

International Health Professional Recruitment and Retention: Stay and Thrive Project Report



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Executive Summary

Executive Summary

Introduction

International nurses, midwives and allied health professionals (AHP) working in England make an invaluable contribution to health and social care. Our international colleagues make up a significant proportion of England's workforce, and within the NHS 29% of doctors, 19% of nurses and 10.4% of clinical support staff have a non-British nationality (Baker, 2021). England as a healthcare system is in a prime position to attract international health professionals, not least for its advancements in healthcare, established career opportunities, investment in continuing professional development and positive economic outcomes for staff (Dahl et al., 2021).

The substantial worldwide shortage of nurses is well-known and there is much activity of nurse migration across the globe (Buchan et al., 2022; NHS Digital, 2022). The Nursing and Midwifery Council (NMC) (2023) report international recruitment progressing at significant rates, with nurses from around the world now accounting for one in five of all nurses, midwives and nursing associates on the professional practice register in the UK. Recognising the earnestness to recruit nurses and the time period required to stock the domestically trained workforce, international recruitment continues to be identified as a key strategic way to meet immediate and future demand for health and social care services in England (NHS Long Term Plan, 2019).

To retain international colleagues, employers are required to implement sustained efforts to ensure the overseas recruitment system is effective and that international nurses, midwives and AHPs are supported throughout their working lives in England. International health and care professionals however sometimes experience challenges integrating and into work and life in England. These challenges can include communication, discrimination, deskilling and a lack of consistent support networks (Stubbs, 2017; Bond et al., 2020; Afriyie, 2020;

Pressley et al., 2022). It is suggested that paying attention to factors that support enculturation such as promoting belonging, improving the quality of work experience, supporting healthy work and lifestyle balance to avoid burnout, facilitating and growing support networks, and investing in effective mentoring to empower career fulfilment are all critical to understanding the initial migration and longer-term settlement needs of internationally educated nurses working in England.

Within this context, NHS Horizons were commissioned by NHS England to design and coordinate a programme of work to support the retention of international colleagues. In conjunction with associated partners, NHS Horizons launched the 'Stay and Thrive' project that centred on a 'community of action' between September 2021 and October 2022. Facilitated virtually, meetings were designed as 'learning sessions' that introduced and embedded the evolving evidence base through case study presentations and accounts from international colleagues detailing their lived experiences. Solution focused conversations were held between a broad range of participants working on the challenge of international retention at local organisational, regional, and national levels. Throughout the learning sessions, the community's activity was guided by a positive deviance methodology that sought to identify the behaviour, strategies and practices that enabled certain teams to be particularly successful in retaining their international staff. Stemming from the academic discipline of international development, positive deviance seeks to amplify the uncommon behaviours of certain individuals and groups that enable them to find solutions to problems, despite having access to similar resources as their peers. The project was implemented within the North East and Yorkshire and the South West regions of England, with the aim of providing learning opportunities and presenting a blueprint for action that could be grown and implemented nationally across other health and social care systems in England.

Research aim

The project team at the University of Huddersfield was commissioned by NHS England to undertake an observational study as part of the Stay and Thrive project. The aim of this study was to capture the findings from the Stay and Thrive project and help accelerate sharing and learning beyond the two initial geographical regions.

Methodology

NHS Horizons facilitated the Stay and Thrive project with the University of Huddersfield's academic team acting as 'researchers in action'. The research took place online and within the Stay and Thrive learning sessions. In recognition of independence as researchers, the University of Huddersfield academic team drew on observation methods, utilising a structured guide observation to study 'social worlds' defined as 'those groupings of individuals bound together by networks of communication who share perspectives on reality' (Strauss, 1978, pp. 439-440). A full thematic analysis of this dataset was conducted alongside observation notes using a six-phase approach to coding and theme development (Braun and Clarke, 2006). The project received ethical approval from the University's School Research Ethics and Integrity Committee. Participants were invited to the learning sessions and prior to the events, the participant information and consent form was circulated and completed to ensure all attendees were given foreknowledge of the observational study.

Positive deviance

The positive deviance approach was central to Stay and Thrive implementation and is considered atypical when compared to the hierarchy characteristically associated with usual change projects in large healthcare systems. Frontline workers (who ordinarily act on decisions made) were invited to position themselves as experts and assigned authority to identify challenges and issues and then design how they wanted change to ensue, with middle management and leadership in a position of supporting ideas and making them happen rather than implementing decisions themselves independently. The application of positive deviance to the Stay and Thrive programme is summarised as:

1. **Defining** the problem to understand why international educated staff may perhaps be less likely to want to stay working in England
2. Drawing on **discovery** and action dialogues to determine and identify as organisations and individuals that demonstrated exceptionally high performance in successfully retaining internationally educated staff.
3. The community of action **draws** on the widening participation of organisations in the two regions to share practices and strategies that were particularly effective at improving retention
4. The community focussed on **designing** strategies and the future direction of Stay and Thrive.

Discussion

Stay and thrive, had a collective mission to improve the experiences of internationally educated health professionals working in England and encouraged members to act into positive change, whilst working within healthcare systems. The programme emphasised the importance of active integration rather than passive assimilation and was advised throughout from an understanding of the existing and emergent research on international recruitment and retention. By the end of the study, through the exchange of information and the sharing knowledge and experiences between participants, many issues of how to retain internationally educated staff had been identified by the community. The invaluable contribution internationally educated staff made to the experiences and health outcomes of people receiving care in England were abundant, and yet internationally educated staff themselves often faced challenges when integrating with professions, the workplace and wider society.

The community of action gained insight into the specific issues internationally educated staff faced in recognition of previous experience when starting work in England, with organisational integration, with communication, enabling a sense of belonging in the workplace, and with needing support for integration with wider society. Personal stories and lived experiences identified the need to provide psychologically safe environments and conditions where people felt enabled at work. This started with reframing experiences in positive terms, and the need to use inclusive language known to create safe spaces where both positive and negative stories can be heard. Setting this scene encouraged reflection and to consider issues, to frame learning and how to move forward. This process of identifying the obstacles faced by international staff demonstrated the power of communities as catalysts for bringing about change. The community of action embraced Stay and Thrive as an opportunity to engage and learn and were increasingly inspired to share and celebrate good practice widely and as knowledge of how to support international colleagues to thrive living and working in England grew so did engagement from members

with the stay and thrive programme. Participants valued from the opportunity to learn directly from the sharing of lived experiences, personal stories, and experiences. The impression felt amongst the community can be summarised by the following quote:

“As an internationally-recruited nurse myself, I feel ecstatic to know the NHS is passionate about making us stay”.

Over time, it was abundant the community of action created a tremendous sense of increased new power to make positive change, enabled by the networking opportunities afforded by Stay and Thrive. A clear sense of a collective mission was formed, based on raised awareness of understanding the positive deviance methodology and an overall strong theoretical framework that guided the learning to advise and enact positive change. The community of action led to the identification of three clear ways in which capability could be built to enable change based on ‘old’ and ‘new’ power. In affording the community permission to own their own personal agency and from the power of stories from those

across the two regions at different stages in their international recruitment and retention journeys, the community was greatly invested to understand and enact change to improve international retention. This process enabled reflection and realisations that positive deviants were the individuals and teams within systems, and organisations and at an individual level who were committed to finding and adopting radical approaches aimed at improving the experience and retention of internationally staff. These have been captured in several case studies that reflect the vast amounts of fabulous work that is taking place by truly inspiring employers and individuals that we had the privilege of hearing from in this study.

The uncommon and successful strategies that could improve international staff experiences and retention, identified both before and during the programme were shared through presentations. The community benefited from the learning exercise of developing tools to which drew on learning from the experiences and developing collective knowledge of what programmes and initiatives appeared to work well. Stay and Thrive influenced

by bringing awareness of knowledge, experiences and tools being used by employers and encouraging reflection and feedback of them by participants to then use in their everyday practice.

Crucially, regardless of the hierarchy or position of the person sharing their experiences, the uncommon and yet successful strategies were encouraged to be provided for participants. This may have worked to increase the likelihood of these strategies being taken-up by members beyond the Stay and Thrive programme, and in a bid to continue to inspire them, that positive deviance can be adopted by all, and to encourage future extension and sustainability of practices. Stay and Thrive established the importance of demonstrating tangible results from programmes and initiatives to increase the likelihood of them being successfully adopted and promoted. Feedback throughout the programme reported verbatim reductions of staff vacancies and similar indicators of workplace happiness, increased reputations of employers, and accounts of growing numbers of international recruits applying to work for organisations and where attributes of positive deviance were palpable in organisational cultures.

Next steps

43 organisations from 11 different NHS systems, in 2 overarching NHS regions of England participated in the first year of Stay and Thrive. The programme received 106 bids for the Stay and Thrive Innovation Fund, which were monies allocated for organisations to implement continued measures to support the experience of working for international nurses, midwives and AHPs.

Following the first-year success of the programme, over the next twelve months into year two, Stay and Thrive is expanding nationally and will invite engagement with organisations throughout England and increase numbers of participants. This expansion presents opportunity to spread knowledge at pace and much wider scale. Focussed on year two, our recommendations for Stay and Thrive are as follows:

1. Stay and Thrive is supported by an evidence base of academic research and knowledge about what is known to work in practice. This evidence should be incorporated and applied into Stay and Thrive works nationally, as it may offer organisations who participate, confidence in the underpinning knowledge of Stay and Thrive as they enact learning from the programme in their international retention programmes and practice.
2. Stay and Thrive is based on positive deviance which represent a strong methodology for creating change. In addition, the programme worked with concepts such as exploring 'old' and 'new' power which was felt had clear relevance to complement this field of work. The Stay and Thrive programme should continue to incorporate these concepts using open and clear communication, ensuring that new participants are clear about the definition of the methodology and concepts to the programme.
3. The programme welcomed speakers, stakeholders and others with positive deviance stories and examples to share that were working at differing levels within health and social care. This provided opportunities for all staff working on international recruitment and retention to interact and exchange information directly. This approach ensures that 'old power' can work with and learn from 'new power' and it is advised should be replicated as an ethos in continuing programmes.
4. Stay and Thrive as it scales and spreads must remain agile, with the programme and participating organisations being geared towards continuous improvement and responding to the challenges of learning in a complex and dynamic landscape of international recruitment and retention.
5. Stay and Thrive can be used as an example to illustrate to potential future organisations the significance and impact of participation by demonstrating tangible results. These might include improvements in staff survey or Workforce Race Equality Standard (WRES) data in associated areas that programmes centre on. Impact could potentially secure resources and improve the scale of any initiatives stemming from participation in the programme.

