Nursing Knowledge and Skills for Global Employability: A Systematic Literature Review and Synthesis

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Contents

GLOSSARY

Global Nurse Employability: Nurses' ability to develop and apply the core professional knowledge and nursing practice skills applicable regardless of international, national or local context; following a licensed nurse education programme.

Global Nurse Gateway: A concept derived from our systematic literature search and synthesis to denote access to global nursing. Global nurse employability can only be achieved through the global nurse gateway, with the nurse's licensing/registration and language capacity compatible with the location of employment.

International Nurses: Several terms are used in the nursing literature to describe nurses who have migrated for employment; internationally educated nurses, foreign educated nurses and overseas nurses for example. For the purpose of this project the term *'international nurse'* has been used; *'Nurses who have been educated abroad and have either been recruited or chosen to migrate'* (Adams & Kennedy 2006: 8).

Migration: *'The movement of a person or a group of persons from one geographical unit to another, across an administrative or political border, to settle… …'* (International Organisation for Migration/I.O.M. 2003: 20).

Nurse: An individual who has successfully completed professional education and clinical practice experience in keeping with local statutory guidelines, and who is licensed or registered to practise, and who must adhere to professional codes of conduct and regulation.

Nursing & Midwifery Council (N.M.C.) The N.M.C is a professional regulatory body in the U.K. It is responsible for the protection of the public and the setting of nursing standards which nurses must follow within their professional practice. The N.M.C is responsible for the standards and content of nurse education in the U.K. It maintains a register of all nurses and midwives in the U.K. and it is illegal to work as a nurse without registration.

INTRODUCTION

In a world *'without boundaries'* the global reach of nursing has grown with exponential opportunities for nurse migration for socio-economic, personal and professional reasons. Likewise societies and their health and socio-economic needs are increasingly diverse. Nurse education curricula need to recognise the global reach of nursing to facilitate the knowledge and skills for global nurse employability. This project considered the core knowledge and skills required for global nurse employability in the context of contemporary nurse migration, professional registration and regulation, language preparation, cultural nursing competence and other issues.

During this project strategic working partnerships between the University of Salford (UoS), and Fujian Medical University (F.M.U.), were employed over a twelve month period. Intensive training of the project team was enhanced by the use of digital media to achieve the project's outcomes. A systematic literature review and narrative synthesis was undertaken, adhering to a protocol and drawing upon literature available in the English and Chinese languages. This process was combined with the mutual benchmarking of pre registration nursing curricula in both universities. The emergent themes were used to frame the development of a curriculum model for global nurse employability, the nursing gateway model.

The project partners

The School of Nursing, Midwifery & Social Work, University of Salford, U.K

The School is one of the largest education providers for the health and social care sector in the North West of England. It delivers undergraduate and post graduate education, post graduate research including PhD and Professional Doctorate programmes. The Centre for Nursing, Midwifery & Social Work research is located within the School with six professorial staff leading research relating to maternal and child health, young people, social work, social policy and migration, mental health and well being, professional education, long term conditions and health technologies and evidence. User engagement is the foundation for all research and teaching activities within the School. (www.nursing.salford.ac.uk/)

The UoS has been established for over one hundred years and is now a dynamic and cosmopolitan institution with a first-class reputation for real-world teaching, ground breaking research, innovative thinking and commercial success. There are 3 Colleges within the University;

- College of Health & Social Care
- College of Arts & Social Sciences
- College of Science & Technology (www.salford.ac.uk/)

The School of Nursing, Fujian Medical University, Fuzhou, China

The School of Nursing in F.M.U. was founded in 1985 as the former Nursing Department of F.M.U. It is now one of the few organisations for nursing education in China with a

comprehensive educational system, offering Bachelor, Masters and, PhD programmes in the forms of full time studentship, adult part time, independent learning and online learning.

The School of Nursing has six departments: Humanity Nursing, Foundations of Nursing, Medical Nursing, Surgical Nursing, Nursing of Gynaecology and Obstetrics, Paediatric Nursing. It now has 55 academic staff among whom 34 have senior professional titles, 15 medium level professional titles, 1 doctoral supervisor, and 5 masters supervisors. Teachers of the School have won University level, provincial level and national level awards and honorary titles for many times. In December 2005 the School became one of the founders of the *'Chinese Advanced Nursing Education Alliance'*.

F.M.U. was founded in 1937. It offers bachelor, master and doctoral programs and has become a comprehensive provincial medical university of research, teaching, medical treatment, prevention and social services. It comprises 19 schools and departments. Eleven hospitals (including clinical medical schools) are affiliated to F.M.U. F.M.U. also provides 22 Doctoral programmes, 59 Masters Programmes and 2 professional Masters Programmes. Presently F.M.U. has more than 22,000 students in various programmes, including over 11,000 undergraduates and more than 2,100 postgraduates. It is entitled to recruit students from 21 provinces, municipalities and autonomous regions all over China, including Hong Kong, Macao and Taiwan for its undergraduate programs. http://www.fjmu.edu.cn/en/index.html

Finding your way around this report

The project report has four sections.

Section one contextualises issues related to global nurse employability, such as global health trends; the history of global nursing; factors helping and hindering global nurse employability; nurses' experiences of global nurse employability; ethical issues and cultural nursing competence. The section draws upon policy analysis identified within the systematic literature searching process.

Section two explains the strategies used for systematic literature search, review and synthesis within an agreed protocol. Uniquely the systematic review and synthesis was undertaken in the English and Chinese languages enabling access to a wider range of literature relating to global nurse employability. The processes within the project were greatly enhanced by the use of digital technologies. For example Skype, virtual learning platforms and electronic reference management systems enabled the project's completion.

Section three discusses the key categories emergent from synthesis and thematic analysis of the literature; the nursing gateway, professional attributes and personal attributes.

In section four *the nursing gateway* curriculum model, which emerged from the key categories and themes is discussed and recommendations are made for related study of international global nurse employability.

Rationale for the Project

There are several reasons why the core knowledge and skills for global nurse employability should be considered;

- Increased nurse migration, and the *'carousel'* of international nursing (Kingma 2006)
- Need for nurses to have global and not local nursing knowledge and skills given the reach of nursing opportunities and societal diversity (Thorne 2006).
- Health trends; ageing societies, long term conditions, socio-economic factors (Fujisawa & Colombo 2009).
- Workforce trends; demographic changes and the ageing of the nursing workforce (I.C.N. 2006).
- International nurses' experience: despite exemplars of good practice, inequalities, racism, marginalisation, deskilling and limited education and professional opportunities as a result of professional and societal differences persist for international nurses (I.C.N. 2002).

Aim of the Project

To build on current knowledge and identify the core knowledge and skills required for global nurse employability; which transcend national or state requirements for licensing and regulation of practice.

This will be achieved by;

- Completion of a systematic literature search and synthesis drawing upon published works within the English and Chinese languages.
- Synthesis of the literature and thematic analysis to identify the core knowledge and skills for global employability.
- Production of an evidence based curriculum model to underpin global nurse employability.
- Utilisation of digital media incorporating intensive training programmes, systematic review strategies and electronic reference management.

Project Outcomes

- A curriculum model; *the Nursing Gateway Model,* which conceptualises the core knowledge, skills required for global nurse employability.
- Skills acquisition for the project team through intensive training in health and information sciences and digital technologies**.**

SECTION ONE: **THE CONTEXT OF GLOBAL NURSE EMPLOYABILITY**

The global reach of nursing has grown and will continue to grow exponentially. Irrespective of the makeup of societies nursing exists everywhere; whether it is based upon professional education and licensing or lay referral systems. Thorne (2006) recognises that nurses need to *'think globally'* and argues that global citizenship; diversity; complexity; professional voice; nursing leadership and inter disciplinary working are essential for global nursing.

An overwhelming amount of evidence is available which appraises global nursing and global nurse employability. Section one draws upon policy analysis from the Centre on Nurse Migration, jointly funded by the International Council of Nurses (I.C.N.) and the Commission on Graduates of Foreign Nursing Schools (C.G.F.N.S). The Centre provides comprehensive resources with over 120 referenced papers and commissioned reports. Other key stakeholders in global nursing for example the United Nations (U.N.), the World Health Organisation (W.H.O.), and the Organisation for Economic Cooperation and Development (O.E.C.D.) have critically appraised nurse migration and influencing factors. Detailed discussion of these combined works and/or attempts at replication are beyond the scope of this project; however key themes have been purposely selected for discussion here for example;

- Global health trends
- The history of global nursing
- Factors influencing global nurse employability
- Nurses' experiences of global nurse employability
- Ethical issues
- Cultural competence

Global health trends

O.E.C.D. reports indicate that the international nurse workforce is reaching retirement age and this has major implications for nursing workforce capacity and future professional nursing resources in the context of global health trends (Simeons *et al* 2005). For example long term care needs are also growing as a result of ageing societies and spending on long term care conditions will increase substantially as a percentage of G.D.P. (Fujisawa and Columbo 2009). In the global context nurses and patients/clients face many challenges as health care systems adapt to new economic circumstances and health is shaped by demography, the ageing population, and the emergence of long term health conditions alongside the enduring challenges of infection, malnutrition and poverty in developing areas.

In 2000 the U.N. identified 8 Millennium Development Goals, related to poverty and hunger, primary education, women's health and empowerment, maternal and child health, HIV/AIDS, malaria, environmental sustainability and global partnerships. To date uneven progress has been reported with the goals; with nutrition and hunger a perpetual challenge. Further, armed conflict in some regions has increased the number of refugees. In summary disparities between rich and poor countries remain, with widening gaps relating to maternal health and child education (U.N. 2010). The I.O.M (2005) suggests that human resource

shortages in particular are the key reason for failure to address the Millennium Development Goals. The I.C.N. Global Workforce Initiative highlighted the short term impetus inherent within some national workforce planning. For example Little & Buchan (2007) state strategic workforce planning mechanisms are required to better manage global nursing resources.

The history of global nursing

'History repeats itself' (Cohen & Cohen 1980: 142). It is suggested that current trends within global nurse employability and nurse migration have historical antecedents (Smith & Mackintosh 2007). Kingma (2008) suggests that historically nurse migration has followed North-North or South-South patterns. The former is characterised by nurses moving from one developed or industrialized country to work in another developed or industrialized country. The latter reflects the movement of nurses between developing countries. Further, some countries are well established as export countries; sources for international nurse recruitment and this practice may make an important economic contribution. For example nurses from the Philippines have migrated to the U.S. for over 50 years and have been a substantial export resource (Aiken 2007: Choy 2004).

Specific to the U.K. Solano & Rafferty (2007) critically analyse the colonial antecedents of international nursing and the Colonial Nursing Association 1896-1966, which recruited nurses from the U.K. to posts across the colonies. Renamed the Overseas Nursing Association in 1919 the organisation focused upon the recruitment of nurse managers for employment across the British Empire. Strategically this practice had an impact upon nurse training strategies within the colonies with the adoption of U.K. education and clinical practices in nursing (Solano & Rafferty 2007).

The second key phase identified by the authors relates to World War II when centralised government strategies were used for nursing workforce planning in the U.K. and fewer nurses worked overseas. Solano & Rafferty (2007) argue that this practice was a precursor to stereotypical assumptions about overseas nursing. For example in the post war period and during the 1950's international nurses could work in the U.K. if they were recorded within the Ministry of Health's list; access to which was influenced by whether the nurse was registered in their home country under the 1919 Nurses' Registration Act. There was some concern at this time as more nurses were leaving the U.K. combined with emergent concerns about the practice of recruiting international nurses. The adopted option was to favour untrained overseas nurses, i.e. those without registration within recruitment strategies (Solano & Rafferty 2007).

