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Title: Working with a culturally and linguistically diverse (CALD) group of nurses

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Abstract

The Australian health care system exists within a particular socio-political environment which characterises its *modus operandi* and thus, the patient's and health professional's experiences of the system. Consumers' experiences are affected by their race, age, gender, ethnicity and class, and their relationships with health care staff. Health staff's experiences are largely affected by the interplay of the various health professions, manifest as power relations. This is particularly notable in the case of overseas qualified nurses. With the growing reliance and acceptance of overseas qualified nurses in Australia, the issue of their access to positions of power within the health system is worthy of analysis. This paper considers the factors that both constrain and enhance employment experiences for overseas qualified nurses within the Australian health care system, and their opportunities to contribute to both the development of contemporary Australian nursing practice and the quality of care for the culturally and linguistically diverse health population. Strategies are suggested to address the challenges associated with employing overseas qualified nurses, and developing collaborative working environments in culturally and linguistically diverse work settings.

Keywords: cultural diversity, nursing workforce, overseas qualified nurses, cultural competence

INTRODUCTION

Australia's health care system exists in a socio-political environment that has particular characteristics, including the place of women and the different health care professions, racial discrimination, and class divisions (Duckett 2000, p. xx). These characteristics affect the health system's *modus operandi* and both the patient's and health professional's experiences of the system. Consumers' experiences will be affected by their race, age, gender, ethnicity and class, and since the backgrounds of health professionals may not be the same as that of some consumers, there may be negative consequences for the processes of health care (Duckett 2000). Health staff's experiences will be affected by the interplay of interactions between the various health professions, manifest as power relations. This will be particularly notable in the case of overseas qualified nurses (OQNs) (Kanitsaki 1999, p.88). With the growing reliance and acceptance of OQNs seeking employment in Australia (Armstrong 2003; Hawthorne 2001), the issue of their access to positions of power within the health system is worthy of analysis. This paper considers the factors that both constrain and enhance employment experiences for OQNs within the Australian health care system, and their opportunities to contribute to both the development of contemporary Australian nursing practice and the quality of care for the culturally and linguistically diverse (CALD) health population.

CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) NURSING WORKFORCE PROFILE IN AUSTRALIA

Nurses who are working in a foreign country are defined in the literature as overseas trained nurses, overseas qualified nurses, foreign nurses, foreign educated nurses, foreign travel nurses, international nurses, foreign educated licensed nurses, or developed/developing world nurses. The phenomenon of a growing CALD health care workforce reflects the global movement of health care professionals, especially in nursing and medicine (Hawthorne 2001; Kingma 2001; Scott et al. 2004). This is occurring as a result of political and social unrest, economic instability, and environmental disasters in many countries of the world, the opportunities afforded through international education and work exchange programs, family reunion and refugee schemes, and the opening up of territories and borders by free nations.

As well, the shortage of qualified Australian nurses has stimulated an unprecedented request for employment by OQNs, on either a temporary or permanent basis (Hawthorne 2001). The International Council of Nurses (ICN) (2004) recently reported on the critical issue of global

nursing shortages, seen to be the result of fundamental systemic flaws in health systems worldwide. Application of OQNs to work in a foreign country including Australia represents their desire to undertake personal and professional development abroad, and seek better wages and working conditions, greater job satisfaction, and higher standards of living (Kingma 2001; Withers & Snowball 2003). Consequently, recruitment of OQNs has increased the diversity of the Australian nursing workforce, and consequently, some tension within the system.

According to unpublished data from the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) (2004), the number of OQNs migrating to Australia on temporary and permanent employment contracts almost tripled between 2000 and 2004, 1188 OQNs in 2000/01 and 3233 OQNs in 2003/04. The numbers are likely to rise when OQNs employed with a working holiday visa are included. In 2000 there were also 1,852 overseas students who completed basic/post-basic nursing courses while 172 overseas students completed their nursing course in 1989 (Australian Institute of Health and Welfare, AIHW, 2003), which represents an increase of almost 11 times. Some international students return to their country of origin upon graduation, however, many remain in Australia, applying for a temporary or permanent visa to continue their nursing career. While there are no national data on the number of OQNs currently working in the Australian health care sector, in New South Wales (NSW) 30% of the nursing workforce were born in countries other than Australia (NSW Health 2002). Main countries of origin of OQNs in Australia include the United Kingdom/Ireland and New Zealand (73%), Asian countries (e.g., Philippines, China and Singapore), South Africa and European countries (AIHW 2003; Hawthorne 2001).