Chapter One Introduction & background

Large numbers of vacancies in the NHS healthcare workforce is a growing challenge in England, with the priority area being nursing. The causes of nursing shortages are multifaceted: the impact of the post-2008 recession on NHS funding, a fall in healthcare students, an ageing workforce, limited training places and a continued outflow of trained professionals who are exiting the NHS (Gillen & Smith, 2019). In turn, all of these factors were amplified by the recent pandemic that have increased demand on healthcare services.

In response to this challenge, one of the strategic intentions of current health policy is to recruit international nurses at scale over the coming years, as made clear in the NHS Long Term Plan (2019). The NHS in England possesses a range of advantages in its attractiveness as a place to work for international nurses, not least through the range of career openings, opportunities for continuing professional development, equitable pay and economic rewards, and career fulfilment that working in health and care services offers. In the face of rising pressures, it is important that the advantages of

what the NHS has to offer are realized to palliate the threat of internationally educated staff leaving the NMC register, that are reported as largely due to the post-recruitment barriers of integration. These challenges include differing levels of individual and organisational preparedness, communication in the workplace, experiences of working with different nursing models, the complexities of transitioning to new social and cultural realities and experiences of discrimination (Pressley et al., 2022). This context highlights the need for those responsible to seek to strengthen the quality of experiences for recently recruited international educated health professionals more generally, to enable them not only to register successfully but also to stay for longer periods, and to thrive within the NHS in England's healthcare workforce. It is within this context the Stay and Thrive project originates.

The positive deviance approach

The Stay and Thrive project is based on the improvement methodology 'positive deviance'. Positive deviance is a strength-based and collaborative approach that identifies individuals and groups whose experiences and behaviours enable them to find better solutions to their peers, despite facing the same challenges and comparable resources. The central premise to positive deviance is that solutions to problems facing communities often exist within the communities themselves, and that certain participants possess wisdoms and practices that can be extracted and generalised to improve the performance of others (Pascale, Sternin and Sternin, 2010). Positive deviance is based on recognition that resources and solutions already exist within the community, and these can be more easily adopted by others because they are better understood than unfamiliar approaches developed by external stakeholders. In healthcare settings, positive deviance has been used to identify and spread solutions on a range of issues that includes reducing waiting times in access to primary care (De Rocher et al., 2021), improving the numbers

of medication reviews in community pharmacies (Waltering et al., 2022) and the effectiveness of training and education (Bauserman et al., 2022).

The positive deviance approach, central to Stay and Thrive is atypical when compared to the hierarchy historically characteristically associated with NHS projects. Frontline workers (who ordinarily act decisions made) were invited in this case to position themselves as experts and assigned authority to design how they wanted change to happen; with middle management and leadership supporting ideas and making them happen, rather than leading from the top down and implementing decisions independently. The application of positive deviance to the Stay and Thrive programme is summarised in Figure 1. The first step focussed on exploring the challenges of internationally educated health and social care staff working in England. It looked to understanding the desired outcomes from the learning and the purpose of the Stay and Thrive programme (explored in Chapter 4). This stage drew extensively on what is known about the experiences of international nurses (with the evidence

base summarised in Chapter 2). Stage 2 (discussed in Chapter 5) drew on discovery and action dialogues to determine and identify as organisations and individuals that demonstrated exceptionally high performance in retaining internationally-recruited staff for sustained periods of time. In stage 3, the discovery stage (presented in Chapter 6) the community of action invited the widening participation of organisations in the two regions to share practices and strategies that were particularly effective at improving retention, and in stage 4 (discussed in Chapter 7) the community focussed on designing strategies and the future direction of Stay and Thrive.

The evidence exploring experiences of international nurses

Eliciting evidence from the systematic review of the global literature exploring experiences of internationally educated nurses (Pressley et al., 2022), this chapter examines the various facets to the experiences of international nurses after arriving in their destination countries. The aim being to explore the challenges that internationally educated nurses experience and to provide insights on the factors that inhibit their longer-term retention.

The systematic review informed the evidence base considered within the community of practice and summarises the findings of 27 papers which were synthesised into six key themes: i) individual and organisational preparedness, ii) communication and the art of language, iii) principles and practices of nursing, iv) social and cultural reality, v) equality, diversity and inclusion, and vi) facilitators of integration and adaptation.

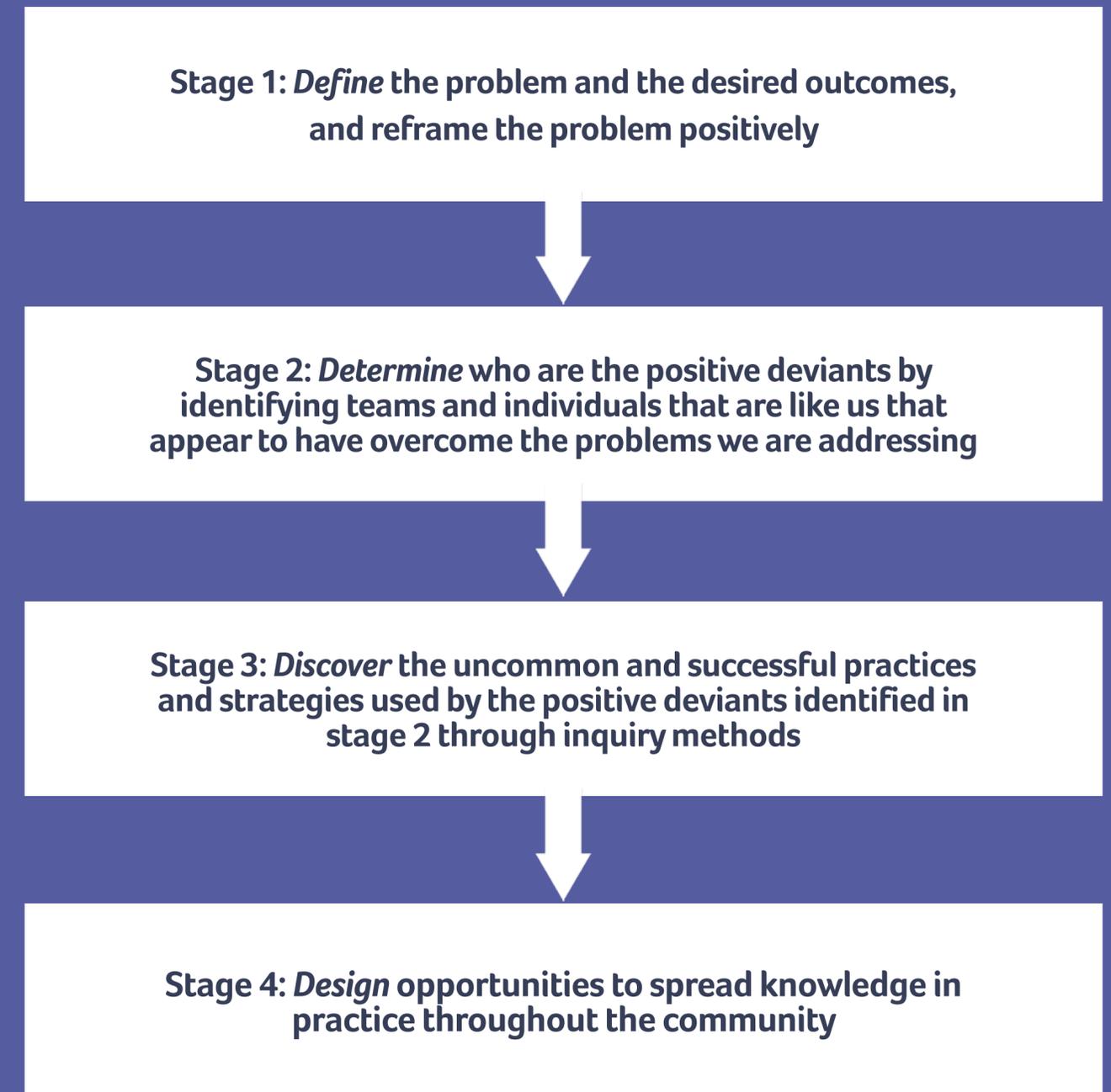


Figure 1: The positive deviance approach as developed for the Stay and Thrive Project

i) Individual and organisational preparedness

Motivations for migration for international nurses can be sorted into professional factors, personal reasons or a combination of both. Professional factors include the desire to learn more skills, work in advanced healthcare systems, gain better qualifications and develop nursing careers (Higginbottom, 2011; Adhikari and Melia, 2015; Alexis and Shillingford, 2015). Whilst international nurses from low-income countries cite unfavourable working conditions, poor pay and the need to improve social and economic conditions as primary motivators (Higginbottom, 2011; Lin, 2014; Kishi et al., 2014). Studies describe international nurses from low-income countries as deeply motivated by dreams of a better life and desires to provide a better future for their families and children (Jose, 2011). In contrast, alongside dissatisfaction with working conditions and poor pay in their countries of origin, international nurses from high-income countries can be motivated primarily by a desire to travel and experience different lifestyles (Higginbottom, 2011; Vafeas and Hendricks, 2018).

The arrival and initial onboarding stage is a period of significant anxiety and apprehension (Higginbottom, 2011; Lin, 2014; Connor and Miller, 2014; Alexis and Shillingford, 2015; Vafeas and Hendrick, 2018). Whilst some international nurses describe their expectations as being met, many describe negative experiences of recruitment and reception because of an absence of appropriate or sufficient support (Higginbottom, 2011; Lin, 2014; Connor and Miller, 2014). Arrival in a new country is a time when international nurses hope for something new and for 'dreams to come true' (Vafeas and Hendricks, 2018), however, the literature outlines persistent shortcomings in organisational preparedness that create challenges for new recruit. These onboarding stresses are exacerbated by being far away from the support of loved ones and familiar cultures (Jose, 2011; Connor, 2016). This can result in a profound loneliness (Zhou et al., 2011). Connections through mentorships and the importance of social networks can therefore make significant differences to personal and professional integration (Wolcott, 2013; Lin, 2014; Vafeas and Hendricks, 2018).

ii) Communication and the art of language

Adapting to a new working environment alongside the difficulties of being able to communicate in a second language is a widespread challenge (O'Neill, 2011; Kishi et al., 2014; Philip et al., 2019). This issue highlights a clear gap between international nurse preparation and the reality of nursing practices (O'Neill, 2011; Wilcott et al., 2013; Lin, 2014; Zhou et al., 2011; Philip et al., 2019). Language complexities include regional dialects, colloquialisms, turns of phrase, conversational speeds, abbreviations and medical terminology that limit international nurses' abilities to recognise the nuance of nursing situations (Neiterman & Bourgeault, 2013; Zhou et al., 2011; Kishi et al., 2014).

