(Exploring cultural influences on communication among International Educated Nurses.)**

Shaikha Al Maazmi

202004011

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Supervisor(s):   **Prof. Barry Quinn**

                              Dr. Jolly Peter Isaac

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Declaration of Originality

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Candidate Declaration

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Declaration

This is to certify that:

i. The dissertation comprises only my work.

ii. Due acknowledgment has been made in the text to all other materials used.

iii. No portion of the work referred to in the dissertation has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Name   _____Shaikha AlMaazmi_____

Student ID   _____202004011_____

Signature   _____

Date   _____7th November 2021_____

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Shaikha A. Almaazmi

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List of abbreviations:

UAE: United Arab Emirates.

MOHAP: Ministry of Health and Prevention.

RN: Registered nurse.

IENs: Internationally educated nurses.

CASP: Critical Appraisal Skills Programme

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart

Chapter 1: Introduction

1. **Introduction:**

This paper presents a systematic literature review as part of an MSc program in specialist nursing. The review focusses on exploring the experiences of the Internationally Educated Nurses (IENs) with the cultural differences and its impact on the communication when working in a clinical setting which is different from their home country. The paper will begin by setting the chosen topic in context, giving some background to the important role IENs play in health and social care. The paper will then describe the methodology including the review design, the search strategy, the inclusion and exclusion criteria, the data bases accessed, the key search words and terms used. The paper will present the findings including the articles chosen to be part of the review, the overall results from these articles, which will be presented through a Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart (PRISMA) and a table. Having critically reviewed, appraised, and assessed the quality of the articles and the findings. The common themes which they are 1. Need for support, 2. Communication, 3. Adjustment and they will be discussed in detail. The limitations and strengths of the review will be addressed and implications for practice will be presented.

Chapter 2: Background

2. Background:

The need for international migration is widely recognized and the number of immigrations has significantly increased in the last few years (United Nations, 2017). International immigration may occur when people leave their home country and move to another part of the world for a variety of reasons, this might be due to war, famine, an unsatisfactory quality of life in their home country, financial need or because of the perceived opportunities that another country may offer (Hossin, 2020). The process of international migration can benefit both the immigrant and the new host country, for example, the immigrant person may gain further knowledge, training, support, and improve their quality of life while the host country can learn from the different culture, richness and talent the immigrant person brings (Brochmann & Hammar, 2020). The immigrant can be welcomed as a resource for improvement, as well as helping to address the shortage of skills and workforce (Kunczer, Lindner & Puck, 2019).

Many factors have increased the demand of IENs globally. For example, the advancement in medical and health sciences, technologies, treatments, and therapies have led people to live longer with more opportunities for health. As a result of these improvements, older people are living longer with co-morbidities related to aging, the population's health may

be affected by factors including, lifestyle, lack of exercise, and poor diet which, has increased the demand on healthcare services (World Health Organization, 2021; Haddad Annamaraju & Toney-Butler, 2020; World Health Organization, 2014).

The shortage in the nursing workforce is not the only reason that has led nurses to immigrate. In fact, many countries provide good features and opportunities that attract the IENs including a higher salary, having a better quality of life, in some cases a more secure life, and an opportunity for professional development (Valizadeh, Hasankhani & Shojaeimotlagh, 2016). While IENs are attracted to many countries, some of the popular countries that IENs are attracted to work in, include the United States, Germany, Canada, United Kingdom and United Arab Emirates (UAE) (Socha-Dietrich & Dumont, 2021 and Frota et al., 2020). According to the Organization for Economic Co-operation and Development (OECD) (2020), currently the nurses who tend to immigrant, are mostly from the Philippines, India, and the United Kingdom

Many factors have led to the presence of IENs in the Middle East. For many years, nursing was not seen as a profession in the Middle East countries, thereby the number of IENs were higher than the local nurses, however, some countries such as Jordan, Palestine, and Bahrain had low number of IENs as the nursing was acceptable in these countries (Shukri, 2005). One of the reasons that the nursing was not acceptable for example in Saudi Arabia was the families felt embarrassed to have a family member in nursing and it was prohibited for females and males to work with opposite gender (Elmorshedy et al., 2020). Having a bad image of nursing might be due to nurses not talking about their professional work and skills, and not sharing their experience with others which led to lack of knowledge about the nursing

profession and resulted in less people choosing nursing (Godsey, Houghton & Hayes, 2020). Another reason for fewer number of nurses was, the nursing profession was mainly seen as a female job and along with the cultural and religious restrictions on females in some countries such as the UAE and Saudi Arabia, women could not continue their education and work, so pursuing nursing as a profession was challenging (Oda, Tsujita & Rajan, 2018 and El-Haddad, 2006).

Before the formation of the UAE, the nursing workforce largely consisted of Indian nurses, nurses from other Arab countries and a few Emirati nurses (Al-Yateem et al., 2020). After the union of the Emirates in 1971, many Health Ministries and Authorities were formed which focused on development of women's right to continue their studies, have the same job opportunities as men, with many more women taking up management positions (Al-Jenaibi, 2015). Despite that, the number of Emirati nurses remain very low, about eight percent of the nursing workforce (AlAmir, 2019).

The population in the UAE has reached to 9,282,410 in 2020 including both the Emirati and the migrant residents (UAE government, 2021). According to Hopkins et al. (2019), with the development of the health sector and new technologies in health care, it is expected that the number of newborns will increase, in addition, the life expectancy has increased, this will lead to a higher number of older people population needing more nursing support. Fadhil, Belaila & Razzak (2019) claimed that the number of non-communicable diseases is still high in the UAE which is related to several factors including the increased number of older populations living a more sedentary life and eating poor foods. Moreover, the ratio of nurses per people is

5.7 nurses per 1000 people (UAE Vision 2021, 2021), however, according to the OECD (2019) the higher the number of nurses per 1000 people the better the care will be delivered with best patient prognosis. While inadequate nurse-patient ratio can lead to providing low quality of care, increase the risk of errors, and increase deaths rate (Haegdorens et al., 2019)

UAE considers as a multicultural country as it contains up to 200 different nationalities who are staying and working within the country (United Arab Emirates' Government Portal, 2021). The decision to immigrate and work as a nurse in the UAE was not only due to the shortage in nursing workforce, but the opportunities that the hospitals within the country provide for the IENs for example Cleveland Clinic Abu Dhabi provide a higher income than their origin country; housing, transportation, education, and yearly travel allowances; provide health insurances; working in different specialties and professional development (Cleveland Clinic Abu Dhabi, 2021).

With the multicultural nursing workforce, the Ministry of Health and Prevention (MOHAP) have clearly stated in their mission the benefits of collaborating with other countries alongside with the developing policies, guidelines and strategies to improve the healthcare system and to maintain a healthy community within the country (MOHAP, 2021). In addition, MOHAP have developed strategies to increase the Emiratization in nursing by providing scholarships for the local students, immediate employment after graduation, encourage them to take leadership/ management positions, and encouraging the advancement and specialization in nursing (MOHAP, 2021).

2. 1 Justification for the review

I have worked in different hospitals and wards whether during my education as a

student nurse or as a registered nurse with nurses from different backgrounds. In my practice, I

sometimes observed that some of the IENs were finding it challenging to engage, communicate,

and sometimes interact with local patients and their families. On occasion, a patient, a parent,

or another family member spoke of their concerns about the inability of some IENs to

communicate, and in some cases, this had been perceived as disrespectful. This left some

patients and their families, feeling anxious, and in some cases, this led to a complaint. As I began

to talk to my IEN colleagues and to critically reflect. I began to question, whether the difference

in cultural backgrounds, the expectations of local patients and the way that the IENs were

trained, may have an impact on these nurse-patient/family interactions and engagement. With

this in mind, I chose to explore the experience of the IENs who work abroad and the factors that

might impact patient/ family-nurse communication. The purpose of the reviews was to examine

1. The effect of different cultures that might impact the IEN-patient/family

communication.

2. If there are other factors that contributed to better or less effective IEN

patient/family communication and engagement.

