Playing the game: A grounded theory of the integration of international nurses

Ylona Chun Tie, College of Healthcare Sciences, James Cook University, Townsville, Australia

Melanie Birks, College of Healthcare Sciences, James Cook University, Townsville, Australia.

Karen Francis, College of Health and Medicine, University of Tasmania, Hobart, Australia

Abstract

Background: Migration trends to Australia have seen an increase in international nurses, with twenty-nine percent of current registered nurses having received their first nursing qualification outside of Australia. The process international and local nurses navigate to enable successful integration into the Australian healthcare system is unclear.

Aim: To explore how international nurses and Australian nurses adapt to work together in the Australian healthcare system and to develop a theory that explains this process.

Methods: Grounded theory methodology was used. Concurrent data collection/generation and analysis of online-survey data (n = 186) and in-depth interviews (n = 15) was undertaken. Storyline was used as a technique of analysis to develop, construct and present the theory. Focus groups (n = 9 + 7) were conducted to confirm the relevance of the theory.

Findings: Nurses work together to enable successful integration of international nurses. Four phases underpin this adaptation to the cultural norms of the workplace: (i) *Joining the game*; (ii) *Learning the game*, (iii) *Playing by the rules,* and *(iv) The end game.* These phases comprise the grounded theory *Playing the game: Integration of internationally qualified registered nurses in the Australian healthcare system*.

Discussion: Additional orientation programs and collegiate support for international nurses were significant factors influencing successful adaption to the cultural context of the work environment. Defining the role and scope of practice of the registered nurse in the Australian context provided challenges.

Conclusion: Supportive colleagues were critical to successful integration and retention of experienced nurses irrespective of where nurses obtain their nursing qualification. Additional orientation programs for international nurses could improve the experience of nurses migrating to work in Australia.

Summary of relevance

Issue

Nursing is a global workforce yet little is known about what processes impact on the integration of internationally qualified registered nurses into the Australian workforce.

What is Already Known?

Australia is a multicultural country reliant on experienced international registered nurses to meet shortfalls in specialty areas and geographic areas of need. International registered nurses make up approximately twenty-nine percent of the Australian registered nurse workforce.**?**

What this Paper Adds

Developing ongoing cultural responsiveness education for both local and international registered nurses aids successful integration, which is critical to retain and sustain the current and future nursing workforce in Australia.

1. Introduction

1.1. Background

In 2050 the world population is expected to exceed nine billion people, putting extraordinary pressure on already stretched global healthcare resources (Organisation for Economic Co-operation and Development, 2016). How healthcare is delivered to meet the needs of this expanding population varies across the globe. Health care systems, models of care, the role and responsibilities of the registered nurse, codes of conduct, scopes of practice, fundingarrangements, definitions, philosophies, and cultural issues differ between countries worldwide.

The nursing profession makes up the majority of the healthcare workforce globally. Nurse migration regularly occurs from less developed to developed nations. Historically, nurses who migrated to Australia came from developed nations, predominately the UK, NZ and Canada, however since 2005 there has been an increase in nurses from India, Africa, the Philippines and China (Hawthorne, 2012). Furthermore, in 2016 nearly thirty percent of the Australian registered nurse (RN) workforce reported having received their first nursing qualification in a country other than Australia (Department of Health, 2017) meaning that Australian nurses often work in culturally diverse teams.

International nurses migrating to another country may be unfamiliar with some or all of the systems and processes in their new workplace (Murray, Bisht, Baru, & Pitchforth, 2012). The Australian nursing workforce is inclusive of people from over 150 different nationalities and cultures who deliver healthcare to a multicultural population (Hawthorne, 2014). International nurses need to understand the unique Australian context in order to integrate into the local healthcare system and effectively utilise their knowledge, skills and experience to contribute to safe culturally appropriate care (Xiao, Willis, & Jeffers, 2014).

