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FIRST YEAR HERE:

A study of non-New Zealand-trained
Registered Nurses in their first year of practice
in New Zealand

A thesis presented in partial fulfilment
of the requirements for the degree of
Master of Arts
in
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Abstract

The aim of the research is to explore how non-New Zealand-trained Registered Nurses (RNs) perceive their transition experience, 0-12 months after commencing work in one of Auckland's public hospitals. As there is currently a shortage of RNs not only in New Zealand but worldwide, it is important to ensure New Zealand is a desirable destination for RNs to migrate to. The research illustrated that both non-New Zealand-trained RNs and also New Zealand RNs¹ experience culture shock. The need for cultural competence to occur amongst nursing colleagues and the importance of good support systems in alleviating culture shock was highlighted by the interviews. The disciplines of both anthropology and psychology provide the theoretical base for the research, with particular reference to the constructs of culture and culture shock. The concept of culture shock has been used as a foundation from which to develop insight into the transition experience of the participants. Culture shock has also been utilised to assist in interpreting my observations and also the experiences of non-New Zealand-trained RNs in their first year of practice in public hospitals in Auckland, New Zealand.

The body of data was analysed and codes generated from the data using a General Inductive Approach (Thomas, 2000). Critical social science provided the framework for analysing and identifying the factors underlying or contributing to the data resulting from the interviews with participants about their transition experience. Lastly, the findings of the research are discussed and the conclusion sets out the implications of these for both nursing and the transition experience of future non-New Zealand-trained RNs.

¹ New Zealand RNs refers to New Zealand-trained RNs and RNs who have been working in New Zealand longer than 12 months, and are acculturated to Auckland's public hospitals.

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List of Abbreviations

ADHB	Auckland District Health Board
AEC	Auckland Ethics Committee
CMDHB	Counties Manukau District Health Board
CNAs	Clinical Nurse Advisors
CNEs	Clinical Nurse Educators
COOs	Chief Operating Officers
CORD	Chronic Obstructive Airways Disease
CV	Curriculum Vitae
DHB/s	District Health Board/s
DON/s	Director/s of Nursing
EBP	Evidence Based Practice
ECA	Employment Contracts Act
HRC	Health Research Council
ICU	Intensive Care Unit
IELTS	International English Language Testing System
MHS/s	Maori Health Service/s
MUHEC	Massey University Human Ethics Committee
NHS	National Health Service
RDO	Research Development Office
RN/s	Registered Nurse/s
SOAP	Subjective Objective Assess Plan
UAE	United Arab Emirates
UK	United Kingdom
US	United States
WDHB	Waitemata District Health Board

Introduction

My interest in exploring the experiences of non-New Zealand-trained RNs, who have immigrated to New Zealand, and are in their first year of practice within a public hospital in the Auckland geographical area, evolved from my own experience working as a Registered Nurse (RN) within a public hospital in New Zealand. Firstly, my interest stemmed from my perception of an increase in the number of “foreign” RNs recruited to fill vacant staff nurse positions. Secondly, a new area had been commissioned in my place of work and was staffed by a large proportion of non-New Zealand-trained RNs. The new area had been running for nine months at the commencement of this thesis.

My work as a RN across the medical and surgical areas of the hospital brought me into contact with a large number of RNs. Comments were made to me regarding how the new area had not “gelled” yet, and that the problem was in part caused by the variety of cultural backgrounds of the nursing staff (M.P., personal communication, January 17, 2002; P.G. personal communication, December 10, 2001). The expectation was that the area should have “gelled” within six months. A number of bureau staff voiced dissatisfaction and frustration when working in the area and some made the decision not to accept further work in this area (S.G., personal communication, 9 December 2001; J.T, personal communication, January 4, 2002). The perception of the New Zealand RNs that there was a problem intrigued me as the comments made to me had all been from RNs who did not work permanently in the area.

This led me to formulate a series of questions.

- 1) Did the RNs who had completed their nursing training overseas and worked in the area perceive a problem?
- 2) Was the area being viewed and judged from an ethnocentric Western standpoint?
- 3) What role, if any, did horizontal violence have in the attitudes and behaviours towards non-New Zealand-trained RNs by other RNs?
- 4) Did the work environment provide adequate support, acknowledgement and understanding of cultural differences?

From this point my research progressed to studying the experiences of non-New Zealand-trained RNs in their first year of practice within public hospitals in Auckland, New Zealand.

Exploring the “experiences, feelings, and perceptions”, the emic perspective, of non-New Zealand-trained RNs and utilising an ethnographic approach to tell the participants stories, provides the means of obtaining data relevant to the aim and objectives of the research (Holloway & Wheeler, 1996: 1). The area that prompted this research was not utilised for this study, to avoid placing further focus on the area, or causing stigmatisation. The research data is an accumulation of the experiences of participants working in the Auckland District Health Board (ADHB) and Waitemata District Health Board (WDHB). Although aspects of their experiences may be similar to other non-New Zealand-trained RNs, as each individual comes from a different background, there may equally be other experiences that have not been encountered in the course of this research. All the names of participants, initials of people from which personal communication was received, and ward names have been changed to maintain confidentiality and anonymity.

The aim of the research is to establish how non-New Zealand-trained RNs in Auckland’s public hospitals perceive their transition experience, 0-12 months after commencing work. The specific objectives of this research are:

- To identify the differences and similarities non-New Zealand-trained RNs experience between nursing in their home country and nursing in public hospitals in Auckland, New Zealand.
- To identify the factors which helped or hindered the participant in the transition from nursing in their home country to nursing in public hospitals in Auckland, New Zealand.

During the course of carrying out the research I was, both in my everyday work and social interaction outside of work, asked by numerous RNs what the topic of my thesis was. When I told them I was exploring the transition experience of non-New Zealand-trained RNs in their first year of practice in public hospitals in Auckland, they all thought it was a very relevant topic and had comments to make regarding their experiences of working with

non-New Zealand-trained RNs. As New Zealand employs RNs from overseas to ameliorate its very real shortage, it is important for the recruited nurses, their New Zealand colleagues, and patients, that research is undertaken to identify strategies to improve the recruitment and retention of RNs.