Chapter 3: Methodology

3. **Methodology:**

A systematic literature review is a piece of work that provides an overview about a specific subject through gathering, analyzing, and synthesizing high-quality articles studies (Bettany-Saltikov & McSherry, 2016). The purpose of any literature review is to discover the knowns and the unknowns about a specific subject, the breadth of the existing knowledge, to examine or develop a hypothesis, to help in decision making or develop a new evidence-based guidelines for practices (Grove, Gray & Burns, 2015).

This systematic literature review was based on the Xiao & Watson (2017) approach which was used to guide the process. A clear and structured review protocol was developed between the author and academic supervisors which helped to guide the work, to keep the review focused, to enhance precision, time-effectiveness and to maximize transparency (Pericic & Tanveer, 2019). The protocol was continually critically reviewed and discussed with the help of regular meetings with the academic supervisors in order to address any bias or preconceived ideas (Mallett et al., 2012). The review protocol is displayed in the following steps:

3.1 Step one: formulate the problem

Formulating a problem is an essential and crucial step in the research to set up the research question(s) and/or objective(s) where it should be feasible, interesting, novel, ethically sound, and relevant (Ratan, Anand & Ratan, 2019). The necessity of this step is to develop a goad research question or objective that can works as a guidance for the researcher throughout

the study where the researcher comes back to the research question or objective to conduct hypothesis and use appropriate and precise methodologies that suit the study (Dhir & Gupta, 2021).

To formulate a problem, the clinical observations and area of interest were taken into the consideration. Then, a general literature search was undertaken to look for the existing literature about the IENs, communication and cultural differences which helped to further formulate the review objective(s). Three electronic databases were chosen and accessed for the initial search which were: Cumulative Index to Nursing and Allied Health Literature (CINAHL) which mainly contains nursing journals, MedLine and PubMed provide biomedical and life sciences journals, however, some nursing related articles were found and retrieved on both databases (EBSCO, 2021 & National Library of Medicine, 2021).The terms that were used for the search were "immigrant nurses' experience", "language barriers", "cultural differences", "UAE", "poor communication", "nurses working in another country". After reading some of these literatures and having discussed the findings with both supervisors, the objective of this paper became more focused on exploring the cultural influences on communication among IENs and patients, families and colleagues.

After the general search, two main objectives were identified which they are the effect of the IENs cultural differences, and it impacts on the IENs-patient/family communication interaction and if there are other contributing factors that might affect the IENs-patient/family communication interaction.

3.2 Step two: search the literature

Having refined the focus, the three electronic databases were accessed again; CINAHL, MedLine and PubMed to search for relevant literature. In addition, Al Maktoum Medical Library smart search, Google Scholar and ClinicalKey database were also used to find articles, and some articles were requested directly from the library. Based on the research objective, the following key terms were used along with the combining search words using Boolean operators (Alexander, 2003): 'immigrant nurses AND communication barriers', 'international educated nurses AND cultural differences', 'foreign educated nurses AND communication AND cultural differences'.

3.3 Step three: screen for inclusion

In total, 185 articles were retrieved from the databases, and these were screened for duplicates using the EndNote program, resulting in 176 articles. These were further screened for relevancy by reading the title and abstract of each article which led to 65 shortlisted articles. The 65 articles were screened against the inclusion and exclusion criteria, which were developed based on the focus of the review having been reviewed by the academic supervisors. The criteria were:

Inclusion Criteria:

- Internationally educated nurses (IENs)

- IENs experience of different cultures.

- Communication between IENs, patients, families and colleagues

- Articles published within the last 10 years

- Articles had to be in the English language

Exclusion Criteria:

- Articles older than 10 years.

- Articles not written in English.

- Articles focusing on healthcare workers that were not IENs.

- IEN students.

A total of ten articles were identified as matching the subject and the inclusion criteria. Seven articles were accessed through the databases searched, and a further three articles were found through reading some of the articles retrieved. The 55 discarded articles were excluded due to exclusion factors including - older than ten years, articles focused on doctors and dentists, or participants were immigrant patients, The ten articles were critically reviewed with the support of the academic. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart (PRISMA) was used to summarize and display the search strategies (Moher et al., 2009) (appendix 1).

3.4 Step four: Articles *quality assessment*

After retrieving the articles, the Critical Appraisal Skills Programme (CASP) tool checklist was used to critique and assess the quality of each article (CASP, 2021). According to Long, French & Brooks (2020), CASP provides guidance to reviewers to check the precision and strength of the articles. CASP tool provides eight checklists for eight study

designs. In this paper, qualitative checklist is mainly used. The checklist is divided into three parts:

Part A: this part focuses on the research paper's validity, preciseness and whether it deserves to continue assessing the rest of the paper's results. The questions included in this part are the presence and clarity of the research objective or question, if the methods and methodology(ies) suitable and relevant to the research objective or question, suitability of the participants sampling plan to meet the objective, and the relationship of the participants and the researcher.

Part B: this part focuses on research results where it checks the ethical considerations that the researchers taken, look at the data analysis tools and it is precision, and the clarity and display of the themes/findings.

Part C: this part focuses on the implication(s) of the research.

Step five: Data extraction, analyzing and synthesizing

Data from the ten articles were extracted and recorded in a table (appendix 2). The information that was extracted from the studies were: the title of the article, the authors, year of publication, the aim of the study, the research approach, how data was collected, and the main findings/themes. Each article was critically read and reviewed, exploring the themes/findings of the study in order to extract recurring findings among the articles which were used to develop the themes and it was verified by the academic supervisors (Mathes, Klaben & Pieper, 2017).

Chapter 4: Results and critical appraisal

4. **Results and critical appraisal of the chosen papers:**

The studies were undertaken in the following countries: Australia, England, Ontario, Shanghai (China), United States, Chile, and New Zealand. Most of the IENs in the literature were from the Philippines, India, Colombia, Japan, Caribbean, and China. There was also a small number of nurses from Nigeria, Brazil, Ecuador, Uruguay, Africa, Singapore, South Korea, Zimbabwe, and European Union. The majority of the participants were IENs, however, two studies included local nurses (Xiao, Willis & Jeffers, 2013 and Wheeler, Foster & Hepburn, 2013). The nurses' roles in the studies included clinic/ward-based nurses, mentors/ leaders, and managers. Most of the IENs had previous experience as a nursesin their home country with the range of experience 1 - 46 years (Iheduru-Anderson & Wahi, 2018; Jenkins & Huntington, 2016; Kishi, Crookes, & Shorten, 2014; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Alexis, 2013; Wheeler, Foster & Hepburn, 2013). The range of nursing experience in the host country was from 6 months to 30 years (Iheduru-Anderson & Wahi, 2018; Yu, Peng, Hung, & Zhou, 2017; Jenkins & Huntington, 2016; Kishi, Crookes, & Shorten, 2014; Rodriguez, Angelica-Munoz, & Hoga, 2014; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Alexis, 2013; Wheeler, Foster & Hepburn, 2013).

The age group of participants in the studies ranged from 20 -70. The majority of participants were females (177), while there were ten men. However, two studies did specify the gender of the participants (Ramji, Etowa & ST-Pierre, 2018 and Rodriguez, Angelica-Munoz, & Hoga, 2014). The total number of participants in all the studies was 230. The number of participants in each study ranged from 6 to 82. This sample range considers as suitable to

conduct a qualitative study as long as the researchers are able to obtain sufficient, rich and saturated data to gain a deep understanding of the studied phenomena and to allow generalization (Vasileiou et al., 2018)

4.1 Study design:

The ten papers used a qualitative research approach with different study designs and methodologies. Qualitative research is used to study the human's behaviours, experiences, lives, feelings, thoughts and social interactions with the world (Renjith et al., 2021). Thereby, this research type was suitable in the ten papers for the subject of exploring IENs experiences, feelings, insights, and beliefs. The other benefits of the qualitative research to widen the researchers understanding are using and observing both verbal and non-verbal communications, gain direct clarification of the data obtained, confirming the meaning of the data obtained for accuracy, and discover unexpected information (Merriam & Grenier, 2019). There are different qualitative study designs such as phenomenological, grounded theory, ethnographic, exploratory-descriptive and historical, and also the researchers can use different approaches, frameworks and/or theories as a guidance to conduct the study (Grove, Gray and Burns, 2015). Seven papers explained their approaches, which included a number of different methodologies and methods (Iheduru-Anderson & Wahi, 2018; Ramji, Etowa & ST-Pierre, 2018; Yu, Peng, Hung, & Zhou, 2017; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Alexis, 2013; Wheeler, Foster & Hepburn, 2013).

