

Wasted Skills, Lost Opportunities, Unmet Need.

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NZ Diversity Forum 2008

Drawing on recent research to....

- Highlight the need for a diverse workforce
- Demonstrate some impacts of health professionals encounters and experiences
- Meeting the challenge of institutionalised racism in our society?

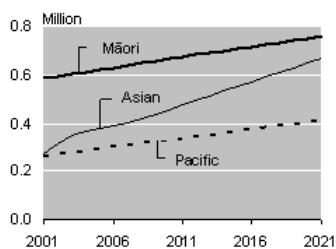
The case for increasing health workforce diversity

Our Increasingly Diverse Society

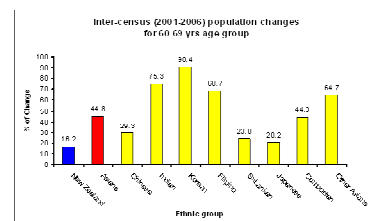
- New Zealand will have greater ethnic diversity in the future. Estimated increases of the resident populations over the 30 June 2001 figures (%):
- European population (3.07 m) is projected to reach 3.23 million by 2021, an increase of 150,000 or 5 percent
- Māori population (590,000) is projected to reach 760,000 by 2021, an increase of 170,000 or 29 percent
- Asian population (270,000) is projected to reach 670,000 by 2021, an increase of 390,000 or 145 percent
- Pacific population (260,000) is projected to reach 420,000 by 2021, an increase of 160,000 or 59 percent

Our Increasingly Diverse Society

Stats NZ Projections



Growth in Asian Populations



Impacts of Diversity on Primary Health Service Providers

- Surveyed GPs, Emergency Services, Plunket (n = 205) (in 2002)
- Respondents' perceptions of 'recent' immigrant patients encountered in their health service probed
- Respondents' resources to meet needs of a diverse population explored

Common countries/regions of origin of recent immigrant patients

- 48 % identified Asian countries
- 21 % traditional origins (the United Kingdom, Australia etc.)
- 18 % Pacific origins
- 13 % - other places: Africa, South America and the Middle East.

"Immigrant Patients" Expectations

	Definitely/ Mostly true	Definitely/ Mostly false	Don't know
"Immigrant patients are less likely than other patients to believe your reassurances when there is nothing wrong"	33%	49%	18%
"Immigrant patients are more likely than other patients to expect admission to hospital"	17%	47%	36%
"Immigrant patients are less likely to expect a prescription than other patients"	8%	62%	30%
"Immigrant patients are less likely to expect high-tech interventions than other patients"	27%	48%	25%

Communicating with "Immigrant Patients"

"At least once a month..."	Mostly or Definitely true	Mostly or Definitely false
"...trying to communicate with patients who speak languages other than English/whose English is limited is time consuming."	78%	22 %
"...difficulties in communicating with patients who speak languages other than English/whose English is limited are stressful or frustrating."	58 %	42 %
"...there are instances when I believe the immigrant patient has not followed instructions because of communication problems."	62 %	38 %
"...there are instances where I am uncertain that the immigrant patient has understood what I said."	74 %	26 %
"...there are instances when I am unable to understand what the immigrant patient was saying to me."	64 %	36 %

Impacts on professionals

- 96 % agreed with the statement "I find working with immigrant patients interesting"
- 27 % also found "working with immigrant patients frustrating"
- 81 % felt that services and professionals are inadequately prepared to meet needs of a diverse population

Best resource-immigrant co-workers

- More than half (55.5 %) had immigrant co-workers from: the Pacific (33 %), Asia (21 %), South Africa (16 %), traditional source countries (UK etc) (18 %).

How were these colleagues used?

- "Chinese clients with little English are referred to the Chinese nurses, as are Pacific Island clients to Pacific nurses" (Plunket Nurse, Auckland City)
- "Due to the service we deliver I believe that...you use your immediate staff to bridge language barriers... Our community contains a large population of Pacific Islanders and others so our service needs and has set in place staff to deliver to our clientele" (Practice Nurse, Manukau City)

-but at a cost

- “[I] believe my work colleagues who are immigrants experience the most pressure as their own people have enormous expectations of them. They are the ones who require a lot of support” (Flunket Nurse, Waitakere City)
- “The [employer] is not looking at “the future.” According to statistics, [a large proportion of immigrants are] Chinese coming to Auckland. They are not training nurses who speak their language nor do they seem to care. Those of us that speak their language are asked to see these clients, causing greater stress and burnout” (Nurse, Auckland).

*Where are the
willing
immigrant
health professionals?*

International Medical Graduates (IMGs)

- In 2004, 35.6% of doctors registered in New Zealand came from overseas; IMGs made up 24% of house officers, and 39% of general practitioners and specialists (MCNZ 2005)
- Many IMGs stay in NZ for a short period only; only 50% of those registered renewed their registration the next year; by 3 years 33% remained (MCNZ 2005)
- In DHBs the male-dominated medical workforce comprised 16% of the entire workforce and was the most transient (reflecting short tenure resident medical officers). It was also the most ethnically diverse, with higher than average Asian, Indian and other minority groups represented (DHBNZ 2006)

International RNs (IRNs)

- Annually the number of IRNs added to the register is similar to or exceeds numbers of NZ RNs added to the register (NZNC 2007); continuation in NZ not reported
- IRNs actively practising increased from 18% in 2002/3 to 22% in 2005/6
- IRN population in NZ is ethnically diverse: over half are from the English speaking countries (UK, Ireland, Australia and North America) followed by Asian, African and Middle Eastern countries, Pacific countries and other European countries (NZHS)

Return on investment?

- High administration costs to registering IMGs/IRNs
- Employers invest heavily in recruiting; 2/3 DHB Directors of Nursing surveyed in 2004 reported having participated recently in overseas recruitment drives (Cost of Nursing Turnover Study)
- Employers invest heavily in inducting IMGs/IRNs: almost a quarter of replacement nurses in 12 months were IRNs and among the most expensive in terms of on-job training to reach full productivity (Cost of Nursing Turnover Study)

Why the short tenure? Possible answers from recent research

- Large numbers of IMGs unregistered (900 in 1996), poor GHQ-12 scores found in research (Dahl 1996; North et al 1999)
- Major difficulties faced in seeking registration (North et al 1999; Lillis et al 2005)
- Once registered major problems in finding employment (Hammen, 2005; Lillis et al 2005)
- Or employed in less desirable, lower paying jobs

The complex and subtle set of skills IMGs and IRNs need to acquire

- An understanding of communication and cultural differences
- Familiarity with the culture of the new community of practice
- Fluency with the nuances of professional communication
- An understanding of the behaviour and values expected (Hawken 2005; Lillis et al 2005)

Are we up to the challenge?

- Self-reflection as a society: A focus on immigration and settlement structures and processes
- Registration with the Councils: a focus on process and the perception of even-handedness
- Finding employment: smoothing the process of joining the new community of practice
- Getting real: acknowledging we need IMGs and IRNs more than they need us