Migrating to a new country and meeting requirements to practice as a RN involves complex processes. International nurses coming to Australia must meet strict nursing qualification criteria and demonstrate a high level of English language proficiency before being eligible to register with the Nursing and Midwifery Board of Australia (Nursing & Midwifery Board of

Australia, 2016). Additional criteria such as completion of further education or a bridging program may be imposed before an international RN meets the requirements for registration (Nursing & Midwifery Board of Australia, 2016). Despite these measures, little is known about how international RNs and Australian qualified RNs adapt to work together in complex healthcare environments to provide quality nursing care to Australia's multicultural population. This study explored how local RNs and international RNs adapt to work cohesively together in the Australian healthcare system (AHCS). The result is a theory that explains this process.

1.2. *Research question*

What is the process by which international RNs and Australian qualified RNs adapt to work together in the Australian healthcare system?

2. Method

2.1. *Study design*

The aim of this study is to explore how international nurses and Australian nurses adapt to work together in the AHCS and to develop a theory that explains this process. A grounded theory design was employed to achieve this aim. Grounded theory is an appropriate approach if little is known about the substantive area of inquiry; where a conceptual theory is required; and when the research reveals a process intrinsic to the area being examined (Birks & Mills, 2015; Bryant & Charmaz, 2007). The essential grounded theory methods of initial coding and categorisation of data, concurrent data generation/data collection and analysis, writing memos, theoretical sampling, constant comparative analysis, theoretical sensitivity, intermediate coding, identifying a core category, advanced coding and theoretical integration as detailed by Birks and Mills (2015), p. 10) were used to generate an explanatory theory.

Participants

Participants were registered nurses from across Australia who have worked in the Australian healthcare system. In order to obtain rich data to inform the development of a theory that explained how they adapted to working together in the AHCS, data was sought from both

internationally qualified registered nurses (IQRNs) and Australian qualified registered nurses (AQRNs). An IQRN is defined as a registered nurse who received their first nursing qualification to practice as a nurse in a country other than Australia. An AQRN is defined as a RN who received their first nursing qualification in Australia.

2.2. *Data collection*

Data were collected via survey, interview and focus groups. The survey was delivered online using the Survey Monkey platform. The online survey questions and an interview question guide were piloted and tested. A link to the anonymous survey titled *Working together: Internationally qualified registered nurses in the Australian healthcare system* was disseminated via Australian professional and industrial nursing organisations including the Australian College of Nursing and the Australian College of Critical Care Nurses. An information page was presented at the commencement of the survey and submission implied consent. The survey collected demographic data via multiple choice questions and data on the facilitators and barriers to integration via open text boxes. At the completion of the survey participants were able to volunteer to be considered for interview and/or a focus group. Any details provided for this purpose were not linked to their responses in the survey.

There was no obligation to participate in an interview, participation was voluntary and confidentiality was preserved. Participants who agreed to participate in an interview or focus group provided written consent. While some participants were known to the researcher, recruitment was based on anonymous completion of the online survey and their subsequent willingness to be involved. In-depth interviews were conducted in person or via information and communication technologies such as Skype, Zoom, or telephone, at a time and place convenient for the participant. Field notes were written immediately after each interview and focus group by the lead author. As grounded theory is an inductive methodology, participant recruitment was guided by the data analysis. This approach facilitated theoretical sampling, which was employed to ensure the collection of data that would inform the theory development. Theoretical sampling is "the process of identifying and pursuing clues that arise during analysis in a grounded theory study" (Birks & Mills, 2015, p. 68). Analytic memos were written during the research. Interviews varied between 48 min and 2-hour duration.

Individual interview were audio-taped and transcribed by a professional transcription service. During advanced analysis, two focus groups were conducted to test the theory with an extended group of participants who agreed to be involved. Focus groups were held in a board room at the researcher's university campus. Attendance was either in person or via Zoom. Nil participants withdrew from the study.