In the post war period the practice of international nurse recruitment to address nursing shortages in the U.K. was particularly evident in the Cinderella areas such as mental health nursing and elderly care. Chatterton (2007) examined recruitment and retention strategies for mental health nurses 1948-1968 and gave a critique of the factors influencing nurse shortages in those areas such as poor pay, nursing status and working conditions. One way to address shortage was the recruitment of international nurses, notably from Ireland. Further, nurse recruitment from Eastern Europe in the post war period is explored by Clark

(1996). Gittins (1998) considers the recruitment of mental health nurses from Italy, France and Spain, and subsequent recruitment from the West Indies, Africa and China.

Yeates (2009) argues that the history of Irish nursing is interwoven with internationalisation; with nurses moving in and out of Ireland in a manner which has underpinned the development of the nursing profession in Ireland. For example it is argued that the centrality of the Catholic religion within Irish society did much to develop international nursing and the Mercy Sisters nursed during the Crimean War. Inter relationships between religious orders and nursing can be traced back to mediaeval times and are reflected within nursing history in Europe and later in North America, Africa, Latin America, Australia and Canada in the nineteenth century (Yeates 2009).

Factors influencing global nurse employability

The nursing workforce shortage is a major factor influencing global nursing. Brush (2008) for example states the U.S. has recruited international nurses to address workforce shortfalls for many years. It is further estimated that up to 50% of nurse migration to the U.S. is from the Philippines, with 20% from Canada and 8% from the U.K. respectively. Drawing upon statistics provided by the Canadian Nurses Association it is estimated there will be a Canadian shortfall of 78,000 registered nurses by 2011, with further challenges given that 50% of nurses employed in Canada are expected to retire in the next 15 years (Coffey 2006).

During the 1990's nursing workforce shortages facilitated international nurse recruitment to the U.K. N.M.C. data suggests that 80,000 international nurses were admitted to the U.K. register since 1997; accounting for 45% of registrants (N.M.C. 2005). Buchan & Seccombe (2006) suggest the adoption of N.M.C. English language requirements combined with the need for 20 days exposure to nursing practice have changed this trend. The authors also comment that in a similar time frame increasing numbers of nurses left the U.K. to seek employment in Australia, New Zealand, Canada, the U.S. and Ireland. Another factor influencing global nurse employability and particularly workforce planning is that of nursing faculty shortages. The I.C.N (2006) suggests that in some areas a shortage of nursing lecturers is impeding development and expansion of the nursing workforce. Aiken (2007) also states that in the U.S. nurse education has been hindered by capacity issues within schools of nursing.

Several economic theories have been used to explain global nurse migration. Bach (2007) draws upon industrial relations perspectives such as *'equilibrium'* approaches whereby workers from labour surplus low wage areas migrate to labour scarce high wage areas. *'Push and pull'* factors are described within this perspective. Push factors stimulate migration outwards while pull factors are related to demand (Aiken *et al.* 2004). Adams & Stilwell (2004) suggest that poor working conditions and poor salaries influence nurse migration, pushing the nursing workforce outwards to seek a better quality of life elsewhere. Furthermore it is argued that nurse migration can influence the quality of life for families who remain in the local area, as nurses migrate and send remittances back home.

Bach (2007) suggests economic theories do not take account of social networks which may underpin global nurse employment and facilitate knowledge development regarding the

practicalities of migration, visa and job application, whilst providing community support networks for example. It is suggested that efforts to reduce migration can have negative socio economic consequences for families and the nurses that support them by sending remittances home (Little & Buchan 2007: Kingma 2006).

While the active recruitment of international nurses can have a harmful effect (W.H.O. 2010) others have advocated self sufficiency and sustainability within workforce planning. Aiken *et al.* (2004) call for a twofold approach; with efforts to develop nursing workforce sufficiency locally combined with investment in international aid to develop nursing capacity in other regions. Little & Buchan (2007) give several exemplars of workforce planning practices. For example in 1993 it was estimated that one quarter of the nursing population in Oman were expatriates. With enhanced job security there has been a reduced dependency upon international nurses in the country. Likewise Malawi aimed to improve staff retention by expanding training opportunities and improving staff salaries. Compulsory working within the public health service was also introduced for those who had received public funding for health related training (Little & Buchan 2007).

Nursing registration

Each country has professional and/or state requirements which protect the title of nurse and which contribute towards care quality, safety and standards. Nursing registration safeguards the public, the users of health and nursing services, by ensuring nursing knowledge and skills are achieved to the required standard by nurses for practice in a country. In this context the term *'nurse'* is protected by registration and can only be used by those who have successfully completed a professional nurse education programme in accordance with the needs of each country. While each country has its own nurse registration system there are examples of regional cooperation for example within the European Union. Various terms are employed within the nursing literature and policy context to ensure that registration or licensure, as it can also be known, has equivalence within each country where nurses may migrate for employment. For example credentialing and profiling are terms employed for this purpose.

Nurses' experiences of global nurse employability

Smith & Mackintosh (2007) argue that there are inherent inequalities within the nursing profession based on historical, professional, class, gender and race issues. They argue that workforce and labour divisions also contribute to inequalities with low status, relatively disadvantaged positions assigned to those already affected by ethnic and/or gender inequalities. Within nurses' experience the former and the latter potentially combine within global nurse employability. For example, within the U.K. it is argued nurse migrants are more likely to be employed in residential or caring roles, within comparatively unskilled areas of the health sector (Aboderin 2007: Smith & Mackintosh 2007). This situation appears to be a continuation of nursing history, as explored previously (Chatterton 2007).

International nurses report racial and gender discrimination and differences between their expectation and experience of migration for global nursing, along with social implications. While there are expectations of improved quality of life and better professional

opportunities the reality may include challenges with communication, deskilling, and lack of opportunity for career progression (Adams & Kennedy 2006). The most challenging possibility is the deskilling of nurses who have moved for employment reasons, resulting in a waste of a precious global resource (I.C.N. 2002).

Where there are concerted efforts to promote global nurse employability there can be positive outcomes for nurses. For example Iredale (2001) describes the impact of European Union recognition of nursing qualifications combined with the advent of international student recruitment within the higher education sector. Ball (2004) uses the notion of '*trade in nurses'* whereby commercialisation of nurse recruitment combined with technological and social changes have enhanced global nurse employability. Ball (2004) also describes the impact of financial investment, describing the consequences of Middle Eastern oil revenues upon migration to the region by nurses from the Philippines and Pakistan for example.

Coffey (2006) describes good practice in programme development to facilitate global nurse employability. In response to lack of language preparation for professional practice, lack of opportunity for workplace experience and lack of mentorship as factors hindering global nurse employability, a programme of study to promote access to nursing qualifications is outlined. A focus upon support at the induction and orientation period before study is emphasised, with concentration upon transition to work and study in another region and related socio cultural concepts of living and working. Elsewhere practical strategies such as support to find and access good quality accommodation are advocated (Brush 2008). Davies (2003) recommends the inclusion of knowledge of local health care systems, insights into organisational culture and working practice, nursing abbreviations and jargon, along with wider socio-cultural considerations within induction and orientation programmes for nurse migrants.

Ethical Issues

There are concerns about the ethics of international nursing recruitment; and its potential to contribute to nursing shortages in areas of comparative need (W.H.O 2010: Simoens *et al.* 2005). There has been criticism that some regions recruit international nurses and do little to address underlying issues such as nurses' pay and working conditions, which may lead to nursing attrition, stress and poor job satisfaction (Adams & Kennedy 2006). Clark *et al.* (2006) argue that a shortage of health workers is leading to a brain drain affecting less affluent countries. Awases *et al.* (2004) suggest that migration from Africa has had a negative impact upon the quality of health care in that area. They suggest that the promise of better employment opportunities, better quality of life combined with decreasing employment opportunities and local political instability contribute to an overall decline in the quality of health care delivery in the region.

With this in mind the I.C.N. (2001) issued a position statement on ethical recruitment practices. This recognises the right of nurses to migrate, however countries must have adequate workforce planning strategies of their own and must not exploit regions or individuals. The position statement calls for equality of opportunity, adequate career planning and support within the recruitment processes. Within the U.K. a Code of Practice was developed by the Department of Health (D.H.) to underpin and address ethical and

professional concerns about *'cherry picking'* valuable nursing resources from regions that were themselves dealing with the challenges of nursing workforce availability (D.H. 2004).

Cultural competence

Regardless of location and societal or professional status, cultural diversity and sensitivity are essential nursing competencies (Papadopoulos 2006: Leininger 2002). In order to achieve global nurse employability cultural respect and consideration of individual differences are important whether nurses migrate to another country or region for employment, or whether they practise in the locality in which they were educated. Leininger (2002) developed the nursing concept of transcultural nursing, whereby nurses would advance nursing knowledge and practice through understanding the similarities and differences within cultures and wider societies to better deliver culturally appropriate care. However while culturally appropriate care is essential and there is consensus on its need within the nursing literature, the evidence base for nurse education and how best to develop cultural nursing competence is unclear.

Campesino (2008) for example argues that knowledge of cultural similarities and differences is not enough to prevent discriminatory practices within nursing, and there should be inherent activities that actively challenge discriminatory practices and racism. Allen (2010) calls for the wider socio-political context to be considered within nurse education relating to cultural competence and care. Papadopoulus (2006) advocates cultural nursing care within a framework which incorporates cultural awareness, cultural knowledge, cultural sensitivity and cultural competence.

Conclusion

The intention in this section has been to contextualise key issues relating to global nurse employability and to present a concise summary to inform this project. The section has illuminated the historical antecedents of global nurse employability, along with workforce planning and ethical issues. Policy analysis of nurses' experiences within nurse migration is particularly stark; reinforcing inequalities of opportunity relating to employment, career progression and other circumstances in nursing. Cultural competence and understanding and actively engaging and challenging discrimination are important within nurse education and practice. This section has also identified some exemplars of practice whereby good preparation, orientation and ongoing career and personal support for international nurses can make a positive contribution to their professional development and workforce contribution. Section two will detail the methodology employed for this systematic literature search, review and synthesis.

SECTION TWO: PROJECT METHODOLOGY

The systematic literature search aimed to identify the core requisites of nursing knowledge and skill, beyond cultural competence, which are considered essential for global nurse employability, and which transcend statutory licensing and legal requirements. Key questions to be examined included:

- What does global nursing mean?
- What is global/international nurse employability?
- What key knowledge is required for employability?
- What key skills are required for employability?
- What requisites of nursing knowledge/skill and practice transcend national boundaries, cultural competence and/or statutory and regulatory frameworks?

Search strategies

A comprehensive search was conducted on a range of English Language databases to cover varied perspectives. These included: Assia (Applied Social Sciences), Eric (Education), Scopus (general), Ovid Full Text, Psychinfo (Psychology), Medline (biomedical), Cinahl (nursing), BN Index (nursing), Internurse (nursing), HMIC (Health Management and Policy). Chinese language databases were also searched and included: Caj Full text, China Biological Medicine Database, Chinese Master's thesis and PhD thesis. In addition a number of resources from key organisations were searched. These included: the Royal College of Nursing, (R.C.N), N.M.C. and I.C.N/Centre for Nurse Migration, the Organisation for Economic Co-operation and Development (O.E.C.D), the International Labour Organisation (I.L.O), Cochrane Nursing, Joanna Briggs Institute, the EPPI-Centre, Chinese Nursing Association and the Ministry of Health of China.

