Experiences of Overseas Nurse Educators Teaching in New Zealand

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Abstract

Globalisation and a shortage of registered nurses in New Zealand have caused an increase in the number of overseas registered nurses and nurse educators migrating to New Zealand. This phenomenological study explored the experiences of overseas nurse educators teaching in New Zealand using van Manen's approach to hermeneutic phenomenology. The lived experiences of 17 overseas nurse educators were explored through in-depth interviews, and phenomenological analytical procedures were utilised to bring to light the hidden layers of meaning inherent within these experiences. The study revealed that overseas nurse educators initially experienced a sense of non-belonging in New Zealand, while their separation from their homeland and migration to a new country resulted in a sense of disorientation. They experienced both physical and emotional separation from their loved ones. Integration was the preferred method of adaptation to New Zealand among the study participants. However, they wanted to choose which aspects of the new culture they would adopt and to what extent they would adapt. A lack of preparation and a lack of suitable orientation programmes prolonged the adaptation process of overseas nurse educators. Time was a crucial factor for overseas nurse educators' adjustment to the New Zealand setting. Adjustment problems were greatest at the start. However, their lives improved over time as they overcame the challenges they faced. Positive relationships had a positive impact on overseas nurse educators' adaptation to New Zealand. Adjustment was dependent on the quality and quantity of the support received.

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Chapter One

Introduction

Globalisation is a universal phenomenon, which has contributed to a huge increase in the migration of skilled workers. Over the past few years, as New Zealand has welcomed professionals from all over the world, there has been a significant rise in overseas trained nurses, with 1134 internationally qualified nurses being added to the register in 2015 (Nursing Council of New Zealand [NCNZ], 2016). Like other developed countries, New Zealand is increasingly reliant on health professionals from overseas (Kingma, 2007; Walker, 2008). The reasons for acute nurse shortages in New Zealand are numerous, but include the ever-growing exodus of New Zealand trained nurses overseas (Hawthorne, 2011; Zurn & Dumont, 2008), the steady increase in the population (Statistics NZ, 2015), and an ageing workforce (NCNZ, 2013b). The demands far exceed the available resources in New Zealand (North, 2010).

As nurse shortages in developed countries such as New Zealand have worsened, the complexity of issues surrounding migration and the need for multi-faceted solutions have increased (Walker, 2008). Accordingly, in addition to other measures, a solution is to train more nurses in New Zealand. But that, in turn, requires more nurse educators to implement the training, resulting in a demand for overseas nurse educators. The Organisation for Economic Co-operation and Development (OECD, 2010) identified that there was an increase in the international migration of skilled workers in the areas of health and education. Migrating to a new country and moving from a familiar to an unfamiliar culture is a challenging experience for most overseas nurse educators (Enskär, Johansson, Ljusegren, & Widäng, 2011). According to the International Council of Nurses (ICN, 2015), much work needs to be done to prepare, retain, recruit, and overcome the difficulties nurse educators face while adapting to the new environment. It is important to understand the experiences of

overseas nurse educators in order to provide them with better support, which, in turn, will lead to better working conditions, increased wellbeing of the overseas nurse educators, increased retention rates, and increased educational benefits for the nursing students.

This thesis presents the experiences of overseas nurse educators teaching in New Zealand nursing schools. In this study, the term *overseas nurse educators* refer to nurse educators teaching in New Zealand nursing schools who completed their registered nurse training overseas. The overseas nurse educators participating in this study were from both polytechnic and university-based nursing schools. In accordance with the Nursing Council of New Zealand (2015d) guidelines, academic nurse educators must be registered nurses with either a relevant Masters degree, or professional development plans that show progression towards a Masters degree within four years of appointment. In addition, they must have completed a programme in adult teaching and learning within two years of appointment and be involved in research and scholarship activities; whereas clinical teaching staff must hold an undergraduate degree and have theoretical and practical knowledge in their field. In some cases, the NCNZ also requires overseas qualified nurses to complete a competency assessment programme (CAP) to become registered (NCNZ, 2015a). However, there is no specific competency assessment programme (CAP) for becoming a nurse educator in New Zealand.

Context of the Study

Nurses play a major role in promoting public health (Kemppainen, Tossavainen, & Turunen, 2013). The wellbeing and health of a nation is achieved by providing health services that are safe, accessible, and cost-effective. New Zealand has a population of over 4.5 million (Statistics NZ, 2015a), which has been growing due to a rise in life expectancy—79.7 years for males and 83.2 years for females, according to the Ministry of Health (2015)—and an increasing fertility rate. There were 61,038 live births registered in New Zealand in 2015, which means there were 3,796 more births compared to 2014 (Statistics

NZ, 2015b). Keeping the growing population healthy and independent typically requires the involvement of health and social services. The population growth of New Zealand has also been influenced by a rapid increase in the country's net migration rate since 2013 and an influx of returning New Zealanders, driven back home by a deteriorating overseas job market (Immigration NZ, 2015).

New Zealand's health policymakers have to take into account the needs of a growing population that is cared for by an ageing nurse workforce. Nursing shortages are expected to worsen as the workforce ages; indeed, according to the Nursing Council of New Zealand (NCNZ, 2013b), half of the country's nurses will retire within the next 25 years. It will be therefore essential to train more nurses, resulting in a need for more nurse educators. In 2014–2015, 1,310 registered nurses were working in nursing education; of these, 381 had been trained overseas (NCNZ, 2015c). Overseas nurses continue to migrate in search of higher standards of living, better pay, personal safety, and opportunities to advance their career (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Brewer & Kovner, 2014).

In order to understand the context in more detail, this chapter will first provide background information on the history of nursing education in New Zealand, followed by a section on the global shortage of nurse educators and registered nurses. Information on nurse migration will be then set out, to help identify global and New Zealand immigration trends.

The History of Nurse Education in New Zealand

New Zealand's first training school for nurses was established at Wellington Hospital in 1889. At that time, nurse training was provided by hospitals and conducted based on an apprenticeship training system (Carpenter, 1971). Student nurses were employed by the hospital board to which the training school belonged. By 1960, nurse training encompassed a three-year programme of basic training in hospitals. However, in the 1950s and 1960s,

many nurse tutors did not have a formal teaching qualification. In response to the emerging criticism of the apprenticeship style of nursing education, the Government asked Dr Helen Carpenter, a World Health Organisation (WHO) nurse consultant, to review New Zealand's nursing education system. Carpenter (1971) highlighted the need to institute nursing education programmes to be conducted by higher education institutions, in close collaboration with hospitals. A key reason for this change was that hospital-based nursing tutors did not have the breadth and depth of knowledge needed to prepare students for "advances that continue to be made in science and technology" (Carpenter, 1971, p. 15). Nurse education courses were established at Wellington and Christchurch Polytechnics in 1973. Efforts were made to ensure that those responsible for these new programmes were appropriately qualified for a tertiary education setting (Shadbolt, 1983).

Global Shortage of Nurse Educators

The shortage of nurse educators is a universal problem. A review of the international literature reveals that, globally, the current number of nursing faculty with masters or doctoral qualifications is difficult to sustain, due to the ever-increasing number of retirements and an exodus of such professionals to higher paying jobs (McDermid et al., 2012; National League for Nursing [NLN], 2014). In 2012, nursing schools in the United States (US) turned away 79,659 qualified applicants to their baccalaureate and graduate nursing programmes because of the insufficient numbers of nurse educators and clinical preceptors, as well as budget constraints (American Association of Colleges of Nurses [AACN], 2014). Almost two-thirds of nursing schools responding to a survey conducted by the American Association of Colleges of Nursing pointed to the shortage of nurse educators as one of the reasons for not accepting all qualified applicants into baccalaureate nursing programmes (AACN, 2014).

The shortage of nurse educators is due to factors such as job dissatisfaction, a lack of interest in nursing faculty careers, poor salaries, an ageing workforce, increasing workloads, fluctuating enrolment, which threatens job security (AACN, 2014), alternative

career choices, a lack of academics holding doctorates (NLN, 2010), poor transition experience of clinical nurses to faculty positions, a lack of coherent long-term workforce planning and succession strategies (Benton, González-Jurado, & Beneit-Montesinos, 2013; Thompson et al., 2014). Academic nurse educators are also expected to undertake research, advance the discipline and provide service to the profession and their academic institution, which, in turn, results in high attrition rates (NLN, 2014). Similarly, Girot and Albarran (2012) surveyed six universities in South-West England and found that the nursing education workforce is at risk of losing many academic nurse educators. They found that the nursing education workforce is ageing and less than 20% of staff held a doctoral degree.

According to McDermid et al. (2012), a lack of opportunity for career advancement results in a shortage of nurse educators. In the clinical setting, career advancement is often based on clinical expertise. However, in the academic setting, promotional criteria are based on performance in developing and implementing research, publishing in peer-reviewed journals, presenting at conferences, and demonstrating success in teaching roles (McDermid et al., 2012). Publication demands add additional pressure on academic nurse educators. Another reason for the shortage of nurse educators is financial in nature. An academic is paid less than his/her counterpart in clinical practice or administration, while the cost of securing an advanced degree is greater for nurse educators (Allen, 2008). According to the AACN (2015), the average salary of a nurse practitioner in the United States was $91,310, whereas the average salary for a master's prepared Assistant Professor in nursing schools was $73,633. Girot and Albarran (2012) recommended that nurse educators' career should be made more attractive by adding incentives such as access to research funding, opportunities to work with expert peers and participate in collaborative research, and making changes to the minimum educational preparation required for nurses who are planning to commence their career as educators.

Nursing Shortage

Many countries are facing nursing shortages related to the constantly changing healthcare employment needs. However, these nurse shortages are multi-faceted. Countries such as the United Kingdom, Ireland, Australia, and Canada are importing nurses to fill vacancies left by their own nurses migrating elsewhere, whereas in the United States, the shortage relates to an increased demand for nurses in a changing healthcare system, the falling numbers of student enrolment in nursing degrees, and a shortage of nurse educators (AACN, 2014; Aiken et al., 2004; Kline, 2003). New Zealand's shortage is exacerbated by the recruitment of its graduates by other countries to meet their own demands, as well as by the number of nurses travelling overseas for various personal reasons. According to Zurn and Dumont (2008), the number of registered nurses leaving New Zealand doubled between 1992 and 2006, while 25% of nurses graduating each year leave New Zealand in search of better opportunities. Thus, in order to meet its immediate needs, New Zealand has become increasingly dependent on nurses from overseas (Kingma, 2007).

Many attempts have been made to address the problem of nurse shortages. Hancock (2008) notes that governments and employers have increased the number of nurses in training, which has also increased the demand for nurse educators. Nardi and Gyurko (2013) concur that workforce planners and employers do not consider future demands for nursing education and nurse educators when developing plans and allocating resources, leading to further nursing shortages. Hancock (2008) argues that recruiting nurses trained abroad may be an immediate solution, but it is not a permanent one, while Nardi and Gyurko (2013) argue that the recruitment of nurses to nurse educator positions should be a primary strategy for combating the shortage.

There are approximately 10 nurses for every 1,000 New Zealanders. To maintain these figures by 2035, graduate nurse numbers would need to increase from 1,500 per year to 2,200 per year (NCNZ, 2013a). Over the past few years, as New Zealand has

welcomed professionals from all over the world, there has been a significant increase in overseas-trained nurses and nurse educators. New Zealand's future nursing numbers also need to take an ageing nursing workforce into account. In 2010, 57% of New Zealand's nurses were over 45; in 2012, 56% were over 50 (NCNZ, 2013b). Nursing shortages are expected to worsen as the current workforce ages. The shortage of registered nurses has led New Zealand to open its door to nurses from overseas (Zurn & Dumont, 2008).

Nurse Migration

In the early nineteenth century, New Zealand's doors were open to all immigrants (Beaglehole, 2012). However, in the late nineteenth century, immigrants from Asia began to face restrictions, and the entry of non-British Europeans was restricted from the early twentieth century onwards. According to Beaglehole (2012), British citizens were allowed free entry to New Zealand until 1974, the year when the criteria for entry gradually changed from race or nationality to merits and skills. The Immigration Amendment Act of 1991 replaced the occupational priority list with a points system. Applicants were awarded points for employability, age, educational qualifications, and settlement funds. A modest level of English proficiency was also required (Department of Labour, 2011). In 2002-2003, efforts were made to attract immigrants in areas suffering from skill shortages. The General Skills Category (GSC) was replaced by a Skilled Migrant Category (SMC). Thus, the pass/fail grading system was supplanted by a process whereby qualifying applicants were entered into a selection pool, and invited to apply for residence. Applicants were required to be of good health and character, and points were allocated on the basis of age, qualifications, employment status, work experience, identified skills shortage, and the regional location of any job offer (Beaglehole, 2012). The category of registered nurse is included in the immediate skill shortage list for immigration, designed to attract more nurses from overseas (Immigration NZ, 2017).

As noted, New Zealand relies heavily on overseas nurses for replacing and growing its nursing workforce. North (2007) found that, between 1990 and 1994, fewer than 100 International Recruited Nurses (IRNs) were added to the register annually. This figure increased from 100 to 250 from 1995 to 2000. Since 2001, 1,200 to 1,700 IRNs were added annually to the register, and during 2001–2004 they exceeded the number of New Zealand graduates. Notably, all host countries examined by North (2007) had a large nurse workforce—except for New Zealand, which had a high dependence on nurses trained in other countries. Aiken et al. (2004) reported that, in 2002, foreign nursing staff comprised 23% of New Zealand's total nursing workforce, compared to only 4% in the United States and 8% in Ireland. In 2015, 1,841 domestically educated nurses and 1,134 internationally qualified nurses were registered to practise in New Zealand (NCNZ, 2016). Internationally qualified nurses accounted for 41% of the nurses registered in New Zealand in 2012–2013 (NCNZ, 2013c). The primary destinations of most migrant nurses are Australia, the United Kingdom, and the United States, while the countries of origin of migrant nurses include Australia, India, the Philippines, South Africa, and the United Kingdom (Kingma, 2007; North, 2007). Nurse migration is a consequence of globalisation, the freedom of choice, the shortage of nursing workforce, the better wages or better quality of life of destination countries, or other political, social, economic, legal, historical, cultural, and educational issues taken into account by the nursing workforce (Brewer & Kovner, 2014; Kline, 2003; North, 2007; Sherwood & Shaffer, 2014).

However, while there is ample research on the migration of registered nurses (Brewer & Kovner, 2014; Kline, 2003; North, 2007; Sherwood & Shaffer, 2014), until recently, studies on migratory patterns of nurse educators have received less attention. As a result, there is very little information available regarding the migration patterns of nurse educators (Jones & Sherwood, 2014; Thompson et al., 2014). The first-ever global summit on nurse faculty migration was held in Geneva in 2010 (International Centre on Nurse Migration [ICNM], 2015). During the summit, a group of experts from 12 different countries focused on patterns,

types, as well as causal and contributing factors of nurse faculty migration (ICNM, 2015; ICN, 2015). They identified several such potential factors, including higher pay, career opportunities, access to research funding, the opportunity to work with expert peers, high educational costs associated with nurse faculty training, and disproportionate increases in workload without increases in resources (ICN, 2015).

Researcher's Background

The impetus for this study came from my personal experience as an overseas-trained nurse educator. While I was working as a nurse educator in India, we, as a family, decided to travel to New Zealand. I experienced certain differences both professionally and culturally, when I started working as a registered nurse initially, and later as a nurse educator in New Zealand. Some of the differences I identified revolved around the teaching culture, student culture, code of conduct in the classroom, and cultural differences among colleagues. The role of the New Zealand Nursing Council and the notion of Nursing Council competencies, used to assess students' competence in the practice environment, were new to me and to many of the overseas nurse educators with whom I have communicated. These personal experiences have enabled me to recognise the life experiences of other overseas nurse educators. My personal experiences are similar to those of most of my nursing colleagues from overseas and helped me to develop the skeleton of this study.

Significance of the Inquiry

Nurse educators from diverse cultures face several challenges, which can prevent them from working efficiently (Enskär et al., 2011; Furuta, Petrini, & Davis, 2003). Some of the challenges identified during the global summit on nurse faculty migration were differences in health care delivery models, cultural, linguistic and legal differences, and differences in education delivery models (ICN, 2015). If overseas trained nurse educators are to work optimally, providing the maximum benefit for students, their experiences need to be examined in order to identify potential issues and provide support. However, so far there has

been no published, peer-reviewed research on the experiences of overseas nurse educators teaching in New Zealand. This is a significant gap. Understanding and improving the experiences of overseas nurse educators will result in maximum educational benefits for their students.

Knowledge of experiential influences on teaching practice amongst overseas nurse educators in New Zealand is lacking, yet other studies acknowledge that such knowledge positively enhances student learning, and that students in the host country benefit from overseas nurse educators, as the latter bring a different perspective to the teaching and learning environment (Ogilvie, Allen, Laryea, & Opare, 2003). The findings of this study will contribute to the body of knowledge regarding the adaptation of overseas nurse educators in New Zealand. This phenomenon has not been explored previously in New Zealand. The in-depth examination of the experiences of overseas nurse educators from various nursing schools in New Zealand will enable overseas nurse educators to be better understood and appropriately valued.

Research Aim

The overall aim of this research was to investigate the experiences of overseas nurse educators teaching in New Zealand nursing schools. The study was designed to understand the experiences of overseas nurse educators, in order to help inform practice and/or policy, focusing on improving their experiences and, thus, the quality of the teaching they provide to their students.

Research Question

The research question this study sought to answer was:

What are the experiences of overseas nurse educators teaching in New Zealand nursing schools?

Organisation of the Thesis

This thesis is divided into seven chapters. This first chapter provides an introduction to the research, as well as some background and context regarding the shortage of nurse educators and migration of overseas nurses. It highlights the significance of this research and the lack of available literature investigating the experiences of overseas nurse educators in New Zealand. Finally, it outlines the aims of the research.

Chapter 2 reviews the relevant literature. This literature review focuses on the various theories of cultural adaptation and presents previous studies on the experiences of overseas nurses. The Chapter also reviews the literature on cultural adaptation in nursing, cultural safety in New Zealand, the various challenges experienced by overseas nurse educators and mentoring and faculty development programmes.

Chapter 3 discusses the methodology employed. It explains the choice of hermeneutic phenomenology as the theoretical perspective underpinning this research, and explains why van Manen's method was considered the most appropriate in this case.

Chapter 4 expands on the research methods, detailing the selection and recruitment of research participants, and identifying ethical considerations. It also describes the data collection procedures and the analysis of the interviews. Finally, it details the measures taken to ensure the trustworthiness of the study.

Chapter 5 presents the findings resulting from an analysis of the individual semi-structured interviews, which were identified using van Manen's phenomenological approach and his four existential themes (van Manen, 1997). The findings are categorised according to these four existential themes.

Chapter 6 discusses the findings, centring on the significant themes that emerged from the individual interviews. Key results are highlighted and compared to the findings of previous studies.

Chapter 7 concludes the thesis by providing an overview of the study, offering five recommendations to be implemented in practice, and acknowledging the limitations of the study. Suggestions are also offered for possible future research on the subject.

In this Chapter (Chapter 1), I have introduced my research, highlighted its significance and described its aim. In the next Chapter (Chapter 2), I review selected literature on theories of cultural adaptation and on the experiences of overseas nurse educators that is relevant to this project.

Chapter Two

Literature Review

Introduction

The health workforce in New Zealand is amongst the most mobile in the developed world. It has one of the highest proportions of migrant nurses of all the OECD countries, combined with a high emigration rate of New Zealand-trained nurses to other OECD countries (Aiken et al., 2004; Zurn & Dumont, 2008). The migration to a new country and the move from a familiar culture to an unfamiliar one is a stressful experience for many international registered nurses (Matiti & Taylor, 2005). Various authors have argued that the experiences of most overseas nurse educators are similar. They experience stress related to the differences in the nursing practices from one country to another and to the need to adapt to different professional expectations for their role in their new country (Enskar et al., 2011; Furuta et al., 2003). According to Jones and Sherwood (2014), less attention has been paid to the culturally diverse educational needs of migrating nurses.

International registered nurses have to overcome many cultural barriers to ensure they are proficient and effective in their host country. Although both Matiti and Taylor (2005) and Marrone (1999) focused on the importance of cultural knowledge, Matiti and Taylor stressed the need for migrating nurses to have knowledge of other cultures and to understand the effect of cultural diversity on patient care, whereas Marrone focused on the challenges that cultural diversity poses for nurse educators. According to Marrone (1999), the cultural diversity of health consumers, nurses, and other health care professionals requires nurse educators to facilitate the development of culturally competent learning environments in order to ensure that standards of care are met. Matiti and Taylor (2005) contend that, for an overseas nurse to function effectively in his or her host country, cultural adaptation is necessary. Furthermore, they argued that issues related to cultural adaptation could be

resolved if migrating nurses were better educated about the culture of their host country. This chapter will evaluate some of the theories of cultural adaptation; analyse the challenges faced by overseas nurse educators which include, but are not limited to, cultural adaptation, culture shock, cultural safety, and communication challenges; and discuss potential solutions, such as mentoring and faculty development programmes.

Literature Search Process

A literature search was conducted using Cinahl, Medline, Web of Science and Web of Knowledge, Educational Resources Information Centre (ERIC), Health databases on EBSCO host, Proquest Nursing, Science direct, Pub Med using the keywords nurse* and the Boolean operator AND educator* OR faculty* AND migra* OR immigration* OR movement* OR emigration* AND international* OR global* OR foreign* were used to identify the literature pertaining to international nurse migration. Initially, the literature searches, limited to retrieve articles published in English between 2012 and 2016, resulted in a poor yield (eight articles). To include more relevant articles, the search was extended to articles published between 2000 and 2016. Total hits identified at this stage were 29. After initial screening, a total of 13 articles met the criteria of international nurse faculty migration. Similarly, using the same databases, keywords, nurse* and the Boolean operator AND overseas* OR internat* OR global* AND challenges* were used to identify articles related to challenges faced by overseas nurses. The total hits identified at this stage were 1678. The search, restricted by using the keywords nurse educator* OR faculty*, resulted in 28 articles. The search was also extended using the keywords nurse* and the Boolean operator AND international* OR overseas* AND mentoring* OR adaptation programme* OR orientation* to identify literature in the area of mentoring and adaptation programmes, resulting in 329 hits. The search was then restricted by using the keywords nurse educator* OR faculty* which yielded 30 articles. These results were also combined with a list of search terms (using Boolean operator AND/ OR) including nurse shortage, nurse faculty shortage solutions, cultural safety, cultural adaptation, adjustment, work experiences, transition, New

Zealand. In addition, a review of retrieved articles resulted in the identification of additional references relevant to this research. Manual searching and specific article retrieval were also performed to locate the secondary references. To identify the relevant articles related to this research, inclusion and exclusion criteria (Appendix G) were used. The use of inclusion and exclusion criteria was helpful in analysing the retrieved literature for its relevancy to the current research on experiences of overseas nurse educators when migrating and adapting to the role of nurse educators in New Zealand. The literature was determined appropriate to be included, if it was a report of original research, rather than opinions, views, letters and commentaries. Relevant studies using qualitative, quantitative and mixed method approaches were included. An example of literature search process of Nurse faculty migration is provided to explain how it was conducted in this research (Appendix H).

Theories of Cultural Adaptation

The term *cultural adaptation* has been used by a number of authors (e.g., Arthur & Bennett, 1997; Berry, 2005; Black & Gregersen, 1991; Black, Mendenhall, & Oddou, 1991; Kim, 2001) to describe how people adapt to a different cultural setting. In the literature, the terms *cultural adaptation*, *cultural adjustment*, *cultural competence* and *acculturation*, are often used interchangeably. Kim (2001, p. 31) defines cultural adaptation as the "dynamic process by which individuals, upon relocating to new, unfamiliar, or changed cultural environments, establish (or re-establish) and maintain relatively stable, reciprocal, and functional relationships with those environments."

According to Berry (2005), integration is immigrants' preferred method of cultural adaptation, and all individuals face a number of common challenges as they adapt to a new environment. Usually, individuals only become aware of their own culture when confronted by another. Immigrants undergo cultural and psychological changes that involve various forms of mutual accommodation between the immigrants and the host group leading to the

psychological and sociocultural adaptation of both groups in the long term (Berry, 2005). This act of transition is called acculturation. Adaptation is a process involving change, unlearning of one's home culture, and assimilation (Kim, 2001). The models found in the literature that are most useful to this thesis are presented below.

Hall (2005) defines acculturation as "the process of becoming communicatively competent in a culture we have not been raised in" (p. 270). On the other hand, Berry (2005) argues that "acculturation is the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (p. 698). Many researchers, drawing on the U-curve theory of adjustment proposed by Lysgaard (1955) and Oberg (1960), have depicted acculturation as a series of four stages (Church, 1982; Furnham, 1988). The "honeymoon" stage (euphoria, enthusiasm, enchantment, and fascination) occurs during the first weeks following arrival in a host country. During this stage, individuals are fascinated by the new and different culture. As newcomers start to cope with real work and living conditions on a daily basis, the second stage of "crisis" (inadequacy, frustration, anxiety, and anger) begins. Other researchers call this stage the "culture shock" stage (Adler, 1975). This stage is characterised by frustration and hostility towards the host nation and its people, and the individual tries to separate him/herself from the host culture by increased association with fellow sojourners. The third stage is the "recovery" stage (crisis resolution, culture learning, and acculturation), during which the individual gradually adapts to the new norms and values of the host country and becomes able to act more appropriately in the new cultural environment. Finally, in the "adjustment" stage (enjoyment and functional competence), the individual is able to function effectively in the new culture and is able to accept and absorb new customs. The advantage of the U-curve theory is that it explains the peaks and troughs of adjustment over time.

Adler (1975) extended Oberg's (1960) U-curve theory by proposing the transitional experience model of cultural adaptation. The stages of this model are: the "contact" stage,

where the differences are fascinating, and the individual exhibits signs of excitement and euphoria; the “disintegration” stage, where the cultural differences start to intrude, and the individual is in a stage of social isolation and confusion; the “reintegration” stage, where the differences are rejected, and the individual may experience anger or anxiety; the “autonomy” stage, where differences and similarities are legitimised, and the individual is more relaxed; and the “independence” stage, where the differences and similarities are valued, and the individual is able to show and elicit trust and love. Adler's transitional experience model focuses on migrants’ perceptions at different stages, their emotions, expected behaviours, and their interpretations. This model is particularly useful for those who work with immigrants, refugees, or expatriates and those who are preparing cross-cultural training, as each stage is accompanied by a predictable range of emotions and behaviours. Another advantage of the model is that since each stage is defined based on the emotions, behaviour and interpretations of the individual, it is easier to identify the transitional stage that a particular individual has reached. This is useful because different individuals will experience various emotions at different times when dealing with cultural changes and may not necessarily pass from one stage to the next in a continuum.

Although Lysgaard (1955), Oberg (1960), and Adler (1975) attempted to explain cross-cultural adjustment using the U-curve theory, most of their studies were cross-sectional rather than longitudinal. This is problematic and—as Ward, Okura, Kennedy, and Kojima (1998) pointed out—may not reflect the actual experiences of sojourners. Ward et al. (1998) examined the cross-cultural transition and adjustment of 35 newly arrived Japanese students in New Zealand using a longitudinal approach. They measured the psychological adjustment and socio-cultural adaptation of the Japanese students during four different periods. Interestingly, contrary to the U-curve proposition, they found that the students’ adjustment problems were greatest at the entry point and decreased over time. A similar longitudinal study was conducted by Nash (1991) to test the U-curve theory using an experimental and control group of university students. The study examined the well-being of

41 American students in France (the experimental group) and 32 students in America (the control group). The study found that the well-being of the experimental group in France did not significantly differ from that of the control group at home and hence their results did not support the U-curve theory. However, the students had received strong support from their American administrators, who had made all their arrangements for them and had solved any problems they had experienced. In addition, the students had also been supported by fellow nationals and had spoken English most of the time and hence had not experienced what it was like to be a 'complete' stranger.

Black, Mendenhall, and Oddou (1991), based on their review of the international adjustment literature, developed a model to explain the cross-cultural adjustment process. They proposed two phases: anticipatory adjustment and in-country adjustment. The first phase describes the migrants' expectations based on their pre-departure training or their past experiences. The second phase describes the adjustment process after they arrive in the host country, and crucial to this phase are the personality of the individual, the demands of the job, the organisational culture, as well as non-work factors such as cultural newness and family adjustment. Cultural distance (Black, Mendenhall, & Oddou, 1991) and previous international experience (Caligiuri, 2000) have also been shown to affect expatriate success.

Generally, the greater the difference between the home and host nation's cultures, the longer it will take for an individual to adjust (Church, 1982; Mendenhall & Oddou, 1985; Ward, Bochner, & Furnham, 2001). This point was supported by Goh and Lopez (2016), who studied the acculturation of international nurses and found that the mean acculturation level among Malaysian nurses was higher than among other international nurses in Singapore. Goh and Lopez attributed these findings to the reduced cultural distance between Singapore and Malaysia in comparison to other countries. As the countries are geographically close, they share a common heritage and, therefore, there is a relatively small cultural distance

between them. However, Toriborn (1982) has shown that typically, cultural distance diminishes after the first two years in a host country.

Black (1990) and Church (1982) both commented on the relationship between cross-cultural training and cross-cultural effectiveness. Church focused on the relationship between previous overseas experience and cross-cultural adjustment. In his assessment, time abroad was an important factor for increasing an individual's feeling of comfort in their host country. However, Toriborn (1982) found no association between the specific length of previous overseas experience and levels of cultural adjustment. Similarly, Stahl and Caligiuri (2005) examined the effect that the length of time spent on international assignment has on cultural adaptation. They argued that expatriates who had been on assignment abroad for longer periods of time were more inclined to remain on assignment. Consistent with these findings, Berry, Phinney, Sam, and Vedder (2006) argued that time has an impact on the psychological and sociocultural adaptation of immigrants. They studied the methods of cultural adaptation of over 5,000 young immigrants who had settled in 13 countries and were from 26 different cultural backgrounds. They concluded that, as the length of residence in the new country increased, young immigrants experienced more positive adaptation outcomes and avoided the more negative ones.

Individual characteristics are important for cross-cultural adjustment (Hammer, Gudykunst, & Wiseman, 1990). According to Mendenhall and Oddou (1985), self-orientation, others-orientation, perceptual skills and cultural toughness are the four factors that positively relate to cross-cultural adjustment. It has been shown that the ability of expatriates to establish interpersonal relationships with host nationals, as well as their sociability and willingness to communicate with host nationals, are positively related to cross-cultural effectiveness (Hammer, Gudykunst, & Wiseman, 1990; Mendenhall & Oddou, 1985). Similarly, Caligiuri (2000) reported that the more expatriates interacted with host nationals, the greater their cultural adjustment, provided they already had the other-oriented personality characteristics of sociability and openness. Ward et al. (2001) proposed that integration is a

psychological phenomenon and is strongly associated with the attitude of the person towards his or her particular situation. Ward et al. (2001) further added that those who had an extrovert personality were more open to developing relationships with host nationals. Similarly, Kashima and Loh (2006) studied Asian international students' acculturation experiences and found that students with greater international ties tended to identify strongly with their heritage culture, and argued that these ties helped in the development of new identities and were important for their psychological adjustment. However, Ward et al. (2001) advised that a number of factors should be considered in the cultural adjustment process in addition to the characteristics of the individual, such as the acculturating group, the migrant's culture of origin, and the host culture.

Caligiuri (2000) found that immigrants who spent more time interacting with other people had greater opportunity to learn about aspects of day-to-day life. Caligiuri's results are in line with the findings of Kim (2001). Caligiuri (2000) added that contact with host nationals is positive only when immigrants are open to developing relationships, and for those who are not open to developing relationships, greater contact can reduce cross-cultural adjustment. Likewise, Ward et al. (2001) posited that not all intercultural contacts between foreign and local individuals are of equal status, and that some of these encounters are reserved and cautious. Zhou, Windsor, Theobald, and Coyer (2011) sought an explanation for this phenomenon. They studied the experiences of Chinese nurses working in Australian health systems and identified that linguistic and cultural differences were the two main factors affecting the relationships between Chinese nurses and Australian nurses. Furthermore, they reported that due to cultural differences, the Chinese nurses struggled to find a common social ground for understanding their host nationals and participating in social activities. Hence, their relationships with their local colleagues were superficial and limited to ritual greetings.

Caligiuri (2000) found that immigrants receive and prefer more social support from other immigrants than from host nationals. Furthermore, Caligiuri (2000) concluded that migrant friends, as opposed to host nationals, positively affect cross-cultural adjustment. However, according to Shirey (2004) excessive social support can be detrimental in some instances, especially for host nationals who are assertive and controlling. In addition, Shirey (2004) argued that personality has an effect on social support in that certain personalities find social support useful while others may not. Kim (2001) warned that associating only with people from one's own culture can negatively impact cultural adjustment, but also proposed that communication with people from one's own culture could also serve as a bridge to the new culture.

Based on research findings, Kim (2001) proposed a cyclical model to explain the process of cultural adaptation called the Stress–Adaptation–Growth Dynamic model. According to Kim (2001, p. 55), adaptive changes cause "stress in the stranger's psyche—a conflict between the desire to retain old customs and keep the original identity, on the one hand, and the desire to adopt new ways to seek harmony with the new environment, on the other." Kim argued that culture shock leads individuals to change and eventually enhances their personal growth. The stress–adaptation–growth dynamic plays out in a cyclical and continual draw-back-to-leap pattern. Strangers respond to each stressful experience by drawing back, which in turn, activates adaptive energy to help them reorganise themselves and leap forward (Kim, 2001). The point of difference of Kim's model from the earlier models is that it focuses more on stress as a necessary component for cultural adaptation. Hammer, Gudykunst, and Wiseman (1990) are of the view that the individual who is able to effectively manage the stress associated with living in a foreign culture will experience increased personal growth and cultural self-awareness. Adaptation can be made harder or easier by host receptivity (Kim, 2001). If the environment pressurises the individual to conform to new rules, the individual will have to adjust. One of the limitations of this model is that while host receptivity can improve adjustment to a new culture and conformity pressure can lead to

learning the new rules of the culture, the expatriate may still continue to be unhappy.

Another form of adaptation is *cultural pluralism*, meaning "the ability to shift into two or more rather complete cultural world views" (Bennett, 1986, p. 185). The traditional view of cross-cultural adaptation is that adaptation is a natural phenomenon, and successful adaptation is the desirable goal (Kim, 2001). In contrast, the pluralist (Berry, 1990) view suggests that adaptation is a conscious choice made by the individual. Berry (2005) created a model to explain acculturation. He concluded that acculturation depends on the individual's degree of participation in the cultural life of the new environment and the degree to which the individual maintains his/her own cultural identity. In line with this, he suggested four different acculturation strategies. According to Berry (1990; 2005), an individual can take one of several routes in a non-dominant group: assimilation, separation, integration, or marginalisation.

Assimilation occurs when an individual renounces his/her own cultural heritage and identifies with the culture of the new society. Separation occurs when an individual identifies with his/her own ethnic group and avoids contact with individuals from the new society. Integration occurs when an individual identifies with both groups, and marginalisation occurs when an individual loses contact with both his/her own culture and the host culture and does not identify with either group. Berry (2005) proposed that integration can only be freely chosen by the non-dominant group when the dominant group is open to cultural diversity. In this way, Berry highlighted the powerful role played by the dominant group in influencing acculturation. When assimilation is sought by the dominant group, the environment becomes a "melting pot"; when separation is forced by the dominant group, "segregation" occurs; when marginalisation is imposed by the dominant group it results in "exclusion"; and when integration is accepted by the dominant group, the result is "multiculturalism". This process is illustrated in the diagram below.

Figure 2.1 Berry's Acculturation Strategies

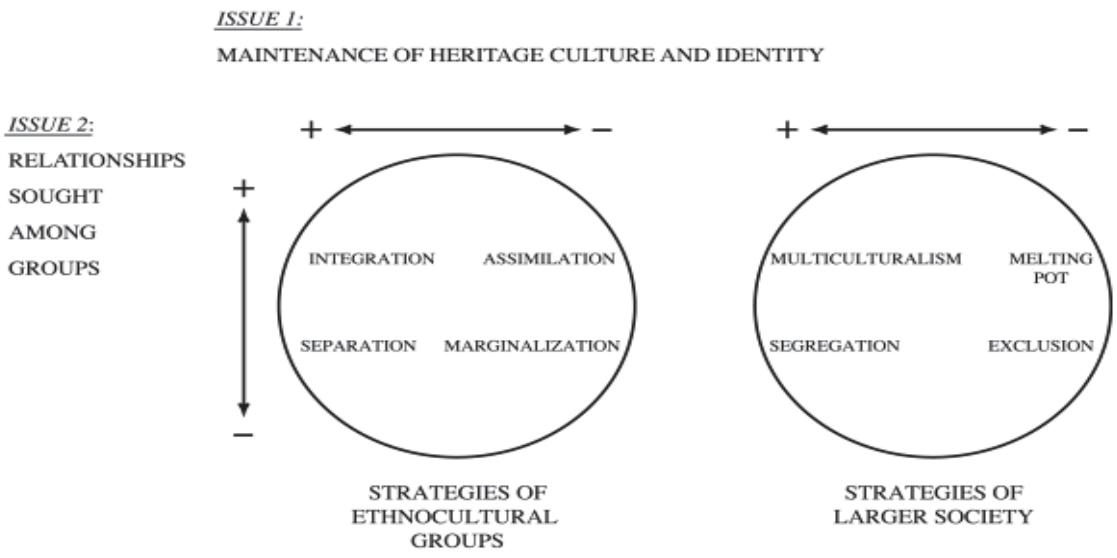

Figure 2.1. Berry's model of acculturation strategies which shows the four acculturation strategies as related to two issues, in ethnocultural groups and the larger society (Berry, 2005, p. 705). Copyright 2005 by Elsevier Ltd. Reprinted with permission.

Berry (2005) also explained that an acculturation group undergoing a cultural shift will first identify adjustment-related stressors and will then devise coping strategies to deal with these stressors. Eventually, they will adapt to their new environment. According to Berry (2005), an individual undergoes a number of types of adaptation: the first type involves a behavioural shift to adopt the ways of the dominant culture in order to reduce stress. The second type pertains to psychopathology, and consists of an inability to cope that is experienced in the form of separation, withdrawal, or marginalisation. The third type refers to *acculturative stress,* which is commonly faced by immigrants and is characterised by emotional reactions pertaining to adjusting to a new culture. Berry proposed that the quality of acculturation depends on the ability of the individual to cope with the stressors associated with cultural adaptation. Berry's framework for understanding acculturation is illustrated below.

Figure 2.2 The Acculturation Process at the Group and Individual Level

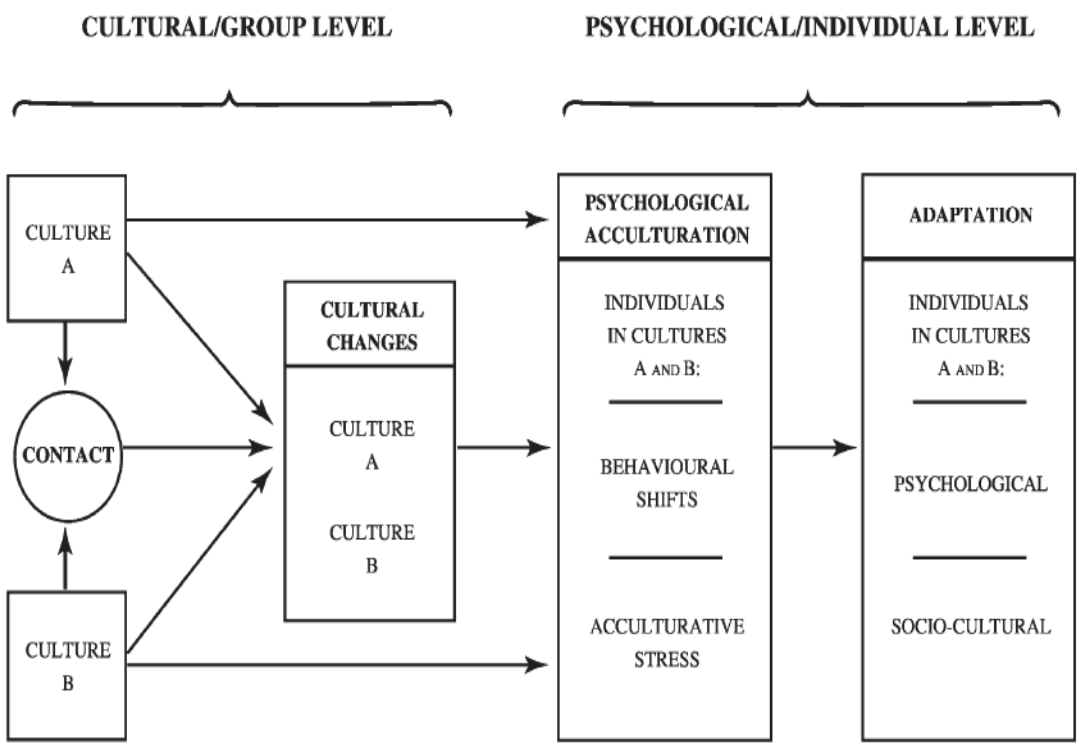

Figure 2.2. Berry's framework for understanding acculturation. Adapted from (Berry, 2005, p. 703). Copyright 2005 by Elsevier Ltd. Reprinted with permission.