Professional success is described as hinging on the ability to communicate openly and with spontaneity (Zhou et al., 2011). Perceptions of clinical competence and safety are judged on communication skills, with language barriers often making international nurses appear incompetent (O'Neill, 2011; Kishi et al., 2014; Zhou et al., 2011). In turn, when targeting promotion

or development opportunities, less-social international nurses describe themselves as unable to apply because of the hinderance of language (Zhou et al., 2011) or the self-perception of being less knowledgeable than others (Thekdi et al., 2011, Salma et al., 2012). Where linguistic abilities are unequal, there can be a distinct lack of workplace 'small talk', meaning interactions with international nurses can be short and purposive aimed at functionally completing nursing goals or activities (Philip et al., 2019). Language constraints therefore lead to feelings of disempowerment and isolation and can negatively impact a sense of belonging (O'Neill, 2011; Philip et al., 2019).

iii) Principles and practices of nursing

International nurses experience major differences in professional realities, team dynamics and models of nursing care that impact their integration (Jose, 2011). Many healthcare systems in developed countries adopt an autonomous, person-centred or holistic approach to nursing care, while developing countries undertake a more task-focused, medically-driven model of nursing practice (Al-Hamdan et al., 2015). Levels of professional autonomy also vary, with nurse in developing countries rarely questioning a doctor's absolute authority whereas nurses in developed countries have greater independency and authority to make decisions (Neiterman and Bourgeault, 2013). Understanding the roles of international nurses and the manner of interactions with managers, doctors and other participants of healthcare teams is therefore required for developing assertiveness and critical thinking skills (Wolcott, 2013). However, this is seldom recognised by countries that recruit international nurses, creating challenges whereby international recruits are expected to engage in activities not previously seen as in the domain of nursing (Choi et al., 2019).

Within this context, many international nurses find themselves unprepared or ill-equipped to quickly assimilate to new and unaccustomed approaches to care (Adhikari and Melia, 2015). This can be exacerbated when previous qualifications, authority and expertise are not recognised, or when international nurses commence roles in junior positions or areas that do not match previous experience or expertise (O'Brien & Ackroyd, 2012; Neiterman and Bourgeault, 2013; Alexis and Shillingford, 2015; Choi et al., 2019). This deskilling creates unmet expectations which results in frustrations and a perceived disempowerment with an associated downward professional mobility or 'receding status' (Adhikari and Melia, 2015; Choi et al., 2019).

iv) Social and cultural reality

In the initial months following arrival, some international nurses experience feelings of cultural displacement (Higginbottom, 2011), with fundamental changes in social and nursing values that challenge personal identity and result in cultural dissonance and disillusionment (Kishi, 2014; Brunton et al., 2019; Choi et al., 2019). Within this context, social interaction is essential for relationship-building, and this process can lead international nurses to themselves with colleagues as a strategy for overcoming challenges through accessing social support in the form of information, peer and language assistance (Zhou et al., 2011; Wolcott, 2013; Kishi et al., 2014; Connor, 2016). Cultural adaptation occurs in a complex milieu (Brunton et al., 2019), where international nurses employ differing strategies to process their experience of change (Zhou et al., 2011). Some describe a passive acceptance or resigned willingness in transitioning to a different social context (Jose, 2011). In this context, greater attention to the cultural components of migration can be critical for ensuring smoother integration for international nurses (Wolcott, 2013), in which where nurse educators and managers can work in partnership to better support international nurses.



v) *Equality, diversity and inclusion*

Overt hostility and racism, both within workplaces and wider societies, is widely reported in the literature (Mapedzahama et al., 2011; Higgingbotton, 2011; O'Brien & Ackroyd, 2012; Likupe, 2013). Overt racism is commonly reflected in patients' attitudes towards being cared for by 'racialised' international nurses (meaning, nurses from whom 'race' was perceived as a differentiating feature) and are rarely perpetuated by host professionals (O'Brien & Ackroyd, 2012). However, colleagues' can still express attitudes to international nurses that range from indifference or 'microaggressions' to scarcely concealed hostility (O'Brien & Ackroyd, 2012, Likupe, 2013). Passive racism can be compounded by senior colleagues not managing or dismissing the racist behaviours of patients (Higgingbotton, 2011; Mapedzahama et al., 2011; Alexis & Shillingford, 2015).

In addition, international nurses describe feeling their nursing practice as being under excessive scrutiny compared with domestic colleagues (Mapedzahama et al., 2011; Higgingbotton, 2011; Likupe, 2013), and studies note a widespread issue whereby international nurses perceive

themselves as having to work harder and obtain better qualifications to gain similar posts to (white) host country nurses (Salma et al., 2012; Likupe, 2013; Allen, 2018). Reflective of supervisory discriminatory practices, international nurses perceived they are assigned different duties, heavier workloads and menial tasks that put them at a greater social and professional disadvantage (Higgingbotton, 2011; Zhou et al., 2011). Concerns about equity in workload allocations, occupational closure practices and overt discourtesy in the workplace capable create perceptions that international nurses are treated differently to their (white) counterparts (Alexis and Shillingford, 2015). The impact of racist and discriminatory behaviour is complex and varies across the evidence base. Feelings of disappointment and unhappiness can replace the initial expectations and aspirations international nurses develop prior to migrating, with their hopes for a better life seemingly undermined by their subsequent experiences (O'Brien & Ackroyd, 2012). This in turn leads to distress and confusion that become amplified by fears patients could make false, racially-biased accusations which in turn jeopardise employment and job security (Likupe, 2013).

vi) *Facilitators of integration and adaptation*

Whilst nursing practices vary, the professional or clinical competence of international nurses is not a challenge reported in the literature. However, recognition of the learner status of international nurses and their specific learning needs require focus on both a formal and informal basis (O'Brien & Ackroyd, 2012). Organisational commitment to supporting international nurses is therefore crucial, with effective mentorship and supportive leadership as a pre-requisite for effective integration (Salma et al., 2012; Wolcott, 2013). The literature describe how informal support and connection with peers through social networks can make positive and significant differences to individual confidence and professional integration (Wolcott, 2013; Lin, 2014; Vafeas and Hendricks, 2018).

Summary

The findings from the systematic review of the international literature, visually summarised in figure 2 provided a detailed perspective on the experiences of international nurses working in differing countries across the globe. Interestingly, many of the themes identified were not unique to international nurses in one individual country but appeared to be reflected in health and social care systems across the world. This global perspective allowed the team to understand the issues in detail ahead of the next stages of the stay and thrive project.

Health and Wellbeing Academy
University of Huddersfield

University of HUDDERSFIELD
Inspiring global professionals

Global migration and factors that support retention of international nurses

Stay and Thrive

NHS

Communication and the art of language:
Understand how cultural variations in verbal and non-verbal language can impact day to day life...
Perceived competence
Social interactions
Belonging

'Principles and Practices of Nursing'
Appreciate different approaches to nursing used across the globe
Acknowledge the depth of experience and encourage mutual learning

Personal sociocultural reality
Understand and celebrate each individual cultural imprint
Foster a feeling of belonging and encourage authenticity

Equality, diversity and inclusion
Allyship and advocacy to support tackling...
Micro-aggressions
Discrimination
Bullying
Racism
Gain greater cultural awareness and strive to continuously improve

Individual and organisational preparedness
Understand individual needs and support personal aspirations
Quality of life
Financial security
Career progression
Robust pre-arrival procedures

Facilitators of integration and adaptation
Unlock barriers to enable long-term settling in
Sensitive understanding of familial and religious needs
Build key social networks

#STAY and THRIVE

nhsemployers.org/publications/improving-staff-retention

Scan to read the full research article

Scriberia

Figure 2 The experiences of international nurses: the evidence.

Chapter Two

The research methodology and methods

This chapter presents the research approach undertaken to capture the learning from Stay and Thrive thereby explaining how the research was designed and an insight to the design choices. A discussion of the qualitative methodology and the context that informed the observation-based methodology is presented followed by the process of data collection and data analysis, before concluding with an overview of the ethical considerations.

Methodology

NHS Horizons facilitated the project with the academic team acting as ‘researchers in action’. The research took place online and within the Stay and Thrive learning sessions. In recognition of independence as researchers, the team drew on observation methods. Observation is used to study ‘social worlds’ defined as “those groupings of individuals bound together by networks of communication who share perspectives on reality” (Strauss, 1978, pp. 439-440). Whilst there is widespread discussion on how to conduct observation and produce and analysis collected data (Cohen et al., 2017; Ciesielska and Jemielniak., 2018), many authors subscribe to the central tenant that a ‘unit’ of data is collected by watching, engaging and/or experiencing a ‘scene’ in a reflective and critical manner (Spradley, 1980; Crabtree and Miller, 1992). The ‘social world’ was the Stay and Thrive online community of action that were set within the ‘scene’ of the online learning session, and the ‘units’ of data were the individuals who joined the learning sessions and were participating in the activities.

Observation is a popular qualitative research method, and the term encompasses a diverse variety of types, techniques and approaches. Each observational study presents different challenges about how to balance between being an ‘insider’ in the community whilst critically observing it as an ‘outsider’ from a distance (Hammersley and Atkinson, 2007). We adopted non-participant observation with the aim of capturing key information that stemmed from project engagement, interactions and outcomes. Non-participant observation is particularly popular in organisational studies, as it allows a researcher the opportunity to get closer to the field of research while retaining the position of an outsider or a guest (Ciesielska and Jemielniak., 2018). This separation clearly defined the role as ‘researchers in action’ but left open the possibility to stay in the background and minimise any influence. Thus, allowing the rhythm of the community of Stay and Thrive to continue uninterpreted and therefore enabled natural conditions for researchers to stand aside and collecting authentic data.

Data collection: bringing a community together to recognise the issues that need to be addressed

Throughout the learning sessions, a pre-designed observation guide was followed. Instrumentation is critical in qualitative research and the guide enabled observations to be conducted in a systematic, purposeful and rigorous manner. It was not possible to observe everything at once, so the observation guide enabled decision making around the priority details and thus collect data that was relevant to the research aim and objectives. The guide was therefore developed with the aim of seeking to note units of information around a series of features that included participants, verbal behaviour and interactions, key conversations and dialogues, and people who stood out (see Figure 3). The guide was followed throughout the main learning sessions and during many of the breakout rooms, and collected observational data was supported by video recordings from Microsoft Teams that enabled the cross-check of the accuracy of notes and ensure the method was being carried out properly. The recordings also allowed

reflection on observational notes whilst the function of sessions being recorded allowed the academic team to avoid reflectively summarising large passages of conversations and interaction, and instead focus more accurately on following the observational guide.

Participants: Who is talking? What is the ethnicity, gender, position (e.g. international nurse, mid/senior management) and approximate age of participants within the learning session?

Verbal behaviour and interactions: Who speaks to whom? Who is initiating conversations? What are the dynamics of interactions? How long are people speaking for?

