"WE ARE THE INTERNATIONAL NURSES": AN EXPLORATION OF INTERNATIONALLY QUALIFIED NURSES' EXPERIENCES OF TRANSITIONING TO NEW ZEALAND AND WORKING IN AGED CARE

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Abstract

Internationally qualified nurses are a significant proportion of the registered nurse workforce in New Zealand and other developed countries. A considerable number of these nurses come from India and the Philippines, and many practice in aged care in New Zealand. However, few studies have explored the international nurses' experience of working in this practice setting, which could influence migration and employment decisions. The current research was conducted to explore the experiences of Filipino and Indian internationally qualified nurses who transitioned to New Zealand as registered nurses in aged care. This small-scale study was conducted in a large retirement facility in urban New Zealand using a qualitative approach. Data were collected in July 2014 using a combination of semi-structured interviews and one focus group with nurses from India (n=1) and the Philippines (n=5), then analysed thematically. Findings from this study indicate that participants experienced three challenging transitions as they came to New Zealand and entered practice in aged care. *The physical transition* describes separation from family and culture, and adaptation to the New Zealand environment and cooler climate, which negatively influenced perceptions of early transitioning, while *the social transition* highlights socio-cultural distinctions and how social networks were utilised as a coping strategy. *The professional transition* demonstrates pre- and post-registration issues associated with becoming a New Zealand registered nurse in aged care, and features socio-cultural differences in healthcare and nursing. Overall, findings from this study highlight that internationally qualified nurses from India and the Philippines simultaneously experience a number of physical, social, and professional hardships as they transition to aged care facilities in New Zealand. These findings raise questions about how these nurses are supported and provide valuable insights that can assist with future workforce planning, policy making, and research.

Key words

Aged care; Filipino; Indian; internationally qualified nurse; New Zealand; Philippines.

Introduction

Worldwide, a critical nursing shortage is predicted to occur within the next five years. Workforce projections from India, the European Union (EU), and the United States (US) collectively demonstrate approximately four million additional nurses will be required to care for increasingly aged populations (American Nurses Association, 2014; Royal College of Nursing, 2015; Senior, 2010). Traditionally, Western nursing shortages have been managed by recruiting Internationally Qualified Nurses (IQNs), who remain a significant source of

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labour in Australia, New Zealand (NZ), the United Kingdom (UK), and the US (Aiken, 2007; Brush, Sochalski, & Berger, 2004; Buchan, 2006; Li, Nie, & Lie, 2014). Many of these nurses are employed from India and the Philippines; a competitive process subject to influence from countries such as the US, where small changes in supply, demand, and policy have a substantial impact on the global nursing resource (Aiken, 2007; Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Aitken, 2006; Ball, 2004; Brush & Sochalski, 2007; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). Despite this market existing for over 60 years, experiences of IQNs working abroad are not always positive (Bland & Woodbridge, 2011; Daniel, Chamberlain, & Gordon, 2001; DiCicco-Bloom, 2004; Lorenzo et al., 2007). These experiences require consideration, as demand for international nurse labour is expected to continue – especially in smaller countries, such as NZ, where domestic capacity for workforce growth is limited (Nana, Stokes, Molano, & Dixon, 2013).

Background

Internationally qualified nurses, or nurses who gained their first nursing qualification abroad (Nursing Council of New Zealand, 2013a), are a significant and important section of New Zealand's Registered Nurse (RN) workforce. Since 2010, IQNs have represented approximately 25 percent of this workforce, and in the 2014 to 2015 registration period, 40 percent of newly registered RNs were internationally qualified (Nana et al., 2013; Nursing Council of New Zealand, 2011; 2015). Over time, local IQN profiles have grown to include mostly nurses from India and the Philippines (Nana et al., 2013; Nursing Council of New Zealand, 2013b; 2015), and IQNs have become vital to aged care; comprising about 40 percent of RNs in this setting (Grant Thornton New Zealand Ltd., 2010; Nursing Council of New Zealand, 2013c). This contribution is expected to remain important as New Zealand's ability to increase domestically trained nurses remains constrained while a projected workforce shortage looms (Nana et al., 2013).