2.3. *Data analysis*

Data were analyzed using grounded theory method of constant comparative data analysis through a systematic process of coding, categorization and theory development. Constant comparison refers to an analytical process used in grounded theory to compare data from all sources, including analytic memos, for coding and category development (Silverman, 2011). Consistent with the principles of grounded theory, data were collected and analysed concurrently. The survey remained open for the duration of the study enabling an abductive approach (Timmermans & Tavory, 2012) as the analysis moved between interview and survey data. Storyline is a method that can be used as an advanced coding technique (Birks & Mills, 2015). Consistent with grounded theory methods, data collection ceased when each of the categories were sufficiently explained and no new insights were gained. In this study storyline is employed to aid in the construction of a theory that described the phenomenon from the perspective of the participants. The storyline was tested for fit and relevance (Charmaz, 2014) with two focus groups. As a result of this testing, minor refinements were made to the final theory.

Table 1

Number of participants.

Survey	Interview		Focus Group 1	Focus Group 2
AQRN	130	7	5	4
IQRN	56	8	4	3
Total	186	15	9	7

2.4. *Ethical considerations*

Ethics approval was received from the researchers' university Human Research Ethics Committee. Participation was voluntary, the online survey was anonymous, and confidentiality was preserved for interviews.

3. Results

A total of 217 RNs participated in the study. Responses were received from AQRNs and IQRNs (Table 1). Responses emanated from all Australian states and territories from RNs working in public, private or non-government sectors. Across the total sample the majority (88%) were female with 38 percent identifying as IQRNs.

The theory *Playing the game* was generated from this research. This theory, as presented in the following section, consists of four major categories: (i) *Joining the game,* (ii) *Learning the game,* (iii) *Playing by the rules*, and (iv) *The end game*. *Playing the game* is a metaphor that explains the process by which IQRNs integrate into the AHCS (Fig. 1). Metaphors were used to explain complex scenarios in understandable and relatable ways. A metaphor is one way to present abstract concepts so they can be understood (Yu, 1998). Metaphors can be used as a theoretical code that adds explanatory power to the final theory (Birks & Mills, 2011). *Playing the game* is an in vivo code that crystallised the process from the perspective of those that experienced the phenomenon.

The processes presented in Fig. 1 are nonlinear, with fluid movement between categories and over time. The key constructs in this grounded theory link organisational and professional socialisation contexts with the socio-cultural process of adaption.

4. Joining the game

Joining the game describes the process of orientating and adapting to the cultural context of the work environment from the IQRN and AQRN perspective. Prior to commencing work in Australia, international nurses navigated complex immigration and visa requirements. International nurses often underestimated the processes involved in gaining registration in

Australia. Arriving in a foreign country, securing appropriate accommodation, accessing transport, settling into a new community and culture prior to commencing work in a new health care system was a major adjustment. International nurses who did not meet registration requirements completed a bridging program or an undergraduate nursing degree by an accredited provider in Australia. International nurses completing further study in Australia felt the experience assisted their transition into the AHCS and reduced environmental shock. International nurses who have English as a second or third language faced additional challenges. People made significant sacrifices to come and work in Australia so it was important the local workforce acknowledged the challenges international nurses face just *getting here* and *becoming registered*.

I do feel that our Australian trained nurses need to perhaps have access to some training or some education or have a conversation around so they can understand what an overseas qualified nurse is and what they have to do to get to Australia and the processes that they have to undertake to get in because it is quite difficult. (IQRN Focus group)

Health systems across the globe are not the same. Nursing is a global workforce but nurses are educated in local contexts, which can be very different to the healthcare system in Australia. A RN with experience working in several countries explains:

Internationally qualified nurses learn differently, they learn in a different system and they learn a different practice, so their model of care and how they do things is very different. I think we need to understand their model of care, their practice. (AQRN Interview) The majority of IQRNs indicated they received a generic orientation to the health service as for all new employees. However most did not receive a specific orientation individualised for an international nurse commencing work in the AHCS. While there were programs developed at some facilities to orientate international nurses to the Australian context, they were on an ad hoc basis. Orientation programs tailored to the specific needs of international nurses were not offered routinely nationwide. Nurses felt orientation was significant because the role and scope of nursing practice, models of health care and healthcare systems worldwide are not universal and therefore a specific orientation for IQRNs to the AHCS was warranted.