Citation tracking on two key authors was performed (Buchan, Bach) as well as checking the references from the studies identified for inclusion. A date restriction of 2006-2011 to the English language search and 1999 to 2011 was applied within the Chinese language search. Searches were conducted in November 2011. The project team identified a range of keywords and these were applied across all resources, using thesaurus and free text searching and combined using Boolean operators as appropriate for each resource. These included: Internationally educated nurses; Overseas trained nurses?; Nurs# employability/international/global; Nursing manpower; Travelling health professional; Cultural competence/nursing; Nurse migration; Global knowledge/skills/nursing; Core knowledge/skills/nursing. All search results were stored on Endnote Web to provide a record and audit trail which was accessible to all team members throughout the review and which could be used for the sifting and filtering process.

Inclusion and exclusion criteria

Inclusion
English language 2006-2011
Chinese Language 1999-2011

Peer reviewed
Primary research, audit or evaluation or literature review with specific methodology
Exploration and analysis of international nursing or global nursing or nursing knowledge and skills or global employability

Exclusion
Opinion papers, editorials, letters
Papers without an explicit methodology

Sifting, filtering, data extraction

The titles and abstracts of the English and Chinese search results were each independently reviewed by two people and a sample were cross referenced to ensure consistency against the inclusion/exclusion criteria to identify their potential relevance to the review. Full text papers were obtained for those which were determined potentially relevant, and these were also screened against the inclusion/exclusion criteria. Those which met the criteria were critically appraised using the Critical Appraisal Skills Programme (C.A.S.P.) Public Health Research Unit (1999) for qualitative studies and the Health Care Practice Research & Development Unit (H.C.P.R.D.U.) (Long *et al* 2002) evaluation tool for mixed methods studies. The papers were independently appraised, then cross referenced to ensure consistency. Any disagreements were resolved by discussion. Data was extracted and synthesised using the headings; author, year, topic, sample, sample size, data collection method, method of analysis, and the results were compiled into synthesis tables (see Appendix I). The data extracted from the Chinese language papers was translated into English by the Chinese members of the project team who conducted their data extraction in China.

Data Analysis

Thematic analysis of the synthesis tables was informed by Boyatzis (1998). For example the tables were read through by two people working independently and sentences or statements which related to the key project questions were highlighted. This process took place several times before cross referencing and discussion of themes between the two people. Flipchart papers and coloured pens were then used to map the themes into three categories using the same process as above; review of themes, comparison with the project aims and key questions, mutual discussion and consensus. The following categories were identified using the process;

- The nursing gateway
- Professional attributes: The science of nursing
- Personal attributes: How to live, how to be, how to learn

The three categories and their related themes are discussed in section three. They were subsequently used to develop a curriculum model for global nurse employability, the nursing gateway model. This curriculum model will be discussed in section four.

SECTION THREE: PROJECT FINDINGS

For consistency in reporting findings we adopted the term '*International Nurses'* (I.Ns) throughout this section to refer to nurses who seek global employability and/or who migrate for employment purposes. Internationally educated nurses, migrant nurses, and overseas educated nurses are some examples of similar terms we found within the nursing literature.

The systematic literature search located 294 English language papers for possible inclusion in the literature synthesis when the search terms were used singly and in combination. Two people independently reviewed the English papers by title and abstract retaining 109 papers for inclusion in the second round of screening. Two people independently reviewed the 109 papers using the inclusion and exclusion criteria, and with cross referencing to ensure consistency. From this process 16 papers were retained for literature synthesis. Hand searching identified a further 3 papers (Aboderin 2007: O'Brien 2007; Smith & Mackintosh 2007). In total 19 English language papers were included within the literature synthesis. The methodologies employed were predominantly qualitative and some examples are given below;

Oral history
Phenomenology
Qualitative
Mixed, quantitative and qualitative
Grounded theory
Biographical narrative
Literature review

2372 Chinese Language papers were identified within the first round of literature searching and using the same process as above 13 Chinese language papers were retained for the literature synthesis. The methodologies employed within the papers were;

Four qualitative studies
One experimental study
Seven surveys
One mixed methods study

In total 32 papers were included in the synthesis. An overview of the papers included is provided in Appendix I. They originated from a number of countries e.g. Canada, U.K. Australia and China, whilst incorporating views from a wider range of I.Ns for example those from Nigeria, Philippines, Ireland, Switzerland, and U.S.
The remainder of this section describes the synthesis findings using the three categories identified by thematic analysis;

- The nursing gateway
- Professional attributes: The science of nursing
- Personal attributes: How to live, how to be, how to learn

The Nursing Gateway

Access to global nursing and regulatory issues

The nursing gateway concept was adopted as a significant category to illustrate the processes and inherent complexities for nurses accessing global nursing in the first instance, initially addressing local professional regulatory requirements. The global *'gateway'* was appropriate; in essence, if the regulatory issues could not be addressed, the nursing gateway remained closed. Regulatory frameworks for nursing are individualised to country, they are complex, and subject to wider professional licensing requirements within nursing. These requirements include language capability, specific length and content of education or training, and exposure to nursing knowledge and skill for example. In the absence of global consensus regarding professional nursing and the knowledge and skills required, global nurse employability was thwarted by a combination of poor understanding (on the part of the nurse seeking employment and other stakeholders) of processes and poor mapping of nursing expertise to role requirements in the employment destination.

In the literature profiling (Blythe & Baumann 2009) and credentialing (Beaton & Walsh 2010: Sochan & Singh 2007: Singh & Sochan 2010) are terms employed to describe the process of ensuring equivalence of nursing qualification, professional registration and/or language competence from the nurse's home area in comparison with the desired destination for nurse employment. Negotiating the nursing gateway can be helped or hindered by historical nation links, albeit changeable with time. For example Beaton & Walsh (2010) discussed the experiences of international nurses working in Newfoundland and Labrador in Canada, drawing upon oral histories from 41 participants (27 participant nurses being educated within the British nursing system, under the auspices of the former General Nursing Council/G.N.C.). Initial historical resonance between the Canadian and British nurse education systems, and aligned immigration policies pre Canadian independence enabled relative smooth credentialing or profiling. However over time this changed. Beaton & Walsh (2010) illuminated the time it took for international nurses to negotiate successfully the nursing gateway in Canada. Potentially, multiple enquiry points may contribute to credentialing delays as the enquirer is passed from one point to another, and to confusion about professional requirements, given the shifting basis of professional regulations. Blythe *et al.* (2009) reported that many I.Ns entering Canada were not always eligible to practise and would not complete the nurse registration process in Canada due to regulatory changes. Difficulties evidencing professional credentials due to poor record keeping in the home area combined with delays obtaining nurse education transcripts or equivalent documentation were further contributory factors to abandonment of nurse registration processes by international nurses. Misinformation also appeared to be an issue prior to migration with job opportunities not being as abundant as initially communicated.

The challenges above resonated with Blythe & Baumann (2009). Their analysis of published data and secondary literature provided a profile of I.Ns in Ontario. Nurse applicant I.Ns who had been appointed by an approved facility could register in the 'Special Assignment class' if their intentions were to stay in the country for less than 12 months. Otherwise they were required to take the national examination and apply for registration with The College of

Nurses of Ontario (C.N.O.) for permanent residency. Moreover further challenges were encountered with Canada's decision to adopt a 4 year baccalaureate nursing programme.

Credentialing or profiling incurs costs for I.Ns with further language and education requirements in many instances. Nurses from designated countries are exempt from the language tests that other I.Ns are required to pass, which contributes further to inequity and misunderstanding. Further, educators and employers have questioned whether the language tests are fit for purpose (Blythe & Baumann 2009). As illustrated by the literature here, the nurse registration process can take between several months and several years, in which time many I.Ns work as health care aides (Woodbridge *et al.* 2010: Blythe & Baumann, 2009). The longer the I.N stays in such employment the more likely they are to abandon professional nursing aspirations (Buchan 2007: Nichols & Campbell 2010). Nurses trying to access the nursing gateway face disillusionment within the process if their nursing qualification does not have equivalence and they often feel great social and family pressure to succeed (Sochan & Singh 2007: Singh & Sochan 2010). Despite the reported difficulties areas of good practice do emerge. For example Blythe & Baumann (2009) describe the use of Prior Learning and Assessment strategies within the credentialing process.

Mentorship and support

It emerged from synthesis that ongoing support beyond initial orientation to nursing in a new country was critical and should include mapping of nursing knowledge and skills with specific role and employment requirements to ensure best use of nursing expertise. For example Kingma (2006) stated that ongoing mentorship and support, with professional career development and access to continuing education opportunities is required; the first two years of international nurses' experience are the most challenging. Nichols and Campbell (2010) found that the mechanisms for support are poor in the U.K. context, albeit better in the National Health Service as opposed to the private nursing/residential care sectors. Takeno (2010) emphasised the role of the nurse manager in supporting the I.N within their professional role. However, relatively little attention has been paid within the literature to the strategies used to support I.Ns with disparate views on how this can be achieved.

The commercialisation of nursing

Commercial drivers also emerged as a key theme relating to the nursing gateway; with the discussion of economic costs and income generation from nursing as a global activity noted in several papers. Benefits were illuminated at the macro level of government policy, and at the micro level of family economics. The impact of economics and push/pull factors within this synthesis, resonated with the policy context and discussion in Section one (Bach 2007). Woodbridge *et al.* (2010) and Ronquillo *et al.* (2011) illustrated the nursing contribution within the Philippine economy; with migration through nursing a preferred career option in some instances, through nurses sending remittances to families at home. However such contribution was also perceived as having drawbacks. Masselink & Lee (2010) indicated that training nurses to work overseas was part of Philippine government policy, with the number of nursing schools growing. Throughout the literature migration from developing countries to developed countries was identified (Aboderin 2007: Jose 2011) and migration from

developed countries to developed countries (McGillis et al 2009). What appears to be a constant is the loss to the home country of highly skilled nurses; identified by Aboderin (2007) as *'brain drain'.* There is a need for further research to explore the strategies required for improved recruitment and retention of nurses in their home country (McGillis *et al.* 2009) and further evidence is required for strategies that can better manage migration from developing countries to the U.K and other areas (Aboderin 2007).

The use of the gateway concept is salient given the reported difficulties nurses experience seeking global nurse employability. Using the gateway as a metaphor, international nursing can start and stop at the point of access to the global gateway. Problematic areas relate to global differences in credentialing, language requirements, and misunderstanding and/or misinformation about regulatory needs. There are some exemplars of practice relating to the use of accreditation of prior learning and bridging programmes to enable I.Ns to fast track education and skills acquisition. Sochan & Singh (2007) advocate a standardised approach to credentialing to address some of the challenges illuminated through discussion here, and to minimise the disappointment nurses experience within global employability. For example professional regulatory and language requirements, with delays reviewing equivalence of professional qualifications contribute to inappropriate utilisation of nursing expertise. Difficulties with the nursing gateway are enhanced by nurses' lack of knowledge about licensing requirements and complex credentialing processes. The following section will explore the implications of the second category from the literature synthesis, professional attributes.

Professional attributes: The science of global nursing

Within this sub section we were conscious that professional attributes related to a plethora of knowledge and skills and so we used *'the science of nursing'* to illustrate this category. Using thematic analysis of the synthesis tables we identified the science of nursing to encompass clinical decision making and professional responsibility; patient and client involvement in decision making and informed consent; clinical dexterity and technological competence; cultural competence; professional relationship dynamics; career progression and professional status; evidence based practice.

Clinical decision making and professional responsibility

Few papers explicated the specific knowledge and skills required for global nurse employability and only general categories emerged. For example two qualitative studies (Zhang 2007: Zhang 2006) explore the core knowledge for nursing masters students. One uses in-depth interviews and focus groups; the other employs a Delphi technique. The study results indicate that core knowledge for nursing masters students involve five aspects; advanced clinical nursing practice, nursing education, nursing management, nursing research and professional development. Two studies (Zhong 2006: Yue 2006) demonstrate that the construction of education level, title of technical post, age, knowledge and skill of nurses is not reasonable. One study (Yue 2006) suggests that the nurse should have the basic qualities such as good attitude, high level of technology, strong sense of responsibility, correct behaviour according to the patients' and their families' opinion.