Key conversations and dialogue: What is the key information being disseminated about behaviour, strategies and practices of groups/individuals identified as positive deviants? What identifies them as effective? What are the limits to their effectiveness?

People who stand out: Who is receiving attention from others? What are the characteristics of these people? What practices and behaviours are differentiating them from others?

Figure 3: Observation guide

Data analysis

Observation can work as a stand-alone research method or in combination with other qualitative data (Ciesielska and Jemielniak., 2018). The supplementation of observational notes with rich data from the Stay and Thrive team was used to share knowledge and gain real-time feedback from the community. These included online materials and individual responses generated throughout and gathered alongside the contents of Microsoft Teams chat boxes from each of the learning session. A full thematic analysis of this dataset was conducted alongside observation notes using a six-phase approach to coding and theme development (Braun and Clarke, 2006). This started with a familiarisation with the dataset by reading and re-reading all collected data, followed by an initial coding of interesting features that were pertinent across the dataset. The codes were then collated and developed into potential themes, before reviewing the themes and subsequently defining and naming them. Throughout this analysis, the analyst consulted the recordings of the learning sessions to quality control and ensure the accuracy of observation data.

Ethical considerations

The project received full ethical approval from the University of Huddersfield's School Research Ethics and Integrity Committee prior to commencing. Participants were invited to the learning sessions and prior to the events, the participant information sheet was circulated to ensure all attendees were given prior knowledge of the observational study. During the learning sessions, attendees were reminded about the observational study and were prompted to sign a participant consent form that was circulated using Microsoft Forms. Subsequent to the learning sessions, the Microsoft Team attendance log was cross checked with the signed consent forms to identify participants who had not returned their forms. No quotes have been included in this report from those attendees without signed consent.

All collected data was kept confidential and anonymised. All collected data was transferred from NHS England to the University of Huddersfield via Microsoft Teams after the learning sessions. The data was then stored on the University password-protected online cloud (Microsoft OneDrive) within appropriately labelled files only accessible to researchers working on the project. Throughout this process the collected data associated with the learning sessions were only available to the academic team working on the project.

Chapter Three

Defining the challenge for international retention

“Many peoples deviant behaviour starts with dreams because dreams are so non-linear ...”

- Robin Hitchcock

This chapter defines the scope and nature of the challenge of international retention the community of action was seeking to address. It sets out the community’s vision for why supporting internationally educated colleagues mattered, explains the broad problems the community agreed were important to address, and provides discussion of what the community would like potential support with and to potentially secure funding and improve the scale of any initiatives that might stem from participation in the programme and outcomes aimed to be achieved.

Community case studies are integrated into the presentation to demonstrate how the solution focused approach to understanding opportunities for improvements embodied the Stay and Thrive approach.

Key learning points

- Internationally educated people working in health and social care are recognised as making an invaluable contribution to healthcare organisations in North East and Yorkshire and South West regions of England where the programme was based from.
- Role, organisational and societal-based factors are the three broad categories identified in this programme which can influence the experience and retention.
- To improve enculturation and retention, internationally educated staff require differing forms of support to provide a sense of psychological safety.

Supporting internationally-recruited nurses

The initial focus of conversations from the community of practice sought to determine and rationalise why support for internationally educated colleagues was important. Stay and Thrive members were from a range of professional backgrounds, some relatively long-term and established international nurses themselves, whilst other people were from a spectrum of roles and work areas such as managers and educational leads, from both clinical and human resource departments responsible. Most were responsible in some way for carrying out international recruitment and retention. Participants joined from a range of organisations and across the two regions of North East and Yorkshire and South West. Participants a range of experience of working with international staff with some being yet begin the recruitment and onboarding process altogether.

Overall participants agreed, that supporting and improving the experiences of international staff mattered greatly and was of escalating priority, primarily because of the size and extent that

internationally educated people were joining health and care positions in England. In addition, community awareness of the invaluable contributions international nurses was making to patient care and the desire to fulfil supporting their experience of migration. Despite the range of participants professional backgrounds, group discussions identified a prioritised set of problems the community was seeking to address. These could be split broadly between three domains namely: i) career recognition and development ii) organisation onboarding and integration and iii) community integration.

Career recognition and development

Acknowledging that the international nurses who choose to work in England often have many years of experience alongside skills and qualifications in various specialist and management roles. The community of practice highlighted concerns about shortcomings related to individualised career recognition and ongoing development. After arrival and settlement, a repeated theme was limited bespoke or ongoing support planned for international nurses during the onboarding stage (Lin, 2014; Alexis and Shillingford, 2015). Several participants raised deskilling and the issues of new recruits not being recruited into positions that matched their professional experience or previous positions (Choi et al., 2019). This created the perception that the previous experiences of international nurses were not recognised and formalised, an issue compounded by the much broader challenge reported which was of feeling there was limited professional or work development opportunities. A problem repeatedly highlighted by the community was the limited opportunities for international nurses to progress their

career to mid and senior management roles, with some suggesting that international nurses felt trapped in band five positions and unsure of how to access information about career opportunities (Thekdi et al., 2011). This was creating issues around confidence, with several participants linking a lack of confidence around career development opportunities to feeling a lack of confidence to raise other issues.

Case study 1: University Hospitals Bristol and Weston NHS Foundation Trust Career Recognition and Development

University Hospital Bristol and Weston NHS Foundation Trust (UHBW) ran a series of workshops for international nurses focussed on career growth and progression within the NHS. The workshops sought a comprehensive view of the resources and opportunities available within the Trust that could be leveraged to meet aspirations and reach international nurse potential. The workshops were aimed at equipping international nurses with information, learning resources and skills that would help develop their professional abilities and ultimately lead them to thrive in the workplace. The workshop includes specific sessions on job application writing, interviewing skills, continuing professional development, Nursing and Midwifery Council revalidation and education-based simulations.

In total, the workshops engaged over 100 international nurses in 5 events spread across 6 months. Candidates found the sessions extremely beneficial and supportive of their career goals, and the tremendous success of the workshops motivated the UHBW team to make them an integral part of training for all incoming cohorts of international nurses.

UHBW highlight that strong and continuous support is essential if international nurses are to stay and thrive in their professional lives in the workplace. They have therefore established a further community of practice to provide our international nurses with help, advice and mentorship as required. This forum will convene quarterly and include the wider integrated care system.

Organisation onboarding and integration

A second area the community identified as key challenge to address related to consistency across organisational onboarding and integration processes for international staff migrating to England. Participants raised issues around support offers greeting teams in organisations and Trusts having inconsistencies in practices welcoming and onboarding new international nurses. Others suggested that welcoming could be more holistic in terms of providing new recruits with pre-departure information and communicating post-arrival information about what they could expect within their first few weeks.

Once international nurses were onboarded, participants raised key issues that inhibited successful integration as language and communication barriers, as well as issue around terminology, medical phrasing and different nursing models compared with previous countries worked in (Zhou et al., 2011; Philip et al., 2019). Participants also raised setbacks when international nurses had not been aware of the support provided for them, whilst others suggested organisations that were new

to international recruitment lacked the networks that could facilitate workplace integration (Vafeas and Hendricks, 2018). At a broader level, participants raised concerns around discrimination, unconscious bias and practices that sometimes created uncomfortable working environments (Likupe, 2013), whilst domestic staff raised the need for tools and training to be able to communicate confidently in an inclusive way. More generally, international nurses raised the need for greater cultural awareness for all staff to promote inclusion.

Case study 2: York and Scarborough Teaching Hospitals NHS Foundation Trust Celebrating the Cultures of International Nurses

York and Scarborough Teaching Hospital NHS Foundation Trust organised a week to celebrate the cultures of international nurses who work within the Trust. Through showcasing different types of cultural expression, the Trust did this to establish and promote cultural diversity aimed at enabling staff to appreciate the diversity of the arts and cultures of the world, as well as promote social inclusion, awareness and a feeling of belonging.

The Trust encouraged that on each day of the celebration, international nurses told their stories and shared their migration journeys. They talked about their culture, discussed cultural differences and challenges since moving to the UK, and also highlighted the difference in working practice between the countries they trained in versus the NHS. The days ended with a special food dish from each culture that was served in the hospital canteens for all to share. The celebration week ended with a party that invited wider family participants and was attended by over 400 people in total. The party involved food, music, dancing, and many different games.

The weeklong culture programme provided an opportunity for staff to deepen their understanding of cultural diversity. The presentations from each group were informative throughout the week and the Trust learnt a lot from nurses as they spoke about their journeys to the UK. Using feedback, the Trust intends to plan and implement effective ways to enable internationally educated nurses to do their best at work, have long and successful careers in the NHS, feel a sense of belonging and create a community where everyone feels free to speak up. The cultural week enabled staff to freely speak out while they were listening to stories, and there are plans to organise this function yearly to embed cultural awareness.

Community integration

Whilst professional role-based issues and organisational challenges dominated the focus of discussion, a smaller but equally important theme of community integration was raised by participants. This related to personal or social integrational challenges new recruits faced, generally outside of the workplace and pertaining to the wider lives of international nurses as migrants who had moved to England from different parts of the world. A small number of participants raised issues around perceptions on international nurse isolation and loneliness outside of work, with others suggesting that homesickness and disconnection from families was a problem impacting significantly on enculturation and retention (Brunton et al., 2019). Moreover, adjusting to the weather and culture of the UK was raised as a challenge, whilst perceptions of not fitting-in with local communities outside of work was raised by others. Within this theme, several participants mentioned housing availability and cost of living as issues impacting retention, particularly in rural areas.

Effective support

As with a positive deviance approach, the initial challenge was to reframe the issues constructively. This process led to identification of a clear set objectives for the community to work towards. The first major theme to emerge from this discussion was the need for inclusive language and dialogue that provided a safe space for people to communicate with respect to others. This was closely related to calls for greater awareness of unconscious bias in communication, with some participants requesting training and professional opportunities that could develop the intercultural skills of staff. This was seen as a keyway to ensuring international nurses from minority backgrounds feel valued and welcomed in their new positions, a step that appeared to be tied to wider calls around the importance of belonging for supporting new recruits within organisations (Kishi et al., 2014; Philip et al., 2019).

A second theme to emerge from this discussion was the need for greater involvement of stakeholders, particularly at management and leadership levels. Some felt management and leadership

in organisations were somewhat disconnected from recruitment and onboarding processes, an issue which was challenging efforts to create welcoming and supportive environments. Moreover, calls for greater involvement of settled and more established international nurses were voiced, particularly in evaluation and improvement processes (Allen, 2018). Several participants felt international nurses who had been in post for some time could be used to support newcomers as mentors or ‘buddies’. In relation to this, participants working on recruitment and onboarding felt processes could be set up whereby international nurses could evaluate their onboarding process and provide feedback.