Yamada and Singelis (1999), drawing on Berry's (1990) model, conducted a study of four self-construal patterns. A construal refers to how an individual perceives, comprehends, and interprets the world around them (Markus & Kitayama, 1991). The participants included people from four a priori identified groups, who were selected to represent the four patterns of self-construal as follows: (1) Bicultural: people with life experiences in more than one culture who have shown the capacity to function successfully in more than one culture; (2) Western: people who were socialised in an individualist culture (e.g., the United States) with a strong independent self-construal; (3) Traditional: people who were not assimilated to an individualist society but who maintained their original cultural sense of self with strong interdependent self-construals; and (4) Culturally Alienated: people who had alienated themselves from Western culture and non-Western cultural groups. An examination of

Yamada and Singelis' (1999) self-construal scores revealed that the Bicultural group had a high independent and interdependent score; the Western group had a high independent score and a low interdependent score; the Traditional group had a high interdependent and low independent score; and the Culturally Alienated group had a low independent and low interdependent score. These findings supported Bhawuk and Brislin's (1992) argument that individuals with cross-cultural experience have greater cultural flexibility.

A similar study was conducted by Berry et al. (2006). They studied the acculturation of over 5,000 young immigrants who had settled in 13 countries and who came from 26 different cultural backgrounds. Four profiles for strategies of acculturation emerged from the data. The largest group was an integrated cluster who had positive ethnic and national identities. This group had high national language proficiency and average ethnic language proficiency and had peer support from both groups. The second largest group had high ethnic and low national identities and demonstrated high ethnic language proficiency and high ethnic peer support. The third largest group consisted of a national group defined by a pattern of attitudes and behaviours that were opposite to the second group. Finally, a diffuse group emerged that had some marginalisation characteristics with low ethnic and national identities and a feeling of non-engagement or attachment to either group. These authors also found that length of residence in the host country had an influence on cultural adaptation. High levels of integration and national profile ratings were more common among those with 12 years or more of living experience in their new country. In contrast, the diffuse profile mainly pertained to the most recent arrivals, while the ethnic profile was applicable to some of the people in all length-of-residence categories.

Both Yamada and Singelis (1999) and Berry et al. (2006) proposed explanations for migrants' varying degrees of cultural adaptation. Yamada and Singelis' (1999) focus was on understanding self-construal and self-image patterns, whereas the study by Berry et al. (2006) included multiple factors, such as cultural identity, language proficiency, peer

support, length of stay, and acculturation attitude. Both sets of authors drew on Berry's (1990, 2005) acculturation strategies to explain how different individuals with varied cultural contact—and who had made different choices with regard to their cultural adjustment—adapted to a new culture. For example, an individual may keep his/her own culture and beliefs while integrating into a new culture, may adopt the new culture as the primary culture, or may not feel integrated in either his/her own culture or the new culture and thus may operate marginally within both cultures.

Boski (2008) offered a different explanation, using the notion of biculturalism and argued that human life is split into private and public arenas where the rules of conduct are different. Boski (2008) added that while biculturalism can be seen in some areas, such as language proficiency, the two cultures (the culture of origin and the host culture) are not necessarily evenly adopted into the private and public lives of immigrants. Boski (2008) posited that assimilation dominates in the workplace as it is needed for survival, whereas separation dominates at home, as it helps to maintain psychological stability. Boski (2008) further added that it is easier to allow one culture to dominate in one sphere and the other culture to dominate in the other sphere, than it is to have absolute biculturalism. Consistent with Boski's (2008) view, Dicicco-Bloom (2004) argued that overseas nurses in the United States expressed feelings of being in two places at the same time and articulated their experiences of swinging back and forth between the values and norms of their host country and country of origin. However, Kadianaki (2009) had a different view. According to Kadianaki (2009), individuals are not always clearly integrated or assimilated in, or separated or marginalised from, cultural contexts. Kadianaki (2009) explained that individuals could be all of these at different times and in the different contexts of their migration transition. This is consistent with the view of Rudmin (2003) and Schwartz, Unger, Zamboanga, and Szapocznik (2010) that not all of Berry's categories necessarily exist in a given sample or population. The categories were also not well differentiated as some contained multiple subtypes that were not explained in Berry's model. Rudmin (2003)

criticised the one-size-fits-all approach of Berry's model, which does not take into consideration the country of origin, type of migrant, and ethnic origin.

Bhatia and Ram (2009) argued that it is unclear from Berry's (2005) model what exactly the term *integration* means and who decides whether an individual is integrated into a specific culture or not. They questioned Berry's (2005) view that all immigrants undergo a universal psychological process of acculturation and adaptation. They claimed that, even if an individual is integrated according to Berry's model, there are larger structural material aspects such as socio-political and historical forces that may have an impact on integration. In their research after the 9/11 attacks, Bhatia and Ram (2009) interviewed immigrants from India who considered themselves to be integrated into the American culture. They reported that their experiences of fear, alienation, and racism after 9/11 forced them to re-analyse their identities as assimilated citizens of America. According to Bhatia and Ram (2009), acculturation is a continuous process and immigrants are in constant negotiation with their host culture to establish their place in the larger structures of history, culture, and politics.

Conversely, Gezentsvey (2008) supported Berry's concept of integration. Gezentsvey studied the effects of long-term acculturation on established ethnocultural communities who had been living outside their native country for decades or centuries and had managed to both interact with the larger society and preserve their cultural heritage. Gezentsvey (2008) conducted three focus group discussions to study the Motivation for Ethnocultural Continuity (MEC) and measured individual awareness of social representations of ethnic history. The study groups included Jewish (n=8), Māori (n=5) and Chinese (n=5) immigrants living in New Zealand. Furthermore, Gezentsvey (2008) conducted a cross-cultural study (Jews, n=106; Māori, n=103; and Chinese, n=102 in New Zealand) and a cross-national study (Jews in New Zealand, n= 106; Australia, n=108; Canada, n= 160; and the United States, n= 107) to test the predictive model of endogamy (marriage within the same ethnic group). For the Jewish and Māori samples, MEC fully

mediated the relationship between ethnocultural identity and intentions for endogamy and was a more consistent and stronger predictor than similarity, attraction, or social network approval. For the Chinese sample, attraction and approval were the only significant predictors. Overall, the results demonstrated that in the field of long-term acculturation, it is important to examine psychological variables such as MEC, as well as individual awareness of social representations of ethnic history, which provide internal momentum for the continuity of ethnocultural groups.

Both Gezentsvey (2008) and Lin (2008) attempted to provide explanations for individual differences in the level of acculturation. Gezentsvey studied long-term acculturation and migrants' motivation for ethno-cultural continuity, whereas Lin studied acculturation and identity conflict. Lin's (2008) study included 186 Chinese young adults living in New Zealand and 263 Chinese young adults living in Singapore. Lin found that more satisfying interactions with host nationals, a stronger sense of cultural continuity and belonging, a higher level of perceived acceptability, and lower level of perceived discrimination were closely linked with lower levels of identity conflict. These findings were consistent with Schwartz et al.'s (2010) view that migrants who are exposed to discrimination in their host country may have more trouble adapting and may be reluctant to adopt the practices and values of the host nation. Conversely, Leong and Ward (2000) argued that individuals who feel strongly pressurised into both remaining loyal to their culture of origin and to their host country's culture may encounter a sense of conflict. They argued that the level of identity conflict is a clear indicator of an individual's cognitive adjustment (lower identity conflict indicates better cognitive adaptation). Ward (2008) posited that integration includes both psychological and sociocultural aspects. This is consistent with the views of Schwartz et al. (2010) and Lin (2008) who argued that among voluntary immigrants, asylum seekers, and refugees, acculturation necessarily includes a change in cultural identity, which can create psychological stress (culture shock).

Culture Shock

Oberg (1960) defined culture shock as the "anxiety that results from losing all of our familiar signs and symbols of social intercourse" (p. 177). Many researchers have studied culture shock and the psychological responses of expatriates to a different culture. Although individuals react differently when they encounter an unfamiliar culture (Adler, 1975; Furnham, 1988; Furnham, 2010; Kim, 2001), researchers have tried to identify common features within these reactions. Furnham (2010) noted that feelings of strain, loss and deprivation, rejection, confusion, surprise, anxiety, disgust, or indignation at cultural differences were often experienced.

Acculturative stress and culture shock have been used interchangeably to refer to the adverse effects of acculturation, such as anxiety, depression, and other forms of physical and mental mal-adaptations (Berry, 2005; Rudmin, 2009, Schwartz et al., 2010). Both Furnham (2010) and Schwartz et al. (2010) presented differing explanations of culture shock. Furnham (2010) recommended that culture shock be viewed in a broader sense as transition shock, where transition pertains to the cultural learning, growth, self-awareness, and development of coping strategies which arise from immersion in a host culture. Kim (2001) supported Furnham's (2010) view and argued that cross-cultural adaptation could be both difficult and enriching. Kim (2001) further added that, despite the challenges, people must change some of their old ways to adjust to their new environment. Conversely, Schwartz et al. (2010) pointed out that one way to resolve acculturative stress is by becoming bicultural and adopting both the ethnic and host culture. Contrary to most of the adaptation studies in the literature, which focus on the negative aspects of acculturation, Castro and Murray (2010) emphasise the resilience and positive cross-cultural adaptations that result from migrants' persistent efforts to cope with multiple and often chronic stressors that help them to manage effectively in a culturally diverse setting.

Cultural Intelligence

With increasing globalisation, the concept of cultural intelligence is gaining more attention (Ersoy, 2014). According to Ang, Dyne, Koh, Templer, Tay, and Chandrashekhar (2007), however, there is very little research on factors that could improve intercultural encounters. Earley and Ang (2003) initially developed the idea of cultural intelligence or cultural quotient. Cultural Intelligence (CQ) is defined as "an individual's capability to function and manage effectively in culturally diverse settings" (Ang et al., 2007, p. 337). In Earley and Ang's (2003) framework, CQ comprises four dimensions: (1) cognitive CQ, or the knowledge of norms, practices, values, rules of languages, and rules for expressing non-verbal behaviours; (2) metacognitive CQ, which focuses on the higher-order cognitive process and includes planning, monitoring, and revising mental models of cultural norms for different groups of people; (3) motivational CQ, which pertains to having the drive and confidence to be effective in culturally diverse situations; and (4) behavioural CQ, which reflects the capability to exhibit appropriate verbal and non-verbal actions when interacting with people from different cultures. Brislin, Worthle, and MacNab (2006) used this framework in their study and noted that people with a high metacognitive CQ are consciously aware of others' cultural preferences before and during interactions and adjust their mental models during and after interactions. They also established that those with a high cognitive CQ understand similarities and differences across cultures.

Ang et al. (2007) conducted a study to understand how CQ is related to cultural judgement and decision making, to cultural adjustment and wellbeing, and to task performance. They developed a multidimensional cultural intelligence scale for measuring CQ. Two samples of undergraduates from the United States (n=235) and Singapore (n=358) participated in the study. The results demonstrated that an individual's metacognitive CQ and cognitive CQ successfully predicted their cultural judgement and decision making; their motivational CQ and behavioural CQ predicted their cultural adaptation; and their metacognitive and behavioural CQ predicted their task performance. This study provided a

basis for comparing CQ with a range of other methods for predicting intercultural effectiveness in culturally diverse situations. However, the number of constructs assessed in each survey in this study was limited to avoid participant fatigue, and the consistency of the design was compromised, as different individual difference constructs were included in different studies.

Findings from Ersoy's (2014) qualitative study on the role of cultural intelligence in the effectiveness of cross-cultural leadership supported those of Ang et al. (2007). The sample in Ersoy's (2014) study comprised six Western expatriate managers and 13 local Turkish managers in Istanbul. Both Ang et al. (2007) and Ersoy (2014) studied CQ. Ang et al. focused on measuring CQ and establishing its role in predicting effective intercultural negotiation outcomes, whereas Ersoy established that cognitive, motivational, and behavioural CQ have a positive impact on cross-cultural leadership effectiveness. Middleton (2014) has argued that the process of developing CQ starts with a person looking inwards at their *core* and *flex*. Middleton (2014) further explained that core or fundamental values are the things that will not change whereas flex refers to the things that can adapt to reflect the circumstances.

Hofstede and Hofstede (2005) posited that the core is the deepest and the most fundamental aspect of a culture, which is expressed through its values. Ward et al. (2001) proposed that expatriates might hesitate to accept a certain aspect of their host country's culture when it challenges their fundamental values. They further added that shared values promote a positive perception of expatriates among host nationals which, in turn, leads to greater acceptance. In addition, Middleton (2014) argued that the key to achieving high CQ is having a well-defined core and flex as they equip a person with the ability to experience new situations and to adapt to other people without fear of losing themselves. Both Ang et al. (2007) and Ersoy (2014) agreed with Earley, Murnieks, and Mosakowski's (2007) view that

individuals with high CQ are capable of understanding cultural similarities and differences and have increased cultural flexibility.

Darvish, Farahani, Khalili, and Shabani (2013) examined the correlation between cultural intelligence and job performance in registered nurses working at a hospital in Iran. The study sample consisted of 70 registered nurses who had spent a minimum of one year working at the hospital. Data were collected using a cultural intelligence and job performance questionnaire. The findings of the study showed that there was no significant correlation between the total cultural intelligence scores (CQ) and the performance of the registered nurses surveyed. However, when the relationship between the cultural intelligence subcategories (cognitive CQ, metacognitive CQ, motivational CQ and behavioural CQ) and job performance were examined, a significant correlation was found between behavioural CQ and job performance. The authors concluded that behavioural intelligence might mediate the relationship between cultural intelligence and job performance for registered nurses.

Cultural Adaptation in Nursing

Matiti and Taylor (2005) investigated the cultural experiences of internationally recruited nurses (IRNs) in the United Kingdom using a phenomenological approach. The study examined the cultural adaptation process both from a personal and a nursing perspective and took into account the support mechanisms that were in place to assist the nurses' transition. Two distinct cultures emerged from the analysis: primary and secondary culture. With regard to the primary culture (personal cultural background), language proved to be a major issue. The accents and the use of colloquial language by the host nurses, in particular, posed communication problems. With regard to the secondary culture (nursing), the migrant nurses felt both devalued and deskilled. The study findings demonstrated that culture does influence the adaptation process and a well-structured cultural orientation programme is essential for new IRNs. Matiti and Taylor (2005) agreed with Furuta et al.

(2003) with regard to the role of culture in the adaptation of overseas nurse educators to their host country. Furuta et al. (2003) examined the professional and personal experiences of North American nurse educators in Japan and found that the overseas nurse educators had to renounce part of their birth culture when merging with Japanese culture to achieve optimum multicultural relations.

Both Walker (2008) and Kingma (2007) researched the experiences of international registered nurses. Walker (2008) focused more on the frustrations experienced by migrant nurses surrounding their experiences with agencies, bureaucratic delays, and the costs associated with NCNZ registration. Kingma (2007), on the other hand, highlighted issues stemming from the attitude of the host group, such as colleagues purposeful misunderstanding the IRNs, undermining their professional skills, refusing them help and even bullying them, thus increasing their rejection and isolation. Likewise, similar studies have reported that IRNs' cultural adaptation is in some cases affected by institutional racism, negative attitudes from patients and staff, lack of career advancement prospects and discrimination. They are often given the most challenging patients to look after, and they are sometimes employed as nurse aids and paid much less (Adams & Kennedy, 2006; Newton, Pillay, & Higginbottom, 2012; North, 2007; Xiao, Willis, & Jeffers, 2014). A number of researchers have identified barriers to the adjustment of overseas nurses, such as communication deficiencies (Xu et al., 2008), differences in culture (Dicicco-Bloom, 2004), lack of support (Omeri & Atkins, 2002), differences in nursing practices (Allen & Larsen, 2003), inequality of opportunities (Kawi & Xu, 2009), and the inadequacy of pre- and post-orientation programmes (Matiti & Taylor, 2005).

Other studies have identified factors that facilitate cultural adaptation, such as a positive work environment, professional autonomy, positive work relationships (Hayne, Gerhardt, & Davis, 2009), a positive work ethic (Withers & Snowball, 2003), psychosocial and logistical support (Matiti & Taylor, 2005), and opportunities for continuous learning (Xu

et al., 2008). An integrative literature review conducted by Kawi and Xu (2009) identified the facilitators and barriers to the adjustment of international nurses. They concluded that a strong work ethic, that is, working hard, prevented complaints from other staff and generated positive peer support. Persistence, psychosocial support, the assumption of assertive roles, and opportunities for continuous learning were other facilitating factors, according to the study. Humphries, Brugha, and McGee (2009) identified another such positive factor; they concluded that the presence of intimate family members helped IRNs adjust to their new country and that it was the most influential factor affecting nurses' decisions to remain in Ireland. In agreement with the above findings, Hayne et al. (2009) posited that facilitating factors aid faster cultural adaptation, which in turn leads to retention and increased job satisfaction.

Furuta et al. (2003) found that having knowledge of the history of the host country, its socio-cultural values and norms, its education system, and the nursing profession, will make adaptation smoother. An increased exposure of faculty members and students to individual experiences that expand cultural awareness is essential (Sargent, Sedlak, & Martsolf, 2005), while preparation through formal education is also helpful (Matiti & Taylor, 2005). Interestingly, Ma, Griffin, Capitulo, and Fitzpatrick (2010), in their study of the demands of immigration for Chinese nurses in the United States, found that previous levels of nursing education and the number of years of work experience in their home country bore no relation to their adaptation process. However, when Rolls and Chamberlain (2004) studied the experiences of Nepalese women in Australia, they found that immigrants with the ability to comprehend and speak English and with the level of education and skill required for their position, could successfully adapt to Australian culture. Furthermore, Furuta et al. (2003) found that overseas nurse educators who had travelling experience and had been exposed to other cultures adapted to a new culture more easily than those who did not. Cowan and Norman (2006) acknowledged that it is impossible for nurses to know every detail of every culture,

but knowledge and acceptance of the differences between cultures can make adaptation easier.

Although there have been several studies focusing on the experiences of overseas nurses, rather less attention has been paid to studying their cultural adjustment process when migrating to a foreign country. Yi and Jezewski (2000) examined the experiences of Korean nurses in the United States and reported that the process of adjusting to a foreign health care system could be divided into two stages. The initial stage, lasting 2–3 years, consists of overcoming stress and the language barrier and accepting the U.S. style of nursing practice. The subsequent stage, lasting 5–10 years, consists of Korean nurses adopting the U.S. nursing style, which includes problem-solving and developing interpersonal relationships. In contrast, Pilette (1989), from personal experience of working with international nurses, proposed a series of four adjustment phases that occur during the first year. Pilette (1989) found that international nurses' integration generally takes at least 12 months. Phase 1 begins with their arrival in the country and heralds a period of high activity, euphoria, and fascination that lasts for three months. Phase 2 is the period between the third and the sixth month, and during this period, due to the diversity of their working life, the nurses feel a deeper psychological separateness and isolation. Phase 3 occurs between six and nine months and is a period of focused emotion and decision-making for the future. Phase 4 occurs between nine and twelve months and is considered the period of integration.

Although both Yi and Jezewski (2000) and Pilette (1989) focused on the adjustment process of overseas nurses, their explanations of the adjustment process varied considerably. The major difference was the time of integration. Pilette (1989) argued that it takes 12 months to integrate, whereas Yi and Jezewski (2000) claimed that it takes at least 5–10 years to integrate fully. In line with Yi and Jezewski's (2000) findings, Xu (2007) argued that international nurses usually take longer than one year to integrate fully into their new society and referred to the first year as the transition period or acute phase of adjustment. Similarly,

Kawi and Xu (2009) defined adjustment as the time required to become comfortable with a new job and argued that it may take more than a year for overseas nurses to be comfortable with their new positions.

Pilette's (1989) findings supported Oberg's (1960) U-curve theory, where the overseas nurses experienced a state of euphoria followed by a period of psychological distress and eventually experienced psychological relief. However, several studies have reported that the initial period in a foreign country is more upsetting, that overseas nurses experience social instability and psychological distress during this period (Withers & Snowball, 2003; Yi & Jezewski, 2000), and that their levels of distress followed a linear reduction rather than a U-curve pattern (Ward et al., 1998; Ward et al., 2001; Xu, 2007). However, both Pilette (1989) and Yi and Jezewski (2000) agreed with other researchers' findings in concluding that, eventually, immigrants do settle into their new roles in their new country (Kawi & Xu, 2009; Magnusdottir, 2005; Xu, 2007). By contrast, Dicicco-Bloom (2004) reported that, in some cases, overseas nurses do not integrate fully into the new culture due to their feelings of displacement; even so, they adjust to living there because their family is with them and their children are more inclined to the foreign culture than their native one.

Xu et al. (2008) studied the lived experiences of Chinese nurses working in the United States and pointed out that their adjustment was possible when they took proactive measures to change themselves to adapt to their new working environment. Xu et al. (2008) stressed that, despite the overwhelming difficulties they faced, the nurses were determined to turn these challenges into opportunities, and they highlighted the resilience of these nurses. Withers and Snowball (2003) supported Xu et al.'s (2008) findings by noting that, generally, overseas nurses believe in hard work and want to prove their self-worth. In addition, Withers and Snowball (2003) argued that many overseas nurses regarded their immersion in a different culture as a learning opportunity. Button et al. (2005) conducted a

critical review of the literature on the impact of international placements on registered nurses and found that overseas experiences helped IRNs to reflect on their own attitudes and values, which in turn helped their personal growth. Oglivie et al. (2003), in an international collaborative project, established that host students also benefit from having overseas nurse educators as these educators bring different perspectives and experiences. Likewise, the participants in Furuta et al.'s (2003) study reported that their experiences had enabled them to have cooperative interactions, to benefit from mutual learning, to develop professionally, and to get involved in research.

Cultural Safety in New Zealand

According to the Nursing Council of New Zealand, *cultural safety* is "the effective nursing practice of a person or a family from another culture, as determined by that person or family" (NCNZ, 2005, p. 4). "Cultural safety is a New Zealand term unique to nursing education which was born from the pain of the Māori experience of poor health care and evolved over ten years against a backdrop of bicultural development" (Wepa, 2003, p. 339). Cultural safety knowledge allows nurses to provide care in a way that respects the patient's personal, social, and cultural identity. According to Wepa (2003), Ramsden was one of the pioneers in the field of cultural safety and helped to shape cultural safety education and nursing practice in New Zealand. Ramsden (1990) highlighted the need for nurses to work in partnership with the Māori to design and deliver health care services. Soon it was recognised that the cultures of health care workers and the relationship between these and the culture of the patient influence the health and wellbeing of all patients accessing health care services in New Zealand. The concept of cultural safety was thus broadened to include all the people who might be at cultural risk from the attitudes, values and practices of health professionals (Wepa, 2003).

New Zealand is a uniquely bicultural country. The Treaty of Waitangi was the foundation for New Zealand's bicultural development, and it allowed for a fair arrangement between the government and the Māori people (Richardson & Carryer, 2005; Wepa, 2003). According to Harding (2013), cultural awareness involves not only learning about the Treaty of Waitangi and the bicultural context in New Zealand, but also includes the recognition of one's culture and its impact on nursing practice. Both Leininger (1978) and Ramsden (1990) focused on culture in nursing. Leininger concentrated on transcultural nursing care where the nurse determines the care regime, while Ramsden focused on cultural safety and proposed that the health consumer determines the culturally safe care. Ramsden (2001) argued that Leininger's (1978) transcultural care theory can lead to a stereotypical view of culture by viewing nursing care as culture-specific, which can mask individual differences and the expression of identity among Māori health consumers. Ramsden (2001) added that transcultural care needs to be viewed within the North American multicultural context, while cultural safety needs to be viewed within the bicultural context unique to the New Zealand political and relational context as related to the Treaty of Waitangi.

Wood and Schwass (1993) proposed a framework for explaining cultural safety in nursing education. They highlighted that cultural safety begins with sensitivity, as the student uses the knowledge and experience gained to understand his/her own cultural background. Students go on to develop an awareness of culture through learning about the Treaty of Waitangi and through identifying strategies for institutional change. Later, students begin to develop a greater awareness of cultural differences and start to value these differences, enabling them to develop culturally safe nursing practices. Overseas nurse educators travelling to New Zealand may be new to the bicultural concept. The concept of cultural safety has been poorly understood by many, and it has often been linked to ethnicity. Such a restricted notion of culture fails to address the complexities of the relationship between the individual and his/her culture (Clear, 2008; Engebreston, Mahoney, & Carlson, 2008; Wepa, 2003).

Since the number of migrant nurses is continuously increasing, it is important to fully understand what is meant by *cultural safety* and *cultural competence* (Cowan & Norman, 2006). According to Garity (2000), cultural competence refers to having sensitivity with regard to different cultural groups. This requires cultural awareness, cultural knowledge, cultural skill, cultural understanding, and cultural sensitivity (Cowan & Norman, 2006; Sargent, Sedlack, & Marsolf, 2005). The notions of cultural safety and cultural competence within the New Zealand context were examined by De Souza (2008). According to De Souza (2008), the term cultural safety refers to a nursing approach stemming from the disparity between Māori and non-Māori health care, whereas cultural competence is a term coming from an international background, concerned with learning about the culture of the patient and incorporating it as a dimension of nursing practice. A migrating nurse must learn to adjust to a culture that is different from his or her own and develop a knowledge of the host culture, that is, undergo acculturation (Matiti & Taylor, 2005). Going even further, Tuohy et al. (2008) proposed that nurses have an ethical obligation to provide culturally appropriate care. To be culturally competent, a nurse must have significant knowledge of the cultural values of a particular cultural group and be able to adapt culturally to specific situations (Tuohy et al., 2008). One of the major barriers to achieving this for overseas nurses is language (Matiti & Taylor, 2005).

Challenges Faced by Overseas Nurse Educators

Internationally recruited nurses (IRNs) often experience culture shock while adjusting to the ways of life inside and outside their work environment. Culture shock is a feeling of disruption that an individual might feel when confronted with a different culture (Lawson & Garrod, 1996). It is influenced by a number of factors, including a lack of knowledge about the diversity of culture, the host country's language being spoken with a variety of native and foreign accents, the use of colloquial jargon, a lack of understanding or appreciation of overseas nurses, and the negative attitudes of colleagues and patient ranging from perceived rudeness to explicit racism (Adams & Kennedy, 2006; Cowan & Norman, 2006; Kingma,

2007; Matiti & Taylor, 2005; Walker, 2008). Other factors contributing to cultural shock include cultural differences, such as differences in family involvement in the care of patients, different styles of nursing practice and different norms or customs regarding death and dying (Okougha & Tilki, 2010; Xu et al., 2008). Several studies have reported experiences of discrimination and social isolation among overseas nurses, resulting in a loss of self-identity (Dicicco-Bloom, 2004; Humphries et al., 2009, Ma et al., 2010). However, studies have also shown that the longer overseas nurses live in their host country the weaker these feelings become (Bland & Woodbridge, 2011).

In the study conducted by Furuta et al. (2003), one of the respondents advised future overseas nurse educators in Japan to "be prepared for a big cultural shock and readjustment" (p. 145). According to Bednarz, Schim, and Doorenbos (2010), the expectation of host nationals is that overseas nurse educators will be culturally competent, possess knowledge of the host country's culture, be culturally sensitive and understanding of their students and patients, and have the necessary cultural skills to adapt to their new culture. This is complicated by the fact that overseas nurse educators are often confronted with a cultural context comprised of several cultures that they must adapt to: the culture of a specific group (Williamson & Harrison, 2010), the nursing culture, and the teaching culture (Bednarz et al., 2010). According to Furuta et al. (2003), the overseas nurse educators who took part in their study experienced cultural marginality as they lived simultaneously in at least two or more different cultures: the culture of Japan, the culture of nursing, and the culture of teaching. Furthermore, all of them experienced these three cultures from their own cultural perspective. This study provided a basis for understanding the cultural adaptations required for living and teaching in a different country, and the obstacles that may hinder the adaptation process.

Among the many challenges faced by international nurses, the sense of alienation and non-belonging have been cited as significant. Levett-Jones and Lathlean (2008) studied nursing students' sense of belonging during clinical placements in Australia and the United Kingdom using a mixed method approach. Eighteen students participated in the in-depth semi-structured interviews. The students reported that feeling safe, comfortable, satisfied, and happy increased their sense of belonging. They also found that belongingness was directly related to the nursing students' self-concept and their degree of self-efficacy. Being accepted and valued as students were significant motivators for learning. By contrast, alienation resulted in anxiety and depression and caused a lack of motivation. Nursing students also reported that the environments that were welcoming, supportive, and receptive enhanced their confidence and sense of belonging.

While little attention has been paid specifically to overseas nurses' sense of belonging while working in a foreign country, there is, however, a considerable number of studies focusing on the notion of belonging in general. Both Fullilove (1996) and Vandemark (2007) studied the effects of displacement on the individual. While Fullilove (1996) conducted an extensive review of the literature to study the psychology of place and its relation to displacement, Vandemark (2007) focused on homelessness and the role of place in determining self-identity and self-efficacy. Fullilove (1996) posited that individuals become connected to their environment through three key psychological processes: (1) attachment (the bond between a person and a beloved place); (2) familiarity (the process by which people develop a detailed cognitive knowledge about their environment); and (3) identity (a sense of self based on the places in which one has passed one's life). Fullilove (1996) further argued that, when these psychological processes are threatened by displacement, individuals may experience nostalgia, disorientation, and even alienation.

Vandemark (2007) suggested that displacement can create a sense of non-belonging and a diminished sense of self, resulting in anxiety and depression. In addition, several studies have reported that displacement can cause homesickness and a sense of non-belonging, which is a major source of stress for immigrants (Stroebe, van Vliet, Hewstone, & Willis, 2002; Verschuur, Eurelings-Bontekoe, & Spinhoven, 2004). On the other hand, attachment to a place can result in a personal sense of belonging (Saar & Palang, 2009). Furthermore, Brunero, Smith, and Bates (2008), in their study on the experiences of recently recruited overseas nurses in Australia, found that living a long distance from one's family and a lack of support from immediate family were the two major causes for homesickness. By contrast, Manzo (2005) argued that the significance does not lie in the place itself, but the individual's experiences in that place, as it is these experiences that create meaning and a sense of belonging. Hill (2006, p. 212) extended this argument by stating that a sense of belonging is a deep spiritual connection to family, community, nature, the Creator, land, environment, ancestors, and traditional ways of life. Interestingly, there is evidence in the literature suggesting that, for people of some nationalities, their sense of the self is inseparably rooted in the family (Bacallao & Smokowski, 2007); furthermore, some overseas nurses in the United States viewed certain individuals who were genuinely concerned and interested in their well-being as parental figures (Hayne et al., 2009). However, it was shown by Brunero et al. (2008) that not all immigrants develop homesickness, and personality types and environmental characteristics play an important part in the onset of homesickness.

There is an ongoing debate about issues surrounding self-identity and migrants' sense of belonging. Lin's (2008) study of identity conflict among Chinese immigrants in New Zealand and Singapore found that migrants with a stronger sense of belonging were less likely to experience identity conflict. By contrast, Manzo (2005) argued that people's relationships with places represent their self-identity, and that the experiences of not just one but many places contribute to a person's identity. Vandemark (2007, p. 243) proposed

that “self-identity is related to our ability to make decisions and act effectively in the world.” In this regard, Fullilove (1996) argued that during displacement, an individual’s ability to make decisions is crippled due to unfamiliarity. He referred to displacement as a period of paralysis, in contrast to Manzo (2005), who posited that negative experiences could be seen as growth experiences, as they give individuals an opportunity to learn about themselves and explore or expand their identity.

Many attempts have been made to explain the challenges faced by nurses migrating to and working in foreign countries. Jose (2011) studied the experiences of immigrant nurses in the United States and reported that they felt alienated from their homeland and family. The initial shock experienced following their move to a new country created a sense of non-belonging and had a negative impact on their quality of life. Similarly, Ma et al. (2010), in their study of the demands of immigration for Chinese nurses in the United States, found that Chinese nurses experienced a sense of loss over the special places they had left behind and they also had to overcome the barriers of learning new tasks in their everyday life. In addition, Jose (2011) reported on the difficulties faced by IRNs in their day-to-day activities due to a lack of trust and support from work colleagues, which caused them to lose confidence and lack a sense of security. These findings were also supported by Beaton and Walsh (2010) who reported that international nurses encountered challenges in the workplace and outside it due to differences in lifestyle and culture. Jose, Griffin, Click, and Fitzpatrick (2008), in a study focusing on Indian nurses in the United States, found that the loss associated with immigration was perceived as the most significant demand of immigration by the nurses. An interesting finding from Ma et al.’s (2010) study was that recently arrived immigrants had higher immigration demands than immigrants who had been in the country for a longer period.

Several researchers agree that separation from family could be a daunting and terrifying experience for overseas nurses (Adams & Kennedy, 2006; Beaton & Walsh, 2010; Cowan & Norman, 2006; Kingma, 2007; Matiti & Taylor, 2005; Walker, 2008). Severance from loved ones and the lack of support in their new country made IRNs long for their home and made them feel homesick and insecure (Furuta et al., 2003; Matiti & Taylor, 2005). Various authors have agreed that the life changes associated with migration and acculturation can impact immigrants' psychological wellbeing (Kingma, 2007; Larsen, 2007). Similarly, Alexis, Vydelingum, and Robbins (2007) conducted a study to explore the experiences of black and ethnic minority nurses in southern England. They argued that study participants experienced feelings of insecurity related to their temporary resident status and were reluctant to voice their opinions because they were afraid of being deported, which disrupted their sense of belonging and self-identity. Larsen (2007) further added that quality of life among overseas nurses could be affected by job-related relocation, as nurses must adapt to different nursing practices and experience mistrust from their colleagues and employers, causing a sense of helplessness and feelings of insecurity.

Xu et al. (2008) argued that immigrant Chinese nurses experienced feelings of insecurity in the United States due to language deficiency. Omeri and Atkins (2002) found that immigrant nurses also experience feelings of insecurity due to professional negation and the devaluing of their professional worth when their previous skills and experiences are not recognised. This can affect their confidence and freedom to practice. Lack of confidence can be counter-productive and Omeri and Atkins (2002) related it to "living at the edge." Non-acceptance can lead to alienation and segregation of outsiders which can result in identity conflict (Jose, 2011; Lin, 2008; Omeri & Atkins, 2002). The motivation for international students' decisions to stay in the United States or to return to their home country was studied by Alberts and Hazen (2005). They established that a sense of security is one of the determining factors in an individual's decision regarding whether to remain in the United States.

Many studies have focused on the deskilling of overseas nurses. Several researchers have shown that overseas nurses experienced a lack of trust from host nationals (Dicicco-Bloom, 2004). Colleagues, employers and patients mistrusted the international nurses' skills (O'Brien, 2007; Tregunno, Peters, Campbell, & Gordon, 2009; Xu et al. 2008), which led to increased supervision and scrutiny (Hagey et al., 2001; Ronquillo, 2012). Although Omeri and Atkins (2002) and O'Brien (2007) found explanations for the underutilisation of the skills of overseas nurses, Omeri and Atkins focused more on the negation of their professional capabilities, whereas O'Brien highlighted the restricted scope of practice for overseas nurses in their host country. Gerrish and Griffith (2004) examined the political and bureaucratic factors affecting the underutilisation of overseas nurses. O'Brien (2007) pointed out that the underutilisation of overseas nurses fails to take advantage of freely available benefits and leads to brain waste. Furthermore, Blythe, Baumann, Rheaume, and McIntosh (2009) explained that, due to a lack of opportunities for career advancement, international nurses become increasingly frustrated and want to leave nursing. Various authors have agreed that managerial and organisational interventions are necessary for improving the transition and retention of international nurses (Jones & Sherwood, 2014; Konno, 2006; Lin, 2014; Newton et al., 2012). According to Gerrish and Griffith (2004), this issue could be dealt with by consistently placing international nurses in roles that are in line with their area of expertise.

Among the many challenges faced by overseas nurses, communication is one of the most important issues faced, which has been of considerable interest to researchers (Brewer & Kovner, 2014; Okougha & Tilki, 2010; Omeri & Atkins, 2002; Xu, 2008, Xu et al., 2008). There is a wide variety of dialects across the English-speaking world, a difficulty compounded by the many different accents (Nimoh, 2010). In their study on the experiences of overseas nurses in Canada, Beaton and Walsh (2010) reported that most registered nurses from English-speaking countries had chosen to work in Canada because it was an English-speaking country. However, they found it difficult to understand the local idioms and were embarrassed when they had to ask people to repeat themselves three or four times.

This created a sense of non-belonging. Many studies have focused on understanding the communication pathology of registered nurses. Both Xu (2008) and Nimoh (2010) found that communication deficit can arise due to pronunciation, accent, dialect, slang, and cultural differences. Xu's (2008) study focused on overseas registered nurses working in the clinical field, and Nimoh (2010) looked at overseas nurse educators working in the academic field. The researchers agreed that both the nurses and nurse educators needed to identify their speech pathology and correct it for the benefit of their patients and students.

Several studies have shown that patient safety could be compromised due to the verbal and non-verbal challenges faced by overseas registered nurses (Kingma, 2007; Lin, 2014; Xu, 2008, Xu et al., 2008). Furthermore, Blythe et al. (2009) stressed that linguistic challenges are not limited to language competence, but can also relate to subtleties of communication including tone, stress, silence, body language, and humour. Similarly, Withers and Snowball (2003) reported that overseas nurses assumed heavier patient loads and worked longer hours because they were not assertive in their communication. For example, they found it harder to hand over unfinished work to the next shift. Consistent with other researchers' findings, Alexis and Vydelingum (2005) argued that overseas nurses had an increased workload and that the lack of familiarity with the setting and lack of support made their life challenging. By contrast, Tregunno et al., (2009) reported that overseas nurses had to slow down their work because of difficulties in understanding the language. Host nationals also perceived overseas nurses as slow, which in turn lead to difficulties finding employment and decreased opportunities for promotion (Blythe et al., 2009).

Lin (2014) examined how Filipino nurses transitioned into their role as nurses in the United States. A qualitative approach was used to conduct the study. Data were collected using a semi-structured in-depth interview method from a sample of 31 Filipino nurses. The participants claimed that they had been alienated and exploited. They explained that at home they were not encouraged to speak up for their patients or themselves, but they had to learn

to be assertive to survive in the United States. They added that telecommunication was difficult as they could not use body language to facilitate communication. They also noted that medical terminology was different. They had to relearn how to ask nurse aides for help and discard the delegation style which they had previously practised in their home country. The study provided a basis for understanding some of the important issues faced by overseas nurses in their host country and how these might impact on patient safety. Nurses must be able to communicate with one another, other members of the health care team, as well as with patients and their families. It should be noted that Lin's (2014) study involved only female registered nurses from one country. Jeon and Chenoweth (2007) conducted a similar examination of the issues and challenges relating to the employment of overseas nurses in Australia and internationally. Jeon and Chenoweth (2007) showed that the transition of overseas nurses joining the Australian workforce was delayed due to their lack of English proficiency and the lack of communication support programmes available for employees in the health care system.

Although there has been considerable research devoted to identifying the challenges faced by overseas registered nurses, rather less attention has been paid to those faced by overseas nurse educators. Communication becomes even more challenging when overseas faculty and students speak different dialects or when they are from different cultural backgrounds (Bednarz et al., 2010; Furuta et al., 2003; Nimoh, 2010). Both Furuta et al. (2003) and Enskar et al. (2011) conducted studies on the experiences of lecturers teaching overseas. Furuta et al. (2003) focused on the experiences of North American nurse educators in Japan and Enskar et al. (2011) focused on lecturers from four different countries participating in an international exchange programme. In both studies, the majority of participants rated their overall experience as positive. The lecturers appreciated the opportunities to share their knowledge with overseas colleagues and students and stated that the exchange programme enhanced their career. They were able to expand their professional network and were thus able to become involved in research projects overseas.

However, both Furuta et al. (2003) and Enskar et al. (2011) agreed that the participants did face a number of challenges, including culture shock and loneliness. They reported that they had been unable to participate in staff meetings effectively due to language barriers. Some North American nurses maintained that the language barrier had crippled their day-to-day life in Japan, as they had to depend on translators (Furuta et al., 2003). Both studies provide a basis for comparing the experiences of academic faculty overseas. It should be noted, however, that Enskar et al. (2011) provided very few recommendations for other lecturers accepting similar positions. In addition, it should be noted that some of the authors were also participants in the study.