Woodbridge *et al.* (2010) identify three inter related areas which influence nursing competency and global nurse employability;

- The ability of the international nurse to practise in a specific nursing role
- The influence and culture of the professional practice setting
- The integration of professional knowledge and judgement with nursing abilities

In relation to clinical decision making; professional autonomy and accountability there are contrasting perspectives (Aboderin 2007: Blythe *et al.* 2009: Treguno *et al.* 2009: Beaton & Walsh 2010: Woodbridge *et al.* 2010). On one hand I.Ns feel they have less opportunity for autonomy within clinical decision making and nursing practice. For example Aboderin (2007) reports that I.Ns found the U.K. protocol driven professional environment difficult to adapt to, compared to their home environment, and one which leaves them feeling undervalued, and unable to use decision making skills. However in other contexts I.Ns report the need for more assertiveness to deal with clinical colleagues, alongside increased clinical responsibility and decision making than in the home area (Treguno *et al.* 2009). In some instances the level of decision making and responsibility is such that the I.Ns return to their home environment (Beaton & Walsh 2010).

One experimental study (Zhang 2009) trained 53 nurses who worked in foreign wards on the knowledge and skill of the humanistic quality, comprehensive ability and team working competence. The results showed that nurses' multicultural cognitive level, pass rates for professional skills examinations and patient satisfaction rates were significantly improved. Two papers (Wen 2005: Shi 2008) reported the effect of English teaching in nursing education. A questionnaire survey (Shi 2008) showed that 48 percent of the graduates in a nursing English class were employed in foreign hospitals or foreign wards. These three studies did not answer directly the question what are the requisites of global nursing knowledge and skill but they implied that these factors, such as the humanistic quality, comprehensive ability, team working competence, the ability to speak English play an important role in nursing practice which transcends national boundaries or trans-cultural backgrounds.

Patient and client involvement in decision making and informed consent

Treguno *et al.* (2009) illuminated a critical point in relation to professional attributes and international nursing; related to the rights of the patient and family, informed consent and a patient/client orientated ethos. It was found that the I.Ns nurses in this study needed to adjust to patient/client involvement in decision making, with greater need for discussion, and respect for choices and decisions about whether or not to engage in treatment or nursing care options. I.Ns in this study were exposed to new practices such as gaining patient consent before nursing and medical procedures. Further, there were differences in patient involvement in clinical decision making between the home country and new country for nurse employment. For example, in some instances it was suggested that the patient being in hospital appeared to be consent enough for treatment (Treguno *et al.* 2009). Patient and client involvement in decision making and informed consent did not appear as a strong theme within the Chinese literature reviewed.

Clinical dexterity and technological competence

Within the category professional attributes there were different interpretations of the varying levels of professional support, advice and supervision offered to I.Ns to address clinical dexterity and technological issues. For example Treguno *et al.* (2009) and Takeno (2010) explored a lack of trust perceived by I.Ns from their colleagues in relation to clinical skill and dexterity. Kingma (2007) also suggested that I.Ns nurses should adapt to barriers and perceived prejudices relating to their home nurse education experience. Zhou (2009) reported that I.Ns believed the principles of care are the same; however different equipment and technologies were in use compared to nurses' experiences in the home area. Edwards & Davis (2006) reported a Clinical Competency Survey tool to determine international nurses' professional attributes. While I.Ns in this study reported difficulties with health technologies and cardiac assessment and intervention for example, they were more confident with wound and skin integrity and general nursing assessment strategies.

I.Ns had expectations of excellent care and experience culture shock within nursing practice. For example the nursing labour of washing and bed making were not undertaken by nurses in their home (Nigerian) nursing environment (Aboderin 2007). Further, international nurses felt undervalued by their employers; with increased likelihood they would hold junior nursing roles (Nichols & Campbell 2010). Aboderin (2007) undertook an in depth study of Nigerian nurses and reported that the nurses thought they had lost professional and social status as a result of migration. Within the professional context there were differences in perception regarding role, responsibility and nursing competence. On the one hand the nurses in this study thought they were equally educated and competent to undertake professional nursing roles, however they felt home nurses had an expectation they should undertake lesser nursing tasks, or that they were in some way not as competent to practise as professionals (Aboderin 2007).

Cultural competence

The nursing role encompasses many aspects not least respect for the culture, values and beliefs of patients, clients and their families (Leininger 2002: Papadopoulus 2006). Individual differences, expectations and beliefs and adjusting to different ways of living and working underpin this synthesis (Woodbridge *et al.* 2010). For example I.Ns nurses could experience high levels of stress related to cultural differences (Aboderin 2007). I.Ns identified cultural differences and expectations as an initial surprise (Nichols and Campbell 2010: Beaton and Walsh 2009) and felt that cultural education within an orientation programme would help reduce 'culture shock' (Jose 2011).

Two Chinese studies surveyed the nurses' cultural awareness, cultural skills and cultural competence. One study (Lin 2008) surveyed the nurse cultural sensitivity in 700 practitioner nurses in Shanxi Province. The nurses' overall cultural sensitivity level in this study was not high, and the cultural awareness was relatively better than the others. There were significant differences between the nurses with different educational background in cultural awareness and the cultural interaction. There were significant differences in self-awareness, recognizing the impact of cultural factors, with respect for the world and values, individual

general behaviour, professional behaviour. There was no significant difference in using open, truthful, flexible affection to get along with others, self-evaluation and the hospital environment. Another study (Huo 2009) developed a rating scale of cultural competence and investigated the status of cultural competence for 360 nurses in Peking, Shanghai, Guangzhou, Xi'an, Shenyang and Wuhan, and the results showed that the majority scores of cultural awareness, cultural skill and cultural competence were higher than 70, the scores of cultural knowledge ranged from 60 to 79; the conditions of nursing cultural competence were general. These two studies focused on cultural awareness, cultural skill and cultural competence for nurses. These results indicated nurses' cultural awareness, cultural skill and cultural competence level were not high and cultural awareness, cultural skill and cultural competence needs to be enhanced in China.

Gou (2006) uses historical analysis methods to explore the concept and framework of trans-cultural nursing. The author defined cultural competence and established a framework of cultural competence in this theory based study. With an insight of the developments of trans-cultural nursing through history and content, the culture in nursing was discussed and the influence of cultural factors on health care and nursing care was studied. It concluded that trans-cultural nursing is a new and important part of the holistic nursing. This study defined the structure of cultural competence as cultural sensitivity, cultural knowledge and cultural skill. It also defined cultural sensitivity as status of education background, cultural consciousness, cultural understanding and cultural interaction. Meanwhile, this study developed an instrument of cultural sensitivity of nursing undergraduates, then a convenience sample of 216 nursing graduates from Shanghai, Beijing, Anhui, Fujian were surveyed on the current status of cultural sensitivity. The results showed that the levels of cultural sensitivity of nursing students were not high and the level of the baccalaureate students and the associate degree students were homologous.

Professional relationship dynamics

Interprofessional working is central to nursing, but can be hindered by many barriers. Key to the effectiveness of inter professional working is development and maintenance of effective professional relationships, particularly in view of the varying dynamics and power balances that can exist. Our findings highlighted contrasting viewpoints on this subject. For example Nichols & Campbell (2010) found that I.Ns felt informality within the professional context, with the use of first names for example was beneficial. In contrast Treguno *et al.* (2009) reported that I.Ns found informality and friendly professional interactions between nursing colleagues and other health disciplines disrespectful and a hindrance to professional dynamics.

Career progression and professional status

Previous discussion of the nursing gateway illustrated how regulatory requirements and complex and lengthy administrative procedures hindered nurses from practising to their full potential. While mechanisms are required to ensure equivalence of knowledge and skill these should not impede competent nurses from professional practice. Once in practice there are differences in career progression for I.Ns. For example Xu & Kwak (2007) reported that international nurses tended to stay in staff nurse roles longer. This was explored from

two perspectives. First it could be suggested this was an indication of positive support from within the clinical areas, leading to staff retention. Alternatively it could be perceived as an indicator of discrimination, with international nurses not progressing with professional careers at the pace of home nurses (Takenon 2010). O'Brien-Pallas & Wang (2006) and Lin (2009) reported that I.Ns were more likely to experience stress within the workplace, working longer hours, overtime and encountering high levels of verbal abuse and aggression from peers and patients.

Evidence based practice

Comparatively little was identified from synthesis about I.Ns perceptions of the evidence based practice movement, and the use of research to underpin nursing practice. Woodbridge *et al. (*2010) discuss the importance of nursing research and evidence to inform nursing.

Personal attributes: How to live, how to be, how to learn

Within this final category several skills were identified relating to *'the art of nursing '*where softer skills are required by the individual; skills related to communication and culture and societal values in general; how to live, how to be and how to learn.

Organisational communication and culture

A theme that emerged from Beaton & Walsh (2010) was individual differences within nursing language and the culture of communication, notably humour. For example despite the use of English in Newfoundland British I.Ns still experienced difficulties with the local dialect and the interpretation of humour. This could have arisen due to lack of orientation to nursing and wider living. Significantly the lack of orientation also meant they were unfamiliar with policies and procedures. Communication was also a perceived barrier identified by Blythe *et al.* (2009) Subtleties in body language, tone of voice or silence were potentially problematic in addition to understanding and interpreting nursing humour and sarcasm. Blythe *et al.* (2009) reported that the international nurses in their study found it easier to become part of the nursing team in urban areas where multicultural staff and patients were more prevalent; although some nurses formed ethnic cliques in this context.

In relation to language and communication Treguno *et al.* (2009) identified the cognitive skills required by I.Ns working in their second language. This was an interesting discussion point, and the skill and effort required to nurse and to utilise multi lingual skills identified by Treguno *et al.* (2009) was not reported elsewhere within the retained papers. Other issues were identified, for example Nichols & Campbell (2010) explored the stigma of accent and the disappointment or frustration of nurses and patient alike, that an 'accent' could not be understood.

The how to be and how to live aspect in some instances promoted conflict for nurses. Zhou *et al.* (2006) explored China educated nurses' experiences of working in Australia. For example nurses reported feelings of *'ambivalence',* of contrast between working, predominantly adopting professional practices of the destination country, and living, with a

desire to live within social norms from the home country, and the tensions between the two. Significantly this nursing group reported some dissonance, that when they returned to China they did not feel at ease there either, hence the sense of ambivalence. However ambivalence was not necessarily negative. It was something that could be adapted to, and nurses seeking global nurse employability should be made aware of the extent of ambivalence and be trained to deal with it. Zhou *et al.* (2006) also reported that the Chinese nurses felt a sense of separation and guilt, especially meeting the needs of ageing parents some distance away. There were also challenges with relationships; if their partner from China accompanied them for example they may not be able to seek a job of the required standing. Nurses without a partner felt they were disadvantaged because they were Chinese, and sometimes found the development of partnerships and relationships challenging on this basis.

Jose (2011) analysed personal attributes and the impact of global nurse employability. First the reality is described, which may be accompanied by a sense of disillusion that what, at home, was portrayed as a positive developmental opportunity was subject to prejudice, challenge and alienation. However there was a sense that this could be addressed, that I.Ns could 'rise to the challenge' and overcome individual attitudinal differences. Good orientation and preparation were essential for the development of personal attributes for I.Ns. Jose (2011) and Lin (2009) give compelling accounts of the personal costs for I.Ns. (Zhen 2011) interviewed 7 female Chinese nurses who immigrated and worked in the U.K about their adjustment problems in life and work. It was found that their adjustment problems focused on disturbance of diet, lack of professional English, difficulties in making friends and homesickness.