ISSUES ASSOCIATED WITH THE EMPLOYMENT OF OQNS

There are many unresolved issues associated with the employment of OQNs worldwide.

These include:

- the status and circumstances of global movement for donor and recipient countries, raising the ethical implications of recruiting nurses from developing countries (Hawthorne 2001; Johnstone & Stewart 2003; Kingma 2001; Kline 2003; Scott et al. 2004; Singh et al. 2003);
- the treatment and rights of OQNs in recruitment processes, and equal opportunity within the work place (Armstrong 2003; Haddad 2002; Nazarko 2003; Pearce 2002); and

- the challenges and experiences of OQNs in particular during their transition period (Bola et al. 2003; Lim 2001; Vareed 2001; Yi & Jezewski 2000);

Australian and international literature reveal that simply recruiting qualified nurses from other countries to fill a current nursing shortage is problematic for both the OQN and nurses from the recruiting country, and for health system itself. Whilst valuing the positive contributions that OQNs bring to Australian health care services, the Australian Nursing Federation (ANF) (1998) acknowledges that this recruitment policy is not a sufficiently long-term strategy to overcome nursing shortages in Australia. Aiken and colleagues (2004) argue that the reliance on recruiting OQNs in the UK and USA is a ‘symptom of failed policies and under-investment in nursing’ (p. 75) which has diverted attention from fundamental flaws in workforce planning that has failed to attract and retain sufficient nurses from their own country. These sentiments are reflected in various nursing workforce inquiries in Australia (Australian Health Workforce Advisory Committee, AHWAC, 2004; Duffield & O’Brien-Pallas 2003). The AHWAC recently produced nursing workforce reports on the nursing specialities of critical care (AHWAC 2002a), midwifery (AHWAC 2002b) and mental health (AHWAC 2003), as well as nursing workforce planning in general (AHWAC 2004). The report acknowledges that attracting nurses to the system requires improved health care environments, enhanced education opportunities and greater job satisfaction through wage and non-wage incentives.

With an increase in the ageing health population, failure to attract and retain Australian-qualified nurses poses concern for the aged care sector in particular, identified as the area of nursing in greatest crisis. In both community and residential care sectors the proportion of older persons requiring a high-level of care is increasing, while the number of qualified nurses continues to decline (AIHW 2003). Anecdotal evidence from a number of aged care service managers, and the clinical observations of the authors, suggests there is an increasing number of qualified and unqualified nurses with CALD backgrounds working in residential and community aged care services to remedy this shortfall.

Given these trends, key issues for discussion focus on employment opportunities for OQNs, health and education system responses to these employment opportunities, OQNs’ experiences in the workforce, and the impact of the OQNs acculturation into the Australian health system.

1. Gaining Registration

Each Australian State and Territory nurse regulation authority operates slightly differently. The rules and governance operating in New South Wales are employed in this paper as exemplars to highlight the difficulties associated with employing OQNs in health system. There are three routes available for OQNs when seeking employment within the NSW health care sector (see Table 1). The eligibility criteria for routes 1 and 2 include: evidence of sufficient language skills through passing a language test, such as, English Language Intensive Courses for Overseas Students (ELICOS), the Test of English as a Foreign Language (TOEFL), or International English Language Testing System (IELTS) for Route 1, and International Second Language Proficiency Rating Scale (ISLPR), the Occupational English Test (OET) or IELTS for Route 2; a relevant visa to either study or undertake a working holiday, temporary or permanent resident status; and evidence of an overseas nursing education and qualifications.

Insert Table 1 about here

These three routes to employment, in themselves, may pose impediments to some OQNs, particularly those fleeing to other countries during times of war, natural disaster or political uprising. While the number of OQNs in this situation has been relatively small to date, it is an issue that must be considered more fully by Australian nursing authorities as continuing global unrest and catastrophic world events effect changes in Australian immigration policy.

