International nurses and their initial integration into NHS England's healthcare workforce: a population analysis

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Executive Summary

Executive Summary

The national nursing workforce shortage is a growing concern. The NHS Plan's strategic goal is to recruit international nurses at scale to contribute to this shortage. The NHS is in a prime position to attract international nurses from many countries not least for its advancements in healthcare, established career opportunities, investment in continuing professional development and positive economic factors. Despite this, evidence on the experiences of international nurses in England is varied. An average of 1900 international nurses and midwives have left the NMC register during each consecutive year between 2014 and 2019.

Therefore, whilst recruitment of international nurses is being prioritised, it is imperative not to overlook strategic retention plans. These conclusions thus indicate a need for a detailed investigation into the experiences of international nurses in the NHS and the broader challenge of their retainment, to enable them not only to register successfully but to be better integrated and fully established within England's health and care sector.

Overseas nurse recruitment is complex, with international nurses facing many challenges in the process of joining and integrating into the workforce. There is, however a recognised paucity of literature on the topic and research available does suggest international nurses experience issues with integration and transition into the nursing workforce.

The project team at the University of Huddersfield was commissioned by NHS England (NHSE) to undertake this International Nurse Population Analysis utilising a mixed methods survey, with the primary aim to gain a deeper insight into the journeys of international nurses' experience of recruitment, onboarding and starting careers within the NHS.

Summary of findings

The survey received 655 responses from international nurses during their first four months of employment in England. The respondents were from 33 different countries; predominately recruited from African countries, India and the Philippines. Three quarters of all respondents were under the age of 36 years whilst 62% were married, and about half had children. 70% of respondents with children, however, had migrated to England without them.

When exploring international nurses' years of experience, 78% had been qualified over five years and almost half (48%) have been qualified for more than 10 years prior to migration to England. Many respondents had previously worked in senior nursing positions and 62% had worked as a nurse in one or two different countries, mainly in the Middle East region, before migrating to England.

When exploring motivations for migration, most respondents cited career progression as their primary reason to work in England (87%). Factors that improve quality of life, such as free health care, work-life balance, good quality education for children and the perception of England as a safe place to raise a family were also motivators. The desire to work in the NHS as an advanced healthcare system, was regularly cited as a pull factor; yet England was not the first-choice destination for 18% of respondents. Conversely, the need to improve salary and economic circumstances were not the highest motivators for many respondents (49% of Filipino respondents, 40% of African respondents and 38% of Indian respondents). It is tendered that nurses choose to work in England for career progression and improved quality of life before salary and pay.

Many respondents were recruited via agency or 'directly' by NHS England organisations. However 20% of respondents, mainly African nurses from 'red list' countries, applied independently. Most (80%) respondents said the application process was clear and understandable, yet for some, there were concerns over pre-migration affordability of the application process and disparity in recruitment practices across systems noted.

Nurses said they felt prepared to start a new life in England, and 51% agreed they had a good understanding of British culture before making the journey. On arrival, nurses described integrating with a different culture and environment as 'sometimes difficult', with some nurses feeling isolated, anxious, and stressed.

One of the greatest concerns highlighted by over 200 respondents was accommodation. Many employers provide accommodation for the initial period of employment; however, nurses then must find ongoing housing for themselves within local private-rented housing markets or elsewhere. Finding appropriate and affordable accommodation was a particular worry for those wanting to live with their family.

International nurses found balancing preparation and training for the Objective Structured Clinical Examination (OSCE) with starting work in a clinical setting as sometimes difficult. Over two thirds (67%) said that initial training programmes enabled them to feel ready to work in NHS organisations. Regarding specific areas of development, international nurses asked for clearer explanation of nursing routines, terminology, abbreviations, specialist equipment and complex processes. That said, communication remains one of the most cited challenges to integration into clinical settings, with almost two thirds of respondents having English as a second language; conversation speed, accents, abbreviations, and local slang were described as main barriers to communication.

On the whole, nurses deemed themselves welcomed by managers, colleagues, and teams. Nonetheless, just over one in two nurses perceived themselves as valued by teams and settling into their new roles, and some described the process as challenging.

The majority of respondents answered favourably (70%) when asked whether they felt their work aspirations had been formally identified, and nurses told how longer-term aspirations for career progression in England helped them to cope in the short term with transition. 25% of respondents felt their previous professional knowledge and experience was not recognised. Many were limited in choosing their area and speciality of work and often experienced international nurses were recruited at the same pay level as new domestically trained nurses. This mismatch between previous experiences and current roles left some international nurses feeling unsettled, dissatisfied, and frustrated.

72% returned a favourable response when asked whether they felt the NHS understood their challenges and had provided them with excellent support. This support included pastoral care, training and development opportunities and involvement in specific staff networks. For most, support exceeded expectations, yet of those who felt they had experienced limited support, this was self-described as creating negative mental health outcomes such as 'stress', 'depression' and 'anxiety'.

49% of respondents desired to stay in England for the long term, yet 26% remained 'undecided'. 45% felt settled in their new life, although, there was a greater spread of responses in the neutral and negative categories, perhaps related to hesitancy about long-term plans to stay. Overall, 84% returned a favourable response to whether they were happy with their decision to move to England.

Conclusion

The individuality, complexity, and magnitude of the decision for international nurses to migrate should not be underestimated. In most cases, nurses travel thousands of kilometres from home in recognition of the potentially life changing opportunities clearly influenced motivations for migration. Whilst the NHS and England remain significant 'pull factors' for international nurses, we must not be complacent. An increase focus on retention strategies should be implemented to ensure international recruits can attain their migration motivation aspirations and establish a fulfilling life living and working in England.

Recommendations

The NHS in England is an attractive employer that is well positioned to recruit international nurses. As an international employer, the NHS offers a range of career openings based on equitable pay, economic rewards and opportunities for continuing professional development. Within a culturally compassionate and professional sociocultural environment, recruitment and integration experiences of international nurses are extremely positive, and our much-valued colleagues thrive. However, this research has also identified areas for improvement.

Please note that this research and the subsequent recommendations do not recognise existing NHS workstreams managing and developing the international nurses experience.

Recruitment

i. Standardise pathways for recruitment across all employers: Recruitment processes must be judicious to ensure all international nurses and their families have equitable access to:
- Accurate social and economic information
- Accommodation packages
- Renumeration and visa applications information
- Pastoral support and community networks

This should be offered to all international nurses, including those arriving through non-traditional routes.

ii. Achieve parity of pay recognition, considering the entry level pay offer alongside a costing framework to ensure awards are equal and transparent.

iii. Recognise, match and reward prior skills and experience of international nurses into employment opportunities based on the range of experiences and qualifications of the individual international nurse.

iv. Widen recruitment policies and where appropriate, appoint or fast-track international recruits to higher bands, and recruit into relevant specialisms.

v. Recognise individualised experiences and integration needs based on the specific migration motivations of the individual nurse.

vi. Further research is recommended to understand the previous qualifications and employment experiences of international nurses recruited to England.

Accommodation and cost of living

vii. Ensure transparent and accurate accommodation and cost of living information is provided to all international recruits pre-employment.

viii. Provide ongoing local support for finding and settling into longer-term accommodation following the initial accommodation offer.

ix. Consider engagement with a broader set of stakeholders such as national landlord associations, housing associations and local authorities, to explore initiatives and find potential solutions to accommodation challenges.

x. Further research is recommended to understand the impact of accommodation needs and cost of living on retention of international nurses.

Mental health and wellbeing

xi. Ensure sufficiently resourced infrastructures are in place to provide 7 compassionate and inclusive pastoral support during international nurse integration and beyond. Pastoral support may also be extended to include families.

xii. Formal and informal processes should be designed into systems to ensure induction processes signpost international nurses to professional support networks and cultural communities.

xiii. Ensure there are safe spaces for international nurses to confidentially voice issues.

xiv. Further research is recommended to explore factors supporting mental health and wellbeing during professional and societal integration.

Language and communication

xv. Provide the infrastructure to support international nurses with local language idiosyncrasies and adapt individual and team learning requirements for successful integration and belonging.

xvi. Provide language awareness programmes addressing regional dialect, colloquialisms, turns of phrase, conversational speeds, abbreviations and medical terminology.

xvii. Further research is recommended to explore the range of approaches used for language integration and any links with successful integration and retention.

Career progression

xviii. Ensure all international nurses have a named mentor and formal orientation and induction periods.

xix. Recognise the prior experiences and build career planning and management conversations into induction processes.

xx. Implement and monitor robust zero tolerance policies involving racism and discrimination.

xxi. Explore formal recognition of academic qualifications and transferability of degrees to England.

xxii. Ensure managers and mentors feel equipped to support the international nursing workforce compassionately and holistically.

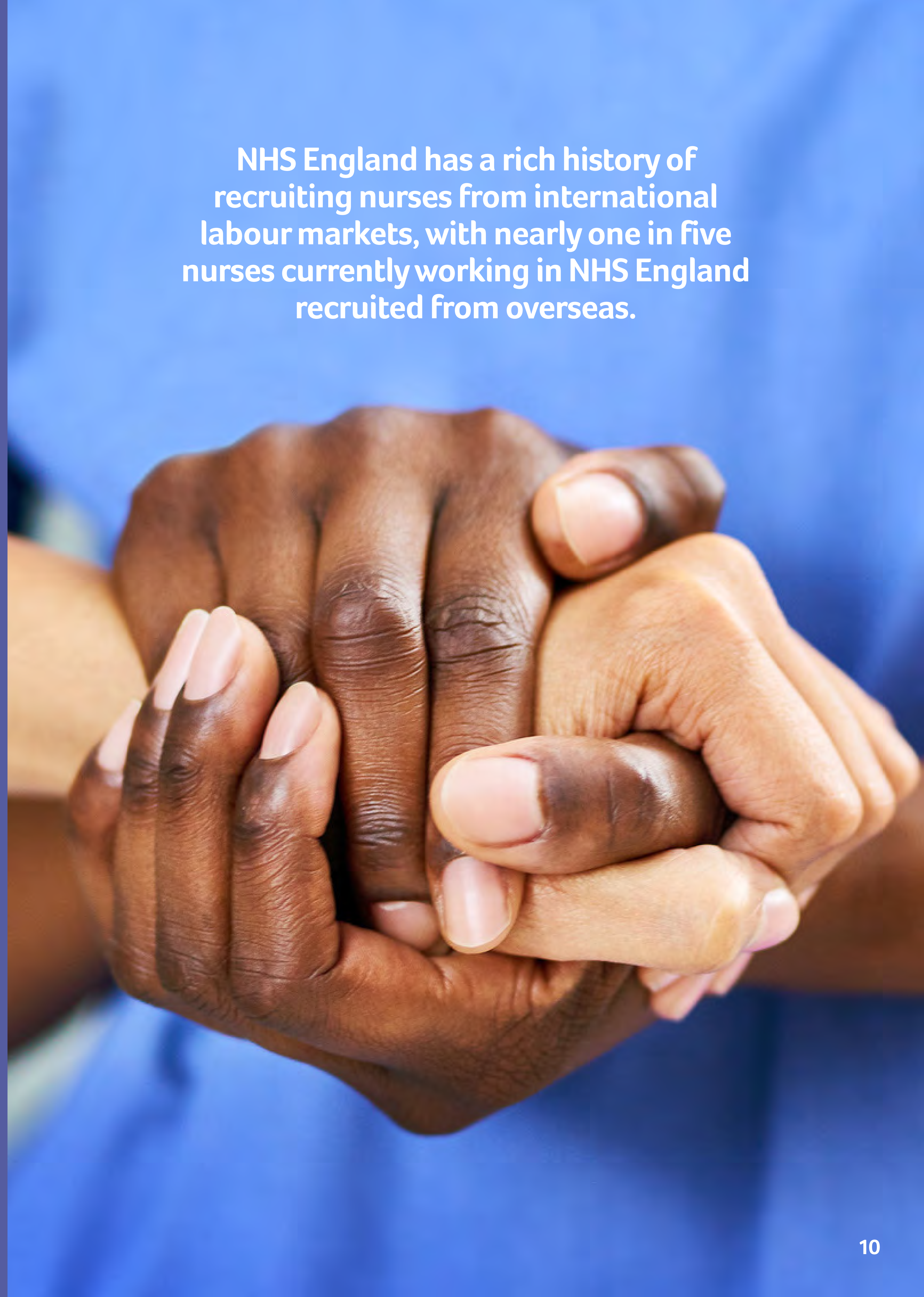
xxiii. Further research is recommended to understand the complex interplay of teams, mentors, line managers and employers and their experiences of supporting international nurses in NHS employment.