It was very challenging to have no [specific] orientation. I had never stepped inside Australia

before. I was hired from outside the country so, um there is a lot more to it than that. (IQRN Focus Group) IQRNs were supported into new work environments with supernumerary shifts and varying levels of peer or mentor support. IQRNs initially observed others from the periphery to determine what the norms of practice are and how they might position themselves in this new environment. IQRNs experienced environmental shock when the alignment of the expectations of their role was different to the actual reality of practice. As one IQRN from the UK stated:

I'm just thinking back about my own experience of coming here as a registered nurse having trained in England, and you would think that it would be very straight forward but it really wasn't . . . it was really quite different because registered nurses in Australia did different things to registered nurses in England. They had different values, different expectations of them in their work and . . . getting used to that difference and trying to let go of my own stuff. (IQRN Focus Group)

Nurse unit managers (NUMs) confirmed recruitment and integration of international nurses remains a complex process. Australian nurse managers at a large regional hospital spoke of their experience:

It's multifactorial and so many different contexts. Integration depends on each individual person. Makes it very different to recruit people from different backgrounds into similar placements and similar experiences and training have been very different and their integration has been very different, and that can come back to the person or it can come back to the support of the environment that they have come into. (AQRN Focus group)

Furthermore, getting the right fit, right person, and right role was noted as instrumental to successful integration. NUMs disclosed international qualifications and experience on applicant's CVs were not a reliable indicator of skills or knowledge required for the position.

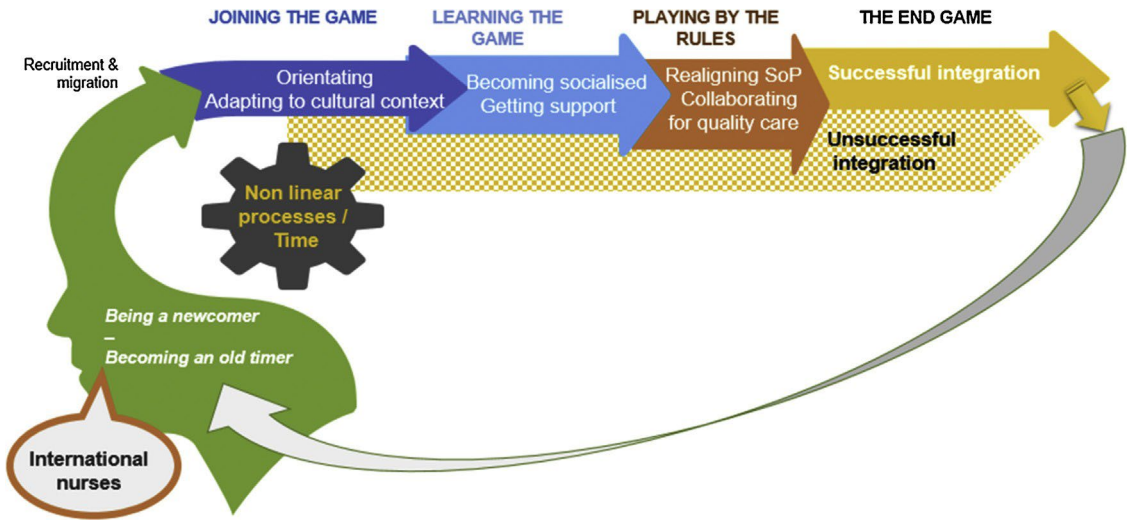

Fig. 1. Playing the game: A grounded theory of the integration of international nurses in the Australian healthcare system.

I see people who come from other areas [countries], and . . . about CVs, they may be fantastic, have a wealth of experience and you bring them in to socialise them to the local environment [unit or ward] and it is very different and it is very difficult to then remove yourself from saying, 'next time we are not going to', and it is learning from it. (AQRN Focus group)

International nurses revealed adapting to the cultural context of the work environment involved realigning expectations of the RN role. IQRNs explained they had to assess what the RN role means in practice in the Australian context which often contrasted with previous experience. For example, IQRNs had clinical skills that they were not permitted to use and/or conversely required upskilling of skills or theoretical knowledge required to be able to work effectively and safely. Realigning expectations of the RN role in Australia was confronting and difficult for many IQRNs, but particularly for those with experience in senior roles and positions.