Lastly, participants voiced the need for supporting new recruits by ensuring essential needs such as accommodation and food could be met by salaries. This appeared to link with requests for opportunities to integrate with the UK and adapt to society outside of the workplace.

Summary

Figure 4 presents a reflective visual consolidation on learning from the first Stay and Thrive learning session where the community explored the methodology of positive deviance and considered the global research, leading them on to consider the problem, explored what the community of action would do and agreed a collective mission for the stay and thrive programme.

Case study 3: Royal Devon University Healthcare NHS Foundation Trust Communication

Clinical educators at Royal Devon University Healthcare Foundation Trust designed four workshops on professional communication simulations for newly recruited international nurse intended to cover a patient's clinical journey. The educator team felt this was required to improve the confidence of newly-recruited international nurses to safely practice patient scenarios with all its complexity. Clinical judgement is key to patient safety and international nurses are challenged to understand how the NHS functions in particularly acute environments. Clinical decisions need to be made consistently and at times under pressure, and international recruits can experience these alongside additional language and cultural hurdles. Subject experts delivered sessions in the morning and simulation scenarios were experienced in the afternoon to consolidate learning. The workshops 'walked' international recruits through key steps of the patient's journey:



The outcomes of the workshops indicated that nurses felt much more confident in dealing with policy and procedure, multi-disciplinary team working and situational awareness in clinical scenarios. The workshops also helped international recruits to understand the wider support systems in place across the Trust to achieve quality patient care. This initiative supports the argument that investing time to prepare international nurses for clinical work can empower them to take control of their work, feel less stressed and enable their previous experience to be optimised. The workshops gave them a platform to address their concerns, to safely address differences in practice and feel valued as part of a community of practitioners.



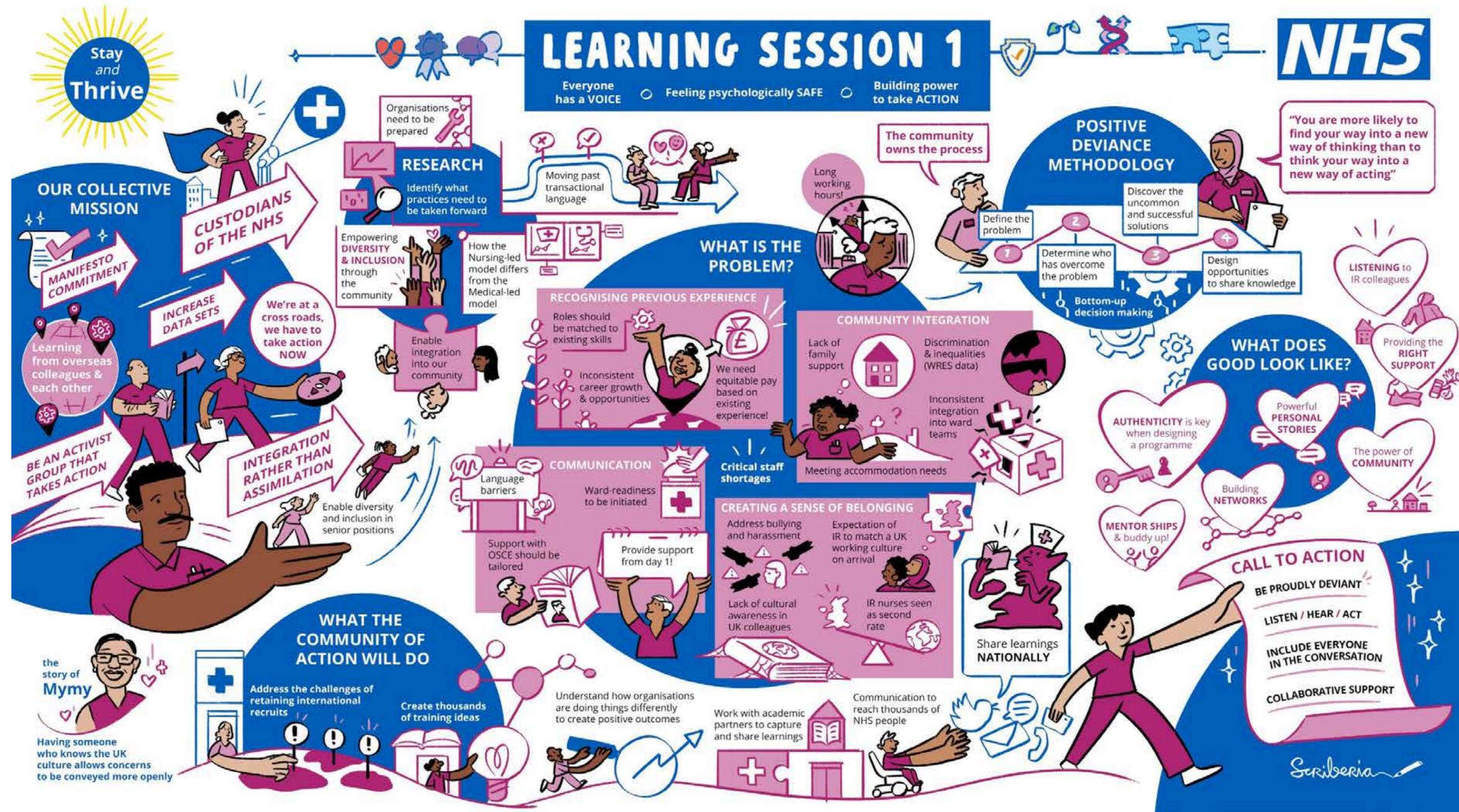


Figure 4: Reflective learning from session 1.

Chapter Four

Determining the positive deviants

This chapter sets out the inquiry process by which the traits of positive deviants were identified by the community of action themselves. It outlines the community's theory of how to build power for change, and shares approaches organisations can take to build power and just and fair cultures within organisations. The aim being to demonstrate how positive deviants within a context of Stay and Thrive were those who have adopted unusual and radical approaches to improve the enculturation and retention of internationally-recruited nurses.

"...whenever you find yourself on the side of the majority it is time to pause and reflect."

- Mark Twain

Key learning points

- Bottom-up approaches that centre on the lived experience of international nurses and supporting teams offer an effective way of improving retention.
- Collaborative working involving a wide range of stakeholders on expanding communication infrastructures can be used to share good practice, emphasise the positive impact international nurses have and learn collaboratively through staff involved with international recruitment.
- Employers should focus on empowering international nurses by ensuing professional development, acknowledging previous experience, and ensuring an alignment of skills with current roles.
- Just and fair cultures and safe spaces are required along with training aimed at improving the cultural awareness.

Staying connected and maintaining momentum

A series of 'drumbeat calls' were scheduled regularly as part of the programme to ensure energy and attention for the project could be maintained throughout the duration of Stay and Thrive. This provided the opportunity for participants despite the restrictions of being geographically disparate to build strong working relationships and keep in touch, to enable talking about any challenges faced in implementing actions. The drumbeat calls primarily focussed on sharing information about how people were getting organised and discussed actions taken to help international nurses. Participants who joined the drumbeat call also described arranging events and support networks between international nurses, as well as using videos to promote understanding of the backgrounds of international staff. The impact of the drumbeat calls for participants working on international retention at practice levels are demonstrated here:

"We are over the moon to have welcomed and supported 24 international nurses this week and supported a further 8 to OSCE (Objective Structured Clinical Examination). We have developed our vision using the drumbeat calls and had great conversations about what can support stay and thrive in our Trust"

Empowering a licence to act from within positive deviant individuals

As participants were sharing insights into the challenges faced, a clear idea of insights into opportunities for tackling these was emerging. The framework describing the dichotomy of old power and new power (Heimens and Trims, 2018) was shared with participants early on and centred on:

“Old power was a currency, the more you have the more powerful you are, whereas new power is a current shaped and deployed by people... old power is also something that is held by a few, whereas new power is made by many”

(Heimens and Trims, 2018)

In essence, the community of action wanted to empower change by leveraging the principles of ‘new power’. New power, shaped by many people who feel included in discussion, and who can therefore provide solutions creating shared and open relationships. Using these tactics of new power, this framed a subsequent discussion around how the community could build power for change. This discussion had three clear components:

Link old power with new power and new ways of thinking

“...people are much more likely to act their way into a new way of thinking, than think their way into a new way of acting...”

- Richard Pascal

Participants were unanimous in their identification of ‘old power’ as executives, boards and senior management in Trusts and NHS organisations. The participants contended that old power needed to be linked with new power, and that new power needed to influence old to engage in the processes of change. This could take the form of shared governance meeting and getting the right people in the right rooms to influence and affect change. It was suggested this could ensure international nurses could feedback to old power or ensure international nurses with lived experiences could be present to executives and boards, and in doing so becoming empowered. The general sense was that linking new power into old power would require systems change, a shift away from hierarchical decision-making traditionally associated with the NHS, and towards a more inductive and bottom-up approach that treated those on the frontline as experts by experience.

Case study 4: Leeds University Teaching Hospitals NHS Trust Leeds International Nurse Connection Forum

Leeds Teaching Hospitals NHS Trust received their first cohort of international nurses in January 2020. Carried out by the corporate nursing team, a staff survey with new recruits was conducted in August 2021 with a focus on uncovering their cultural integration during the initial arrival period. Despite a strong welcome and the feeling of being supported during the first few week, the survey found most international recruits were struggling after entering the ward or clinical areas, particularly around communication and interaction with colleagues that was constrained by the need to wear Personal Protective Equipment in clinical areas, for instance facemasks that reduced the ability to see facial expressions such as welcoming smiles. This left some of the nurses feeling devalued, lacking a sense of belonging and lonely.

The survey’s findings led to initiatives like the buddy system and LINC forum (Leeds International Nurse Connection) within the Trust. Set within a psychologically safe environment, the buddy system provides international nurses with an experienced colleague whom they can meet regularly, help to understand organisational values and provide opportunities to discuss challenges in the workplace such as how to overcome communication barriers. Similarly, the LINC forum provides a space for international recruits to meet regularly and connect with one-another and senior nursing leaders within the Trust. It also enables pertinent issues affecting new recruits to be resolved more urgently. In addition, LINC provides opportunities for senior management to talk with international recruits face-to-face, therefore allowing experiences to be shared with decision-makers directly. As an outcome, LINC is enabling new international recruits to have a voice within the Trust and to build their contacts and networks of support. This is strengthening their clinical integration and enabling them to overcome challenges outside of work involving integration with a new country and laying the foundations for a new life.