Introduction

NHS England has a rich history of recruiting nurses from international labour markets (Nichols and Campbell, 2010), with nearly one in five nurses currently working in NHS England recruited from overseas (Palmer et al., 2021). The NHS is in a prime position to attract international nurses, not least for its advancements in healthcare, established career opportunities, investment in continuing professional development and positive economic factors. Given this, in recent years the NHS has looked to reduce the nurse vacancy position by recruiting international nurses at pace and scale (Holmes and Maguire, 2022).

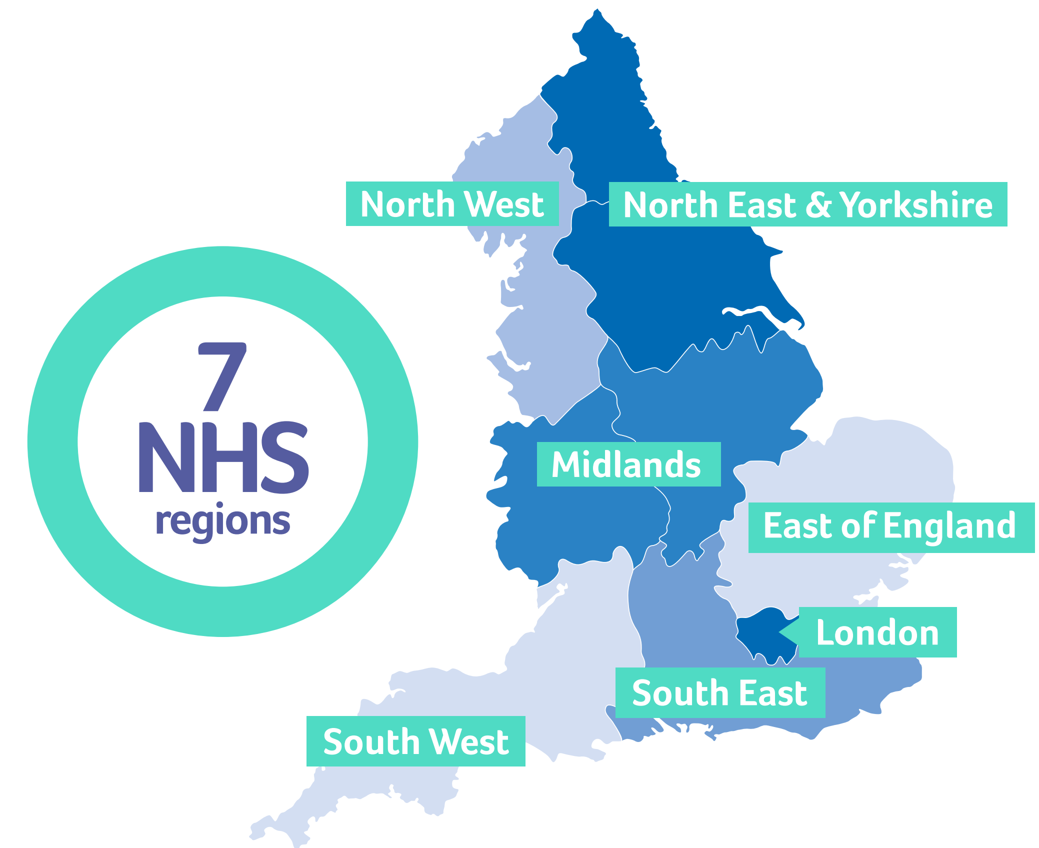
This recruitment strategy has realised a significant rise in internationally educated nurses working in England. Whilst appreciative of the valuable contribution international nurses make to rising health and social care demand and the significant impact their recruitment is making to the nursing workforce numbers, it is felt that warning signs may lie beneath the 'rosier surface' of the recruitment data (NMC 2022)

Overseas nurse recruitment is complex, with international recruited nurses facing many challenges in the process of joining and integrating into the nursing workforce. There is, however, a recognised paucity of high-quality research on the topic of international nursing, with the available research suggesting international nurses experience challenges with integration into the nursing workforce (Nichols and Campbell, 2010; Davda et al., 2018; Bond et al., 2020; Pressley et al., 2022). As numbers of international nurses rise, it is imperative to understand the broad range of factors that impact the retention of this increasingly crucial workforce. Nurse retention is a critical factor of the supply-demand equation, with the biggest gains to the nursing workforce achievable when there are effective strategies in place to retain (Van den Heed, 2013). Within this context, this report was commissioned by NHS England to identify the motivations for migration, the needs and challenges of international nurses and their early experiences within the first four months of initial employment with NHS England.



Methodology

Methodology



To enable the combination and interweaving of quantitative and qualitative data, a mixed methods questionnaire was the research tool of choice. This mixed approach allowed us to gain research breadth, through collecting quantitative data from large number of international nurses, whilst also retrieving in-depth responses and narratives (Creswell and Plano Clark, 2018). Integrating the benefits of both approaches provides the opportunity to utilise the strengths of each methodology to explore research objectives in full and to gain a complete and meaningful picture of the experiences of international nurses (Dawadi et al., 2021).

Design

The mixed methods questionnaire content was developed following a systematic review of the current evidence and designed to explore the pertinent gaps in the knowledge base (Pressley et al., 2022). The draft questionnaire was reviewed for content, accuracy, and quality control by an expert advisory group that included representatives from NHS England, Health Education England, diaspora groups and established international nurses. The questionnaire had eight sections that formed our understanding of international nurse migration as based on learning from previous research (Nichols and Campbell, 2010; Moyce et al., 2015; Bond et al., 2020). The questions sought to explore the international nurses demographic and professional backgrounds, motivations for migration, the application and interview processes, initial arrival and settlement experiences and support, and future plans and aspirations.

Ethics

Ethical approval was received from the University of Huddersfield's School Research Ethics and Integrity Committee prior to dissemination and analysis. The research was confirmed by HRA decision tool as not requiring HRA/IRAS approval, as it was not medical research or a clinical trial and did not involve service users. Informed consent was required prior to completion of the questionnaire which reassured respondents that confidentiality and anonymity would be maintained, and individuals would not be identifiable in any reports or other documents resulting from the research.

Data collection

The electronic questionnaire (managed and disseminated by Qualtrics software) was distributed from November 2021 to February 2022 through gatekeepers (system leads and associated networks) across all seven NHS regions in England (North East & Yorkshire, North West, Midlands, East of England, London, South East and South West).

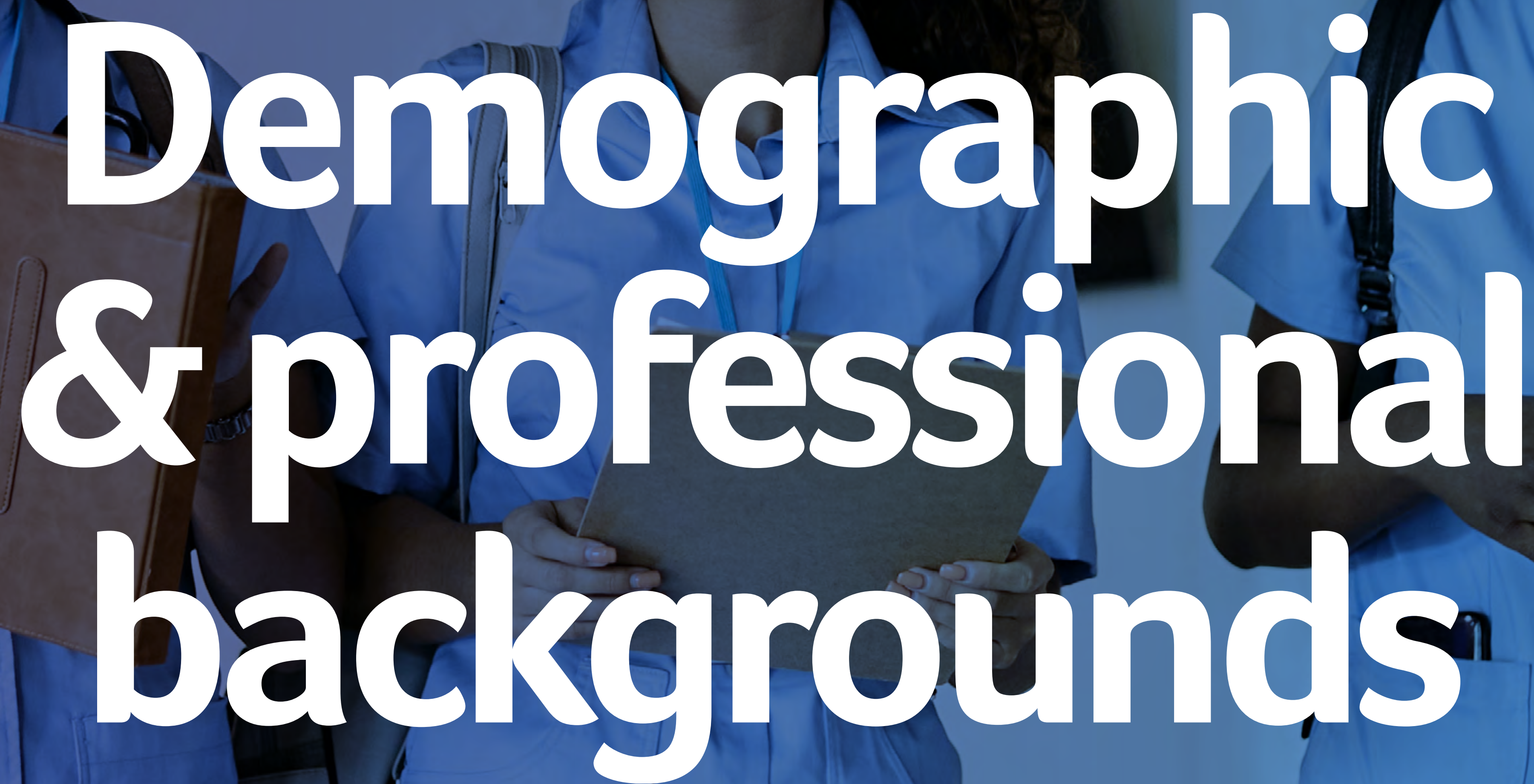
Data analysis

Descriptive analysis and crosstabulation provided the initial analysis of the quantitative data. Associations between factors of specific interest collected in the survey were analysed using inferential procedures to assess generalisability of associations to the wider population of international nurses. For the purposes of this analyses, Likert-style survey items were dichotomised into positive responses (strongly agree or agree) versus a neutral response (neither agree or disagree) and negative responses (disagree or strongly disagree).

The following associations between categorical predictors and outcomes were assessed for significance using the chi-squared test for association: country/region of origin (categorised as Africa, India, Philippines or Rest of the World) versus motivation factors, route of entry to work in England (categorised as via agency, on an individual basis, or other), satisfaction with decision to move to England, whether applicants found the application timely and affordable, and communication ability; satisfaction with accommodation versus family status (categorised as children under 18 years in England or no children under 18 years in England). The direction of any effect was noted, and the magnitude of any effect was reported using the phi-statistic. Associations involving items measuring motivation were reported for each such item on an individual basis. The associations between the outcome of satisfaction of decision to move to England and multiple and/or numerical and predictors and categorical outcomes were assessed using logistic regression methods.

