

# Home from home? A case study of the first-year settlement experiences of EU nurses working in one NHS Trust in England

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# Background

The UK nursing workforce is facing significant change:

- it is aging
- demand for part-time work is increasing
- traditional entrants are choosing alternative careers

Recruiting nurses from the European Union (EU) could help, but such an arrangement is not without its challenges.



# Background

Important among these challenges for nurses from mainland Europe are:

- motivation to migrate
- the impact of migration
- sociocultural and psychological adaptation
- work settlement experiences into the NHS
- support they need to make this a lasting, positive and enriching life experience



# Aim

To gain insight and understanding of EU nurses' experiences of settlement during their first year working in the NHS.

1. To understand the everyday life of nurses in their home country, including their working lives;
2. To explore the 'push' 'pull' factors that motivated individual nurses to seek employment in UK;
3. To explore nurses' expectations of the community and employment, and whether these were met;
4. To identify the enablers and blockers to settlement either social or employment based;
5. To assess the need for support and extent of any met/unmet needs;
6. To identify key motivators to the retention of EU nurses.



# Method

An instrumental case study was selected for its focus on investigating a particular case [EU nurse].

- a convenience sample of 20 EU nurses from the January 2015 cohort of 35 was recruited
- data collection, 2015-2016, included four, prospective, face-to-face, serial interviews using semi-structured interview guides and quantitative measures of acculturation and adaptation (Demes and Geeraert 2014)
- interview data were analysed using qualitative content analysis and descriptive statistics
- each nurse was studied as a single case and emergent issues collectively integrated for the purposes of policy recommendation and implementation



# Method

1. [TP1: 6 weeks, **20** nurses] To learn about participants' background, their reasons for coming to the UK, their expectations and early experiences of being in an industrialised community.
2. [TP2: 6 months, **17** nurses] To explore what it was like being a new starter in the workplace.
3. [TP3: 9 months, **12** nurses] To explore their social settlement and sociocultural experiences.
4. [TP4: 13 months, **4** nurses] A reflection on their first year living and working in the UK and to confirm the researchers' interpretations of their experiences.



# Findings

1. [TP1: 6 weeks, **20** nurses] To learn about participants' background, their reasons for coming to the UK, their expectations and early experiences of being in an industrialised community.

## Motivation

- motivation to migrate were driven by need and desire triggered by financial austerity in their home country leading to a job crisis in nursing
- securing paid employment was explained as a key reason for relocation
- looking for a personal change or saw migration as an opportunity to mature and develop independence
- discontent with working practices in their home country
- perceptions of a good standard of healthcare and nursing in the UK that presented opportunities to learn
- anticipated gains included: new acquaintances, learning a new language, improving English language skills, career prospects and professional development.

## Expectations and early experiences

- A notable mistaken belief was that people in the UK [including work colleagues] would be friendly. Many participants anticipated that they would not have a problem making friends in the UK and were surprised at how difficult it was to meet people.
- One participant spoke of expecting to find '*a nice village with some sheep.*' (P10<sup>TP1</sup>)



# Findings

1. [TP2: 6 months] To explore what it was like being a new starter in the workplace.

## Induction programme

- Participants felt very protected and nurtured within the six-week induction programme, but not all felt that it prepared them for work in the clinical area. A participant being so unprepared for entry into the clinical setting that he described this experience as, '*a punch in the face*' (P02<sup>TP1</sup>).

## Mentors

- '*During every day we had a different mentor for the first month...different person, like, starting from zero again*' (P02<sup>TP1</sup>)

## Professional identify

- Participants' professional identity was secured by the change of uniform to a blue staff nurse's dress. P05 expressed the difference that receipt of a PIN and a change in the colour of her uniform made to working relationships with both staff and patients.
- '*...Now they think that I am a nurse and not before. But I am the same person as before. I have just a coat [blue staff nurse uniform]...*'(P05<sup>TP2</sup>)





# Findings

1. [TP2: 6 months] To explore what it was like being a new starter in the workplace.