Yu, Peng, Hung, & Zhou (2017) used Giorgi's phenomenological method while Iheduru-Anderson & Wahi (2018) used descriptive phenomenological design. For decades, the use of phenomenology has greatly helped in understanding different events such as the history, insights, and the facts experienced by specific subjects and groups which gives better understanding of the experienced event (Zahavi, 2019). This was appropriate to explore the experience of the IENs in both studies. The benefit of the phenomenology design is it allows the researcher to discover new concepts or develop and/or update an existing one for better understanding (Neubauer, Witkop & Varpio, 2019). Moreover, there are different types of phenomenological design where the researcher can choose the one that is suitable for the researcher, to answer the research question or meet the objective. Some of the disadvantages of the phenomenology design is that it could produce bias for example if the researcher did not separate their own thoughts, believes and values, this might impact the inaccurate results or findings, and it is time consuming for the researcher due to the information that will be analyzed (Hickman, 2015).

On the other hand, Xiao, Willis & Jeffers (2013) used Gidden's structuration theory with double hermeneutic while Alexis (2013) used Heidegger's approach with hermeneutic phenomenology. Gidden and Heidegger approaches helped the authors to not only describe the event that was experienced by the IENs, but also to understand the meaning of the experience from different aspects such as activities, behavior and attitudes and its impact and relationship on the experience (Whittington, 2015 & Laverty, 2003).

Ramji, Etowa & ST-Pierre (2018) used instrumental case study approach in their study. This type of method is used when the researchers want to concentrate on a specific subject by obtaining information from different resources whether quantitatively like organizational documents and qualitatively like interviews which increases the validity of the study (Rashid et al., 2019 and Crow et al., 2011). In Wheeler, Foster & Hepburn (2013) study, cross-sectional qualitative descriptive design was used to help in understanding more about the experience of two different subjects (the IENs and local nurse) with the hospital practices. The advantage of this design it is easy to be conduct and cost-effective, but the disadvantage that it can lead to bias and affect the study's trustworthiness if the participants and data collection tools were not appropriate (Aggarwal & Ranganathan 2019). Zhou (2014) used symbolic interactionist approach and constructivist grounded theory method

4.2 Methods and Methodology:

The majority of studies used semi-structured interviews (Ramji, Etowa & ST-Pierre, 2018; Yu, Peng, Hung, & Zhou, 2017; Jenkins & Huntington, 2016; Kishi, Crookes, & Shorten, 2014; Rodriguez, Angelica-Munoz, & Hoga, 2014; Xiao, Willis & Jeffers, 2013; Alexis, 2013; Wheeler, Foster & Hepburn, 2013). Semi-structured interview is the most common method used in the qualitative studies (Dejonckheere & Vaughn 2019). The advantage of this method is that the questions are open-ended, and it uses follow-up questions which allows the researcher to understand the participants' experience, thoughts and feeling more deeply, thus obtaining richer information (Dejonckheere & Vaughn, 2019). Most of these semi-structured interviews took place face to face however one study used both face to face and the telephone to interview

IENs (Iheduru-Anderson & Wahi, 2018). According to Mazar et al. (2015), both face to face and telephone interviews have advantages and disadvantages which they are as the following: 1. The advantage of a face-to-face interview is that the researcher can observe the participant's facial expressions or body language which will not be observed in a telephone interview, 2. the advantage of a telephone interview could be more cost-effective and more convenient for the participant.

In Rodriguez, Angelica-Munoz, & Hoga (2014) study, the data collection was based on observations and ethnographic interviews. The ethnographic interview differs from other interviews in that the researcher participates in the social activities with the participants, engage and interact with them and establish a real relationship to understand the leading of their feelings, thoughts, behaviours, and attitudes toward the event (Roulston & Choi, 2018). Although the ethnographic interview can provide deep understanding of the studied subject, the disadvantage is that it takes longer time to collect sufficient data and sometimes the information cannot be generalized (Amuomo & Odoyo, 2020).

Some studies used more than one method to collect data (Ramji, Etowa & ST-Pierre, 2018; Jenkins & Huntington, 2016; Alexis, 2013; Xiao, Willis & Jeffers, 2013). The decision of choosing data collection method mainly depends on what the authors need to know about the studied area and how much data they need to gain to obtain sufficient information about the event (Paradis et al., 2016). The advantage of using combined to collection methods is it allows the author/s to view the event from different aspects thereby gaining better understanding and more knowledge (Busetto, Wick & Gumbinger, 2020).

4.3 Sampling technique and participants:

In terms of participants selection, three studies used purposive sampling (Yu, Peng, Hung, & Zhou, 2017; Jenkins & Huntington, 2016; Xiao, Willis & Jeffers, 2013), other three studies used purposive and snowballing sampling (Ramji, Etowa & ST-Pierre, 2018; Kishi, Crookes, & Shorten, 2014; Zhou, 2014), while the rest did not mention the technique (Iheduru-Anderson & Wahi, 2018; Rodriguez, Angelica-Munoz, & Hoga, 2014; Wheeler, Foster & Hepburn, 2013; Alexis, 2013). The advantage of the purposive technique is that the authors select participants with a background about the studies subject to provide rich information, while the benefit of snowballing is to gain more information about the event (Etikan, Musa & AlKassim, 2015).

Chapter 5: Findings

5. Findings/ Themes

Three themes emerged as important findings as they repeatedly appeared as a key finding in all of the ten papers. The first theme is communication which highlights the communication and interactions between the IENs and the local nurses and patients and the different obstacles that they faced with the way of communicating whether verbally, non-verbally, or due to cultural differences. The third theme is the adjustment which identifies other challenges that the IENs faced and how they adjusted to the new environment. In these themes, the ten studies have described the IENs journey and experiences that they had during their transition to the new environment.

Chapter 6: Communication

6. Communication:

Nine of ten studies agreed that the main challenge was the use of (English) language by the host organizations as it was not the IENs first language (Iheduru-Anderson & Wahi, 2018; Ramji, Etowa & St-Pierre, 2018; Jenkins & Huntington, 2016; Kishi, Crookes & Shorten, 2014; Rodriguez, Angelica-Munoz & Hoga, 2014; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Wheeler & Hepburn, 2013; Alexis, 2013). Despite the IENs having passed an English test and thinking they were good in using English, the IENs and the nurse managers emphasized that passing the exam did not necessarily mean that the IENs were competent in communication (Ramji, Etowa & St-Pierre, 2018; Jenkins & Huntington, 2016; Xiao, Willis & Jeffers, 2013). Moreover, in one study the IENs encountered difficulties with a local Shanghai dialect in a Chinese setting (Yu, Peng, Hung & Zhou, 2017).

IENs who worked in New Zealand, Chile, Australia, Canada and United State of America felt overwhelmed to communicate at the beginning of their new role because they were scared that the local patients and nursing staff would misunderstand them due to their use of English language (Ramji, Etowa & St-Pierre, 2018; Jenkins & Huntington, 2016; Rodriguez, Angelica-Munoz & Hoga, 2014; Kishi, Crookes & Shorten, 2014; Wheeler & Hepburn, 2013;). Similarly, IENs who worked in Shanghai had the same concern of feeling overwhelmed as they did not know the Shanghai dialect and were concerned about making mistakes (Yu, Peng, Hung & Zhou, 2017). Not being a native speaker made the IENs anxious about the ability to understand and be understood by others. However, some Nigerian nurses mentioned that they were able to learn how to speak in English in an understandable way (Iheduru-Anderson & Wahi, 2018).