Learning styles

One of the areas we expected to identify within the literature search and synthesis related to differences in pedagogical styles and expectations of teaching and learning. However pedagogy received very little attention as compared to professional attributes and gateway issues. For example the literature highlighted difficulties with the licensing procedures and the struggles some I.Ns experienced in registering with the country they had migrated to. Few however, explored in depth various learning styles experienced by I.Ns. Blythe and Baumann (2009) and Woodbridge *et al* (2010) explored challenges meeting the language requirements and difficulties with unfamiliar technology. However various educational philosophies were comparatively little explored within this synthesis.

Personal resilience and experience

Discussion of the personal attributes required for global nurse employability was compelling and illustrated the human experience of global nurse employability, albeit overshadowed by consideration of professional attributes within the literature. In summary the decision to seek global nurse employability was life changing and required resilience on the part of the I.N. Several authors explore stereotyping and racism, moving beyond institutional and/or cultural misunderstanding of professional attributes explored earlier, to affect nurses in their daily living context (Lin 2009: Nichols & Campbell 2010: Jose 2011).

Discussion

The findings above illustrated the importance of the global nurse gateway and professional attributes for nursing, within global nurse employability. Within these two categories the challenges I.Ns encountered were clearly explicated from synthesis. Professional attributes, included the need for professional clinical decision making, autonomy and respect for persons as core requirements for global nursing along with technological dexterity. There was acknowledgement of the need for evidence based practice, with comparatively little discussion of how this could be developed through global nurse education. The findings also illuminated personal issues related to global nursing, which are comparatively little discussed in the nursing literature, hence development of the theme *'how to live, how to be, how to learn'.*

Two studies Zhang (2007) and Zhang (2006) showed that core knowledge for nursing master students covered five aspects, including advanced clinical nursing practice, nursing education, nursing management, nursing research and professional development; however the specific requirements within each area were not given. As for requisites of nursing knowledge and skill to practice transcending national boundaries, limited studies focused on cultural competence in the Chinese literature. A number of studies have shown that humanistic quality, comprehensive ability, team working competence, the ability to speak in English, the nurses' cultural awareness, cultural skill and cultural competence may play an important role in practising in the global setting.

While discussion of professional licensing issues and professional attributes could be expected from the literature, the themes related to personal attributes were equally if not more compelling, and illuminated starkly some areas for future development for global nurse employability. For example while technological and nursing dexterity could and should be expected within international nursing, nursing does not take place in isolation from wider societal mores and expectations. As such the emergent themes related to cultural differences, acceptance, communication and tolerance are key areas for development. In summary, the personal accounts of the I.Ns as identified within this systematic search and synthesis illuminated how, within a challenging nursing environment, and within wider societal living, patience and tolerance of differences and needs can be overlooked.

Limitations & strengths of this project

The limitations of this project were;

- Diverse terminology employed
- The maintenance of project impetus within the wider context of professional role and responsibilities

Within the nursing literature a diverse range of terms are employed to discuss nursing, as evidenced by our glossary at the beginning of this project report. For example, it was difficult to compare like with like, and to understand or interpret the various words employed. For example, profiling, registration, credentialing, global nurse, international

nurse were used. Further, while these terms were employed within the papers reviewed, clarity of meaning was sometimes difficult to extrapolate. The nursing glossary was developed to enable consistency of understanding for the project team and within the project report, however this was subject to interpretation.

Project impetus was challenging to maintain once the reviewers returned to their respective roles and responsibilities in their daily professional contexts. Face to face communication and intensive training and focus certainly helped the project development.

The strengths of this project were;

- Utilisation of training and support from a health information specialist
- Adoption of cohesive project methodology
- Comparison and contrast of U.K. and Chinese nursing literature
- Use of web 2.0 technologies

The process followed in conducting this systematic review was a similar process to that adopted by Nichols and Campbell (2010). The comparison of U.K literature with Chinese literature provided assurance that the processes employed were realistic, as the themes were not dissimilar in nature. Other positive aspects to the Chinese –U.K partnership were the inclusion of web 2.0 technologies such as SKYPE and a web based reference organiser Endnote (Thomson Reuters 2012). This provided the project team with access to all the literature reviewed irrespective of geographical location. A key strength of this study was the face to face interaction and discussion, when the Chinese and U.K. partners received intensive training by Dr Alison Brettle in systematic literature searching and synthesis techniques.

SECTION FOUR: THE NURSING GATEWAY MODEL AND RECOMMENDATIONS TO ENHANCE GLOBAL NURSE EMPLOYABILITY

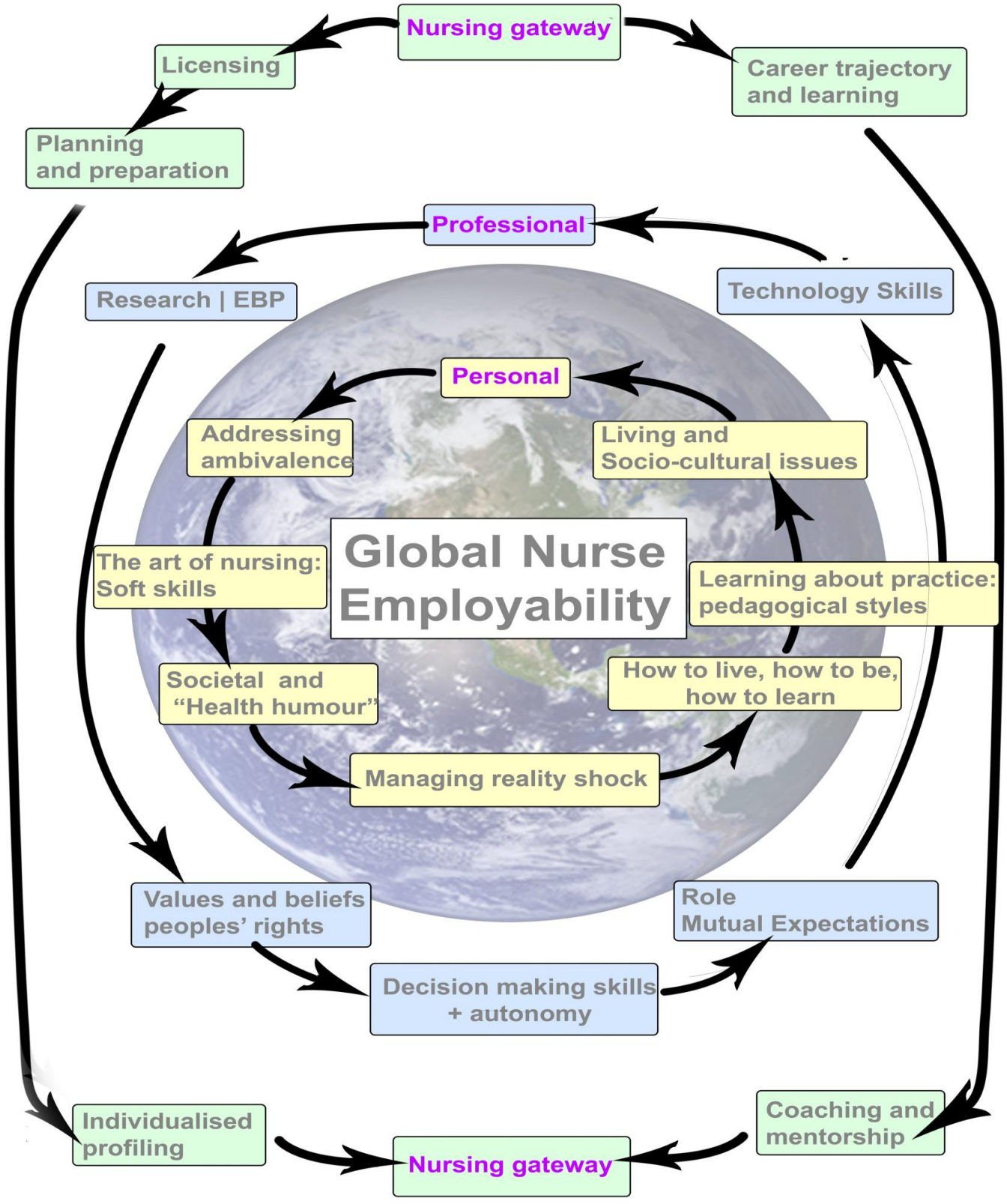
The Nursing Gateway Model

The emergent categories from literature synthesis; the nursing gateway, professional attributes and personal attributes have been discussed in section three with their related themes. This section explains how these were used to develop the nursing gateway model of curriculum development for global nurse employability.

While the three categories above are distinct they are also inter related. From literature synthesis and thematic analysis we found that the key to global nurse employability is access to, and entry through, the nursing gateway; associated with professional credentialing, equivalence of nursing qualification and language capability for example. Progression to the development of professional and personal attributes for global nurse employability can be helped or hindered at the early stages of inquiry. In summary successful negotiation of the nursing gateway is an essential pre-requisite to the core knowledge and skills for global nurse employability.

The second inter related category of the curriculum model is that of professional attributes; the knowledge and skills which are transferable between global nursing settings regardless of the nature of professional practice and geographical region. Key to the development and application of professional attributes is ongoing mentorship and support, beyond the initial orientation and induction to global nurse employability. Ongoing career profiling, equitable access to continuing professional development and professional mapping of individual skills specific to roles are key issues identified within the literature synthesis and these are included in our curriculum model.

The third related area is that of personal attributes. The impact of migration for global nurse employability is significant for individuals, their families and significant others and personal resilience would have ramifications for professional practice. Beyond the professional practice context of mentorship there should be support encompassing adaptation and flexibility within societal and personal situations. Such support may come from networks within society and it should be included at the micro level of professional practice orientation. There is considerable scope for policy changes and attitudinal development at the macro and micro levels of society to eliminate racism, intolerance and prejudice. The nursing gateway model emergent from this project is presented overleaf.


Nursing gateway
Licensing
Career trajectory and learning
Planning and preparation
Professional
Research | EBP
Technology Skills
Personal
Addressing ambivalence
Living and Socio-cultural issues
Global Nurse Employability
The art of nursing: Soft skills
Learning about practice: pedagogical styles
Societal and "Health humour"
How to live, how to be, how to learn
Managing reality shock
Values and beliefs peoples' rights
Role Mutual Expectations
Decision making skills + autonomy
Individualised profiling
Coaching and mentorship
Nursing gateway

Conclusion & recommendations

The aim of this project was to identify the core knowledge and skills required for global nurse employability, drawing upon systematic literature search and synthesis strategies. Whilst the literature reviewed focused upon nurse migration and employment issues, we believe that our definition of global nurse employability and the Nursing Gateway Model encompasses nursing practices and nurses in all contexts and is not related solely to those nurses who migrate for employment or other purposes. The project is unique for two reasons. First it has built upon the foundations of cultural competence in nursing and contributed to an evidence based approach for global nurse employability. Second the process of project implementation was unique in that international collaboration enabled literature searching in the English and Chinese languages. This collaboration enabled knowledge and skills development within the project team, and an appreciation of professional nursing and educational issues within the respective regions. Project development and implementation has been greatly enhanced by the use of virtual learning platforms and electronic reference management systems. In summary the project has provided a positive learning experience and a foundational basis for future collaboration.

The outcome has been the development of the Nursing Gateway Model to underpin nurse education development. The model now requires testing and evaluation within nurse education to evaluate its contribution to the understanding and development of global nurse employability strategies. The findings from literature synthesis have also enabled the development of a series of recommendations for nursing practice at the macro and micro levels of professional practice.