Nimoh (2010) advocated that foreign-born faculty should attempt to build cross-cultural communication in their classrooms. Language proficiency ensures increased acceptance by peers and improves an individual's opportunities for promotion, building friendships, and receiving support from friends (Newton et al., 2012). Overseas educators' physical appearance, the way they dress, their attitudes, beliefs, and culture may affect the relationship between the students and the faculty (Bednarz et al., 2010; Nimoh, 2010). Kavas and Kavas (2008) have recommended a number of techniques for overcoming communication barriers and have advised overseas nurse educators to speak clearly, articulate words comprehensibly, and make use of instructional aids such as PowerPoint presentations and handouts. Porche (2004) cautioned against the use of humour by overseas nurses, as what is humorous in one culture may not be in another.

Both Jose (2011) as well as Beaton and Walsh (2010) examined some of the challenges faced by international nurses. Jose argued that a longer period of orientation is necessary for the successful adaptation of international nurses, while Beaton and Walsh (2010) reviewed the issues regarding recruitment of international nurses but did not provide any solutions. Gerrish and Griffith (2004) recommended that institutions foster a culture which values diversity and provides opportunities for international nurses to work with expert

mentors who have been trained to work with them. They (Gerrish & Griffith, 2004) studied the effectiveness of an adaptation programme offered to overseas registered nurses in a hospital in the United Kingdom. They concluded that overseas nurses required longer than the minimum period of supervised practice specified by the NMC (Nursing and Midwifery Council). They argued that overseas nurses took a longer time to demonstrate that they were safe and competent practitioners due to the different nursing practices employed in their home countries and the low level of support provided to them. The latter is a consistent finding supported by various researchers. Hendel, Fish, and Aboudi (2000), for instance, in a study of the strategies used by hospital nurses to cope during a national crisis, highlighted the value of social support during difficult situations. Goh and Lopez (2016) similarly found, in a study of overseas nurses in Singapore, that the two factors that improved the nurses' acculturational level and quality of life were having control over their practices and receiving organisational support.

The study conducted by Melby, Dodgson, and Tarrant (2008) described the experiences of Western expatriate nurse educators teaching in East Asia. They reported that many expatriate educators were uncomfortable with the cultural norm of teachers enjoying a high social status. The greatest challenge they faced was trying to break down the sense of reverence for the professor and dismantle the view that the professor was the holder of all knowledge. Teachers command a great deal of respect in China; the teacher is seen as a figure of parental authority and challenging him or her is not acceptable (Caldwell et al., 2010; Melby et al., 2008). Moreover, the educators also had to adapt to the differences in learning styles. The Western education system places a high value on independent thought and individual learning, whereas students from many other cultures are taught to value work sharing and helping the whole group to achieve (Bednarz et al., 2010). In New Zealand, autonomy is encouraged, while in China, the self is subordinate to relationships with others (Caldwell et al., 2010). Overseas trained nurse educators, who are accustomed to an Eastern or Chinese classroom etiquette, might find students in the Western world disrespectful. In

addition, the role of the nurse educator includes teaching, research, further studies, maintenance of clinical competence, and continued professional growth. The multi-dimensional role of nurse educators in some Western countries may be difficult to balance for IRNs, especially for new faculty members who are not prepared for the role (National League for Nursing, 2006). One of the strategies that could help overseas nurse educators overcome some of the challenges inherent in their new roles is mentoring (AACN, 2014; Baker, 2010).

Mentoring and Faculty Development Programmes for Nurses

At a time when nursing schools are experiencing a serious shortage of nurse educators, it is imperative that steps be taken to recruit, retain, and further develop qualified educators (AACN, 2014; Girot & Albarran, 2012; NLN, 2010). The National League for Nursing (2006) advocated the use of mentoring as a primary strategy to establish healthful work environments and facilitate the ongoing career development of nurse faculty. Mentoring, buddy systems, faculty development, and faculty orientation are very closely related. Baker (2010) used the terms faculty development and faculty orientation interchangeably and uses mentoring as a part of a faculty orientation programme for new nurse educators.

Educating faculty about the mentoring process can be achieved through professional development workshops and seminars. The National League for Nursing (2006) recommended that mentoring should be added as a subject to graduate and undergraduate curricula and provided through faculty development programmes. Steinert (2000) also suggested that faculty development is critical for promoting educational leadership, innovation, and excellence and is, therefore, the key to academic vitality. Faculty development encompasses a range of activities used by institutions to renew and assist faculty in their roles, as well as to facilitate the entry of new recruits to an organisation. Effective mentoring enables all members of the academic nursing community to establish a healthful work environment (AACN, 2014; Baker, 2010; NLN, 2006; NLN, 2010). In line with

the above, Matiti and Taylor (2005) recommended the use of a buddy system during international registered nurses' settling-in phase, to enable them to offload and share both the positive and negative elements of their cultural adaptation process.

Several studies have shown the need for an adaptation programme to support newly arrived overseas nurses (Jones & Sherwood, 2014; Jose, 2011; Konno, 2006; Lin, 2014; Newton et al., 2012; Sherwood & Shaffer, 2014). Both Konno (2006) and Lin (2014) have stressed the importance of a transition programme for overseas nurses. Konno (2006) advocated buddy or preceptor systems to address the cultural and linguistic needs of overseas nurses and Lin (2014) argued that there is a need to facilitate conflict management and stress management, as well as provide spiritual support and ongoing managerial support. Stankiewickz and O'Connor (2014) were of the view that transition programmes for overseas nurses should commence even before initial registration procedures finish. Furuta et al. (2003) and the NLN (2006) supported this view and proposed that learning about the host country, its history, people, and culture prior to arrival would make nurses' transition easier.

While the majority of researchers have examined the positive relation between adaptation programmes and job satisfaction (Lin, 2014; Newton et al., 2012), a number of studies have focused on the importance of training preceptors and mentors—shifting the focus from the training of nurses— and of organising specific forums for overseas nurses to interact with host nurses (Konno, 2006; Okougha & Tilki, 2010; Sherwood & Shaffer, 2014; Xiao et al., 2014). There is evidence in the literature that overseas nurses who have participated in orientation programmes tend to be more acculturated (Ma et al., 2010), and have a higher commitment to their organisations and higher retention rates (Cheng & Liou, 2011).

Although there have been many studies on adaptation programmes for overseas nurses, few have focused on overseas nurse educators. The National League for Nursing (2004) developed a toolkit for preparing nursing faculty for global experiences. It contains practical recommendations about how to prepare for international travel, identifies aspects faculty should consider prior to travelling abroad, and provides information about the role of faculty in a host country. In the toolkit, they recommend that nurse educators gain some basic knowledge of the host country—including its politics, history, and culture—prior to travelling there, and emphasise that a working knowledge of nursing in the host country is critical. Additionally, they suggest that nurse educators should immerse themselves in the new culture to avoid cultural missteps. Similarly, Bednarz et al. (2010) also provided advice for overseas nurse educators to ease adaptation to their host country. They recommended that individuals should try to understand themselves and their culture, seek opportunities to engage with people from dissimilar backgrounds, continue education on transcultural nursing, and engage in ongoing self-reflection. While there are steps nurse educators can take before migration to improve their experience in a host country, the NLN (2004) highlighted that:

> Except for the fundamental principles of hygiene, nutrition and hydration, elimination, and management of the environment, as well as nursing skills and techniques that can readily be transferred across cultures, most nursing concepts and interventions are context-dependent and express specific sets of cultural values (p. 10).

These values can be learned only by seeing, hearing, talking, and immersing oneself in the host culture. A well-planned orientation programme plays an important role in helping overseas nurse educators to adapt easily to a diverse culture. Baker (2010) advocated that for faculty members who are new to both an educator role and an institution, mentoring should be a significant component of their orientation programme. Proper support for staff would increase retention, and one of the ways to provide this support is through faculty

development programmes that cater to their needs (Lacey-Haun & Whitehead, 2009). A similar conclusion was drawn by Baker (2010), who found that the long-term goal of orientation programmes is the retention of excellent nursing faculty in academic careers, where they will seek professional development opportunities and continue to develop and grow as nurse educators.

Summary

This chapter provides an overview of the most important early and contemporary cultural adaptation theories. It explains the concept of acculturation, and highlights the changes that may occur during the different stages of the cultural adaptation process. John Berry's work on acculturation is prominent among the adaptation theories discussed. A synthesis of the research examined in this chapter demonstrates that cultural adaptation is a difficult and complex process. Furthermore, a review of the evidence from national and international studies reinforces the view that nurse educators from diverse cultures face a number of challenges that can prevent them from working effectively.

One of the clear problems encountered in this review was the dearth of suitable studies that have focused specifically on the challenges faced by overseas trained nurse educators in New Zealand. There was also a lack of research on the strategies used by overseas nurse educators to culturally adapt to the New Zealand context. With regard to developing initiatives to facilitate adaptation, several studies highlighted the importance of orientation programmes for overseas nurse educators, in order to improve the retention of the nursing faculty in academia. However, once again, the majority of studies examined adaptation programmes for overseas nurses, and few of them focused on overseas nurse educators specifically.

The next chapter will explain the methodology, philosophical stance and the rationale for using hermeneutic phenomenology as the philosophical basis for this enquiry.

Chapter Three

Methodology

Introduction

This chapter examines the choice of phenomenology as the theoretical foundation of this study. Phenomenology as a philosophy is first explored, and the history of the phenomenological movement and prominent scholars are presented. The section titled "Phenomenology as research methodology" discusses the methodological approaches used for conducting qualitative studies. A number of approaches to a phenomenological enquiry are briefly analysed before details of van Manen's (1997) approach are outlined. Finally, the chapter provides a rationale for using van Manen's hermeneutic approach to phenomenology to investigate the lived experiences of overseas nurse educators teaching in New Zealand.

Phenomenology as a Philosophy

The term phenomenology is derived from the Greek words *phainomenon* meaning appearance, and *logos* meaning enquiry or discourse (Walters, 1995). The concept of phenomenology as a branch of philosophy was first introduced by Franz Brentano, and his goal was to reform philosophy in the service of humanity (Cohen, 1987). According to van Manen (1997), phenomenology is essentially a philosophical discipline that seeks to gain an understanding of lived experiences. van Manen (2014) distinguished between "philosophising phenomenology" and "doing phenomenology." He explained this by saying that philosophers tend to write for other philosophers, while doing phenomenology should be about developing an argument by creating an emotional response and simultaneously reflecting on the lived meanings of everyday experiences. Spiegelberg (1984) used the term *movement* to refer to the different schools of phenomenology. According to Spiegelberg (1984), the phenomenological movement, historically, can be grouped into three phases. The first phase, or preparatory phase, was initiated by Franz Brentano (1838–1917) and his prominent

student Carl Stumpf (1848–1936). Brentano's primary contributions included the acknowledgement of an individual's psychic phenomena and the introduction of the concept of *intentionality*, which became the basis of all later phenomenological analysis (Cohen, 1987). van Manen (1997), defined intentionality as the inseparable connectedness between human beings and the world.

The second phase, also called the German phase, was dominated by the ideas of Edmund Husserl (1859–1938) and Martin Heidegger (1889–1976). Edmund Husserl is considered to be the father of modern phenomenology (Spiegelberg,1984). According to van Manen (1997), Husserl saw phenomenology as a discipline that seeks to describe the manner in which the world is constituted and experienced through conscious acts. Husserl's main aim was to provide a theory of knowledge (epistemology), which he referred to as *transcendental phenomenology* (Todres & Wheeler, 2001). Heidegger challenged Husserl's construction of phenomenology as a purely descriptive philosophy. Instead, Heidegger believed that the world was an essential part of understanding the meaning of being and was not separate from the being itself. Husserl's notion of intentionality removed the person from the world of phenomena, but Heidegger placed the being as part of this world (Heidegger, 1962). These ideas influenced the development of the next phase of the phenomenological movement. The current study is based on van Manen's approach to hermeneutical phenomenology. Since van Manen drew insight from the works of Husserl, Heidegger, and other phenomenologists, their approaches to phenomenology will be explained in detail later in this chapter.

The third phase of phenomenological development was the French phase. Its most prominent scholars were Gabriel Marcel (1889–1973), Jean-Paul Sartre (1905–1980), and Maurice Merleau-Ponty (1908–1961). Cohen (1987) argued that Sartre was more concerned with the practice of phenomenology than its theory. Merleau-Ponty (2012) proposed that the phenomenological inquiry possesses all the necessary scientific qualities and that humans'

relation to the world is a relation of perception. According to Merleau-Ponty (2012), perception occurs at a corporeal and preconscious level. He argued that the body and mind are not separate entities, but are interwoven with the world. Existential phenomenology is often identified with the works of Jean-Paul Sartre and Maurice Merleau-Ponty (van Manen, 2014). The focus of existential phenomenology is to provide plausible descriptions of everyday observations and experiences, while making analytic sense of social realities. Human beings experience the world and reality through certain fundamental existential aspects such as spatiality, relationality, temporality, and corporeality (van Manen, 1997). Merleau-Ponty elaborates on these existential aspects in his book *The Phenomenology of Perception* (1962/2012). According to van Manen (2014), additional existential aspects such as death, language, and materiality, could be identified to explore the meaning of the life-world and the particular phenomenon being studied.

These views provided the basis for the development of a number of phenomenological research traditions in a variety of disciplines (Cohen, 1987). van Manen (2014) pointed out that the various phenomenological movements are generally identified with the thinking of distinguished scholars from these disciplines. Transcendental phenomenology is identified with the work of Edmund Husserl. The focus of transcendental phenomenology is to study phenomena, which are a person's experiences, and describe how these experiences appear to that person's stream of consciousness (van Manen, 2014). Husserl developed Brentano's concept of intentionality to provide a means for understanding conscious acts. Intentionality claims that human beings are always conscious of something, and all our thoughts, feelings, and actions are related to things in the world (van Manen, 2014). Heidegger (1962), a pupil of Husserl, rejected Husserl's intentionality and instead adopted the concept of *Dasein* [being in the world]. Husserl's (1965) ontology of essences underpins his idea that objects in nature are essences of the natural attitude and natural sciences. He posited that phenomenology must be studied from the first-person point of view; it must begin with the phenomenon itself and extract the essence of the person's experience,

which belongs to that person's stream of consciousness. According to van Manen (1997), "essence is that what makes a thing what it is, rather than its being or becoming something else" (p. 77).

Husserl (1965) introduced the concept of *lebenswelt* [life-world] or *lived experiences* to describe the world of immediate experience. According to Todres and Wheeler (2001), "the life-world, which is neither originally mental nor physical, refers to experiential happenings or occurrences that we live before we know" (p. 3). Husserl (1965) explained that the life-world refers to what individuals experience pre-reflectively, without any interpretation. Husserl (1965) believed that in order to have an everyday experience one needs to reflect inwardly, putting aside the world beyond the subject's consciousness. This is referred to as *bracketing*. Husserl used the term *epoché* to describe the method by which individuals could bracket their prejudgments to access the pure experience of the phenomenon. Husserl (1965) described a second technique called *eidetic reduction,* which consists of carrying out a series of reductions to allow for different means of viewing a phenomenon. Husserl believed that during eidetic reduction the researcher attempts to reach a state of openness and wonder towards the phenomenon. The researcher needs to bracket out the outer world, as well as any personal biases to successfully discover the underlying essences of an experience (Laverty, 2003). Heidegger, unlike Husserl, did not recommend a philosophical reduction of preconceptions but instead argued for an awareness of how the researcher influences his or her understanding of the true nature of the object of study.

Martin Heidegger is often identified with ontological phenomenology (van Manen, 2014). Instead of asking how the beings of things are constituted as intentional objects in consciousness, Heidegger asked how the beings of things show themselves as a revealing of being itself. Heidegger (1962) called ontology "the phenomenology of being." According to Laverty (2003), while Husserl focused more on the epistemological question of the relationship between the subject and the phenomenon, Heidegger concentrated on the

ontological question of the nature of reality and of being in the world. Description is interpretation in Heidegger's hermeneutic or interpretive phenomenology; he believed that lived experience is itself an interpretive process and understanding is a self-interpretation of the life-world or a part of our being in the world.

Hermeneutic Phenomenology

Hermeneutics had its beginnings in ancient philosophy and was associated with the interpretation of texts and symbolic messages (Bingham, 2010). According to Cohen, Kahn, and Steeves (2000), researchers using Heideggerian hermeneutics focus on interpretation, while the hermeneutical phenomenological approach focuses on features of descriptive and interpretive phenomenology. In agreement with Cohen et al. (2000), van Manen (1997) further explained that "hermeneutic phenomenology is descriptive because it wants to let things speak for themselves, and is interpretive because it claims there is no such thing as an un-interpreted phenomenon" (p. 180)**.** According to Converse (2012), Husserl used phenomenology to describe the experience of a phenomenon in consciousness. Heidegger built on the philosophy to investigate the meaning of being, and Gadamer further developed Heidegger's hermeneutic circle, reiterating that text and conversation were the media of interpretation. Gadamer (1975) envisioned the hermeneutic circle as a process of movement between the details of the text and the interpreter of the text. The hermeneutic circle is pivotal to the research process and is an important aspect of the hermeneutic phenomenological approach. It symbolises the continual movement back and forth between examination and interpretation of the parts and the whole to gain a better understanding of the phenomenon being studied (Koch, 1995).

Gadamer, who was a student of Heidegger, extended Heidegger's ontological phenomenology by placing emphasis on language. Gadamer (1975) agrees with Heidegger's view that language and understanding are aspects of being in the world. According to Gadamer (1975), dialogue is concerned with the processes of questioning and answering.

When there is open dialogue through questioning and answering, the essence of the phenomenon being studied can be understood more efficiently. Ricoeur expanded Gadamer's view of language by noting that written text not only makes use of the system of signs that constitute a written language but that, moreover, is symbolised by the fact that the text's meaning can be adjusted from the author's objective. According to Ricoeur (1995), "Hermeneutics is the theory of the operation of understanding in its relation to the interpretation of texts" (p. 430). Similarly, van Manen (1997) stated that where phenomenology is the pure description of lived experience, hermeneutics is an interpretation of experience via text or some other symbolic form.

Ricoeur (1995) criticised Western philosophy as a kind of text that has a surface, meaning that it overshadows the true meaning that lies hidden below. According to Ricoeur (1995), "hermeneutic philosophy is a way of letting the hidden meaning appear" (p. 430). Dilthey (1996) supported this view and mentioned that hermeneutics involves the art of reading a text so that the meaning behind the outward appearance is fully understood. In hermeneutic phenomenology, the interview process is specifically used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon. van Manen (1997) warned that gathering experiential narrative material is only possible when the researcher is acquainted with the fundamental question of the study, which is aimed at renewing contact with the original lived experience. Interpretation begins when the researcher engages with the phenomenon, and the researcher's prior awareness, attention, and anticipation are directed towards the phenomenon.

According to Finlay (2013), interpretation is not an added framework but an intrinsic part of our being in the world. In accordance with this view, van Manen and Adams (2010) argued that every mode of being in the world (such as the modes of being a student, teacher, reader, parent) provides a way of understanding the world, and that these modes of

being in the world need to be interpreted. van Manen and Adams (2010) added that phenomenology becomes hermeneutical when its method is taken to be interpretive. van Manen (1997) defined two types of interpretation. The first type aims to reveal what a thing itself points to, while the second type occurs when we confront something that is already an interpretation, such as in the case of a work of art. However, van Manen (1997) added that a phenomenological description is always an interpretation, and no single interpretation of human experience will deplete the number of other possible interpretations, which may be richer or deeper.

Utrecht and Duquesne schools of phenomenology.

According to van Manen (2014), since the mid-1990s, a number of Dutch academics have begun to incorporate phenomenology in practical and professional disciplines. The Dutch school of phenomenological pedagogy (also known as the Utrecht School) adopted both the descriptive and interpretive traditions (Finlay, 2013). van Manen has embraced the ideas of the Utrecht School/Dutch tradition of phenomenological pedagogy. More recently, in North America, phenomenology has been introduced to fields such as humanistic psychology, educational studies and pedagogy (van Manen, 2014). The methodological models of phenomenology published by Duquesne University scholars such as Amadeo Giorgi, Adrian van Kaam, and Clark E. Moustakas, have found application in the field of psychology. Giorgi, a proponent of Husserlian philosophical principles, provided the momentum for developing what has become known as the Duquesne approach (Finlay, 2013). van Manen, however, adopted the hermeneutic phenomenological approach over the Duquesne approach (psychological approach). According to Ehrich (2005, p. 4), the hermeneutic approach "is holistic because it reveals a depth and insight into the human condition and poetic because it is sensitive and reflective".

van Manen (2014) introduced the phrase *phenomenology of practice* to describe the development of phenomenological methods on the basis of the practical examples put forward by Edmund Husserl, Martin Heidegger, Merleau-Ponty, Jean-Paul Sartre, and subsequent scholars. According to van Manen (2014), the phenomenology of practice had its beginnings in the writings of scholars from the Utrecht School, such as Friedrich Bollnow and Johan Hendrick van den Berg. van Manen (2014) summarised phenomenology of practice as follows:

> Phenomenology of practice is sensitive to the realisation that life as we live and experience it is not only rational and logical, and thus in part transparent to reflection – it is also subtle, enigmatic, contradictory, mysterious, inexhaustible, and saturated with existential and transcendent meaning that can only be accessed through poetic, aesthetic, and ethical means and languages (2014, p. 213).

The phenomenology of practice incorporated hermeneutic phenomenology by being attentive to how things appear through description and by bringing the essence of lived experience to light through interpretation (van Manen, 2014). It can help us to understand the lived experience by stimulating the intellect, promoting thoughtfulness, and fostering the practice of insight. It involves philosophical and human science methods to understand the world as experienced in everyday life (van Manen, 2014).

Phenomenology as a Research Methodology

A number of methodological approaches to phenomenological research have been used to guide research studies, such as those proposed by van Kaam (1966), Colaizzi (1978), Giorgi (1985), and van Manen (1997). Some phenomenological researchers, such as Colaizzi and Giorgi, developed a step-by-step method for interpreting the data based on conversations that have occurred between the researcher and research participants. van Manen (1997) did not advocate such a series of procedures in his approach, but rather

argued that interpretation is in fact an inherent part of the deliberate act of describing aspects of experience (phenomena) in textual form. Thus, van Manen (2014) developed a discovery-orientated approach that avoids the need for a predetermined set of fixed procedures and techniques.

Phenomenological inquiry allows the researcher to gain insights into a person's everyday experience in the world and can help him or her reach an ordinary or pre-reflective understanding of human existence (van Manen, 2003). According to van Manen (2014), the aim of phenomenology is to explore human experience (phenomenon) as it is lived rather than as it is conceptualised. Lived experience, he explained, is immediately mediated by thought and language, and can be accessed only through thought or language after the experience has already taken place (van Manen, 2014). Phenomenology aims to recover the present before such mediation happens. Hence phenomenology is a "reflective method of practising bracketing, brushing away or reducing what prevents us from making primitive or originary contact with the primal concreteness of lived reality" (van Manen, 2014, p. 41).

Philosophical methods: *Epoché* and reduction.

Phenomenology helps to gain access to pre-reflective experiences as they occur in the everyday life-world and to understand the meanings of these experiences (van Manen, 2014). This process is called reduction and, according to van Manen (2014), it consists of two opposing actions: *epoché* and reduction proper.

The term *epoché* refers to removing obstructions to provide access to a phenomenon. Husserl (1965) used the term *epoché* to refer to suspending judgements and beliefs about the world. Husserl used the related term *bracketing* to denote parenthesising or keeping separate the various assumptions that might stand in the way of gaining access to the original meaning of a phenomenon. In other words, *epoché* tries to make contact with the world as we live it. van Manen outlined four moments of *epoché* based on the

phenomenological philosophical literature. According to van Manen (2014), these moments of *epoché* are practised simultaneously, but can be separated to gain a better understanding of phenomenological reduction. The four moments of *epoché* are summarised as follows: (a) The heuristic *epoché*-reduction of wonder: this moment consists of bracketing everyday taken-for-granted attitudes and aims to awaken a sense of wonder about the phenomenon. According to Merleau-Ponty (1962/2012), wonder is "the unwilled willingness to meet what is utterly strange in what is most familiar" (p. xiii); (b) The hermeneutic *epoché*-reduction of openness: this moment is the endeavour to approach a phenomenon without pre-understanding, frameworks, or previous inclinations and requires a genuine openness with the phenomenon; (c) The experimental *epoché*-reduction of concreteness: this moment consists of bracketing theories and beliefs, and suspends abstraction in favour of concrete living meaning; (d) The methodological *epoché*-reduction of approach: this moment consists of bracketing conventional techniques to develop an appropriate approach specifically designed for the phenomenon of interest.

Reduction proper is derived from the French word *reducere,* meaning *to bring back* or *lead back*. It refers to bringing back real experience prior to theorisation or abstraction (van Manen, 2014). *Epoché*-reduction is the initial stage of the method and involves opening up and freeing oneself from obstacles that would make it impossible to approach phenomena in the life-world. According to van Manen, "the reduction proper engages the reflective phenomenological attitude that aims to address the uniqueness of a phenomenon as it shows itself" (2014, p. 228). Eidetic, ontological, ethical, radical, and originary are the five varieties of reduction proper discussed in the literature. According to Merleau-Ponty (1962/2012), reduction aims to bring the aspects of meaning that belong to phenomena into nearness. It is not a procedure that is applied to the phenomenon that is being researched, but a thoughtful attentiveness that the researcher practices when attempting to understand the exclusive meaning of the phenomenon being studied. However, Merleau-Ponty (1962/2012) warned of the limitations of reduction. He posited that complete reduction is

impossible. According to Merleau-Ponty (1962/2012), the meanings of reflective experiences can never fully imitate the lived experiences from which they were reduced. Instead, reduction aims to bring about a phenomenological understanding of the meaning of the phenomenon under study.

Human science method.

Phenomenology is a human science. The term *human science* derives from the German word *Geisteswissenschaften,* meaning the "science of the mind" (van Manen, 2014). According to van Manen (2014), phenomenological human science differs from philosophical phenomenology in that, in addition to employing phenomenological methods, phenomenological human science also adopts empirical and reflective methods. Phenomenological enquiry cannot be reduced to a set of procedures; rather, it seeks to gain understanding from authentic experiences of primary phenomenological ideas and methods. van Manen (2014) argued that data gathering methods borrowed from social sciences such as ethnography, narrative enquiry, and critical theory differ from phenomenological methods, as the latter aim to gather experiential accounts of a pre-reflective nature. van Manen (2014) pointed to a variety of data-gathering activities that could be of use in a phenomenological enquiry. These activities fall into two broad categories: empirical and reflective.

Empirical methods of gathering lived experiences.

Empirical methods are research activities for collecting experiential data and include collating personal descriptions of lived-through experiences, gathering written experiences from others, interviewing for experiential accounts, observing experiences and identifying relevant fictional experiences (van Manen, 2014). Phenomenological experiential accounts are not personal opinion of a particular phenomenon; rather, they are accounts of human experiences, which reflect an inherent meaning. van Manen (2014) differentiated between a phenomenological interview and a hermeneutic interview as follows: the focus of a phenomenological interview is to explore and gather experiential material to serve as a

resource for phenomenological reflection, and the aim of a phenomenological interview is to gain rich and detailed experiential materials. He further argued that interview material that lacks sufficient concreteness with regard to experiences may be useless, as it may lead to over-interpretation or speculation about personal opinions. By contrast, a hermeneutic interview is used to explore the interpretive meaning of the experiential material and to follow up on ideas raised during a phenomenological interview.

Reflective methods for seeing meaning in texts.

According to van Manen (2014), reflective methods aim to interpret meanings that are associated with the phenomenon under study. It is important to keep the notion of reduction in mind when carrying out the reflection. van Manen (1997) advocated various methods for reflecting on an experiential material to provide a starting point for phenomenological writing. These methods included: (a) thematic reflection, (b) existential reflection, (c) linguistic reflection, and (d) exegetical reflection. Thematic reflection involves the process of recovering meanings that are embodied in lived experience within a text and can involve wholistic, selected and/or detailed reading approaches. When a wholistic reading approach is employed, the text is treated as a whole, and thus the meaning of the text as a whole is used to extract the underlying themes. When a selective reading approach is used, the researcher listens to or reads the text several times and reflects on the phrases that are evocative or appear to make a point. When a detailed reading approach is employed, the researcher examines every single sentence and tries to capture each sentence's phenomenological meaning. The second method, existential reflection, involves a guided reflection to examine the fundamental existential life-world themes of lived space (spatiality), lived body (corporeality), lived time (temporality), and lived relations (relationality). The third method, linguistic reflection consists of paying special attention to the language used to describe the phenomenon under study. Linguistic reflection is not a mechanical procedure, but a creative hermeneutical process (van Manen, 1997). It is about exploring the differences in the meanings of words. Finally, exegetical reflection involves the critical and

sensitive reading of relevant texts. Relevant phenomenological texts are sourced from the reflective writings of philosophers and other scholars from the arts, humanities, and human sciences. Phenomenological literature, biographies and other artistic sources may include examples of the type of lived experiences under study and can also provide helpful insight into the research method under study.

Hermeneutic Phenomenological Research Activities

van Manen (1997) put forward a set of propositions for human science research and writing. Based on the work of phenomenologists such as Husserl, Heidegger, Gadamer, Merleau-Ponty, he attempted to explain the nature of phenomenological research. He posited that an understanding of phenomenology could only be gained by actively doing it. van Manen's approach, although distinguished by a lack of a prescribed method, is grounded in a body of knowledge and insights that constitute both a source and a methodological background for contemporary human science research practices. The lack of a clearly defined series of steps in the phenomenological research process can be daunting, so in order to assist researchers, van Manen (1997) described the hermeneutic phenomenological research as the interplay between six research activities.

Turning to a phenomenon of particular interest to the researcher.

For researchers to commit to understanding the nature of a particular phenomenon, they must select one that is of particular interest to them (van Manen, 1997). According to van Manen (1997), the starting point of phenomenological research is finding a subject that interests the researcher and grounding this in a lived experience. Phenomenological research begins with the researcher exploring a phenomenon in depth (Merleau-Ponty, 1962/2012). van Manen proposed three steps for uncovering the nature of the lived experience:

1. Orienting to the phenomenon. Selecting the research topic is of primary importance in phenomenological research. The subject for a phenomenological enquiry is

determined by questioning the true nature of a lived experience. van Manen (1997) argued that phenomenology is less concerned with the factual aspects of a phenomenon, but rather, it is concerned with the nature of the phenomenon as meaningfully experienced.

2. Formulating the phenomenological question. van Manen (1997) posited that in experimental research, the question is formulated as a null hypothesis; the less ambiguous the research question, the less ambiguous the research findings. By contrast, a phenomenological question must not only be clear but must also be lived by the researcher. van Manen (1997) further added, “the researcher must pull the reader into the question in such a way that the reader cannot help but wonder about the nature of the phenomenon being studied” (p. 44).

3. Explicating assumption and pre-understandings. According to van Manen (1997), the problem of phenomenological research is not always that we know too little about the phenomenon under investigation; it may also be that we know too much. Our pre-understandings can often lead us to interpret a lived experience and the nature of a phenomenon before we understand the significance of the research question. In other words, lived experiences can take a form that prompts the researcher to believe that they already understand the experience.

Phenomenological reduction or bracketing aims to bypass pre-understandings in order to come closer to the true meaning of the lived experience. However, the question remains: how can a researcher bracket everything they know about the experience of interest? van Manen (1997) tried to address this question when he stated:

> If we simply try to forget or ignore what we already know, we may find that the pre-suppositions persistently creep back into our reflections. It is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories. We

> try to come to terms with our assumptions not in order to forget them again, but rather hold them deliberately at bay and even to turn this knowledge against itself, as it were, thereby exposing its shallow or concealing character (p. 47).

According to Merleau-Ponty (1962/2012), “the most important lesson that reduction teaches us is the impossibility of complete reduction” (p. xv). Discovering a different meaning of a lived experience is always possible, as every description is unique and an incomplete copy of the original phenomenon. However, phenomenological reduction aims to bring about phenomenological understanding, which is in itself is an experience of meaningfulness.

Investigating experience as we live it.

There are various approaches for gathering materials about lived experiences in order to investigate them. van Manen (1997) maintained that it is necessary for a researcher to become immersed in a phenomenon in order to develop a true understanding of the nature of the lived experiences.

The term *lived experience* is derived from the German word *Erlebnis* meaning **“**living through an experience**”** (van Manen, 2014). The concept of lived experience refers to our experience of the world before any objectification and idealisation. The notion of lived experience appears in the works of Edmund Husserl, Maurice Merleau-Ponty, William Dilthey, and other like-minded phenomenologists. The main aim of the phenomenological study is to provide insight into human life phenomena. Lived experience reflects “the intent to explore directly the originary or pre-reflective dimensions of human existence” (van Manen, 2003, p. 579). In his book, *Phenomenology of Practice*, van Manen (2014) explained that “lived experience includes the ordinary and the extraordinary, the routine and the surprising, the dull and the ecstatic moments of life as we live through them in our human existence” (p. 38). Lived experience is thus the starting point for any phenomenological

investigation, description, interpretation, or writing.

van Manen (1997) also pointed out that experiential accounts or descriptions of lived experiences are not the same as the lived experiences themselves. Interviewing to obtain personal life stories from recollections and biographies is one means of exploring and gathering experiential narrative material for developing a richer and deeper understanding of a phenomenon. Reflections on experiences, descriptions of experiences, and transcribed conversations about experiences are some of the other materials that can be gathered about lived experiences. van Manen (1997) suggested using personal experience as a starting point for the gathering of information. Phenomenologists or researchers may have had life experiences very similar to the phenomenon under study. According to van Manen (1997), those personal experiences can provide useful guidance for a researcher when they are orienting to the particular phenomenon being investigated:

> The point of phenomenological research is to borrow other people's experiences and their reflections on their experiences in order to be better able to come to an understanding of the deeper significance of an aspect of human experience in the context of the whole of human experience (p. 62).

van Manen (1997) also suggested that words should be traced to their etymological sources to provide a deeper understanding of their original meaning, but he recognised that some words might have lost some of their original meaning. As an example, he noted that the word *caring* is often overused by those who have forgotten its true meaning. van Manen (1997) provided some suggestions for producing a description of a lived-experience: the experience, he said, needs to be described as it was lived, making sure to avoid casual explanations and generalisations. It must also be described from the inside, expressing feelings, mood, emotions, and so forth. This can be achieved by focusing on an experience

that is remembered particularly clearly, and incorporating sensory descriptions, that is, how the body felt, how things smelled, how they sounded, and so forth, during the experience.

Hermeneutic phenomenological reflection.

The main purpose of engaging in phenomenological reflection is to try and comprehend the meaning of the phenomenon under investigation. In other words, it is an attempt to grasp the essence of a particular experience (van Manen, 1997). This can be carried out by conducting a thematic analysis and identifying essential themes. van Manen (2014) stated that existential methods could be used to assist phenomenological reflection. To reveal a phenomenon's essential meaning, van Manen (1997) suggested dividing the life-world into four thematic overarching strands of lived experience: the spatiality of the lived space, the embodiment or corporeality of the lived body, the temporality of the lived time, and the relationality of the lived other.

Lived space.

van Manen (1997) defined *lived space* or *spatiality* as the felt space perceived through the physical dimensions of height, depth, and length. Commonly held ideas related to space include items such as distance, for example the distance in kilometres between one place and another. However, van Manen (1997) noted that the objective distance between two places might differ from the felt distance between the same two places. For example, a place may be geographically close, yet feel further away because travelling there is slow. Place and space are closely linked as "our understanding of space is related to the places we inhabit, which in turn derive meaning from their spatial context" (Seamon & Sowers, 2008, p. 44). Similarly, Godkin (1980) proposed that places do more than just provide the space for life experiences, and that some places induce a sense of belonging to a social group and provide a sense of group identity.

Lived space is difficult to define because it is not often the subject of reflection. Sometimes cultural and social meanings associated with a space can give an experience of that space a qualitative dimension (van Manen, 1997). Interestingly, Bollnow (1960/2011) posited that human beings are always conditioned by their behaviour and how it relates to their surrounding space. Similarly, van Manen (1997) argued that lived space helps us to make enquiries about the ways in which we experience our daily encounters with the lived world. In addition, lived space also helps us to understand the fundamental meaning of lived experiences.

Lived body.

During daily encounters, the body is not ordinarily noticed. However, the meaning of lived experiences is perceived through the body. As Merleau-Ponty (1962/2012) stated, we are our bodies; the body is the central theme of our existence. While in good health, we may not pay much attention to our bodies, but this changes when we suffer from ill-health. van Manen noted (1997, p. 104) “under the critical gaze, the body may turn awkward, the motions appear clumsy, while under the admiring gaze, the body surpasses its usual grace and its normal abilities”. In general, the body is experienced silently until something directs attention to it. The body is taken for granted until we become conscious of it. In other words, the body affects the way we perceive the world and act in it, and at certain times may become the conscious object of attention. In the philosophy of Merleau-Ponty (1908–1961), the relationship between the individual and the world falls nicely into place by describing the phenomenology of observation with respect to corporeality. Similarly, Welton (1999) argued that in phenomenology, the lived body is viewed from another’s perspective, the researcher’s, and thus the body is viewed as a phenomenon in correlation with other phenomena. Hence understanding the lived body becomes an important aspect of exploring lived experiences.

Lived time.

Time is an important element of lived experience. Lived time is experiential time and it is subjective, whereas clock time is fixed and is objective. Lived time varies between individuals (van Manen, 1997). Not only does subjective time differ from person to person, but the same person can experience time differently during similar events, depending on his or her state of mind and the situation. Each place has its own time, and in different places, time is experienced at different rates. Time can appear to pass quickly when an individual is immersed in doing something interesting, or it can appear to drag when the individual is bored (van Manen, 1997). Subjective time can thus be accelerated or stand still depending on the moment. According to van Manen (1997), subjective time cannot be measured in the same way as objective time. It is important to understand that not only is subjective real, but it can help us understand the meaningful human world.

Temporality or lived time is closely tied to the space in which time is passed. van Manen (2014) argued that "space is an aspect of time and time is experienced as space" (p. 306). He stated that the lived experiences of the past, present and future constitute the horizons of a person's temporality. Moustakas (1994) was in agreement with this view, stating: "It was always the time that entered each moment and brought me to my senses, splashed coldly into realities, or warmly touched and healed what mattered, time that brought shadow and the light" (p. 82). Merleau-Ponty (1962/2012) compared time to a flowing river that runs from the past to the present, and on towards the future. Merleau-Ponty (1962/2012) added that "when I recall a distant past, I reopen time, I place myself back at a moment when it still included a horizon of the future that is today a distant past" (p. 438). van Manen (1997, p.104) added that "lived time is the temporal way of being in the world – as a young person oriented to an open and beckoning future, or as an elderly person recollecting the past."

Lived other.

Lived other or *relationality* is “the lived relation we maintain with others in the interpersonal space” (van Manen, 1997, p. 104). Our experience of others can deepen and strengthen our relationships or complicate them. Spatiality, temporality, and corporeality enable us to recall the relationships that may have shaped the experiences of others. According to van Manen (1997), human beings have often searched for a sense of purpose in life, and for a meaningfulness in their experiences of others. When communicating with other individuals, similarities are discovered and associations are created. It is these encounters that one can develop a conversational relationship that allows for the expression of thoughts and feelings. Similarly, Merleau-Ponty (1962/2012) argued that visuality and visibility come into play not only in the concrete observation of things around us, but also in the observation of others’ state of mind. Relationality is the significant association that we share with others. Heidegger (1962) argued that the involvement we have with others is integral to our being, and that our expressions and behaviours are always actions for others and with others. He further proposed that it is through this communion with others—through doing things together with others and sharing interests—that humanity is expressed.

Hermeneutic phenomenological writing.

van Manen (2014) posited that “writing is not just translating speech into a text, rather, in writing, one inevitably adopts a relation to language that is reflective” (p. 362). He further added that phenomenological reflection is already writing, in the sense that the researcher withdraws from the world while both reflecting and writing. In phenomenology, writing is more than a tool to communicate research findings; it is a means to help the researcher develop a thoughtful and meaningful description of a lived experience. The structure and meaning of a lived experience can be discovered by writing and rewriting (van Manen, 1997). In order to enrich descriptions of lived experiences, van Manen (1997) proposed using a number of elements that can be integrated into a text including silence, anecdotes, narratives, and examples. van Manen (1997) explained that the art of writing and

rewriting is integral to phenomenology and silence reveals both the limitations and power of language.

van Manen (2014) made six suggestions for effective phenomenological writing. He noted that the suggestions are not intended to be consecutive stages or steps and added that additional methods are possible. He posited that all sections should complement each other and that they should each reflect the others' style and intent. van Manen's (2014) six writing suggestions are as follows:

1. Heuristic writing: its aim is to instil wonder in the reader through the process of writing. van Manen (2014) posited that the researcher might not have internalised the true depth of the phenomenon, and heuristic writing may still reveal question that could make a person wonder about the true meaning of the lived experience.