Building power: stronger together

Participants also agreed that to build power for change, teams need to improve their work better together. It was suggested that participants could identify and work with allies, and advance networking and pulling services together. This would include engaging all workplaces and teams, to share good practice, emphasise the positive impact international nurses have, and learn collaboratively with all staff participants and not just international nurses. Moreover, several participants highlighted the importance of working with Trusts and Teams external to their own and given the nature of listening and conversation; inclusive language was viewed as essential for enhancing communication and ensuring team working could have a positive impact on international nurses. In terms of the infrastructure to support better team working, social media was viewed as an essential for staying connected and sharing stories, with Twitter, Facebook and WhatsApp groups highlighted as potentially key resources. In addition, it was suggested that international nurses could be encouraged to join organisational networks through better explanation of their benefits by Equality, Diversity and Inclusion teams.

Supporting empowerment

To build power and change, participants highlighted the importance of supporting international colleagues to feel valued and empowered. It was reasoned that organisations should provide appropriate professional development and must acknowledge and ensure alignment of previous skills and experiences with current roles. The lack of promotion opportunities was identified as a major barrier to empowerment, with discussion centring on the possibilities of using technology to share targeted resources about career pathways through greater use of Trust intranet and videos for staff, all aimed at overcoming difficulties around equity to accessing and securing promotion opportunities. On an additional point, participants argued that international nurse empowerment could benefit by providing mentoring programmes and the sharing of experiences from more settled, and longer-term internationally educated staff. It was suggested also that empowerment of international nurses could, through better understanding of their lived experiences, perhaps in the form of case studies, be shared in an educational capacity to raise awareness of issues for all staff more broadly.

Case study 5: The Rotherham NHS Foundation Trust Welcoming Internationally Educated Nurses

Two meetings have taken place at The Rotherham NHS Foundation Trust since the launch of Stay and Thrive. These led the Trust to seek out and listen to feedback from international nurses about the challenges they face during the initial period of employment. This has developed greater joined-up working with the Estates Team to ensure that hospital residences are as comfortable and welcoming as possible for new international recruits. The Trust has also initiated a handbook being produced to improve communication for new starters. In addition, a Safe Staffing Matron has been appointed to support staffing levels across the wards, and the Trust has found that recently appointed international nurses are aware of the sideways transfer scheme that enable access to other divisions and specialities within the hospital. This is helping international nurses to transfer skills already obtained in their career and develop and progress further in their roles in the NHS.

The Trust is actively promoting the development and progression of international nurses and has recently celebrated the promotion of 5 nurses to Band 6 positions within clinical areas. A further 5 nurses are undertaking the Professional Nurse Advocate course, and 16 nurses recently attended a welcome to South Yorkshire event hosted by the Trust's Integrated Care Board which commended the role nurses and allied health professionals play in the NHS. The Trust has also promoted the Florence Nightingale Foundation leadership programme for internationally educated nurses and midwives and supports study time for those enrolled on the course.

Building fair and just cultures in teams and organisations

In parallel to exploring promoting empowerment, the community was asked how they could build just and fair cultures in their teams and organisations. This discussion predominately focussed on the importance of accessing safe spaces and a no blame culture. Creating a psychologically safe environment is known to enable individuals to feel safe to engage in difficult conversations that can lead to changes in organisational cultures (Brown & McCormack, 2016). Organisational cultures are social contexts that influence routines, behavioural norms and basic assumptions that shape environments in which nursing teams manage (Carmeli & Hoffer Gitter, 2008). Safe spaces and no blame cultures are therefore crucial because environments where opinions are considered valued and valid is known to contribute to improved communication, trust and decision making (O'Donovan & McAuliffe, 2020). The discussion about the need for a no blame culture and safe spaces was focussed primarily on improving cultural awareness and insight of perceived cultural difference with UK born nurses. This focussed on

the importance of support for middle managers, with managers that need help understanding the lived experiences of international colleagues and how this can frame misconceptions and judgements about their behaviour. This was viewed as a two-way process that would involve and empower international nurses. Moreover, it was propositioned as having the potential to lead to clarity in roles and objectives and specifically where support and pastoral care could be provided inside and outside of work.

Summary

This chapter renders a narrative of when the community came together for the second learning session (Figure 5). The community began where they left off at the end of learning session 1 with a recap of their agreed collective mission, it illustrates how the community were tasked to consider their personal power as change agents, explore values such as civility and respect and the concepts of just and fair cultures. Empowered with this purpose the community were encouraged to share stories of positive practice and reflect on how they could build power for change.

Chapter Five

Discovering the uncommon and successful practices

This chapter focuses on discovering the practices that positive deviants were using to better recruit and retain international nurses. The chapter starts with an overview of the ongoing drumbeat calls, before exploring the Stay and Thrive bundle of interventions and assessing the impact of improvements using a maturity framework. These are followed by three headline initiatives that provide opportunities to extend practices to strengthen the retention of international recruits. The chapter also details how organisations and systems learn and improve, to evidence what can make a difference. The aim of this chapter is to provide a clear understanding of the practices and approaches that can be adopted to strengthen international enculturation and retention.

Key learning points

- System level guidance can seed positive deviants across a range of different organisations.
- Evidence to know organisations are making a difference include reductions in vacancy rates, positive feedback from nurses and managers, and increased numbers of international nurses wanting to work for Trusts.

The progress made in supporting international colleagues

Participants of the community shared the ways in which they had started to build power for change, which included making greater connections with ‘old power’ in the form of management and senior stakeholders and using supportive methods such as reverse mentoring and buddying up new international recruits with more settled international nurse peers. It was evident that what was keeping participants motivated was a combination of lived experiences of being an international nurse, the desire to grow NHS England as a place where international nurses feel they belong, and acknowledgement of the care provided, alongside the recognition of the

significant contribution that international nurses make to reducing wider workforce constraints. The drumbeat calls also consulted and consolidated on ways which the wider workforce could understand the need for culture awareness, suggesting there should be more interactions, conversations and sharing of stories amongst staff, as well as highlighting the need for greater training and education about cultural difference. The community invited a range of speakers into their meetings to share and spread learning:

“The drumbeat calls have given me an opportunity to learn in various ways. The moment you think you’ve done it all, someone will show you that you can do more”.

Organisational and systems learning

Several participants said they were ‘learning the hard way’, through international nurse attrition, which led them to proactively adopt a ‘what works’ approach based acting first and reflecting later to check if problems are still an issue at the ground level after implementation of changes to address. Willingness to engage in innovations (such as participating in the Stay and Thrive programme itself) was considered fundamental to learning, with reciprocal mentoring (or “reverse shadowing”) cited as great examples of innovative ways adopted to share learning both ways.

Organisational feedback and communication were also considered important for learning, and this was explained as the need to ask international nurses questions about their integration experiences, and for management to be receptive of feedback. Some participants said their employers had facilitated listening events, set up mentorships and had begun to develop networks with other employers to share good practice and learn from others. Within this context, toolkits

and standardised ways of learning were discussed by participants as beneficial for learning, and similarly national guidance was welcomed to be developed. A summary of this point was that learning organisations should have mechanisms for connecting with international nurses and processes to ensure integration experiences meet expectations.



The Stay and Thrive Bundle and Retention Framework Tools

Bundles are 3 to 5 steps of evidence-based and proactive practices that improve outcomes when performed collectively and reliably in healthcare settings (Abdallah & Alkhaldi, 2019). Bundles create a standardised approach for improving quality (De Wet and Bowie, 2014), and are considered an ongoing process in which consistency is pertinent to creating successful outcomes. Using listening conversations carried out by the Stay and Thrive team, the following were conceptualised as the process organisations can adopt to creating conditions for international recruits to thrive namely 1) Creating strong foundations 2) Make new recruits welcome 3) Building belonging 4) Maximising personal and professional growth.

Creating strong foundations for international nurses new to working in England

The first step, to facilitating individual and organisational preparedness is in layering strong foundations for a positive onboarding experience. It was suggested by the community that this involves several stages including supplying new recruits with welcome packs which may include for example essential information for professional integration within the workplace and local communities. Creating strong foundations could also involve individualised cultural passports linking to culture and language, and routines and ways of working as a nurse in previous countries of working for new recruits to share with line managers and utilised on arrival to prompt discuss about recognising and utilising previous skills and experience and future career aspirations. It was suggested by the community that OSCE programmes could also look to be developed in home countries to enable registration to be obtained prior to arrival which would enable commencing in a nursing position rather than on lower bands. Similarly, creating strong foundations would involve mapping job allocation to best utilise skillset and qualifications at point of interview. And importantly, the foundations need to include preparation for teams and managers on providing cultural support from themselves to accelerate integration into their teams. Cultural awareness training should be considered for the wider workforce and included as part of mandatory training.

Case study 6: University Hospital Dorset NHS Foundation Trust Internationally Educated Nurse Forum

University Hospital Dorset (UHD) organised a monthly forum for international nurses that have been recruited by the Trust. As a series of four events, forums provide a safe space for internationally educated nurses to talk about their experiences and to gain information on topics like childcare and schools admission processes, maternity/paternity benefits, finances such as how to build credit scores as well as educational training and opportunities. Resourceful personnel within and outside the Trust were invited to share their thoughts and experience on a variety of topics aimed at supporting overseas nurses to stay. The forum also provided an opportunity for the Chief Nursing Officer and Deputies to collectively welcome new members to their teams, therefore demonstrating gratitude to the international nurses that have chosen to join the Trust.

The forums were well attended and provided opportunities to gain feedback from on the topics discussed as well as suggestions for future sessions. The forums covered the two sites in the Trust.

Information is key in any decision-making process. Hence, the Trust believe international nurses should have access to information that can provide solutions to the pastoral issues they may face that might prevent them from staying and thriving in work and England more generally. The Trust learned that pastoral needs and support for international nurses differ depending on individual lived experience; hence, there is need to approach pastoral support on an individual basis. Establishing the forum has also provided a base from which the accelerated development pilot programme for international nurses can progress, and also offer influence over the programme's content.

Make new recruits welcome

The second step is aimed at ensuring internationally educated staff feel welcomed into communities and to increase a feeling of support and belonging. This involved presenting individualised welcome materials and the offer of a non-clinical buddy system to help develop social networks. Using welcome events as opportunities to have face-to-face encounters, managers should take steps to appreciate the lived experiences of new recruits. Similarly, employers could host welcome events for international recruits involving colleagues and faith and diaspora leaders as part of wider integration into communities outside of work.

Building belonging

The third step of the bundle should focus on building inclusion into teams and communities. This involves the complimentary option of working collaboratively with voluntary organisations for internationally educated nurses such as diaspora groups to improve support for new international recruits, as well as establishing local employer forums, networks and decision-making councils to amplify the experiences of international nurses and act as infrastructure that can drive future change and improvement. This step should involve efforts by employers to engage directly with the personal and professional integration challenges of being new such as finding school places for children, connecting family participants with faith leaders, to support family settlement with wider communities.

