

Integrated service delivery model for refugee and immigrant health professionals seeking New Zealand registration

Policy and employer considerations

May 2008

Focus of discussion

Employer considerations

- Health workforce shortages - Reliance on overseas trained nurses in NZ
- Registration priorities and issues
- Reality of clinical service delivery
- Integrating into the workforce
- Safety issues

Policy issues (limited suggestions)

Employer issues: Reliance on overseas trained nurses in NZ

23% of NZ registered nurses in New Zealand are foreign trained, compared to 8% for both the UK and Ireland.

EXHIBIT 1
Host Country Registered Nurse (RN) Workforce And Foreign Nurses' Contributions

Host country	Number of RNs in workforce	Predicted shortfall (shortfall years)	Foreign nurses as percent of workforce
US	2,202,000	275,000 (2010)	4
UK	500,000	53,000 (2010)	8
Ireland	40,400	10,000 (2008)	8
Canada	293,300	78,000 (2011)	8
Australia	179,200	40,000 (2010)	~
NZ	33,100	-	23

SOURCES: United States: E. Spritley et al., *The Registered Nurse Population, March 2000*; BRN; *Projected Supply, Demand, and Shortage of Registered Nurses, 2000-2020*; United Kingdom: J. Buchan et al., *International Nurse Mobility*; J. Buchan and I. Seccombe, *Behind the Headlines: Chancellor of the Exchequer, Budget Statement*; Scottish Executive, *A Partnership for a Better Scotland*; Welsh Assembly, *The Review of Health and Social Care in Wales*; Ireland: Health Services National Partnership Forum, *An Examination of Non-Practising Qualified Nurses and Midwives in the Republic of Ireland*; Nursing Policy Division, Department of Health and Children, *The Nursing and Midwifery Resource*; Canada: L. O'Brien-Palms et al., *Bringing the Future into Focus: CRR, Supply and Distribution of Registered Nurses in Canada, 2000*; Canadian Nurses Association, *Planning for the Future*; Australia: Australian Institute of Health and Welfare, *Nursing Labour Force 2002*; T. Kairini and J. Li, *The Nursing Workforce—2010 and New Zealand*; Nursing Council of New Zealand. See endnotes in text for complete source information.

NOTES: Nurse workforce surveys are conducted at different points in time in each country. Data were obtained from the most recent country reports, corresponding years for number of RNs in workforce: United States, 2000; United Kingdom and Canada, 2003; Ireland and New Zealand, 2002; Australia, 1999.

Ref: Trends in International Nurse Migration (by Linda H. Aiken, James Buchan, Julie Sochalski, Barbara Nichols and Mary Powell) was published in *Health Affairs*, Vol. 23, Number 3, June 2004

Employer issues: Registration priorities & issues

Providers/Managers support the regulation agencies

- being thorough about similarity of preparation and competence to the NZ standard
- requiring communication to be adequate (IELTS)
- validating that the person approved to work has legitimate preparation

Employer issues: Employment considerations

• Push factors / Pull Factors

- Low pay
- Poor working conditions
- Lack of resources to work effectively
- Political Economic instability
- Limited educational opportunities
- Impact of HIV/AIDs
- Unstable/dangerous work environment
- Travel opportunities

Employer issues: Employment considerations ICN – International Nurse mobility – Trends and policy implications [Buchan, Parkin, Sochalski, 2003]

The experience of moving can be negative – e.g. racism, undervaluing qualifications

- Moving between industrialised countries
- Moving from Developing to industrialised countries
- Moving between developing countries
- Role of recruitment agencies

Depends on the reason for moving:

- Permanent move – economic migrant, career move, migrant partner. Permanent settlers, documented labour migrants
- Temporary move – the working holiday, study tour, student, contract worker.
- Undocumented labour migrant, asylum seekers, recognised refugees, externally displaced persons have a different > difficult experience

Employer issues: Reality of clinical service delivery

- Safety – shortages but need people qualified to do the work that is required, able to work in the clinical setting i.e. competent to the NZ way of providing care, able to communicate in English
- Consumer expectation and flexibility
- Acknowledge that health providers cannot understand the experience of people coming from different situations and need to have health workers from these countries work alongside New Zealand staff. Need health providers reflecting consumer groups in our community
- Team styles

Employer issues: Integrating into the workforce

- Developing team understanding and accommodation
- Different orientation/induction focus – validating experience and knowledge, teaching "basics" as undergraduate preparation and post graduate experience is very different
- Longer preceptorship as refugee / immigrant health professional learns the differences, to think in English to confidently answer the phone, communicate with patients and families, deal with intolerance
- Mentorship
- Debriefing

Employer issues: Career options

- All people need to contribute and be supported to integrate into a new culture
- To support their families, immigrants are often forced to take jobs in manual labour, even though they may have the training and education for professional jobs. Thus, many immigrants cannot sustain their former economic and social status, which can lead to psychological distress.
- Are new immigrants prepared for the fact that they may have to work their way up again? Are they supported to cope with the disappointment and 'humiliation' of this?

Policy options

1. Facilitate employment through supported support roles in health settings at beginning and intermediate level roles. Promote the value of being "part of the team" in whatever role. Consider employment trial periods
2. Make it the norm to continue to learn English, to recognise the differences in health system
3. Create e-learning opportunities for New Zealanders to learn about how to work with colleagues of different cultures

Policy options

4. Support employers to implement strategies to assist the recent immigrants who face difficulty adjusting to their new home for a host of reasons [including coping with trauma experienced in their native country, overcoming cultural and language barriers, and encountering discrimination. The effects of immigration on psychological and social well-being can be profound]
5. Promote effective HR planning and development. [How can a balance be achieved in team structures where local workforce is in short supply? Is in-flow a cost effective way of solving skills shortage? Is inflow sustainable?]