IENs also struggled to understand the people they cared for and the nursing staff from the host country due to strong local accents, talking in a fast pace, and the use of different phrases and expressions (Yu, Peng, Hung & Zhou, 2017; Kishi, Crookes & Shorten, 2014; Rodriguez, Angelica-Munoz & Hoga, 2014). The same problem was faced by the IENs who worked in Shanghai. They struggled to understand the local nurses and patients especially the older patients who only knew the Shanghai language and the IENs had to ask for help from their local colleagues. However, some patients were able to talk with the IENs by using another language (Yu, Peng, Hung & Zhou, 2017).

Also, IENs struggled to understand the local nurses due to the use of medical terminologies, words and abbreviations that differ from what they use in their home country and made it difficult to understand what the local nurse says (Yu, Peng, Hung & Zhou, 2017; Kishi, Crookes & Shorten, 2014; Alexis, 2013). Like IENs who worked in Shanghai, they struggled in differentiating between some words that sounded similar, for example the pronunciation of the numbers that is on the medications label and they had to check things several times with a Shanghai nurse. Furthermore, Zhou (2014) highlighted that communication barrier could happen during critical situations. For example, the Chinese nurses struggled to understand the team during emergency situations as English was not their first language. The IENs took longer time to understand what had been said and what needed to be done.

Organizations in Kishi, Crookes & Shorten (2014) and Ramji, Etowa & St-Pierre (2018) studies asserted that being with a local nurse can help in improving the IENs English language. Moreover, Kishi, Crookes & Shorten (2014) mentioned about the language support that was

provided for the IENs from different people who speaks English such as native English speakers, Australian nurses, friends and teachers. Moreover, IENs in Rodriguez, Angelica-Munoz & Hoga (2014) study tried to find different ways to help them communicate efficiently seeking for acceptance by colleagues and patients and to be understandable. This was noticed by the IENs who worked in Australia as local nurses started to respect and accepting them when the IENs started to talk and act like Australian (Zhou, 2014).

Four studies noticed that some patients associated the IENs nursing competency with their ability to speak English (Ramji, Etowa & St-Pierre, 2018; Iheduru-Anderson & Wahi, 2018; Alexis, 2013; Wheeler & Hepburn, 2013). Some patients refused to be treated by the IENs because they did not understand their accent, they did not know what they are saying, thereby they had a doubt about the IENs competency. Some of these patients gave negative feedbacks about the IENs and in some instances asked for a local nurse to care for them (Iheduru-Anderson & Wahi, 2018; Ramji, Etowa & St-Pierre, 2018; Zhou, 2014).

Some of the IENs found ways to improve their communication and be more engaged with the local nurses. For example, some IENs took advantage from the staff room as a place to learn and enhance their English language when they were talking about their own lives or patients and helped in lowering the stress levels (Xiao, Willis & Jeffers, 2013). However, other IENs were not happy to share their personal lives with the local nurses (Yu, Peng, Hung & Zhou, 2017).

On the other hand, some organizations emphasized that they benefited from having multiple language due to the IENs from different nationalities, which had a positive impact on the patients care in different ways, such as effective assessments and treatments, reduced hospital stay, and cost/ time effective (Ramji, Etowa & St-Pierre, 2018 and Xiao, Willis & Jeffers, 2013). While IEN in another study wished that they could talk in their own language with the local patients to understand their concerns and interact with them better (Kishi, Crookes & Shorten, 2014).

Some organizations and IENs acknowledged that the communication is not only the language, but also how the person expresses themselves, their communication styles, body languages and the use of gestures, the use of some phrases, and their understanding of the words and phrases can be all affected by their cultural background (Yu, Peng, Hung & Zhou, 2017; Kishi, Crookes & Shorten, 2014; Xiao, Willis & Jeffers, 2013). Organization in Ramji, Etowa & St-Pierre (2018) study did not face any problems with the IENs different cultural backgrounds as they already deal with diverse patients. They also believed that the IENs will enhance the organization's culture.

In some instances, the IENs were unable to interact with the local nurses due to the different culture that they had. For example, some IENs were expressing their feelings directly with the local nurses and used their own communication styles which was perceived as being rude and disrespectful for the local nurses (Yu, Peng, Hung & Zhou, 2017 and Zhou, 2014). While when some IENs were unable to express themselves due to the language barrier they were treated disrespectfully and inferiorly by the local nurses (Rodriguez, Angelica-Munoz &

Hoga, 2014; Zhou, 2014; Alexis, 2013). Moreover, some of the Australian nurses were using

some intimate phrases with the patients, such as "sweetie", the Chinese nurses were

uncomfortable and felt it was not appropriate to use such terms m with the patients (Zhou,

2014). Cultural differences and conflicts made the IENs feel more isolated and led to a

reduction in the interactions with the local nurses (Jenkins & Huntington, 2016; Rodriguez,

Angelica-Munoz & Hoga, 2014; Wheeler & Hepburn, 2013; Alexis, 2013). Additionally, Zhou

(2014) explained that in China, the nursing profession perceived as only serving the patients

and provide the physical care that they needed, which is the cause of less engagement and

interaction between the IENs and the patients, while the Australian nurses focused more on

interacting with the patients and the psychological care rather than the physical care alone.

Chapter 7: Provision of support

7. Provision of support

Support was identified as one of the things that the IENs needed to settle into their new job as nurses and to socially, and culturally adjust to the new environment (Iheduru-Anderson & Wahi, 2018; Yu, Peng, Hung & Zhou, 2017; Jenkins & Huntington, 2016; Rodriguez, Angelica-Munoz & Hoga, 2014; Zhou, 2014; Alexis, 2013; Wheeler & Hepburn, 2013; Xiao, Willis & Jeffers, 2013). In this theme, the researchers described the IENs feelings and insights about the support within the new organizations and the different area were some of the IENs got support while others felt it was no or not enough support. The different areas that the theme highlighted are support for the international qualifications and expertise, international nursing practices, newly joining IENs, mentorship, and social interactions. Some papers stated that the IENs had lack of support, while some got the support that they needed to adjust to the new working environment. Organizational support theme developed as one of the main findings as it was mentioned repeatedly in most of the papers.

Prior starting the new job, the IENs had to submit their nursing degree. Most of the IENs in Wheeler & Hepburn (2013) and Iheduru-Anderson & Wahi (2018) study, did not face any issues with their organizations as they support the international nursing degree and that it is equivalent to the USA nursing degree and felt they were well educationally prepared to work there. However, the system in New Zealand do not support the international nursing degree from the IENs especially for nurses from India due to the big differences in the nursing curriculum between India and New Zealand, where the Indian nurses had to study extra courses

to be accepted. The IENs had to have the required nursing qualifications to be accepted in the host organization. However, most of the IENs in Wheeler & Hepburn (2013) and Iheduru-Anderson & Wahi (2018) studies did not face any issues with their nursing degree as it was equivalent to the USA nursing degree and felt they were well educationally prepared to work there.

To support the new IENs, some organizations have established orientation programs to introduce them to the new system. In Ramji, Etowa & St-Pierre (2018) study, the orientation period was appropriate for the IENs to be well trained and helped them to know the new organization's system. Also, the IENs had rotation in general wards to be familiar and competent with the new organization's system before assigning them to more specialized units. While IENs in Alexis (2013) and Xiao, Willis & Jeffers (2013) reported that the orientation period was too short to get enough information about the new organization system where they felt unprepared to work especially in units that are outside their expertise. While some IENs did not mind working in areas outside their expertise even without organizational support as long as they have a job to survive (Xiao, Willis & Jeffers, 2013). The orientation programs established to provide information about the host organizations' system where some of the IENs benefited from this program while others did not.