Recommendations

The nursing gateway

- Transparent, consistent and accessible processes are required to enable credentialing of I.Ns, with collaboration and cooperation between the respective nursing regulatory bodies. Further international collaboration and cooperation to achieve better understanding and consensus about nursing regulatory issues is required.
- Local orientation and induction programmes are required, which could use blended and/or distance learning to enable consistent and smooth access to the new nursing area. These should encompass information relating to professional and personal attributes, living and working; how to live, how to be and how to learn. There should be clear discussion of expectations within nursing roles. The information provided at national and local levels needs to be clear and consistent.
- Bridging courses and accreditation of prior learning to enable best use of knowledge and skills should be considered to enable best use of nursing expertise, and to avoid ‘brain drain’ whereby qualified nurses work in unqualified support worker roles.

Professional attributes: The science of global nursing

- Ongoing professional profiling is required for I.Ns to ensure career development along a planned trajectory and to avoid inequalities of career opportunity. This should include a consistent approach to the mapping of the individual's nursing knowledge and skills, including technological skills to the needs of the destination area for international nursing.
- Ongoing mentorship and support related to differences in nursing role and patient care is required.
- Equity of access to C.P.D should be guaranteed for international nurses.
- Facilitation related to clinical decision making and autonomy should be incorporated within orientation and induction and within C.P.D. programmes.
- Exploration and consideration of nursing expectations, socio-cultural and professional expectations, communication and professional dynamics within the health care team should be included within orientation and induction programmes and reviewed through C.P.D. on an ongoing basis.
- Exploration and mutual discussion of nursing values and beliefs within C.P.D and mentorship strategies is required within C.P.D. and other educational programmes.
- Discussion of the principles of evidence based practice is required within orientation programmes.
- Development of technological skills commensurate with role and responsibilities should be undertaken, based on individualised assessment and role requirements, to match nurse expertise with professional role.

Personal attributes: How to live, how to be, how to learn

- Support to manage reality shock and adjust to international nursing, living, being and learning must be provided for international nurses; at orientation and through a regular programme of professional support.
- Orientation to socio cultural aspects of nursing and health communication; for example health humour and health language is required??
- Discussion and development of learning styles for international nursing, living, being and learning should be enhanced.
- Support to develop personal strategies to manage *'ambivalence'* is required for international nurses, and there should be wider discussion and support for exploration of this and related personal attributes.

References

Aboderin, I. (2007) Contexts, motives and experiences of Nigerian overseas nurses: understanding links to globalisation *Journal of Clinical Nursing* 16 2237-2245

Adams, E., Kennedy, A. (2006) Positive practice environments www.intnlnursemigration.org accessed January 2012

Adams, O., Stilwell, B. (2004) Health professionals and migration bulletin of W.H.O. www.who.int/bulletin/volumes/82/8en.560.pdf accessed January 2012

Aiken, L.H., Buchan, J., Sochalski, J., Nichols, B., Powell, M. (2004) Trends in international migration *Health Affairs* 23(3) 69-77

Aiken, L.H. (2007) U.S. nurse labor market dynamics are key to global nurse sufficiency *Health Research and Educational Trust* 42(3) Part II 1299-1320

Allen, J. (2010) Improving cross-cultural care and antiracism in nursing education: a literature review *Nurse Education Today* 30(4) 314-320

Awases, M., Nyoni, J., Gbary, A., Chatora, R. (2004) *Migration of health professionals in six countries: a synthesis report* Geneva: W.H.O

Bach, S. (2007) Going global? The regulation of nurse migration in the U.K. *British Journal of Industrial Relations* 45(2) 383-403

Ball, R.B. (2004) Divergent development, racialised rights: globalised labour markets and the trade of nurses – the case of the Philippines *Women's Studies International Forum* 27 119-133

Beaton, M., Walsh, J. (2010) Overseas recruitment: experiences of nurses immigrating to Newfoundland and Labrador 1949-2004 *Nursing Inquiry* 17(2) 173-183.

Blythe, J. and Baumann, A. (2009) Internationally educated nurses: profiling workforce diversity *International Nursing Review* 56(2) 191-197.

Blythe, J., Baumann, A., Rhéaume, A. and McIntosh, K. (2009) Nurse migration to Canada: pathways and pitfalls of workforce integration *Journal of Transcultural Nursing* 20(2) 202-210.

Boyatzis, B.E. (1998) *Transforming qualitative information: Thematic analysis & code development* London: Thousand Oaks

Brush, B.L. (2008) Global nurse migration today J*ournal of Nursing Scholarship* 40(1) 20-25

Buchan, J., Seccombe, I. (2006) *Worlds apart? The U.K. and international nurses* London: Royal College of Nursing

Campesino, M. (2008) Beyond transculturalism: critiques of cultural education *Journal of Nurse Education* 47(7) 298-304

Chatterton, C. (2007) *The weakest link in the chain of nursing? Recruitment and retention in mental health nursing 1948-1968* Salford: Doctoral Thesis

Choy, C.C. (2004) *Empire of care: nursing and migration in Filipino American history* Durham N.C. Duke University Press

Clark, P.F., Stewart, J.B., Clark, D.A. (2006) The globalisation of the labour market: for health care professionals *International Labour Review* 145 (1-2) 37-64 (28)

Clark, D. (1996) *The story of a mental hospital: Fulbourn 1858-1983* London: Process Press

Coffey, S. (2006) Educating international nurses: curricular innovation through a Bachelor of Science in nursing bridging program *Nurse Educator* 31(6) 244-248

Cohen, J.M., Cohen, M.J. (1980: 142) *The penguin dictionary of modern quotations* Second Edition London: Penguin Reference

Critical Appraisal Skills Programme (CASP) (nd) *Critical Appraisal Skills Checklist for Qualitative Studies* http://www.casp-uk.net/wp-content/uploads/2011/11/CASP_Qualitative_Appraisal_Checklist_14oct10.pdf accessed 4 April 2012

Davies, C.R. (2003) How to help international nurses adjust *Nursing Career Directory* www.intnlnursemigration.org accessed January 2012

D.H. (2004) *Code of practice for the international recruitment of healthcare professionals* www.dh.gov.uk accessed January 2012

Edwards, P.R., Davis, C. R. (2006) Internationally Educated Nurses' Perceptions of Their Clinical Competence *Journal of Continuing Education in Nursing* 37(6) 265-269

Fujisawa, R., Colombo, F. (2009) The *long term care workforce: overview and strategies to adapt supply to a growing demand* O.E.C.D Health Working Papers Number 44 France: O.E.C.D.

Gou, Y.Y. (2006) *Study on cultural competence and cultural sensitivity of nursing undergraduate students* Doctoral Thesis China: Second Military Medical University

Gittins, D. (1998) *Madness in its place* London: Routledge

Huo, M. (2009) *The development of the rating scale of cultural competence and investigation on the status of cultural competence for nurses* Doctoral Thesis Peking: Chinese Medical University

I.C.N (2001) *Ethical nurse recruitment position paper reviewed and revised 2007* www.icn.ch accessed January 2012

I.C.N. (2002) *Career moves and migration critical questions* www.intnlnursemigration.org accessed January 2012

I.C.N. (2006) *The global nursing shortage: priority areas for intervention* Geneva: I.C.N

I.O.M. (2003) *World migration 2003 managed migration – challenges and responses for people on the move 2* P20 Geneva: I.O.M. www.iom.int accessed January 2012

I.O.M. (2005) *Migration and the Millennium Development Goals* Workshop discussion paper www.iom.int accessed January 2012

Iredale, R. (2001) The migration of professionals: theories and typologies *International Migration* 39 7-26

Jose, M. M. (2011) Lived experiences of internationally educated nurses in hospitals in the United States of America *International Nursing Review* 58(1) 123-129.

Kingma, M. (2006). *Nurses on the move: Migration and the global health care economy*. New York: Cornell University Press.

Kingma, M. (2008) Nurses on the move: historical perspective and current issues *Online Journal of Issues in Nursing* 13 (2) Manuscript 1 http://nursingworld.org accessed January 2012

Leininger, M. (2002) Cultural care theory: a major contribution to advance transcultural nursing knowledge and practice *Journal of Transcultural Nursing* 13(3) 189-192

Lin, Z.X. (2008) *Study of nurses' cultural sensitivity in multiculturalism nursing* China: Shangxi Medical University

Lin, L.C. (2009) A synthesis of the literature on Asian nurses' work experiences in the United States *Research & Theory for Nursing Practice* 23(3) 230-245.

Little, L. Buchan, J. (2007) *Nursing self sufficiency/sustainability in the global context* International Centre on Nurse Migration www.intnlnursemigration.org accessed 10th November 2011

Long, A.F., Godfrey, M, Randall, T, Brettle, A and Grant, MJ (2002) *HCPRDU Evaluation tool for mixed methods studies* University of Leeds: Nuffield Institute for Health, Leeds

Masselink, L. E., Lee, S.-Y. D. (2010) Nurses, Inc.: Expansion and commercialization of nursing education in the Philippines *Social Science & Medicine* 71(1) 166-172.

McGillis Hall, L., Pink, G. H., Jones, C. B., Leatt, P., Gates, M., Peterson, J. (2009) Is the grass any greener? Canada to United States of America nurse migration *International Nursing Review* 56(2) 198-205

Nichols, J. and Campbell, J. (2010) The experiences of internationally recruited nurses in the UK (1995-2007): An integrative review *Journal of Clinical Nursing* 19(19-20) 2814-2823.

N.M.C (2005) Statistical analysis of the register 1st April 2004 to 31st March 2005 www.nmc.org accessed March 2012

O'Brien-Pallas, L. and Wang, S. (2006) Innovations in health care delivery: responses to global nurse migration--a research example *Policy, Politics & Nursing Practice,* 7(3) 49S-57s.

O'Brien, T. (2007) Overseas nurses in the National Health Service: a process of deskilling *Journal of Clinical Nursing* 16(12) 2229-2236.

Papadopolous, I. (ed) (2006) *Transcultural health and social care: development of culturally competent practitioners* London: Churchill Livingstone Elsevier

Ronquillo, C., Boschma, G., Wong, S. T. and Quiney, L. (2011) Beyond greener pastures: exploring contexts surrounding Filipino nurse migration in Canada through oral history *Nursing Inquiry September* 18(3) 262-275

Shi, D.M (2008) Introducing contemporary theory to educate qualified international nursing personage *Chinese Outside-school Education*

Simoens, S., Villeneuve, M., & Hurst, J. (2005). *Tackling nurse shortages in O.E.C.D countries* Paris: O.E.C.D.

Singh, M. D., Sochan, A. (2010) Voices of internationally educated nurses: policy recommendations for credentialing *International Nursing Review March* 57(1), 56-63

Smith, P., Mackintosh, M. (2007) Profession, market and class: nurse migration and the remaking of division and disadvantage *Journal of Clinical Nursing* 16 2213-2220

Sochan, A. and Singh, M. D. (2007) Acculturation and socialization: voices of internationally educated nurses in Ontario *International Nursing Review* 54(2) 130-136

Solano, D., Rafferty, A.M. (2007) Can lessons be learned from history? The origins of the British imperial nurse labour market: a discussion paper *International Journal of Nursing Studies* 44 1055-1063

Takeno, Y. R. M. (2010) Facilitating the transition of Asian nurses to work in Australia *Journal of Nursing Management March* 18(2) 215-224

ThomsonReuters (2012)http://thomsonreuters.com/products_services/science/science_products/a-z/endnote_web/ accessed 1st April 2012

Thorne, S.E (2006) Nursing education: key issues for the twenty first century *Nurse Education Today* 26 614-621

Tregunno, D., Peters, S., Campbell, H., Gordon, S. (2009) International nurse migration: U-turn for safe workplace transition *Nursing Inquiry September* 16(3) 182-190.