Internationally, substantial literature explores experiences of IQNs from a range of countries that gain employment abroad (Alexis & Shillingford, 2012; Nichols & Campbell, 2010; Okougha & Tilki, 2010; Smith, Fisher, & Mercer, 2011; Wheeler, Foster, & Hepburn, 2013). Most of this research originates from Australia, Canada, the UK, and the US, and is rarely exclusive to Filipino and Indian nurses, yet often includes participants from these countries. The findings from the literature would likely indicate IQNs overcome a series of challenges as they enter nursing positions overseas. Common issues cited relate to: language and communication (Brunero, Smith, & Bates, 2008; Hawthorne, 2001; Konno, 2006; Magnusdottir, 2005; Takeno, 2010); cultural displacement and/or socio-cultural differences, including discrimination from patients, colleagues, and employers (Alexis, Vydelingum, & Robbins, 2007; Kawi & Xu, 2009; Tregunno, Peters, Campbell, & Gordon, 2009); credentialling (Allan & Larsen, 2003; Sochan & Singh, 2007); and adjusting to new health contexts (Xu, 2007). Despite this plethora of studies, no international publications exclusively investigate experiences in aged care, and very few exclusively explore experiences of Filipino and Indian IQNs. While limited, the few international publications regarding the specific experiences of Filipino and Indian IQNs report that: Filipino and Indian nurses migrate for social and professional reasons – not just economic incentive (Alonso-Garbayo & Maben, 2009; Daniel et al., 2001; Withers & Snowball, 2003), a mismatch between expectations and actual experiences may negatively impact adjusting (Daniel et al., 2001; Withers & Snowball, 2003), and social and professional acculturation may assist Filipino and Indian IQNs to adapt and experience high levels of job satisfaction (Daniel et al., 2001; DiCicco-Bloom, 2004; Ea, Griffin, L'Eplattenier, & Fitzpatrick, 2008; Hayne, Gerhardt, & Davis, 2009).

Contemporary publications exploring the IQN experience in New Zealand are also limited, though IQNs have been actively and increasingly recruited here since the late

1990s (North, 2007). While none of the local research is specific to IQNs from the Philippines or aged care, these local publications suggest the experience of coming to New Zealand affects IQNs economically, professionally, and personally, and is "challenging but rewarding" (Bland & Woodbridge, 2011, p. 1). Economically, Walker's (2008) survey of international nurses (n=175) from a variety of countries identified an average of nearly $NZ10,000 was spent on migration and registration related fees, such as English language tests and Competency Assessment Programmes (CAPs) - courses that assess safe nursing practice as per the Nursing Council of New Zealand (Nursing Council of New Zealand, 2013c).

Professionally, New Zealand's IQNs are reported to face numerous pre- and post-registration challenges. Pre-registration, completing International English Language Test System (IELTS) exams and having insufficient qualifications are common, while post-registration, differences between privacy and litigation, communication and culture, and documentation standards may affect this experience (Bland & Woodbridge, 2011; Walker, 2008; Walker & Clendon, 2012; Woodbridge & Bland, 2010). Internationally qualified nurses in New Zealand have also reported their previous nursing experience was not valued in the workplace, overseas qualifications were considered substandard unless gained in the UK or US (Walker & Clendon, 2012), and that compared with home, they were working in a reduced scope of practice in New Zealand (Bland & Woodbridge, 2011; Walker & Clendon, 2012). Personally, IQNs have described defending cultural practices and right to employment in New Zealand, and have explained reluctance to report discrimination and maltreatment for fear of retribution (Bland & Woodbridge, 2011; Walker & Clendon, 2012). While selected international and local studies have reported experiences that include Filipino and Indian IQNs (Bland & Woodbridge, 2011; Daniel et al., 2001; DiCicco-Bloom, 2004; Lorenzo et al., 2007), none have specifically explored these nurses' experiences of transitioning to aged care in New Zealand.