2. Transition to the Workforce

For the majority of OQNs from non-English-speaking backgrounds (NESB) the major issue in making the transition to the Australian workforce is their command of English and the general lack of communication support programs available in the health system. Some universities such as the University of Technology Sydney and Sydney University, provide structured programs to assist OQNs with English language in the clinical environment. These are built into conversion programs in order to fulfil the requirements of the theoretical and applied components of the nursing program and to gain registration or enrolment as a nurse in Australia. There is no comprehensive evidence of how the OQN makes the transition to the Australian health care system once they achieve registration or enrolment. Research is needed to identify what problems might arise for OQNs in the transition process, where gaps are occurring, and whether any difficulties are remedied by work-based support programs.

3. OQNS Experiences in the Workforce

The literature does reveal, however, that newly employed NESB OQNs will commonly face the problem of ineffective communication with their English speaking colleagues, patients/residents and family members (Bola et al. 2003; Lim 2001; Vareed 2001; Yi & Jezewski 2000). These particular OQNs will be significantly challenged when communicating with these groups, as enunciation and pronunciation are not necessarily universal. Colloquial expressions, medical jargon, names of medications and equipment, and abbreviations can be different in the adopted country (Bola et al. 2003; Lim 2001; Vareed 2001; Yi & Jezewski 2000). The 1st author has direct experience of this challenge, and found that communicating in a language different to one's mother tongue is not a skill that is easily mastered through study alone. The language is a fabric of a culture, or social environment, that may convey meanings known only to those who live in that culture (Josipovic 2000).

Difficulties with communication can significantly undermine the OQNs' potential to practice as a competent nurse, both in providing care and working as a team member, and in gaining opportunities for further development. Surrounded by a dominant culture, OQNs can easily lose the confidence to employ previously-learned skills, exercise their own cultural approaches to care, or respond to acquired values and ethics learned over a lifetime. These losses may cause them to experience mental and social isolation, resulting in homesickness and dissatisfaction with their work (Yi & Jezewski 2000). Not only will the OQN have to learn to adjust to new ways of living in their adopted country, in relation to foods available, a different climate, and rules/legislation, they will need to adapt to a different work environment. Unfamiliarity with the expansive nature of the Australian health system, differences in policy directives and nursing and medical procedures, unfamiliarity with particular emphases on staff rights/responsibilities, and interaction mores with professional colleagues, all combine to seriously challenge the OQN's transition to the workplace (Lim 2001; Yi & Jezewski 2000).

These challenges may be exacerbated if there is any exploitation, prejudice, discrimination or negativity towards the OQNs (Haddad 2002; Hawthorne 2001; Lim 2001; Nazarko 2003). Fear of losing their job may hinder the OQN from voicing concerns about these negative experiences to managers and colleagues (Yi & Jezewski 2000). When negativity or discrimination is not adequately addressed by management or health system structures, OQNs

may feel patronised, downgraded and mistrusted, and suffer psychological and emotional distress and depression (Lim 2001; Yi & Jezewski 2000).

4. The Impact of the OQNs Acculturation into the Australian Health System

It is often uncritically accepted that OQNs ought to adjust to the Australian way, bounded by professional codes of practice (eg., ANCI 2001). However, there are a number of reasons why this belief, in part, ought to be challenged, including the lack of evidence that a peculiarly Australian way of nursing is superior to others. Other reasons include the negative impact that imposition of a particular worldview may have on the OQN, including the loss of the OQN's unique knowledge and skills, and the impact of this on members of CALD populations.

It is important that we challenge the assumption that the quality of nursing care provided by OQNs requires amending. While Australian nurses may have a number of personal experiences when working with OQNs, there is no evidence in the Australian literature to suggest that OQNs provide an inferior level of nursing care, or that there are any differences in the quality care between OQNs and their domestic counterparts. Neither is there any international evidence for links between the OQNs' level of competence and care practices and patient/client outcomes, when compared with their domestic counterparts (Brush et al. 2004). Despite this lack of evidence, OQNs are expected to wholeheartedly adapt to the Australian style of nursing, rather than being given opportunities to implement their own effective approaches to care. This can cause great stress for OQNs (Gorman & Best 2005, pp.79-81; Lee 2004).