Two analyses were conducted using: age and motivation; and family status (categorised as on the left) and marital status (categorised as single/divorced/widowed/separated or married/living with partner) as predictors. Significance levels, odds ratios and associated 95% confidence intervals were reported for all analyses.

Qualitative data extraction processes were formed following Braun and Clarke's (2006) six phase inductive thematic review process to identify, analyse and report patterns and themes in the research findings. An initial and open coding process was thus established using NVivo qualitative data analysis software, to classify the categories of information emerging from the research findings. As coding developed it became clear that overlap was present, and codes were collapsed, and initial themes identified and compared against the quantitative findings. Final themes were presented to the project advisory group who informed the development of recommendations.



Demographic & professional backgrounds

Demographic & professional backgrounds

Introduction

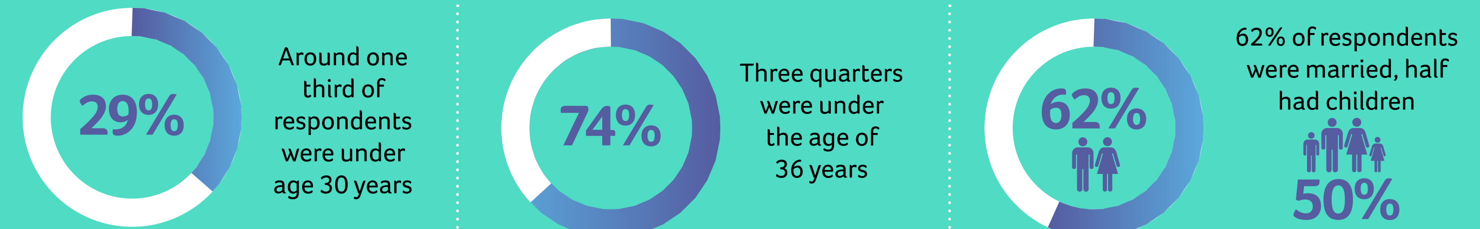
This, the first findings chapter presents the demographic data completed by the respondents to allow an overview of the profile of our sample of international nurses. Respondents' information was collected in terms of age, gender, family status and countries of origin. The chapter explores work experiences and qualifications alongside the countries they had worked in as nurses previously.

Key learning points

International nurses were predominately recruited from African countries, India and the Philippines; just one was from the European Union.

Country	Number	Country	Number
Antigua and Barbuda	1	Nepal	1
Australia	1	Niger	1
Austria	1	Nigeria	120
Belarus	1	Pakistan	7
Botswana	1	Philippines	149
Brazil	1	Saint Vincent and the Grenadines	1
Cameroon	1	Saudi Arabia	4
Chile	1	Singapore	1
Cote d'Ivoire	1	Somalia	1
Dominica	1	South Africa	1
Egypt	1	Trinidad and Tobago	4
Ghana	26	Uganda	2
Guyana	2	United Arab Emirates	1
India	252	United States of America	1
Indonesia	1	Zambia	1
Kenya	18	Zimbabwe	49
Lesotho	1		

Around one third of respondents (29%) were under age 30 years and three quarters (74%) were under the age of 36 years. 62% of respondents were married, and half (50%) had children. 70% of the respondents with children had however, migrated to England alone, yet 94% said they would have liked their families to have travelled with them.



70% of the respondents with children had migrated to England alone

94% said they would have liked their families to have travelled with them

78% of international nurses had been qualified over five years and almost half (48%) had been qualified for more than ten years prior to migration. Many respondents had previously worked in senior nursing positions and 62% had worked as a nurse in one or two different countries prior to migrating to England.

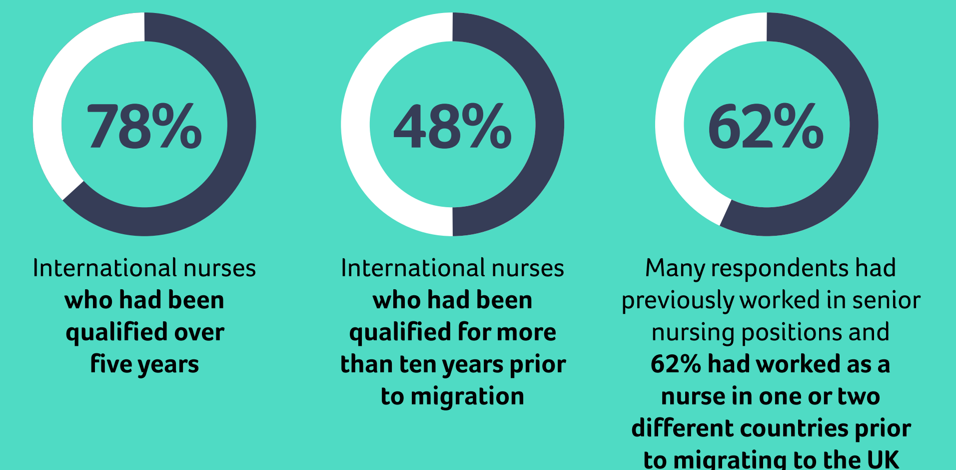


Figure 1: Age profile

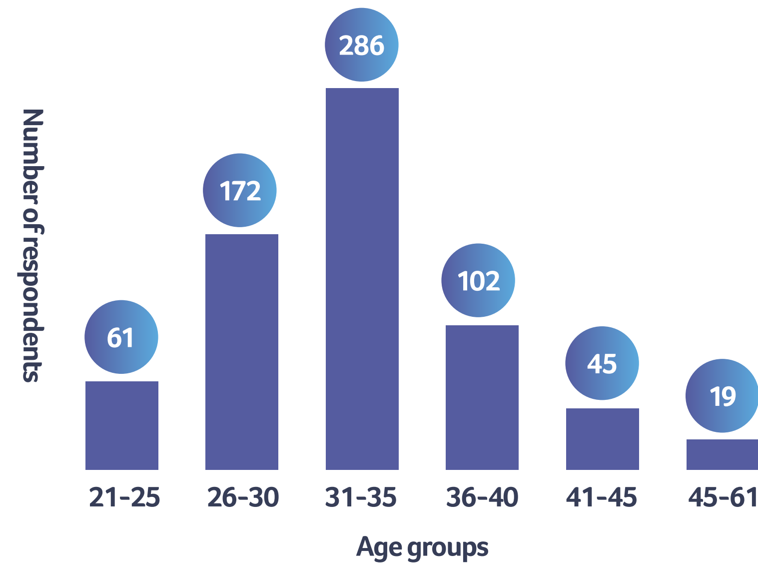


Figure 2: Gender split

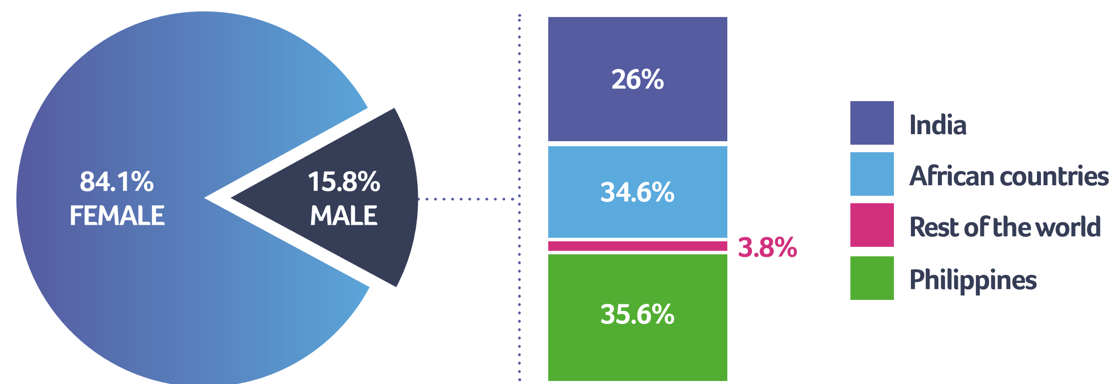
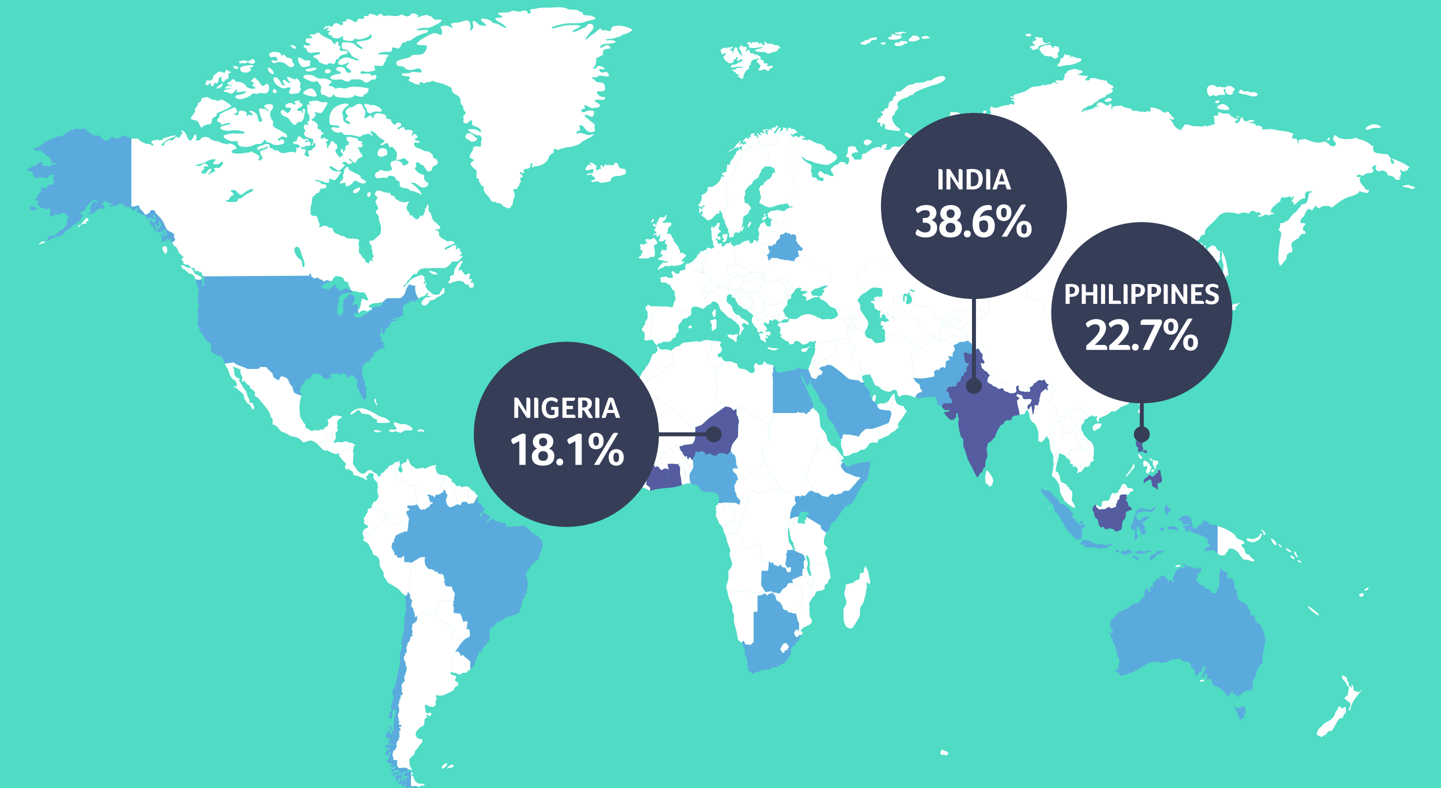


Figure 3: Countries of origin



Country	No.	Country	No.	Country	No.	Country	No.
Antigua and Barbuda	1	Dominica	1	Niger	1	South Africa	1
Australia	1	Egypt	1	Nigeria	120	Trinidad and Tobago	4
Austria	1	Ghana	26	Pakistan	7	Uganda	2
Belarus	1	Guyana	2	Philippines	149	United Arab Emirates	1
Botswana	1	India	252	Saint Vincent and the Grenadines	1	United States of America	1
Brazil	1	Indonesia	1	Saudi Arabia	4	Zambia	1
Cameroon	1	Kenya	18	Singapore	1	Zimbabwe	49
Chile	1	Lesotho	1	Somalia	1		
Cote d'Ivoire	1	Nepal	1				

Population sample

705 nurses responded in total with 655 responses considered admissible (93.0% of all responses). Responses considered inadmissible were who were UK-trained nurses (n=32) and responses partially completed up to the end of the first section (n=18). To be included in the sample, respondents had to meet the following criteria: (i) an international nurse recruited to work in an NHS England organisation and, (ii) be within four months of employment.

