father rang up the last night ... and said: "tomorrow morning by nine o'clock train you have to start." And the interview was the next day so it was ... a shock for me. And I said, "I am not prepared for the interview"; they said it was for psychiatric services and I was working in a neurology ICU so I didn't know any psychiatric drugs. So I said: "I don't think that I will get this chance or opportunity." But somehow I attended and some of the questions were from psychiatric, a bit of neurology and of general medicine. So somehow I got it (Participant 2).*

*Because they are a lot of different agencies, they are conducting interviews and selecting families and asking some money from them. Then they will, with this money they'll run away from there, they'll abscond from that place. Then there won't be any address of those people afterwards. ... So we read this sort of things (in) every newspaper here. A lot of people are cheated by agents. ... During that interview process, so many people got cheated like that. Even one of my friends also (was) cheated like that, so I was also bit confused. What to do ... because I shouldn't be cheated by somebody (Participant 16).*

*Lots of agents ... will ask a lot of money as their fees; after that, after we give the money they will say your visa will come next month - one year, like that. So we will have to ... find out whether this is a true one (Participant 3).*

*(These interviewers) looked very friendly, rather than others. They ... made us feel a little bit relaxed, rather than we strictly sit in the chair. Yeah, is really friendly, relaxed as well, compared to other interviews which I attended; as well as the process of immediate feedback to the group. After the written test, within half an hour ... they announced the result. For the failures they also gave some positive reinforcement:*

*“Don’t worry you will get in the next time”, like that. So that’s another different thing (Participant 3).*

*I attended three interviews for England and two for USA, in all I passed the written test, and there is - after that, nothing from them. So, I consider this (is) also the same? When it happens, I’ll believe. That was my feelings at that time. And I said that to my husband, but he - the results of the written test was an excitement for my husband because this is his first experience even though I am his wife. When he knew that I passed ... he said, “You’ve done it well”, and I said, “It is always like that. Don’t (get) excited, we’ll see whether we’ll get anything after that.” ... Everybody has this type of bitter experience from all the interviews (Participant 3).*

*They called me for the seminar. It was about the rules and the regulations, the conditions and what it could be - like that, all those things. It took about one hour ... then they give the contract, to sign it. And I thought, it’s strange, with the previous interviews nothing was there like that. So I thought maybe it could be the right one for me ... the interview was in November, if everything is okay I can go there by the end of February. So these ... promises are also strange compared to other interviews. So, maybe I thought - maybe happen - or maybe not (Participant 3).*

*First of all I was very happy, because it is a chance, a challenge, to come to Western countries. But when I asked some of our friends, they thought, maybe they are cheating, it is not a true way, or something like that. So we asked one of our friends who (knew of the hospital) in Victoria (Australia). So we became confident in that. So after the interview, I went back to my old place - that is in one of the Middle Eastern countries. I went back there and I resigned. But still I was in a dilemma whether it is true or whether to postpone or whether to cancel the resignation or what. But finally by the end of January I was sure about this. I came to India. They told (me) by March we will be able to fly to Australia, but (it was) prolonged one month, by May we came here (Participant 5).*

### **English Language Requirements**

All the participants arrived prior to passing the Occupational English Test (OET). This test is a

requirement of the Nurses Board of Victoria (Australia) and participants in Supervised Practice Programs for Overseas Registered Nurses need to have passed the OET prior to commencing supervised practice. On one hand, this created a degree of distress for participants as they were mindful of studying for their English test and very much needing to pass. On the other hand, participants had been employed by the organisation in nursing assistant roles and as such, conversations with co-workers and patients and the reading and writing involved during the orientation and education program, gave maximum opportunity to practice the skills required to pass the test. In India, education from junior to tertiary level is conducted in English. In Malaysia, most education is conducted in English although there is a strong emphasis on Malay. Having struggled with the English test before they arrived in Australia, most participants thought that learning English was much easier in an English speaking country:

*They arranged for my English exam over here (in Australia), ... but still I didn’t know whether I’ll get through the English and I’ll get through the nursing board and I’ll get the four year visa. So that’s a lot of answers. ... I was just taking the risk. Me and my husband decided that if things don’t happen, we come back (to India). We have got nothing to lose. It is just a good experience. It all depends on the English. ... So I was still not quite sure. The first time I have no confidence in myself, so I just was hoping that I’ll get through it. ... So I didn’t have that much confidence in myself until the day I got my registration. Getting the registration was not a problem at all. I passed my OET the first sitting, and I did my supervised practice and I got my registration within a week (Participant 7).*

*We came here May 12th ... and (attended) two days a week theory class and the rest practical. That theoretical class was very helpful for us (for) OET and we all passed OET and after that six weeks supervisory practice program we got registration. We were happy (Participant 8).*

*First time we were very scared ... because we don’t know that language, the accent, what they are talking,*

what they are asking us, but now we ... (have) no problem with that. So we are adjusting. ... Still not fully adjusted, but still we are learning. Sometimes ... it is difficult to understand some patients and some relatives (Participant 8).

About the nursing registration, they told (us), before coming here (to Australia): "once you come here, you have to pass the OET (Occupational English Test). Either you pass the OET exam here, or you need to pass the IELTS (International English Language Testing System) exam in India." So most of them they tried for IELTS; they all failed. ... I was away from there so I couldn't attend for that, so I came here (to Australia), and they told (me): "You need to pass the OET, only then you can apply for ... registration. ... Through that they are also trying to improve our language, because the accent is different ... and with the first chance, with the first time we passed it, though not all (Participant 5).

Oh I was not successful the first time ... I failed in my reading part and I was very upset because I haven't - till this part of my career, I haven't failed any of my exams, and I think that this was a sad moment for me. ... But anyway we had to wait for a month to write the exam ... so (the) second time I got through the exam, just in reading. So ... I was really in tears when I passed the exam. I was happy also. ... When I found out, it took a long time for me to think that I was successful because first time when I came to work in the ward ... language was a problem area ... (Participant 12).

Actually I have never spoken to any person from (another country), like European countries, or any places. But ... was the first person to whom I spoke or I listened to. I think she must have understood prior coming to the interview that the Indian language or Indian English is not as, not as good as Australian or may be that fast as Australian. So she, I think she was trying to do her best there; she was trying to speak very clearly and slowly, so that all of us should understand (Participant 2).

She talked to us very clearly regarding ... all the procedures or terms and conditions. ... I didn't find any difficulty with talking (to) her. ... I did find it a bit

difficult with her in the first stage and with others also. But now, she is very clear to me and I am also clear to her (Participant 2).

### **Immigration**

Visas were a particularly contentious issue. Participants needed to submit a variety of documents in order to progress the visa application. Sometimes, for a variety of reasons, these documents were hard to produce and authorities in South Asia even harder to negotiate with. Some participants had resigned from their jobs in their home country in anticipation of a speedy response from immigration. This brought social and financial hardships. All participants had applied for a four year working visa with hospital sponsorship, however only a small percentage of participants were granted the four year visa on initial application. Most applications were turned down and given a three month visa. Three months did not give time enough for participants to complete their English test and supervised practice program. Mid-program there was a need to apply for a bridging visa which brought with it uncertainty regarding tenure, and nursing registration, and a need to re-apply for the four year visa, accompanied by another full set of health checks. This added additional complexity and something else for the participants to worry about.

Actually our agents ... it was the first time actually, they organised it. So I felt (there were) some misunderstandings ... there was communication gaps ... there were some errors, but we can expect that from everyone who is starting new, so we can't blame. ... They asked us (for) some things, especially our birth certificate that was actually unnecessary, because our secondary school certificate is enough for that to show our date of birth ... but they told us particularly they want birth certificate. So when I am going there (to get my birth certificate), they said they actually can't find that register where my name is, so they ... just gave me a letter that it is missing. They told me, if you want to issue the birth certificate, you have to go back to your church where you (were) baptised. ... Near about two months I took to get my birth certificate, and many times I walked for that. They asked for me to come after two days. Whenever