2. Experiential writing: experiential writing aims to put forward experiential examples of lived experiences and insert them into the text. Lived throughness is the quality of the text that brings an experience vividly to life in our present. It can be accomplished through the use of experiential descriptions, expressive narrative, qualitative imagery, poetic language, or anecdotal examples. In other words, it is a way to return to the conditions as they were before the words fixed meaning and form to them. According to van Manen (1997), if readers take in the concreteness of the focused question with interest, then the phenomenological text enriches their understanding.

3. Thematic writing: thematic writing and experiential writing complement each other. van Manen (2014) explained that in order to identify essential and incidental themes, it is beneficial to examine experiential descriptions both as a whole and line-by-line and then question the significance of each line with respect to the phenomenon by reflecting on the experiential descriptions.

4. Insight cultivating writing: this type of writing is “enabled by reflections on sources that draw on other scholarly phenomenological literature and related texts to the phenomenon” (van Manen, 2014, p. 377). For example, to develop the phenomenology of the development of new skills, it is likely that Dreyfus and Dreyfus drew on Kohlberg’s articles on the stages of moral development (van Manen, 2014).

5. Vocative writing: vocative writing is a poetising form of writing. It is used to help grasp the living sense of the nonintentional meanings that are difficult to capture in the more rational sections of text.

6. Interpretive writing: this type of writing “articulates deeper, perhaps speculative, and sometimes surprising insights into the human condition and the meaning of life” (van Manen, 2014, p. 378). It aims to bring forward the deeper meaning of a phenomenon.

Maintaining a strong and oriented relation.

van Manen (1997) posited that it is through the writing of a deeply meaningful text that a researcher can externalise lived experience. He added that the text needs to have layers of depth to help the reader orientate towards an understanding, and richness to develop meaning on many levels. To maintain a strong and oriented relation to the phenomenon throughout the research process, the researcher needs to remain focused on the lived experiences. Therefore, the phenomenological text needs to be powerful and believable. van Manen (1997) outlined four criteria for evaluating a phenomenological human science text: (a) *orientation*, which is “an awareness of the relation between content and form, speaking and acting, text and textuality” (van Manen, 1997, p. 151); (b) *strength*, which refers to the strength of the phenomenological interpretation of the phenomenon under investigation; (c) *richness*, which refers to the richness of the description and the exploration of the phenomenon in all its experiential arenas; and (d) *depth*, referring to the depth that gives the phenomenon or lived experience its meaning.

Balancing the research context by considering parts and the whole.

van Manen (1997) posited that the research context must be balanced by considering both the individual parts and the whole. He recommended that the details of the research methodology should not be written until the actual study had been completed. van Manen (1997, p. 33) also warned that “there is a danger that one loses sight of the end of the phenomenological research while one gets immersed in the whatness of the phenomenon or question”. He recommended that a researcher should regularly take a step back from the detail of their study to re-examine the whole, the contextual givens and how each part contributes to the whole. van Manen (1997) explained:

> At several points, it is necessary to step back and look at the total, at the contextual givens and how each of the parts needs to contribute toward the total. Is the study properly grounded in a laying open of the question? Are the current forms of knowledge examined for what they may contribute to the question? Has it been shown how some of these knowledge forms (theories, concepts) are glosses that overlay our understanding of the phenomenon? (p. 34).

van Manen (1997) posited that there is no particular reason for structuring a phenomenological study in any particular way. However, he did suggest that it may be helpful to structure the study in a manner related to the fundamental structure of the phenomenon itself. He proposed a number of approaches to organising a phenomenological study, which can be used either individually or in combination, but pointed out that the list was not exhaustive and other methods could be equally suitable. His suggestions included:

1. Thematically: emerging themes can be used as a framework for organising the study.

2. Analytically: an example of an analytical approach would be to start with a single description of a particular lived experience and demonstrate the in-depth nature of a defined research question.

3. Exemplificatively: the researcher can begin with a description and highlight the vital nature of the phenomenon and then complete the initial description by systematically varying the examples.

4. Exegetically: the description can be organised in an exegetical fashion and combined with the thinking of other phenomenological authors.

5. Existentially: phenomenological descriptions can also be organised by their existential aspects, for example, spatiality (lived space), corporeality (lived body), temporality (lived time), and relationality (lived other).

Justification for Utilising van Manen's Phenomenology

I had a strong interest in exploring the experiences of overseas nurse educators in New Zealand. As I wanted to understand the meaning of the experiences of overseas nurse educators teaching in New Zealand, a quantitative approach was not appropriate. I reflected on how a deeper significance could be attained from seemingly unimportant everyday experiences of overseas nurse educators. The purpose of hermeneutic phenomenological research is to bring to light and reflect upon the meaning of lived experience (van Manen, 1997). According to Cohen (2001), hermeneutic phenomenology is concerned with understanding the text, through which the researcher creates a rich and deeper meaning of the phenomenon under scrutiny. Thus, after critically reviewing various traditional qualitative methodologies, the hermeneutical phenomenological approach was judged to be the most suitable for generating an in-depth description of the lived experiences of overseas nurse educators, and trying to uncover their deeper meanings.

van Manen's (1997) hermeneutical phenomenological approach allowed the researcher to use life experiences common to both the researcher and the participants as a starting point for gathering information. My personal experience as an overseas nurse educator provided a useful starting point for understanding and orienting to the experiences of the participants in this study. According to Dowling (2007), "van Manen's writings on a

human science approach to phenomenology offers some solutions to nurse researchers facing the difficulties of phenomenological reduction and reflects the ongoing transformation of phenomenology as a methodological approach" (p. 138). As an overseas nurse educator, it would be impossible for me to completely set aside my beliefs and assumptions regarding the experiences of overseas nurse educators or, to use Husserl's terminology, to bracket my prejudgments. Unlike Husserl, van Manen (1997) questions whether it is possible for researchers to truly put aside their knowledge of the subject they are investigating. van Manen (1997) argued that rather than trying to forget pre-understandings, acknowledging biases and assumptions, and holding them deliberately at bay, can help the researcher prevent these beliefs from persistently impacting on the researcher's reflections. According to van Manen (1997), hermeneutic reduction is the openness to the phenomenon under investigation. In this study, openness was exercised by making my assumptions and pre-understandings explicit instead of concealing them.

van Manen (1997) considers that a hermeneutical approach is especially relevant to researchers in education, health, and nursing. This approach was employed in this study to maintain the phenomenological nature of the study. By using van Manen's phenomenology, I was able to explore the lived experiences of the overseas nurse educators, including their professional tasks, personal activities, and relationships with everyday acquaintances. His methods also helped me reflect on the essential meanings of the lived experiences of overseas nurse educators. As Todres and Wheeler (2001) stated, "Hermeneutics without phenomenology can become excessively relativistic. Phenomenology without hermeneutics can become shallow. Yet both without existentialism can become too captivated with thought and language" (p. 6). van Manen's approach makes the tradition of hermeneutic phenomenological human science more accessible, through language that openly reveals its meaning. It was therefore useful in analysing and interpreting the descriptions of personal meanings as experienced by overseas nurse educators. According to van Manen (2014), phenomenological writing explores the meaning of a phenomenon and tries to find the

expressive meaning of the experience as it occurred. Experiential descriptions were used in this study to enrich the readers understanding of the phenomenon under study.

van Manen (1997) argued that phenomenological research can be viewed as a dynamic interplay between six main research activities. These six activities were used in this research to maintain the phenomenological nature of the study, and will be described in more detail in the next chapter. van Manen (2014) believes that phenomenology can only be understood by actively doing it. While carrying out these research activities, my understanding of the nature of phenomenology has changed and become more refined. van Manen's (1997) hermeneutical phenomenological approach provided a pragmatic process that has applicability to the profession of nursing and a methodology that enhanced on understanding of the experiences of overseas nurse educators teaching in New Zealand.

Summary

The methodology for this research was based on hermeneutic phenomenology, using van Manen's approach. At the beginning of this chapter, a brief outline of phenomenology as a philosophy was provided. An overview of the history of phenomenology was then presented, which traced the different phenomenological movements. Next, phenomenology as a research methodology was explored. Finally, the phenomenological underpinnings of this study were discussed with particular reference to the work of van Manen. To illustrate the approach employed in this study, van Manen's suggestions for conducting phenomenological research were outlined. In the next chapter, more detail will be given about how the research was conducted.

Chapter Four

Research Methods

The previous chapter, described the methodology used for this research, and presented a justification for the choice of phenomenology as a suitable theoretical basis. This chapter describes how the research was conducted and how it was underpinned by van Manen's approach to hermeneutic phenomenology. The research procedures are explained, including how van Manen's (1997) suggestions for conducting phenomenological research were implemented. Information regarding the research process is also provided, including the approval process, ethical considerations, study population, sampling, interviewing, data collection, and analysis.

Doing Phenomenology

According to van Manen (2014), the concept of "doing phenomenology" was first described by Herbert Spiegelberg, to make phenomenological philosophy accessible to researchers who were not professional philosophers. van Manen (2014) argued that "doing phenomenology means to start with lived experience, with how something appears or gives itself to us. Phenomenology is best begun in the living of our ordinary life" (p.32). In other words, the starting point of every phenomenological method is practical and related to the world in which we live. He also argued that to do phenomenology is to see the phenomena of the world as they are presented to our consciousness, to contemplate their meaning through reflection, and to carry out the process of writing and rewriting to reveal the phenomena. Similarly, Merleau-Ponty (1962/2012) posited: "phenomenology is accessible only through a phenomenological method" (p. viii).

Lived experience plays a large role in our understanding of the world and, therefore, researching a specific phenomenon is a way of getting closer to the world (van Manen, 1997). The phenomenological approach demands that the phenomenon be described based on lived experiences. This study explored the lived experiences of overseas nurse educators, particularly those teaching in New Zealand. van Manen (1997) described six procedural research activities in hermeneutical phenomenological research that are designed to develop a deeper understanding of a phenomenon. The six procedural research activities are: (a) turning to a phenomenon of particular interest to the researcher, (b) investigating experience as we live it, (c) hermeneutic phenomenological reflection, (d) hermeneutic phenomenological writing, (e) maintaining a strong and oriented relation, and (f) balancing the research context by considering parts and the whole. These six procedural research activities were adopted in this research.

Turning to a Phenomenon of Particular Interest to the Researcher

The main aim of the phenomenological research, in a methodological sense, is to obtain access to the lived experience. According to van Manen (1997), lived experience is both the start and the end point of phenomenological research. The impetus for this study came from my personal experience as an overseas-trained nurse educator. I have experienced confusion and uncertainty due to the challenges of living and working in a foreign country. Some of the differences I identified were related to the teaching culture, student culture, code of conduct in the classroom, and cultural differences among colleagues and other host nationals. These experiences have had a huge impact on my person. I realised that I needed to make changes to the way I thought, spoke, and acted in order to make a successful transition to my new role. I also noticed that, to effectively adapt to New Zealand, I needed to understand the people of this country, their traditions, and their culture. Over time, I have noticed many changes in the way I dress, think, behave, and communicate, while my awareness of these changes has inspired me to question their

nature and their implications for my life. These personal experiences have enabled me to recognise the life experiences of other overseas nurse educators.

Orienting to the phenomenon and formulating the research topic.

As part of a general conversation, I once spoke to one of my colleagues from overseas about her experiences in New Zealand. I was surprised by her story and the differences between her experiences and my own. Seeing the differences possible in the experiences of people from overseas working and living in New Zealand, I was curious about how these differences could be described and interpreted in a deeper sense. This gave rise to a desire to understand the experiences of overseas nurse educators in New Zealand. In order to orient myself to the phenomenon, I was required to reflect again on my own experiences and speak informally to other overseas nurse educators working within my institution.

Proposal.

My personal experiences, first as a registered nurse and later as a nurse educator in a foreign country, provided the impetus for this study long before the proposal was written. The planning for this study commenced at the beginning of 2012, and the research proposal was submitted to the Massey University Graduate School of Education (MUGSE) for approval. The proposal was presented to a panel of academic experts and, following acceptance, an ethical approval application was submitted to the Massey University Human Ethics Committee.

Ethical considerations.

Ethical approval was obtained from the Massey University Human Ethics Committee (MUHEC) prior to the research being conducted (Appendix A). The following ethical considerations were addressed in accordance with the MUHEC code of conduct:

Informed consent.

All participants and authorities contacted, including the Heads of the Schools, received a copy of the information sheet stating the aim of the research and describing what was expected of participants (Appendix B). This included the estimated amount of time that would be required for taking part in the research. In addition to the written information sheet, the participants were given a verbal explanation of the study prior to the first interview. The purpose of the research was emphasised so that the participants were clear about how the information they provided would be utilised. According to Ritchie and Lewis (2012), informed consent should be based on the understanding that participation is voluntary. The principle of informed and voluntary consent was observed, and all participants signed a consent form that informed them of their right to withdraw from the research at any time up to the point of the data analysis (Appendix C). The consent forms were stored by my primary supervisor in a secure location, separate from the data collected. The information sheet also contained the addresses and contact numbers of the project supervisors, in case any participant had concerns about the conduct of the researcher or about the research itself (Appendix B).

Privacy.

Most interviews were conducted in the privacy of the participants' offices, which was a venue previously agreed with the participants. In cases where the participants shared their offices, arrangements were made to utilise an alternative private office.

Confidentiality.

According to Fraenkel, Wallen, and Hyun (2012), "all subjects should be assured that any data collected will be held in confidence and names of participants will not be used in any publications that describe the research" (p. 64). The confidentiality of the participants and their institution was protected as far as possible throughout the thesis by not including information that could identify them. The participants were referred to by pseudonyms in the thesis (Appendix I). Care was taken not to identify the participants' institutions or

departments. The participants were also given the opportunity to read the interview transcripts so that they could edit or delete any information that could reveal their identity. All data were stored securely in accordance with the ethics committee policy. Access to the transcripts was restricted to me and my supervisors. The information will be stored securely on my personal home computer for a period of five years, in accordance with the ethics committee regulations, and will then be destroyed. Transcribing services were not utilised so there was no requirement for a confidentiality agreement for the transcription.

Cultural considerations.

As this research was concerned with the experience of overseas trained nurse educators, educators of Māori origin were not involved in the study. However, the participants were from different ethnic origins, so the Principles of the Treaty of Waitangi—partnership, participation, and protection—were observed throughout the data collection and analysis. According to Health Research Council of New Zealand (HRC, 2014), the principles of the Treaty of Waitangi should be respected by all researchers and, where applicable, should be incorporated into all health research proposals. At all times, I endeavoured to be sensitive to the diverse cultures of the nurse educators participating in the study. However, due to cultural differences, there was potential for misunderstanding what was said during the interviews. To limit the effects of misunderstanding, the transcripts were sent to the participants to be checked.

Risk of harm to the participants.

According to Fraenkel et al. (2012), every researcher should do everything in their power to ensure that participants are protected from physical or psychological harm, discomfort, or danger that may arise during the research. There was a potential risk that the participants in this study might experience psychological stress if they recalled negative experiences. Although some participants acknowledged that the interview had reminded them of painful events, they were not distressed during the interviews. I am unaware of any

unresolved issues or of any participants who sought help from counselling services after the interviews. The participants were made aware of the availability of counselling services, and were advised to use them should the need arise.

Sampling procedures.

According to Ritchie and Lewis (2012), sample sizes in qualitative studies are usually small. In their view, if the data are properly analysed, there will come a point where little would be gained from additional interviews. In addition, the type of information that qualitative studies yield is rich in detail. Fraenkel et al. (2012) proposed that, as a general rule, qualitative samples for a single study should vary between one and twenty in number depending on the methodology. There were 17 participants in this study. Eight institutions were contacted once ethical approval had been granted by the Massey University Human Ethics Committee (Appendix A). The Chief Executive Officers (CEO) of six polytechnics and vice chancellors of two Universities were contacted in writing to request permission for approaching the School of Nursing staff with regards to participating in this study (Appendix D). The choice of polytechnics was based purely on location and accessibility. Permission was granted by all the institutions contacted, although three institutions requested that the research proposal be submitted to the institution's own ethics committee. Once permission was given to conduct the study, I worked in collaboration with the Heads of the Schools of Nursing to identify potential participants by asking them to distribute the information sheet about the proposed research with my contact details. They requested that volunteers contact me directly. Thus, the Heads of the Schools of Nursing were not involved in the recruitment of participants; their role was purely to inform their staff about the study. Once I received permission from potential participants to contact them personally, I emailed them a detailed information sheet and consent forms (Appendix B and Appendix C). They were also given my contact details in case they needed any further clarification. Mutually convenient times were agreed for the interviews, which were carried out at their places of work. A total of 17 overseas nurse educators participated in the semi-structured individual interviews.

Initially, the study was limited to overseas nurse educators with up to five years' teaching experience in New Zealand. However, this was later extended to include all overseas nurse educators teaching in New Zealand irrespective of their teaching experience, due to difficulties in recruiting sufficient participants.

Formulating the phenomenological questions.

According to van Manen (1997), phenomenological questions must be clear and lived by the researcher. A fundamental part of phenomenological research is to gain access to lived experiences. van Manen (1997) has explained that in many cases, phenomenological researchers begin their investigations with their own experiences, as these life experiences are immediately available. van Manen (2014) added that a good phenomenological study almost always starts with wonder, and is born out of the question "What does this mean?" My personal experiences and the knowledge gap identified from the systematic literature review lead to the main research question:
"What are the experiences of overseas nurse educators teaching in New Zealand?"

Explicating assumptions and pre-understandings.

van Manen (1997) suggested that to conduct a phenomenological study, a researcher must bracket, or set aside, his or her beliefs about the topic. van Manen (1997) used the term *epoché* to refer to set aside taken-for-granted ideas or pre-judgements. In other words, *epoché* refers to removing obstructions to provide access to a phenomenon. This process aims to prevent the researcher's own beliefs from influencing the data. It is important to identify preconceptions early in the research process, to enable the development of non-biased perspectives. According to van Manen (2014), bracketing everyday taken-for-granted attitudes is important in order to awaken a sense of wonder about the phenomenon of interest. During the interviewing process, it was necessary for me to reflect on my pre-understandings and to re-examine them as the participants shared their experiences. To do this, I started a personal journal in which I noted down my beliefs and

assumptions so that I remained aware of them as I conducted my enquiries. I reflected on them when conducting the literature review, and this reflection gave me a starting point for becoming aware of my thoughts, ideas, and beliefs about the experiences of overseas nurse educators. van Manen (1997) argued that acknowledging beliefs, biases, and assumptions, instead of concealing them, can help the researcher guard against them, and thus prevent them from impacting on the researcher's reflections. Though Merleau-Ponty (1962/2012) argued that complete reduction is impossible, my experiences working as a registered nurse initially, and later as an overseas nurse educator, helped me to frame my beliefs, pre-understandings, and assumptions about the experiences of overseas nurse educators.

The following assumptions about the experiences of overseas nurse educators are acknowledged in this study:

- They may have both positive and difficult experiences while adapting to New Zealand culture.
- They may experience some teaching challenges in New Zealand.
- They will require ongoing support while adapting to New Zealand culture.
- For a better transition, they may require further education in the form of faculty development programmes.

According to van Manen (1997), the hermeneutic reduction is the openness to the phenomenon under investigation. In this study, openness was exercised by making explicit the assumptions and pre-understandings instead of concealing them. It also included reading the transcribed data over and over searching for unseen layers of in-depth meaning regarding the experiences of overseas nurse educators. van Manen (2014) argued that, to be open to a phenomenon, the researcher needs to overcome private feelings, inclinations, one-sided understandings of an experience and be open to questioning the assumptions that would prevent from understanding the essence of the phenomenon. According to

Sokolowski (2000), the main aim of reduction is to refrain from judging until the evidence is clear. I read and re-read the texts from all possible angles by examining interpretations and themes by questioning, “does this interpretation bring forth experience in a way that resonates with my assumptions? Or, is this a lived experience description recognisable as a general human experience?” This type of questioning helped to reduce my pre-understandings influence on my interpretations of the phenomenon.

Investigating Experience as We Live It

The main aim of a phenomenologist is to establish a renewed contact with the lived experiences of participants (van Manen, 1997). This task is rather challenging. As van Manen (1997) posited, many experiences often conceal their essential features due to taken-for-granted attitudes. Thus, in many cases, phenomenologists try to begin their investigations with their own lived experiences. van Manen (1997) suggested using personal experience as a starting point for the gathering of information. The primary aim of this study was to investigate the experiences of overseas nurse educators teaching in a number of nursing schools in New Zealand. As van Manen (2014) explained, data gathering methods include different kinds of research activities that provide experiential materials, such as collecting personal descriptions of lived-through experiences, gathering written experiences from others, interviewing to obtain experiential accounts, observing experiences, and identifying fictional experiences. As the aim of this research was to understand the meaning of the lived experiences of overseas nurse educators teaching in New Zealand, it was necessary to identify an appropriate method which would enable the overseas nurse educators to express their experiences confidently.

Data collection.

According to van Manen (1997), the aim of the phenomenological research is to borrow other people’s experiences in order to understand the deeper meaning of an aspect of human experience. Observation is the process of watching the daily life and behaviours of

participants in their natural setting (Schneidar, Whitehead, & Elliott, 2007). Participatory observation or close observation are of particular use in certain circumstances, for example, to gain access to the experiences of young children or very ill people it may be necessary to participate in their life-world. Participatory and close observation generate different forms of experiential material than that obtained from interviews (van Manen, 2014). For this research, it was impossible to observe the meanings which the overseas nurse educators might perceive relating to their teaching experiences in New Zealand, so it was necessary to access their thoughts. The overseas nurse educators were thus encouraged to talk about their teaching experiences in New Zealand. Interviewing is regarded as the prime method for collecting qualitative data and is the most commonly used method in nursing related research (Schneider et al., 2007). According to Morehouse and Maykut (1994), in-depth interviews move beyond surface talk to a rich discussion of thoughts and feelings. Similarly, van Manen (2014) posited that phenomenological experiential accounts are not opinions, views or interpretations of a certain phenomenon; they instead relate human experiences in such a way as to reflect their inherent meaning.

In phenomenological human science, the interview may be used as a means of exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon. Interviews may also be used as a vehicle to develop a conversational relationship between the researcher and the interviewee to facilitate the discussion of the meaning of an experience (van Manen, 1997). Because my research was about exploring the experiences of overseas nurse educators in New Zealand and understanding the deeper meaning of their experiences, the use of in-depth interviews as a data collection method was appropriate. Interviews may be unstructured, semi-structured or structured. In unstructured interviews, the questions are not preselected; whereas in structured interviews there is a set list of questions which are usually asked in a prescribed order. Semi-structured interviews have an interview guide which provides a list of possible questions or topics for discussion where the suggested

questions are mainly open-ended, non-directive and are designed to trigger and stimulate the participant to talk about the subject of the research (Schneider et al., 2007).

According to van Manen (2014), the aim of phenomenological interview is to gain rich and detailed experiential materials. In this study, this was achieved through conducting semi-structured interviews with overseas nurse educators teaching in New Zealand (Appendix F). At the start of each interview, I introduced myself and clarified the purpose of the research. The interviews were carried out following a semi-structured format and, after gaining consent from the participants, were digitally recorded for analysis and reflection. To make the participants feel at ease, a few warm-up questions were asked covering aspects such as their country of origin and their number of years of teaching experience both overseas and in New Zealand (Appendix F). Punch (2011) argued that gaining trust and establishing rapport is important for a successful interview. Each interview lasted between 45 and 60 minutes. The participants were initially prompted to speak by a statement such as: “Tell me about your experiences as an overseas nurse educator teaching in New Zealand”.

Most of the interviews developed as focused conversations with participants using stories to describe their experiences. van Manen (2014) warned of the possibility of moving away from the central focus of the interview and explained that lived experiences are not general opinions or debates about a particular issue. To avoid drifting from the phenomenon of study, the participants were asked to provide examples of their actual feelings or perceptions at particular moments. According to van Manen (1997), a lived experience description is an attempt to capture in words or text an immediate experience by reflecting on a particular experience as it was sensed at the moment. The description of a lived experience will never be the same as the experience itself, but will always be a transformation of the direct experience as it was sensed. Interviews were terminated when

the participants felt they had finished describing the experiences they considered were relevant to the research topic. The interviewees were then thanked for their participation.

I transcribed the interviews verbatim as soon as possible after the interview was completed. Transcribing the interviews increased my familiarity with the content. The interview transcripts were sent to the participants for verification and any alterations they deemed necessary were made. Only three of the participants returned their scripts with minor corrections. van Manen (1997) posited that keeping a research journal, diary or log can be helpful for keeping a record of insights gained or reflecting on previous reflections. My personal feelings about each interview were also recorded in my research journal immediately after the interview. This helped me to record participants' nonverbal expressions, for instance when they became emotional, which helped me to reflect on the interviews later. Any issues that were raised during the interview were also noted.

Hermeneutic Phenomenological Reflection

According to van Manen (1997), "phenomenological reflection tries to grasp the essential meaning of something" (p.77). In other words, it is the effort of coming as close as possible to the experience as it is lived. The reflective experience can never fully replicate the lived experience, nevertheless, phenomenological reflection aims to bring a deeper understanding and meaningfulness to the phenomenon (van Manen, 1997). My purpose in engaging in phenomenological reflection was to try to understand the deeper meaning of the experiences of overseas nurses teaching experiences in New Zealand and to come as close as possible to the experience as it was lived.

Data analysis.

van Manen (1997) stated that phenomenological themes should be understood as the structures of experience, and that when we analyse a phenomenon, we are trying to find the experiential structures that make up that particular experience. I read and re-read the

transcripts and listened to the audio recordings many times to immerse myself in the interview data. According to Smith et al. (2009), the first step of an interpretative phenomenological analysis involves immersing self in the original data by reading and re-reading. As I read the data, I asked myself, “What is the meaning here? What is the point that is being made here?” By identifying and exploring themes, I was able to get closer to the experiences of overseas nurse educators. I explored the option of using a software programme, NVIVO, to analyse the data but found that in a phenomenological study, such tools are only useful for systematically storing and coding the data. For example, all the sub-themes under the existential, lived space were stored together. However, to analyse the data, I had to be fully immersed in the data by reading and re-reading and listening and re-listening while making my own comments and reflecting on each of these comments. van Manen (2014) advocated caution when using software tools for phenomenological analysis.

van Manen (2014), stated that existential methods could be used for phenomenological reflection. To reveal a phenomenon’s essential themes of meaning, van Manen (1997) described a lifeworld as consisting of four overarching thematic strands: spatiality of the lived space, embodiment or corporeality of the lived body, temporality of the lived time, and the relationality of the lived other. Merleau-Ponty (1962/2012) advocated existential phenomenology as a means of returning to the world of actual experience to rediscover the phenomenon. In this study, I decided to use the thematic and existential approach advocated by van Manen (1997). I used the four strands of existentials to guide my questioning, reflecting, thematising, and writing of the findings. Lived space, lived body, lived time and lived relationships are inseparable, but they are differentiated in this research to help structure the findings.

van Manen (1997) suggested three approaches for isolating themes: (a) the wholistic or sententious approach in which the fundamental meaning of the text as a whole is examined; (b) the selective or highlighting approach which includes listening to a description

or reading a text several times to identify the phrases that are particularly revealing about the studied phenomenon; and (c) the detailed or line-by-line approach which involves examining each line for its significance in revealing the phenomenological meaning of the experience. All these approaches were used during reflection on the essential themes. The process was blended with the reading of transcripts and listening to the recorded interviews. I started with the line-by-line approach and asked myself: “What meaning does this line reveal? How does it relate to the existentials?” I recorded my reflection on the transcript in the space provided for reflections. After completing the line-by-line approach for a particular excerpt, I used the selective approach where I read the text several times and asked myself: “What phrases in the text reveal information about the experiences of overseas nurse educators?” I recorded my reflections again on the transcript. Finally, I reflected on the meaning of the text as a whole and recorded my interpretation.

van Manen (1997) advocated consulting the phenomenological literature to reflect more deeply on the way people tend to interpret lived experience. I thus consulted and reviewed the phenomenological literature which explained in detail about the existentials such as spatiality, corporeality, temporality and relationality. The literature included, but was not limited to *The Phenomenology of Perception* (1962/2012) by Merleau-Ponty; *Human Space* (2011) by Bollonow; *The Poetics of Space* (1994) by Bachelard; *The Body* (1999) by Welton; *Being and Time* (1962) by Heidegger, which helped me reflect more deeply on the themes and interpretations of the lived experiences of the overseas nurse educators. It also helped me to relate the lived experiences and the emerging themes to the existentials. I was then able to identify patterns and connections by repeatedly revisiting the interview and reflections. In order to interpret the data, it was necessary to switch back and forth between examining the parts and the whole.

An example of thematic analysis of a lived experience description is provided to explain how it was conducted in this research. The procedure provided by van Manen (2014,

p. 320-322) was followed. This is presented as (a) lived experience description and (b) submitted to the line-by-line, selective, and wholistic approaches. The lived experience description below is taken from the sub-theme ‘alienation’, presented under the existential, Lived space in the findings chapter (Chapter 5).

Lived experience description.

This is one such description:

When I had started working, I got here on Monday into the country, and I had started working on the following Monday. I didn't get any tailored support around the fact that I was not from New Zealand. So, I absolutely felt dropped into clinical practice. For a little while, I felt completely out of my comfort zone. If I would have been newly qualified, it would have been possibly slightly riskier. [Sharlene, p. 2]

Line-by-line approach.

I looked at every single line and asked, “What meaning does this line reveal about the experiences of overseas nurse educators?”

- When I had started working, I got here on Monday into the country, and I had started working on the following Monday.
- I didn't get any tailored support around the fact that I was not from New Zealand.
- So, I absolutely felt dropped into clinical practice.
- For a little while, I felt completely out of my comfort zone.
- If I would have been newly qualified, it would have been possibly slightly riskier.

Meanings derived from my interpretations of each line were written separately. For example:

- Sharlene may have experienced time pressure due to not getting enough time to get oriented to the country and work place before starting work.
- She may have experienced a lack of support. Being an overseas nurse, Sharlene may not be accustomed to New Zealand systems and practices.

- An experience of being abandoned or alienated.
- An experience of being out of her comfort zone.
- If Sharlene had not had previous experience as a registered nurse, it would have been riskier, both for her and others. In other words, a newly qualified overseas nurse practicing without adequate support could possibly be riskier.

Selective reading approach.

I read the text several times and asked myself: "What phrases in the text reveal information about the experiences of overseas nurse educators? What statements seem particularly essential or revealing about the experiences of overseas nurse educators?" One sentence that seemed significant was "For a little while, I felt completely out of my comfort zone*".* This sentence revealed three things to me: (a) Sharlene experienced a sense of non-belonging; (b) the experience of feeling out of her comfort zone only lasted for a little while; and (c) after the initial period, Sharlene no longer felt out of place.

Wholistic reading approach.

I attended to the text as a whole and asked, "What is the fundamental meaning of the text? How can the phenomenological meaning of the text as a whole be captured?" An overall theme for this experiential description may be: A feeling of alienation due to lack of support.

Reading a variety of literature helped me to relate the lived experiences and the emerging themes to the existentials. Bollnow (2011) believes each aspect of space has a different meaning. In this example, once the theme emerged and was identified, I arranged it under Lived space. The sub-theme that emerged, in this case, was alienation.

Once all 17 interviews had been analysed individually, I searched for similarities in the patterns and interpretations found in all of them. Relevant statements within each

participant's narratives were then coded as emerging themes. According to van Manen (1997), the themes of a phenomenological text should reveal the deeper meaning of the phenomenon under study. For each theme, I asked myself: "Would the experiences of overseas nurse educators teaching in New Zealand remain the same if I deleted this theme? Would the experiences of overseas nurse educators teaching in New Zealand lose their fundamental meaning without this particular theme?" These questions helped to identify which themes were essential and which were insignificant; the essential themes were then interpreted. All interviews were viewed as part of a whole, and all the data were considered jointly. This revealed the themes which were common to all or most of the participants.

Hermeneutic Phenomenological Writing

van Manen (1997) has argued that through the writing and rewriting of themes, the structure and meaning of lived experience can be discovered. He further added that language is fundamental to phenomenology because reflective writing is the basis of doing phenomenology. In this study, the act of writing and rewriting invited further reflection on the phenomenon as I reflected on the meaning of the lived experiences of overseas nurse educators while I searched for the right words to describe the meaning of their experiences. Writing also allowed the possible meanings to grow into language; and writing and rewriting of themes helped to bring deeper meanings to light. van Manen (2014) advocated various measures through which meaning in the text is expressed in phenomenological language. A combination of experiential and thematic writing was incorporated in the writing process of this research. According to van Manen (2014), experiential and thematic writing complement each other. To incorporate lived thoroughness and to make the meaning of the overseas nurse educators' experiences clear, recognisable and compelling, experiential examples of their lived experiences were identified. By providing lived descriptions, an experience is brought to the forefront so that the reader can phenomenologically reflect on it and grasp the deeper meaning of the phenomenon. Themes are only abstractions and need to be woven into the texture of the text while writing (van Manen, 2014). The interpretive meanings were

expanded and elaborated, and phrases that pointed to the essence of the phenomenon were highlighted as headings in this study. van Manen (2014) posited that “eidetic phrasing that appear[s] to get [to] the heart or essence of the phenomenon may function as heading, side heading, and leading lines” (p. 377). Through interpretation, deeper insights into the meaning of the experiences of overseas nurse educators teaching in New Zealand were highlighted. As van Manen (2014) suggested, reflection on phenomenological and relevant literary sources was incorporated into the writing process to help clarify the meaning of the interpretations.

Maintaining a Strong and Oriented Relation

According to van Manen (1997), there are certain methodological qualities that give a human science text a certain power and convincing validity; these include orientation, strength, richness, and depth. I followed van Manen’s (1997) four criteria for evaluating the phenomenological human science text.

Orientation.

To maintain a strong and oriented relation to the phenomenon throughout the research process, I remained focused on the lived experiences of overseas nurse educators teaching in New Zealand. Maintaining a personal research journal that included my reflections and an audit trail of the research plans helped me to remain focused on the study, and my reflections on the writings in this journal helped me to remain oriented to the phenomenon.

Strength.

This refers to the strength of the phenomenological interpretation of the phenomenon under investigation (van Manen, 1997). By engaging in the process of reading and re-reading and by immersing myself in the data, I was able to focus on the experiences of overseas nurse educators. According to Smith et al. (2009), “to begin the process of

entering the participant's world, it is important to enter a phase of active engagement" (p. 82). Acknowledging my assumptions and pre-understandings, questioning the interpretations that go against my assumptions, and refraining from making interpretative judgements until the evidence was gathered helped to increase the strength of the interpretation.

Richness.

A rich description is concrete and explores all experiential levels of a phenomenon (van Manen, 1997). The main focus of the in-depth interview was to capture the lived experiences rather than opinions or views of the participants. To remain oriented to the phenomenon, participants were asked to give examples of their experiences. Experiential descriptions were incorporated into the text during the writing process, which, in turn, helped to increase the richness of the text.

Depth.

Smith et al. (2009) argued that there are different levels of interpretation, and that a deeper reading was required to understand the essence of the phenomenon. A text is deep when it helps to explore the meaning beyond what is immediately experienced (van Manen, 1997). To access the unseen layers of in-depth meaning of the experiences of overseas nurse educators, a three-step process was employed for isolating the themes. To uncover the themes, a line-by-line reading approach was utilised first, followed by a selective reading approach and, finally, by a wholistic reading approach. This three-step process helped to isolate the essential themes of the experiences and delve into the deeper meaning of the phenomenon.

Balancing the Research Context by Considering Parts and the Whole

van Manen (1997) posited that the researcher needs to be cognizant of the interplay between the parts and the whole. I returned to the overall design of my research at every stage of the research process. At several points, I stepped away from the detail and looked at the whole picture to ensure that I had not missed any of the parts. I also asked questions such as: “Is the study properly grounded to answer the question of what are the experiences of overseas nurse educators teaching in New Zealand? What is the significance of understanding the experiences of overseas nurse educators teaching in New Zealand?” Because phenomenology calls for an openness to exploration, I maintained an openness to changing direction and looking into different methods of data collection and analysis. I also continually balanced the research context by considering both the parts and the whole.

Trustworthiness

To measure the trustworthiness of a qualitative study, Lincoln and Guba (1985) advocated four criteria: credibility, transferability, dependability, and confirmability. In agreement with Lincoln and Guba’s criteria, Shenton (2004) elaborated on these four criteria to suggest various provisions that can be employed by future qualitative researchers to ensure trustworthiness in their studies.

Credibility.

Credibility refers to the truthfulness of the data. According to Sandelowski (1986), a qualitative study is considered credible when it presents a truthful interpretation of an experience, and when a person can immediately recognise an experience as their own from the interpretation. According to Shenton (2004), credibility can be maintained by adopting appropriate and well-recognised research methods, employing debriefing sessions between researcher and superiors, use of reflective commentary, member checks of the accuracy of the data collected and of the interpretations/theories formed, and thick description of the phenomenon under scrutiny. Individual in-depth interviews were carried out, and robust data

analysis procedures were followed, as outlined in detail in the Research Methods section. Frequent debriefing sessions with my supervisors helped me consider alternative approaches, redefine my methodology, and recognise my own biases and preferences. I kept a research journal to record my reflections and interpretations of the lived experiences. My initial impressions about each interview were also recorded in my journal immediately after the interview was completed. The data collection process was pre-defined and carefully followed. Participants' interviews were digitally recorded and transcribed verbatim. Member checks of data collected were conducted by returning the interview transcripts to the participants for verification, and any alterations were made as requested. As stated earlier, only three participants returned their scripts requesting minor corrections. The interpretation was not sent to the participants, which is a limitation in terms of the credibility of the study. A thick description of the phenomenon under study was achieved by providing a detailed description of the experiences of overseas nurse educators. When developing themes and writing, participants' language was used as deemed appropriate, to check interpretations and to maintain neutrality.

Transferability.

Transferability relates to the ability to apply the research findings to other contexts (Lincoln & Guba, 1985). According to Sandelowski (1986), it refers to the "fittingness" of the findings outside the study setting and is what others see as meaningful and applicable regarding their own experiences. Although qualitative research cannot be generalised on a statistical basis, the experiences, outcomes, or phenomena under study can be inferred to the researched population (Ritchie & Lewis, 2012). According to Shenton (2004), one way of maintaining the criteria of transferability is by providing the background data to establish the context of the study and providing a detailed description of the phenomenon under study. In this study, background information regarding the context of the study is provided under the heading, The Global Shortage of Nurse Educators and Nurse Migration. A detailed description of the experiences of overseas nurse educators teaching in New Zealand is also

provided. Shenton (2004) argued that information such as the number of organisations taking part in the study, the number of participants in the study, the data collection methods, and the number and length of data collection sessions should be provided to increase the transferability of the study. The information regarding the number of organisations that took part in the study, the number of participants, data collection methods, and the number and the length of data collection sessions were provided earlier in this chapter (Chapter 4).

Dependability.

Dependability relates to the ability of other researchers to demonstrate consistent results; in other words, it is the auditability of the study. According to Sandelowski (1986), another researcher must be able to follow the audit trail of the study and reach similar or comparable conclusions. The documentation for the study, such as my personal record of the research process, allowed me to self-audit the work. For example, after each interview, a statement was recorded about the interview and reflections were recorded in the research journal. Shenton (2004) advocated that dependability can be achieved by providing details of the study, that is, describing the research design and its implementation, along with operational details of the data-gathering process. This chapter has described the research process in detail, including the process of obtaining ethical approval, the recruitment of participants, the data collection procedures, the transcription of interviews, and the data analysis. Based on the themes that arose from the data analysis, a sample of the meaning of the experiences of overseas nurse educators was developed.

Confirmability.

Confirmability relates to the degree of neutrality exhibited by the researcher (Lincoln & Guba, 1985). According to Shenton (2004), confirmability can be established by triangulation to reduce the effect of investigator bias, admission of researcher's beliefs and assumptions, recognition of shortcomings in the research methods and of their potential effects, as well as in-depth methodological description and use of diagrams to demonstrate

audit trail. To avoid investigator bias, member checks were conducted by sending the transcribed interviews to the participants for accuracy; however, only three participants returned their scripts requesting minor corrections. Orienting to the phenomenon and examining the data ensured that the researcher was true to the data. Indeed, I read the transcripts and listened to the audio recordings many times to immerse myself in the interview data. In this study, neutrality was at least partially established by acknowledging pre-understandings and assumptions about the experiences of overseas nurse educators prior to the data analysis. The limitations of this study were acknowledged, and their potential effects on the study were identified. A detailed explanation of the audit trail of the study was provided. Consequently, another researcher could follow the audit trail of this study and conduct a similar one.