Age and gender split

Reflective of international labour migration more broadly (de Haas et al., 2019), the sample of international nurses comprised a broad range of ages with the youngest at 21 years and the oldest at 61. The average age was 33 and 74.4% of respondents were younger than 36 (figure 1).

The gender distribution was similar to all nurses who joined the Nursing and Midwifery Council (NMC) register for the first time between March and September 2021 (85.2% female versus 14.8% male) (NMC, 2022). However, respondents to our survey slightly differed to new NMC joiners by involving a slightly higher proportion of males (15.8% in our survey versus 14.8% in the NMC). The male respondents in our survey were from the Philippines (35.6%), African countries (34.6%) and India (26.0%) (figure 2).

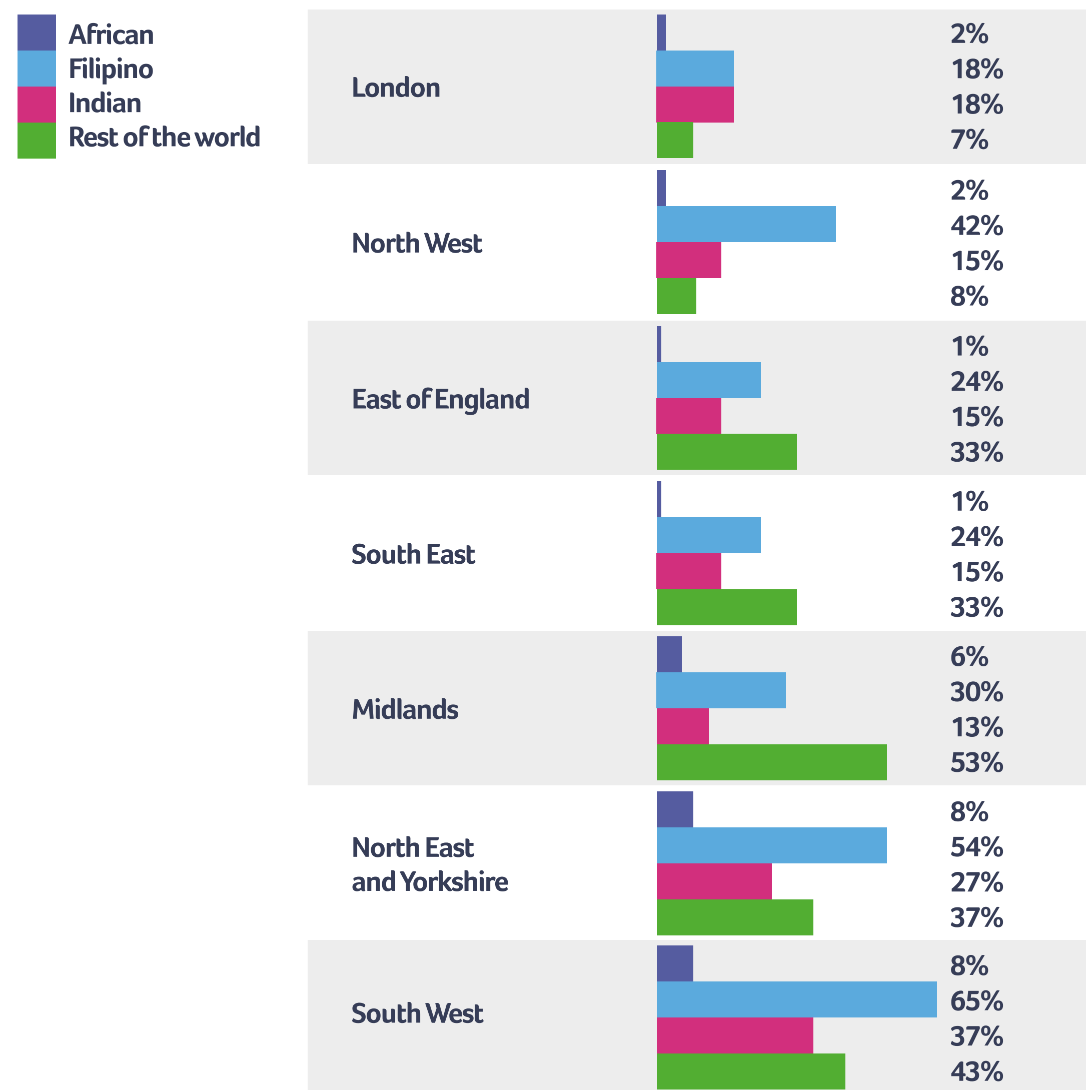
Countries of origin

Historically, NHS England has benefited from the recruitment of nurses from a broad range of countries. The international nurses in our sample were born in 33 different countries (figure 3). Notably however, these were countries outside of the European Union (only one respondent was born in an EEA country), a feature reflecting the shrinking pool for international recruitment in the European Union since the 2016 Brexit referendum. Over a third of the sample was born in India (38.6%), followed by the Philippines (22.7%) and Nigeria (18.1%). This is consistent with wider patterns of countries who have supplied nurses, with the Philippines a major global supplier of nurses for several decades, followed by India and countries within West Africa (Trines, 2018).

Family status

Around two thirds (62.4%) of respondents were married, and just under half (49.7%) said they had children aged eighteen or under. However, around 71.4% of these respondents said they lived without their children in England. 94.0% of respondents with children aged eighteen or under said they would have liked their families to have travelled with them.

Figure 4: Nationalities per NHS England regions



Regions of work

The respondents were geographically dispersed across all regions of NHS England (figure 4)

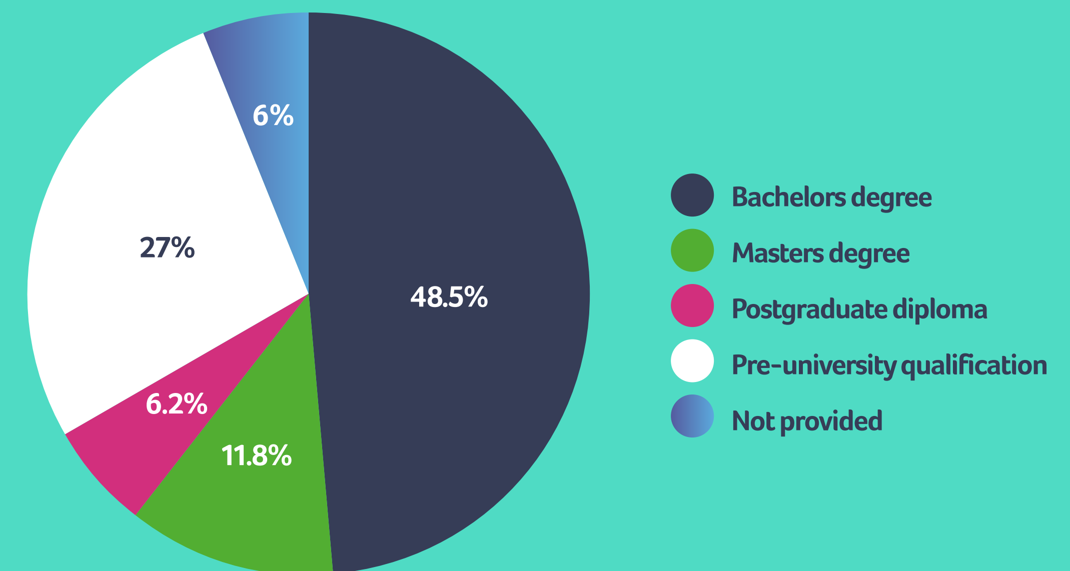
Professional experience and academic qualifications

Respondents were asked what year they had achieved their first nursing qualification. The results showed that over 78.3% of the whole sample had been qualified for over 5 years, 48.8% over 10 years and 12.8% over 15 years (figure 5).

Exploring the seniority of their previous nursing roles, 51.0% reported that they had worked to a staff nurse/RN level, 18% at senior clinical level, 6% as a manager and 3% worked in specifically in educational roles. Just under a third (30.2%) were qualified in two or more areas of nursing. Around half of respondents (48.5%) were found to hold a bachelor's degree as their highest degree, and 18.0% held either a master's degree or a postgraduate diploma (11.8% and 6.2% respectively). Most of these academic qualifications were in nursing or related areas of study (figure 6).

Figure 5: Year of First Nursing Qualification

Figure 6: Academic qualifications



It is worth highlighting the equivalency of overseas academic degrees with the UK degree system. In India, Ghana, South Africa, Zimbabwe and Kenya, a bachelor's degree in nursing is considered equivalent to a UK Bachelor's degree in nursing, whilst a bachelor's nursing degree awarded in the Philippines would be considered equivalent to a UK foundation degree (unless awarded from a recognised University in which case it is considered equivalent). In Kenya, a master's degree is considered equivalent to a UK Master's degree, whereas in the Philippines a master's degree graded 'good' is considered equivalent to an UK Honours degree (European Network of Information Centres (ENIC), 2022)

Working in other countries

86.6% of nurses had experience working in another country as a nurse prior to employment in England (including their country of origin). 20% said they had worked in either their home country such as the Philippines or India and also one or more countries in the Gulf Cooperation Council (GCC) (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates). When combined with nurses who had worked only in the GCC after qualification (and not their country of origin), this equates to around a third of all respondents (32.9%) having worked in the GCC prior to onward migrating to England. The nuance of international nurses working in England as a second or third country of employment is a new insight and calls for closer inspection of the assumption that nurses are recruited directly from low and middle-income countries such as India or the Philippines.

Migration Motivations

Migration Motivations

Introduction

This chapter examines the nurses' motivations for migration and aims to understand the individual importance of these differing factors. Drawing on quantitative and qualitative data, the chapter explores the importance of career progression, pay and salary, achieving a better quality of life and personal circumstances in shaping international nurses' decisions to migrate.

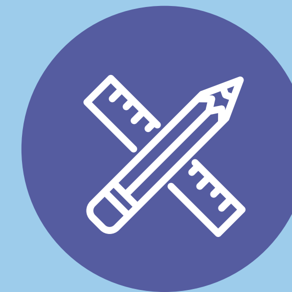
Key learning points

The desire to work in an advance healthcare system and status of the NHS is a pull factor for many international nurses. However, England was not the first-choice country of 18% of respondents.

Factors that improve quality of life and primary motivators for migration for 86% of respondents...

