RESEARCH ADVISORY PAPER

N2N: New to NZNO Membership Project

Part two
A multi-cultural nursing workforce: views of overseas and New Zealand trained nurses.

Dr Léonie Walker and Dr Jill Clendon
NZNO Researcher and Nursing Policy Adviser/Researcher
Summary

This survey was designed to capture the experiences and views of members who had joined NZNO within the last five years. Part 1 reported respondent demographics, NZNO participation and activism, and membership satisfaction. Part 2, concentrates on the implications of the changing demographics of the New Zealand nursing workforce, many of which may have profound implications for workforce planning and management, and for the longer term functioning and structures of NZNO.

This report, focuses specifically on the views and experiences of newer NZNO members who initially trained overseas, as these have made up half of all new registrants with the Nursing Council for the last five years, and now constitute a quarter of the total NZNO membership. The views of a similar cohort of New Zealand trained newer members about the impacts of the changing dynamics of the NZ nursing workforce are also explored.

Respondent Demographics
Respondent demographics showed good concordance with the NZNO membership database in terms of age, ethnicity, gender and qualifications. The more recently a new member joined NZNO, the lower the likelihood their first training to be a nurse was undertaken in New Zealand. Around half of new registrations with the Nursing Council of New Zealand for 3 out of the last 4 years are Internationally Qualified Nurses (IQN), so this finding is consistent, and represents a significant change in the membership demographics. Additionally, the proportion of male nurses who trained overseas is higher than that of NZ Qualified nurses (NZQN).

New Zealand trained nurses
Views of NZ trained nurses about working with overseas trained nurses, and their engagement in NZNO activities, structures and processes, and observation of discrimination in the workplace and society are presented. These views are very mixed, but are indicative of strain, and rapid changes for which the workforce does not appear to have been adequately prepared. Some of these may have worrying implications for the cohesion of the workforce, and of some very legitimate concerns, particularly about communication and patient safety that have not been addressed. Additionally, one issue: that of use of other languages was raised by many NZQN respondents who experience this as exclusive and this is clearly causing friction.

Overseas trained nurse recruitment
Twenty seven percent of IQN were recruited from overseas to enter the NZ nursing workforce. The recruitment experiences were very mixed, and can be themed:
- Those who were recruited directly by District Health Boards (DHBs), or via agents for DHBs generally paid their own immigration and nursing council registration costs, but were paid relocation allowance, 2 week
accommodation and flights in return for either a one or two year bonding arrangement. Almost all were from the UK, were very satisfied with the process, and many said they got great support through the process.

- Those who paid agents many thousands of New Zealand dollars for flights, Competency Assessment Programmes (CAP) and job offers with aged care, were sometimes also charged by employers for Aged Care Education (ACE), Dementia 1&2 and bonding for 1-3 years. Most of these came from the Philippines.

- Some found their own agencies in their country of origin, with mixed results, these usually paid their own expenses,

- There was much disquiet at UK resident/trained nurses having to sit expensive International English Language Testing System (IELTS).

- The reports of the experience of registration and interaction with the Nursing Council NZ, were mixed, and varied from the process being “quick and easy” to “rude and frustrating”

- Many wished they had had more information about NZ nursing salaries and jobs before they came, and found their previous nursing experience and seniority was not recognised.

- 2 respondents reported help from NZNO to break restrictive contracts.

Twenty three percent of IQN felt they were working in a position with less scope and responsibility than their previous employment in their home country.

**Plans to stay**

Of crucial importance to the longer term NZ nursing workforce are the plans to stay and nurse in NZ. There is evidence of very different cohorts: older, English language country of origin nurses who are more likely to stay till retirement, and younger, mainly SE Asian and Indian nurses who have not yet decided how long they will stay.

Although discrimination was described relating to gender, sexual orientation age and weight, overwhelmingly, discrimination based on country of origin and ethnicity made up the biggest group of themes. All main themes were identified similarly by both NZQN and IQN respondents.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients refusing care</td>
<td>Almost all respondents reported patients verbalising not wanting to be cared for by a ‘foreign’ nurse</td>
</tr>
<tr>
<td>Asian, Indian &amp; Filipino (AIF)</td>
<td>Where specific ethnicities were reported as being subject to discrimination, the largest by far were Asian, Indian and Filipino. Many British IQN commented that integration was easier for them than for their AIF colleagues.</td>
</tr>
</tbody>
</table>
### Other countries
Anti-South African, German and American sentiments were reported, some based on historical or recent war time allegiances. Pacific Island nurses were often mentioned as being institutionally undervalued.

### Distrust/disrespect for training
Very many reported little belief that despite Nursing Council verification of training, non-NZ training was seen as inferior by NZQN.