U.N (2010) The Millennium Development Goals Report New York: U.N. www.un.org/ accessed January 2012

Wen, M.X. (2005) Study and practice on foreign nursing education *Nanfang Journal of Nursing* 12(6) 69-71

W.H.O (2010) The W.H.O. global code of practice on the international recruitment of health personnel www.who.int/hrh/migration/code/code_en.pdf

Winkelmann-Gleed, A., Seeley, J. (2005) Strangers in a British world? The integration of international migrant nurses *British Journal of Nursing* 14(18) 954-961

Woodbridge, M., Bland, M. (2010) Supporting Indian nurses migrating to New Zealand: a literature review *International Nursing Review* 57(1) 40-48

Xu, Y., Kwak, C. (2007) Comparative trend analysis of characteristics of internationally educated nurses and U.S. educated nurses in the United States *International Nursing Review March* 54(1) 78-84

Yeates, N. (2009) Migration and nursing in Ireland: an internationalisation history *Translocations: Migration and Social Change* 5(1) www.dcu.ie/imrstr/volume_5_issue_1/index.shtml

Ye, W.Q, Du, P. (2006) Study on the current situation of nursing human resource allocation and demand in Shanghai Chinese *Nursing Management* 6(11), 14-18

Zhang, H., Shen, N. (2006) Investigation and analysis on the core knowledge of nursing master program in China *Journal of Nursing Administration* 6(6), 4-6

Zhang H., Shen, N. (2007) Study on the core knowledge system of nursing master program in China *Chinese Journal of Nursing* 42(4), 347-349

Zhang, X.M. (2009) Cultivation of multi-cultural nursing ability for nurses caring for foreign patients *Journal of Nursing Science* 24(11), 5-7

Zhen, X.J (2011) Qualitative study on adaptation problems of nurses to work abroad Chinese *Nursing Research* 25(1A) 64-65

Zhong, J.Q (2006) Status of human resources of community nursing and the developing strategy of JiaXing city *Chinese General Practice* 9 23 1979-1980

Zhou, Y., Windsor, C., Coyer, F., Theobald, K. (2010) Ambivalence and the experience of China-educated nurses working in Australia *Nursing Inquiry September* 17(3), 186-196

Appendix I - Synthesis Table

Author/Date/Countries Studied	Aim and Research Approach	Data Collection/Analysis	Findings	Comments/Key Themes
Aboderin (2007) Nigerian nurses working in UK	Exploratory Qualitative investigation to explore contexts, motives and experiences of Nigerian overseas nurses	UK and Nigeria among a small sample of Nigerian trained registered nurses working in the independent nursing home sector in England (n = 25) and registered nurses, nursing tutors and returnee migrants in Nigeria (n = 7).	Given their worsened work and status situation, nurses contemplating a move to the UK perceive the added incentive of regaining professional and public respect and working in advanced clinical settings. Regarding the latter, all respondents – after 1–6 years in the UK – were confident of fulfilling, with time, the key economic or 'education-for-children' purpose of their migration. Their basic professional expectations, however, as most conveyed, have not been fulfilled two levels. 1) limited degree of 'clinical' nursing they are able to practise in the nursing home sector (which none actively chose). The nurses described their work – contrary to hospital nursing – as routine, tedious and restricted. Secondly, many respondents described experiencing discourteous, domineering treatment by (white) carers – which contrasts sharply with the respect they had envisaged	Alluded to discrimination. Interesting the motives for migration are ' life change strategies' Talk about 'hierarchy in the importance of motives' Economical gain, professional advancement is an added incentive Viewed as 'economic migrants' Concentrated on INs working in Nursing home care sector

Beaton and Walsh (2010) Overseas nurses in Canada from UK (n=27), Ireland, Switzerland, Sierra Leone, Nigeria, Philippines, United States, Denmark, Kenya and Vietnam.	Oral history to obtain experiences of nurses immigrating to Canada 1949-2004	Semi structured interview with 41 nurses who immigrated to Labrador and Newfoundland between 1949 and 2004. Narrative analysis	See key themes	Following themes were identified • Finding out about work in NL • Immigration process • Incentives • Knowledge of NL • First impressions • Adaptations to work environment • Adaptation to NL culture and lifestyle Reasons for staying
Blythe and Baumann (2009) International nurses employed in Canada	Literature review and secondary data analysis	Published literature and secondary data used to profile cohorts of nurses educated in different countries but who are employed in Ontario Canada	Largely IEN settle into urban areas. Vast differences in age, gender, work status and type and place of employment	• Difficulties in estimating scale of nurse migration • Many nurses who enter Canada are not eligible to practise and many never complete registration • Affected by regulation entrance requirements • Different cultural groups display different working patterns • Need for international standards
Blythe et al (2009) International nurses in Canada	Qualitative study (semi structured interviews and focus groups) to examine nurse migration to Canada	30 IENs in 5 focus groups and 10 interviews. Discussions focused on becoming a nurse in Ontario, barriers and facilitators and recommendations for change.	Migration process- insufficient practical information about employment Some migrating nurses do not understand the regulatory process especially if their country of origin	IEN are not actively recruited, most IEN migration is not solely career related. More support at all stages of the migration process is required to prevent 'brain drain' of migrant workers

		Thematic analysis	does not have regulation Attaining required educational standards causes financial strain and attrition in IENs Language tests were failing to address issues surrounding peer discussions or understanding text books Failure of the exam may not be due to nursing incompetence but could include language skills, cultural problems with vocabulary or format Number of reasons for dropping out of workforce , lack of confidence, unfamiliar technology, cultural differences	
Edwards and Davis (2006) More than 30 countries grouped in Philippines (60%), India (30%), Nigeria (3%), other (7%)	To determine the learning needs of IEN and their perceptions of their Clinical Competence Quantitative (Clinical Competency Survey)	Recruited IEN who had completed the Commission on Graduates of Foreign Nursing Schools (CGFNS) EXAM= VOLUNTARY SAMPLE used a Clinical Competency Survey designed for this study. 3205 surveys completed from more than 30 countries 77 clinical competency statements grouped into nine	51+ age group scored them higher in technology use but lower in admin, meds, cardiac patient management, performing treatments and nursing process All participants felt they were less proficient in management of cardiac patients and medicine administration (pca pumps and computerised medicine delivery)	Identified course and activities would be useful to address some of identified proficiencies. Qualitative data identified that implementing an assessment tool based on the survey could determine the needs of IEN as begin practice. Comment: needs to be much earlier than that - may help divert skilled nurses to particular areas of expertise matching their proficiencies

		dimensions		
Gou (2006) China	Mixed methods study on trans-cultural nursing. Investigation of the current status of cultural sensitivity of nursing graduates	Surveyed a convenience sample of 216 nursing graduates from Shanghai, Beijing, Anhui, Fujian.	Concept and framework of cultural competence. The levels of cultural sensitivity of nursing students are not high .And the level of the baccalaureate students and the associate degree students were homologous.	
Huo (2009) China	Questionnaire survey on cultural issues	A convenience sample of 360 nurses of six hospitals in Peking, Shanghai, Guangzhou, Xi'an, Shenyang and Wuhan were selected.	The majority scores of cultural awareness, cultural skill and cultural competence were higher than 70, the scores of cultural knowledge ranged from 60 to 79.	
Jose (2011) IENs in USA	Phenomenology	Purposeful sample, audio taped guided interviews with 20 new immigrant IENs from the Philippines, Nigeria and India Giorgi's psychological phenomenological method (1985) was used to analyse data (4 levels)	Demographics – average age 33.2, all had professional experience in home land, all had less than 5 years experience in USA Six themes emerged	Dreams of a better life A difficult journey A shocking reality Rising above the challenges Feeling and doing better Ready to help others Cultural education should be provided to aid non judgemental nursing

				Need more time to learn newer technologies Suggest change in attitude of home nurses Orientation and education about the realities is essential preparation Need longer orientation programmes with hands on practical training Need also to be orientated to the home countries' social systems and customs Match the I.Ns experts with the speciality
Lin (2009) Asia and US	Literature review to synthesize Asian nurses' work experiences in and adaptation to the U.S. health care system		The major themes identified in the selected scholarly works were: (a) overcoming language barriers, (b) dealing with discrimination, (c) adopting U.S. nursing practices, (d) adjusting to U.S. social customs, (e) becoming accustomed to U.S. culture, and (f) reconciling work ethics	
Lin (2008) China	To examine cultural sensitivity Quantitative (survey)	Seven class 3 first level general hospitals in Shanxi Province, 700 practitioner nurses were taken from who has worked for more than a year and has a licensed nurse	The Nurses' overall cultural sensitivity level in this study is not high, in which the cultural awareness level is relatively better than the others	

		by the proportion of hospital qualifications. Data collection was by the general questionnaire, nurse cultural sensitivity questionnaire, nurse continuing education questionnaire.	There were significant differences between the nurses with different educational backgrounds in cultural awareness and cultural interaction, and there was no significant difference in cultural understanding, in education and hospital background. There were significant differences in self-awareness, recognizing the impact of cultural factors, with respect for the world and values, individual general behaviour, professional behaviour. There was no significant difference in using open, truthful, flexible affection to get along with others, self-evaluation and the hospital environment. There was significant difference between the different professional title nurses and there was no significant difference between the nurses with different work histories,	

			and different-source in cultural sensitivity level.	
Masselink and Lee (2010) Philippines		Interviews with 15 participants – policy stakeholders	Expansion of nursing schools Contracts with overseas agencies Commercial practices with licensing centres for nursing Poor performance in licensing exam ? associated with poor nurse education, lack of student placements given expansion	Training nurses for overseas market considered to be part of govt policy during admin of Prdt Marcos Brush & Sochalski 2007 In 2005 3.2% of Philippine GDP spent on health www.who.int Staff shortages in Philippines Number of nursing schools grown from 40-470 in 1980's
McGillis et al (2009) Canada and US	To understand the characteristics and behaviours of Canadian-educated RNs working in the USA. A retrospective exploratory research design using public data sets	Descriptive statistics were carried out on data from the 1996, 2000 and 2004 USA National Sample Survey of Registered Nurses and reports from the same time period from the Canadian Institute for Health Information.	Identifies nurse demographics for nurses moving from Canada to US	Provides limited information on knowledge and skills – demographic issues
Nichols and Campbell (2010) International nurses in UK	Literature review to explore the experiences of international nurses recently recruited to the UK nursing workforce and the implications for retention	365 papers located, using inc and exc reduced to 30 and critically appraised using standard tool	Reasons for migration, two fold i. adventurer/backpack nurse ii economic necessity, to support family at home Career progression and opportunities also mentioned	Discrimination

			Lack of opportunity to use experience; in significantly lower status roles when migrated, lack of opportunity to use skills Poor support and adaptation to UK nursing, better experience in health service than in nursing/residential sector – older people care not familiar concept to some nurses; unrewarding, low status Mentorship important First world health care – expectation of excellent care and culture shock of practice, labour of washing, bed making – not undertaken by nurses in their own context Nurses felt undervalued by U.K employers Expected to hold junior roles Professional Practice: themes related to autonomy, more relaxed working relationship quite difficult to deal with, centrality of patient and patient rights Risk averse, protocol culture Discrimination	