Indeed, OQNs are afforded little opportunity to share their prior knowledge, skills and experience with Australian nurses (Lee 2004). This is a concern, given the changing demographics of the health population and consequently, their health care expectations and needs. Jandt (2001), Kanitsaki (2003) and Omeri (2004) have identified that nurses' inability to deal with an unfamiliar culture is the main obstacle to effective communication and care for health consumers in the CALD group, and leads to patient/client anxiety, ethnocentrism and prejudice in the health environment,. Research points to the dissatisfaction of many NESB and CALD health populations within the Australian health system, most notably due to language barriers and staff's lack of cultural awareness and acceptance of cultural difference (Chenoweth et al 2002; Lee 2004; NSW Health 2001). These factors foster misunderstanding

and neglect of the health consumer's cultural values, beliefs, and expectations of nursing care delivery (South East Health 2000; Soumilas 2003).

Despite these findings, OQNs lack a voice in determining the evolution of contemporary Australian nursing practice, particularly one that meets the needs and expectations of a growing number of CALD health consumers. Thus, a key issue of concern is the inequity occurring in the health system, despite implementation of state government policies to remedy this (NSW Health 2001), and the reluctance of professional and nurses' registration authorities to seriously consider the contribution that OQNs can make to reverse this situation in respect of NESB and CALD health consumers.

Another issue of concern is the impact of the current system of employment on the OQN. A review of the literature and informal communication with various nursing organisations and hospital staff involved in recruiting OQNs to Australia, suggest that there is no structured program, or model, to assist with OQNs' enculturation to the workplace, nor to ensure their competence to practice as a qualified nurse. The College of Nursing (NSW) assessment program is available only to a particular group of OQNs to ascertain their 'fitness' for employment in the Australian health care sector. OQNs are required to adjust to the new workplace through various trial and error techniques with or without support of staff and managers, and this generally progresses over time either in a positive or negative way. The authors have not been able to locate studies or official records which have evaluated OQNs' transition to the workplace, potential measurement approaches, which programs are most effective in assisting OQNs to adjust to the Australian health system (of three routes in Table 1), or where there might be gaps in making this adjustment.

Based on interviews with Korean nurses working in the USA, Yi and Jezewski (2000) describe the process of adjusting to a foreign health care system occurring in two chronological stages. The initial stage, lasting 2 - 3 years, consists of overcoming stress and the language barrier and accepting the USA-style nursing practice. The later stage, taking 5 - 10 years, sees the OQN adopting the USA nursing style of problem solving and interpersonal relationship development. Pilette (1989) reveals the processes that OQNs undergo in the first 12 months include making acquaintances, dealing with indignation, conflict resolution and integration. There is no similar research on OQN's adjustment to the Australian health system. Whilst there are significant differences in Pilette's (1989) and Yi & Jezewski's (2000)

findings on the time OQNs take to pass through the stages of transition to the adopted country's workplace, they both provide insights as to how OQNs experience this transition, and identify the OQN's diverse needs for support at each phase.

The final issue that must be challenged is the organisation of OQN recruitment policies, processes and support systems. There is no available literature outlining any processes in place to foster collaboration between CALD and Australian qualified nurses. Given the potential for compromised nursing care, conflicts between the OQN and other nurses, and psychological distress for all nursing staff, this is surprising. Again, whilst there is no available evidence describing Australian nurses' perspective towards OQNs, anecdotal evidence suggests that Australian qualified nurses sometimes face feelings of frustration and unfairness, caused by the OQN's insufficient language skills and different, nursing practices and work ethics. There is currently no national standard for monitoring the professional development of the OQN within the workplace. This responsibility rests entirely with individual health service employers to ensure that OQNs are fit for practice and that patient safety is not compromised. This has the potential to both favour and disadvantage some OQNs: a situation that must be addressed on equity grounds.

STRATEGIES TO ADDRESS THESE CHALLENGES

Given the challenges arising from these issues of concern, it behoves all Australian nurses to think more critically about the contribution that OQNs can and ought to make to nursing practice in this country. Based on an ethnographic study using interviews and surveys with 16 OQNs in Victoria, Australia, Josipovic (2000) provides recommendations that will better meet the needs of CALD Australian health care consumers, and improve Australian nursing practice. It is recommended that employers utilise the OQNs' knowledge and skills to contribute to a culturally competent nursing workforce. Other recommendations include:

- encouraging nurses and nursing students to obtain language skills other than English with financial and non-financial incentives;
- establishing a system where bi- or multi-lingual staff can be easily identified and accessed;
- improving cultural understanding of nurses through mandatory inclusion of cultural awareness and sensitivity in the nursing curricula, providing formal and informal opportunities where OQNs and other nurses can share their experiences;

- recognising OQNs' prior learning in nursing education programs to enhance the OQN's self-esteem;
- improving skills between OQNs and Australian nurses in communicating meaning, verbally and non-verbally;
- improving Australian nurses' understanding of the enculturation/acclulturation process that OQNs go through while they are learning to adjust themselves to a new life style and a new work setting;
- recognising significant differences in overseas nursing practice, nursing ethics and laws and their implication, and the different status of nursing in other countries;
- being open to potential use of this information in Australian health care settings; and
- using existing materials and resources developed by educational, government and employing institutions to improve cultural awareness and strategic plans to employ CALD workers in a health care setting.

Having a longer history and experience with recruitment of OQNs, health services from the UK and USA offer proactive approaches to help OQNs' enculturation and smooth transition to a new work setting, for example, Gandhi & French (2004), Witchell and Ousch (2002), Hancock and Hopkins (2002), Gerrish and Griffith (2004) in the UK, and Baj (1997), Yahes and Dunn (1996), and Bennett et al. (2003) in the USA. These induction programs are structured education/training courses, either as a pre or post registration requirement. They focus on communication skills including language and medical terminology, cultural awareness, nursing care and practices, roles and responsibilities, and interpersonal relationships. Less structured, a 'buddy program' is employed in the USA. Volunteers work alongside newly arrived OQNs to assist them adjusting to a new way of life for the first two weeks of arrival (Ryan 2003). Review of all available programs indicates that retaining OQNs who have already registered to work in a new country is just as important as recruitment processes. Alexis (2002) argues that in order to be successful with recruiting and retaining OQNs, an adjustment program needs to be accompanied by strategies and policies that encourage diversity and equality, empower OQNs to reach their potential, support continuing education and training programs for all nurses including OQNs, and reduce staff's ethnocentric attitudes and cultural stereotyping.

Alexis and Chambers (2003) provide a step-by-step guide to establishing effective induction programs for OQNs. The guide includes: creating environments that empower the OQN's

potential and self esteem; identifying and matching personal needs based on individual experience and knowledge; discussing and re-evaluating expected roles; discussing professional issues within the health care system services structures, team work, codes of professional conduct, local and national policies; leadership and management issues in a multi-cultural work environment, and discussing how to deal with negative situations that might occur. The guide also describes good learning environments for OQNs, how to employ skilled mentoring; and ways of raising practical, social and financial aspects of living in a foreign country.

Other programs outline strategies for managing the CALD workforce, targeting both OQNs and native-born nurses in developing constructive relationships and harmonious work environments (Dreachslin et al. 2000; Hamer 2002; Xu & Davidhizar 2004). Dreachslin and colleagues (2000) stress the importance of the team leader's skills in establishing effective communication between team members. The team leader should be able to translate his or her cultural awareness and understanding into the management practice where positive and negative aspects of the team diversity are identified, yet utilised in positive ways. To empower OQNs the team leader is required to have skills to moderate conflicts in the team and motivate team members to respect each other's differences and similarities (Dreachslin et al. 2000). The team leader is clearly instrumental in developing a culture within the organisation that values diversity, an indicator of a successful adjustment program for OQNs (Gerrish & Griffith 2003).

Based on the frameworks of Cultural Variability and Face Negotiation Theory, which explains the differences between the Asian and American cultures, and how these differences influence people's everyday life and interactions with others in different settings, Xu and Davidhizar (2004) discuss conflict management strategies for nurse managers who are working with Asian and Asian American nurses. They posit that conflicts between American and Asian nurses can be explained through cultural variability, in particular collectivism and high-context communication (dominant to Asian culture) vs. individualism and low-context communication (dominant to Western culture). In contrast to Western cultures, in Asian cultures the group's need and the collective identity take precedence over individual need and identity. Asian people convey their messages implicitly and indirectly, largely through non-verbal cues (Xu and Davidhizar 2004). An example of misunderstanding occurs for Korean nurses working in the USA who continue to adopt a high-context culture, causing them great

difficulty in tele-communication and interpreting and responding to unfamiliar non-verbal cues (Yi & Jezewski 2000). Understanding this cultural variability in communication processes is critical knowledge for team leaders in managing CALD groups and enculturating them to the workforce.