So I am educated and qualified to do this but no, no, you can't do that here I hear that from IQRNs as well, who come here from some of the other countries where they have really, really large scopes of practice for nursing. I found a huge difference in what

people from other counties think nursing means. (IQRN Interview)

. . . so when you come from a country that has a legislated scope of practice compared to a country where you have a scope of practice which is determined by the employer [in Australia] it is really challenging. (IQRN Focus Group)

A number of international nurses who completed an Australian nursing program confirmed undergraduate clinical placements reduced some of the environmental shock in comparison to that experienced by IQRNs when they first arrived. For example, an international nurse with English as a third language who completed an Australian nursing degree stated:

Yes it still was a little difficult due to the language barrier, but once you understood it okay to ask questions and ask for help it was easier. (IQRN Focus group)

Nurses seeing themselves as *being different* or having others perceive them to be different to themselves emerged as a theme from the data. AQRNs that had previous negative experiences working with a particular IQRN or group of IQRNs resulted in some being less tolerant to accepting new staff or reconsidered recruitment of the next cohort of people coming in from that particular country or background. Ultimately, the attitude and support that local RNs contribute to the transition process determined whether the IQRN was effective in *Joining the game* and therefore ultimately successfully integrated into the workplace.

5. Learning the game

The second phase, *learning the game*, described the process IQRNs undertake to become socialised to the cultural norms of the workplace. Understanding the nuances of how the game is played required insight, collaborations, and resources. Transitioning IQRNs safely took additional time and resources, particularly when onboarding significant numbers of IQRNs to meet organisational needs. Furthermore, the extent of support required was influenced by the experience and skill of both the support staff and the IQRNs. NUMs explained that socialisation was influenced by needs versus expectations. When IQRN capabilities did not meet expectations against which they were employed, existing nursing teams experienced additional strain.

There is the whole expectation of what we think someone is capable of, and we discover that maybe they're not, and where they need support. And then the fact that we actually need these people. So which one out balances the other? (AQRN Focus group)

IQRNs with English as a second language (ESL) or from a nonEnglish speaking background (NESB) reported feeling nervous, intimidated, or embarrassed to ask or accept assistance even when it was offered. Many expressed fear speaking up would magnify any deficit in language, knowledge or skills and potentially affect their visa to stay and work in Australia. These nurses made a conscious decision to stay under the radar.

I identify coming from Asia because I do not want them to know I am from India . . . they no like. (IQRN Interview)

Conversely the communication style of IQRNs who appeared aggressive, outspoken, or loud shifted the disposition on the ward and affected team dynamics.

People complain … I can hear that Yankee accent before I even enter the ward, ugh, it just grates on your nerves. (AQRN Interview) While some IQRNs confirmed they felt like they didn't belong, Australian RNs also argued they were rendered to feel like an outsider. This occurred when IQRNs from a NESB spoke their first language amongst themselves. AQRNs felt disrespected when international nurses did not speak English in their presence at work.

Australian RNs feeling a bit excluded now in some environments

. . . I am finding that what nurses are saying is that when they turn up for a shift there may be only one Australian RN on shift with the other 8 on shift being overseas trained nurses. (AQRN Focus group)

. . . there were 8 nurses on duty, 7 from the Philippines on a night shift in CCU [coronary care unit] where they spoke Filipino all night and I was the only Australian and couldn't understand what was being said. (AQRN Interview)

Conversely, speaking in a language other than English was accepted, if those present understood that language.

Visible enablers to aid *learning the game* identified as critical to work to their full potential and to be able to learn and grow in that role included additional orientation, peer support, and access to educational opportunities. IQRNs and AQRNs emphasised that all RNs need to have the emotional intelligence and social skills to work collaboratively.