Free health care

Work-life balance

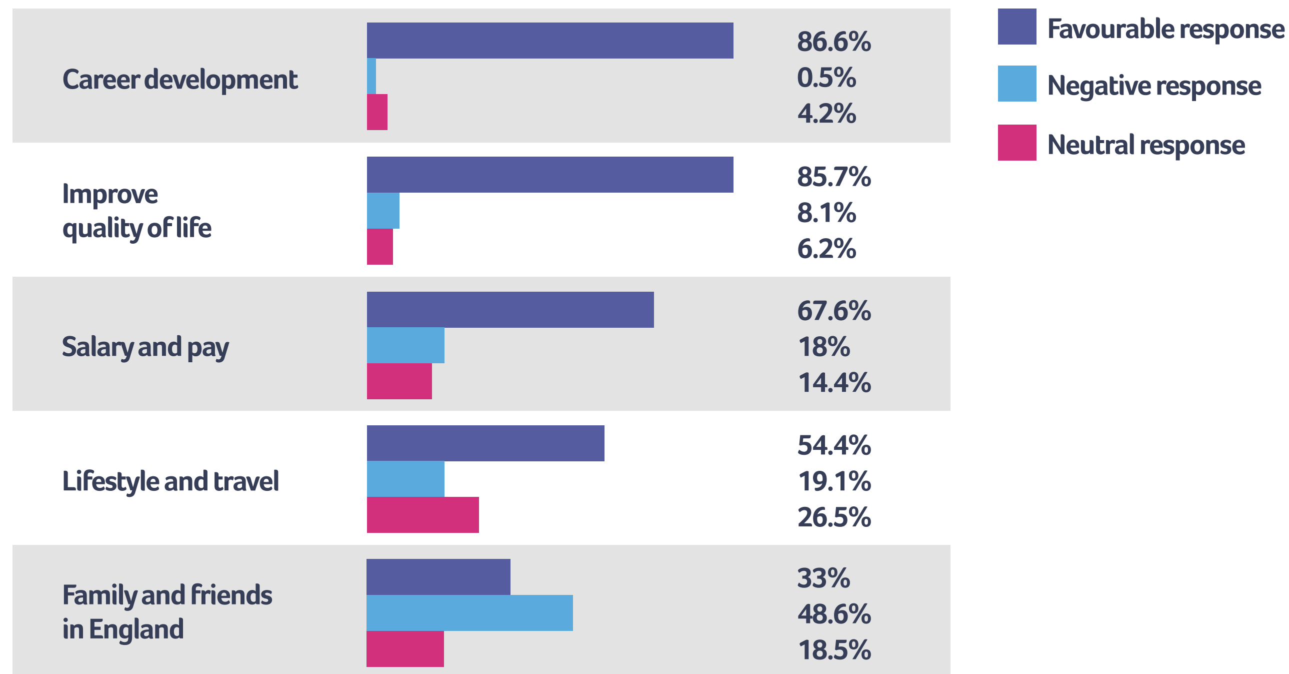


Good quality education for children

Safe place to raise a family

The need to improve salary and economic circumstances were not the highest motivators for most survey respondents (49.7% of Filipino respondents, 40.6% of African respondents and 38.0% of Indian respondents). It is tendered that nurses choose to work in England for career progression and improved quality of life before salary and pay.

Figure 7: Motivations for migration



Career progression

The survey questions sought to uncover respondents' motivations for migration and understand the importance of differing reasons (figure 7).

86.6% stated their migration to England was shaped by desires to develop their nursing careers. In the qualitative comments, the nurses discussed career progression within the NHS as a significant motivator to travel and work in England, citing job stability and the opportunities of career opportunities within specialist practices, specific examples including mental health and cardiac nursing, or progressing into management or education positions:

> "I am ambitious…and hopefully could achieve advancement through the NHS...

Another nurse reported

> "My ambition is to work in one of the best healthcare systems in the world providing a first-class care without discrimination.

Further qualitative comments included being able to work in a developed country with state-of-the-art technology, providing high quality of care and being able to learn cutting-edge skills. This was appreciated in part, by comparison to the few opportunities to develop nursing careers in their countries of birth, as well as under-resourced healthcare systems and challenging working conditions. The odds of a respondent being *'happy with their decision'* to move to England were approximately 3.5 times higher for nurses who had decided to migrate to England to primarily advance their nursing career.

Whilst many respondents (75.2%) said England was their first-choice nation to work in as an international nurse, around one-in-five (17.8%) said England had not been their first choice. Of these, their first choice was either Australia, Canada, New Zealand, or the United States, highlighting the appeal of working in developed countries with advanced healthcare systems. It is not possible to ascertain the reasons why they did not initially choose to work in England. However, it is possible to speculate that increasing competition between countries for international nurses in developed English-speaking countries, and the comparatively low pay offer in England (Palmer et al., 2021), may make other countries appear more attractive to new international nurses, although some did say that their motivation was grounded in the practicalities of the application process which was easier to apply for in England in comparison to other countries.

Quality of life

The desire to improve quality of life was also a primary motivation for migration, with 85.7% returning a favourable response to this survey question. The odds of a respondent being *'happy with their decision'* to move to England were approximately 2.4 times higher in nurses who had decided to migrate to England to improve their quality of life. In the qualitative responses, factors influencing their personal quality of life included free health care, work-life balance and general improvement of living standards. Nurses also highlighted the UK's good quality education for children with some believing that the UK was the best place to raise a family. A safer, secure life was the wish for some, highlighting the instability and security concerns in their country of origin.

> "[I came to England] to work in a society that protects my rights, appreciates the work I've done, pays me well and offers a work life balance.

> "The security issues in my country. I feared for my children's future and needed … a secure place to bring up my children.

Improve salary and economic conditions

The need to improve salary and economic circumstances received a slightly reduced number of favourable responses. This factor was motivator for some but not a high motivating factor for the majority of all survey respondents. Filipino nurses were substantially more likely to respond positively to the statement that their decision to migrate to England was motivated by the desire to improve my own salary and economic circumstances than nurses from elsewhere; particularly those in the rest of the world category. Nearly half (49.7%) of Filipino respondents strongly agreed that their migration was shaped by a need to improve their salary and economic circumstances, compared with 40.6% of African respondents and 38.0% of Indian respondents.

In the qualitative responses, nurses explained how they came to England either to be with family/friends or wanting to financially support their families 'back home' or, longer term, to bring their family to live in England. However, the desire to improve salary and pay was discussed as one of many factors that influenced migration. Not all international nurses come to England purely for economic reasons: indeed, one respondent reflected that ...

> "...we actually earn more from where we previously worked but the UK offers a better life

Personal circumstances

In contrast, respondents were less likely to agree with *'desire to travel and experience a different lifestyle'* or *'having family and friends in England'*, as statements that explained their decisions to migrate (respondents returned higher rates of neutral/negative responses to these items than to other items).

It was noted that predominately, younger international nurses, who had worked as an international nurse in a country before migrating to England, answered favourably to statements that having family and friends in England motivated their migration. Filipino nurses were also substantially more likely to respond positively to the statement that they decided to migrate to England because they liked to travel, compared with African or Indian nurses.

Years of experience was also revealed to be significantly associated with motivation-related items. In all areas, older nurses were less likely to report positive responses to the motivation questions, with each year of experience associated with a reduction in the odds of a positive response.

Application and arrival experiences

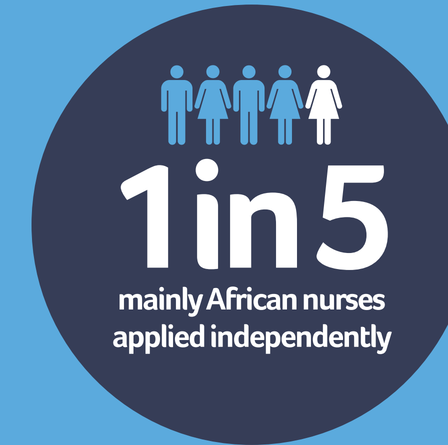
Application and arrival experiences

Introduction

This chapter explores the experiences of nurses from application stage to arrival in England. This chapter addresses how nurses are recruited, their travel and arrival experiences and challenges with settling and finding accommodation in England as new arrivals.

Key learning points

Many respondents were recruited via agency or through Trusts, however, 20% (1 in 5) mainly African nurses applied independently. Most respondents said the application process was clear and understandable (80%), yet there were concerns over pre migration affordability of the application process and noted disparity in recruitment practices across systems.



Over 50%
felt prepared to start a new life in England

Nurses said they felt prepared to start a new life in England and around half (51%) agreed they had a good understanding of British culture before making the journey. **On arrival, nurses described integrating with a different culture and environment as 'sometimes difficult', with some nurses feeling isolated, anxious, and stressed.**

One of the greatest concerns highlighted by over 200 respondents was accommodation. Many employers provide accommodation for the initial period of employment; however, nurses then must find ongoing housing for themselves within local private-rented housing markets. Finding appropriate and affordable accommodation was a particular worry for those wanting to live with their family.

Accommodation was the greatest concern for over 200 respondents

Figure 8: How respondents applied for their jobs

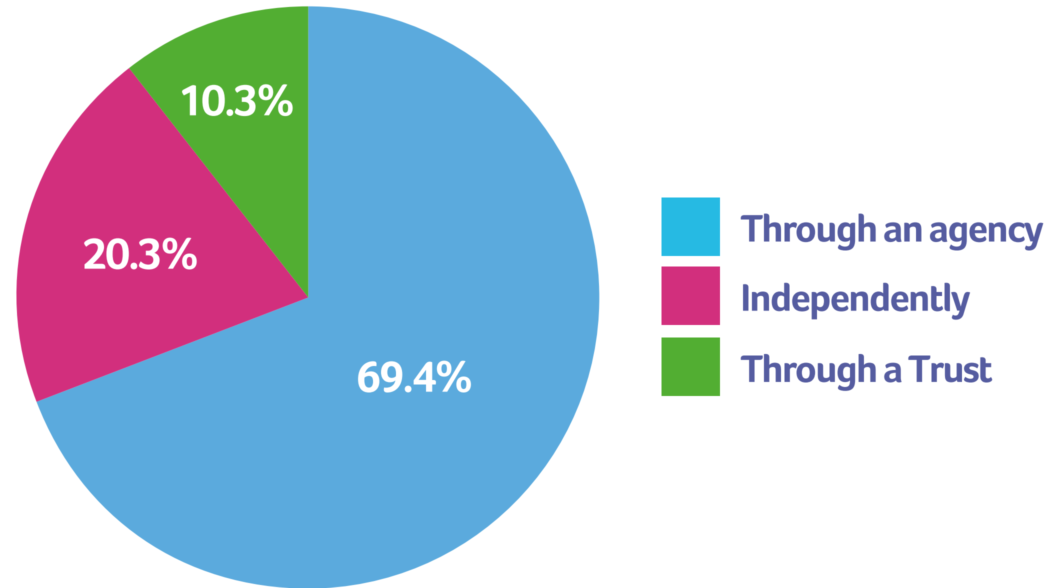
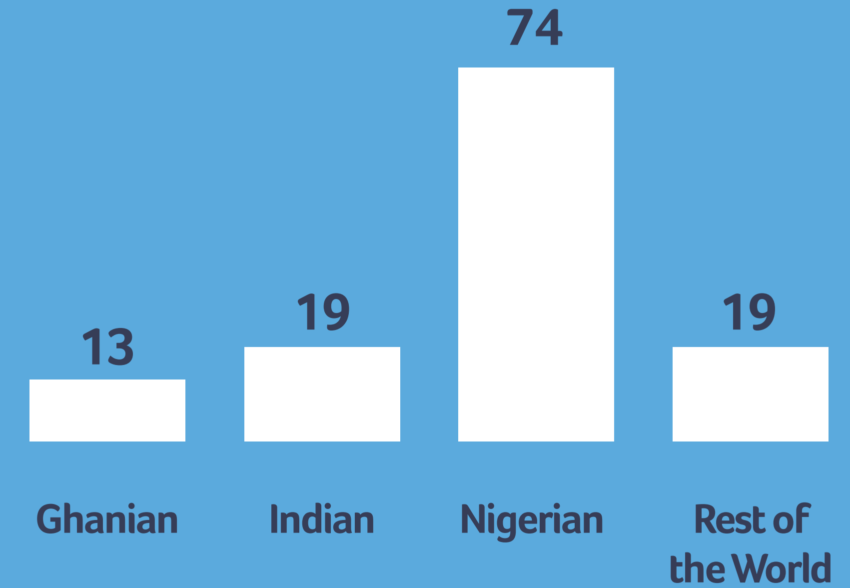


Figure 9: Nationalities of respondents who applied individually (as total number)



Recruitment processes

International nurses working in the NHS in England are known to be recruited through an external recruitment agency or directly by a Trust (Palmer et al., 2021). The majority of respondents travelled to the UK of their own accord, that is without being targeted by a third party, such as a recruitment agency or employer, applied for their job through an agency, whilst around 10% nurses in total said they were directly recruited by a Trust (figure 8).