Summary

This chapter has provided a detailed explanation of the research methods and showed how the study was underpinned by van Manen's approach to hermeneutic phenomenology. The chapter demonstrated how van Manen's (1997) suggestions for conducting phenomenological research have been implemented during the study. Furthermore, it listed the steps undertaken for ethical approval of the research, and discussed the sampling process, the semi-structured interviews, the data collection procedures, and the analysis of the interviews. Finally, the measures taken to ensure trustworthiness (Lincoln & Guba, 1985) were presented using suggestions from Shenton (2004). The findings resulting from the data analysis are presented in Chapter 5.

Chapter Five

Findings

Introduction

The previous chapter provided details regarding the research methods employed in this study and a description of the data collection and analysis procedures. This chapter will present the findings of the study, which were identified based on analysis using van Manen's hermeneutic phenomenological approach and his four existential themes (van Manen, 1997).

Phenomenological Description of Findings

This section presents findings about the experiences of overseas nurse educators teaching in New Zealand, using van Manen's four existentials. In some quotes, existentials are interconnected, but in this chapter, they have been separated for clarity. The existentials are presented in the order outlined by van Manen (1997). *Lived space* was experienced initially as an unfamiliar space. Overseas nurse educators were outside of their comfort zone, but eventually, they adapted to the new space, and some were willing to call New Zealand their home. *Lived body* was experienced as an anxious body when the nurse educators commenced employment. Some had to change their identity in order to adjust to the New Zealand setting. *Lived time* was experienced differently by the participants. The first few weeks were considered the unsettling phase and some felt that time dragged during this period. Others found they did not have sufficient time. *Lived others* was expressed as relationships with others. These relationships improved over time, when the overseas nurse educators attempted to overcome the barriers they experienced.

Lived space.

Lived space is the felt experiential space. Lived space is generally unnoticed, and we may not necessarily reflect on it, yet it affects how we feel. For example, on a cloudy day, a person may feel sad and moody. In this study, the lived space was experienced in relation to the sub-themes that were identified from the data. They are organised according to the frequency of mentions in the data (a) *alienation*, (b) *inside and outside*, (c) *closed and open space*, (d) *language*, (e) *teaching cultural safety and bicultural education*, (f) *cultural safety*, (g) *sacred space*, (h) *cultural shock*, (i) *cultural adaptation*, and (j) *home.*

Alienation.

Moving to another place creates a temporary imbalance and disruption of the lived space and a feeling of alienation. Alienated space is one of the dimensions of space where the being experiences social isolation. Participants in this study experienced alienation because they were new to New Zealand and their workplace. Carol explained she felt lost:

> *It is very different in New Zealand. And I think just the geographical layout of the places. I don't think anybody told me anything about how to get around here. I was so lost.* [Carol, p. 7]

Jennifer had a similar experience. She described her sense of inadequacy of being in a new place.

> *I was overwhelmed and shocked because I felt, I need to know the basic background. The things that I need to know like to familiarise with the place, the setup. When I came here, I felt a bit inadequate. When they asked me, where is this place? I didn't know*. [Jennifer, p. 1]

Travelling to unfamiliar places creates a sense of temporary disconnection with the surroundings. Most overseas nurse educators experienced a sense of displacement in the alien space. As Jasmine and Linley explained:

> *I think I just got on with it when I came here because I was too scared to ask. I am not somebody who is not assertive. But I felt completely out of my depth intimidated by other people and the system. Because I was so out of my comfort zone.* [Jasmine, p.14]

> *In the beginning, I felt that I was taken away from my comfort zone and placed somewhere.* [Linley, p. 5]

Sharlene had similar experiences when she began working as a clinical nurse. She felt outside her comfort zone and said it could have been even riskier if she had not had previous experience as a registered nurse.

> *When I had started working, I got here on Monday into the country, and I had started working on the following Monday. I didn't get any tailored support around the fact that I was not from New Zealand. So, I absolutely felt dropped into clinical practice. For a little while, I felt completely out of my comfort zone. If I would have been newly qualified, it would have been possibly slightly riskier*. [Sharlene, p. 2]

The unfamiliarity of the setting resulted in a sense of helplessness and isolation. Jasmine and Gemma described their experience of being alienated:

> *I drank black coffee for three weeks because I didn't know that the fridge is in the little room off the side of the kitchen, because nobody showed me. How would I know that a door like that on the wall actually opens to where there is a little fridge in it?*

So, I drank black coffee for three weeks until I saw somebody going in and taking the milk from the fridge. I didn't know. Nobody tells you. I wouldn't want to do it again. [Jasmine, p. 11]

There is a tea room on one of the floors for the staff. But they never gave me a key. So, when I worked, I always went down and bought a cup of tea. At one stage I brought in a flask with tea. And then, after months, one of the lecturers said, "Why don't you come up to the staff room?" I said, "That would be wonderful". And that was my first time. She said, "We put our cups here and just mark your cup". I said, "I don't have a key". Then I went down and then getting a key from the secretary was another challenge. She asked, "Why do you want a key?" But luckily, I now have a key. I can also go into the staff room and have a cup of tea. [Gemma, p. 8]

Some participants experienced alienation as a feeling of not belonging brought about by psychological and emotional exclusion from others. Belonging is an emotional need for acceptance as a member of a group. Jasmine did not feel that she belonged in her workplace for a long time.

Nobody knew how to relate to me. I felt that they thought I was sort of from a different planet. And that age difference. So, I didn't feel that I belonged there for a long time. I felt like I came to work and did what I did and then left. Nobody seemed to be very friendly. Everybody seemed to be very stressed. So, I just think the whole thing was very difficult. [Jasmine, p. 3]

Vicky also described her lived space experience as a loss of the sense of belonging, of freedom and the sense of who she was:

I had to learn to talk quieter, be less assertive, look down more, not establish eye contact. I have to play this I-am-a-nothing game while I am here. I have to become a person I am not to get what I want. But I will do that if I get what I want. But I can look at you right now. But many times, when I have ideas, I have to look down and say, "Ok, I just had this idea, I don't want to threaten anybody. If you don't like it, you don't have to do it." You know, I have to put all these kinds of qualifiers around it… I have to play this kind of game, this "I am stupid, if you want to stomp all over me, go ahead" game. And that is really hard. [Vicky, p. 5]

Jan experienced lived space as a loss of self-identity, not being accepted, doing things against her conscience, and a lack of transparency.

Things are very "woolly" here. Probably my worst experience is sweeping under the carpet things they don't want you to know about. I have openly discussed it with my manager and the managers of DHB. You know, they have tried to take it on board. But they say, "Yeah ok, but we are not going to do anything about it." It is like, "we don't want to hear about it." I was an auditor in the United Kingdom, so I was looking at the standards, to make sure that they are conducive to learning. And here, when you talk about things, well they turn their backs on it. I felt very unsupported. Very recently, I took a position to give me a break from here. If I can't make those changes, I can't live with myself. I can't turn my back and sweep things under the carpet. Because I have a conscience and I know what is right. Which is a real shame, that they are not utilising staff expertise. That could be related to the culture here. Here it is very much like, "don't challenge." It is very much like, "do as I say." This is how we have always done it. [Jan, p. 4]

Lilly thought of leaving nursing because of her sense of non-belonging and the challenge of getting to know the new ways of doing things in New Zealand, while Jan felt

bored. She missed her previous position because she felt that she did not belong in her workplace:

> *The bit I struggled with for the first two years was that I thought I lost my career. That was what I really struggled with, to the extent of thinking of leaving nursing. I was really struggling with the values and morals. I thought, "I can't work here." The job I got did not support my values. Back home I worked at an executive, strategic level and that did not translate here. What affected me personally was really thinking of what was important and some of the values being really challenged in a way that could become personal. Lots of personal politics. And that was difficult. Where I used to work, I knew everyone well and having to get to know all these different ways and new characters was challenging.* [Lilly, p. 6]

> *I am still battling. This made me greatly miss my previous position. I wouldn't say I am homesick. I am not. I took on a different job. I don't feel inspired to progress in my career here. I am kind of bored here. I am under-utilised in my experience, my skills. I don't need to have the qualifications that I have got to actually do what I am doing now. I am under-utilised and I am bored. But I like teaching. I like supporting the students.* [Jan, p. 8]

Orientation is one way of reducing the experience of alienation, but most of the overseas nurse educators expressed the view that they did not receive adequate orientation from their employer when they started working in New Zealand. Jasmine and Vicky described the alienation they experienced without getting a full orientation programme.

> *I was expecting full orientation and then, when it was put to me originally, it was sold to me as a little bit of teaching. What actually happened was that it was just me and 17 students for 10 weeks with no course content, no resources, nothing. And they*

just said, "There you go, good luck." So, I was just thrown in at the deep end. Absolutely thrown in at the deep end. [Jasmine, p. 2]

Nobody oriented me, and when I said this at my exit interview, when the president asked me "Did anyone orient you to the way we do things in education in New Zealand?" I said, "No, never." I was thrown in at the deep end and then burned alive, then thrown out. That is what it felt like. [Vicky, p. 8]

Inside and outside.

The distinction between inside and outside is another important dimension of space. Every place has a boundary or a border that distinguishes between inside and outside. Being an outsider means that one does not share the meanings of the place with insiders. Most of the overseas nurse educators experienced themselves as outsiders before they were fully integrated into the new culture. As Gemma and Pauline explained:

It is a closed community. The lecturers here were all trained by this polytechnic, worked in the same hospital, and went to the same schools. And they are not open to any other lecturer. You are on the outside, which makes it difficult. [Gemma, p. 1]

You are an outsider so, therefore, you need to adjust and adapt to what you consider the norm of the community. They are not going to adjust to you. You have to adjust to them. We are tūwaewae. Tūwaewae means visitors. [Pauline, p. 2]

Vicki's lived space experience can also be related to the space occupied by an outsider. According to her, in New Zealand, there is less acceptance of people from overseas.

Because there are people who have been here for 20 years and they do not like some person—even though I am not young—coming from outside and teaching their students... Each place has its own struggles with accepting people from the outside. In here, it is about the longevity of the staff. The unwillingness to change. [Vicky, p. 7]

Lindsay shared similar experiences related to the lack of acceptance of outsiders.

I think if anyone is coming here from overseas, they are going to find it very hard. Definitely, they need to be very strong. They need to do a lot of work before they come out because they see it as "he or she is taking my job" and this is the attitude you see… There isn't that acceptance. [Lindsay, p. 10]

Open and closed space.

Another important dimension of space is the distinction between open space and closed space. Open space is welcoming and easily accessible, while a closed space must be opened to be made available to an outsider. Gemma and Jasmine's lived space experiences can be related to a closed space where basic information was not shared. Gemma had to find out basic things on her own.

I had to find out everything for myself. Nobody told me that you can order a taxi and the school will pay. Nobody told me that I could claim stationery. Things like that were not told. Nobody told me that I can make photocopies. I made it all at my cost, which can get costlier at the end, if you have quite a few students in the field and if you are making copies for them. There was a lack of sharing basic knowledge, not knowledge around education but basic structural knowledge. [Gemma, p. 3]

Jasmine shared her experiences of closed space as follows:

I didn't have the textbook for a year. And I was going to the library. Well, nobody told me that as a teacher I was entitled to have textbooks. So I would have never thought to ask because I didn't know. So, you know, just really simple things like that. I didn't know where to park my car when I came here. I used to go out and move every two hours to a parking spot. Because nobody told me that there is a park in the multi-storey car park. It is embarrassing when I talk about it. Honestly, I didn't know. I used to rush out during lunch time and move my car. How many tickets I used to get for parking too long in one place! I didn't know that there is free parking in the multi-storey car park. Nobody told me that. [Jasmine, p. 14]

Vicky and Sam describe a closed space experience in which nobody told them how things are done in New Zealand.

I think if I look back my time when I started first, it would have been better if I did understand the bicultural treaty conversation. It was not that I wanted to have it chugged down my throat, but I was not even told about it. So, I did not have a clue what they were talking about. Nobody ever explained that there was a Treaty that people signed. So, I just got it when I did stuff wrong… It would have been better if I would have known. I was happy to learn. But nobody was talking. [Vicky, p.12]

You certainly feel you are not fully aware of customs. I suppose you never know if you are doing the right thing or not. I suppose it is like me going to Japan or India or something like that and doing things that are not culturally correct. [Sam, p. 4]

Language.

Language helps us to communicate experiences of the place with others, giving the place a shared meaning. Language was a challenge for most of the overseas nurse educators. Jasmine and Sharlene experienced difficulty pronouncing words and understanding different terminology.

> *I have got these terrible memories from when I first got here. I can imagine being a nurse educator going to somewhere like DHB from overseas: "Oh no, I mean a stroke is a stroke, a heart attack is a heart attack. But there is more to it than that. The subject is the least of your problems. Even the different language they use, because there is different terminology.* [Jasmine, p. 15]

> *I didn't know how to pronounce most of the words. Because the language is very different as well. I am quite straightforward. I am a bit sarcastic. In terms of personality, I have got a different sense of humour. Sometimes I have to check that I am not offending anybody. Although everybody thinks New Zealand is just like England, actually it is not. They are much gentler. Their sense of humour is gentler. They don't understand sarcasm in the same way we do. I am kind of blunt. And sometimes, if you are like that, people are quite taken aback. They can perceive it as a bit aggressive. So, I have to be careful about that. My office buddy is from the U.K., and he has been here for 16 years now. He will say, "You can't say that." So, we kind of have a chat.* [Sharlene, p. 2]

Annie had similar experiences. She found herself in her old lived space when she started drifting back to her past ways of using medical terminology.

> *I think the biggest problem is getting the language right. Medical terminology is medical terminology, except for sometimes. Sometimes it is very easy to fall back on*

the old ways. Or when you are reading, because I worked in the United States for so long, where they don't use the metric system. And although I was schooled in the metric system, since I have worked there for a long time, I still fall back on it. So, I sometimes feel that I have to translate it in my head before I can say it. Sometimes it will come out the American way, and the students will look at me. When I say language, it is the colloquial and medical terminology. Especially in the beginning, when I was working as a clinical nurse, somebody asked me for a pottle and I had no idea what that was. When you are talking about blood results, they measure things differently in America. I often had to think, "Now, do we do in mmol here or in milliequivalents?" So, that part is tricky. [Annie, p. 2]

Sam said his experience of attending the staff meeting was like going to a strange country. Even though everybody spoke English, the terminology used by locals was not familiar to Sam, which made him feel as if he was in a different country:

When I first went to the staff meeting, it was like going into another country, and completely different language and I didn't understand any of it. [Sam, p. 5]

Teaching cultural safety and bicultural education.

Culture is an important component in living and teaching in New Zealand. Some participants struggled with subjects related to cultural safety and social sciences. Vicky explained her lived space experience of teaching cultural safety. She refused to teach those subjects that were not part of her expertise.

They wanted me to talk about cultural safety, which of course I knew nothing about… So, I still managed to negotiate that I could teach things within my knowledge. Things like health assessment, clinical skills paper, and I did a lot of clinical supervision. I stayed very far away from anything that was not in my preparation, so anything that

was sociological or cultural, anything about Māori health: no way. I wouldn't touch it. [Vicky, p. 2]

On the other hand, Lilly taught cultural safety, but struggled to do so.

I teach cultural safety, and I sometimes take a deep breath and struggle. [Lilly, p. 2]

Jasmine said that having knowledge of how the country works was a must for any nurse educator coming to New Zealand.

In regard to the culture, we were used to multicultural as opposed to bicultural. I think there is an awful lot of emphasis on that. And I don't know if the weighting of that is right. I think, if you are coming from overseas fresh off the plane, you would actually have to have some understanding of how the country works. Otherwise, you will get yourself into trouble. Some education, in particular as to the cultural aspects, is a must. [Jasmine, p. 10]

Like Jasmine, Maria reiterated the need for bicultural education for newcomers.

There should be something that offers the overseas person a chance to learn about biculturalism. Because when you get here, biculturalism either doesn't exist or it is racism, or it is under the carpet, or it is in your face; and you have no idea. So, I think there is a need for something. I took it myself personally so that I was fully prepared. I talked the talk, walked the walk. But, I have to say, it was a steep learning journey. [Maria, p. 3]

Cultural safety.

Most overseas nurse educators thought that they had to be culturally safe and aware of local practices in order to teach cultural safety in New Zealand. The participants verbalised their experiences of cultural safety, as well as describing instances when they were not culturally safe because of their lack of knowledge regarding New Zealand cultural practices. Annie's story captured her lived space experience of being culturally safe.

> *When I first got here, where I was working, we had a very sick baby. And this will demonstrate my lack of awareness when I got here. I had just come from the United States, where the concept of cultural safety does not exist. Or they don't know it exists. Starting an IV anywhere in the body was fine, and nothing is taboo. I was in a room with the clinical nurse educator, and we had a very sick baby. We were discussing IV access for this child, and I looked down, and I could see the baby's head. There was a nice vein. I said, "We could do it right here on the head." At which point, I thought the educator was going to faint. But she very gently explained and, luckily for me, the parents were not in the room: "This is not a place where we start IV here because the head is considered sacred." So, that was the beginning of my journey in terms of being culturally safe and understanding what that is about. For an instant I thought, "this baby is very sick and needs an IV line, and we have a prominent vein on the head" and "why can't I?" But then I learned to see that from a different side, and to understand that, for that person, that part of the body is sacred and starting an IV there is not acceptable. I think in regard to the New Zealand context, it is learning to be culturally safe.* [Annie, p. 3]

Maria had similar lived space experiences. She explained how she struggled to keep her students culturally safe during a *marae* visit:

> *We went on a marae* [sacred place] *visit and we did hongi* [a traditional Māori greeting which involves sharing breath by touching noses], *where you greet. Two of my students were absolutely petrified to do that. From their cultural background, which was not Māori or Pakeha* [European New Zealanders]*, they don't share their breath with anybody else. So, they couldn't hongi. So how could I get my students to go to the marae and keep them culturally safe? Actually, they had to be New Zealand nurses, so they had to be culturally safe. So, what I did with these students was, I spoke to kaumatua* [a Māori elder] *who took us to the marae. They said, "That is ok. We can do "the kissi side"* [a social greeting gesture by lightly touching the cheek with cheek]*." And that was fine. But if I, as an educator, had known that first, I could have said, "Look, this is how we deal with it." So, those are the educational stories that need to be well taught before you actually become an educator.* [Maria, p. 6]

Sacred space.

There is a deep connection between human experience and place. Some places can bring about spiritual experiences. Maria explained that culture is deep-rooted in New Zealand nursing education and certain practices are the norm in everyday life. She shared her sacred space experiences.

> *What I have found educating here is how the cultural needs of Māori and Pasifika students are completely embedded in everything we do. So, we have bicultural signage. We all are encouraged to learn Te reo Māori. We have karakias* [prayers]. *We have pōwhiris* [Māori welcome]. *And those are just an everyday norm. And I think I really wasn't expecting this.* [Maria, p. 3]

Pauline agreed with this view. According to her, *karakia* and *hongi* are a cultural norm in New Zealand.

Karakia and hongi are part of the culture and it has become normalised, instead of leaving it for special occasions. When I came first, I just observed what other people were doing. I asked the rationale for doing it. I read a lot of books on cultural safety, Māori myths, and mythologies. I am an outsider so, therefore, needed to adjust and adapt to what I considered the norm of the community. [Pauline, p. 2]

Sonya reported that she enjoyed taking part in prayers and she liked the spiritual people in New Zealand.

I think the interesting thing to me is adjusting to the cultural difference of the Māori in particular. And I really enjoy that. It's really interesting to learn about that. And I have enjoyed, in my other job, doing the karakia [prayers] *in the morning, and learning things. And I do like the spiritual people with a can-do attitude. That will be something that I would not have done in the U.K.* [Sonya, p. 3]

Cultural shock.

Culture defines our social system, and that is also the case in New Zealand. The meaning of a place is also based on the culture of a place. Most participants said that they were shocked to see some of the cultural practices, but they acknowledged the need to be culturally safe. Sam shared his experiences of cultural shock in New Zealand.

I personally have obviously not grown up with the bicultural concept of New Zealand. I grew up in England, certainly with a multicultural background. So, that was a bit of cultural shock for me coming here. It has taken some time to understand the relationship between Māori and Pākehā. [Sam, p.3]

As New Zealand is a Western country, participants were not anticipating biculturalism. Biculturalism came as a cultural shock when Pauline arrived in New Zealand.

> *Another issue is the concept of biculturalism. Initially, when I came here, it was a bit of cultural shock.* [Pauline, p. 2]

Most overseas nurse educators were used to multiculturalism, but biculturalism was alien to some. New Zealand is unique in terms of the relationship that exists between Māori and Pākehā culture. Maria reported that she was used to diverse cultures and distinct styles of attire, but moving to a bicultural society gave her a different perspective.

> *It is very interesting coming to New Zealand. The biggest thing is the bicultural society. I think I hadn't appreciated the impact of what it meant. I am a Londoner born and bred. Being the little white English girl, and seeing different cultures was quite normal for me. So, I was used to culture, ethnicity, burkas, dealing with all those things with students. People dress different, look different, and that created no problems for me. But moving here to a bicultural society, that is a whole different perspective. And that is the thing that, as an educator, is the hardest to come to terms with.* [Maria, p. 2]

Sonya reported that she originally thought biculturalism was fashioned for tourists. It was not until she had experienced biculturalism in New Zealand that she believed it was very real.

> *Before I came here I was interested anyhow, and I looked up quite a lot about the culture. And this is strange, but I did not actually believe that culture would be so embedded. I kind of thought that maybe they have done it for the tourists. What surprised me is that it is actually so real. I have enjoyed it.* [Sonya, p. 4]

Vicky shared her lived space experience regarding *haka* [a Māori ceremonial war dance] performance.

> *This barbaric, cannibalistic war tribal culture coming at you when you are new here is a shock. But I don't think that New Zealanders realise that, to those of us who are not from here, haka feels like an aggressive move. And that is not how we usually get welcomed. But do they realise? They need to step back and ask, "how are we coming off to the world?" Because it is offensive to some of us to be attacked when we hit the airport by people with their tongue sticking out and coming at us, you know. I am sorry to be grossly blunt, but that is offensive.* [Vicky, p. 9]

Vicki added that living in New Zealand helped her re-evaluate own culture and that she felt as if she did not belong either to her own country or to New Zealand.

> *And so, the students love me, but staff are threatened. That is kind of the way it seems to divide out. Part of that is probably my culture. I think, as an American, I have only learned this since moving here; I never knew what my culture was until I came here. Because you don't see your culture when you are an insider. You don't see how other people are reacting to you until you change. And when I changed and came here, now I don't belong in either place. When I go home I don't fit there, because I see their abrasiveness and kind of arrogance in the American culture. I see that now in ways I never saw before. But I come here and I still can't stop being that. Because that is kind of who my personhood is. But I definitely tone it down.* [Vicky, p. 6]

Cultural adaptation.

A new space can provide opportunities for openness to new adventures and new social contacts. It becomes our space when we live there. There were mixed experiences among the overseas nurse educators regarding their lived space experiences and adaptation to New Zealand culture. Vicky had to change her identity to adjust to New Zealand culture.

I don't offer any new ideas. I wait until somebody comes to me. For instance, I just went to a conference in the States on simulation. A big simulation conference. I had to write a report to my boss, and they were raving about it. But I don't say anything because it won't be acceptable if I think it is ok. So, I am realising that I am playing myself down to fit in here. I have changed who I am. Sometimes that makes me sad, but my joy is when I go home I can be myself with my family, and they think I am a hoot. Because I just turn on the American gene when I get home, when I play my American self, and cook my American meals. Probably this is the same thing everybody who moves away from their culture does. They go home, and they become who they are. When I am here, I play this mouse. I play this game, and sometimes I am sad about that. It creates a kind of cognitive disequilibrium. You start to realise, "Who am I? Am I this person who is all muted and humiliated—not just humbled but humiliated as well—and looking down? Or am I this person who is proud of who they are?" It is not that I am not proud of who I am, but I play the game that I am not. Which is a real kind of hard. It is a hard world to walk. [Vicky, p.5]

On the other hand, Sonya explained that she did not have to change who she was, but merely picked up some local habits.

I didn't have to change. But I think I do say "AEY" at the end of sentences sometimes. But apart from that, I think I am quite strong and I retain myself. I am who I am, and I appreciate them for who they are. [Sonya, p. 9]

A majority of the respondents thought cultural adaptation was about acceptance and understanding the people you live with. Maria said:

I think the whole aspect of to learn about living in a bicultural society is not about me changing. It is about me learning to live in the society that I live in. It doesn't change

me as a white Pakeha English girl. It just means I understand the people I live with. [Maria, p. 3]

Most of the overseas nurse educators experienced an adaptation phase before they felt at home in New Zealand. Maria described her process of adaptation:

And so, I allowed myself to learn what they would like. People were very helpful. And I think, as soon as I tried… for example, when I went to France, I couldn't speak French and people were rude. But as soon as I tried to speak French, and tried to do what they wanted me to do, they help you. And it is the same here. So, as soon as I started doing things how Kiwis do them, like sing Karakias and all the wonderful things that make the country so rich, once I started trying to do those things, and I was not being any different. I am not a different person. I am just trying to be like the society here, and people let you in. I think that is about pushing your own walls down and saying "I will bring the best of me but I am going to take on the best of you too." And that is why we travel, and that is why we have come here, because we want to see something different. [Maria, p.11]

Annie and Linley agreed that, to become an insider, adaptation was necessary. When the outsider takes the initiative, adaptation seems to accelerate.

If you live and work with people who practice in that manner, it becomes very easy and very safe for you to do that. Where I work, we sing waiatas [Māori song] all the time. We do it frequently. I am in an environment where they do it all the time, and it is quite enjoyable. [Annie, p.4]

There is a saying, "when in Rome, do as Romans do." This is New Zealand, so you have to do things as kiwis do them. [Linley, p. 4]

Home.

Ideally, home is the personal space where we feel comfortable, protected and where we are ourselves. When we are in a foreign place, we may feel a sense of being lost, a feeling of being lonely and deserted. Some overseas nurse educators reported that during the initial period they felt homesick and wanted to return to their old home. As Sharlene explained:

> *The first month, I sat in the garden, put my head on my hands and cried thinking, because I didn't know how I could make it any better. And I am glad this was not my first job in New Zealand, because that would have just completely unsettled me. It made me feel very homesick.* [Sharlene, p. 5]

Like Sharlene, Jan described her experience of how she craved to go back to her home country.

> *Colleagues are great. They are very welcoming. They want to improve the curriculum. They listen to my ideas. I could bring my expertise in regards to mentorship. They were interested in it, and they wanted to embrace it. But the managers, they are not interested. They don't want to do it that way, which is a real shame that they are not utilising staff expertise. That could be related to the culture that is here. Here it is very much like don't challenge. It is very much like do as I say. This is how we always done. That is kind of made me desperately crave to go back to the UK.* [Jan, p. 5]

There were mixed experiences among the participants in regards to calling New Zealand their home. Sonya and Lindsay did not think they could call New Zealand home yet.

No, New Zealand is not my home. I feel very comfortable. I think I could live here, but it won't be my home. New Zealand is not where my children are. We do a lot of Skype. I suppose it is settling in and being an immigrant and out of your comfort zone, without your family. Myself and my husband, we have four children and three grandchildren, so it is the separation is the hardest part. You know we wanted to come and do this, but you don't actually realise how hard it is because it is so far away. You couldn't be any farther. I like New Zealand, but I don't think I can call it home. Home means a lot more to me than just a place where you are. [Sonya, p. 8]

You know, the situation is never comfortable to be called home. I don't think you can call it home really. [Lindsay, p. 9]

On the other hand, both Lyn and Jasmine said that they felt at home in New Zealand.

I was not an expert when I came here. There are some young people who returned home even. The first two years were very unsettling, and you had travelled, and things got bad, and you could go obviously somewhere else. So, it was two or three years before I felt it was my home. [Lyn, p. 5]

I feel at home now. Although I suppose you put on your rose-coloured glasses, don't you? And you remember the good bits. You don't remember the kind of people you did not get on with or the people that make poor decisions, or you know the people who are lazy or you know just working with difficult people. You remember the good people. [Jasmine, p.11]

Maria and Annie felt that they had two homes, their home country and New Zealand.

I will always be British. Home will always be the UK. That is my heritage. It is where my family and brothers and sisters live. But, do I feel at home here? Yes, I do feel at home. [Maria, p. 12]

If I am in Canada, I call New Zealand home, and if I am in New Zealand, I call Canada home. So, I have got two homes. [Annie, p. 4]

Initially, when the nurse educators in this study moved to New Zealand, they were overwhelmed by the sense of not belonging, strangeness and sense of loss. Culture is ingrained in New Zealand nursing education, and overseas nurse educators were surprised that biculturalism was very real in New Zealand. Participants admitted that they were shocked initially by the extent of biculturalism and some of the cultural practices but agreed that to be culturally safe, they needed to adapt culturally to New Zealand society. Gradually they became more comfortable with their new surroundings, adapted and took charge of their space. Eventually, they found a sense of belonging and meaningfulness in their lived space, and most were able to call New Zealand home.

Lived body.

The human presence or being in the world is experienced through our body. All our experiences are founded upon our bodily existence. During our encounters with the world, we may not pay attention to the body, yet the meaning of the lived world is perceived through the body. Hence, the lived body becomes an important aspect in exploring the lived experiences of overseas nurse educators. Lived body was experienced in relation to six interrelated sub-themes: (a) *anxious body,* (b) *shocked body,* (c) *ridiculed body,* (d) *young and old,* (e) *masked body,* and (f) *assimilation.*

Anxious body.

The body is the centre of all our activities and feelings. The body is experienced as passed over in silence but it is never completely severed from of our knowledge. Emotions and feelings can turn our attention back to the body. A common theme among participants was the feelings of anxiety when they started working. Linley described her experiences of anxiety during her first lecture:

> *I was scared to stand in front of 90 students and teach. I was not expecting that. My first lecture was on a Tuesday in May. It was a cold day. When I came out of the first session, I was sweating. The first one was quite hard, but once you get over it, you know, you can do better next time.* [Linley, p. 2]

Sonya also described her anxiety about teaching a big group of students, which she was not expecting:

> *I didn't realise that the class sizes were so large. In England, the average class size might be 20. In mental health, it might be eight. I was expecting a lovely group. Nobody ever warned me, and I didn't have a clue, and I turned up in a big lecture hall, and nearly 100 people were looking at me. I had to wear an earpiece and talk through a microphone, and I was not aware.* [Sonya, p. 4]

Carol's anxiety was centred on her fear about how other people would relate to her and how she was going to relate to others.

> *I think it was more about the fear of meeting people. I was not concerned about the ward and so on, in terms of the routine. I think that most of it is similar worldwide. The nursing tasks are similar. What I was worried about was how people were going*

to relate to me… or how was I going to relate to others. I think that was my biggest fear. [Carol, p.7]

Jasmine explained that, due to her anxiety about being seen as “an idiot,” she was too frightened to ask questions of her colleagues.

I think just knowing the education system is a challenge in a different way. I did not have a clue about how it worked. I didn't know what a semester was. I didn't know what a formative and summative was. I had to go and google that. I was so scared to ask anybody. Because I didn’t want to be seen as an idiot. I didn't know. And it was not explained. We didn't use those words when I was a student. [Jasmine, p. 5]

For both Carol and Jennifer, the anxiety became traumatic and overwhelming as they drove to and from work:

And this may sound really weird, but getting from home to here was a very stressful thing. Because you are learning about the transportation systems and the times, and even driving to the city was very traumatic. [Carol, p.7]

Again, being new to the country, it was quite hard to go and see the students in clinical placements, because I am not very good geographically. I could drive locally, but not in the big city. I did take my driver’s license then. Before you get a job here, you need to have a driver’s license. It was a bit overwhelming for me. [Jennifer, p.1]

Shocked body.

Some participants also experienced a sense of shock when they moved to New Zealand and started working. Annie’s experience, for example, can be characterised as a

shocked body. Annie said that she was mortified to hear that she was not allowed to start a child's intravenous (IV) line.

> *The autonomy of a nurse changes depending on where you are. For instance, when I first got here, I didn't think anything of doing a male catheterisation. Because that was within my scope of practice in the United States. But it is not here. And it took me a long time to figure out what that was about and why. I was mortified when somebody told me that you can't start a child's IV here because that is not really in the scope of paediatric nurses' practice here. It is the doctors who start the IVs.* [Annie, p. 2]

Vicky was shocked to see that the students did not know what to do in a crisis.

> *I just had a student yesterday, who had a patient with a temperature of 40 degrees centigrade. And she was saying, "I am going to do comfort care on this patient." And I just looked at her in shock. I said, "You've got to give me more than comfort care". And that is because, see, that is what they teach them. It is all about not offending the patient. Making them comfortable. We don't do enough about teaching them how to manage a deterioration that will kill the person. We don't give them that. We give them, "let us be ethically correct, culturally correct, and sociologically correct." I don't want you to know how to treat me. I want you to know what to do to save my life. Make it happen. But when you come to deterioration, they don't know what to do in a crisis. The plane is going down, and they don't know how to save it.* [Vicky, p.10]

Maria was shocked to see that karakia [Māori prayer] and powhiri [Māori welcome] are a daily norm in New Zealand

> *We have karakia's, we have powhiris. And those are just an everyday norm. And I think, I really wasn't expecting this. And to start with I was quite shocked.* [Maria, p. 3]

It was the difference between New Zealand policies in general health system and those of her home country that shocked Jennifer:

> *After coming here, I thought "I am not ready." I felt a bit shocked, about the system really: teaching in a totally different health care system, with different health policies and different health issues. Even though I had worked as a registered nurse, that didn't really prepare me. As a nurse tutor from back home, I thought I knew how to do lesson plans and to deliver a session in a way that is interesting for the students, because I was used to that. When I came here, I felt a bit inadequate. There was a different specialisation and different things which I thought I should have known before I came here. I felt quite overwhelmed and shocked maybe for the first four weeks.* [Jennifer, p. 1]

Ridiculed body.

In special circumstances, we become aware of our body, such as when we experience pain, fear anger, threat, or ridicule. Maria and Gemma were ridiculed because of their language and accents:

> *People take the mickey of my accent. I say the wrong word. I say wellingtons, and it is gumboots. I say jumper, and it is the jersey. I hadn't expected to get teased by having a different accent. I thought that was quite interesting.* [Maria, p. 4]

In the beginning, it was awfully difficult to get used to the terminology in English. I think people can immediately pick up my accent. Sometimes students laugh at me. But you get used to that type of stuff. [Gemma, p, 3]

Tracey shared a similar experience:

Sometimes people can be a little bit rude and say, "Can you speak English?" which is very culturally insensitive. And then I put my strongest Yorkshire accent on and say, "Listen to me, when you think you speak English, this is it." It can be both from staff and students. [Tracey, p. 3]

Participants described their experience of anger. Jasmine described her feelings of anger towards the moderator of an assessment that she had prepared.

I remember having a bit of a breakdown one day. And I hadn't been here very long; it was about an exam…I had to write a new exam which I have never done before, ever. So, I didn't know anything about moderation. And the first time I had an exam moderated, this woman absolutely ripped this exam like a toilet paper. And it had 25 little flags on it about things I had done wrong. Honestly, I had to sit in the toilet for five minutes to compose myself. I wanted to kill her. I spend hours and hours and hours for this exam and she just absolutely rubbished it. So, I thought, "This is terrible, this is terrible." [Jasmine, p.5]

For Jennifer, anger resulted from a lack of respect shown by New Zealand students towards international students.

I find the students need to be respectful with international students' accents. I feel a bit annoyed when they do that because they need to respect each other. [Jennifer, p. 3]

Participants also described their resilience in the face of negative experiences. Pauline and Sharlene, for example, described how they managed their feelings and both underline the need to develop a "thick skin":

Over the years, I have developed teflon skin. Nothing sticks. You got to be resilient. [Pauline, p. 2]

I am quite thick skinned, and so I just carry on. [Sharlene, p. 1]

Maria had similar experiences, but also developed resilience over time.

It was quite interesting to have a slightly racial commentary made about me. And I blend nicely with my skin tone and colour. So, I realised how it must be to have that thrown at you if you have a different skin tone and colour and accent. That was the most difficult thing. That probably took for me a few months to get over. Now I just say, "Well, you are lucky to have me. Poor Britain, what a brain drain." [Maria, p. 5]

Young and old.

One's body is in constant interaction with the world. While engaged in the world we observe people and make a judgement about them in relation to ourselves. Jasmine and Linley shared their experience regarding age differences.

I am the youngest by 20 years easily. It is good for me. It makes me feel very young even though I am not, because I am so much younger than everybody else. I am

treated that way. So, I am surprised that it is run by so many old people. [Jasmine, p. 2]

Back home most students are school leavers, whereas here most of the students are older than you. I still consider myself a younger person. I respect that they really have the guts to come back and study. I am always conscious that people in this classroom are much older than me. [Linley, p. 2]

Vicky described her experience of teaching a young generation of students. She had to undergo a huge transformation.

I loved the idea of teaching, but I didn't really have any background in how to teach. So, a big part of my learning curve was that I had all the technical information in my head, but I did not know how to deliver it. And I also was not really aware of the delivery platforms that this generation loves. So, I knew all about nursing, and I could talk about health assessment, drips, medicine, and all that. But I was not prepared in how to do the teaching bit. I went through a huge metamorphosis: how to teach, how to deliver, how to use IT, all of that. So, I kind of did a career change in away. [Vicky, p. 1]

On the other hand, Jasmine compared the old generation of nurse educators and technologically advanced new generation of students.

This place has bought 20 iPads as a classroom resource, which sat in a cupboard for nearly three months and were never used. And I had no idea that they were here. And they said, if these are never going to be used, they will take them away. I was going to get other people in the department to use them. But of course, when they are 70, it is quite hard to persuade them that an iPad is a good thing, especially

when they are used to standing and lecturing for three hours. The students will pick it up and use it. It is the teachers that struggle. [Jasmine, p. 6]

Masked body.

Our body helps us to explore the world. While we can try to hide the body from the view of others, we cannot separate the body from our sense of self. The primary appreciation of our body may be easily disturbed when we are in the company of others who do not appreciate us. Some overseas nurse educators used pretence to demonstrate that they were happy at work. For example, Vicky acted like she was happy at work.

I think, I put on a mask when I come to work. And I behave like I am happy. And when I go away, I go home and I do my American thing, and I am thrilled. I have American friends, I maintain my own culture, I go home to America, and I am happy there. [Vicky, p. 9]

Carol had similar experiences. She had to act sometimes and stop herself from presenting her real self.

It is more easy-going in the States, versus here. People are more critical, I think it is more formal in the way you carry yourself, you act sometimes; or even if you plan to laugh, you can't laugh. You know it is just those kinds of differences. [Carol, p. 4]

Alternatively, Jasmine explained that she did not try to pretend to be someone she was not:

I did not enjoy my work at the start. But I enjoy it now. It was so stressful. I was making it up as I went along. I remember somebody telling me, it is all smoke and mirrors. It is about creating an illusion. I asked, what does that mean? I remember

driving home and thinking, "What do I have to do? Do I have to create the illusion?" I am not doing that. I didn't… I don't try and pretend that I am somebody that I am not. [Jasmine, p. 13]

Adaptation.

As human beings, we engage so much with the other person's embodied existence that their words become our words, their mood becomes ours. The experience of our own body can be influenced by another's gaze, in a participatory manner where the self takes part in whatever the other is doing. Human beings change to adapt to their new environment. Some participants had to change to adjust to New Zealand. Pauline argued that, to survive in the new environment, one must be willing to change.

I think you need to take things as they come. You can't have a permanent expectation. Although we are predictable creatures, we are humans. But behaviours do vary from day to day. Take one day at a time. The only thing that remains constant is change. [Pauline, p. 5]

Jasmine also changed. She behaved in a reserved way because others were reserved.

I did not feel that I was myself. Well, I felt that I had to be quite reserved, because everyone is reserved. Nobody says what they think. Or if they do, they wait until that person has left the room. I felt, "Does anybody ever crack a smile here? Have a bit of a laugh?" I just couldn't hold that in any longer. But then everyone just goes on. It is terrible. But that is all right. I don't mind being a bit different. [Jasmine, p.12]

On the other hand, Maria was more relaxed about changing her behaviour to suit her new environment.