Some organizations emphasized the importance of the IENs, and they described the support that they provided for the IENs to advance in their career (Ramji, Etowa & St-Pierre, 2018; Iheduru-Anderson & Wahi, 2018; Rodriguez, Angelica-Munoz & Hoga, 2014; Xiao, Willis & Jeffers, 2013). For example, organizations in three studies provided different resources,

approaches, trainings, encouragements to help the IENs to develop professionally, assume

leadership/ management positions, being preceptors/educators and be part in big committees

and projects at the unit or organizational levels (Ramji, Etowa & St-Pierre, 2018; Rodriguez,

Angelica-Munoz & Hoga, 2014; Xiao, Willis & Jeffers, 2013). Moreover, the managers made

sure that the IENs have the equal opportunity as the local nurses to advance in their career and

get position (Ramji, Etowa & St-Pierre, 2018). While other IENs faced issues with career

advancement as some organizations created strict criteria for the IENs to be promoted such as

having higher nursing degree (Baccalaureate and above), mastering the English language, (Yu,

Peng, Hung & Zhou, 2017 and Zhou, 2014). Some IENs had to work hard to be professionally

developed, have a higher position, to prove themselves and fit within the organization (Iheduru-

Anderson & Wahi, 2018; Kishi, Crookes & Shorten, 2014; Zhou, 2014; Alexis, 2013).

In studies by Iheduru-Anderson & Wahi (2018) and Xiao, Willis & Jeffers (2013), lack of

mentorship was identified by the IENs leaving them feeling frustrated as they needed to rely on

their mentors to help and support them to adjust to the new cultural environment. However,

two organizations were able to provide mentors and preceptors to their IENs, as the

organization knew the importance to assign the IEN with someone who would help them to

adjust to the new environment (Iheduru-Anderson & Wahi, 2018; Ramji, Etowa & St-Pierre,

2018; Kishi, Crookes & Shorten, 2014). Additionally, in two studies, some local nurses were not

willing to teach the IENs and to help them to understand the roles and the practices of the new

environment (Zhou, 2014 and Xiao, Willis & Jeffers, 2013). The local nurses perceived the IENs

as a "burden" and considered it more work to teach and help (Iheduru-Anderson & Wahi, 2018;

Rodriguez, Angelica-Munoz & Hoga, 2014; Xiao, Willis & Jeffers, 2013), at the same time, some local nurses were willing to spend more time with the IENs to help and teach them (Iheduru-Anderson & Wahi, 2018).

In some instances, the IENs felt insecure and had the fear of not being supported by the organization if they made mistakes (Zhou, 2014 and Wheeler & Hepburn, 2013). This was consistent with Iheduru-Anderson & Wahi's (2018) study an IEN spoke of being reported by a local nurse to the nurse manager, even though the IEN believed they had not made any mistake. The IENs in this study felt that their behaviors and practices were constantly monitored by the people in the organization, as if they were waiting for them to make a mistake.

Although the IENs could ask for emotional and practical support from their family, the IENs believed that family support would not help as their family members were not present in the country and they did not want to make them concerned (Yu, Peng, Hung & Zhou, 2017; Jenkins & Huntington, 2016; Zhou, 2014; Wheeler & Hepburn, 2013). In one study, the IENs reported not seeking support from other IENs as these colleagues might have their own issues and concerns and they did not want to burden them (Zhou, 2014).

Another reason the IENs did not get the needed support was because they were fearful of asking for support. IENs did not ask for support from local colleagues or the nurse manager as they wanted to prove that they were skilled and competent and to gain the organizations' trust (Zhou, 2014 and Xiao, Willis & Jeffers, 2013).

In the conclusion, the types and quality of support differed from country to country and from organization to organization. Some host organization supported the IENs as they are new the system and to facilitate their adjustment to the new working environment. While other organizations did not provide enough support for the IENs to make them understand the new organization system which made them feel frustrated. Moreover, the IENs relied on their local colleagues to support them by mentoring and guiding them to learn about the working system of the host organization. Some organizations provided mentors and preceptors for the IENs to support them, along with being supported and appreciated by the local patients and colleagues. On the other hand, some IENs did not want to get support due to different reasons such want to prove their competencies, not to be burden on others and/ or the long distance support seen as useless.

Chapter 8: Adjustment

8. Adjustment

In addition to the work environment changes, the IENs living environment changed too. Two studies showed that the IENs adjusted well to the new living environment as some IENs' families were living in the same host country (Wheeler & Hepburn, 2013), and other IENs had better living condition educational and career opportunities in the host country than the home country (Kishi, Crookes & Shorten, 2014 and Rodriguez, Angelica-Munoz & Hoga, 2014).

However, IENs in another two studies struggled to adjust to the new living condition (Jenkins & Huntington, 2016 and Yu, Peng, Hung & Zhou, 2017). Some of the reasons were being far away from their families and children, inability to take care of their old parents or children, inability to attend special occasions such as death or public holidays, and difficulty to rent a house due to it is expensiveness which led to look for other cheaper apartments, got financial support from their parent, and some went back to their home country as they cannot afford. In Zhou (2014) study, some of the IENs' husbands tried to immigrate and be with their wives but there were less job opportunities for them in Australia.

In addition, another challenges the IENs faced was social interactions. Six studies showed that there was lack of social network between the IENs and the local nurses which created the feelings of being loneliness (Yu, Peng, Hung & Zhou, 2017; Jenkins & Huntington, 2016; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Alexis, 2013; Wheeler & Hepburn, 2013). These six studies provided different reasons for the lack of socialization, including the local nurses' habit of not socializing with work colleagues, cultural differences, the IENs' preference of being with nurses

with same nationality and culture, the use of a common language by both the IENs and local nurses during breaks, no common interest, activities, or topics to talk about, and patient care.

Another area that needed to be adapted by the IENs was the nursing practices. The IENs spoke of having to adapt practices that differed from their home country, leaving them feeling overwhelmed, distressed, and unsatisfied (Jenkins & Huntington, 2016; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Wheeler & Hepburn, 2013). For example, the provision of essential patient care such as bathing, and toileting, made the IENs dissatisfied and feeling embarrassed as these tasks were mainly done by unskilled persons such nurse assistances or family member in their home country and they were time consuming (Zhou, 2014; Xiao, Willis & Jeffers, 2013; Wheeler & Hepburn, 2013). In Jenkins & Huntington (2016) study, providing palliative care and support to the family was a new concept for some of the IENs, as they did not care for patients with end-of-life care needs in their home country (Jenkins & Huntington, 2016). Furthermore, in some studies, the IENs found it challenging to use critical thinking skills and to make decisions and autonomy regards patient care, as in their home country, it was seen as the doctors' job to make such decisions (Ramji, Etowa & St-Pierre, 2018; Rodriguez, Angelica-Munoz & Hoga, 2014; Zhou, 2014).

Another challenge that was identified was discrimination, racism, inequality, and unfairness that the IENs faced in different areas (Iheduru-Anderson & Wahi, 2018; Yu, Peng, Hung & Zhou, 2017; Rodriguez, Angelica-Munoz & Hoga, 2014; Kishi, Crookes & Shorten, 2014; Zhou, 2014; Alexis, 2013; Xiao, Willis & Jeffers, 2013). IENs in Xiao, Willis & Jeffers (2013) study had previous experience, they were treated as junior nurses while the new local nurses

were treated as senior nurses. This created feelings of being discriminated against for the IENs and felt bad. IENs in Yu, Peng, Hung & Zhou (2017) study had the same job description as the local nurses, however, they were paid less salary than the local nurses although they see themselves working harder than the local nurses. This made the IENs have sense of unfairness. Another example is, IENs felt that the local colleagues and patients were intentionally treating them badly and making negative comments to make them leave the job (Iheduru-Anderson & Wahi, 2018; Zhou, 2014; Rodriguez, Angelica-Munoz & Hoga, 2014; Alexis, 2013). Another example is that the IENs were given more work such as caring for critical patients, or to do extra shift and they cannot refuse otherwise the agency will cancel their visas (Zhou, 2014).

However, some IENs accepted the discrimination due to the necessity of the job to survive and help their families (Rodriguez, Angelica-Munoz & Hoga, 2014; Zhou, 2014; Xiao, Willis & Jeffers, 2013; Alexis, 2013). Other IENs tried to search for ways and develop themselves to reduce the racism (Zhou, 2014). Furthermore, organization in Ramji, Etowa & St-Pierre (2018) study asserted they developed strategies and best practices policies to act fairly with the discriminated person.