			Implicit: socialising contexts, inviting nurses out for drink (could also be construed as good will) Pay and grading Explicit: blatant exclusion, prejudice, between migrant groups not just home	
O'Brien (2007) Overseas nurses in UK NHS	Case study: mixed methods	Semi structured interviews conducted with 63 members of four groups, actors, managers, I.Ns (from the Philippines, India and Spain) home nurses and mentors Thematic analysis used Interviews were supplemented with periods of observation on the wards Quantitative methods included analysis of internal hospital documentation, government data and demographic analysis of national census statistics	Three NW hospitals trusts corroborated that deskilling and disempowerment were widely experienced Deskilling- all I.Ns in source country had acquired IV skills but prevented from practicing them until competence proved. Places on IV course though were limited and reserved for higher graded staff Adaptation period 3-6 mths spent carrying out direct care which was a culture shock for some I.Ns	Noted that recruiting I.Ns into lower grades where their skills tend to be underused could be a factor Maybe tensions between two segments - nurse managers wanting to control behaviour and academics wanting the nurse to be autonomous and free to use their clinical judgement This would be the case for home nurses moving to different trusts MOP: Individualised programmes are required
Ronquillo et al(2011) Filipino nurses in	Aim: to use oral history methods to look beyond migration and workforce	9 nurses who were practising in Canada and from Philippines	Prestige associated with migration, sending country, migrating embedded even in education, to be	Philippine history as a sending nation and nurse edn history

Canada	issues	Analysis unclear	educated to migrate	
Shi (2008) Chinese Nursing graduates (n=48) in a nursing English class		Questionnaire survey Report the percent of employability	5 students employed in foreign-hospitals, 5 worked in international wards in national hospitals. 75 percent of students agreed that the ability to speak in English is the most important factor during the working period	
Singh and Sochan (2010); Sochan & Singh (2007) International nurses in Canada	Qualitative study (biographical narrative to uncover, in part, the issues related to professional nursing credentialing)	Convenience Sample of 12 I.Ns who were doing a bridging to baccalaureate programme Told and untold stories	Hope: Wanting the Canadian dream Disillusionment: realising their qualifications do not equate Navigating disillusionment: returning to nursing school to do credentialing/adaptation programme Feeling pressure to succeed Language difficulties Culture and linguistic issues in teaching and learning	Recommendations made for I.Ns bridging programmes include: I. Identify and address the learning needs of I.Ns relevant to the Canadian context of nursing practice II. Design/deliver courses that facilitate teaching/learning of multicultural and multilingual students III. Consider the financial constraints of I.Ns
Smith & Mackintosh	Historical analysis Extended case method	Data collection with international nurses working	Inequitable access and opportunity Disadvantage, employment within	

(2007)		in care sectors in the U.K.	the care sectors Gender and pay issues Deskilling Use of qualified nurses as health care assistants due to credentialing/registration issues	
Takeno (2010) Asian nurses in Australia	Qualitative, interviews – exploratory methodology to explore perceptions of Japanese and Korean nurses working in Australia	Five nurses who had worked in Asia and Australia Snowballing strategy Interview transcripts analysed, unclear how	Work Conditions: thought better in Aus, more flexibility, part time options etc Support systems: in work quite good, but participants recognised this might be a form of discrimination – maybe colleagues did not expect as much of overseas nurses? Nursing values: difference Aus	Small study Author recommends clinical English training listening and speaking Manager role in supporting overseas nurse Preparation for cultural differences
Tregunno et al (2009) International nurses in Canada	Qualitative study of the extent to which I.Ns are fit to practice, and extent to which College guidelines on I.Ns are fit for purpose	Semi structured interviews with newly registered I.Ns, at point of registration and transition to practice. Data Collection I.Ns in 2003, Equal numbers of RNs and Registered Practical Nurses RPNs living in Greater Ottawa and Toronto n=400 randomly	I.Ns experience included: more assertive skills required to deal with colleagues, expected to be, so more clinical responsibility, more decision making, more egalitarian relationships with physician. Nurses reported used to doctors making all decisions, are just being told what to do. Issues about patient and family	I.Ns experience difficulties with expectations of practice, language and racism, in their context discussion our findings contribute two new dimensions: the role of patients and families in decision-making and differences in resources utilization

		selected Data Analysis 5 of 30 'de identified' transcripts were reviewed and analysed using constant comparative methodology (Strauss & Corbin 1998) themes then applied to remaining scripts	rights, informed consent and customer service ethos Language much more complex than having English – it was tiring with accent both understanding Canadian accent and for staff and patients to understand them Felt people did not like them, felt embarrassed about accent and language Struggled with cultural diversity where they worked – used to more homogenous population Outsider – experienced racism, felt resented by colleagues, lack of trust and discrimination, perceived that immigrant therefore not education, patient rejected e.g. P188 of paper 'oh you're black'. Resources – thought health care wasteful in Canada, differences in elder care e.g. at home elderly cared for at home by family v. institutionalised care in Canada Proficiency – compelling even after 15 years of migration and work in Canada, some nurses felt good	

			enough, complete shift from expert nurse in home context to novice beginner in Canada	
Wen (2009) China	Experimental study to enhance English teaching in English classes	A total of 80 nursing students (40 for nursing English class and 40 for general nursing class) Comparison of academic grades, descriptive and statistical analysis	The academic grades in nursing English class were higher than the grades in general class	
Winkelmann-Gleed and Seeley (2005) Overseas nurses working in UK	Survey, semi structured interviews	Surveyed 140 I.Ns foreign born working in 5 London based hospitals and interviewed 22 using semi structured interview. Data collection tools were piloted. Survey used seven point Likert scale Survey investigated demographic and employment- related information, work related factors such as support received and work attitudes and the employees intention to stay within the organisation	Discussed issues surrounding gender and nursing, majority of survey respondents four out of five were female. Majority were Asian/Filipino origin, three were white and one black or black/British 98% worked full time all male nurses worked full time	Perceptions of nursing in Britain Need mutual respect Mentors and supervisors appeared supportive whilst agency staff and auxiliary were not and appeared related to English not being first language. Language could be a barrier but also an asset when translating for ethnic minorities Some migrants thought their success was a result of their personality Single female nurses from Somalia concerned about looking after male patients as not the norm in their country Some exposed to racist sentiments Prejudices between migrants - those perceived to be in the in group and out of group creating different levels of social exclusion

		Interviews covered same themes Use of t-test		Career development was more important than being committed to the organisation or workplace Personal characteristics play an important role
Woodbridge et al (2010) India and New Zealand	Literature review on supporting Indian Nurses migrating to NZ	Review methodology but limited information about methods given	Push Pull factors Philippines train students for migration India top receiver of remittances from abroad Need knowledge and skills to overcome barriers/prejudices to own home nurse education Need comprehensive orientation ICN 2001 Strategic curriculum issues to address to ensure free movement Need globally relevant programmes Language: many nurses working as HCAs due to language issues and achieving language requirements Language requirements causing a 'bottle neck' of applications Unable to complete registration process	

			3 areas for nursing competency 1) Ability to practise in a specific role 2) Influence of the practice setting 3) Integration of knowledge, judgement and abilities EBPrac is a new concept for I.Ns Stigma of accent Cultural safety Cultural mismatch of teaching and learning styles; bullying, racism and stereotyping from clients Difference expectation & reality Cultural adaptation issues especially for women Western health care grounded on values of privacy, may be alien to some I.Ns Worldwide global leadership to address n shortage	
XU KWAK (2007) International	Secondary analysis using datasets from the National Sample Survey	NSSRN is a voluntary longitudinal survey based on self-reports, to investigate the	I.Ns, younger, worked longer compared to home nurses, authors view that they offer good return on	Says little comparison of IENs and home nurses Limited information re knowledge and skills.

nurses in US	of Registered Nurses conducted during 1977–2000 in the USA. National Sample Survey of Registered Nurses includes General Public Use Files and the County Public Use Files. Datasets were in public domain, in US Health Services Admin Depts	demographical, educational and employment characteristics of the US RN workforce. Collected every 4 years by mail, with telephone follow-ups for non-respondents. The study reported here included data from NSSRN conducted in 1977, 1984, 1992 and 2000.	investment, tended overall to be better educated, more geographically mobile in employment in US I.Ns however tended to stay in staff nurse roles and possible discrimination, towards I.Ns is discussed in findings Practice of recruiting I.Ns therefore appeared justifiable	
Yue (2006) China	A random sample of 34 hospitals in Shanghai	By literature review, expert consultation, and questionnaire survey Delphi technique, using Cronbach a and Ca coefficient to test the reliability and validity	Structure of nursing workforce is unreasonable. The nurse should have the basic qualities such as good attitude, high level of technology, strong sense of responsibility, correct behaviour in the patients' and their families' opinion	
Zhang (2006) 8 nursing educational experts and clinical nursing managers, and 25 nurse students in China	Qualitative	In- depth interview, and focus group Used Colaizzi phenomenological data analysis	Core knowledge in the following five areas for nursing master students are: advanced clinical nursing practice, nursing education, nursing management, nursing research and professional development	

Zhang (2007) 58 nursing educational experts and clinical nursing managers	Qualitative	Semi structured interviews, Delphi technique, used Link 5 point. The consensus was identified when the rate of agreement among the experts reached 80 percent	37 items and 47 items of core knowledge for scientific masters degree and professional masters degree were identified. 32 items were the same in both types of masters degree. Core knowledge in the areas of scientific research, professional development, clinical practice, education and management were identified	
Zhang (2009) 53 Chinese nurses working in foreigner wards of affiliated hospital of Chongqin Medical University	To ascertain their training, their humanistic quality, comprehensive ability and team working competence	One group pre test-post test experimental study Questionnaire survey and professional skills examinations 206 patients and 320 patients were surveyed pre test-post test separately	All nurses were females, aged 20 to 43 years, mean ages 28.8 years. Nurses' multicultural cognitive level passing rates of professional skills examinations, (including basic nursing skills, emergency skills and special skills), and patient satisfaction rate Used X^2 test and t test Nurses' multicultural cognitive level, passing rates of professional skills examinations and patient satisfaction rate were significantly	

			improved (P<0.05)	
Zhen 2011 Chinese nurses who had immigrated and worked in UK	Purposive sample, 7 nurses immigrated and worked in UK to determine how they had adjusted to problems in life and work	In- depth interview Used Colaizzi phenomenological data analysis	All females, 3 of them are baccalaureate students, 4 are associate degree students， aged 21 to 25 years Their adjustment problems focused on disturbance of diet, lack of professional English, difficulties in making friends and homesickness	
Zhong (2006) 309 chinese nurses from 38 community health services centers	Quantitative – random sample surveyed	Questionnaire survey Rate of education level, title of technical post, age, knowledge and skill of nurses	The construction of education level, title of technical post, age, knowledge and skill of nurses were not reasonable	
Zhou et al (2010) China-educated nurses working in Australia	Experiences of Chinese nurses working in Australia. Grounded theory and theoretical sampling, 28 participants	Purposive sampling of China educated nurses working in Brisbane and Adelaide for 6mths 'Tell me your experiences..' 40+min interview, recorded, reflexive journal	Authors suggest ambivalence may be a good way of describing nurse experience Discusses conflict expectation and reality, living and working, though experience difficult it was hard to go back (findings explore personal and professional). Authors says nurses were from a 'privileged' group in China, already had good education, status, emergent dissatisfaction as expectation of better lifestyle did	Suggest ambivalence is not pathological – should be recognised and used as integral part of explaining, preparing for nurse migration experience and coming to terms with it Ambivalence is a key theme for report Ambivalence is a key theme for model of curriculum development

			not match reality? Living and working: social and cultural norms, wanting to fit in, yet not sure what to do, better understanding of Chinese culture as a result of working and living away – no scope to work in Chinese way, but at home had choices about how to live, which culture to adapt and use = strain how to live/work, need to adapt back when visiting home to China. Adapting to life/work in two places, missing things in China, findings discuss dual reference, 'oscillating' between China and Aus ref points Separation/guilt for leaving parents behind, sense of duty as a child to parents Dilemma in relationships – if partner joined nurse in Aus, their employment was not as good as in China, going back and finding partner in China difficult – might not have as good status – also difficult as Chinese to find partner in Aus	

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