### Language
While NZQN frequently struggled to understand accents, IQN also reported jargon, accent, idiom and speed of communication causing problems.

### Less favourable rosters/workload
Some felt that (un)favourable rosters, workload, access to interviews or promotions was linked to ethnicity, &/or perceived reticence to complain.

### Not valuing prior experience
Separate from differences in scope were feelings that non-NZ service / management experience / was not reflected in grades or grade progression.

### Other frequent observations
Many either made or reported comments related to there being ‘too many’ IQN, ‘taking Kiwi jobs/promotions’, tensions between IQN from different countries, and stereotypes about particular cultures. There were clear examples of lack of understanding, respect or tolerance of difference shown by both NZ QN and IQN respondents.

### Other discrimination
Māori and Pacific Island members, male members and lesbian and gay members also reported antipathy and discrimination. Very little discrimination was reported attributed to NZNO staff.

### Participation in NZNO activities
Overall, participation in NZNO activities was linked more strongly with recent joining of NZNO than with being NZQN or IQN.

While some lack of engagement with NZNO may be related to experiences with the structures, processes or people involved, more appeared to be related to the impacts on individuals of migration and settlement, and adjustment to new working situation, rather than to particular disaffection or exclusion.

There were however some themes related to experience of NZNO structures and activities which indicate action is needed:
<table>
<thead>
<tr>
<th>Theme</th>
<th>Exemplar quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alienation</td>
<td>Knowing and feeling that if we take part in any structure we will always be overlooked because of our ethnicity. Our opinion won't be taken seriously because the NZNO structure and processes are dominated by the Europeans.</td>
</tr>
<tr>
<td>Cultural differences</td>
<td>Cultural appropriateness would make a significant difference here. For instance the NZNO membership computer membership system does not allow for &quot;foreign&quot; usages when it comes to names. An example would be that my surname begins with a lowercase letter. The NZNO system force changes this to a capital.</td>
</tr>
<tr>
<td>Competing demands</td>
<td>Family commitments (my husband &amp; I care for his dependent parents who cannot be left alone) make all outside commitments challenging.</td>
</tr>
<tr>
<td>Feeling unwelcome</td>
<td>I have found that there are cliques of people who often do these things and take part, and they know each other so it is sometimes difficult to break into the group.</td>
</tr>
<tr>
<td>Fear of rocking the boat</td>
<td>When I was asked to be a delegate I at first refused to agree for the reason that I am new RN and my employer may not like it but now I am starting to realized that it has nothing to do with my employer but more of me and my colleagues. So I am now better prepared to participate in activities in a wider spectrum.</td>
</tr>
<tr>
<td>Disengaged</td>
<td>Sorry, but I have not felt that NZNO participation essentially relevant to me in some ways. This possibly reflects the stress of moving country and then relocating down to the Main Island then having moved around several jobs to find a role that suited me</td>
</tr>
</tbody>
</table>

English country speaking recent migrants were slightly less likely to have contributed to the professional activities than the IQN cohort as a whole. They were slightly more likely to have undertaken overt activities such as wearing tee shirts or signing petitions than IQN as a whole.

**Limitations**

Surveying only those with valid email addresses excludes those who do not use email. Currently 70% of the membership does have an e-mail address, and there are no patterns by age, qualification or membership category for those who do not. The demographics of respondents to this survey are comparable to the total NZNO membership. All surveys are subject to potential respondent bias, with those with strong views being more likely to respond.
Recommendations

Given the increasing proportion of overseas trained nurses making both NZNO membership and New Zealand nursing workforce, and the prevailing drop in Union membership and activism more generally, it is imperative that NZNO responds to these profound changes and attracts, engages and supports IQN new members into active membership

A number of recommendations are put forward aimed at increasing support and engagement for newer overseas trained members in NZNO processes and structures, and educating the wider public of the essential role these nurses play in our health services.

- NZNO continue the project to engage with IQN newer members to explore issues, barriers to involvement and support.

- NZNO work with employers to better orientate and support new migrant nurses to New Zealand and to nursing in New Zealand. Some DHBs are currently doing this well, but many employers are not. This might include language support.

- NZNO look to designing welcome packs specifically for new migrant members, with input from them about the gaps in knowledge that would have been helpful at the start.

- NZNO look into providing pastoral / social support on a regional basis, and use these as hubs where mentoring into NZNO activity and activism could be provided.

- NZNO advocate for more awareness of the issues new migrant members face, perhaps running cultural awareness training for NZNO delegates to help them be more welcoming and inclusive.

- NZNO use media and publications to educate the wider public of the registration, training, experience and roles undertaken by our minority ethnic members, to help reduce discrimination and reassure patients.

- NZNO test the interest, resourcing requirements and value of establishing a web-based discussion page for overseas trained nurses new to New Zealand.