6. Playing by the rules

To *Play by the rules* nurses used insight and emotional intelligence to adapt and re-align scope of practice to the context within which it is delivered. Communicating in English effectively, efficiently and collaboratively is a key process for providing safe, quality care. Facilitating cultural humility and cultural tolerance was recognised as necessary in an era of increasing cultural and linguistic diversity within the Australian health care workforce and across multicultural and diverse patient cohorts.

Local RNs stated while wanting to support and mentor IQRNs, inadequate resources challenged RNs' reserves over time. Local RNs conceded additional responsibility to support IQRNs at the bedside to meet patient needs impacted negatively on the existing workforce. Morale improved when RNs who could see the efforts of managers, educators or champions in the unit to upskill IQRNs. *Champions* is an in vivo code used by participants to describe RNs who were proactive in supporting new and existing staff. IQRNs were keen to learn and understand how things were done and attend in-services or education days. This was a consistent theme:

We are proactive in upskilling so their theory is updated to match their clinical skills. (AQRN Focus group)

In a way the great need in the department had a big impact on whether or not the staff were accepted. That is there was a lot of flexibility around what they saw as accepted levels of practice because you really needed someone to nurse this patient. (IQRN Interview)

Facilitating conversational competence in English was seen as a priority. Participants wanted to support nurses with ESL to improve and develop their English language proficiency. Concern also extended to difficulty understanding thick accents, and acknowledging different communication styles common to other cultures. Strategies to

develop language competence and encourage engagement were met with resistance in several organisations. For example, a directive to only speak English at work, including in the tea room, had to be removed. This was irrespective of the intent of the initiative which was designed to support NESB nurses' confidence to communicate effectively and safely. Despite the resistance people were willing to assist IQRNs who made the effort to improve. Some issues that have been raised in regards to accents, people speaking with deep thick accents and terms that others can't hear or understand . . .Every practitioner has the responsibility to ask what did you say and ask the IQRN to repeat what they have said but that does not happen every single time, so for me that is a risk to the nurses and to the patients which increases risk around

communication. (IQRN Focus group)

IQRNs from Canada, UK, USA or NZ also expressed difficulty with Australian English, including spelling, pronunciations, and colloquialisms. An IQRN from Canada recalls:

I didn't think that for me that I would have any problems coming into the Australian context but actually I did. I just assumed it would be like Canada like I'm an experienced nurse and I speak English and I still speak the same language and language in Queensland is even different to that in Victoria so it really was quite a cultural shock for me. (IQRN Interview)

The shared goal for quality care provision was reached when nurses aligned their scope of practice, communicated for quality care and were *Playing by the rules* in the Australian context.

7. The end game: win, lose or draw

The final phase, *The end game,* referred to the outcomes of transitioning IQRNs into the AHCS. Successful transition (winning) was characterised by the retention of IQRNs as well as experienced AQRNs. IQRNs who integrated and adapted but were unhappy or reported barriers to progress in their career were signified as a draw. Those that did not stay in a position or left the profession were denoted as a loss.

A collective adaption process involved developing trusting relationships, cultivating positive work environments and being a team player. Realigning scope of practice and understanding

what quality care looked like in the Australian context improved retention of experienced RNs, regardless of country of initial qualification.

. . . very conscious about not only being about the international nurses and what we need to do to help them integrate but it's about working with the Australian nurses to help them to understand the importance of positive integration and how they can achieve that. (IQRN Interview)

. . . you can actually be successfully integrated but still not have your trajectory for promotion normalised for say someone of your ability who is an Australian nurse, . . . unless you make particular steps to align yourself so that you are seen as someone who is as competent as any Australian trained nurse. (IQRN Interview)

Conversely, the corollaries of negative work environments include incidences of racism or discrimination, reduction in quality of care, adverse events including death and damaged reputations to individuals, departments, organisations, or the nursing profession. Ultimately, the financial cost of replacing experienced staff was reported as significant.