> *Actually, I have not lost myself. I just allowed myself to be a little bit more assimilated. I am no different. I don't think I am any less British. Some people stick to their own rules. I think, you just got to let a few things go because, actually, they are not important. So, it doesn't matter if my children don't wear shoes to school. All the other children are running around barefoot. To me, that was a sign of extreme poverty, children not wearing shoes to school. But actually, all the kids go and play. And I think, are those rules important, where did those rules come from? And probably that is something which helped me. My identity has not changed. I knew who I was. As adults, we always learn to change anyway. As a parent, you grow and change. The central core person is still the same.* [Maria, p. 10]

The lived body experiences of participants in the study revealed that when the body was under the gaze of the self or of others, the body drew attention to the self. The participants experienced anxiety when they started working. The anxiety was centred on having to teach a big group of students or on how other people would relate to them. Some were shocked to see some of the cultural practices in New Zealand. Some participants were ridiculed for their accent, but they reported that they developed resilience over time. A few had to pretend that they were happy at work. To adjust to the New Zealand setting, some had to change who they were, yet they reported that the core person remained the same.

Lived time.

Lived time is the felt time or the time experienced at the moment. We experience time as moving fast when we are immersed in doing something interesting and as moving slow if we are not interested. Lived time was experienced in relation to two interrelated sub-themes: (a) *the experience of time during the initial phase of the job*, and (b*) the time experienced in relation to settling in New Zealand*.

The experience of time during the initial phase of the job.

There were mixed experiences among the participants in relation to time when they started their job. Time was experienced as moving slowly by some during their orientation period or when they were getting used to the new role. Lyn explained that while she was learning her new job, time went very slowly.

> *I felt initially the time went very slow because I was learning. And then gradually things seem to slip by as I got more confident.* [Lyn, p. 5]

For Linley, time started to go fast as she started teaching.

> *When I started, because I didn't start teaching initially as I had the orientation. Then time was going slow and after I have started teaching, the time started to go fast, there was so much to do.* [Linley, p. 5]

In contrast, Annie and Sharlene reported that there was not sufficient time when they started their job. The experience of time depended on the workload and the stress level of the job.

> *When I had started the job, time went so fast. I can't believe it*. [Annie, p. 4]

> *I was here at seven in the morning, at seven at night, day after day after day, sometimes working into the early hours at home, or working at the weekend. So, there was not enough time. I never got to the end. It was just chaotic. It was horrible, actually. My job in the U.K. was highly stressful. I very rarely went home and cried and had a glass of wine. I did that a lot here.* [Sharlene, p. 5]

Jasmine described the lack of time she experienced when she started teaching.

> *Well, I think, when I finished the first course, I was mentally and physically exhausted at the end of it because it was four weeks of theory. So, the students were here for five days a week, so 20 days. And it was just me teaching for 20 days, and I had no course content. So, I was literally starting the class at 9 o'clock, and I would run upstairs during morning tea time and I would throw some stuff together for the next class and I spent all lunchtime preparing for the next class. And that is how I lived for four weeks, and I didn't sleep because all I was dreaming was what I was going to do for the next day. So, I spent half the night sitting up doing stuff and then they went into clinical placement, and I was the only one supervising them in clinical placement, and that was exhausting as well. And then they sat state finals, and they all passed. I felt like I passed it myself 17 times. I really did. I was so pleased.* [Jasmine, p. 3]

Carol experienced another effect of the lack of time. She thought her lack of support was the result of the lack of time New Zealand nurse educators had because of their heavy workload.

> *We all are overloaded with work, and actually finding the time to sort of get to know the colleagues a little better, I think, it can be quite difficult and challenging. And then with everybody so overworked sometimes, not everybody is willing to help you and to be a part of your struggle.* [Carol, p. 3]

On the other hand, Sonya appreciated the fact that some of her colleagues were willing to help despite not having enough time.

My colleagues were welcoming, and they helped with competencies and assessments and bit by bit people give you help and support, and everyone is busy. Nobody has the time, but they still make time to help you. [Sonya, p. 6]

Pauline had a different view about time. According to her, time was irrelevant as long as she was happy in herself. It was about adjusting to a different culture. It was not something she thought consciously about:

If I went to another country, of course, I would have to start all over again, adjusting to a different culture. I didn't pay much attention to the time. To me, that is irrelevant to what I am doing. I think if you are happy in your own skin and you know who you are, time is irrelevant. [Pauline, p. 5]

The time experienced in relation to settling in New Zealand.

The majority of participants considered the initial period unsettling. Jasmine and Jan described their experiences of time during the first week as upsetting.

Oh, the first week, the end of the first week, I cried all the way home in the car because I thought I couldn't do this. I can't do all my own. [Jasmine, p. 2]

My first week, I was crying, because I was really upset. I was very upset because we had a student who disclosed halfway through the programme that he had a significant mental illness. And he had been taken off from the clinical placement, but was allowed to continue on the programme. And I was like, "that is against the Nursing Council." Patients are vulnerable. You can't give them a second chance. I was told to keep your mouth shut: "We don't have to tell the Nursing Council until they qualify." I was really shocked. I am accountable. How can I live with this that this student is going to be back in the clinical? So, I was quite shocked. But it happened

that the student became seriously ill and never got back to clinical. But it was risky. Knowing what I knew, I was really upset. [Jan, p. 6]

Unlike Jasmine and Jan, Maria had a wonderful first year. However, for Sam, it took 18 months to two years to settle into the new role. Maria described the first year as the blooming year, the second year as the reality year, and the third year as the settling year.

The first year was wonderful. I loved my first year here. That was amazing. The second year was harder because there was that realisation that you actually live here; your salary is here. The second year was the hardest year. The third year I felt peace. It is like the blooming year, then it is the reality year, and then you settle. I think it takes three years to settle. [Maria, p. 12]

I certainly feel more comfortable now. It has taken a good eighteen months to two years to reasonably come to peace with the role. [Sam, p. 11]

The experience of coming to a new country gave overseas nurse educators a different perspective on time. Some experienced time as moving slowly during the initial learning phase, but then started to speed up when they started to teach. Others experienced a lack of time when they started to teach. The initial time period was considered as an unsettling phase. As time passed, participants described gradually settling into their new role.

Lived other.

Lived other is the lived relationships we share with others. The experience of the other can deepen and strengthen relationships or complicate them. With special relationships, the lived world is meaningful and the experience is enriched. Alternatively, a complicated relationship can increase tensions and loosen the bond between self and other. The lived other was experienced in relation to nine interrelated sub-themes: (a) *collegial support*, (b) *relationships with colleagues*, (c) *difficult relationships*, (d) *communication*, (e) *acceptance by colleagues*, (f) *relationships with students*, (g) *experiences with students from different ethnic background*, (h) *strained relationships with students*, and (i) *acceptance by students.*

Collegial support.

There were mixed experiences among participants with respect to other staff and the support they received from them. Linley experienced positive collegial support during the first week.

> *The first week went smoothly. I got good support from other colleagues. One of them my friend, she helped me.* [Linley, p. 3]

Linley also described what happened when her husband died and reported on the overwhelming support she received from her colleagues.

> *The staff overall, they are good. I lost my husband in 2010. And that was another time that I felt the whole nursing school was behind me. It was over the weekend. And then on Monday morning when I woke up, there were cars piling up on my driveway. So, when something like that happens, I just like the support and the care the staff have for someone who has any problem.* [Linley, p. 6]

Tracey had a similar experience. She compared her relationship with her colleagues to a family relationship, in which everybody is there for each other.

> *It is like a family. I can honestly say it is one of the best places I have worked. Quite a lot of staff had bereavement, and I had a bereavement since I have been here. But everybody is there for each other.* [Tracey, p. 4]

Sonya also had friendly relationships. She explained that joining support groups and meditation helped her to adjust to New Zealand society.

> *I had some good psychiatrist friends and we did weekly meditation, so everyone who came from different countries would all come together and talk about their experiences. And that helped greatly. Having that sort of support group and meditation helped.* [Sonya, p. 5]

In contrast, Jasmine experienced minimum collegial support:

> *Nobody seemed to be very friendly. Everybody seemed to be very stressed. So, I just think the whole thing was very difficult. I still don't feel there is an awful lot of support here. I think they work very much in isolation.* [Jasmine, p. 3]

Relationships with colleagues.

For some participants, lived other experiences changed over time. Carol said her relationships with colleagues improved when she tried to break down the barriers and started trusting them.

> *I will say my relationship is much more stable now. I am more trusting of them now. I couldn't say I was mistrusting them. But I was not open to them much because I was*

feeling insecure in a lot of ways. I think, because of the fact that I came from a different country and a different ethnic group, I didn't know how I would fit in. For me, it was always about feeling the waters. They were fine with me. Maybe, it was me psychologically feeling that I needed to be careful. [Carol, p. 11]

Jasmine explained that, as time passed, her relationships with colleagues improved. She had good relations with half of the staff while the other half were not interested in having a relationship with her.

There is probably half of them that I've got a good relationship with. And the other half I don't even try. Because they are not interested. They ignored me first. I have tried and failed. So, I don't bother. When I came first, no one paid any attention to me. I don't know why that was. Because I was in mental health? Because I was younger? Probably because I had a clinical background? Didn't come from some university? Didn't have a thesis sticking out of my back pocket? I don't know. Maybe it was just the culture. I think the culture here is such that they don't work as a team. Not very cohesive at all. [Jasmine, p.14]

Vicky had different lived other experiences compared to the other participants. She felt she was not integrated into her workplace. Over time she built professional relationships with other colleagues, but her friends were mainly nurse educators who had also lived overseas.

I am not integrated into this workspace. No. However, I have friends here. But they are not integrated either. I think my friends tend to be the ones that have lived outside of New Zealand and come back, like my work mate whom I share an office with. She was in Australia for 10-15 years. She sees it as I see it. I am not integrated, but it is ok because I have other workmates who have not integrated. The people

with whom I struggle most are the hard-core New Zealanders who have never left New Zealand. And they don't really know that there is a different way of doing things. So, they just assume that this is the right way. [Vicky, p.16]

Difficult relationships.

Relationships are critical to social life. However, not all relationships are satisfactory. Some participants in this study experienced threatening relationships with their colleagues. Jan said that she and her manager did not have a good relationship. In her view, her manager considered her as a threat.

I think with my manager there is competition. Part of it is that she thinks, "I am senior to you." There might be some envy, because when I took on this position, I loved the job. So, I wanted to improve the things. Everybody was on board. Maybe it is because I have got that support that they saw me as a good influence. And I have those experiences as a manager. I don't know if there is some feeling of, "Who do you think you are?", of that kind of attitude. I don't know whether it is because I came from the U.K. or because, when they see someone who holds that influence over others, they feel threatened. [Jan, p. 6]

Vicky thought that her colleagues were threatened by her expertise as a clinical nurse:

And I look back on my years, when I think, what was the animosity about? …There were certain personalities, maybe, that I was threatening to, and they were trying to put me in my place. There was a certain amount of naivety on my part. I didn't understand how this country works. But the other part was, I threatened them, because I could walk into a class with very little preparation and talk about any clinical thing they wanted. [Vicky, p.3]

Some overseas nurse educators, like Maria, initially experienced animosity from their colleagues when they perceived overseas nurse educators as a threat to their job.

> *To adjust to my role here, there was a lot of animosities initially as I took a senior position. I did not take the job from a New Zealander. I think that was where a lot of the animosity came from. A lot of the staff here felt that one of them should have had the job… But they, actually, quickly saw that I was the best person for the job. I had the skills.* [Maria, p. 11]

Lindsay described a discriminatory attitude from his colleagues.

> *People here, some are influenced, some are very cliquey. Some are like sheep; some are like ostriches. They do anything to keep their job. They can change very quickly… You will find unemployed people looking at you and someone would be telling them, "Look, they have taken your job," and it is that discrimination. Very difficult.* [Lindsay, p. 10]

Human beings tend to find a sense of purpose and meaningfulness in the experience another. Social isolation can lead to a sense of emptiness. Jasmine did not get much support and she worked in isolation. Jasmine's story captured her difficult relationship experience with her colleague.

> *I feel I work very much on my own. I don't have that support. I did have an unpleasant situation not that long ago actually. They asked me if I would help teach some of the classes with level 4 enrolled nursing students, because the teacher who is doing it was not well. So, I said that was fine, and I was happy to do that. Again, there was not a lot of information given. So, I had to come up with my own course content. So, next thing I know, there are 36 assignments on my desk. For an*

assignment that I had not written or given them, and didn't know anything about. So, when I asked about it, they said, "Oh yes, if you could mark those 36 assignments." And I said, "Well, that is fine." I said, "Have you got the sample answers?" They said, "Oh, no. But it is obvious." You could only see so much without starting to think that you are a bit stupid. So, I had to ask one of the other ladies in the department of nursing. I asked her if she would help me with these assignments. She said, "Sure." Anyway, the lady whose course I was helping out with found out that this lady was helping me to mark these assignments. She was really, really cross about it. She said, "Why is your colleague interfering with my assignments?" I was absolutely horrified about that, and I said, "Well, if they were your assignments and if you felt so protective of them, why were you not willing to help? The other lady was." And I said, "Really, what you should be saying is 'Look, hey, thanks for marking the assignments and thanks to my colleague who helped me.'" I was astounded by that attitude. [Jasmine, p. 4]

Vicky had a similarly difficult relationship experience with another colleague when she coordinated a paper with her.

And probably my most difficult time was taking over a paper in year two from a woman who had been demoted and put back as a regular lecturer. And she was very angry. And I took over a paper working in a unit with her. And I was doing a clinical skills paper in that unit. And I just threatened her socks off. And I didn't know about it at that time. I got myself in such a mess because I made a whole CD, I put all of the different skills on the CD as podcasts from iTunes University. And I had it all made up, and then the students had it all on the blackboard system. And the students could click on it, and they could watch it. It was beautiful. And I presented it at the ANEC conference, and SIM health and it got raving reviews. And I came back here and this woman was just livid and said that I couldn't do this, that it was not the way

we do it here, and that we are not going to do it that way because we don't do it here. And she said I was entirely breaking all the rules, but she couldn't exactly tell me which rules I was breaking. It was just because I was doing it differently. [Vicky, p. 4]

Communication.

Communication is another important dimension that can affect lived other experiences. When information is not communicated appropriately, it can cause misunderstandings and create tension in a professional relationship. Jasmine's story captured the tense conversation she had with her programme leader.

My programme leader at that time was a lovely lady but has been here forever, so she knows everything, and she just assumed that I knew everything. I absolutely knew nothing. I met her on the stairs one day, and she said in passing, "Are all the rooms booked for the exam on Friday?" I said, "What?" and she said, "Get on to that". And I said, "No, no, stop right there. Right there." And I said, "At what point did you tell me to book rooms for exams?" I said, "You say that like you say good morning. I don't know how to do that." I said, "Unless you tell me you just need to assume that I don't know." I said, "I don't know what I don't know". [Jasmine, p. 5]

Vicky also described a lived other experience that illustrated the importance of communication in relationships. Vicky explained that she was not aware of the Nursing Council competencies for assessing students, as they had not been communicated to her.

I was not aware of the Nursing Council competencies, which we use for assessing students. Nobody told me. I basically got handed in an assessment grid and told "here is what we assess." And I went, "Where did you get this from?" And they went, "Doesn't matter, just use it." So, I was assessing students on competencies that I had no idea where they did come from. Nobody told me anything. [Vicky, p. 13]

Gemma shared a similar lived other experience where basic information was also not communicated to her.

> *It would have been wonderful just to have somebody to tell me the basics. I had to go to security and find out about a car parking sticker. I was not aware I could get a car parking sticker. So, I paid a lot of money for parking. Then one day one of my colleagues asked me "Why don't you park in the staff car park?" I said, "Staff car park? Can I park there?" She said, "Go to security and get a sticker." I spend a lot of money, which would have been unnecessary if only they had told me this earlier. The basic things.* [Gemma, p. 7]

Acceptance by colleagues.

There were mixed responses regarding the acceptance of overseas nurse educators by colleagues. The meaning of life is founded on the relationships that we make with others. When there is acceptance, the relationship with the lived other is enriched. Vicky and Lindsay felt they were not accepted by their New Zealand colleagues.

> *What has changed is me. I can accept that they don't accept me. Or as when I moved here, I wanted them to accept me. I so wanted them to like me. Now again, I don't have trouble with the students. The staff, no. No.* [Vicky, p. 17]

> *There isn't that acceptance as you think. They might be very nice, smiling, etc. but no, the acceptance isn't there.* [Lindsay, p. 10]

However, Lilly and Gemma believed they were being accepted among their colleagues.

We all are different, but I think they accept me. They value differences where I am now. Therefore, I feel valued. [Lilly, p. 5]

There might be one or two who find me strange, but overall, they accept me. [Gemma, p.9]

Relationships with students.

The lived other is the association we maintain with others. Relationships help to enhance the sense of connectedness and appreciation for one another. Participants in this study described their lived other experiences with their students. Linley and Annie reported that they maintained a positive relationship with their students.

I have very good relationship with the students now. Every birthday they will be sending me cards. They send me Christmas cards. [Linley, p. 5]

It is a great place to work. I have very good relationship with the students. I spent a lot of time with the students. [Annie, p. 4]

Linley shared a touching moment in her teaching life. She described how a complicated relationship changed to a memorable one.

There was once, this is the second year into my teaching, when first-year students had to do course evaluations and tutor evaluations. I got a very bad one. I went home that weekend and told my son, "I don't know if I can continue. I can't work anymore." Most of the students like the way I teach. But there are others who may not like the way I teach. I reflected the whole weekend. On Monday, I thanked the students for the feedback. I told them that it was very good of them to give feedback. I told them that I was reflecting all weekend. That give me more courage to do more

than what I am doing now, and I told my son that I am going to quit." That morning when I went back to my desk, there was a box of chocolates, a card, and flowers from the whole class, signed by the students. And I am still carrying the card each time I come to school now. It has given me the courage and confidence and motivation for me to do what I have to do in this job. [Linley p. 2]

Experiences with students from different ethnic background.

Relationships also add to the social purpose of life, a sense of coming in contact with what has meaning for others. Some participants shared their experiences with students from different cultural backgrounds. Jan considered it to be a privilege to know some of the Māori and Pasifika students and their experiences:

It felt like a huge privilege to know some of the Māori students. In regard to the students, it was a privilege to hear about their experiences, a privilege to be invited to some of their celebrations. It is really uplifting. The Pasifika students wear the garlands. Some of the students gave me some of their garlands. I have them to this very day. My own children ask me, "Can I have them?" And I am like, "No. You are not allowed to touch them." Because it reminds me of why it is different. I have got some in my office. People wonder, "why do I still keep them?" I keep them because I feel very privileged. [Jan, p. 5]

Jan also highlighted some features of her relationship with these students, such as compassion, maturity, and caring:

What has really stood out is working and supporting Māori and Pasifika students. They come with skills. I had sufficient exposure to them in clinicals to the point that I had been really taken back by their compassion, their maturity, caring. These

students really stand out. They are incredibly friendly people. For me, it was an incredible experience. [Jan, p. 4]

Vicky also described how Māori students gently educated her about things related to their culture.

The Māori students were very happy to teach me their ways. They teach me about things in their culture that I need to know. Like, this happened last year: they asked me, "Did you know that most families in Māori have an element of violence?" And I went, "No, honestly I didn't know that." And I remember this young woman telling me that, because I was having a little case presentation in clinical, and she did hers on family violence. And I remember keeping her out of the case presentation and saying, "Teach me. Are you serious?" I can remember saying to her, "You can't be serious?" And she said, "No, you need to understand the problems we have from this". And she kind of gently educated me. [Vicky, p. 6]

Lilly shared a rewarding experience with a student from an African background.

I was happy to see one of the students complete her degree, which she otherwise would not have completed, as she is from a refugee background. She had really supportive family, but the family also have no education. And they were working and trying to support her through manual jobs. And this young woman was from an African background. So, that was a rewarding experience. She will make a fantastic nurse. [Lilly, p. 2]

Carol shared an experience she had with Asian students, in which, to avoid being misunderstood, she had to change how she communicated with them:

With Asian students, you have to be so careful about how you express yourself. And I tend to sometimes say things because… I come from America, where you've got to be direct, and you can't beat around the bush. Because then nobody gets you if you are in America. Here I had to change that. I had to rethink, "Ok, how do I say this in a subtle manner without offending people?" Especially my students because they think, "Oh, she is being rude. But then in actuality, no, I am not being rude. I am just being direct." [Carol, p. 5]

Vicky broke a cultural taboo since she was not aware of some of the cultural practices in New Zealand that could have potentially complicated the teacher–student relationship.

And there were a few times where I did break cultural taboos. Like, I can remember one time, we were teaching the students about the vessels in the neck and the muscles in your neck, cranial nerves… that kind of thing. While demonstrating, I reached down to the student and picked up the green stone, and the room just went "woof!", like that. I just gasped that I have done this and I was holding the green stone. And I let it down gently, and I said, "I have just done something really wrong, but I don't know what it is. Who can tell me?" There were 30 students in that lab. And they said, "You never touch those green stones. They are sacred". And I went, "Ok, ok, I will never do that again". And I apologised to the student. Nobody told me that. And those green stones were everywhere. I should have been oriented. When you work with this particular culture, you do these things, and you don't do these things. Nobody told me that. [Vicky, p. 9]

Strained relationships with students.

While relationships between students and overseas nurse educators generally appeared positive, there were a few challenging incidents reported. Sam described an incident that occurred when a student failed an assignment.

> *We had a situation where a student was not happy with the mark I gave him, and he failed his assignment. He failed the initial assignment and resubmitted that and failed that one also, and was not very happy with the support he received. He was a more mature student and older than myself, and I kind of got the impression that he thought because I was a new lecturer, I don't know what I was doing, whereas there were clear paper trails.* [Sam, p. 3]

Like Sam, Lindsay experienced a challenging relationship with a student who "had an attitude" problem:

> *We had a student who was not very good around mental health, and when she came around the assessments, she couldn't do them. So, I spent every day with her and realised that she had an attitude with me and she couldn't do it, and so she didn't pass. The Head of the Department was very good; very supportive. The student had to repeat it next year. That was quite challenging. She was just not listening. I think it could be very hard for an educator who is not used to students challenging in their culture.* [Lindsay, p. 9]

Gemma described a challenging experience with one of her students in the clinical setting in which she had to keep the door open for her personal safety.

> *I had just gone through a very bad experience. A student challenged me on the first day of my qualifications. Started off with, "Why do they send immigrants to teach*

me?" She didn't want to do any work. And I was very scared because it was also my reputation at stake. So, I had asked for help very early in the placement. At first, they thought it was my mistake, and later on, the charge nurses and clinical liaison nurse could see the facts. One day I was very scared that she was going to eat me. And from then on, I made sure that there was somebody or the door was open because it was a challenging situation. [Gemma, p. 6]

Acceptance by students.

There were mixed responses regarding the acceptance of overseas nurse educators by students. The majority of participants indicated that they maintained a very good relationship with their students. Sonya and Tracey provided examples:

The relationship is easier now. You know one of the things I really love is the relationships with colleagues and my students. [Sonya, p. 9]

The students are great. I actually thought, I will have problem with my accent. But they love it. [Tracey, p. 5]

Sharlene was accepted by her students from the beginning, while Maria had to undergo some initial teasing.

They do accept me. I felt that from the beginning here. You are not an unusual entity as a foreigner. I was felt welcomed. [Sharlene, p. 5]

I think what I had to get used to was seeing students everywhere in a small community. They accept me now, apart from the initial teasing—which I call teasing, though other people probably would have called a form of racism, bullying, or social teasing. You just have to get over it. [Maria, p. 13]

Gemma had an interesting view about acceptance, in that she believes being different enabled her to get away with certain things:

> *Students' acceptance is divided. I think it takes them 5–10 minutes to get used to my accent. The first 10 minutes they listen very carefully. I think that, since I am not from here, I can say more things to them than anybody else. I can say "I want you all to turn off your laptops." I don't think an English-speaking lecturer can do that. I can stand outside in a friendly way and say "put away your mobile phones please," and they will look at me stunned for few seconds, but they will do it. While, I think, it is more difficult for a New Zealander to do that because they all grew up in that culture. They see me surely in a different space.* [Gemma, p. 4]

The lived other was experienced differently by the study participants. While some had good collegial relationships, others experienced relationship constraints at the workplace. Some reported they were perceived as a threat by some of the staff, yet others described the overwhelming support they received from their colleagues. Some experienced good relationships with students, while others had more challenging relationships. Some felt they were accepted by their colleagues and students, yet others felt they were not.

Conclusion

The findings presented in this chapter describe the experiences of a sample of overseas nurse educators working in New Zealand. A hermeneutic phenomenological analysis using van Manen's approach revealed the meaning of the lived experiences of overseas nurse educators teaching in New Zealand nursing schools. Lived space was understood as alienated space, lost space, and closed space initially, which led to a feeling of non-belonging and a sense of loss of freedom. Overseas nurse educators had to move through an adaptation phase before they were comfortable in their lived space. Eventually,

some were able to call it their home. Lived body experiences can be related to an anxious body, a shocked body, a masked body, a ridiculed body, or a resilient body that acts as a protective shield. Some had to change who they were in order to fit in, yet others explained that their core personality traits remained the same. Overseas nurse educators experienced a lack of time when they were overworked and stressed. The time was experienced as moving slowly during the orientation phase and as going faster when they started teaching. The initial orientation period was considered the unsettling period. As time passed by, the overseas nurse educators were more comfortable and started to settle into their new jobs in New Zealand. There were mixed responses in relation to the lived other. Some experienced very good relationships with colleagues and students while others had challenging relationships with colleagues and students. The notion of lived other can be strengthened when there is a sense of belonging, caring, and acceptance of the self and of the other. The next chapter discusses the findings, focusing on the significant themes that emerged from the individual interviews. This discussion highlights key results and compares these to findings in the existing literature.

Chapter Six

Discussion

Introduction

This chapter will interpret the findings through a phenomenological lens that aims to understand the lived experiences of overseas nurse educators. This chapter will centre on four major propositions that have emerged from the findings: (a) overseas nurse educators initially experienced a sense of non-belonging in New Zealand; (b) cultural adaptation was easier when overseas nurse educators started integrating and removing barriers to adaptation; (c) time was an important factor for overseas nurse educators getting adjusted to the New Zealand setting; (d) positive relationships had an impact on overseas nurse educators' adaptation to New Zealand. These issues are all interrelated, but for the sake of clarity, they have been considered separately in this discussion. This discussion reiterates key results and relates these to the findings in the previous literature.

Proposition 1: Overseas Nurse Educators Experienced a Sense of Non-belonging in New Zealand

Proposition one discusses overseas nurse educators initial experience in New Zealand. Overseas nurse educators travelled to New Zealand from various parts of the world. People travel for various reasons. Some travel for pleasure, some for adventure, some to take up a job, and some to study. In the case of overseas nurse educators, the main reason was employment. Williams and Vaske (2003) posits that people form emotional bonds with places due to the personal experiences they have in a place. According to Relph (1997), any attachment to a place is dependent on the different meanings being given to that place, and a place does not shape a person's identity until it is experienced in a meaningful way. Furthermore, Saar and Palang (2009) add that attachment to a place can also lead to a

personal sense of belonging, while the loss of attachment can result in feelings of non-belonging.

Non-belonging.

Belongingness is a deep personal feeling experienced by individuals when they are accepted, respected, valued, and included in a defined group (Levett-Jones & Lathlean, 2008). When individuals are not recognised within a defined group, they experience a feeling of non-belonging. Overseas nurse educators were confronted by the strangeness of the new place, while at the same time feeling a sense of detachment from their home country. In a study that aimed to identify the experiences of recently recruited overseas nurses in Australia, Brunero et al. (2008) argued that overseas nurses experienced a feeling of separation from their family and friends. This finding is consistent with the findings of the current study. Participants attributed the experience of severance to the unfamiliarity of the surroundings and lack of friends and support. These results corroborate the ideas of Stroebe et al. (2002) and Verschuur et al. (2004) who argued that displacement can also cause homesickness and a sense of non-belonging, which is a major source of stress for immigrants.

Non-belonging and orientation to the new place.

In a familiar realm, it is not hard to find one's way around. However, in an unfamiliar territory, it is easier to get lost. Overseas nurse educators felt lost in their new surroundings. Day to day actions they had taken for granted in their home countries became difficult. For some, simple tasks such as driving to and from work became a stressful activity. Overseas nurse educators lost their sense of orientation, which led to the belief that they did not belong to that place. The participants also experienced a sense of being disconnected from their home country, which held meaning in their lived world. van Manen (1997) posits the lived world as the world of immediate experiences. These findings are consistent with Ma et al. (2010), who found that Chinese nurses in the United States missed the special places in

their home country that had personal meaning for them. The Chinese nurses also felt that they were not part of the host country. The current study findings suggest that the experiences of displacement led to a sense of disorientation and a feeling of non-belonging. Jose et al. (2008) argued that the losses associated with immigration were perceived as the highest, compared to any other demands of immigration such as novelty, language, occupation, and discrimination. From the current study findings, it can be determined that recently arrived overseas nurse educators had higher immigration demands, including a sense of non-belonging, than those who were in the country for longer. This is a view supported by Ma et al. (2010), as well as by Saar and Palang (2009) who argued that spending more time in a place and getting acquainted with the scenery of the new place can help in developing meaning through significant experiences of transition.

Travelling to an unfamiliar place also created a sense of temporary disconnection with their surroundings. The study participants interviewed did not have any association with the new country and, thus, did not understand the geographical locations of New Zealand. Therefore, they did not initially experience any connection to the new territory. In turn, this lack of connection created a sense of non-belonging. As Carol explained, the geographical layout was very different in New Zealand and she felt lost in the new place. Those overseas nurse educators who did not become reconciled to the new place lived in isolation and to some extent detached from the new culture. Previous studies have shown that immigrants have found it challenging to live in the new country, and it was distressing for them to experience isolation, helplessness, and vulnerability (Beaton & Walsh, 2010; Hill, 2006; Jose, 2011). The current study suggests that travelling to a new country may, in fact, induce a sense of lack of orientation to the new place and separation from their homeland. Such experiences have also been described in other studies that explored the sense of belonging and meaning of places (Hill, 2006; Vandemark, 2007). Interestingly, Manzo (2005) argued that it is not the places that are significant, but it is the experiences in a place that creates meaning and a sense of belonging. The current study suggests that the sense of belonging

was more profound when the overseas nurse educators were more familiar with the new place and its social practices.

It is easier to become oriented to a place and to be at ease when in familiar territory. On the other hand, an unknown place can feel threatening to some, can make people nervous, and result in a sense of non-belonging (Vandemark, 2007). Most overseas nurse educators felt that they were outside of their comfort zone in the new territory. The loss of comfort was experienced by some as a feeling of being completely "out of their depth." The participants also experienced a sense of helplessness stemming mainly from the lack of knowledge of the systems, culture, and formalities of how things were done in the new country, as found in previous studies (Furuta et al., 2003; Matiti & Taylor, 2005). A similar study conducted by Enskar et al. (2011), on the experiences of lecturers from four different countries participating in an international exchange programme found that the lecturers experienced helplessness and loneliness. These results are consistent with the current study findings.

In their previous work environment, prior to migration, the nurse educators relied on the knowledge handed down to them by colleagues and training programmes, as well as the traditions and habits of their culture. However, the social functions present in their former workplaces were not available to them in the new environment, resulting in a crisis and a sense of non-belonging. These findings are in agreement with at least one study discussed in the literature review, which concluded that overseas nurses' previous level of nursing education and the number of years of working experience had no relationship with the adaptation process of Chinese nurses in the United States (Ma et al., 2010).

The overseas nurse educators lacked similar past experiences they could use to solve the immediate social problems encountered in the new country. For some, this was extremely stressful. Vicky described this experience as being "thrown in the deep end,

burned alive and then thrown out." These experiences made the overseas nurse educators long for home. Furuta et al. (2003), who studied the experiences of North American nurse educators in Japan also reported that simple, everyday tasks in North America became problematic and burdensome in the new environment. Furthermore, Furuta et al. (2003) emphasised the importance of learning the history, socio-cultural values of the host country and becoming familiar with the educational and nursing profession as practiced there. These findings reflect the thoughts of the participants in the current research. The overseas nurse educators experienced a sense of non-belonging due to not knowing the history and the cultural values of New Zealand. As indicated in the literature (Matiti & Taylor, 2005), the initial stress experienced due to a lack of support and orientation was shown to be an issue for some overseas nurse educators in the current study also, with several respondents arguing that more could be done to increase the support provided during the initial phase of adaptation. The current study findings corroborate the conclusion of Furuta et al. (2003) and Stankiewickz and O'Connor (2014), that there is a need for pre-departure training and orientation on arrival to the country so as to facilitate the adaptation process of overseas nurse educators. However, there is some evidence in the literature that, except for the fundamental nursing techniques and principles, which can be readily transferred across cultures, most nursing concepts and interventions are context-dependent and can be learned only by immersing oneself in the host culture (NLN, 2004).

Non-belonging and separation from family.

Overseas nurse educators experienced both physical and emotional separation from their loved ones. The most painful experience for overseas nurse educators was parting from their family. The participants missed the relationships they enjoyed back home, which created a sense of non-belonging in the new country. When intimate bonds were disrupted, the participants experienced loneliness and a feeling of isolation. Several researchers agree that the feeling of distance from one's family can be a daunting experience for overseas nurses (Adams & Kennedy, 2006; Cowan & Norman, 2006; Kingma, 2007; Matiti & Taylor,

2005; Walker, 2008). Equally, Humphries et al. (2009), in a study conducted in Ireland, argued that separation from one's family created emotional distress to such a degree that some overseas nurses decided to return to their home country. The current findings suggest that having close family connections in New Zealand can create a sense of belonging for the nurse educators and may increase the length of their stay in New Zealand. As Sonya described, separation from children and grandchildren was the hardest issue to deal with for immigrants in New Zealand. Humphries et al. (2009) further established that the presence of family members was one of the most influential factors in the decision of overseas nurses to remain in Ireland.

Various authors have reported that homesickness was a major source of stress for immigrants (Stroebe et al., 2002; Verschuur et al., 2004). Generally, a higher prevalence of such stress is reported in those with less ability to comprehend and speak the language of the host country (Rolls & Chamberlain, 2004). Interestingly, in the current study, not everybody developed homesickness. A plausible explanation for this could be that, as Brunero et al. (2008) posits, personality types and environmental characteristics play a significant role in the onset of homesickness. Equally, there is support in the literature for the argument that individual characteristics, such as an other-oriented personality, play a significant role in the immigrants' adjustment process (Caligiuri, 2000).

Those overseas nurse educators who experienced homesickness attributed it to the long distance away from their home and immediate family. Some participants utilised Skype as a means of communicating with their families; however, that did not make up for the separation they experienced. When the overseas nurse educators were no longer close to their previous home, and their new home was foreign to them, thoughts of the lost home were experienced as homesickness. This finding substantiates those from studies that found that lack of support from immediate family due to the long distance (Brunero et al., 2008) and severance from their home can cause homesickness among overseas nurses (Matiti &

Taylor, 2005; Walker, 2008). The lack of connectedness with the participants' new home resulted in them searching for the one they had lost. It led them to appreciate their own home countries more and created a new perspective on the idea of home. Interestingly, despite the initial difficulties, most of the participants in this study were able to name New Zealand as home after they adjusted to living in New Zealand. This point supports Manzo's (2005) findings. Manzo conducted a study to explore the nature of the emotional relationships individuals form with the places in their lives, and found that negative experiences helped to shape people's relationship to the world and gave them an opportunity to explore their identity.

Non-belonging, trust, and feelings of insecurity.

Trust draws families together and creates a sense of belonging among the family members. Human beings are connected to their homes through the people that share so much of their history. Knowing the history of the people helps in building trust. On the other hand, the *foreign* is always the *other*, that which contradicts one's own nature. Some overseas nurse educators experienced a lack of trust from their colleagues during the initial phase of their residence in New Zealand. Confidence in the ability of overseas nurse educators took time to develop and seemed to be established by evaluating everyday experiences. Several researchers have shown that overseas nurses experienced a lack of trust from the host nationals (Dicicco-Bloom, 2004), and had colleagues who mistrusted their expertise (Xu et al., 2008), leading to increased supervision, monitoring, and scrutiny of tasks (Hagey et al., 2001; Ronquillo, 2012). However, Jose (2011) found that working conditions improved over time when the overseas nurses rose above the challenges with persistence, and a willingness to learn new ways with supportive networks. Distrust may compromise the overseas nurse educators' ability to confidently perform their function as educators. Indeed, due to the lack of confidence and fear of being seen as ignorant, some overseas nurse educators in this study were reluctant to ask questions of or request clarifications from their colleagues. This is a matter of concern. Overseas nurse educators

may also be unaware of New Zealand's systems and may put themselves and others in difficult situations. As Vicky explained, she was assessing students without sound knowledge of the NCNZ competencies.

Development of basic trust results in enhanced feelings of security and optimism. Initially, some participants felt they were not accepted. Their ideas were not valued, and they were not included in the decision-making process. Since time was a crucial factor in the development of trust, overseas nurse educators developed a sense of insecurity and non-belonging during the initial stages of their life in New Zealand. Previous studies have shown that during the initial stages of their life in foreign countries, overseas nurses experienced confusion, frustration, self-depreciation, rejection (Yi & Jezewski, 2000), lack of confidence in their abilities (Xu et al., 2008), and marginalisation (Omeri & Atkins, 2002). The current research findings suggest that lack of trust can indeed induce a sense of insecurity, characterised by feelings of helplessness and vulnerability. Such feelings have been described in other examples of experiences of overseas nurses where patients and host nurses mistrusted the overseas nurses' skills and knowledge (O'Brien, 2007). The current study findings suggest that the feeling of helplessness and vulnerability had a negative impact on the psychological wellbeing and quality of life of some overseas nurse educators during their initial period in New Zealand. These findings are consistent with those of Larsen (2007), who found that the quality of life among overseas nurses could be affected by job-related relocation, due to the need to adapt to different nursing practices and because of mistrust. The effects were a sense of helplessness and feelings of insecurity.

Overseas nurse educators longed to re-establish a sense of security and to be relieved of anxiety. In a study that explored the experiences of black and ethnic minority nurses in South England, Alexis et al. (2007) argued that the participants in their study experienced insecurity related to their temporary resident status in the host country, which disrupted their sense of belonging. Xu et al. (2008) argued that Chinese immigrant nurses

experienced insecurity in the United States due to their language deficiency. The current study suggests that the feelings of insecurity were more pronounced due to the experience of lack of trust from colleagues and lack of knowledge of the New Zealand nursing education and health systems, which resulted in a sense of inadequacy among overseas nurse educators. It is argued that insecurity manifested as powerlessness and isolation, which disrupted the sense of belonging and self-identity: a view consistent with Alexis et al. (2007). On the other hand, these findings may also support the view that feelings of security increase the duration of the stay in the host country (Humphries et al., 2009) and increase job satisfaction (Newton et al., 2012).

***Non-belonging and loss of independence*.**

Overseas nurse educators experienced loss of independence in their new country. Independence to practice was limited for some participants, as the restricted scope of nursing practice in New Zealand meant that they were not allowed to carry out procedures that they had previously practised in their home country. Additionally, some participants experienced non-recognition of their previous professional capabilities. These experiences were consistent with studies that highlight overseas nurses experiencing restriction to practice in the host country due to non-recognition of their previously acquired nursing skills and professional capabilities (Omeri & Atkins, 2002; Xu et al., 2008), including non-recognition of their qualifications or degrees; restricted scope of practice (O'Brien, 2007); and political and bureaucratic boundaries (Gerrish & Griffith, 2004). It can be argued, as O'Brien (2007) does, that New Zealand organisations are not utilising the skills of overseas nurse educators. The impact of restrictions to practice on overseas nurses has been previously documented. For example, O'Brien (2007) found that overseas nurses became frustrated because they were not able to use their technical skills and because of restrictions on their clinical practice. Not being able to make full use of their professional skills led to an increased feeling of frustration, for some participants even to the point of wanting to leave their job.

Loss of independence was also experienced when overseas nurse educators were reliant on New Zealand nurse educators to show them basic things necessary for the day to day functioning at workplace. Being reliant on others and not knowing about daily activities brought a sense of helplessness and loss of independence. Some participants even considered of leaving the profession. Lilly thought of leaving the nursing profession because of her sense of not fitting in and the challenge of learning the new ways of doing things in New Zealand. Various authors agree that managerial and organisational interventions are necessary for improving the transitioning and retention of international nurses (Jones & Sherwood, 2014; Konno, 2006; Lin, 2014; Newton et al., 2012). According to Gerrish and Griffith (2004), the sense of belonging and retention among overseas nurses can be improved by fostering a culture that values diversity and by consistently assigning international nurses to positions consistent with their area of expertise.

The perceived loss of independence may disrupt life in the new environment on two levels: (a) causing emotional grief and, (b) causing a loss of self-identity. Lin (2008) studied identity conflict among Chinese immigrants in New Zealand and Singapore and found that a satisfying interaction with host nationals, a stronger sense of cultural continuity, and sense of belonging, higher perceived acceptability and less perceived discrimination significantly predicted lower identity conflict. Lin (2008) argued that social interactions, relationships with host society and perceived discrimination played the most significant role in predicting Chinese young adults' level of identity conflict. Consistent with this finding, some overseas nurse educators experienced a sense of non-belonging in New Zealand which had detrimental effects on their sense of self, leading to self-doubt and emotional distress.

