

# Expert to novice: Experiences of professional adaptation reported by non-English speaking nurses in Australia

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## KEY WORDS

Nurse education, competency based assessment, professional adaptation.

## ABSTRACT

### Objective

Adaptation to a new area of clinical practice creates a significant challenge for any nurse, but this is particularly so for migrant nurses of non-English speaking background (NESB). The aim of the study was to understand the perceptions of overseas qualified nurses, from non-English speaking backgrounds of their educational experiences in a competency based assessment program (CBAP) in Melbourne with a particular focus on the clinical component.

### Design

The study was conducted using a modified grounded theory approach. Data were collected using in depth audio taped interviews, observation in clinical practice and personal journal entries. Initially a purposive sample was chosen followed by theoretical sampling. Thirteen NESB nurses, one Australian born nurse and three of their teachers took part in the study. The constant comparative method was used to analyse data.

### Setting

The CBAP was conducted in two Melbourne based universities. The study was carried out in four hospitals in Melbourne representing public and private facilities.

### Participants

Thirteen NESB nurses, one Australian born nurse and three of their clinical teachers participated.

### Main outcomes

Nurses reported feelings of disempowerment caused by discriminatory practices, professional isolation and unrealistic expectations by local nurses. The experience challenged feelings of competence as much as it expanded feelings of competence.

### Results

Three themes emerged. Themes revolved around language use, quality of communication and non-recognition of professional skills by local nurses, which resulted in disempowerment, damaged perceptions of competence and stunted progress towards regaining a full professional identity. There were some suggestions of workforce discrimination.

### Conclusions

Strengths of the program revolved around the opportunity for NESB nurses to undertake a formal assessment process in order to achieve registration in Victoria. Limitations related to lack of support in the clinical environment. It was revealed that although the adaptation process was complicated for individuals by cultural, linguistic and professional issues, the main challenge seemed to relate more to the clinical workforce culture that operated at some hospitals. Nurses reported feelings of disempowerment caused by discriminatory practices, professional isolation and unrealistic expectations by local nurses.

## INTRODUCTION

International nurse migration is an established feature of the global nursing workforce (Blyth and Baumann 2009). Australia is both a source and a destination country in that global market (North 2007). Recent overviews of challenges facing NESB nurses entering the workforce in Australia describe the problems of adaptation to professional, cultural and linguistic challenges (e.g. Wang et al 2008; Seibold et al 2007); but few have focussed on the nurses' feeling of isolation, loneliness, and reduced competence when first confronted with clinical practice. However, Brunero et al (2008) found that NESB nurses experienced loneliness, isolation and difficulty in settling into nursing in Australia. No previous studies that examined the experiences of NESB nurses in CBAP have been uncovered. Because nurses from NESB backgrounds are likely to adapt to a new workforce in different ways (Blyth and Baumann 2009) it is important for local nurses to understand the challenges associated with that adaptation, because it affects everyone involved in health care delivery (Chiang and Crickmore 2009; Denton 2009). This paper examines the extent to which some of the needs of NESB nurses were recognised and attended to in one cohort of overseas qualified nurses. Their experiences raise doubts about the validity of CBAP to prepare overseas qualified nurses for professional registration in Australia.

## METHODOLOGY AND METHOD

The study was conducted using a modified grounded theory approach. According to Charmaz (2006), grounded theory refers to both a method of inquiry and to the product of inquiry. In this study it was used as a method of inquiry and a way of analysing data. This study focused on perceptions of the participants and therefore the grounded theory methodology provided an appropriate set of assumptions to investigate the question because of the usefulness of the approach in terms of helping to explain relatively unknown situations (Taylor et al 2006). Some classical views of the method advocate the analysis of social processes and basic psychological

processes as being an integral approach to the grounded theory method (Charmaz 2006). However, Glaser (2002) claims that to focus exclusively on these processes forces fit on the data rather than allowing the concepts to emerge. In this study the concepts were allowed to emerge from the data and it was found that a number of contextual factors and interactions influenced the experiences of the NESB nurses. Three of the themes that emerged will be reported on in this paper.

A purposive sample was chosen followed by theoretical sampling. The constant comparative method was used to analyse data, with open coding, axial coding and selective coding used as an organising framework for analysis.