Around 20% applied independently. Interestingly 92 of the 125 nurses were from the WHO 'red list' countries (Ghana, Nigeria, Pakistan, Somalia and Uganda). Of these the largest number were from Nigeria (figure 9). The red list does not prevent individual health and social care personnel from independently applying for employment.

Application processes

Many respondents returned a favourable response to the statement asking whether their application process was clear and understandable (80.0%). Remaining consistent with quantitative findings, the qualitative feedback found the application clear, understandable and timely, with the process on average taking from 3 to 6 months. Application experiences with agencies and employers were in general positive, and any delays were not system-related and reported to be because of the pandemic or individual health issues, although some frustrations were reported with delays in HR replies to emails.

Exploring affordability of recruitment processes received more positive (68.4%) than negative (12.9%) responses (the remaining provided neutral or no answer). There were, however, some noted disparities in practices across the systems. Of the respondents who indicated that the application process was affordable, for those who could not afford upfront fees some agencies gave loans or employers provided refunds/ reimbursements on commencement of employment.
Others reported only partial, or no up-front fees were required as visas and plane tickets were paid for by their employers.

Conversely, over 100 respondents reported challenges with the affordability of the application process. These challenges were recognised in terms of the requirement of up-front funding. Affordability was reflected in terms of the financial challenges of a nurse from their country and the process being financially demanding from application to arrival in England, in recognition nurses are being recruited from developing countries with low economic statuses. Two nurses from Zimbabwe said they had to sell assets to finance the overall application-to-arrival costs, although two other nurses said their Trusts had refunded these costs once they had commenced employment.

Initial arrival experiences

Around three in four nurses (74.7%) returned a favourable response when asked whether they felt prepared to start a new life in England prior to travelling, and around half (50.8%) agreed with the statement that they had a good understanding of British culture before making the journey. Moreover, 77.3% responded positively to a question probing their satisfaction with their travel to England. Despite some reported challenges due to the pandemic and quarantines, overall qualitative responses were also, in the main, positive.

In the qualitative responses, nurses talked about how being away from family and friends and integrating with a different culture and environment was a big decision that could be very difficult. Like most of us, family was one of their priorities and many respondents highlighted their concerns about leaving their children back home. The nurses talked about missing family and children, and not being able to feel settled whilst being away from children and relatives or until their family were able to join them. There was some recognition of the difficulties of reuniting family in England due to visa problems, an experience which, overall, resulted in feelings of isolation, anxiety and stress. The example below is typical of the mental health impacts of missing family and 'home' following initial arrival in England:

> For the first few months, I was depressed if not for the support of my family and friends who were back home.

However, many respondents described positive elements that stemmed from efforts by employers to make overseas recruits feel welcomed upon arrival. These included being met by an enthusiastic team at airports, timely transportation to accommodation where they were given something to eat, shown around the local amenities such as churches and shopping facilities, as well as the practicalities of registering with GPs and opening bank accounts. In the survey responses, 77.2% felt they understood what would happen once they arrived in England. It therefore appears practical, accurate and importantly truthful information about what to expect and what is required prior to arrival is key to a successful arrival experience.

Accommodation

One of the greatest concerns highlighted in the open comments by over 200 respondents was the challenge of finding accommodation in the early arrival stage. Many employers seem to be providing accommodation for the initial period of employment as part competitive offer to new recruits. Most recruits were content with the offer, but some did highlight the challenges of being placed in accommodation away from the place of work and lack of timely public transport which led to worries and anxieties.

After an initial one to three months employment, international nurses are frequently expected to find ongoing housing for themselves within local private-rented housing markets, something that was particularly difficult for some to arrange. The reported concerns were mainly around availability of suitable accommodation, landlords' requests for guarantors and credit checks, as well as difficulties associated with costs (including both up-front fees and monthly rent and utility costs). These experience in turn appeared to cause significant worries:

> Everything is going on smoothly except for accommodation … rentals where I am working are too expensive and the houses are not easy to get…

> The only problem I face here in UK is renting a house which is next to impossible and expensive too. Long story short, people like us who do not have any references or who want to bring their family along, have to undergo a great deal of mental trauma finding a roof on our head. Many [letting] agencies simply denied me to rent houses for silly reasons. My intention is not to blame anybody but to put forward my personal struggles in front of you so that nobody else should go through what I have to…

Finding appropriate and affordable accommodation was a particular worry for those wanting to live with their family. Some felt their inability to secure appropriate accommodation for families and children had limited the possibility of family reunification, whilst others perceived the offer of initial accommodation for the first few months should be extended to a minimum of six months based on the difficulties of finding suitable accommodation. It is difficult to ascertain the potential impacts this has on longer-term international nurse retention; however, qualitative responses did make clear housing and living costs were making it difficult to settle and begin life in England:

> Housing here is very expensive which makes it difficult to settle in.

> I am aware of the quality of expenses and salary grade, yet I still could not ponder the expensive quality of living … I feel like my salary is not enough to start a life here.

> My overall experience [of finding accommodation] is one that has made me encourage others to migrate elsewhere.

Integration at work

Integration at work

Introduction

Following arrival in England, international recruits begin integration with workplaces. This chapter explores this process, beginning with a discussion of the mismatch between previous experiences and current roles and how prepared they felt for their nursing in England. The chapter then examines processes of integration with teams, including how welcoming staff were and whether they were expecting them on their first day. The chapter also explores communication barriers, perceived levels of discrimination and experiences of receiving support.

Key learning points

25% of respondents felt their previous knowledge and experience was not recognised.

Many were limited in choosing their area and speciality of work and often international nurses were recruited at the same pay level as new-to- the-register domestic nurses. This mismatch between previous experiences and current roles left some international nurses feeling unsettled, dissatisfied, and frustrated.

Over two thirds (67%) said initial training programmes enabled them to feel ready to work in NHS organisations.

67%

That said, communication remains one of the most cited challenges to integration into clinical settings, with almost two thirds of respondents having English as a second language: conversation speed, accents, abbreviations, and local slang were described as the main barriers to communication.

56.4%

On the whole, nurses deemed themselves welcomed by managers, colleagues and teams. Nonetheless, just over one in two nurses perceived themselves as valued by teams and settling into their new roles (56.4%) and some found the process challenging.

Of nurses who responded to the question, 72% returned a positive response when asked whether they felt the NHS understood their challenges and had provided them with excellent support. This support included pastoral care, training and development opportunities and involvement in specific staff networks. For most, support exceeded expectations: yet of those who felt they had experienced limited support, this was tied closely to creating negative mental health outcomes.

72% returned a positive response when asked whether they felt the NHS understood their challenges

Previous experience

Over 50 respondents discussed the mismatch between their previous knowledge and experience of their new nursing role, with about one in four survey respondents (25.4%) selecting a less favourable response (strongly disagree and disagree) when asked whether they felt previous experience and qualifications were matched by their current role. Many stories were presented about experienced nurses with management expertise or specialist clinic skills that were not recognised or transferred into their current roles. In many cases, international nurses were being allocated to areas solely based on where the vacancies existed, without consideration of past experience and suitability. In one case, an international nurse who had decades of nursing experience outside of UK was placed in a graduate programme designed for newly qualified nurses:

> I am in the graduate programme, which is meant for newly qualified nurses, however I have close to two decades of nursing experience and ten of these have been in critical care.

Limited freedom to choose a specialty area left another nurse questioning her role, and concerned about the lack of structured career pathways for international recruits:

> I feel I am not in the right role and there is no clear pathway for advancement as an international nurse.

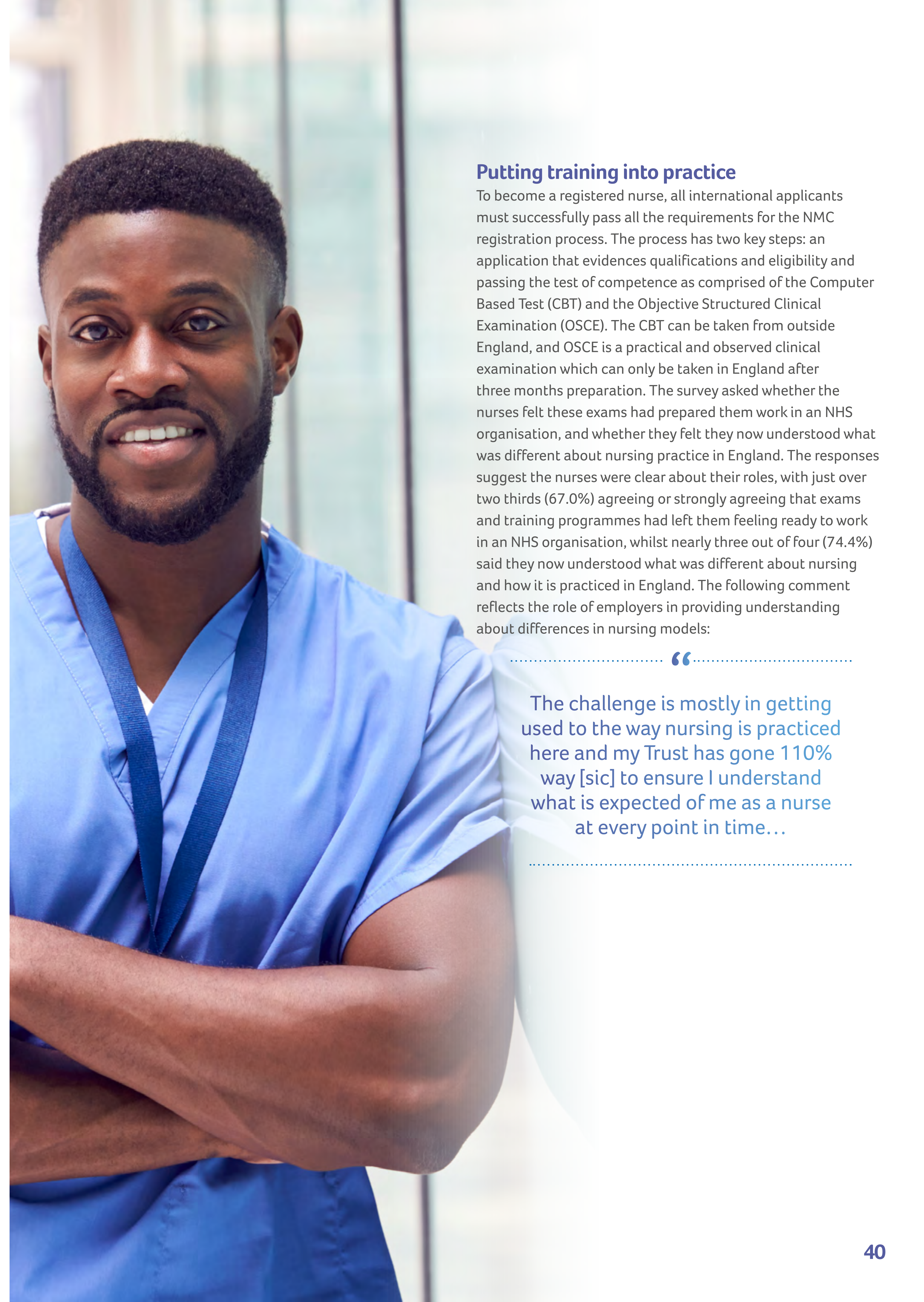
No matter how many years of experience or their previous qualifications, international nurses recruited by the NHS in England seem to be placed in band 5 positions. Lack of recognition of experience and qualifications combined with this entry level pay appeared to leave the nurses feeling unsettled, dissatisfied and frustrated:

> I have 17 years of experience and a nurse who is just passed out of college are kept in the same band 5 with no pay or position difference. This is the reason my first preference [for migration] was USA.