. . . there is something there to look at in terms of the registration and how we bring them [IQRN] in. If we don't do that well we set them up to fail and we set the Australian healthcare system up to fail and we end up with the problem with the patients, including death. So it becomes a big risk factor for us as a profession. (AQRN Focus group)

While it appears straightforward that diverse and multicultural teams must adjust to work harmoniously together in the provision of quality care, the evidence from this study suggests this process is complex, particularly in workplace environments that are dynamic. These workplaces are a maelstrom of activity and in a constant state of flux. Each shift brings change in the form of staffing levels, skill mix, workload, and patient acuity that impacts on individual nurses and the team. Environments or contexts in which nurses work are often subject to regular staffing changes that can disrupt the workplace culture that broadly refers to 'how things are done'. *The end game* reflects the outcome of processes RNs use to navigate to work together collaboratively in the provision of safe, quality care and highlight areas that require consideration to improve the transition, adaption and integration experience for all nurses.

8. Discussion

Prior to granting registration to practice as a RN in Australia, regulatory authorities assess internationally qualified applicants to ensure competence to practice (Stanhope-Goodman, Brenda, & Nordstrom, 2014). Despite these measures this study found that IQRNs face challenges to practice confidently and safely in the Australian context. An important issue emerging from these is that there was uncertainty around the role and scope of practice of a RN. Scope of practice is not well defined even though guidelines and standards exist (Birks, Davis, Smithson, & Cant, 2016). In addition, although all IQRNs must demonstrate English language skills suitable for registration (NMBA, 2018), communicating in English and understanding colloquial language create additional hurdles for IQRNs, particularly those with English as a second or third language. Practice, culture and language differences persist as significant issues for IQRNs integrating into foreign healthcare systems. These findings are consistent with those described by Stankiewicz and O'Connor (2014).

The organisational culture encompasses the values, beliefs and principles of an organisation, while the workplace culture is a specific subculture within an organisation such as a ward, unit, department, or a professional group such as nursing (Braithwaite, Herkes, Ludlow, Lamprell, & Testa, 2017). Findings in the present study suggest workplace cultures are influenced by individuals' perceptions, attitudes, and ability to accommodate changing conditions. New staff, including IQRNs entering a health care workplace, are challenged to understand the culture, negotiate their role/s and responsibilities, and establish a place within the existing context (Chun Tie, Birks, & Mills, 2018).

The theory of *Playing the game* indicates that integration into the workplace involves learning the norms of the setting as well as adapting and modifying knowledge and skills in order to meet organisational and professional expectations. Consistent with earlier research, workplaces that invest in staff are more likely to provide supportive environments that nurture existing and new staff (Moradi et al., 2017) including IQRNs. When new staff are not integrated successfully, outcomes for individual team members and the overall team dynamic can be negative (Ho & Chiang, 2015). The findings from this present study suggest that experienced RNs who are unable to provide adequate support for IQRNs to ensure quality care become

disenfranchised and may consider leaving the profession. This situation also presents a risk to the reputations of individual RNs, organisations and/or the nursing profession more broadly.

Nurses are expected to work collaboratively with the provision of safe, quality, culturally congruent care (Queensland Government, 2012; Ong-Flaherty, 2015). The theory of *Playing the game* emphasises that effective integration of IQRNs into health services requires mutual accommodation and reframing by both local and international nurses. IQRNs move through the phases of transition and adaption over time to become integrated. The theory also established that the dynamic nature of adaption and transition to practice is not linear. IQRNs move between becoming socialised to the cultural norms of the workplace, through to aligning scope of practice, yet not all factors have equal salience.

Regulatory authorities, employing organisations, and management share responsibility for the safe transition of new staff. The findings of this study suggest that nurse leaders and nurse managers are in a position to connect individuals within teams, reconcile differences, assist nurses to adapt and assent to the changing landscape, and mitigate any potential for adverse team dynamics. Champions at the coalface are best positioned to optimise positive change. Developing suitable resources is an essential strategy in providing information, education and appropriate support measures.

Support measures identified in this research include provision of additional tailored orientation programs for IQRNs that facilitate a shared understanding of the value and beliefs of the organisation, the organisational structure, and local policy and procedures. Establishing a mutual understanding of the expectations of the RN role is imperative in avoiding misunderstandings. Information on the responsibilities, ethical conduct and professional behaviours of a RN, cultural awareness, and exemplars of colloquial language should be offered. Findings of this study suggest that the provision of authentic, collegial support including sociocultural factors of collaboration, trust and motivation, prove most effective in supporting new IQRNs into the workplace.