Furthermore, IENs were aware of the need to accept the new culture to integrate within the new environment, however, some did not want to change their culture as it was seen as it is 'who they are' but were able to adapt some cultural that is like their own or that is being acceptable by their own culture and values (Ramji, Etowa & St-Pierre, 2018; Jenkins & Huntington, 2016; Zhou, 2014). IENs in one study were using the "switch off" approach, for example, they will switch to the Australian culture with the Australian nurses and patients while

the using Chinese culture in the Chinese community (Zhou, 2014). Another thing was viewed as a cultural related by the IENs is caring for older people. For example, IENs in two studies mentioned about caring for old patients and referring them to the nursing home care in the host country was something new for them as in their home country the old people will mainly be at home cared by their families (Jenkins & Huntington, 2016 and Zhou, 2014). This also contributed to the difficulty to understand the guidelines and processes that related to old patients' care and referral procedure in both studies.

In some instances, some IENs blamed the local nurses and patients for not giving them the chance to prove themselves that they can change (Iheduru-Anderson & Wahi, 2018) and they were always treated and feel as an "outsiders" or "foreigners" (Iheduru-Anderson & Wahi, 2018; Rodriguez, Angelica-Munoz & Hoga, 2014; Zhou, 2014; Alexis, 2013). While other IENs began to adjust and adapt to the host country environment after they have been accepted by the local nurses and patients (Ramji, Etowa & St-Pierre, 2018; Zhou, 2014; Alexis 2013) and accepted their nursing roles in the host country (Ramji, Etowa & St-Pierre, 2018 and Xiao, Willis & Jeffers, 2013). The IENs seen these experiences as a good learning opportunity which had a positive impact on them including personality improvement, gave them strength, made them more confident to work in different places, make new friends and strive for self-development (Iheduru-Anderson & Wahi, 2018; Jenkins & Huntington, 2016; Kishi, Crookes & Shorten, 2014; Zhou, 2014; Alexis, 2013). However, IEN in one study was unhappy with their experience and had future plan of changing the organization and search from more friendly environment (Alexis, 2013).

chapter 9: Discussion

9. Discussion:

This section will further discuss the findings that were found and begin to present some possible solutions to support IENs with the integration process and feel valued.

The purpose of the review was to gain knowledge and to better understand the cultural differences of the IENs who work in various countries across the world and how it might affect the communication with local patients. The main findings were that IENs were seen as a valuable resource by the host organization but most of the IENs did not receive practical support from the host organizations to help in integrating into the new clinical environment and the host country's culture. Some IENs described difficulties in communicating between them the local nurses and patients, and how they struggled to adapt to some of these challenges. Overtime, many IENs were able to cope with their new environment and culture by finding solutions to address the challenges they faced and adapted their practice to the differences and made the required changes.

Previous studies have shown that many internationally educated professionals who work across the world face similar challenges. These included a lack of recognition of their qualifications and expertise, a lack of induction to the organizations' culture, lack of practical support, tensions between the internationally educated employee and the local employee, communication barriers, and experiences of discrimination and inequality (Guo, 2013; Newton, Pillay & Higginbottom, 2012; Abdelkerim & Grace, 2011; Andersson & Fejes, 2010; Hagey *et al.,* 2004). These findings are similar to the findings of this review.

At the commencement of their employment, the host organizations should be mindful that the IENs training and development varies across the world. This might impact on the fact that the IENs' view of nursing may differ from the host country. The nursing knowledge required of the host country may differ from the IENs' training (Deng, 2015). Moreover, the host organizations and the IENs should be supported to undertake training to help further support safer care and improve patient outcomes rather than an organizational requirement to keep their job (Institute of Medicine, 2011). Also, trustful relationships and positive interpersonal attitudes between the IENs and local employees was associated with higher educational level (Eastbrook, Kuppens, & Manstead, 2016).

Health organizations in many countries, including the UAE aim to focus on providing the best healthcare services for all citizens in their country (MOHAP, 2021). Currently, the MOHAP in the UAE encourages Emirate nurses to specialize in nursing and motivates them by providing learning opportunities through providing scholarships to continue further training and learning. This approach could be also applied to the IENs who have chosen to work in the UAE, as the aim of the UAE nursing strategy to deliver the safest and best quality of care to all patients. On the other hand, the ICN (2013), encourages the host country organizations to appoint IENs to work in clinical areas that match their previous expertise and competencies in order to support provide safer care for the patients and to reduce errors. Moreover, several studies mentioned the support that the local employees can get support from skilled international employees especially those from developed countries for example the use of the technologies (Das, Marjit & Kar, 2020), and supporting the host country's economy by using the

international employee's expertise to increase the local innovations and productivity (Burchardi et al., 2020). In other studies, innovations and productivity were linked to the ability of the international employees to adapt and integrate into the workplace as feeling of "belonging" can make the international employees give their best (ellemas, 2016; Chaudhry et al. 2021; Brimhall & Barak, 2018).

Much can be learnt from studies which have been undertaken with newly graduated nurses. In these studies, these new nurses were supported through a structured orientation program. These programs were supportive and helped the new nurse to adapt to the new environment in which they worked (Lindfors, Kaunonen & Paavilainan, 2021; Pertiwi & Hariyati, 2019; Hussein *et al.,* 2017; Kinghorn *et al.,* 2017). The average length of these orientation programs in these studies was 4 weeks and seen as enough period to learn about the organization's goals and values. The orientation program in these studies included preceptorship/mentorship, classes, addressing local language and phrases, sharing information related to cultures, opportunities to shadow, and clinical simulation. These support approaches could be adapted to help the IENs to gain further knowledge about the host organization's policies, help with the local language, and how to adapt to different clinical practices related to the local nursing culture. The content of these structured orientation programs could be adapted for the IENs.

Previous studies carried out among nursing students contain similar findings to this review. For example, the lack of social networking can negatively affect the student performance and the provision of care, which can lead to lack of information about the new organization's

system and cultural differences (Leedahl, Chapin & Little, 2015; Moore, Prentice & McQuestion, 2015; Kim, Kreps and Shin, 2015; Lee & Yang, 2019; Salisu *et al.,* 2019; Swardt, Rensburg & Oosthuizen, 2017). Salisu *et al.* (2019) in their study, emphasized the role of the nurse leader in facilitating and enhancing the socialization between the local nurse and the IENs by being a role model and create a positive and supportive atmosphere that ease the process of integration. Moreover, Stanley & Stanly (2017) added that the nurse leader in his or her role can help to create a positive environment that will influence, motivate, and empower the fellow nurses to provide the safest care for the patients and to boost teamwork.

Communication is essential for nursing care and when the nurse communicates effectively, they will be able to obtain support the patient (child/adult) and to develop a safe and effective care plan (Kourkouta & Papathanasiou, 2014). While poor communication can lead to lack of information about the child/adult's condition, a treatment delay or providing the wrong treatment, and leading the patient to not want to comply with the treatment regimen, due a lack of understanding (Roche *et al.*, 2019, Muller *et al.*, 2018 and Pinto *et al.*, 2012). Communication challenges was an important finding in this review.

Similarly, many studies have addressed the difficulties that can exist between health care professionals and the patient due to language barriers (Al Shamsi *et al.,* 2020; Moissac & Bowen, 2019; Ali & Waston, 2017; Rosse *et al.,* 2016; Bowen, 2015). These six studies showed that language barrier can lead to poor patient outcomes, risk of complications, prolonged hospital stays, poor quality of care, late recognition of the disease, inappropriate care planning, delay in treatments and medication errors. One of the studies focusing on patients who had

come from other countries, mentioned use of interpreters, however, the authors believed that it

is preferable when the local nurse knows the patient's language in order to guarantee the

delivery of the correct information and support to the patients (Moissac & Bowen, 2019).

Although in these studies, the participants were immigrant patients, the findings are similar to

the review of IENs.