Non-belonging and communication barriers.

In the new country, most of the participants were unable to express themselves fluently, due to their lack of understanding of the colloquialisms being used. It produced a feeling of separateness from their new country and from the locals. This was even an issue

for overseas nurse educators whose first language was English. The difference in their accent and intonation made it difficult for colleagues and students to understand them. Nimoh (2010) found that the challenges experienced as a result of communication deficits can also affect some overseas nurse educators' teaching. However, Kavas and Kavas (2008) sought to remedy this situation by advising overseas nurse educators to speak clearly, articulate words comprehensibly, and make use of instructional aids such as PowerPoints and handouts.

Furthermore, overseas nurse educators had difficulties understanding certain medical terminologies, different measuring units for medications and lab investigations (metric system vs. imperial system), and with certain specific expressions used in education, for instance, summative and formative assessments. Attending staff meetings felt like a strange experience for some of the participants, as the terminology used was new to them. As Sam described, attending the staff meeting made him feel "as if he was in a different country." In addition to their difficulties with vocabulary and intonation, overseas nurse educators also encountered communication difficulties due to cultural differences and a fear of being misunderstood. Published research findings suggest that overseas nurses have trouble interpreting body language (Okougha & Tilki, 2010), communicating with colleagues and students (Nimoh, 2010), participating effectively in staff meetings (Enskar, 2011). This appeared to be true for some overseas nurse educators in this study. Some participants agreed that, when teaching students, they had to be very careful not to drift into using different measuring units that are not used in New Zealand.

Several researchers agree that communication challenges related to pronunciation, accent, and a lack of knowledge of dialect, slang, or cultural differences can be a daunting experience for overseas nurse educators (Bednarz et al., 2010; Enskar et al., 2011; Furuta et al., 2003; Lin, 2014; Nimoh, 2010). According to Xu et al. (2008), communication barriers are one of the strongest factors increasing alienation following migration. Research shows

that international nurses find certain aspects of their work challenging due to communication barriers, which lead them to ignore phone calls (Okougha & Tilki, 2010), work more slowly (Blythe et al., 2009), and experience social isolation (Ma et al., 2010). The current study suggests that the communication issue was more of a concern due to not being able to understand certain medical terminology and the use of different measuring units in New Zealand compared to some other countries. While overseas nurse educators in this study were not directly involved in patient care, the use of the wrong measuring units or possible miscommunications related to medications could be detrimental to patients' safety. These results support the views of Xu et al. (2008), who argued that Chinese nurses in the United States recognised communication barriers as a primary concern for patient safety when taking verbal orders from physicians and communicating with pharmacists.

Some overseas nurse educators were also at risk of being misunderstood because of their particular sense of humour, which was different from that of their colleagues. The participants had to be careful not to offend the host nationals due to their lack of knowledge about the society and language. Blythe et al. (2009) studied the experiences of overseas nurses in Canada and commented on linguistic challenges in relation to subtleties of communication including tone, stress, silence, body language, and humour. Furthermore, Porche (2004) warned about the use of humour by overseas nurses, stating that what is humorous in one culture may not be in another. In the current study, time was a crucial factor for developing an understanding of the humour in the new environment. To understand the host nation's communication style, the participants had to fully immerse themselves in the culture. Furuta et al. (2003) reported that North American nurse educators in Japan experienced marginality and were ineffectual at work due to their lack of knowledge of the customs and poor competence in everyday culture and in the Japanese language. NLN (2004) sought to remedy this situation by recommending that overseas nurse educators immerse themselves in the culture of the host country to avoid cultural missteps.

Communication was a major challenge for a majority of the participants in this study. Many had not expected this to be a challenge. A similar finding was reported by Beaton and Walsh (2010) in their study on experiences of overseas nurses in Canada. They reported that most registered nurses from English-speaking countries found it difficult to understand local idioms and were embarrassed to have things repeated to them, resulting in a sense of non-belonging in the new country. While it has been established that communication challenges impede the formation of effective bonds with colleagues (Xu et al., 2008), this study suggests that poor communication may also prevent the formation of a positive teacher–student relationship. It can also be argued, as Nimoh (2010) posits, that communication challenges disrupt the flow of information by causing a deficit in teaching, and create a barrier to forming effective relationships with colleagues and students.

Proposition 2: Cultural Adaptation Was Easier When Overseas Nurse Educators Started Integrating and Removing Barriers to Adaptation

International migration is a prominent feature of modern industrial society, and moving from one culture to another is a challenging process. However, most people learn to identify the dissimilarities between their host and home cultures, and eventually become able to handle the situations they come across. Upon relocating to an unfamiliar environment, the individual will try to establish a functional relationship with the new environment. Kim (2001) named this process cultural adaptation. Generally, all individuals face some common challenges as they adapt to a new environment. However, most people manage the process successfully. To avoid undesirable consequences of cultural adaptation, Schutz (2003) advocated cultural knowledge as an essential component that will help immigrants interpret the new social world they inhabit and to handle different situations.

Cultural adaptation.

The overseas nurse educators considered cultural adaptation as a significant factor for adjusting to the New Zealand setting. However, they did not consider it an easy task. These findings are consistent with reports that overseas nurses found the initial stages of their adaptation phase distressing. Yi and Jezewski (2000) reported that the process of adjusting to a foreign country occurred in two stages. The initial stage lasts two to three years, and the later stage five to ten years. Several studies have reported that, during the initial adaptation phase, overseas nurses experienced frustration and confusion, and these experiences affected their quality of life in the host country (Jose, 2011; Ma et al., 2010). They also encountered issues related to communication difficulties and cultural differences, as was found in other studies on migrants' experiences (Matiti & Taylor, 2005; Okougha & Tilki, 2010).

The adaptation process became easier for the participants in the current study when they took initiatives to aid their own adaptation. Kim (2001) argues that cross-cultural adaptation is a natural phenomenon: if the environment pressures individuals to conform to new rules, they will have to adjust. However, the current study did not support Kim's (2001) view. On the contrary, participants' experiences often indicated that they had to take the initiative to adapt to New Zealand settings and cultural adaptation was not a naturally occurring phenomenon but one in which they actively participated. Furthermore, even after considerable time, some participants had not adapted to the New Zealand culture. This finding supports Berry's (1990/2005) view that adaptation is a matter of conscious choice by the individual. If the adjustment to the new environment does not occur, this can lead to acculturative stress or culture shock, causing physical and mental mal-adaptations (Berry et al., 2006; Rudmin, 2009; Schwartz et al. 2010).

The overseas nurse educators explained that they were initially shocked by some of the cultural practices and agreed that, to be culturally safe, they needed to culturally adapt to New Zealand society. The concept of biculturalism, the embeddedness of culture, bicultural signage in nursing education, as well as the practice of *karakias* [prayers]*, pōwhiris* [Māori welcome], and *haka* [a Māori ceremonial war dance] were a shock to some of the participants. Several researchers agree that the experience of culture shock can be a daunting and terrifying experience for overseas nurses (Adams & Kennedy, 2006; Cowan & Norman, 2006; Kingma, 2007; Matiti & Taylor, 2005; Walker, 2008). For example, the experiences of nurses from Ghana and Philippines in London were explored by Okougha and Tilki (2010), who found that overseas nurses experienced cultural shock during the initial settling phase. They further reported that the participants were reluctant to call senior nurses and patients by their first name, as it was the norm in their home country to address only relatives and close friends by personal names. Other challenges faced by overseas nurses included learning a new set of work rules, adjusting to the differences in the involvement of families in the care of patients, and adopting different styles of nursing practices (Xu et al., 2008).

Lack of preparation prior to the move sometimes generated a state of confusion for overseas nurse educators, due to a lack of understanding of the country's culture. Furnham (2010) argued that culture shock should be viewed in a broader sense of transition shock; a phenomenon that pertains to cultural learning, growth, self-awareness, and developing coping strategies through immersion in the host culture. Contrary to Furnham's explanation, the study participants in this case did not consider culture shock as an opportunity to learn about the host culture, but rather, they believed that it made their adaptation experience more difficult. However, as Castro and Murray (2010) pointed out, overseas nurse educators who accept culture shock as part of cultural adaptation and those who are resilient to the psychological and sociocultural stressors are likely to be more successful at adaptation. Such was the case in the current study. These findings support Berry's (2005) position that the

quality of adaptation depends on the individual's ability to cope with the stressors associated with cultural adaptation.

The overseas nurse educators interviewed experienced stress related to the differences in nursing practices and adapting to different expectations with regard to their professional roles. Various authors have agreed that life changes associated with migration through cultural adaptation can impact immigrants' psychological wellbeing (Kingma, 2007; Larsen, 2007). The current study suggests that cultural adaptation can impact both the psychological and sociocultural wellbeing of the immigrant. This view is consistent with Berry's theory (2005), which suggests that mal-adaptation can have serious effects. The findings of the current study support the theory that mal-adaptation to another culture can disrupt life in the new environment on two levels: (a) emotional stress related to poor coping (Ward et al., 2001), and (b) social isolation due to lack of social support and a feeling of non-belonging (Kingma, 2007). In the view of Gerrish and Griffith (2004), these effects may be minimised by fostering a culture that values diversity and provides support for overseas nurses.

At another level, adaptation can be understood as a psychological phenomenon that is highly associated with individual attitudes towards that particular situation (Ward et al. 2001). The current research established that cultural adaptation was easier for those with an openness to and positive attitude towards other cultures. The findings of this study support Berry's (2005) view that, during the process of cultural adaptation, an individual initially undergoes a behavioural shift to adapt to a dominant culture and later undergoes a psychological shift in order to reduce stress related to adaptation.

Most of the overseas nurse educators were willing to adapt to those aspects of New Zealand culture that did not conflict with their own values. While it is held that values are the deepest and most fundamental aspects of culture (Hofstede & Hofstede, 2005), this study

suggests that values also determine how far an individual is willing to adapt to a particular culture. According to Middleton (2014), there are two levels of values: core and flex. Core values are those that will not change, whereas flex values are those that adapt to circumstances. The participants who had well-defined core and flex values found it easier to adapt. On the other hand, those participants whose core values differed from New Zealand values, found it challenging and took a longer time to adapt to the new environment. Conversely, it could be argued that, for the participants, to be flexible was to be willing to adapt by breaking the barriers, while simultaneously maintaining core cultural values and self-identity. Consistent with these findings, Lin's (2008) study of the identity conflict among Chinese immigrants in New Zealand and Singapore found that concepts such as a stronger sense of cultural continuity and sense of belonging, higher perceived acceptability, and less perceived discrimination significantly predicted lower identity conflict. Lin (2008) further added that those who did not have a strong and well-defined self-identity took a longer time to integrate into the host culture.

Integration occurs when an individual identifies with both his or her home and host culture (Berry, 2005). However, some overseas nurse educators understood the meaning of integration as taking the good from New Zealand culture and disregarding the elements that conflicted with their own values. As Maria, one of the participants in the current study explained, "*I will bring the best of me, but I am going to take on the best of you too."* While it is held that international nurses generally adopt integration as a cultural adaptation strategy (Goh & Lopez, 2016), the current study suggests that, even though overseas nurse educators were willing to integrate into New Zealand society, they wanted to make their own decisions regarding what they adopted and how far they would adapt. A plausible explanation for this could be that, as Ward et al. (2001) suggest, expatriates hesitate to accept certain aspects of the culture of the host country when it challenges their fundamental values. These results support Middleton's (2014) view that the key to achieving high CQ (cultural intelligence) is having well-defined core and flex values, as this equips

human beings to experience new situations and adapt to other people without the fear of losing the self.

Some participants understood cultural adaptation in terms of not changing themselves but understanding the locals. For these participants, understanding the host nationals was about knowing the differences, knowing their likes and dislikes, knowing what and when it was appropriate to speak, knowing their practices and values, and their do's and don'ts. Several studies have reported that individuals with high CQ had a clear understanding of similarities and dissimilarities across cultures (Ersoy, 2014), were consciously aware of others' cultural preferences before and during interactions (Ang et al., 2007), and adjusted their mental models during and after interactions (Brislin et al., 2006). The current study suggests that those who clearly understood the cultural differences and were sensitive to other cultures adapted faster. Ang et al. (2007) proposed that motivational (having the drive and confidence to be effective in culturally diverse situations) and behavioural (capability to exhibit appropriate verbal and non-verbal actions when interacting with people from different cultures) CQ predicted cultural adaptation. However, the findings of the current study indicate that other aspects of CQ, such as cognitive CQ (including knowledge of norms, practices, values, linguistic norms, and rules for expressing non-verbal behaviours), and metacognitive CQ (focusing on the higher-order cognitive process, including planning, monitoring, and revising mental models of cultural norms for different groups of people) were equally important for the successful functioning of overseas nurse educators in culturally diverse settings. However, time was considered an important factor for acquiring knowledge of the norms, practices, and values of a different culture.

Some participants took a longer time to adapt to the New Zealand culture than others. A plausible explanation for this finding could be the greater cultural distance between the participants' home countries and New Zealand. Ward et al. (2001) argued that some countries' cultures are more difficult to adapt to than others and that, the greater the cultural

difference, the longer it will take for individuals to adjust and the more stress they will experience in relation to the adaptation. Goh and Lopez (2016) studied cultural adaptation among international nurses in Singapore and found that the mean acculturation level among Malaysian nurses was higher than among other international nurses. Goh and Lopez (2016) attributed this to the smaller cultural distance between Singapore and Malaysia; being geographically close, they share a common heritage and, therefore, there is less cultural difference. However, Ward et al. (2001) warned that other factors should be considered in the cultural adaptation process, such as the characteristics of the individual, the acculturating group, the culture of origin and the host culture. Furthermore, Ward et al. (2001) added that cross-cultural transition and cultural adaptation are more effective when immigrants are equipped with language skills. It could be argued that these factors influenced the adaptation of the overseas nurse educators in New Zealand and possibly explain why some participants took a longer time to adapt than others.

Overseas nurse educators originally considered New Zealand to be different from other Western countries. They were under the impression that, since New Zealand is an English-speaking country, adaptation would be easier. But on arrival in New Zealand, the concept and reality of biculturalism surprised them. A similar finding was reported by Beaton and Walsh (2010), who interviewed registered nurses from English-speaking countries about their experiences in Canada. They found that registered nurses came to Canada because it was an English-speaking country, but they were surprised that even the English intonations in Canada were difficult to understand. The overseas nurse educators in New Zealand had not expected to have to adapt to both Pākehā (European New Zealanders) culture and Māori culture.

Previous international experience has been reported as one of the factors influencing cross-cultural experience (Caligiuri, 2000). However, the current study's findings did not support this assertion. Some participants stated that travelling to another country did not

make their cultural adaptation to New Zealand easier, as they perceived the country as unique in its biculturalism. However, previous travelling experiences and a positive attitude helped the overseas nurse educators to appreciate cultural differences. These results are also consistent with those of Furuta et al. (2003), who studied the experiences of North American nurse educators in Japan. These educators reported that, despite having difficulty in adjusting to Japanese culture, their previous travelling experiences and flexibility helped them to understand the country's culture.

A small number of participants in this study reported that they used pretence to demonstrate that they were happy at work, but they reverted to their "real" self when they went back to their home and family. This small group did not fit into any of Berry's (2005) four categories of acculturation. Boski (2008) argued that human life is split into private and public arenas, where the rules of conduct are different, and suggested that the culture of origin and the host culture are not evenly adopted into the private and public lives of immigrants. Boski (2008) found that *assimilation* dominated at the workplace, as a matter of survival, whereas *separation* dominated in family circles in order to maintain psychological stability. This point is particularly relevant to this study. It can be surmised that a small group did not integrate fully into New Zealand culture but used pretence in public arenas and the workplace, while continuing to practise their native culture when they were at home with their family. These results support previous research in the field of immigration. Dicicco-Bloom (2004) studied the experiences of overseas nurses in the United States and stated that the participants expressed feelings of being in two places at the same time; some of them verbalised the experiences of swinging back and forth between the values and norms of the host country and the country of origin, a view consistent with the current study's findings.

The lack of acceptance of immigrants on behalf of the locals was another reason that some of the overseas nurse educators did not fully integrate in their new country. These findings are consistent with reports that overseas nurses experienced a lack of acceptance

in host countries due to communication deficiencies (Xu et al., 2008), discrimination, and marginalisation (Dicicco-Bloom, 2004; Ma et al., 2010), as well as de-skilling and differences in nursing practice (O'Brien, 2007). There is support in the literature that a lack of acceptance of overseas nurses can lead to a higher prevalence of nurses leaving their profession (Blythe et al., 2009), and sometimes leaving the host country (Humphries et al., 2009). Lack of acceptance led some participants in the current study to feel isolated, but not to the extent of separation, as proposed by Berry (2005). Separation occurs when an individual identifies with his or her own ethnic group and avoids contact with the individuals of the new society (Berry, 2005). The overseas nurse educators in the current study did not deliberately avoid contact with the New Zealand society; however, some participants failed to establish a relationship with host nationals due to the perceived lack of acceptance of immigrants.

Interestingly, the participants' understanding of effective cultural adaptation was generally self-defined. Many overseas nurse educators felt that they were left to learn about the culture by themselves. Owing to their lack of knowledge of correct cultural practices, some overseas nurse educators found themselves being culturally unsafe on certain occasions. Schutz (2003) argued that the cultural pattern of the host country, to a stranger, is not a shelter but a field of adventure, not an instrument for disentangling problematic situations but a problematic situation in itself, and one that is hard to master. While it is held that the lack of social and behavioural skills in the new society can cause misunderstandings, friction, and hostility (Ward et al., 2001), this study suggests that it may also create culturally unsafe practices. It can lead to hurting others' feelings and can potentially complicate relationships. An example of this was reported by Vicky who explained that she broke a cultural taboo by touching a green stone, since she was not aware of some of the cultural practices in New Zealand. Vicki explained: *"You never touch those green stones. They are sacred."*

Most overseas nurse educators explained that the orientation sessions they attended were not particularly useful in helping them to adapt to New Zealand culture. Matiti and Taylor (2005) suggested that this situation could be resolved if migrating nurses were given more cultural education about the host country. Less attention appears to have been paid to the culturally diverse education needs of migrating nurses (Jones & Sherwood, 2014; Jose, 2010; Konno, 2006; Lin, 2014; Newton et al., 2012; Tuohy et al. 2008). A study by Furuta et al. (2003) sought to remedy this situation by providing pre-departure training for overseas nurse educators regarding the history of the host country, its socio-cultural values and norms, and the nursing profession in the country. The findings of this study suggest that the lack of preparation and orientation regarding the roles of nurse educators in New Zealand can prolong the adaptation process. As previously explained, lack of orientation resulted in increased dependency on others and instilled a feeling of non-belonging in the new place. Furthermore, there is evidence in the literature suggesting that the overseas nurses who participated in orientation programmes tended to be more adapted culturally (Ma et al., 2010), and had a higher commitment to their organisations, as well as higher retention rates (Cheng & Liou, 2011).

Proposition 3: Time Was a Crucial Factor for Overseas Nurse Educators' Adjustment to the New Zealand Setting

Time was an important element for overseas nurse educators' adjustment to working and living in New Zealand. Overseas nurse educators experienced lived time differently. Some experienced time as moving fast while some others experienced time as moving slowly. Some participants took a longer time to adjust to New Zealand, while others adjusted faster. Eventually, the majority of overseas nurse educators were able to call New Zealand home. The findings presented under lived time were found to be interconnected, but for the sake of clarity, they have been separated into two discussion points. The key discussion points presented in this proposition highlight the ways in which time was experienced during

the initial phase of employment and how it was experienced in relation to settling in New Zealand.

Time experienced during the initial phase of employment.

During the initial phase of their employment in New Zealand, some overseas nurse educators experienced time as moving slowly as they were orienting themselves to the new environment. An example of this was reported by Lyn who explained that initially, time went very slowly while she was learning the new system. There is support in the literature to the effect that overseas nurses require a longer time to learn the new systems and practices of the host country. For example, Gerrish and Griffith (2004) studied the effectiveness of an adaptation programme offered for overseas registered nurses in a hospital in the United Kingdom, and concluded that overseas nurses required longer than the minimum period of supervised practice specified by the NMC (Nursing and Midwifery Council). Furthermore, they reported that overseas nurses took a longer time to demonstrate that they are safe and competent practitioners due to the difference in nursing practice in the U.K. compared to their home country. This transition phase was experienced as moving slowly by some overseas nurse educators, since they lacked the knowledge about the workplace and the lack of orientation they received during the initial phase of employment. Consistent with the current study findings, Matiti and Taylor (2005) argued that a lack of pre- and post-arrival orientation for overseas nurses was a major reason why some overseas nurses in their study took longer time to adjust to the new workplace culture.

The majority of overseas nurse educators experienced a lack of time. The extent of time deficiency depended on the stress level of the job and the need to learn the new culture and the everyday routine. Sharlene, for example, explained that she was at work from 07:00 a.m. until late at night, and was working every day, including weekends. Yet there was still insufficient time. Several studies suggest that overseas nurses have trouble adjusting to different nursing practices (Matiti & Taylor, 2005), and professional role expectations (Melby

et al., 2008). These findings are consistent with the current study findings. Some participants felt as if they had lost control of their usually taken-for-granted activities. Withers and Snowball (2003) found that overseas nurses experienced a lack of time due to working longer hours, assuming heavier patient loads, and not being assertive, and therefore, finding it more difficult to hand over unfinished work to the next shift. An alternative explanation for experiencing a lack of time is language deficiencies. Tregunno et al. (2009) conducted a study to identify the experiences of overseas nurses and argued that overseas nurses had to work more slowly because of difficulties in understanding the language, and therefore, experienced a lack of time. In support of these findings, some overseas nurse educators in the current study experienced difficulty in pronouncing certain words and understanding different terminologies used in the health system and in the educational arena. This could be another reason why some overseas nurse educators took a longer time to adjust to the New Zealand settings. These findings are in accord with Jeon and Chenoweth (2007), who found that the transition of overseas nurses to the workforce in Australia was delayed due to their not having a good command of English and due to the lack of communication support programmes available in the health system.

Some participants in the current study also experienced a lack of time as a result of an increased workload. The initial period of adjustment was considered as very stressful by some. As Jasmine explained, she worked almost all her time each day teaching and spent the night preparing for the following day's sessions. Jasmine reported she was physically and mentally exhausted when she completed teaching the course. However, her hard work was rewarded when all her students passed the state final examination. The demands associated with adjustment are also reflected in other studies, which have shown that overseas nurses experienced initial social instability and psychological distress (Jose, 2011; Ma et al., 2010), but regained stability after a few years (Yi & Jezewski, 2000). In particular, the experiences of immigrant nurses in the United States were studied by Jose (2011) who reported that the initial stressors experienced with regard to day-to-day activities in the new

country had a negative impact on the quality of life of the immigrant nurses. However, life in the new country improved over time when the overseas nurses overcame the challenges.

Unfamiliarity with and lack of connectedness to the new country were considered as the major factors in overseas nurse educators' initial adjustment. The majority of the overseas nurse educators reported that adjustment difficulties were greatest during the initial phase of their employment in New Zealand. Contrary to this, however, Maria reported that she enjoyed her first year. Lysgaard (1955) and Oberg (1960), proposed the U-curve theory of adjustment and argued that the greatest adjustment difficulties were encountered by those expatriates who had resided abroad for more than 6-12 months and that, generally, cross-cultural transition began with a honeymoon stage of enthusiasm. However, most participants reported that adjustment problems were greatest at the start and decreased over time (Ward et al., 1998), consistent with other immigrant researchers' assertions that the initial period following migration involves at least moderate psychological distress. According to Kim (2001), adaptive changes cause "stress in the stranger's psyche—a conflict between the desire to retain old customs and keep the original identity, on the one hand, and the desire to adopt new ways to seek harmony with the new environment" (p. 55). Kim (2001) argues that the initial psychological stress leads to change and eventually enhances personal growth. Similarly, Ward et al. (1998) examined the cross-cultural transition and adjustment of sojourners in a longitudinal study of the psychological and socio-cultural adaptation of Japanese students in New Zealand. They established that both psychological and socio-cultural problems were greatest upon first exposure to the new culture, but decreased over time.

For most study participants, the initial phase of employment was an experience characterised by a feeling of uncertainty. For some, like Jasmine, life in the new country was felt like being "thrown in at the deep end," because when she started teaching she experienced a lack of support and did not receive any course content or resources. As has

been previously argued (Withers & Snowball, 2003; Xu, 2007; Yi & Jezewski, 2000), the initial period in the foreign country was more distressing for the study participants. Previous research has also shown that, typically, there is a higher prevalence of emotional disturbances reported in immigrants due to loneliness (Omeri & Atkins, 2001). Despite the initial difficulties, most overseas nurse educators in the current study demonstrated resilience and managed to turn challenges into opportunities. A similar conclusion was reached by Xu et al. (2008). In their phenomenological study exploring the lived experiences of Chinese nurses in the U.S. health system, they argued that, despite experiencing marginalisation, Chinese nurses demonstrated perseverance and expressed a keen desire for self-enrichment and performance enhancement. This implies two things: (a) the initial challenges derived from professional responsibility served as a driving force for the overseas nurse educators' dedication to nursing education; and (b) given that the overseas nurse educators believed in hard work and wanted to prove their efficiency as nurse educators, their sense of self-worth exceeded the negative aspects of their experiences. Building on this claim, Kawi and Xu (2009) argued that overseas nurses demonstrated perseverance by developing coping mechanisms and becoming resilient both at work and in their daily life. Participants in the current study explained that, over time, they managed to develop strategies to handle difficult issues related to adjustment. As Pauline explained, over the years she developed a "thick skin."

Time experienced in relation to settling in New Zealand.

The lived time experienced by some participants when they started to work in New Zealand was filled with memories of home. They felt as if they had lost control of their routine activities. Longing for home brought back memories of the past and looking back brought comfort and strength. According to van Manen (2001), looking back to the past helps to capture the lost moments in the present. Furthermore, looking back can be a stepping stone to identifying the current position. Rather than trying to break from the past and forget their history, the overseas nurse educators tried to integrate their past into their

present, and yet look forward to the future. An example of this was reported by Maria, who explained that she was not a different person from her past self but, rather, she was trying to become a member of the New Zealand society. This conclusion is consistent with the findings of Berry et al. (2006), who assessed methods of cultural adaptation in over 5,000 immigrant youth from different sociocultural backgrounds. They went on to argue that time played an important role in the cultural adaptation of immigrant youth. The longer the youth were in the new culture, the research concluded, the more they were found to be integrated, with positive ethnic and national identities and support from both ethnic and national peer groups. These findings are consistent with the current study findings. Most overseas nurse educators preferred integration while adapting to New Zealand culture. For them, cultural adaptation was not about forgetting their past, but integrating with the people around them over time.

Most overseas nurse educators were able to call New Zealand home once they were integrated into the New Zealand culture. For the study participants, being at home in New Zealand was not about breaking with the past, but about being able to connect with the future and the past while living the privileged moments of the present. Ward (2008) argued that integration includes both psychological and socio-cultural aspects. Psychological adaptation over time included personal well-being and good mental health. The socio-cultural adaptation included social ability in managing daily life in an intercultural setting. Berry et al. (2006) also found that time was a crucial factor for the psychological and socio-cultural adaptation of immigrants. They argued that, with increased length of residence in the new country, immigrants experience more positive outcomes and avoid the more negative ones. These findings are supported in the current study. The longer the overseas nurse educators stayed in New Zealand, the better they integrated into the New Zealand setting. This finding may also explain, to some extent, the higher retention rates among some overseas nurse educators in New Zealand. Stahl and Caligiuri (2005) have argued that expatriates who have been on international assignment in the host country for longer periods of time are more

inclined to remain on assignment in the host country. However, Ward et al. (2001) warned that other factors should be considered in the cultural adaptation process, such as the characteristics of the individual, the acculturating group, the culture of origin, and the host culture. The current research established that cultural adaptation was easier for those with an open attitude towards other cultures.

When the overseas nurse educators started taking responsibility for integrating into the new environment by pushing the perceived walls of prejudice down and making friends, adjusting to the New Zealand culture was much easier and the time taken for adapting to the new environment was much less. As Maria explained, as soon as she started doing things as Kiwis did, her adaptation was faster. Kawi and Xu (2009) defined adjustment as the time required to become comfortable with a new job and argued that it may take more than a year for overseas nurses to be comfortable with their new positions. While it has been posited that taking responsibility and working hard to prove themselves as effective nurses helped the overseas nurses' adjustment process in the new country (Alexis & Vydelingum, 2005), the current study also suggests that taking initiative is important for a faster adaptation. Annie, for example, explained that when she started taking initiative by getting involved in singing waiatas [Māori song] and other activities, cultural adaptation was easier. Similarly, Xu et al. (2008) reported that Chinese immigrant nurses in the United States adapted faster when they took initiative to transform who they were to adapt to the U.S. work environment. In addition, Goh and Lopez (2016) found, in overseas nurses in Singapore, that having control over their practice and receiving organisational support were both positively related to acculturational levels and quality of life. On the other hand, a more negative perception of the work environment was associated with a lower acculturation level of overseas nurses.

In general, participants took at least three years before they felt at home in New Zealand. Initially, the overseas nurse educators experienced confusion when faced with certain unfamiliar situations in New Zealand. They did not have the necessary knowledge to deal with certain experiences in their new environment. When the participants were able to make decisions for themselves and to respond to day-to-day life activities by making meaningful choices, they were able to call New Zealand home. Yi and Jezewski (2000) studied the experiences of Korean nurses in the United States and reported that the process of adjusting to a foreign health care system occurred in two stages. The initial stage, lasting two to three years, consisted of overcoming stress and the language barrier and accepting the U.S. style of nursing practice. The later stage, lasting five to ten years, consisted of Korean nurses adopting the U.S. nursing style, which is characterised by a problem-solving attitude, and developing interpersonal relationships. Conversely, Pilette (1989) argued that it may take at least 12 months for international nurses to integrate into the foreign country. The current study suggests that it takes at least two to three years before overseas nurse educators are integrated into the new culture. However, a majority of the overseas nurse educators interviewed had lived in New Zealand for less than five years and might have been referring to the initial phase of adjustment.

Several studies have reported that, eventually, immigrants settle into their role in the new country (Magnusdottir, 2005; Xu, 2007; Yi & Jezewski, 2000). These findings are generally consistent with the present study. However, a small number of the participants in the study were not able to call New Zealand home as they were not fully integrated into the New Zealand culture. These findings are in agreement with Berry's (2005) arguments that not everyone experiences integration, and that cultural adaptation depends on the individual's degree of participation in the cultural life of the new environment and the degree to which one maintains one's own cultural identity. Alternatively, there is evidence in the literature to suggest that, while some overseas nurses did not integrate into the New Zealand environment, they adjusted to life there because of the presence of their family and

the fact that their children were more comfortable with the foreign culture than the native culture (Dicicco-Bloom, 2004). These findings, together with those relating to the overseas nurse educators in this study, support the theories that (a) time is meaningfully experienced when the overseas nurse educators are fully integrated both psychologically and socio-culturally into the new culture (Berry et al.; 2006; Ward, 2008); and (b) there is still a minority who may not fully integrate into the new country. It is important to acknowledge that, since the majority of the overseas nurse educators in the current study had lived in New Zealand for less than five years, they may require more time to fully integrate into the New Zealand culture.

According to van Manen (2014), individual experiences are an act of consciousness in appropriating the meaning of some aspects of the world. To live time meaningfully, the study participants had to come to terms with their role as nurse educators in New Zealand. As Sam reported, it took eighteen months to two years to be at ease with the role of nurse educator. Consistent with these findings, Goh and Lopez (2016) studied the relationship between acculturation, working environment, and quality of life of international nurses. A positive correlation was found between acculturation and quality of life. They argued that better acculturation contributes to better well-being and is directly related to higher job satisfaction. Some overseas nurse educators were zealous in learning new practices and unlearning old habits in order to adapt to New Zealand. While research shows that attachment and connectedness are the strongest predictors of belonging (Hill, 2006), some studies have ignored the role of past experiences in remaking the identity of the person. Xu et al. (2008) demonstrated that Chinese nurses took proactive measures to transform who they were to adapt to the new U.S. work environment. The current study suggests that, while certain experiences were initially distressing for the overseas nurse educators, those experiences were also learning moments, which helped them to meaningfully experience their time in New Zealand.

Proposition 4: Positive Relationships Had an Impact on Overseas Nurse Educators' Adaptation to New Zealand

Positive collegial interactions and peer group support were essential factors for the successful adaptation of overseas nurse educators in New Zealand. Special close relationships with New Zealand nurse educators improved overseas nurse educators' overall experience in New Zealand. Social support from colleagues during difficult situations, especially during the initial phase of their transition, also had an impact on the ease of adaptation. Adjusting to the new environment was easier for those who were sociable and open to positive relationships. By contrast, complicated relationships increased tensions and increased the separation between the overseas nurse educators and host nationals. The key discussion points presented in this proposition highlight the ways in which positive relationships enhanced the adaptation of overseas nurse educators to New Zealand.

Relationships are understood as fundamental and integral aspects of the human experience. It is through relationships with others that our differences and commonalities are brought to light (van Manen, 2014). Some overseas nurse educators experienced close relationships with their colleagues and were taken aback by the support they received, for example, when they experienced bereavement. An example of this was reported by Tracey who explained that she, along with other educators, had experienced the death of a close relative since she joined the nursing school in New Zealand, but she found that they all supported her and each other. Hendel et al. (2000) studied the strategies used by hospital nurses to cope with the stressful events when nurses must be alert and vigilant in performing their tasks. In line with the current study's findings, they established the value of social support during difficult situations. Some overseas nurse educators compared the relationships they had formed with colleagues to family relationships. They were overwhelmed by the support and care the colleagues provided during crisis situations. Hayne et al. (2009) similarly found that a number of overseas nurses working in the United States were supported by senior staff members who were genuinely concerned and

interested in their well-being, in the same way as parental figures might be. They also found that concern for family values and family needs were an important stabilising factor for overseas nurses.

This research also suggests that positive relationships with colleagues were an essential component of the participants' adaptation to the new environment. Positive collegial interactions and peer group support were essential factors for the successful adaptation of overseas nurse educators to the New Zealand setting. Some participants appreciated the collegial support they received, especially during their first week at work. Hayne et al. (2009), who explored the experiences of Filipino nurses in the United States, also found that a positive work environment, professional autonomy, and positive work relationships facilitate successful adaptation. Conversely, some studies report that excessive social support may be detrimental in some instances, especially from host nationals who are assertive and controlling. Shirey (2004) conducted a review of the literature on social support in relation to job stress and argued that, while there are benefits to be accrued from social support, too much social support can adversely affect a person's feelings of personal control. Furthermore, Shirey (2004) argued that the effects of social support are also influenced by the personality of an individual. Certain personalities find social support useful while others may not. This particular aspect was not researched in the current study. However, some participants thought social support depended on individual personalities. As Vicky explained, some colleagues were not as helpful as others, and she experienced an initial animosity from certain colleagues.

Adjusting to New Zealand was easier for overseas nurse educators who were sociable and open to positive relationships. For example, as Maria explained, as soon as she started doing things that Kiwis do, such as singing *Karakias* [Māori prayer], people were very friendly and helpful. In line with this study's findings, Caligiuri (2000) found that those who had a highly sociable personality were more culturally adjusted. On the other hand, in the

current study, a minority of participants were initially cautious of forming relationships with the host nationals. Some participants did not trust the host nationals, as they were from different ethnic groups. The overseas nurse educators were also not sure of the acceptance they might receive in the new country. An example of this was reported by Carol, who explained that she did not trust her colleagues initially, as she was feeling insecure in many ways. As Ward et al. (2001) demonstrated, not all intercultural contacts between overseas and local individuals are of equal status; a small number of individuals are reserved and cautious. Similarly, Zhou et al. (2011) have pointed out that some interactions between overseas and local individuals can be superficial. These findings suggest two things: first, that some overseas nurse educators did not trust the host nationals initially; and, second, that time was an important factor in developing trust and for the adjustment process. Yi and Jezewski (2000) studying the experiences of Korean nurses in the United States, also concluded that overseas nurses who were highly sociable adjusted more easily. They were more open to the host nationals and were thus able to form positive relationships which, in turn, helped their adjustment process in the U.S. In line with these findings, Ward et al. (2001) proposed that adaptation is a psychological phenomenon that is highly dependent on the attitude of a person towards each situation. They found that those who had an extrovert personality were more open to the host nationals.

Positive relationships with other international colleagues and spending time with them in activities such as meditation were considered to be important for some overseas nurse educators' adaptation to New Zealand. For some, joining expatriate support groups was helpful in adjusting to the new society. An example of this was reported by Sonya, who explained that professionals from different countries came together and talked about their experiences and supported each other. Merleau-Ponty (1962/2012) believed that dialogue was important in connecting with people. Previous studies have shown that interactions with expatriate friends have positively affected adjustment in a host country (Caligiuri, 2000), and the more international ties people had in the new country, the better they adjusted

psychologically. Kashima and Loh's (2006) study, which sought to understand Asian international students' acculturation experience, found that students with greater international ties tended to identify strongly with their heritage culture and their ties with other international students helped in the development of new identities and in their psychological adjustment. Furthermore, Caligiuri (2000) concluded that expatriate friends, as opposed to host nationals, positively affected adjustment to the host country. However, the current study's findings are more aligned with Ward et al.'s (2001) assertion that the adjustment is dependent on the quality and quantity of the support received, and that both hosts and co-nationals can provide assistance and contribute to the social and psychological adjustment to the host country. It should be noted, however, that association only with people from one's own culture can negatively impact on cultural adjustment to the host country (Kim, 2001). The current study suggests that interpersonal relationships with people of one's own culture should serve as a bridge to the host culture. At the same time, some participants believed that to survive in the new environment; one must be willing to change.

Positive relationships with other nurse educators enhanced the sense of connectedness and appreciation for their colleagues among the overseas nurse educators. Such positive relationships were considered by the participants to be helpful in their adaptation to New Zealand society. Overseas nurse educators also thought their positive relationships with nursing students helped their adaptation to New Zealand. Similar experiences have been described by overseas nurse educators in other studies. Enskar et al. (2011) studied the experiences of nurse lecturers teaching overseas and argued that positive relationships with both overseas colleagues and students were helpful in the nurse lecturers' adjustment process and that sharing knowledge with overseas colleagues and students helped their career. Some participants in the current study considered that it was a privilege to get to know Māori and Pasifika students and learn about their experiences. Some went as far as describing the experience of being involved in the cultural celebrations of Māori and Pasifika students as "incredible." An example of this was reported by Jan who

explained that she still kept the garlands given to her by some Pasifika students, as she felt honoured to have been invited to their graduation. Overseas nurse educators were very grateful to the Māori students who gently educated the participants about their culture, which helped the overseas nurse educators to better appreciate New Zealand culture. This supports the findings of Enskar et al. (2011), who concluded that overseas nurse educators involved in international assignments found that meeting other educators and students from different countries helped them to learn about their culture and appreciate and respect the differences in other cultures. Button et al. (2005) also argued that international experiences enhanced the overseas nurse educators' personal growth by allowing them to reflect on their attitudes and values. Furthermore, Ogilvie et al.'s (2003) study also revealed that host students benefit from having overseas nurse educators, as they bring with them a different perspective and experiences from other countries.

Difficult relationships with host nationals, such as a lack of acceptance, had a negative impact on overseas nurse educators' adjustment process. An example of this was reported by Jasmine, who explained that initially, nobody seemed to be very friendly, she lacked support, and most New Zealand nurse educators worked in isolation, all of which made the adjustment process more difficult. In agreement with the current study's findings, Dicicco-Bloom (2004), who studied the experiences of immigrant nurses in the United States, argued that complicated relationships with host nurses had a negative impact on the immigrant nurses and made them feel that they did not belong to the host country nor their country of origin. Some participants in the current study had complicated relationships with colleagues resulting from poor communication. In turn, the poor communication created misunderstandings and tension in their professional relationships. Cultural differences were another reason given for complicated relationships at work. An example of this was reported by Vicky, who explained that since she was not aware of some of the cultural practices in New Zealand, she was in danger of offending her colleagues and students.