This research found that formal and informal strategies initiated through mutual discourse provide opportunities for all staff to connect with each other; through sharing of professional experiences, stories, and the cultural knowledge IQRNs bring. While the theory *Playing the*

game does not explain the relationship between role clarity and work satisfaction, fostering a shared understanding of role expectations of the registered nurse in Australia using real life scenarios is one strategy IQRNs acknowledge as being beneficial. Such strategies will guide cultural competence education, promote skill acquisition, facilitate approaches to creating positive team dynamics, and ultimately improve nurse retention.

8.1. Recommendations

This study has shown the important role that orientation plays in ensuring safe, quality health care for patients. While orientation programs for IQRNs have been suggested (Fouché, Bartley, & Brenton, 2014; Healee & Inada, 2016; Holmes & Grech, 2014; McGrath, 2004; Philip, Elizabeth, & Woodward-Kron, 2015) introduction of a national orientation programs for IQRNs is necessary. Regulators and organisations share responsibility for IQRNs to have access to information and appropriate orientation necessary to ensure competence to practice in the AHCS. Tailored orientation programs for IQRNs are required in addition to the generic orientation all new staff receive. These programs should be developed and delivered by employing agencies and include context and culture (workplace, practice and community) specific information. Topics for inclusion in these programs could include an overview of the AHCS, information on health care delivery in Australia, the public and private health system, Medicare, person centered care, cultural competency, inter-professional communication and models of collaborative decision making with the patient or consumer.

To address the issue of English language competency and proficiency concerns, the introduction of free or subsidised context-specific language lessons to improve spoken and written communication should be considered. The responsibility for delivering initiatives to improve IQRNs English language skills must be a shared responsibility between recruitment agencies, the regulatory authority and employing agencies.

To aid integration, IQRNs should be allocated a mentor that has experience with or as an international nurse and understands that the orientation and transition of new IQRNs requires

special knowledge and skills. RNs who mentor IQRNs, along with nurse mangers, clinical nurse consultants and clinical educators, may need additional information and education to understand how to better support IQRNs into the organisation and work unit safely and in a timely manner.

Further research is required to determine the impact of ineffective integration on the confidence, reputation and retention of both AQRNs and IQRNs. Research may also examine additional English language programs to determine their efficacy. Furthermore, the development of standards, indicators and benchmarks to test the effectiveness of additional orientation programs for IQRN should be undertaken.

8.2. Limitations

Recruitment via nursing organisations may limit the pool of potential participants however participants were received from all Australian states and territories, across public and private sectors and across a broad range of practice areas. Only RNs who felt confident in their experiences or language ability may have chosen to respond. Consistent with the intent of substantive grounded theory research, the results from this grounded theory are not generalizable, however there are learnings from this work that may inform other health professions and contexts.

9. Conclusion

The grounded theory *Playing the game* offers a new way to conceptualize the process of integration of international nurses into a foreign healthcare system. The study has shown that IQRNs move through phases of transition and adaption iteratively to enable integration to occur. The findings of this study add to our understanding of how fostering inclusive environments that acknowledge and accommodate differences can facilitate successful integration of IQRNs into foreign healthcare systems. This study highlighted the strengths and value mutual accommodation of nurses in the nursing workforce brings and the strategies required to facilitate positive team dynamics within a culturally diverse nursing workforce. Cultural diversity within the nursing workforce can realise untapped dividends that build robust, reflexive and collegiate nursing teams that deliver culturally responsive quality care. This work

has served to inform the development of strategies that will improve retention of experienced local RNs and IQRNs thus maintaining and sustaining a workforce that is equipped to provide safe, quality nursing care for all Australian citizens.

Disclosures

Ethics approval for research involving human subjects was received from an Australian University Human Research Ethics Committee. Research conformed to the Statement on Human Experimentation by National Health and Medical Research Council of Australia.

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