Study design and method

The aim of this small-scale study was to explore the experiences of Filipino and Indian IQNs who transitioned to New Zealand as RNs in aged care, and was conducted with a straightforward qualitative design using in-depth interviews. In July 2014, IQNs were recruited from a single, large aged care facility in urban New Zealand using a purposive sampling method. Selection criteria required participants to: be an IQN from India or the Philippines, have experienced the phenomenon of transitioning directly to New Zealand, have gained nursing registration as an RN in New Zealand, and be working in aged care at the time of the study. Participants were excluded if they were not practising full time as an RN in aged care. Advantages of this method were that participants appropriate to the study's aims could be selected; however, participants' understandings could suggest experiences unique to a single organisation, thus limiting transferability and generalizability (Polit & Beck, 2012).

Six participants were recruited using a flyer distributed by an intermediary within the facility. The flyer requested participation in the research, and asked individuals to contact the researchers or intermediary for relevant information and consent forms. Participants consisted of five Filipino qualified nurses and one Indian qualified nurse (See Table 1). The sample, although small, was considered appropriate for an exploratory study of this nature.

Data were collected between July and September 2014 using a combination of semi-structured face-to-face interviews and one optional focus group. Single in-depth interviews lasted approximately 1-2 hours and were conducted using an aide memoir (See Table 2) and audio recording. Interviews took place in a non-clinical private room within the aged care facility, which was preferred by participants. Hand-written notes were recorded to clarify dialogue and document significant observations. All participants were given a copy of their transcript and were able to modify the text if they wanted to.

Table 1: Participant Characteristics

Filipino	**Indian**	**Female**	**Male**	**Age**		**Previous years of nursing experience**		**Year registered in NZ (*Range)***
5	1	5	1	Mean	29	Mean	6.4	2007 to 2013
				Median	29	Median	6.5	
				Range	27-31	Range	2-10	

To conclude data collection, the participants interviewed were then given the option to participate in the focus group. Four participants attended the focus group, which lasted approximately two hours and was recorded using hand-written notes. This discussion aimed to facilitate a group perspective on key findings and assisted in the validation of developing themes. Ethical approval was obtained in June 2014 from the Massey University Human Ethics Committee. All participants signed a consent form for the interview and/or the focus group, and each participant verbally consented prior to the interview and/or focus group. Cultural considerations included a reflexivity journal maintained by the first researcher, as well as support from an Indian and a Filipino advisor. Participants are identified in the current study by code to ensure confidentiality.

Data were analysed thematically, as this method is recognised to connect each interview and enable common and important meanings to develop (Braun & Clarke,

Table 2: Aide Memoir

- **Tell me about your nursing experience prior to arriving in New Zealand.**
  - For how many years had you been nursing before you came to New Zealand?
  - Can you describe the different countries and/or nursing positions you have worked in?
- **Tell me about your experience of deciding to come to New Zealand.**
  - What made you decide to come to New Zealand?
- **Can you describe what it was like to get nursing registration in New Zealand?**
- **Tell me about your experience of the Immigration process.**
- **What is it like to work as a Registered Nurse in New Zealand?**
  - How long have you been living in New Zealand?
  - How long have you been working in New Zealand?
  - How does nursing in New Zealand compare with nursing in your home country?
- **How do you feel about your future in New Zealand?**
- **Was there anything else you think I should have asked you?**

2006; DeSantis & Ugarriza, 2000; Graneheim & Lundman, 2004). The process applied was adapted from Graneheim and Lundman (2004) and began immediately following interviewing when raw audio-recorded data were reviewed to ensure audibility, and hand-written notes were studied for accurateness (Polit & Beck, 2012). This initial review enabled key words, quotes, and repeating concepts to be noted. Once transcribed, each interview underwent a series of readings alongside the audio recordings to ensure accuracy, enable manual coding of significant key words, and allow potential themes to develop. Following coding, key words were organised into subcategories and manually analysed for similarities and differences, while potential themes were recorded as titles and documented alongside supporting dialogue. The final reading enabled the researcher to maintain "a sense of the whole" (Graneheim & Lundman, 2004, p. 108), and allowed distinct meanings to develop into three conceptual themes (DeSantis & Ugarriza, 2000; Polit & Beck, 2012). The resulting themes were validated by the focus group, which is a method of member checking that enabled participants to judge the findings as true (Krefting, 1991; Onwuegbuzie & Leech, 2007).