> Having to commence employment on band 5 after 15 years of nursing experience is heart-breaking… I think the NHS should rethink their position on this … I am being paid like an entry-level nurse.

This in turn, led to lack of fulfilment in roles, with some indicating a potential impact on factors that affect international nurse retention such as job satisfaction and decisions to stay in England for the long-term:

> My current role does not satisfy me. My role and payment does not reflect my years of experience, my qualifications and my skills. It is painful and it makes it difficult for me to experience job satisfaction.

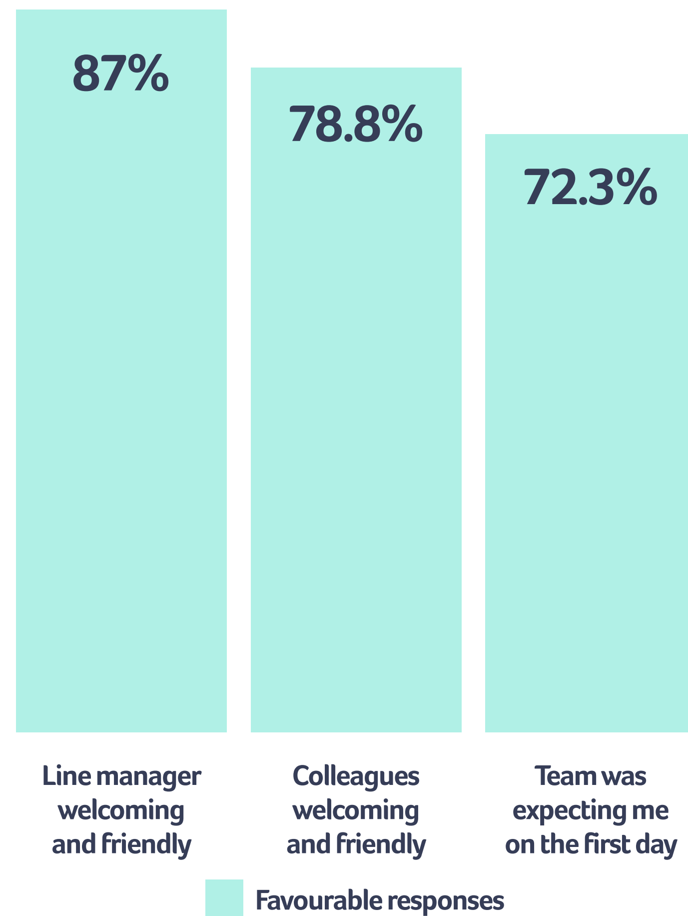


Putting training into practice

To become a registered nurse, all international applicants must successfully pass all the requirements for the NMC registration process. The process has two key steps: an application that evidences qualifications and eligibility and passing the test of competence as comprised of the Computer Based Test (CBT) and the Objective Structured Clinical Examination (OSCE). The CBT can be taken from outside England, and OSCE is a practical and observed clinical examination which can only be taken in England after three months preparation. The survey asked whether the nurses felt these exams had prepared them work in an NHS organisation, and whether they felt they now understood what was different about nursing practice in England. The responses suggest the nurses were clear about their roles, with just over two thirds (67.0%) agreeing or strongly agreeing that exams and training programmes had left them feeling ready to work in an NHS organisation, whilst nearly three out of four (74.4%) said they now understood what was different about nursing and how it is practiced in England. The following comment reflects the role of employers in providing understanding about differences in nursing models:

> The challenge is mostly in getting used to the way nursing is practiced here and my Trust has gone 110% way [sic] to ensure I understand what is expected of me as a nurse at every point in time…

Figure 10: Perceptions of staff on the first day



Integrating with teams

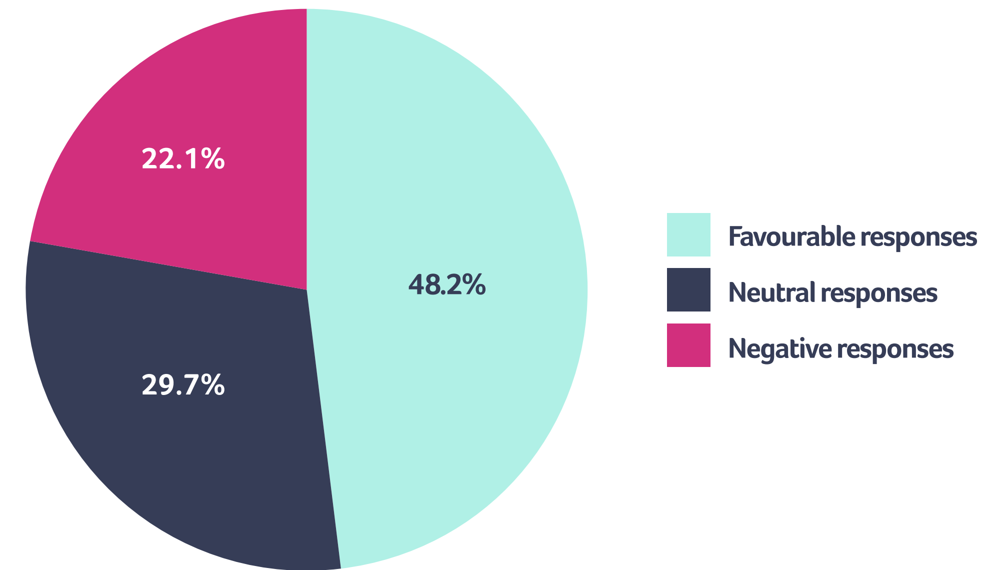
Prior to starting employment, 57.0% of nurses had used email as the main source of communication with employers, whilst an instant messaging app (such as Messenger, WhatsApp or a combination of platforms) was the main method of communicating with international nurses already working in NHS England. This suggest international nurses are organically connecting through social media or through other international nurses already working in an NHS England organisation, as opposed to organisational infrastructure.

The majority of nurses perceived their managers as welcoming and friendly on their first day, with nearly nine in ten nurses (87.0%) returning a favourable response when presented with this statement. The proportion of nurses who perceived their colleagues as welcoming and friendly on their first day was slightly lower (78.8% returned a favourable response, with 15.7% and 2.3% returning neutral and unfavourable responses. The favourable response reduced further when nurses were asked whether colleagues were expecting them and knew they were an international nurse on their first day (72.3% favourable and 11.3% unfavourable). Overall, the favourable category was high, but there was a steady drop-off in the favourable response rate (figure 10).

When asked, just over one in two nurses perceived themselves as valued by teams and settling into their new roles (56.4%). There were however some qualitative feedback from nurses who found the integration process rather more challenging:

> “You constantly have to prove you are worthy and have experience as a nurse in England and it's mentally exhausting to a point you start questioning decision to migrate.

Figure 11: I have no problem understanding accents and slang when I am with my colleagues and patients (n=571)



Language and communication

English was the first language for just over a third of surveyed nurses (35.4%), which comprised predominately of respondents born in countries where English is an official language or used as a lingua franca (e.g., Nigeria or Ghana). Additionally, nearly half (47.2%) spoke two languages (including their first language), with 15.8% speaking three languages and 14.9% speaking four languages. This finding can be contextualised by the high number of languages spoken in the respondents' countries of origins with, for example, there being around 400 languages in India and over 500 native languages in Nigeria (Eberhard, 2022).

Communication remains one of the most cited challenges for the international nurse to effectively integrate into the clinical settings. Whilst all international nurses complete the International English Language Test (IELTs) and can speak and read English to a proficient standard, conversation speed, accent, abbreviations and regional dialects are understood to be the main barrier to communication, as reflected in the following quote:

> “I am still trying to cope with the accent, it seems they are too fast, but I always ask them to repeat what I don't understand during conversation. The employer has been very supportive in every way and that makes easier for me to settle in…”

Just under half of nurses (48.2%) returned a favourable response (agree or strongly agree) when asked whether they had no problems communicating with patients and colleagues. Under a quarter (22.1%) returned a negative response (disagree or strongly disagree) and around a third (29.7%) returned a neutral response (neither agree or disagree) (figure 11). This suggests a nuance in difficulties understanding accents and slangs, perhaps only in some contexts for e.g., with some patients and colleagues but not all.

The association between country/region of origin (categorised as in previous analyses) and whether nurses were able to understand accents and slang when communicating with patients was assessed using a chi-squared test for association. The data is cross tabulated in Table 1.

Country of Origin	Communication is straightforward		
	Yes	No	Total
Africa	95 (50.8%)	92 (49.2%)	187 (100.0%)
India	118 (53.9%)	101 (46.1%)	219 (100.0%)
Philippines	47 (33.6%)	93 (66.4%)	140 (100.0%)
Rest of the World	15 (60.0%)	10 (40.0%)	25 (100.0%)

Expectations
and aspirations

Expectations and aspirations

Introduction

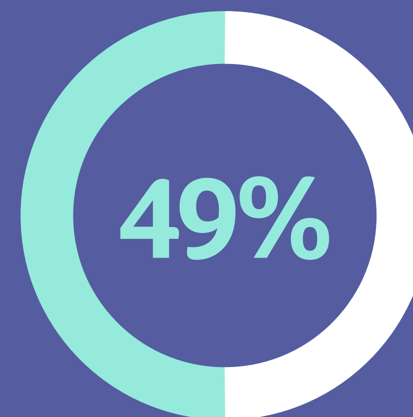
This, the final findings chapter, explores the expectations of international nurses and discusses the development needs required for a smoother integration with clinical settings. The chapter also presents career ambitions and the long-term desires ofinternational nurses to stay living and working in England.

Key learning points

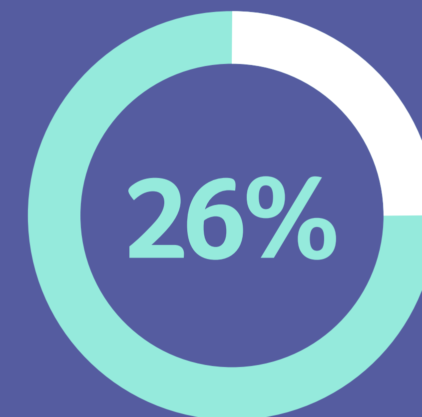
International nurses found balancing preparation and training for the OSCE with starting work in a clinical setting as sometimes difficult. Regarding specific areas of development, international nurses asked for clearer explanation of nursing routines, terminology, abbreviations, specialist equipment and complex processes.

The majority of respondents answered favourably (70%) when asked whether they felt their work aspirations had been formally identified. Nurses reported how longer-term aspirations for career progression in England helped them to cope with the initial arrival period.

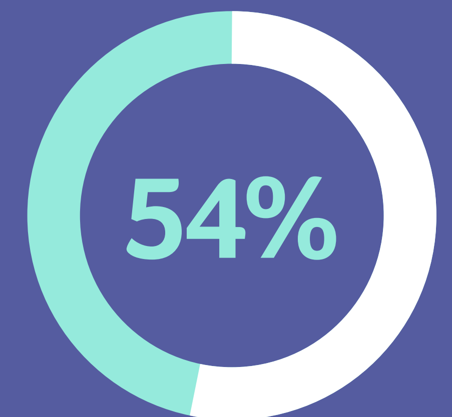
In response to the survey...



The majority (49%) of respondents desired to stay in England for the long term.



Just over a quarter (26%) were 'undecided'.



54% felt settled in their new life.

However, there was a greater spread of responses in the neutral and negative categories, perhaps related to hesitancy about long term plans to stay. Overall, 84% returned a favourable response to whether they were happy with their decision to move to England.

Development needs and career aspirations

The qualitative responses contained rich insights on the development needs of new international nurses in the early stages of work. This included balancing preparation and training for the OSCE with starting work in a clinical setting, with some highlighting the difficulties of finding time to prepare for the OSCE after long working days. Whilst the nurses appreciated the opportunity to work in a clinical setting prior to the OSCE exam, some felt expectations of international recruits during this period should be managed. At a broader level, other suggested their learning needs had not been formally identified.