## Loss of skills

- Participants were used to carrying out technical procedures such as cannulation, phlebotomy and administration of IV drugs and were very concerned they would lose proficiency in their technical skills

## Communication

- *'It took five months to get very good communication on the phone, but now it's a normal thing to do at work.'* (P07<sup>TP4</sup>)
- *'When I studied, they taught me that butter...you have to say batter not booter; the bus is the bus and not the boos. These are silly things that you can understand but it's just an example because many pronunciations are said.'* (P17<sup>TP1</sup>)

## Person-centred care

- *'We talk with the patient and we try to understand what they feel. Here, it's not so...the nurses don't talk too much.'* (P01<sup>TP1</sup>)



# Findings

1. [TP3: 9 months] To explore their social settlement and sociocultural experiences.
  - Participants were young people who came from what they described as beautiful home locations with a Mediterranean climate.
  - They were from close knit families and friendship groups.
  - Overall, the decision to leave their home had been a difficult one.
  - Professionally, they were mostly newly, qualified nurses or with one or two years post qualifying experience.
  - Participants did express, particularly in the later interviews, that they were happy with their working environment but less satisfied with their social environment.
  - The perceived lack of amenities and the industrial environment appeared to lead to attrition of the study sample as nurses relocated to work at hospitals in what they perceived to be more attractive parts of the UK e.g. Brighton, Bournemouth, Canterbury and Cambridge.

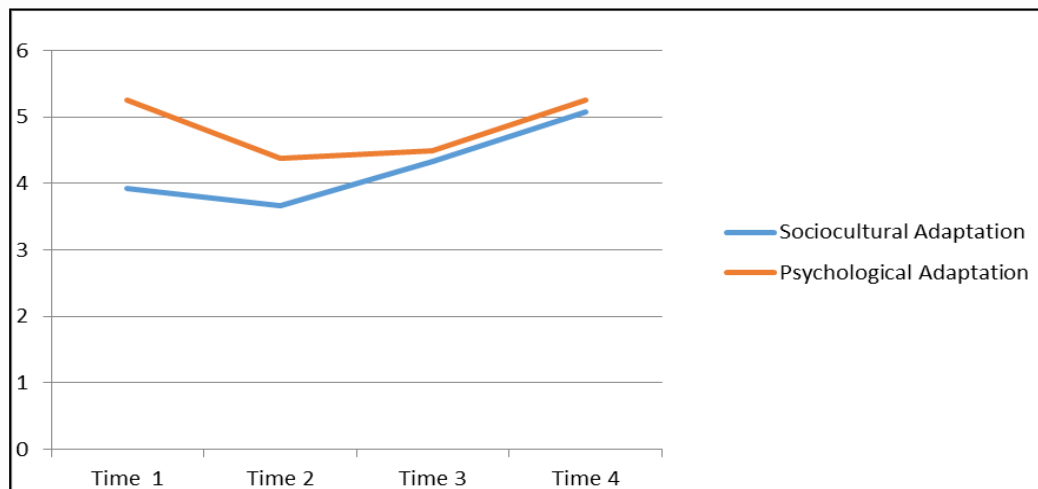


# Findings

1. [TP4: 13 months] A reflection on their first year living and working in the UK and to confirm the researchers' interpretations of their experiences.

Participants felt that over time they were able to build relationships with fellow nurses and doctors. The acquisition of a NMC PIN appeared to be the key to securing the trust, confidence and friendships of staff by confirming participants' identity as qualified, registered nurses. Difficulty in establishing new friendships, particularly with English people, impacted participants not feeling totally integrated into English society.

**Figure 1. Changes in sociocultural and psychological adaptation (P07)**





# Concluding thoughts

- The UK in the foreseeable future will continue to recruit nurses and other health professionals from overseas to facilitate the efficient functioning of the NHS.
- The view of UK from abroad is that it remains an attractive work destination from the perspectives of creating best practice, leading on the development of health services and providing career opportunities.
- To assist adaptation all parties needed a clear understanding of EU nurses' scope of practice and anticipated duties in the workplace.
- The acquisition of a NMC PIN appeared to be the key to securing the trust, confidence and friendships between staff and participants, by confirming participants' identities as qualified, registered nurses.
- Formal and informal mechanisms of support are essential to making migration a lasting, positive and enriching experience for EU nurses, and in turn increase recruitment and retention.



## References

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