Data were triangulated by using in-depth audio taped interviews, observation and personal journal entries (Miles and Huberman 1994). For the purpose of further triangulation, one Australian born and educated nurse was interviewed. Phase one of the study involved the assistance of five non-English speaking nurses who had completed a CBAP within the previous twelve months. In order to seek their opinions regarding issues that were of central importance to them during the course of their study, with a view to guiding the initial data collection process. Phase two represented data collection through semi-structured interviews, journal entries and informal conversation before, during and following direct observation. Observation centred on NESB nurses only and did not include the teachers, nor the discriminat case.

The interviews were approximately one hour in duration and were later transcribed verbatim. Open coding, axial coding and selective coding were used as an organising framework for analysis.

The participants included thirteen nurses enrolled in a CBAP in two universities and associated hospitals in Melbourne in 2005-2006, three of their teachers and one Australian-born nurse (n=17). The age range of the NESB nurses was 25 to 40 years. The overseas qualified nurses came from diverse cultural and linguistic backgrounds: India, China,

Philippines, El Salvador and the Czechoslovakia Socialist Republic. They fell into three main groups in terms of their previous professional experience. The *specialist* group (n = 5) had practised in clinical specialities such as operating rooms and intensive care units for extended periods up to ten years. The experienced *generalists* (n = 5) had practiced in a variety of acute care settings, for example medical surgical units and emergency. The inexperienced generalists (n = 3) were nurses who had graduated in the previous three years and had nursed in one or two clinical areas, such as coronary care and surgical units. The Australian born nurse who acted as a discriminant case was an experienced generalist nurse who undertook the course following a break in his/her practice in order to re register with the Nurses Board of Victoria.

Competency based assessment programs for NESB nurses consist of theoretical and clinical components designed to enable them to demonstrate the Australian Nursing and Midwifery Council (ANMC) National Competency Standards. The study was carried out in two universities and four hospitals around Melbourne. The hospitals represented public and private facilities and a variety of clinical settings. The clinical component consisted of eight weeks at a clinical venue.

Ethical approval was obtained through the ethics committees of participating universities and hospitals. Written consent was obtained from all participants in the study. All participants were assigned a pseudonym to protect their identity.

## FINDINGS

Analysis of data from the NESB nurses and their teachers supported the same themes. Three themes will be presented with quotes from both NESB nurses and their teachers to illustrate each theme. Each quote is followed by the designation of the participant e.g. nurse, meaning NESB nurse or teacher. Themes revolved around language use, quality of communication and non-recognition of professional skills by local nurses, which resulted

in disempowerment, damaged perceptions of competence and stunted progress towards regaining a full professional identity. There were some suggestions of workforce discrimination. Therefore the main themes were Language and Communication, Professional Identity and Discrimination. Quotes are written exactly as provided by NESB nurses and therefore reflect the use of English as a second language.

### Theme One

#### *Language and Communication*

The first theme developed from problems reported by NESB nurses in relation to communication with local nurses. They reported two main problems: (a) the difficulties of conveying complex information during the time allotted for the handover between shifts; and (b) the difficulties associated with understanding abbreviations in written instructions and the slang used by local nurses.

The requirement to provide a nursing handover to the nursing team occurs very early in the clinical placement. Comments regarding that experience reflected some humiliating behaviours towards one NESB nurse as evidenced by this comment from Lei, a specialist nurse of Chinese background:

*It's a big concern for me because some nursing staff is not friendly when you do handover, some are laughing and some are doing Ar, Ar, Ar like this (Tape: 217), and it make me feel so uncomfortable. This have a big impact on me because I am afraid to do that handover again, maybe I will refuse to do handover again. It make me nervous because once the nurse laugh at me then tomorrow that nurse could be my buddy and I'm afraid to ask questions, I will keep quiet because I'm afraid she will laugh at me again. Lei (Nurse) PG6: Ln4-6. I think this influence me because once they treat me very bad of course I'm reluctant to do some things and sometimes I want to escape. Lei (Nurse) PG12: Ln2*

The perception that some registered nurses in this study were responding negatively was supported by one of the clinical teachers. Gail, a teacher believed that:

*A lot of staff treat the students, (NESB nurses) as if they are completely stupid, anyone with an accent is automatically considered an idiot. They will speak really fast and not repeat themselves and then they just come and tell me that the student can't speak English.* Gail (Teacher), PG1:Ln8

The problems of accented English or lack of understanding of technical language created difficulties for both local and international nurses during the handover. But from the NESB nurses' viewpoint, the registered nurses were increasing the difficulties by their use of slang and abbreviated handover documentation. As Alana, from El Salvador explained:

*Very nervous about communication in the clinical environment, they try to make it short and it's hard for me to know what they exactly are talking about. Lots of abbreviations and I feel bad, I think maybe I'm not good enough.* Alana (Nurse) PG2:Ln9

Mei Li, a specialist nurse from China, reported a problem with abbreviations:

*You know the abbreviations I find it's really difficult one, abbreviation can mean lots of things. At hospital they have their own abbreviations. Sometimes the nurses use abbreviations. I don't know how they can use lots of abbreviations in their progress notes. In the law in Australia they said in real documentation couldn't use abbreviations [sic], nurses use abbreviations, very hard to read it.* Mei Li (Nurse) PG6: Ln7.

These communication issues seemed to have an influence beyond the immediate problem of negotiating an effective handover at the end of each shift. They impinged on the NESB nurses' sense of regaining their professional identity.

## **Theme Two**

### **Professional Identity**

Seven nurses out of thirteen spoke about their attempts to find their own identity in professional practice. They reported considerable challenges to their professional identity related to the context, scope and the professional knowledge base

necessary to practice in Australia. Feelings of disempowerment related to a number of issues in practice including language and cultural differences, as well as practice and policy issues.

They experienced various levels of frustration with being relegated to novice status in practice and the associated lack of autonomy. Their sense of disempowerment became stronger when they perceived their registered nurse colleagues to be unknowing of, or unsympathetic to their situation.

Deanne, an experienced generalist nurse from the Czechoslovakia Socialist Republic, commented:

*The big challenge, you have to overcome a few things like the beginner in practice, and the attitudes of some staff, they are not very friendly it's not very nice. I'm still trying to find my own way because I'm still so much with the buddy nurse and the clinical educators as well. Sometimes you think it's not right and you get the feeling as a nurse that you would do that different, but still haven't got your registration so....* Deanne (Nurse) PG4: Ln 6

## **Theme Three**

### **Discrimination and Lack of Support**

In this study, five out of the nine people who commented on the issue reported feeling upset by perceived discrimination and lack of support on the basis of their ethnicity or background. The following comment from a nurse from the Philippines provides an example:

*Here I found some staff really rude, discriminating because I come from the Philippines, sometimes they are challenging you if you can do what they are doing. Sometimes if you are asking them to help they will say why don't you look for your clinical instructor.* Leesa (Nurse) P3:Ln1

Deanne reported unprofessional and discriminatory behaviour by registered nurses was observed by patients and relayed to her:

*We saw (patients words reported by the NESB nurse) the nurses in the nurses' station and they were making faces behind your back which is not really professional.* Deanne, (Nurse) PG 2:Ln5

The nurses' perceptions of exclusionary behaviour are supported by two of their university teachers, Gail and Donna. Gail, for example, commented on the effects of this negativity:

*It's limiting communication with the student (NESB nurse). Well absence of any social communication. Sometimes, it's limiting professional communication... it's the tone, it's the eye contact. You know two nurses will be having a social conversation and one of the students will come up because I've asked them to report an abnormal BSL (blood sugar level) and they'll leave the student waiting there, not talking to them until they are ready to address them and that is very, very demeaning to a thirty or forty year old woman and the grad might be twenty one or twenty two. Gail (Teacher), PG6:Ln1*

The NESB nurses' concerns were supported by observations carried out on a surgical unit. During one of these observation sessions the authors spoke with and observed a specialist nurse from China. She was working alone in a different section to that where she had worked until ten o'clock on the previous night. It was a busy surgical unit and she complained of feeling tired:

*Worked until ten last night, started at seven this morning. Missed meal break last night too busy. My buddy has gone to morning tea she doesn't tell me when she is going, doesn't ask me when I want to have a break.*