*I go after two days ... they will say: "that staff is on leave, you come another day." That's - our culture is like that. They won't do their work properly, especially if they are government staff. So ... then I asked our agent ... what is the other alternative? Then he told me: "you just make an affidavit." ... So anyhow I just made an affidavit and that was expensive. For everything we have to give some money you know. And some times if they come to know that we are trying to (go to) Western countries, then they will ask (for) more money. They will take more money from us. When they know we are going to Western countries. They will know that we have enough money or we will get enough money, so they want to take some advantage of that. They will take more money. They will tell: "this is our charge; that is our charge, if you want, you do like this." So, to get our things ready, definitely we will have to give money. ... So, actually that was an unnecessary procedure which they asked us to do; there was no real - no need for that certificate (Participant 16).*

*They submitted our documents in our [---] immigration department here in India. But some problems ... delayed our processing. ... We all resigned from our jobs, so we are jobless that time. So it was not a good time for us. ... Almost, I think, eight months we waited. ... Then also we got only three months visa, we didn't get four year visa. So, it was not good (Participant 13).*

One participant felt that the immigration office in her country did not recognise her central role as leader in her family's visa application:

*So I talked to my whole family; we applied for the visa for the four of us and then for the medical exam. I think this was (the) first case where a person - a female bringing the family rather than the male bringing the family. ... So the visa was in my name and the lady who was in charge, the case manager from the immigration office - actually she did not understand the process itself. When I tried to explain to her ... she keep on telling us she had to wait for directions from Australia. So we did all the paper work and I told her I need to be here by a certain date; she told me three months visitor's visa and nothing for my family. That*

*was okay for me, because I was not bringing my family. So from the day I got three months visa my husband kept going back and reminding them to process the three others. And last month that was January, this is from May last year until January, so only last week my husband got the (...) visa. It took that long for the lady to realise - you know, the proper procedure - and she went on Christmas leave and she was away and when she came back, (the) case manager was away, so all this delayed (everything). ... The immigration in Australia was also delayed during the Christmas (period). ... So now all of us have the (...) visa and they can come and go anytime time (they) want and there is no problem (Participant 10).*

### **Belonging, Integration and Family**

When the participants first arrived in the country, they were advised they should leave their families at home until they were established in independent accommodation; had completed the educational requirements; and were registered. This was possibly not the best option for some of the participants as they struggled with their emotions in being apart from family, especially their children. Those who had brought families in the early stages were less emotionally vulnerable but struggled financially, at least initially, as their families could not stay in the low cost hospital accommodation on offer to the participants who had arrived without family. All participants saw Australia's offer of family visas to be a big draw card.

*My husband was working in Goa, and myself and my daughter we were in Kerala. If I want to join my husband, I have to wait until he becomes 58 years old. He can't join us now. Before this I was in Muscat. When my daughter was eight months old I left her to go to Muscat. So my husband, he was in Goa, I was in Muscat. All the time she (my daughter) was with my parents. So actually I was looking forward to having a family life, you know. I was knowing that in Western countries it is possible ... so actually for my family life I attended this interview (Participant 15).*

*And my family came here; my family is with me now. I've got one daughter. My friends they (are) all happy, they all want to come here (Participant 5).*

*The first thing I inquired was whether I can take my family. I have my husband and two kids, so I never thought of leaving them anyway. So the first thing I inquired from that, can I take my family. They said, yes you can take them. That was amazing really, because some people, they are not allowing (you) to take (your family) - they will tell us to wait for three months, for permission. That was very good. But unfortunately I came ahead of them because of some problems with the visa processing and all. I came two weeks, but they came after two weeks (Participant 14).*

*I didn't apply anywhere because I am very close to my husband and my family, so I don't want to separate from them, that's why I did not apply. But still we were in need of money. Sometimes we thought we can go abroad, we can earn money, but because of him I didn't apply anywhere. The main reason I applied for Australia is the agent told me: "They will give family visa." That's why I applied. That day I was so happy, and I went - I told my friends that I have been selected for Australia, they didn't believe. Everyone was very jealous of me, but they didn't apply (Participant 9).*

*I'm away, so there are two males in the house now, my son and my husband. So they felt their loss. My husband told me over the phone, that my son - he cries, and - see, I am crying now. ... The first came I came he was okay at the airport. No tears, nothing ... I think he did not feel the loss, but the second time, when I came for holidays, he really cried, and the tears were tears for me. He is 18 years old. So, you know, he is feeling the loneliness. ... I think he is needing a mother, and to cover up - oh, I feel guilty leaving him, so I thought I (would) buy him a car, and that will - I don't know - being a mother - I was a bit sensitive at the time. I feel really bad now, especially as it is going to be a year in April (Participant 10).*