Findings

The study's six participants were predominantly female (n=5) and aged between 27 and 31 years (See Table 1). For these participants, the experience of coming to New Zealand and working within aged care was diverse; yet, at the core, three themes were identified to be central to this phenomenon: *The physical transition*, *the social transition*, and *the professional transition*. Transition features in each theme, as by definition, this word describes a "passage from one state, stage, subject, or place to another" ("Transition", 2014) and therefore serves as the overarching concept for organising and linking together the results. This transition specifically relates to the changes that were experienced as part of coming to New Zealand to work in aged care.

The physical transition

> *When I arrived, I was crying because when I learned that I'm going to New Zealand and I had my visa already imprinted on my passport, that's when I thought that I'm really going away… so it was really life changing for me. (P4, p. 10)*

The physical transition, or actual shift from home to New Zealand, was identified as a momentous event as multiple challenges were experienced during this early transitional period. Central to this theme are experiences relating to the process of adapting to the physical distance from family and culture, and adjusting to New Zealand's climate. Separation from family was common and described as the most difficult experience during *the physical transition*, as participants left behind parents, partners, and children: "But still I was missing my son. When I left he was not even one year – 11 months. So it is quite hard. Yeah, sometimes I cried a lot" (P3, p. 8).

The physical transition typically coincided with commencing the CAP, as it was during this phase of the nursing registration process that participants tended to arrive. While undertaking this programme, participants began to realise their displacement from family as they sought support from loved ones who were no longer physically present. This realisation translated to feelings of isolation and was described by participants to negatively affect the experience of the CAP:

> *[It was] very sad at first, yeah, because I used to live with my parents because I was very young at that time. And I've never been far away from them and all of a sudden I was in [New Zealand]… It's very hard to cope living alone and independently, and with people that you're not really familiar with… So yeah, very hard at that time. (P1, p. 7)*

In addition to separation from family, isolation from the participants' respective cultures was discussed as it resulted in limited choice for comfortable engagement with what was socially and culturally familiar. Some

participants described this cultural isolation as frightening, which tended to relate to language and the ability to communicate with New Zealanders: "When I first came in, I felt afraid to speak or talk to anyone because English is not my first language and I'm afraid that I won't be able to understand them" (P6, p.6). Other participants described cultural isolation as less comfortable, which related to the reduced physical presence of those from the same culture: "Yeah, actually, if you see Asians, you're more comfortable. Basically, it's more the feeling that you're not alone" (P5, p. 10).

Adjusting to New Zealand's cooler climate was also considered by participants to be physically challenging, and participants who arrived in winter found that the weather negatively influenced their early perceptions of New Zealand: "Winter – July – so cold, very cold. Never experienced that kind of weather… I think, yeah, winter made it really worse as well, just really gloomy and really sad" (P2, p. 5). New Zealand's winter weather was also found to negatively influence perceptions of CAP placements: "I have to walk 10 minutes to the aged care facility and it's winter. There are times that it rains and it's hailing – my gosh that was terrible" (P6, p. 8). However, one participant considered New Zealand's climate as "good" when deciding to migrate: "Actually, when I compared the climate and everything, it's quite good here. Compared to other countries like Australia, UK, and even with Canada, the climate is really good" (P3, p. 3).