Maximise personal and professional growth

The first three steps focus primarily on the early stages of welcoming international nurses, which is particularly important because presently many new international nurses and staff are joining our teams in England, and this is a particularly critical period for supporting successful enculturation. The fourth and final step focuses on maximising international nurses personal and professional growth, in ways to optimise realisation of career potential. This could involve holding career clinics and providing training on application processes such as CV writing, interview techniques, confidence building and information on career pathways and opportunities. Equally, career teams should be cited on cultural differences and individual cultural needs of internationally educated nurses. Moreover, specific leadership programmes should be established to target supporting internationally educated staff into management positions. It is suggested internationally educated staff in management positions could role model and heighten awareness of the potential career opportunities for advancement. These steps could be taken alongside the development of learning systems that tracks the job application numbers and success aimed at enabled structured support to promote career progression.

Case study 7: Torbay and South Devon NHS Foundation Trust

Torbay and South Devon NHS Foundation Trust has always been proud of the contributions internationally educated nurses have made. As an organisation, they recognise that arriving in a new place is daunting and have therefore provided international nurses with a thorough information booklet detailing the local area and their new working environments. They have a bespoke induction session with them to discuss living and working in the UK and an overview of the organisation. They conduct a welcome meeting with them to introduce them to employee support services, including the opportunity to meet their teams and senior leads. They work closely with BAME network and EDI leads in order to support clinical teams to be culturally prepared in welcoming new IENs. Experiencing cultural shock is real for most of internationally-recruited nurses, hence, they monitor and provide support where needed. They have also conducted supportive sessions in order for internationally-recruited nurses to have a safe space to raise concerns or just someone to listen to them. They've adapted the Collaborative Learning in Placement Practice (CLiPP) for IENs before they commence in their substantive wards. This enhances their strengths in working with their peers and the rest of the team. This includes promoting the Integration Buddy System within the CLiPP in order to help internationally-recruited nurses expand their personal and professional network. Career progression is important to internationally-recruited nurses, hence, they started conducting quarterly career progression workshops. Included in this is promoting CPD through the workshop, Preceptorship and Trust-wide communication channels. They also recognise their wonderful cultural heritage and will be holding a Culture Event Evening with internationally-recruited nurses to showcase their home country's culture and share it with the rest of the organisation. They advocate for internationally-recruited nurses and continue to listen and enhance the support for them.

Enabling international recruits to stay and thrive

In conjunction with the Stay and Thrive bundle, a Maturity Framework was developed that sought to maximise the retention of internationally educated nurses. This as a concept however was superseded by the parallel implementation of a national tool, and a decision was taken to not progress with the programme specific maturity framework for fear of duplication and causing confusion for users.

National tool 1: The nursing and midwifery retention self-assessment tool

The nursing and midwifery retention self-assessment tool was designed collaboratively between Nursing and Midwifery Directorate, the National Retention Programme in the People Directorate, and with nurses, midwives, human resources professionals and academic researchers (Pressley and Garside, 2022; Ball and Ejebu, 2021). The tool enables organisations to self-assess against the seven elements of the NHS People Promise as well as factors identified in the wider evidence base recognised to support retention. The aim of the tool is to support staff in strengthening job satisfaction and overall retention of nurses and midwives. Organisations are encouraged to use the information gathered by the tool to advise develop and implementation of retention improvement plans.

National tool 2: Chief Nursing Officer/ Chief Midwifery Officer ethnic minority action plan

The action plan was informed by events in 2020 that included COVID-19's disproportionate impact on BAME staff and growing awareness about the impact of racism in society. Building on prior EDI, the action plan was subsequently developed by different advisory groups and channels an agreed in July 2020 at the Chief Nursing Officer summit. In the subsequent months, the plan was reviewed quarterly to reflect newer evidence and guidance about the impact of COVID-19, leading to the steering group formulating 5 priorities. These included the need to protect staff, better engage with staff networks, ensuring representation of experts by experience in any decision-making, prioritise rehabilitation and wellbeing and, communicate the plan through engagement with the media. Critically, these priorities reflect Stay and Thrive principles that have emerged in the learning sessions.

National tool 3: Royal College of Nursing's Cultural Ambassadors Programme

Research shows that NHS employees from black and minority ethnic background encounter inequality, discrimination and prejudice at work (Rhead et al., 2021) The most recent WRES report showed that people from BAME backgrounds were more likely to be enter formal investigation and disciplinary processes than white colleagues (WRES, 2022), and that staff from BAME backgrounds are less likely to benefit from recruitment, appointment, development and progression opportunities in the NHS. Within this context, the Cultural Ambassadors programme was established. The programme provides training for staff from black and minority ethnic backgrounds that enables them to serve on investigation teams or decision-making panels for grievance and disciplinary proceedings where black or minority ethnic staff participants are involved. Their task is to pinpoint and further investigate concerns with culture, behaviour, potential discrimination, unconscious or conscious cultural bias, and situations where workers may be regarded less favourably. All of which might be present throughout informal or formal processes, observed, and disregarded. The responsibility of the Ambassador is to be interested in these matters, to make them transparent and to foster discussion to determine the potential implications of the results. Cultural ambassadors are intended to create a space where dialogue, communication and understanding can emerge, which can manage discomfort and tease out issues therefore preventing cases from going to employment process or sanctions.

A key feature of the Cultural Ambassadors programme is its effectiveness. The programme was piloted in 2013. At the pilot Trust, 62% of cases in the early 'fact finding' stage of the disciplinary process were stopped and did not progress to investigation, whilst the 13 cases that which were progressed did not reach sanctions or referrals to the Nursing and Midwifery Council. In the second year, WRES data from the pilot Trust showed reductions in the likelihood of staff from a black or minority ethnic background being disciplined, reductions in sickness absence, and an 80% improvement in the equal opportunity question in NHS staff survey. The pilot was then extended to other Trusts and similar results were reproduced. In addition, the programme has taken an agile working approach, being modified as a virtual course to continue operating during COVID and diversifying to expand beyond the initial focus on race and ethnicity to all of the protected characteristics where bias or discrimination has occurred. Lastly, the programme had enabled Cultural Ambassadors to develop their own interpersonal skills and improve their cultural awareness outside of disciplinary process that can help international recruits with cultural integration.

Evidencing positive change

No one single approach was deemed appropriate to evaluate the change occurring because of the Stay and Thrive programme. Some examples participants used to evidence their impact involved evaluative approaches such as staff surveys, that aimed to measure retention rates and to understand staff experience. Others said their employer judged overall progress by comparing WRES data trends (particularly band and ethnicity). Some suggested that a happier international nurse workforce could be demonstrated by reduced vacancy gaps. Participants were also gaining informal messages from international nurses and managers and more formal feedback through drop-in sessions and listening events. Participants conducted exit interviews with international nurses when they left their job or moved to a new department or employer, and some participants said they tried to compare the experiences of international nurse cohorts. It was suggested that length of time international nurses stayed with an employer could be considered a measure of an organisation capability whilst others said recommendations and international nurses wanting to work at specific organisations (assessed through NHS jobs or agencies) could equally reflect an organisation doing well in supporting international enculturation. One participant said evidence of impact could be demonstrated when BAME staff numbers increase or when an employer recognises a programme and adapts it for the wider audience.

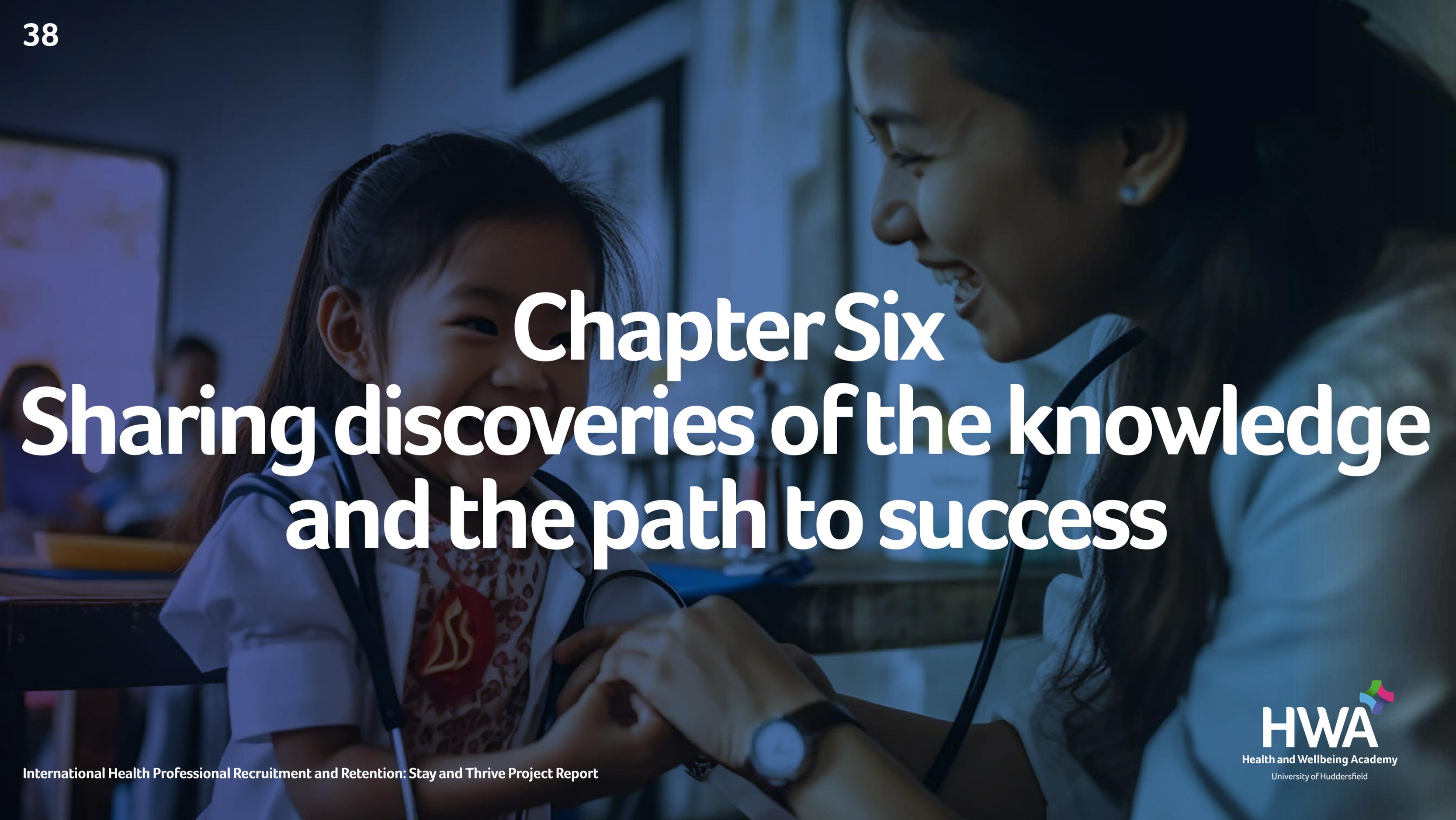
Summary

Figure 6 brings to life the progress to date introducing the prolific work the community as a collective is making to the experience of international nurses.