*And that time, I came with five (others), you see, and they all came with their family and only I was alone ... I was married in February and I came here in May. So my husband left to (go to) Ireland and I came here alone. And I came to the hostel here ... so I was very homesick, I was crying with my husband's*

*photographs the whole day. ... He is with me now. He joined me last September, so it's nearly four months now. ... It was a very bitter and dire experience for me. Bad experience actually I should say. ... Things are very different from - and the things and the life style actually, everything was entirely different for me, but now, I'm getting used to it (Participant 2).*

Belonging at work was an important concept for most participants:

*The patients, you know, like family members here. One day I went with one of the patients. It was for a one-day procedure. And you know, after the surgery they just called me to look to him! You know, I felt so - I don't know what was the feeling ...we do everything for them, they can't speak - we have to speak for them, they can't do, we have to do it for them. First of all I was so afraid. But it is now like family, like some of our own. ...It's good, I like it here (Participant 4).*

#### **Living and Working in the West**

Participants highlighted a wide range of issues both positive and negative about their experience of Australia and Australians. A few selected narratives appear below that capture the essence of the majority:

*I am here and in a good place. And I am enjoying. For my kids also they can have a good and bright future. I hope so. And also we can learn new things other than from our country - and we can learn the different culture. That is a good thing (Participant 1).*

*You can trust people: that's the thing I found. In (name of country deleted) we can't find anybody like that. So it's - it's what I found the change from there and here. And fear, I don't think there is much, nothing to fear much - once our family are there - living in Australia (Participant 12)*

*I like the situation here. I like the country - I like the work place - all the people who are working here, really I can say even if they are seniors ... everybody is given equal dignity and respect and whatever questions or queries we ask them, they are ready to help us in any way. In (name of country deleted) it is not like that, the managers will be managers, we*



can't even go and speak to them. We have to go in line of authority. Here we can go talk to them - tell our complaint and if they want to make comments to us they do. ... And the workplace I like it very much, because it is a mental health setting. That was what I was longing for and I got it. I am very happy about that (Participant 12).

When we came out here, really homesickness was there, sure. ... Australia is a strange country for us. Strange people, I mean, you know, strange people, strange culture - everything was strange. We had no friends out here, you know. When we came out here, the initial time; that was very difficult to cope with, this culture, like this - all these things. ... The major problem is communication problems, you know. Australia is very different, really difficult. But, you know, when we (got) used to it - that (has) become easy now. ... The Western culture is very different from Eastern culture. ... We are trying; still we cannot accept that culture - which is the Australian way. Western culture, still we cannot accept (Participant 11).

You know when we came here, one patient I used to pass, "black, black, you black," (sic) he used to call me. First day when I heard, I was so upset. ... I felt very bad, then I realised he is a psychiatric patient. He's got brain injury. That is, because of his illness he is calling me. It is nothing - so I adjusted (Participant 15).

Information participants had received about Australia prior to arrival was limited. Most participants had considered working in another country, in countries such as the Middle East, USA and UK, but not Australia. The following account depicts how participant 15 first became aware of possibilities in Australia:

So this lady [patient] ... came to me and she said: "I see you are very busy, you are running up and down. ... Why don't you come to Australia, there nurses are well respected." ... I don't know anything about it, because I didn't know anything about this outside life. ... Everyone in my family said (it) was (a) really very good place, better than America, they said. And here ... crimes are very less compared to

other countries. It is a very good country. People are very nice, like that, different people, different ideas (Participant 15).

## DISCUSSION

From the collected data, it became obvious that many aspects of the recruiting process were done extremely well. It appears that the face-to-face interviews conducted in South Asia were well received and organised. The immediate feedback to applicants, and the seminar to those successful, gave an opportunity for participants to explore the offer further and to ask questions related to any concerns or doubts they were experiencing.