In terms of specific areas of development, qualitative responses focussed on work-related tasks perceived as different to how nursing is practiced in their countries of origins. This included routines, terminology and abbreviations, and limited understanding about the use of specialist equipment. Understanding information sheets and applying them to practice was raised as an area of concern, whilst others highlighted the difficulties of understanding discharge processes:

> Understanding how patient discharges are done and the process of where they go is confusing, since in our country, they just usually go straight to their homes, so it confuses me here the different support and places patients go once they are discharged.

Survey respondents who were asked whether they felt their work aspirations had been formally identified. The majority returned positive results (figure 13).

In the qualitative responses, the nurses discussed their aspirations for career progression in specialised fields available in the NHS such as nurse practitioner, intensive care to mental health nursing. With the immediate challenges that they faced, one nurse said

> Future aspirations are helping me to cope…

Plans to stay working in England

The majority of nurses in our sample expressed a desire to stay in England for the long-term, with very few nurses making explicit their desire to stay for a set number of years (figure 14).

As the graph demonstrates, an interesting split here was nearly half (49.3%) had desires to stay in England for the long- term, yet over a quarter (26.1%) were 'undecided' (a measure we perceive as representing hesitancy about long- term plans to stay). Similarly, the majority of nurses asked whether they felt settled in their new life in England returned favourable responses (53.5%), although, there was a greater spread of responses in the neutral and negative categories (43.8% when combined) (figure 15).

Respondents were also asked if they were happy with their decision to move to England. Despite the mixed picture this report has presented, 84.3% returned a favourable response, 9.6% returned a neutral response and 3.8% returned a negative response.

Figure 13: I have no problem understanding accents and slang when I am with my colleagues and patients (n=571)

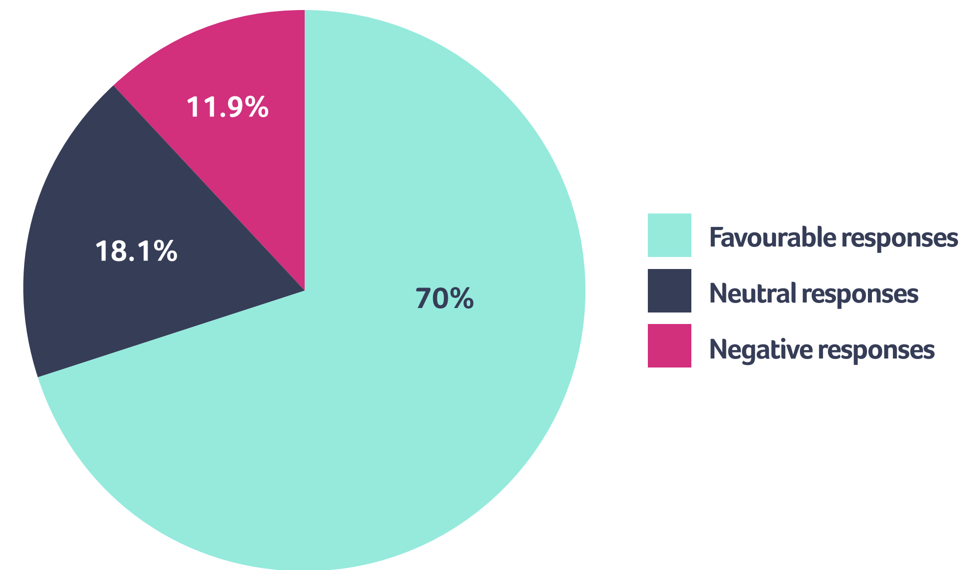


Figure 14: Looking to the future, how long do you hope to stay in the UK for?

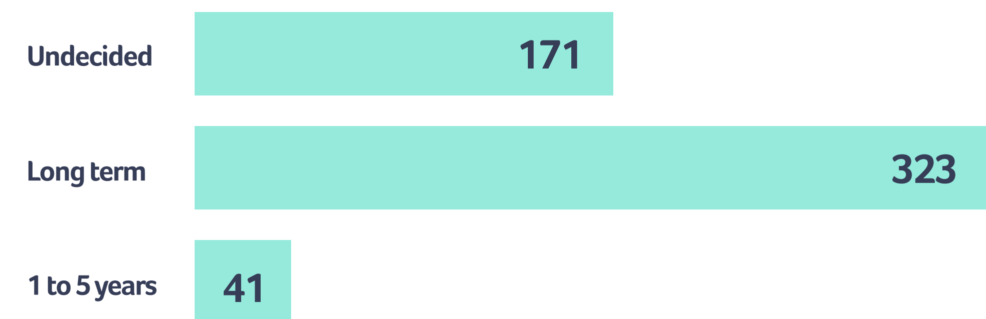
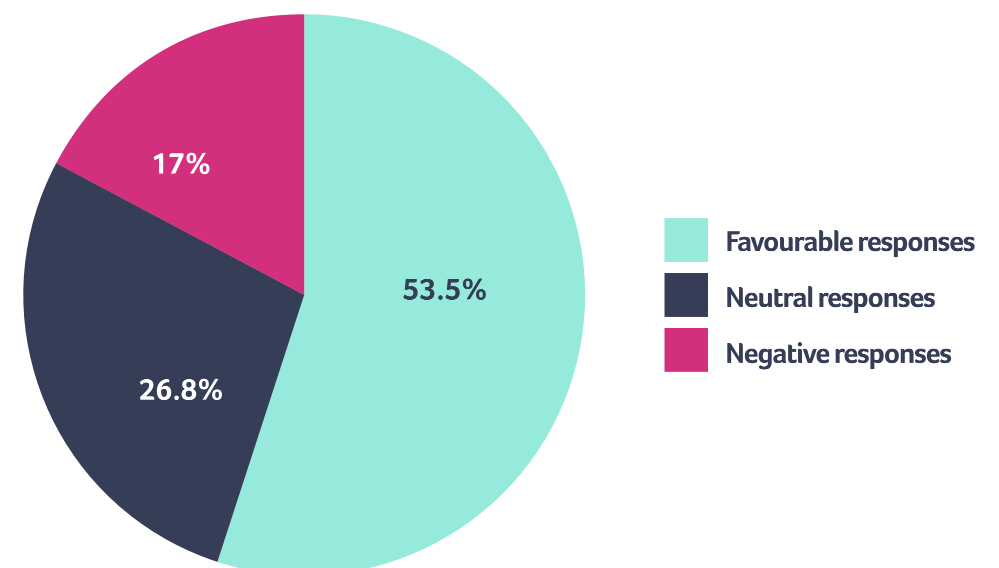


Figure 15: I feel settled in my new life in England (n=600)



Discussion

Discussion

The complexity, magnitude, and life changing impact of any decision to migrate thousands of miles from home, far from family and friends cannot be underestimated. Many international nurses travel to live in England and work for the NHS to advance their career and improve the quality of life for themselves and their families. There are, however, many challenges that international nurses face when moving to a different country. These include different lifestyles, changed working environments (Vafeas and Hendrics, 2018) distinctive professional practices (Jose, 2011; Adhikari and Melia, 2015) and the broader challenges of integrating with new societies (de Haas et al., 2019).

It is recognised that international nurses experience liminality (Pressley et al., 2022): a period of adjustment during the early phase of migration where ambiguity and uncertainty exists. The transitioning period of liminality is where acculturation takes place, and during this time international nurses experience adaptation (Choi et al, 2019). All international nurses have learner needs during this period, which are transient yet need to be individualised and adapted to previous experiences (O'Neill, 2011). The importance of unique learner support for international nurses is essential, alongside individualised career progression to ensure experience and qualifications are effectively utilised (Adhikari and Melia, 2015). The importance of meaningful recognition of prior experience, qualifications knowledge is essential at all stages of international nurse careers for professional esteem and to allow job fulfilment and growth (O'Brien, 2012).

International nurses arrive in England with ambitions of building new lives for themselves and their families. Many arrive with desires to settle in England for the long-term, yet these desires can become hampered by the difficulties of finding suitable accommodation and the challenges of reuniting with their families in England. Migrant populations are known to lackhousing support and often struggle to find safe, decent and affordable rented accommodation in England (Lombard, 2021; Powell and Robinson, 2019). This can be compounded by the difficulties of securing reunification visas for partners, parents and children. These challenges can impact on mental health and wellbeing and may push international nurses into considering migration to other English-speaking countries such as Australia where family reunification is better facilitated (Palmer et al., 2021). Greater consideration about these types of challenges is urgently required, as key areas of societal integration that go unfulfilled may undermine longer-term desires to continue living and working in England (Zhou et al., 2011).

The challenge of communication and language remains an ongoing concern which continues to represent one of the greatest barriers to workforce integration. Even though English language requirements and English test qualifications have been obtained, the role of accents, idiosyncrasies and nuances of language create significant barriers to integration within teams. International nurses linked their inability to communicate in 'small talk' with their colleagues to the challenges of integration and comments about anxiety or isolation (O'Neill, 2011). The variation of accents and dialogues across the NHS regions hints at the potential scale of this challenge and the need for national solutions in response.

Whilst it is acknowledged research in the field of international nurse migration is limited, much is known about other variables affecting experiences and retention of nurses, for example high attrition of younger nurses in early career roles (Stockton, 2021), noted as a similar demographic to the majority of our international respondents. Younger nurses are identified as peripatetic and 'job hopping', and at greater risk of leaving to find employment conditions that best meet their needs. For many of our respondents, working in England was a second or third country of employment, meaning that they had previous experience of migrating to a country not settling and moving on again. This in turn drives up the importance of understanding international nurses' profiles and motivations, alongside their previous experiences, to enable effective aspiration planning to ensure they will stay and thrive working in England (Weninger Henderson, 2019; Shacklock & Brunetto, 2011).

To successfully plan for future workforce and importantly support retention, it is essential that employers understand and are receptive to international nurses' motivations for migration, alongside awareness of the challenges they face in their new and unfamiliar world, not just in the work setting. Employers have an ethical responsibility when considering nurse migration. Whilst the NHS and England remains a significant 'pull factor' for international nurses, we need to note and further understand why England was not the first choice for 18% of our respondents. It is also important to learn from other developed countries such as the United States and Australia who are successfully recruiting international nurses on scale.

The significant impact of migration and the challenges faced by international nurses seems to be affecting international nurses' mental health and wellbeing. In recognition of the lack of research and the concerning narrative received, this is an area for priority exploration and action. Therefore, supporting and maintaining mental health and wellbeing alongside motivated NHS staff could be an important retention factor (Connor et al, 2016; Kishi et al, 2014).

Limitations

The findings of this report should be considered within the limitations of the research itself. Whilst we collected data from a good number of international nurses, we recognise the sample size (n=655) is a relatively small proportion of all international nurses who commenced work with NHS England. Whilst the sample may not be wholly representative, we do, however, believe it is large enough to make some valid generalisations to the wider population.

Whilst we are confident in the accuracy of the data, it is important to recognise the potential bias to some responses. Indian and Filipino nurses migrate from countries where there is deference to authority, particularly within clinical settings. Whilst we communicated to respondents our independence as university researchers, and that their anonymity was guaranteed, there remains potential issues around some respondents being polite or perhaps not wanting to highlight challenges that might hence remain undiscovered.

Conclusion

Strategic and employer commitment to support and retain international nurses is clear, and within the right sociocultural environmental conditions, our much-valued international nurses will successfully integrate through the challenges of the initial liminality period. We must embrace opportunities to support international nurses to learn to live and work in new social and professional realities. We can optimise professional autonomy through recognition of prior experience and learner status to successfully integrate international nurses into our NHS workforce as they transition through the liminality phase and beyond. Mental health and wellbeing support must be considered to make a positive and significant difference to personal confidence and acculturation. Supportive supervision and leadership lay excellent foundations on which to onboard international nurse and provide a platform on which to build opportunities for ongoing careers within the NHS.

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