Figure 6 Overview of learning session 3



Chapter Six

Sharing discoveries of the knowledge and the path to success

This chapter discusses how Stay and Thrive can be used as an opportunity to spread knowledge beyond the scope of the initial programme and growing the community of action. This chapter provides a summary of the knowledge gained from the first year of the Stay and Thrive programme and concludes with recommendations from the positive deviance methodologies for supporting international nurses and dissemination of success through wider communities across healthcare providers in England.

“It is not the act itself, but the reactions to the act, that make something deviant.”

- Howard Becker, 1966

Summary of Stay and Thrive

Stay and Thrive had a collective mission to improve the wider experience of international nurses by encouraging themselves as members to take action. The programme emphasised the importance of active integration rather than passive assimilation and was advised throughout from an understanding of the evidence base on international experience of migration. By the end of this first phase of the programme of Stay and Thrive, the multifaceted challenge of how to retain internationally educated nurses had been clearly identified by the community through the exchange of information and the sharing knowledge between participants. It was clear that international nurses were making invaluable contributions to healthcare in England and yet often faced issues when integrating with the nursing profession, the workplace and wider society. The community of action identified the specific issues international nurses faced with enabling recognition of previous skills and experience and this effect on professional integration, communication, enabling belonging in the workplace, and support for integration with wider society.

The community of action focused on building psychological safety to create an environment in which they could share and learn from personal stories and lived experiences to identify the wider needs of international nurses. This started with reframing the experiences of international recruitment in positive terms, and the need to use inclusive language to create safe spaces for international nurses where both positive and negative stories could be heard. This afforded licence to reflect and consider the issues, to then move forward and improve. This process of identifying the obstacles faced by international nurses demonstrated the power of communities as catalysts for bringing about change. The community of action embraced Stay and Thrive as an opportunity to engage and learn and were inspired to share and celebrate good practice widely as knowledge of how to support international nurses to thrive living and working in England grew.

Over the duration of the programme, it was abundant the community of action had created a tremendous sense of increased new power to make positive change, enabled by the networking opportunities afforded by Stay and Thrive. A clear sense

of a collective mission was formed, based on raised awareness of understanding the positive deviance methodology and an overall strong theoretical framework that guided the learning to enact positive change.

The community of action led to the identification of three clear ways in which power could be built to enable change based on ‘old’ and ‘new’ power: 1) In affording the community permission to own both their personal agency and collective agency; 2) from the power of stories from those across the two regions at different stages in their international recruitment and retention journeys, and 3) the community was greatly invested to understand and enact changes that could improve international retention.

This process enabled reflection and realisations that the positive deviants were the individuals and teams within systems, and organisations and at an individual level who were committed to finding and adopting radical approaches aimed at improving the experience and retention of internationally educated staff. These are captured in the case studies and chapters, and it is hoped that this report does

justice to recognising the vast amounts of fabulous work that has taken place by truly inspiring employers and individuals that we had the privilege of hearing from in this study.

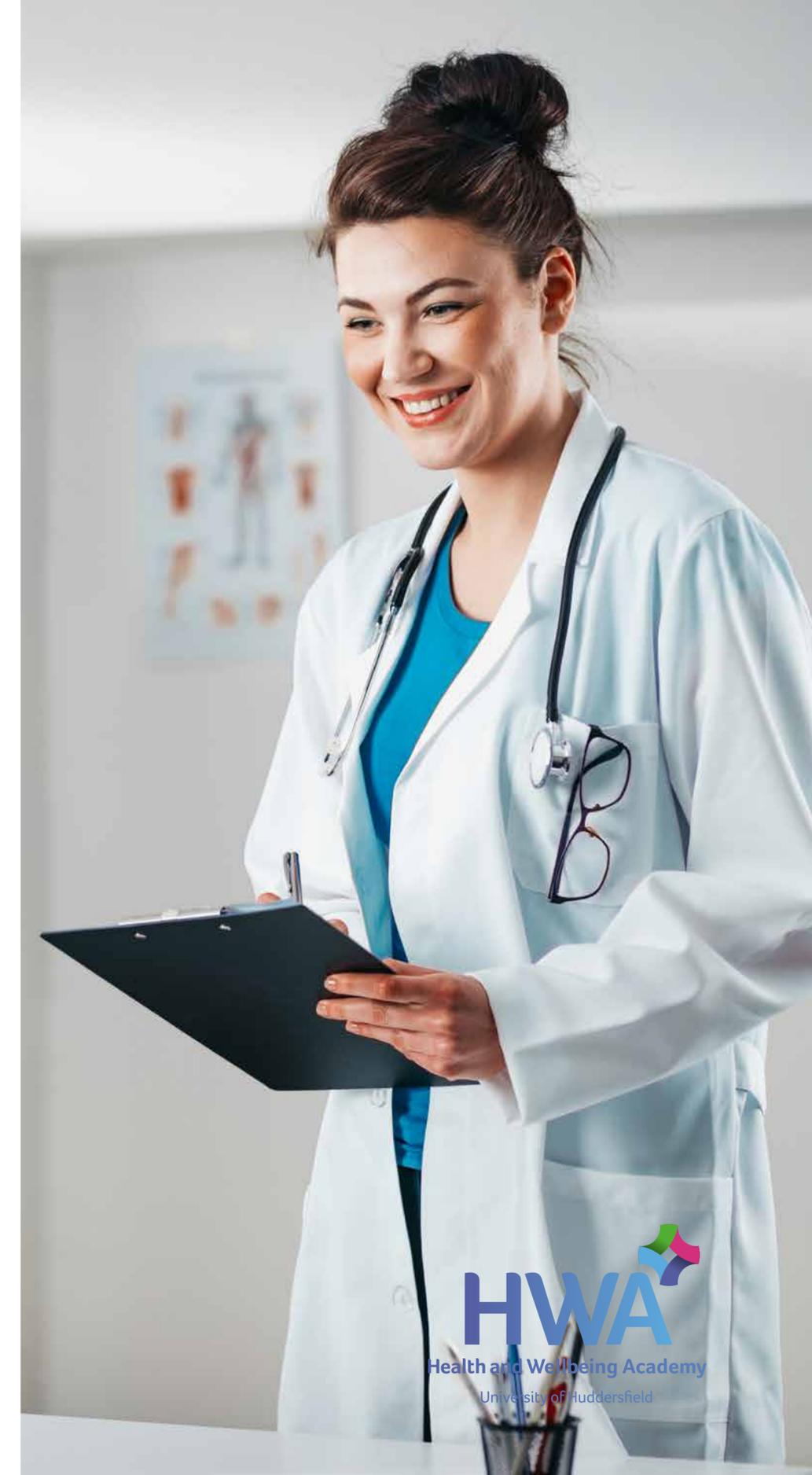
The uncommon and successful strategies that could improve international retention were shared through presentations and learning that had developed both before and during the programme. The community expressed how they benefited from the learning exercise of developing two Stay and Thrive tools which drew on learning from the experiences and developing a collective knowledge of what programmes and initiatives appeared to work. Stay and Thrive in the main operated to bring awareness of the knowledge, experiences and resources being used by employers, and encouraging reflection and feedback on them for participants to then take away and use in their everyday practice. Crucially, uncommon, and successful strategies were provided for participants to embrace inclusively, regardless of their relative experience or employment status, and it is hoped this approach increase the likelihood of these strategies being further adopted and applied beyond the known remit of the Stay and Thrive programme.

Stay and Thrive set a precedent of wanting to capture tangible results from programme material to increase the likelihood of initiatives being successfully adopted and promoted when positive impact can be seen. Impact form outputs and outcomes include positive feedback from nurses and managers, reported reductions of nurse vacancies and similar indicators of workplace happiness, and increased reputation of employers and growing numbers of international nurses applying to work for specific organisations where attributes of positive deviance are palpable in organisational culture.

Limitations

Despite the strength of the positive deviance approach, there were limitations to the Stay and Thrive project alongside limitations to our research approach. The first was our inability to observe and document all the community conversations in the breakout rooms due to the number of breakout rooms and our limited research resources. This meant we were unable to capture all conversations amongst the whole group of participants. To ensure we could capture the broad view of the conversations, we relied on the feedback at the end of the breakout rooms as well as online notes and chats.

In some but not all cases, it appeared the wisdom of perceived positive deviants was based on self-reports or anecdotal evidence of the success of organisational practices rather than data collection and robust outcome evaluations of these practices in workplaces and consideration of 'measures' of success are recommended for future projects.



The next stage of the Stay and Thrive Programme

The next stage of the Stay and Programme sets promise to realise positive deviance at Pace and scale, to improve the personal and professional lives of our much valued internationally educated colleagues. 43 organisations across 11 systems, from 2 NHS regions of England participated in the first year of Stay and Thrive. Going forward, following this successful first round of the programme Stay and Thrive will over the next twelve months work on a larger scale nationally and will engage with organisations throughout England with greater numbers of participants. This presents an exciting opportunity to spread knowledge at pace and wider scale. Focussed on next twelve months, our recommendations for Stay and Thrive are as follows:

1. Stay and Thrive is backed by an evidence base of academic research and knowledge about what works in practice. This evidence base should be incorporated and applied into Stay and Thrive works nationally.
2. Stay and Thrive is based on positive deviance which represent a strong methodology for creating change. In addition, the programme worked with concepts such as 'old' and 'new' power which had clear relevance to the complement this field of work. The Stay and Thrive programme should continue to incorporate these concepts as the magnitude of new power realised is a key contributor to the success of the programme and compliments and promotes inclusivity.
3. The programme welcomed speakers, stakeholders, activists, and change agents working at differing levels across health and social care in England. This provided opportunities for international recruits, and staff working on international recruitment and retention to interact and exchange information directly. This approach ensures that 'old power' can work with and learn from 'new power' and should therefore be replicated going into the next twelve months.
4. Stay and Thrive national must remain agile, with the programme and participating organisations being geared towards continuous learning to navigate challenge of complex and dynamic landscapes.
5. Stay and Thrive should continue to capture tangible programme outcomes. These might include improvements in staff survey or WRES data in areas where these programmes centre on.
6. In development of future tools, to avoid duplication and confusion of products Stay and Thrive should seek to understand the characteristics and features of the more successful tools that have become embedded and known within the national landscape as resource repositories grow.



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