The social transition

> *One of the worst Christmas that I experienced is here because I don't know that everything is closed. So I was like working… [and thought], okay, we'll just probably go for a takeaway, and we finished work around 10 o'clock and went out and there's like nothing open. I was like 'Oh my God' [laughing], and we don't have food in the fridge. (P5, p. 10)*

The social transition relates to the participants' experience of adapting to New Zealand society and culture and describes a process of discovery, where socio-cultural assumptions were realised and adjustments were made. The shift from large, externalised networks of society, family, and friends, to smaller, internalised social systems was central to this experience, with each participant's social roles evolving as social opportunities emerged. For example, participants described the reality of New Zealand society and culture to be unexciting and insular when compared with home:

> *Maybe it's not that fun compared back to [the Philippines]… Maybe it's just my observation – I find that people here just go to work and then maybe just go to a pub, then go home, and that's just their life… We've got lots of places to go, and maybe it's just really different when you're with family – that makes it more fun. (P1, p. 11)*

Thus, a major factor affecting participants' experience of *the social transition* was the lack of family, or social networks. This was unsurprising when considering participants arrived directly from home, where many years were spent developing social networks. This shift away from extensive social systems resulted in feelings of loneliness: "I felt like it was very lonely for me, because I don't know anyone except my friend" (P6, p. 5). Additionally, participants identified this shift to result in struggle due to the lack of those who were identified to be culturally similar: "When I came [to New Zealand] to study, I was the first one – the first Filipino who arrived… I really struggled, because at that point no other Filipinos are there" (P4, p. 10).

Despite these initial feelings, participants spoke of an ability to form supportive social connections, which was sometimes described as a cultural attribute: "Filipinos are very accommodating in general. They usually like 'You're a Filipino? Come, join us" (P5, p. 10). While

the focus group identified most of these relationships to be established with those from the same culture, Kiwi connections were also made and identified to be important:

> *I have to say this though, that my classmates who are Kiwis, they were so friendly and so helpful. I said 'I wish I had a bike…' I just said that and then the next day they brought their old bike. They were so thoughtful. I was actually overwhelmed with the kindness that they showed me. (P2, p. 6)*

Such connections were determined as vital to coping with the many changes and challenges associated with coming to New Zealand, including the CAP: "I coped with these people as well because I think we're coming from the same place that we miss our family… so it's like we helped each other to get through the CAP" (P1, p. 8). These relationships were also viewed to be very important in the context of this experience: "The people around you – very important. The support that you have… and the friends that you make along the way, it's very important" (P2, p. 6).

The professional transition

> *For me, the challenge would be because we are the international nurses – proving ourselves… when you come here. Because international nurses have already the experience of a nurse, so it's just when you get to the work you have to prove yourself that you are also a good nurse, and that you can compete with the nurses here. (P4, p. 14)*

The professional transition describes the participants' experience of registering and commencing employment, and explains the practice shift that occurred as the nurses adapted to aged care in a new health context. While discussed separately, the two periods of pre-registration and post-registration were noted by the focus group to share similarities. Pre-registration, participants completed Nursing Council requirements for registration, including the CAP. As previously described, the CAP features as a significant experience for participants in terms of adjusting physically and socially to New Zealand. Therefore, during the CAP participants not only experienced a professional transition, but also a physical and social transition simultaneously. In particular, the social and cultural component of this programme was believed to affect participants' professional performance: "[The CAP preceptors] know that part of our challenges is actually not the skills that we have but the culture shock that we go through – that is actually affecting how we perform as well" (P2, p. 8).