Differences in cultural practices were explored by Zhou et al. (2011) who studied the experiences of Chinese nurses in Australia. They concluded that linguistic and cultural differences were the two main factors affecting the relationships between Chinese nurses and Australian nurses. Furthermore, they reported that, due to cultural differences, the Chinese nurses struggled to find common social ground to understand host nationals and participate in social activities. However, relationships with host nationals were possible when the overseas nurse educators in the current study took the initiative. Caligiuri (2000) emphasised that contact with host nationals is positive only when expatriates are open to the relationship. Furthermore, Caligiuri (2000) added that, for those who were not open to others, greater contact might in fact reduce cross-cultural adjustment. These findings, together with those relating to the overseas nurse educators in this study, support the theories that (a) difficult relationships with host nationals may have a negative impact on the adjustment process of the overseas nurse educators; (b) linguistic and cultural barriers may complicate the relationships with host nationals; and (c) positive relationships with host nationals are possible when overseas nurse educators are open to such relationships.

Summary

This chapter discussed the links between the findings of the study and the literature relating to the experiences of overseas nurse educators in New Zealand, in particular, their teaching experiences. Four major propositions were identified and were discussed to explore the experiences of overseas nurse educators. Using van Manen's approach to hermeneutic phenomenology to interpret meanings found in the experiences of overseas nurse educators, it was identified that the participants experienced a sense of non-belonging in New Zealand. Non-belonging was a major theme for exploring the initial experiences of overseas nurse educators in New Zealand. Being in a foreign place brought a sense of displacement and alienation. Some reasons for this could be the differences in culture, unfamiliarity of the nurse educators with the places in New Zealand, and the separation from close friends and family that they experienced. The second discussion point referred to the

concept of cultural adaptation. The discussion highlighted the challenges experienced by overseas nurse educators, particularly regarding their adjustment to New Zealand culture. It was concluded that integration was the preferred acculturation strategy adopted by the participants. However, they wanted to make their own decisions regarding which practices and values they adopted and how far they would adapt. The third discussion proposition explained how the phenomenon of time was an important factor for overseas nurse educators adjusting to New Zealand. Adjustment problems were greatest at the start of their work placement and decreased over time. Finally, the impact of positive relationships and the role of support in the adaptation of overseas nurse educators were discussed. These four discussion points have shed some light on the experiences of overseas nurse educators and suggested how can they be better supported in order to enhance their adaptation process to New Zealand.

In the next Chapter (Chapter 7) conclusions of the study is presented and recommendations for consideration in practice is outlined.

Chapter Seven

Conclusions and Recommendations

This final chapter presents the conclusions drawn from this study and makes recommendations for practice. The overall aim of this research was to understand the experiences of overseas nurse educators teaching in New Zealand. Hermeneutic phenomenology using van Manen's (1997) approach was used as the theoretical foundation of this study. Prior to this study, research had mainly focused on the adaptation and integration issues of overseas nurses in New Zealand. Adaptation and integration experiences of overseas nurse educators in New Zealand have received little attention. This study of the experiences of overseas nurse educators in New Zealand has provided new insights into the ways in which overseas nurse educators adapt to working and living in New Zealand and integrate into New Zealand society. This chapter presents an overview and a summary of the results, to demonstrate the contribution of this research to the body of knowledge on the topic. Recommendations are made about changes to practice and suggestions are provided for future research. The limitations of the study are then outlined, and the researcher's reflections on the study are presented. The final section summarises the conclusions.

Overview

This study aimed to understand the experiences of overseas nurse educators teaching in New Zealand. In order to achieve this, data were collected from in-depth, semi-structured interviews with 17 participants. Analysis of the data was conducted using van Manen's hermeneutic phenomenological approach, and the findings were outlined based on the four existential themes of this approach. The analysis of the data provided important insights into how overseas nurse educators adapt to working and living in New Zealand.

The study built on the existing knowledge-base and uncovered new evidence about the relationship between the sense of non-belonging and the initial adaptation process. The participants thought the sense of belonging was a crucial factor affecting their view of New Zealand as their home. Factors such as a sense of displacement, the physical and emotional separation from their families, a lack of trust, feelings of insecurity, a loss of independence, and communication challenges created a sense of non-belonging for most overseas nurse educators. This finding is in agreement with Levett-Jones and Lathlean's (2008) argument that a sense of belonging is a deep personal feeling experienced by individuals when they are accepted, respected, valued, and included in a defined group.

This study makes a significant contribution to the understanding of the initial phase of adaptation for overseas nurse educators. A number of researchers have studied the process of cultural adaptation (e.g., Berry, 2005; Kim, 2001). This research extends the work in this field to focus on the adaptation experiences of overseas nurse educators in New Zealand. In doing so, it proffers new insights into the dynamics of integration into a new society. According to Berry (2005), integration occurs when an individual identifies with both their home and host cultures. However, some overseas nurse educators understood the meaning of integration as incorporating the favourable parts of New Zealand culture and disregarding those that conflicted with their own values. Among the participants, integration was the most common acculturation strategy. However, a small group of overseas nurse educators adopted the New Zealand culture in public arenas and the workplace, but continued to practise their native culture at home. Lack of acceptance was found to be one of the main factors preventing these individuals from integrating into New Zealand society. These findings shed light on some of the barriers to integration and could be used to direct future support for the integration of overseas nurse educators.

This thesis supports the view proposed by Berry (2005) that cultural adaptation is multifaceted and has psychological and sociocultural dimensions. Its findings add to the body of literature demonstrating that adaptation impacts both the psychological and sociocultural wellbeing of the immigrant. In addition, it suggests that mal-adaptation can create disruption and thus generate emotional stress related to an inability to cope with a new culture and environment. One particularly important point highlighted in this thesis is that cultural adaptation is not a static, but rather a dynamic process. In discussing the factors that influence each individual's experiences, this study illustrates how cultural adaptation processes vary between individuals. Time and positive relationships were considered to be the most important factors for overseas nurse educators. However, it was found that the length of time required to adapt to New Zealand culture varied between participants. Other factors that may have influenced their adaptation included the strength of their core and flex values, previous travelling experiences, positive attitude, characteristics of the acculturating group, and the culture of origin and host culture. These findings can, therefore, be used to develop a framework for future studies exploring the factors that affect cultural adaptation. They may also help in the development of effective individualised cultural orientation programmes.

Contribution to Knowledge and Recommendations for Practice

This study has drawn attention to the need to provide support, training, and regulation of scope of practice for nurse educators in New Zealand and has contributed to the area of migration and cultural adaptation research. These three key points have been highlighted and are presented in the following sections. Recommendations are made regarding changes to practice that could facilitate overseas nurse educators' adaptation to New Zealand and suggestions are provided for future research.

Support for overseas nurse educators.

This research has highlighted the need for organised support for overseas nurse educators. The findings of this study revealed that the orientation programmes offered were not especially useful to the overseas nurse educators in their adjustment to working and living in New Zealand. This finding suggests that the organisations involved should review the current levels of support and training offered to nurse educators from overseas. A number of challenges faced by overseas nurse educators while adapting to their new culture have also been identified in this study, such as differences in teaching styles, communication challenges, differences in nursing practice, and adapting to the new health system and workplace. Understanding these challenges will help ensure that faculty development programmes cater to overseas nurse educators' needs.

Recommendation one: Establish a three-phase orientation programme for overseas nurse educators.

This research has demonstrated the importance of providing an orientation programme specifically designed for overseas nurse educators. The majority of participants considered the orientation they received at the commencement of their job to be insufficient. In particular, they reported that much of the content was irrelevant. There was too much focus on administrative procedures and insufficient immediate knowledge to enable them to function effectively. Furuta et al. (2003) advocated the importance of learning about the host country, its history, people and culture before arriving, to make the transition easier. The initial stress experienced stemmed from a lack of support and orientation (Matiti & Taylor, 2005). This was indeed shown to be the case for some of the overseas nurse educators interviewed in the current study, with several respondents arguing that more could be done to increase the support during the initial phase of adaptation. The current study findings corroborate the ideas of Furuta et al. (2003), and Stankiewicz and O'Connor (2014) that there is a need for pre-departure training and orientation on arrival to the country in order to facilitate the adaptation process of overseas nurse educators. There is also evidence in the

literature arguing for providing ongoing support to nurse educators in the form of faculty development programmes, in addition to the initial orientation programme (Lacey-Haun & Whitehead, 2009). Therefore, it is recommended that a three-phase orientation programme be introduced.

The first phase would be pre-departure training about New Zealand, covering its history, politics, culture, education systems, health systems, and information on living and working in New Zealand. The training would also include information on nursing in New Zealand, and on the different scopes of practice and nursing education in New Zealand. Immigration New Zealand (2015) provides information about living and working in New Zealand, and the NCNZ could direct potential overseas nurse educators to their website. This training could be monitored by the NCNZ and should perhaps be considered a pre-requisite for registering as a nurse in New Zealand.

The second phase would be carried out upon appointment as a nurse educator at a tertiary education institution. The information provided may comprise an introduction to nursing and teaching in New Zealand, legislations related to health and education, cultural education, as well as information on the Treaty of Waitangi and the role of Nursing Council of New Zealand. The universities and polytechnics employing the overseas nurse educators could collaborate in developing and implementing the second phase of the orientation phase in consultation with NCNZ. The participants in this study had to learn about the culture of the country, the culture of the workplace, the nursing culture, and the teaching culture when they first arrived. This is in line with the findings of Williamson and Harrison (2010), who state that overseas nurse educators are faced with the challenge of learning about the generic culture, nursing culture, and teaching culture of their host country upon arrival. The results of this study have found that this can be overwhelming. Factors that should be considered when developing orientation programmes include the characteristics of the individuals, the acculturating group, the culture of origin, and the host culture. The information on the

orientation programme could be disseminated to other tertiary organisations in New Zealand, which, in turn, would help to reduce the cost.

The third phase of the orientation programme would include ongoing faculty development programmes that would help overseas nurse educators to adapt to working and living in New Zealand. It is recommended that the teaching support units of tertiary organisations be responsible for the planning and implementing of the ongoing faculty development programmes. These programmes could be incorporated as part of the professional development programme for overseas nurse educators. This might be monitored by NCNZ. The information provided may comprise academic development programmes, professional management skills, teaching and learning activities, computer applications, research skills, and research higher degree information.

Recommendation two: Establish mentor support for overseas nurse educators.

The results of this study indicate that it took a minimum of three years for most of the participants to adjust to living and feeling at home in New Zealand. The most difficult period occurred shortly after arrival. This finding shows that a greater level of support is required during the initial stages of adaptation. Matiti and Taylor (2005) have also recognised the importance of greater support for overseas nurses during the initial settling-in period. Tertiary education institutes that employ overseas nurse educators should support their staff by providing appropriate mentors who can assist them in adapting to the New Zealand context. There are a number of studies that have emphasised the importance of training for preceptors and mentors, and of establishing forums where overseas nurses can interact with nurses from the host country (Konno, 2006; Okougha & Tilki, 2010; Sherwood & Shaffer, 2014; Xiao, 2014). It is important that mentors understand the issues related to cultural support so that they can provide the necessary support catered to the needs of overseas nurse educators. The Head of Nursing in each institution should be responsible for ensuring that overseas nurse educators receive proper mentor support and that educators who mentor

the overseas nurse educators receive appropriate training. Mentor support for overseas nurse educators should be a requirement for employing overseas nurse educators and should be audited by NCNZ. Mentor training could be organised as a national programme and should be approved by NCNZ. The universities and polytechnics appointing overseas nurse educators could collaborate in developing and implementing the mentor training. Factors that should be considered when developing a mentor training programme may include information on working with people from different cultures, the various stages of cultural adaptation, psychological and sociocultural adaptation processes, conflict resolution and support in the workplace.

Training and regulation of scope of practice.

Overseas registered nurses currently do not receive any formal, nationally recognised training prior to educating, supervising and assessing nursing students in New Zealand. Several studies have shown the need for an orientation programme to support overseas nurse educators (Baker, 2010; Bednarz et al., 2010; Furuta et al., 2003). According to Baker (2010), the long-term goal of the orientation programme is the retention of excellent nursing faculty in academic careers, where they will seek professional development opportunities and continue to develop and grow as nurse educators.

Recommendation three: Establish nursing-specific teacher training for overseas nurse educators.

This study has highlighted the lack of formal teacher training for overseas nurse educators in New Zealand. Experience as a nurse educator overseas is not necessarily transferrable to the New Zealand context, as teaching methods and nursing curricula differ. According to Baumann and Blythe (2008), overseas nurses have to depend on their formative education in their home country to provide adequate preparation to practise in another country. Many countries, such as the United States, have sought to prepare nurses in the destination countries by educating them using American-based curricula. Bland and

Woodbridge (2011) reported on a similar programme to prepare nurses from India, who were educated using New Zealand-based curricula. However, there is no evidence of such programmes for educating overseas nurse educators before coming to New Zealand. There is also evidence in the literature to suggest that, while nurse educators may be expert practitioners in the field of nursing, they are often new to teaching (Spencer, 2013). According to the Nursing Council of New Zealand (2015d) guidelines, academic nurse educators must (a) be registered nurses with either a relevant Masters degree, or professional development plans that demonstrate progression towards a Masters degree; (b) have completed a programme in adult teaching and learning within two years of appointment; and (c) be involved in research and scholarship activities. Clinical teaching staff, however, must hold only an undergraduate degree and demonstrate having current theoretical and practice knowledge. The NCNZ (2015d) criteria require nurse educators to possess an adult teaching certificate; however, this course does not have a clinical teaching and assessment component.

According to Baumann and Blythe (2008), certain recipient countries have established bridging courses to ensure the nurses are competent enough to register. Similarly, in some cases, the NCNZ also requires internationally qualified nurses to undergo a bridging course called Competency Assessment Programme (CAP) to become registered in New Zealand (NCNZ, 2015a). However, several of the participants in the current study claimed that working as a registered nurse in New Zealand and completing the Competency Assessment Programme (CAP) had not prepared them for being nurse educators in New Zealand, even though they had previous teaching experience in their own country. Furthermore, there is no bridging course for overseas nurse educators in New Zealand. Therefore, it is recommended that all overseas nurse educators who are responsible for the education of nursing students have appropriate, nursing-specific teacher training. The education programme should cover educational theories and pedagogy, nursing pedagogy, theoretical and clinical assessments, laws related to nursing education, cultural safety in

nursing education, and an introduction to the governing bodies for nursing education in New Zealand. Competency Assessment Programmes for registered nurses are provided by Council-accredited providers (NCNZ, 2017). Similarly, nursing-specific teacher training for overseas nurse educators could be offered by Nursing Council-accredited providers including schools of nursing. It is recommended that this education programme be monitored by the NCNZ.

Recommendation four: Establish a recognised scope for nurse educators in New Zealand.

All currently registered overseas nurses and those with two years of post-registration experience can apply to become registered nurses in New Zealand. Internationally qualified nurses are assessed against the NCNZ competencies for registered nurses to assess their fitness to practice in New Zealand (NCNZ, 2015a). There are different NCNZ competencies for registered nurses working in the field of education within domains two and three (management of nursing care and interpersonal relationships). However, there is no specific scope for nurse educators in New Zealand. Currently, a registered nurse with a current annual practising certificate who has a professional development plan to complete their Master's within four years of appointment and complete the adult teaching and learning programme within two years of employment, can be appointed as an academic nurse educator (NCNZ, 2015d). According to the Nursing and Midwifery Council (NMC, 2010) of the United Kingdom, those nurses wishing to become educators in a tertiary institution must attend a NMC-approved course and have their qualification recorded on the register as either a lecturer or practice educator, or as a teacher. Currently, there is no NCNZ-approved course for nurse educators in New Zealand and there is no requirement to have their qualification recorded as a nurse educator in the register. Owing to a lack of recognised scope for nurse educators in New Zealand, there exists a minimum regulation for nurse educators who are involved in educating the future nurses and determining who becomes a nurse in the future. Therefore, it is recommended that NCNZ establishes a specific scope for

nurse educators in New Zealand.

Migration and cultural adaptation research.

This study contributes to the literature on migration and cultural adaptation. It supports existing theories and extends current knowledge about the immigrant population. The findings of this study support some of Berry's work on acculturation. Although it was not a key focus of this study, the attitudes and strategies of the overseas nurse educators provide some support for Berry's model. Research has shown that ethno-cultural individuals prefer to incorporate their own culture into that of their new society, an acculturation strategy known as integration (Berry, 2005; Berry et al., 2006). Even though the overseas nurse educators interviewed in this study were willing to integrate into New Zealand society, they preferred to choose for themselves which aspects of the culture they were happy to adopt and to which degree they were willing to adapt. Another difference compared to Berry's model was that, while integration was the preferred strategy of the interviewees, a small number of participants used pretence, that is, adopting the New Zealand culture at work and continuing to practise their native culture at home. This small group does not fit into any of the four categories defined in Berry's (2005) model. According to Ward et al. (2001), expatriates hesitate to accept certain aspects of the host country's culture when these challenge their own fundamental values. While adapting to a new culture, it is important to understand the similarities and differences across cultures in order to improve the intercultural encounters. According to Earley and Peterson (2004), intercultural interactions can be improved by providing cultural intelligence training. Cultural Intelligence (CQ) is an "individual's capability to function and manage effectively in culturally diverse settings" (Ang et al. 2007, p. 337).

Recommendation five: Establish cultural intelligence training for both overseas nurse educators and New Zealand nurse educators to improve adaptation and foster a culture that values diversity.

Brislin et al. (2006) recognised the importance of a person's cultural intelligence (CQ) to their understanding of similarities and differences across cultures. One of the reasons for the lack of full integration of some overseas nurse educators to New Zealand was the lack of acceptance of immigrants. Individuals with high CQ have a clear understanding of similarities and dissimilarities across cultures (Ersoy, 2014). According to Ang et al. (2007), people who have a high CQ are consciously aware of others' cultural preferences both before and during interactions, and they adjust their mental models during and after interactions. The current study suggests that those who clearly understood the cultural differences and were sensitive to other cultures adapted faster. Globalisation is a worldwide phenomenon, and since more people are coming to New Zealand for further education or work, it is important for everybody to have an understanding of other cultures. Therefore, it is recommended that, for better adaptation and acceptance of overseas nurse educators, both overseas nurse educators and New Zealand nurse educators be given the opportunity to undertake cultural intelligence (CQ) training. For overseas nurse educators, this training could be incorporated into the three-phase orientation programme described earlier in this section. It is recommended that the Head of Nursing in each institution be responsible for implementing CQ training at their schools.

Further Research

This research has provided an initial insight into the experiences of overseas nurse educators in New Zealand. Further research, which would build on the findings of this study, could include:

- A comparative study examining the cultural adaptation of overseas nurse educators in New Zealand and those in other countries. Information gained from this study would help to

understand differences in the experiences of overseas nurse educators in different countries. It could also help to understand whether there are differences in cultural adaptation depending on whether the host country has a bicultural society.

- A study on the impact of cultural intelligence (CQ) on the cultural adaptation of overseas nurse educators. The aim of this study would be to assess whether CQ aids the adaptation process.

- A study to compare the effects of previous travelling experience and personality on cultural adaptation. This study would examine the influence of previous travelling experience and the individual's personality on the process and modes of cultural adaptation.

- A study to identify the effectiveness of faculty development programmes in supporting the cultural adaptation of overseas nurse educators. Knowledge gained from such a study could be used to develop tailored programmes for overseas nurse educators in New Zealand.

- A comparative study of the cultural adaptations of Western versus non-Western overseas nurse educators teaching in New Zealand. Such a study would identify differences between the experiences of Western and non-Western nurse educators and help to identify support measures specific to each group. In addition, this type of study would identify whether cultural distance has an impact on the adaptation of overseas nurse educators in New Zealand.

Limitations

One of the main limitations of this study is the relatively small sample size compared to a quantitative study, which limits the generalisability of the findings. Although this was a phenomenological study, it is important to acknowledge that the experiences described in the Findings chapter reflect the experiences of only 17 overseas nurse educators during a defined period. However, contextually, it is possible to conclude that most overseas nurse educators will encounter similar hurdles and require a period of adaptation.

Another limitation identified for this study is researcher influence. It is possible that interpretations may have been influenced by researcher's background and experiences as an overseas nurse educator. In order to limit the effects of this potential influence on the results, interpretation of the data was well supported by evidence from interview transcripts and interpretations were reviewed by the research supervisors to ensure that adequate justification was evident for the interpretive claims. In addition, the researcher's pre-understandings and assumptions about the experiences of overseas nurse educators were acknowledged prior to data analysis. It is important to acknowledge that, although the findings were based on the participants' perspectives rather than my own, my interpretations of their perspectives might have influenced the study, and that someone else analysing the same data may have drawn different conclusions. According to van Manen (1997), the insights gained from a phenomenological enquiry provide only one interpretation of a description.

The final limitation of the study was that the research participants were self-selected and therefore may not be representative of the overall population of overseas nurse educators teaching in New Zealand.

Reflection

Reflection on my experiences throughout the conduct of the study has confirmed my belief that hermeneutic phenomenology was appropriate for this study. Using van Manen's (1997) approach to explore the lived experiences of overseas nurse educators has enabled me to look beyond the mere experiences reported and access the unseen layers of in-depth meaning of the experiences of overseas nurse educators. Attending a workshop conducted by van Manen in 2014 has helped me to understand better the six procedural research activities he advocates. I tried to focus on van Manen's view that a good phenomenological study almost always starts with wonder and passes through several phases of wonder.

Adopting van Manen's (1997) hermeneutical phenomenological approach for this study required me to identify the beliefs, assumptions, and pre-suppositions I had about the experiences of overseas nurse educators at the beginning of the study. The following assumptions about the experiences of overseas nurse educators were acknowledged in this study:

- They may have both positive and difficult experiences while adapting to New Zealand culture.
- They may experience some teaching challenges in New Zealand.
- They will require ongoing support while adapting to New Zealand culture.
- For a better transition, they may require further education in the form of faculty development programmes.

When I discovered that some of the participants' experiential accounts were very similar to mine, the process of bracketing my own beliefs became extremely difficult. It is possible that the interpretations may have been distorted due to my background as an overseas nurse educator. This might have influenced the rigour of the study. However, various measures were taken to remain true to the phenomenon under study such as

reading the transcribed data over and over searching for unseen layers of in-depth meaning, the constant questioning of the interpretations, and refraining from judging until the evidence was clear. Adopting these measures has enabled me to remain true to the participants' experiences.

Originally, the study was limited to overseas nurse educators with up to five years' teaching experience in New Zealand. However, this was later extended to include all overseas nurse educators teaching in New Zealand irrespective of their teaching experience, due to difficulties in recruiting a sufficient number of participants (Appendix G). Initially, I considered this as a limitation of the study. However, on further reflection, I identified that recruiting participants with more than five years of teaching experience has further informed the findings of the study. My initial thoughts were that those overseas nurse educators with more than five years teaching experience would be fully integrated into New Zealand culture. Contrary to my beliefs, some had not fully integrated even after five years of teaching in New Zealand. These findings support Berry's (2005) arguments, that not everyone experiences integration and that cultural adaptation depend on the individual's degree of participation in the cultural life of the new environment and the degree to which one maintains one's own cultural identity.

During the process of this study, I have had the opportunity to review my own experiences as an overseas nurse educator. I learnt that cultural adaptation processes vary between individuals and cultural adaptation has both psychological and sociocultural dimensions. I also learnt that, in particular, the sense of belonging, time, and positive relationships had an impact on the cultural adaptation of overseas nurse educators. The interviews with participants emphasised the importance of being accepted and the need for support. During the interviews, the participants shared some impressive stories of their experiences. These stories illustrate the passion overseas nurse educators have for teaching. The stories shared by Jan, who feels privileged to know some of the Māori and

Pasifika students and who still treasures the garlands she was given by some Pasifika students, and Linley, who carries the card signed by her students each time she comes to school, are heart-warming. They have affirmed my belief that overseas nurse educators are an inestimable asset and bring invaluable contributions to the field of nursing education. The findings of this study will not only inform my own teaching, in terms of both practice and content, but will also make me better equipped, as a human being, to understand other overseas nurse educators, and in a wider sense immigrants to other countries.

Conclusion

The focus of this research was to understand the experiences of overseas nurse educators teaching in New Zealand. The information gathered has provided insight into the various factors that influence the adaptation of overseas nurse educators to the New Zealand culture. The findings clearly indicate that the initial phase of adaptation was a difficult process for the majority of participants, and identified the issues, such as the sense of non-belonging, that participants found most challenging to deal with. It was found that time and positive relationships also had an impact on the adjustment process, and some participants required more time to adapt than others. A plausible explanation for this finding could be the relative cultural distance between New Zealand and their country of origin. Other factors, such as personality traits, previous travelling experience, and the lack of acceptance of immigrants by the host society, could also have contributed to the slower adaptation of some of the participants. However, it was found that the adaptation process was easier for the participants who were actively engaging in New Zealand society.

A number of recommendations have been made, which could lead to improvements in the adaptation experiences of overseas nurse educators. In particular, it was recommended that tertiary education institutions employing overseas nurse educators provide support through teacher training, mentoring, and an improved orientation programme. This study makes an original contribution to migration research, as it is believed

to be the first study to examine the experiences of overseas nurse educators teaching in New Zealand nursing schools. Although the results and conclusions are not necessarily generalisable to other institutions, the methodology is applicable to other institutions seeking to investigate the experiences of their overseas professionals. The findings of this study confirm and add to the findings of previous international studies of the experiences of overseas nurses and overseas nurse educators working in foreign countries.

This study makes a major contribution to the field of nursing education. New Zealand relies heavily on overseas nurses to grow and replace its nursing workforce (North, 2007). The health workforce in New Zealand is among the most mobile in the developed world. Of the OECD countries, New Zealand has one of the highest proportions of immigrant nurses, in conjunction with high emigration rates of New Zealand-trained nurses (Aiken et al., 2004; Zurn & Dumont, 2008). According to the NCNZ (2013b), within the next 25 years, half of the nurses currently working in New Zealand will retire. Thus, nursing shortages are expected to increase, resulting in a high dependency on nurses from overseas. Studies such as this one, examining the experiences of overseas nurse educators working in New Zealand and making recommendations for improvements that would support their adaptation process will, therefore, become increasingly important. According to Enskar et al. (2011), nurse educators from diverse cultures face several challenges, which can prevent them from working to their maximum potential. Some of the challenges identified in this study were differences in teaching culture, communication challenges, differences in generic culture, challenges related to adapting to a new culture, differences in nursing practices and health systems. This study enables a better understanding of the experiences of overseas nurse educators in New Zealand, thus allowing the appropriate measures to be put in place to improve such experiences.

This phenomenon has not been explored previously in New Zealand. Since overseas nurse educators are involved in educating the future nursing generation, the in-depth

examination of their experiences is very timely. Understanding and improving the experiences of overseas nurse educators will enable nursing students to receive maximum educational benefits. All sectors of nursing education will need to work together in the future to support overseas nurse educators while they adjust to New Zealand culture, so as to ensure that the benefits they can offer the nursing students they teach will be maximised.

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Appendix A

Ethical Approval Confirmation

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

17 April 2013

Reen Skaria
395 Ness Street
INVERCARGILL

Dear Reen

Re: HEC: Southern B Application – 13/15
Experiences of overseas nurse educators teaching in New Zealand

Thank you for your letter dated 16 April 2013.

On behalf of the Massey University Human Ethics Committee: Southern B I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Nathan Matthews, Chair
Massey University Human Ethics Committee: Southern B

cc Dr Linda Leach
Institute of Education
PN500

Dr Dean Whitehead
School of Nursing
PN355

A/Prof Sally Hansen
Institute of Education
PN500

Mrs Roseanne MacGillivray
Institute of Education
PN500

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Appendix B

Experiences of Overseas Nurse Educators Teaching in New Zealand Information Sheet

Researcher Introduction

My name is Reen Skaria and I am a nurse educator at a polytechnic in New Zealand. I am currently studying for Doctorate in Education (EdD) through Massey University. The focus of my thesis is the experiences of overseas nurse educators teaching in New Zealand nursing schools. My research will involve semi-structured in-depth individual interviews.

Project Description and Invitation

As you are an overseas trained nurse educator currently teaching in a New Zealand nursing school, I would like to invite you to participate in my research. The aim of the research is to investigate the experiences of overseas nurse educators teaching in New Zealand nursing schools.

Participant Identification and Recruitment

Your Head of School of Nursing has given you this information sheet as you are an overseas trained registered nurse currently teaching in a school of nursing in New Zealand with up to five years of teaching experience in New Zealand. I would appreciate if you would read this information sheet concerning the requirements of the research and if you are prepared to be involved, please contact me directly using the contact details in this sheet. I am approaching four to five schools of nursing and plan to conduct in-depth interviews with between ten and fifteen overseas nurse educators. I would be asking you about your experiences you had while teaching in New Zealand. All information received will be treated as confidential. While every endeavour will be made to keep the information confidential, confidentiality cannot be guaranteed. If there are more than 15 participants willing to take part in the individual

interview, the participants would then be selected on a first come, first served basis. The participants who are not selected will be informed in writing and will be thanked for their willingness to participate.

Project Procedures

Participation in this research would involve you being asked to be interviewed for approximately 45 — 60 minutes at a location and time that is mutually convenient for you and me. The researcher is willing to travel to a location that is convenient for the participant. The interview will follow a semi-structured format and will be recorded on a digital recorder. I will transcribe the interview verbatim (taking note of pauses, laughter, and hesitations). Once the interview has been transcribed, I will copy it onto disk and send it to you along with the transcript for verification — you are welcome to retain the disk, but I ask you to return a copy of the transcript with any amendments that you think are necessary. Hermeneutic phenomenology is an ongoing process and I may need to contact you after the interview to seek clarification.

I appreciate any time that you give towards this project. If you feel at all uncomfortable during the interview, please feel free to ask to have the recorder turned off or to leave the room.

Data Management

The interview will be copied onto two disks, one of which will be kept by myself and locked in a secure safe at home. The other disk will be sent to you, along with the transcript for you to check the accuracy of the transcription. I will be the only person to listen to the disk and any identifying information will be removed from the transcript. Details about you will be kept separately from transcripts and disks. Once the interview has been placed onto disk, it will be erased from the recorder. The disk will be kept in the secure safe for five years after completion of the project. I will send you a summary of the research findings. Findings from the research will also be disseminated at nurse educator conferences and in education journals.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study prior to the analysis of data being undertaken — that is, once have approved your transcript;
- ask any questions about the study at any time during participation;

- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview;
- leave the room at any time.

Project Contacts

You are welcome to contact either myself or my supervisors if you have any questions about this project.

My contact details are as follows:

Reen Skaria
Nurse Educator
School of Nursing, SIT
Private Bag 901 14
Invercargill 9840
Telephone: 03 211 2699 ext 8868.
Email: reen.skaria@sit.ac.nz

My supervisors are:

Dr Linda Leach
Senior Lecturer
Room T603B,
Tower Block
Massey University (Hokowhitu)
Centennial Drive
Palmerston North 4410
Phone 06 356 9099 ext 8831
Email: L.J.Leach@massey.ac.nz

Dr Dean Whitehead
Senior Lecturer
Room 7.03
Social Science Tower
Massey University (Turitea)
Tennent Drive
Palmerston North 4474
Phone: 06 350 9099 ext 7227
Email: d.whitehead@massey.ac.nz

Committee Approval Statement

"This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/15. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz."

Appendix C

MASSEY UNIVERSITY
COLLEGE OF EDUCATION
TE KUPENGA O TE MĀTAURANGA

Experiences of Overseas Nurse Educators Teaching in New Zealand

Participant Consent Form

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... Date: .....

Full Name – printed .....

Appendix D

MASSEY UNIVERSITY
COLLEGE OF EDUCATION
TE KUPENGA O TE MĀTAURANGA

Experiences of Overseas Nurse Educators Teaching in New Zealand

Letter to CEO / Vice Chancellor

[Chief Executive Officer]
[date]
Sir/Madam,

I am writing to you to request permission to approach the Head of the School of Nursing, with a view to conducting research within the School.

I am a nurse educator at Southern Institute of Technology and currently undertaking a Doctorate in Education (EdD) through Massey University. The title of my research is Experiences of overseas nurse educators teaching in New Zealand nursing schools. I plan to conduct semi-structured, in-depth interviews of between six and eight staff from your institution, who are overseas trained registered nurses currently working as a nurse educator. For ethical reasons, I will not be conducting this research within my own school. I am approaching other schools of nursing, inviting them to participate. I will ensure that the confidentiality of all participating institutes and individuals is maintained. Whilst the institute will not be named explicitly, comments made by the participants may identify the institute. I will remove any identifying comments.

Ethical approval has been granted by Massey University and I appreciate that I may be required to submit ethics approval to your own approvals committee. I am enclosing the information sheet for participants for your information and I am happy to answer any questions that you may have regarding my research.
I thank you in anticipation of your support for this project.

Yours faithfully,
Reen Skaria

Project Contacts

You are welcome to contact either myself or my supervisors if you have any questions about this project.

My contact details are as follows:

Reen Skaria
School of Nursing
Southern Institute of Technology
Private Bag 90114
Invercargill 9840
Telephone: 03 211 2699 ext 8868
Email:reen.skaria@sit.ac.nz

My supervisors are:

Dr Linda Leach
Senior Lecturer
Room 3.02,
Collison Village
Massey University (Turitea)
Manawatu Campus
Palmerston North 4410
Phone 06 356 9099 ext 8831
Email: L.J.Leach@massey.ac.nz

Dr Dean Whitehead
Senior Lecturer
Room 7.03
Social Science Tower
Massey University (Turitea)
Tennent Drive
Palmerston North 4474
Phone: 06 350 9099 ext 7227
Email: d.whitehead@massey.ac.nz

Committee Approval Statement

"This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/15. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz."

Appendix E

MASSEY UNIVERSITY
COLLEGE OF EDUCATION
TE KUPENGA O TE MĀTAURANGA

Experiences of Overseas Nurse Educators Teaching in New Zealand

Consent Form to Contact Head of The School

I give permission / do not give permission to contact the head of the school for research purposes.

Ethical approval is required/ is not required to conduct the study in----------

Signature of CEO: ..... **Date:** .....

Full Name - printed .....

Appendix F

Experiences of Overseas Nurse Educators Teaching in New Zealand

Proposed Interview Guide and Prompts

To help set the scene of the interview, background information such as the age of the participant, country of origin, number of years of teaching experience overseas as a nurse educator, and years of teaching experience in New Zealand will be asked.

The interview guide will include:

1. What has teaching in New Zealand nursing schools been like for you?
2. Is there any experience that made you happy and that you would like to share?
3. Are there any difficult experiences you would like to share?
4. Did you face any challenges teaching in New Zealand nursing schools? If yes, what are they?
5. What helped you to adjust to the New Zealand context?

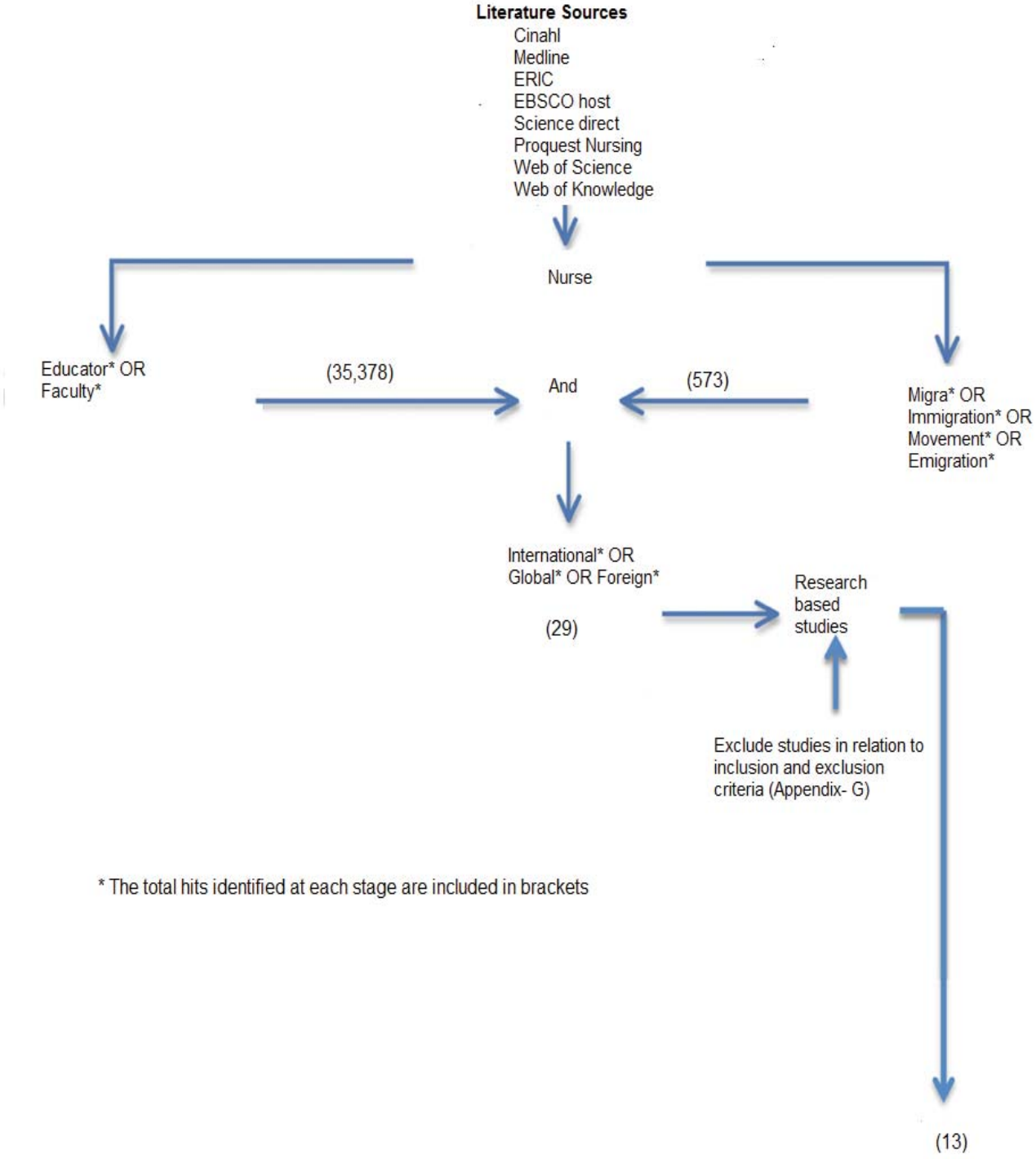
Appendix G

Inclusion and Exclusion Criteria for Literature Review

Inclusion Criteria	Exclusion Criteria
Nurse migration and emigration	Personnel recruitment history
Nurse faculty migration	Foreign nursing students' scholarships
Overseas faculty in higher education	Recruitment of foreign nursing students
Nurse shortage	Foreign student exchange programmes
Faculty shortage	Issues of migrant children
Nursing manpower	Citizenship and immigration services
Global mobility of skilled workers	Religious educational needs of foreign nurses
Brain drain and brain gain among nursing workforce	Learning experiences of International students
Immigrants and psychosocial factors	Digital immigrants
Demands of Immigration	International nursing curriculum development
Nurse faculty workforce planning	Patient acuity and role of supervision for international nurses
Transition experience of foreign nurses	Cultural identification theory
Nursing Faculty exchange	Cultural adaptation and intercultural business
Effectiveness of Intercultural teaching	Climate change and impacts on cultural adaptation
Cultural competence in nursing	Social networking and cross-cultural adaptation of immigrants
Culture shock	Adaptation programmes for foreign patients
Cultural safety among nurses and students	Adaptation programmes for immigrant families
Cultural adaptation among foreign nurses and nurse educators	Orientation programmes for international nursing students
Challenges of overseas nurses and nurse educators	
Facilitators and barriers of cultural adjustment	
Communication challenges	
Cultural education needs of overseas nurse educators	
Cultural marginality	
Challenges of teaching in a culturally diverse setting	
Cultural Intelligence	
Theories of cultural adaptation	
Adaptation programmes for overseas nurses and nurse educators	
Faculty development programmes	
Mentoring for nurse educators	
Orientation strategies for overseas nurses	

Appendix H

Literautre Search Process for Nurse Faculty Migration



* The total hits identified at each stage are included in brackets

Appendix I

Individual Profiles of Each Participant

Pseudonym	Gender Age	Country of Origin	Teaching experience in overseas	Teaching experience in New Zealand
Annie	F 47	Canada	Nil	4 years
Carol	F 46	South Africa	4 years	2 years
Gemma	F 55	South Africa	4 years	2 years
Jan	F 53	England	5 years	19 months
Jasmine	F 43	Scotland	Nil	2 years and 6 months
Jennifer	F 44	Polynesia	4 years	2 years
Lilly	F 41	England	6 years	2 years
Linley	F 48	Polynesia	Nil	5 years
Lindsay	M 54	England	5 years	3 years
Lyn	F 54	Ireland	Nil	7 years
Maria	F 43	England	12 years	2 years and 6 months
Pauline	F 59	Asia	Nil	26 years
Sam	M 37	England	Nil	2 years and 6 months
Sharlene	F 42	England	Nil	18 months
Sonya	F 52	England	Nil	3 years
Tracey	F 38	England	Nil	8 months
Vicky	F 54	United States	Nil	14 years