*I can't assess my patients this morning. I have three, all require full assistance with hygiene then, I have to assist my buddy with her patients. Lei (Brown notebook) Page 10:Ln1-19*

Uncovering direct and conclusive evidence of exclusionary behaviour that results in discrimination in clinical settings is extremely difficult. All that can be said here is that the majority of the nurses reported experiences of alienating and dehumanising practices in the clinical environments. The implications of these reports are important, because despite more than two decades of increasing emphasises on provision of services to culturally diverse health consumer groups, perhaps little has

changed in terms of how nurses from culturally diverse backgrounds are treated in the clinical environment.

## DISCUSSION

The most important findings to emerge were that the nurses' feelings of competency were affected by, inconsistent levels of educational and professional support and negative experiences of prejudice from some clinical staff. These perceptions were not mediated by previous levels of professional experience; or, by their clinical specialisation. Specialist nurses reported more serious concerns regarding their prospects of future employment in their preferred area of specialisation. The implications of this for the profession and the health care system are that even the most experienced specialist and generalist nurses are not having their level of skill appropriately recognised and utilised in a timely way despite the current shortage of generalist and specialist nurses in Victoria.

The findings from this study support the general view (e.g., Baker and Hawkins 2006; Kilstoff and Baker 2006) in the literature that the nature of the clinical practicum intensifies the impact of learning, adapting and growing into professional roles in situations of diversity. These perceptions can be linked to professional development in nurse education, and the inclusion of multicultural perspectives in nurse education. Clearly, if NESB nurses are ridiculed for their unfamiliarity with local clinical practice and are made to feel inadequate, they will find it difficult to demonstrate optimal levels of competence (Chiang and Crickmore 2009; Kingma 2008). An equally important reason for attending to and improving relationships among local and international nurses is noted by Kingma 2008 i.e. that the serious psychological impact of non-inclusive behaviours on the part of local nurses toward NESB creates a threat to patient safety.

According to Cope and Kalantzis (1997 pp16) productive diversity is a relationship between perceived traditions and the necessity to negotiate change. They suggest that a way of approaching this



would be to replace the singular corporate culture which 'produces ghettos' and instead cultivate internal variety and permeable boundaries. Applied to the clinical practicum in hospitals, this productive diversity perspective would extend the perspectives put forward by the teachers in this study to include not only a professional development curriculum but also an approach to the organisational climates of hospitals that could cultivate such internal variety with a view to ensuring that the skills of NESB nurses are recognised, further developed and utilised appropriately.

## CONCLUSION

The findings led to the conclusion that the current system of providing education for NESB nurses is not conducive to the identification and timely utilisation of existing specialist and generalist skills in that population if viewed in terms of relevant theoretical perspectives on nurse education, education in the workplace, adaptation, productive diversity and the stated aims of this particular program to provide a supportive and inclusive environment. One possible solution to this problem, suggested by the NESB nurses and teachers, could be the provision of staff education at the unit level regarding intra-personal issues such as linguistic and cultural differences and the variations that exist in the role of the professional nurse in various parts of the world. The NESB nurses, in explaining the difficulties they encountered, suggested an approach to staff education based on information sharing with a view to informing staff about their professional capabilities, past clinical experience and role, as well as their learning objectives in the current situation. Clinical nurses need to be aware that learning and adapting to the current situation are interrelated processes.

## RECOMMENDATIONS

Adaptation to professional practice in a new country, if not sensitively addressed can lead to wastage of professional expertise.

Provision of a staff education program with the specific aim of raising awareness amongst unit managers and clinical nurses regarding

the challenges associated with the process of professional adaptation, with a view to creating a more positive practice environment for all concerned.

Provision of improved mentoring and professional modelling processes through recognition of the difficulties that may be encountered by local nurses regarding the significance of socio-political and contextual knowledge on the part of NESB nurses; and, the provision of opportunities for local and NESB nurses to debrief and receive support and education on possible ways to deal with such issues at the clinical level.

Initiation of a positive environment for culturally diverse staff, in view of the culturally diverse nature of the current workforce and the acute shortage of clinical nurses.

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