In addition to the physical, social, and professional challenges experienced during the CAP, participants also described frustration with the time taken for the Nursing Council to process registrations:

> *I submitted my documents to the Nursing Council and I waited for almost two years… My IELTS is almost expired when they approve it… I was like frustrating for me because I passed the IELTS and stuff. I [was] actually thinking of going home. (P5, p. 3)*

This frustration also related to the Council's registration decisions. In particular, participants identified inconsistencies between these decisions:

> *I got the result saying that I have to study for one year because I think the curriculum is not accepted here in New Zealand… So I wrote a letter, it's an appeal, saying that how come I know my batch mates here in New Zealand… [they] already got their registration, so it's like the same curriculum with mine – so I question that one. (P6, p. 3)*

Additionally, one participant found that part way through their registration, the Nursing Council altered the eligibility criteria for nurses coming from India:

> *New Zealand Nursing Council declared that Indian Diploma nurses are no more eligible to get their New Zealand nursing registration and they given the reason that there is a big inequality in nursing syllabus between India and New Zealand. (P3, p. 3)*

Post-registration, participants described experiences as a newly qualified New Zealand RN as both desirable and challenging. During this time, participants experienced a change in practice settings as they moved from nursing in acute care environments to nursing in aged care. This change highlighted differences in nursing practice and socio-cultural differences between health systems: "Sometimes we don't really able to do much nursing tasks... We are not really getting chance to do any IV injections. Sometimes we feel we are losing our skills as well" (P3, p. 6). However, while participants in the focus group identified this to be an undesirable loss believed to affect future employment opportunities, they recognised technical skills were lost in favour of developing their decision-making and people skills: "Way back in the Philippines… maybe you can practice more of your clinical skills, where in here, it's much of your decision skills that's being practiced" (P1, p. 3).

In addition to these practical differences, participants described the change from acute care to aged care as uncomfortable, as socially and culturally aged care and the medical conditions associated with this setting were unfamiliar: "I was amazed at how it works – how it works that the old people here go to a resthome, because in our country the family takes care of the elderly, so it was a bit of a shock" (P4, p. 3); "We rarely see dementia people in our country. Maybe because elderlies are at home, so we don't really see them having dementia" (P4, p. 3). Participants also found their beliefs and assumptions about aged care conditions were exposed and adjusted:

> *We have to adjust with our beliefs and adjust it to their culture here. Like, for example, palliative care. In the Philippines we do everything just to make people live, but here, they're like 'Okay, let's just leave her in peace, let's make her comfortable'. (P1, p. 10)*

The focus group noted that these beliefs were willingly modified once assumptions were dispelled. For example, prior to working with palliative residents, participants in the focus group had thought that palliative care meant doing nothing for a person – "like euthanasia". However, as experience was gained, participants in the focus group discussed how they now preferred the management of dying patients in New Zealand, as they felt this approach was better for patients and families.

In general, participants identified that working with the families of the residents was a significant aspect of working in aged care. Participants in this study interpreted this to be the single greatest challenge of working in this setting:

> *I think the most challenging… part is dealing with the family. Yeah, because it's not just the patient that you're looking after, but it's the family as well… I think some of them find it hard that their relatives are going into aged care, and sometimes they can't cope. So sometimes it's quite hard to deal with them. With the residents – it's fine… (P1, p. 4)*

This challenge was managed by participants using professionalism and empathy:

> *If you work in aged care, the only problem here is dealing with the family… Actually they don't understand what their mom or dad is going through… You try to explain it to them, but they don't want to accept that one… Some families do understand, but of course you have to understand that that's their family. (P5, p. 6)*

Discussion

This study found that IQNs coming from India and the Philippines experience a number of physical, social, and professional challenges as they transition into aged care in New Zealand. At times, participants found these challenges occurred simultaneously and negatively influenced perceptions of transitioning and the ability to adapt professionally. Participants in this study also reported difficulties associated with

transitioning to aged care, which related to this practice setting being socially and culturally unfamiliar. Despite the multitude of challenges identified, participants also demonstrated profound resilience, and described strategies for coping with the difficulties encountered.