Several other studies show consistent findings with the review findings, about the

struggle to understand different accents which could lead to misunderstanding, and different

interventions were developed to overcome this challenge (Gu & Shah, 2019; Lu, 2018;

Freysteinson *et al.,* 2017; Brady, Duewer & King, 2016). For example, Gu and Shah (2019) have

presented in their literature different interventions to overcome the poor communication

related to the accent such as training using clinical scenarios, cultural competency training, and

accent reduction training. The findings of the study were positive, however, some participants

faced different issues with each intervention. For example, some participants who did the accent

reduction training reported that the training was tiring due to the long period of the training

and felt discomfort as the authors were videotaping the sessions. Gu & Shah (2019) suggested

that more research needed about the accent related interventions. Surprisingly, one study

stated the fact that the employee can be questioned about their skills and competencies and

using proper language can deliver the massage correctly thus showing the employee's expertise

(Isphording, 2015).

The local nurse leader can play a vital role in facilitating communication and support

among local nurses, the IENs and patients. MOHAP in the UAE acknowledge the vital role of

Emiratization leadership to accomplish the goals of improving the healthcare system within the country. This included an opportunity to participate in a Leadership for Change Program which was established by the ICN that offers 'hands-on experience' for the nurses (ENA, n.d.?). Moreover, MOHAP (2019) have initiated a nursing leaders qualification program to enhance nurses' leadership skills, empowering them to develop plans to support the nursing system. Moreover, with the introduction of the nursing specialties, the specialist nurse can be a good influencer and a role model for both the IENs and local nurses to enhance teamwork and professional relationship within the organization (Solbakken et al., 2018; Carrara et al., 2018 and Bender, 2017).

On the other hand, the increased number of diverse employees can create a good learning environment (Koellen, 2015). This was stated by a study were the teacher who had a lot of diverse students were able to provide support and treat them with equality (Juvonen, 2017), which also support one of the review findings. Another study used a problem-based learning approach to assess whether the diverse students can impact each other's learning and understanding of the mathematics lessons (Chakrabarty & Mohamed, 2013). The findings revealed that at the beginning, the students felt uncomfortable to work with different nationalities, however, later they were able to inspire each other and enhanced their critical thinking and problem-solving skills. Furthermore, to understand the patients culture, some countries such as the UAE adopted tool to provide a sensitive care for the patients which call Emirati Nursing Model of care. This tool is established by the UAE healthcare governments to help both the local nurses and the IENs in the UAE hospitals to provide an optimum and

suitable care for the patients and their families, by assessing their cultural, religious, spiritual and psychological needs through asking questions regards their preferences (Health Information System, 2019).

A concerning issue that was identified in the review was IENs feeling they were discriminated. The same concern was noticed in another two studies were some groups of people such as women, Latinos and black employees were known to face discrimination upon recruitment, training, salaries and promotions, thereby policies were established specifically for them to provide support and enhance equality within the workplace (Scarborough, Lambouths & Holbrook, 2019 and Stamarski & Hing, 2015). Moreover, one study in the review noticed that local nurses appeared to be reporting the IENs to the unit manager without an obvious mistake having been made, this was perceived as a kind of discrimination, leading IENs fearing that this might impact on their career development and their future role (Murray, Sundin & Cope, 2017). Some hospitals use the Occurrence Variance Report (OVR) or a similar reporting system, this can be used to report any near misses or any adverse events or errors (Al Barwani *et al.,* 2019). The unit manager or nurse leader could encourage both the local nurses and the IENs to use the OVR system or similar system when reporting about an adverse even. The nurses in Al Barrak *et al's,* (2020) study demonstrated how nurses had a positive perception about the OVR system and it was perceived as a helpful means of preventing adverse events and supporting all nursing staff. Alboliteeh & Almughim (2016) demonstrated that IENs in their study had the same positive perception of a similar system of reporting. The nurse managers and leaders should support local nurses and IENs to understand the purpose of reporting, how to use the OVR or

similar system and create a blame-free environment to enhance learning opportunities, deliver

safe care to the patients, and facilitate teamwork (Parker & Davis, 2020).

Chapter 10: Implications

10. Implications to the practice:

The findings in this review demonstrated that most of the IENs in the studies, faced challenges in adjusting and integrating into the new clinical environment, the local healthcare system and the culture of the country. The findings suggest the need for more research to explore the experience of the IENs in the UAE as there remains a lack of understanding of IENs' experiences within the country (you could a little more to this paragraph). Following the review these implications should be considered:

1. Research is required to explore the experience of IENs working within the UAE.

2. Each host health care organization should engage with IENs to design and implement a consistent structured induction and mentorship programme for newly arrived IENs

3. Local nurses and IENs should be given opportunities to support and learn from one another.

4. Each health care organization should develop clear policies and guidance to support new IENs to the organization.

5. Each health care organization should establish training for IENs on key Arabic phrases and important cultural norms.

Chapter 11: Strengths and limitations

11. Strengths and limitations of the study:

The strength of this review is that it included IENs who came from, and worked in many different countries, rather than most studies that focus on a specific country or region. This review also demonstrated that IENs who came from and worked in many different countries had similar experiences and challenges, which suggests common themes that can help to support IENs in the future. Although no study explored the experiences of IENs working within the Middle East many of the findings are applicable to IENs working in this part of the world. The reviewhad some limitations, including time restrictions due to the author carrying out studies and clinical work The author was a novice to carrying out a review, but the experience would help to strengthen future reviews.

Chapter 12: Conclusion

12. Conclusion:

In the summary, this literature review was undertaken as part of an MSc in pediatric specialist nursing. Following reflections on practice, the aim of the review was to explore the experience of the IENs who work in different countries, with the intention of helping IENs who work within the UAE. Having described some background to the subject and the review methodology, the findings from the review demonstrate there is much more we could do to support and value IENs from across the world.

The presented themes of, the IEN's need for support, better communication, and help to adjust to their new role and setting showed that there were some positive examples of support, many findings suggest that IENs are not given the support they need leading to negative experiences. As the IENs struggled to integrate into this new world of practice and culture, the lack of support led to a sense of fear, frustration and being overwhelmed. Moreover, communication seemed to be a major challenge for the IENs as the English language was not their native language. Not having the language made the IENs to feel embarrassed and reluctant t interact with the local colleagues and patients to avoid misunderstanding. Moreover, lack of communication and interaction by the IENs were linked with lack of competency and skill. Although the IENs faced other challenges, they were able to find ways to integrate into the new environment either by accepting the new changes as it is or modify accordingly.

The review strongly suggests that it is time to recognize the value of these IENs and to set up clear and consistent support structures (implications for practice) to help IENs in their

work and to promote patient safety and care. The review and the implications for practice will

be used to take positive steps within the UAE to address this shortfall and better support our

nursing colleagues from different parts of the world.