Further to Dreachslin et al.'s suggestions (2000), Xu and Davidhizar (2004) emphasise the important role the team leader plays in developing trust among diverse team members, by conveying messages to staff that they and their contribution are valued. For instance, in assisting OQNs from Asia to feel trusted and valued, it can be suggested that their belief of showing respect for older persons and for persons in authority, which stems from Confucianism (Xu and Davidhizar 2004), is acknowledged and valued. The potential of the Asian nurse's approach may be a better outcome for older persons because of their gentle and respectful approach, one that Australian nurses might learn from.

Conclusion

With a projected shortfall of 40,000 nurses by 2010 (Department of Education, Science and Training 2002), and less than expected success in recruiting Australian-educated nurses to the workforce, Australia's reliance upon OQNs to overcome the nursing shortage is unlikely to diminish in the foreseeable future. This paper has critically examined the issues and challenges relating to the employment of OQNs, and strategies to enhance their employment experiences within the Australian health care system, and their opportunities to contribute to both the development of contemporary Australian nursing practice. OQNs, in particular those who are newly employed, often experience difficulties with language, communication styles, unfamiliar nursing practice and work environment as well as cultural difference. They require support to acculturate to unfamiliar work conditions, and make a smooth transition to the health team. Australian trained nurses also need to be supported in terms of being given opportunities to develop cultural competence and to learn how to work collaboratively within the CALD work setting. The role of the team leader in the CALD work setting must be critically examined, acknowledged and supported. Given the Australia's multi-cultural society the focus of health care delivery is about improved access to care for all Australians including the CALD health population, improved health care outcomes and cost effectiveness of delivery. Hence, it must be recognised the onus is on both health care professionals and health care services. It is timely, , for individual nurses to look critically at their own attitudes,

knowledge base and nursing practice in working with overseas trained colleagues in providing high quality care for all health consumers

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Table 1: Routes to employment in the Australian health system for OQNs

1. Registered Nurses (RN): gaining a shortened Bachelor of Nursing degree in an accredited university program (conversion course), through acknowledgement of credits gained through OQNs' prior education in their own country. OQNs in this route must pass one of the English tests described before their enrolment;
2. Registered and Enrolled Nurses: successful completion of the College of Nursing 'Overseas Qualified Nurses and Midwives Assessment Program' for OQNs who are referred by the NSW Nurses Registration Board after an initial assessment of their overseas qualifications. The program assesses the OQN's competence against ANC National Competency Standards for the Registered or Enrolled Nurse, and consists of a 90 hour theoretical component for the RN and 60 hours for the EN and a 160 hour clinical component over 7 weeks full time, or 18 weeks part time. OQNs from some countries can take an accelerated route after assessment by the NRB where they can proceed to a reduced clinical placement. For those OQNs who are not eligible for NSW Health Department funded positions \$3,200 of fees are charged (The College of Nursing 2004).
3. Registered and Enrolled Nurses: direct entry through the NSW NRB after an initial assessment of the qualifications gained overseas. Nurses from New Zealand are exempt from further assessment under the Trans-Tasman Mutual Recognition Act 1997. Whilst each OQN's application is assessed based on an individual's educational and experiential background nurses from UK/Ireland, Canada, USA, European Union States, Hong Kong (RN only) and Singapore (RN only) are frequently exempt from further assessment as nursing education in those countries is well recognised by the NRB (Nurses and Midwives Board of NSW 2004).

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Dear Editor

We would like to submit an issue paper titled “Working with a culturally and linguistically diverse (CALD) group of nurses” for your consideration for publication in *Collegian*. This paper considers the factors that both constrain and enhance employment experiences for overseas qualified nurses within the Australian health care system, and their opportunities to contribute to both the development of contemporary Australian nursing practice and the quality of care for the culturally and linguistically diverse health population. Strategies are suggested to address the challenges associated with employing overseas qualified nurses, and developing collaborative working environments in CALD work settings.

The authors declare that the manuscript, in its current form, has not been published elsewhere and it has not been submitted simultaneously for publication elsewhere.

We look forward to a favourable reply.

Thank you

Yours Sincerely

Yun Hee Jeon

28/01/2005