Some participants had travelled for up to three days to attend the interview, which indicated the high level of desire or commitment to secure a position in Australia. This obvious motivation came in spite of the fact that information about Australia and the Australian lifestyle is limited in some parts of South Asia. Narratives frequently revealed that participants experienced feelings of displacement and being different once in Australia and exposed to living and working in a foreign country. Whereas this could be seen as a normal reaction to immigration, more information could have been given at interview and/or in the time lapse from interview to arrival.

Many of the narratives exposed the extent to which nurses in South Asia, seeking opportunities abroad, were vulnerable to exploitation. Some participants had previous negative experiences from agents seeking a livelihood from susceptible nurses, and in some cases, from hospitals promising employment and then failing to fulfil their offers. Many participants expressed their reticence to believe the agent engaged for the purpose of recruitment and also the interviewers themselves. It appears that the immediate feedback and offer of employment by way of a contract to sign gave some authority to the recruitment process although many participants remained sceptical until they were actually on their way to Australia.

All participants struggled initially with the language requirements and in particular, the Australian accent.

For several, the supervised practice component of their education and therefore their nursing registration was delayed while they studied for the Occupational English Test. Although more difficult to achieve in countries where English is not the primary language of verbal communication, to facilitate a quicker and less stressful transition through the visa and nursing registration processes, participants indicated that passing the English requirements prior to arrival would have been an advantage. Pre-emigration access to intensive English classes involving people with Australian accents could prove very valuable.

Once the supervised practice program was completed and competency assessed, participants were very positive about their response from the Nurses Board of Victoria (Australia). All were registered within a few days to one week. This enabled participants to immediately work to their capacity as registered nurses.

Relocating from one country to another would, no doubt, be stressful for most people. This issue during recruitment is compounded if the agent and recruiters are inexperienced and having no prior models of recruitment from developing countries to draw on. This can result in some information being given erroneously which in turn can lead some participants on a needless pursuit of certain documents that are not in fact necessary or could have been substituted by other documents. Participants expressed particular distress at the time lapse from interview to arrival and the resultant loss of face in their community and financial hardships as many had resigned from jobs prematurely to take up the offered position.

Feelings of belonging and family togetherness filtered through most narratives. Some narratives highlighted the experience of living apart from families, sometimes for many years, whilst participants lived and worked in gulf countries and somebody else raised their children. There is little doubt that family visa and sponsorship were main pull-factors toward Australia for these participants. Balancing emotions for those separated from families was far harder for

some than others, however accommodation was a problem for families who arrived together. Those who arrived a little later, when nursing registration had been completed, had the advantage of an immediate income.

Overall, comments about Australia and Australians were positive. Participants stated that Australians are trustworthy and Australia safe, free from terrorism and that crime rates are low. One participant had been the recipient of derogatory racial comments. Several participants felt they were still in an adjustment phase and many were trying to balance the Eastern/Western lifestyle differences. Participants have an awareness of the extent to which Australian culture will influence their children but the overriding sense was one of optimism and opportunity for themselves and their families.

## **CONCLUSION**

Nursing shortages are estimated to increase over the next decade and it is possible that Australia might see an influx of nurses from countries in South Asia and a reactive need to provide education and integration for this potential recruiting source. The following recommendations are offered for consideration in future recruitment initiatives.

## **RECOMMENDATIONS**

Interviews for qualified nurses from other countries should be conducted face-to-face in the source country or via phone or video conferencing.

Information regarding Australian lifestyles, culture and working conditions should be conveyed in a timely manner or at interview to enable selected candidates to make informed choices and decisions. Information could include visual aides such as photographs and videos.

Selected candidates should be informed as soon as practicable following interview and given realistic time frames for visa processing and position commencement, in order for candidates to appropriately manage their departure activities.

Recruitment agents selected to assist the recruitment process should be highly scrutinised and have a clear recruitment history and expertise in the source country.

Potential candidates should have passed the OET or IELTS prior to arrival in Australia.

On arrival, candidates should be supported with accommodation, settlement needs such as establishing a bank account and employment requirements such as applying for an Australian tax file number.

Ongoing support should be available to facilitate maximum integration with Australian work and life.

Nursing registration, following supervised practice and competency assessment, should be completed as a priority.

Candidates should delay the arrival of their families until nursing registration is complete and a position secured.

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