Findings in *the physical transition* demonstrate in a distinctive theme how the physical aspect of transitioning influenced the participants' experience, and describe how tangible events, such as distance and weather, shaped perceptions of the early transitional period, including the CAP. Similarly, the theme "Cultural Displacement: A Foot here, a Foot There, and a Foot Nowhere" was reported in DiCicco-Bloom's (2004, p. 28) qualitative study to acknowledge how physical location affected the identity and personal experiences of migrant nurses from Kerala, India. However, other than the notion of cultural displacement (Kawi & Xu, 2009; Tregunno et al., 2009; Xu, 2007), a distance-related, locality-based aspect of the IQN experience has not been found to previously feature as a stand-alone theme in the literature. These findings raise questions about whether or not nursing colleagues and employers are aware of the significance of the physical factors affecting the IQN's transition, and question how international nurses are supported to cope and adjust to the separation from family and culture.

A considerable number of authors have published on various aspects that relate to social experiences, including: social isolation resulting from differences in language and communication (Daniel et al., 2001; Kawi & Xu, 2009; Konno, 2006; Magnusdottir, 2005; Tregunno et al., 2009), loneliness and struggle (Allan & Larsen, 2003; Konno, 2006; Tregunno et al., 2009; Woodbridge & Bland, 2010), differences in social roles and networks (Allan & Larsen, 2003; Jose, 2011), and establishing social connections as a deliberate coping strategy (Jose, 2011; Kawi & Xu, 2009; Withers & Snowball, 2003). While these studies share findings in *the social transition* and support a distinct lack of proximate connections with family, friends, and locals, they do not explicitly compare the social networks of IQNs from major source countries with social structures in key host nations. These findings raise questions about the knowledge that colleagues and employers have about an IQN's society and culture, and whether care is taken to use this information to assist IQNs who are integrating into a workplace, as well as a community.

Professionally, findings in the current study address the IQNs' pre- and post-registration experience of becoming a New Zealand RN. While a considerable amount of literature identifies that these experiences are fraught with difficulty (Allan & Larsen, 2003; Hawthorne, 2001; Tregunno et al., 2009; Walker, 2008; Woodbridge & Bland, 2010), no articles acknowledge the simultaneous impact of the physical and socio-cultural transitions on the international nurses' experience of transitioning in a professional capacity, and socio-cultural differences are exclusively described in relation to the post-registration phase only (Alexis et al., 2007; Allan & Larsen, 2003; DiCicco-Bloom, 2004; Tregunno et al., 2009). While many studies also explore nursing registration issues relating to gaining nursing registration abroad, no qualitative studies have explored these experiences in aged care, despite several authors suggesting that significant numbers of IQNs are employed in this setting within New Zealand and abroad (Allan & Larsen, 2003; Kiata, Kerse, & Dixon, 2005; Nursing Council of New Zealand 2013b; Walker & Clendon, 2012). These findings raise several questions about how IQNs are supported professionally. For example: how do clinical preceptors support IQNs during competency-based programmes, and are these mentors cognizant of the wider context affecting the IQN's ability to perform professionally; how are nurses orientated into aged care and the associated medical conditions; and how is IQN unfamiliarity with aged care acknowledged within the workplace and by members of the public? These questions will remain important as the current experiences of IQNs in New Zealand may influence existing and future employment patterns of IQNs transitioning from major source countries.

Limitations

Findings from this research should be interpreted carefully, as transferability and generalizability is very limited due to the small sample. Additionally, participants were primarily female and Filipino, and were recruited from a single aged care facility. This may portray homogenous experiences unique to one organisation (Polit & Beck, 2012).

Conclusion

Internationally qualified nurses from India and the Philippines experience a number of physical, social, and professional challenges as they transition into aged care in New Zealand. Findings from *the physical, social, and professional transitions* raise questions about how these nurses are supported during this time and provide valuable insights that should assist with future workforce planning, policy making, and research. Overall, findings from this research suggest that professional nursing organisations and employers should consider promoting the current experiences of IQNs to nursing colleagues, healthcare organisations, governments, and the wider public, where cultural orientations that clarify and enhance cultural knowledge and facilitate connections with local staff should be considered. More specifically, the study's results support processes aimed at facilitating positive integration of IQNs into aged care. Experiences highlighted by this research also provide the groundwork for larger qualitative studies seeking to explore the IQN phenomenon in aged care.

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