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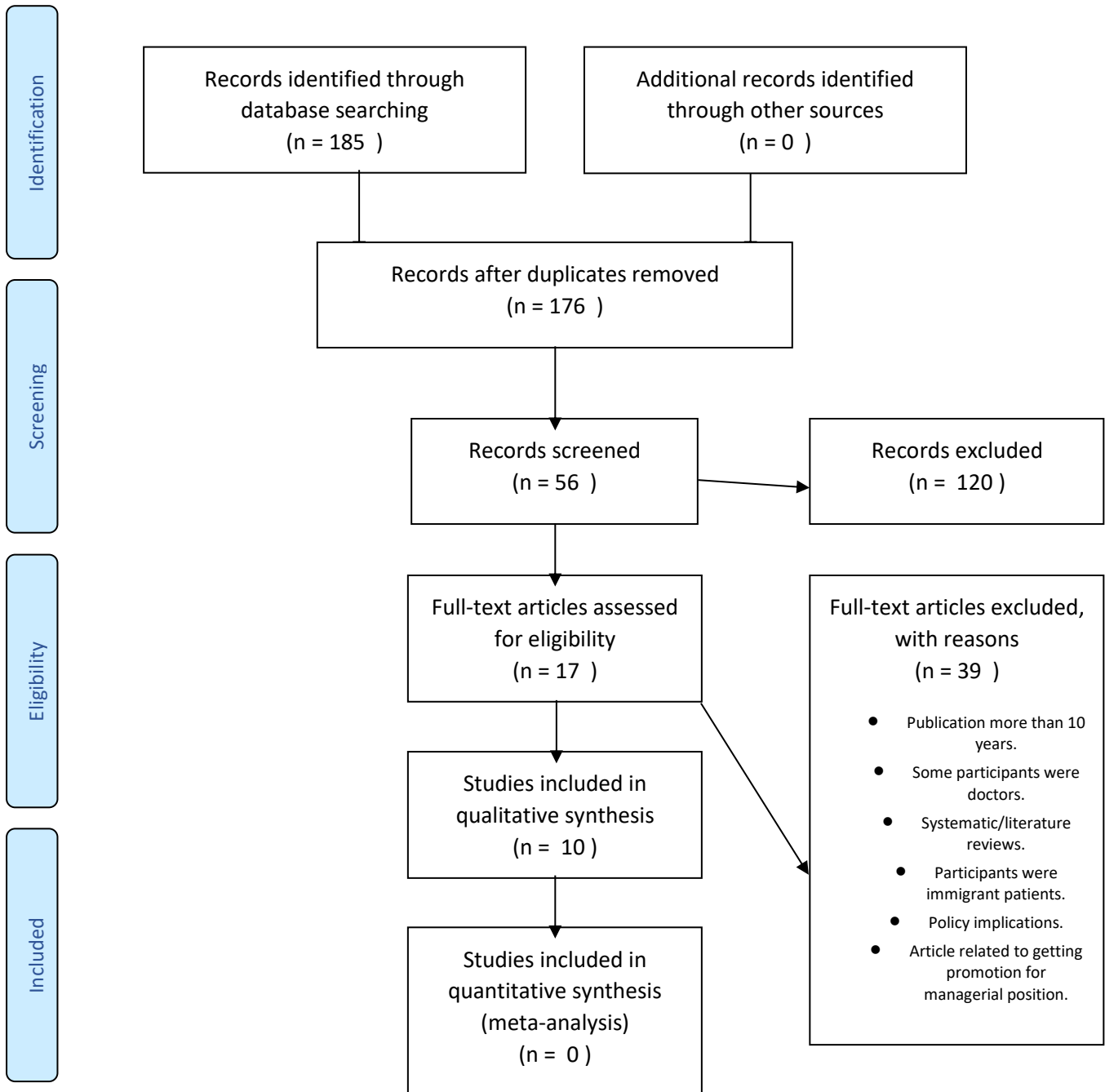
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Appendices

Appendix 1.

PRISMA flow chart:

Identification

Screening

Eligibility

Included

Records identified through database searching
(n = 185)

Additional records identified through other sources
(n = 0)

Records after duplicates removed
(n = 176)

Records screened
(n = 56)

Records excluded
(n = 120)

Full-text articles assessed for eligibility
(n = 17)

Full-text articles excluded, with reasons
(n = 39)

- Publication more than 10 years.
- Some participants were doctors.
- Systematic/literature reviews.
- Participants were immigrant patients.
- Policy implications.
- Article related to getting promotion for managerial position.

Studies included in qualitative synthesis
(n = 10)

Studies included in quantitative synthesis (meta-analysis)
(n = 0)

Appendix 2.

Results table:

Study name and authors' name(s)	Aim	Study design/ Methods/ participants and sampling technique	Main findings/themes
We are the international nurse. An exploration of internationally qualified nurses' experiences of transitioning to New Zealand and working in aged care. • Jenkins and Huntington (2016)	Explore the experience of Filipino and Indian international qualified nurses who transitioned to New Zealand as registered nurses in aged care in New Zealand.	• Qualitative design. • Single semi-structured in-depth interview and one optional focus group. • Purposive sampling (6 participants).	1. Physical transition. 2. Social transition. 3. Professional transition.
A model of adaptation of	Investigate the experiences of	• Qualitative design.	• Seeking. • Acclimatizing.

overseas nurses: exploring the experiences of Japanese nurses working in Australia. • Kishi, Crookes, and Shorten (2014)	Japanese nurses and their adaptation to their work environment in Australia.	• Individual semi-structured interviews. • Purposive and snowball sampling (14 participants).	• Settling.
Cultural experience of immigrant nurses at two hospitals in Chile. • Rodriguez, Angelica-Munoz, and Huga (2014).	To explore the cultural experiences of nurses who immigrated to Chile.	• Qualitative design. • Ethnography method with observation-participation-reflection model proposed by Leininger. • Purnell model for cultural	1. In search of better horizons – the decision to immigrant to Chile. 2. Gaining trust and establishing a support network – employability

		competence was used as a theoretical framework. • Observations and ethnographic interviews. • 15 participants.	and professional performance. 3. Seeking people's acceptance – professional adaptation in a new cultural scenario.
Experiences of Nigerian internationally educated nurses transitioning to US health care settings. • Iheduru-Anderson and Wahi (2018).	What are the experiences of NIENs as they transition into clinical practice in health care setting of the US?	• Qualitative descriptive phenomenology design. • Interviews (2 face-face, 4 over phone). • Six females working in different regions in US.	1. Fear/ anger and disappointment. 2. Road/ journey to success/ overcoming. 3. Moving forward.

Immigrant nurses' perceptions on cultural differences-based job concerns: phenomenological study in Shanghai China. • Yu, Peng, Hung, and Zhou (2017).	To explore the experience of immigrant nurses working in Shanghai, China.	• Qualitative phenomenological study. • In-depth semi-structured interviews. • 15 immigrant nurses.	1. Communication difficulties caused by language barriers and differences in values. 2. Work adjustment difficulties caused by feelings of unfairness, difficulty to ask for leave, and competitive pressure. 3. Life adjustment difficulties related to

			accommodation, acclimatization, and not being able to care of own's family.
Factors affecting the integration of immigrant nurses into the nursing workforce: a double hermeneutic study. • Xiao, Willis and Jeffers (2013).	Examine interplaying relationship between social structures and nurses' actions that either enabled or inhibited workforce integration in hospital settings in Australia.	• Giddens' structuration theory with double hermeneutic methodology. • Focus groups and face to face in-depth semi-structured interviews. • 24 immigrants and 20 senior nurses purposive sampling.	1. Employer-sponsored visa as a constraint on adaptation. 2. Two- way learning and adaptation in multicultural teams. 3. Unacknowledged experiences and expertise as barriers to immigration. 4. Unquestioned sub-group

			norms as barriers for group cohesion.
Unpacking "two way" workplace integration of internationally educated nurses. • Ramji, Etowa and ST-Pierre (2018).	Understanding workplace integration from perspectives of both IENs and other stakeholders in Ontario healthcare facility.	• Qualitative design, used an instrumental case study approach • Semi-structured interviews, socio-demographic survey, focus groups and review of organizational documents. • 28 participants (50% IENs, 18% peers and mentors, 21% managers and	1. Respect diversity and difference. 2. Adopting inclusive practices. Striving to achieve equity

		directors, 11% senior leaders).	
Internationally educated nurses' experiences in a hospital in England: an exploratory study. • Alexis (2013).	Gain an understanding of IENs experiences of working in the NHS in Egland.	• Hermeneutic phenomenology, Heidegger approach. • Semi-structured interviews and focus group. • 12 participants.	1. Leaving a familiar world. 2. Being thrown into unfamiliar world. 3. Encountering marginalization and experiencing inequalities in the world. 4. Surviving in an everyday world. 5. Living in an everyday world. 6. Making a new world.
The experiences of internationally	Gain a deeper understanding	• Cross-sectional qualitative	1. Reasons for migration.

educated nurses in the southeastern United States of America. • Wheeler, Foster and Hepburn (2013).	about the experiences of IENs compared to those US registered nurses practicing in two urban hospitals in southeastern US.	descriptive design. • Semi-structured interviews. • 82 female registered nurses (42 IENs and 40 RN US).	2. Barriers. Future plans.
The experience of China-educated nurses working in Australia: a symbolic interactionist perspective. • Zhou (2014).	Explore the experiences of China-educated nurses working in Australia.	• Symbolic interactionist approach and constructivist grounded theory method. • Snowballing, face-to-face in-depth interviews and theoretical sampling.	Reconciling different realities: 1. Realizing. 2. Struggling. 3. Reflecting.

		• 28 female participants purposive sampling.	