




The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey

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Abstract

Aim: To identify barriers and facilitators of speciality skill transfer for internationally qualified nurses in Australia from the nurses' perspective.

Design: A cross-sectional study.

Methods: A cross-sectional online survey was distributed through social media, snowballing and nursing professional organization. Data analysed using Statistical Package for the Social Sciences.

Data Sources: Online survey data from participants matching the inclusion criteria were collected from July to September 2022.

Results: Survey results reveal facilitators (competence, scope of practice, linguistic sufficiency, understanding of decision-making) and barriers (lack of opportunity, transition pathways, confidence in overseas education, financial instability) for internationally qualified nurses' speciality skill utilization in Australia.

Conclusion: Identifying and addressing barriers and facilitators, along with developing tailored transition pathways, are crucial for maximizing speciality skill utilization among internationally qualified nurses. These findings have implications for policymakers, healthcare organizations and nurses. They highlight the need to address barriers, facilitate smooth transitions and implement proactive measures for internationally qualified nurses to effectively utilize their specialty skills.

Impact: The study addresses maximizing skill usage for internationally qualified nurses, identifies barriers and facilitators for specialty skill transfer in Australia and will impact policymakers, healthcare organizations and nurses by guiding strategies for safe nursing service delivery and optimizing patient care.

Reporting Method: STROBE checklist.

Patient or Public Contribution: A total of 71 internationally qualified nurses contributed their experiences and opinions.

What Does this Paper Contribute to the Wider Global Clinical Community?

- Lack of opportunity and the lack of transition pathways inhibit the use of specialty nursing skills by internationally qualified nurses.

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- This study's findings contradict the result of other studies that suggest language is a significant obstacle to the utilization of specialty skills of internationally qualified nurses.

Trial and Protocol Registration: The protocol is registered on OSF. The data for this study are available for sharing with the reviewers upon request. However, it is worth noting that ethical approval has not been obtained specifically for web sharing, and therefore, the data has not been posted in any repositories or public platforms.

KEYWORDS

nurse specialty, nursing expertise, nursing practice, nursing skill, nursing workforce, public policy, skill utilization, specialization

1 | INTRODUCTION

Healthcare systems globally are faced with an increasing challenge of recruiting nurses to meet their needs, with 77% of developed countries experiencing nurse shortages (Smith et al., 2022). To achieve the health-related global sustainable development goals set by the United Nations by 2030, an additional 9 million nurses and midwives will be required (United Nations, 2022). The imbalance between the supply and demand of nurses leads to a recruitment gap, which can be attributed to factors such as an ageing population, the ongoing COVID-19 pandemic increasing the demand for nurses, and nurse attrition, which decreases the supply of nurses (Smith et al., 2022). A significant shortage of skilled nurses worldwide due to the retirement of one million registered nurses by 2030 is anticipated (Doleman et al., 2022). This shortage is compounded by the current workplace culture shift and staffing shortage in the nursing workforce, with 20% of essential workers, including nurses, contemplating quitting their jobs in Australia alone due to the pandemic (Sakzewski, 2021). Moreover, despite the high number of available nursing vacancies, there has been a decrease of 26% in Australian nursing graduates accepting positions 6 months after graduation (Doleman et al., 2022).

2 | BACKGROUND

Internationally qualified nurses (IQNs) play a significant role in the healthcare workforce of developed countries, which increasingly rely on the immigration of nurses from developing countries to meet their nursing needs (Kurup et al., 2022). As a result, IQNs form a substantial portion of the healthcare workforce in major English-speaking countries (Kurup et al., 2022). In Australia, an IQN is defined as a registered nurse who has obtained their nursing qualification from a country outside of Australia (Australian Nurses and Midwifery Accreditation Council [ANMAC], 2016) and has subsequently immigrated to Australia. In 2019, IQNs accounted for 35.3% of Australia's total Registered Nurses (RN), and similar numbers were seen in other countries like Singapore, Switzerland, Ireland,

Canada and the United Kingdom (UK) (Organization for Economic Co-operation and Development [OECD], 2019).

The shortage of nurses with specialized skills has had profound consequences for healthcare systems, resulting in delayed diagnoses, postponed surgeries and difficulties in meeting care demands, particularly in specialized settings like paediatric emergency departments (Royal Children's Hospital, 2022). Consequently, there has been an increasing reliance on foreign recruitment to address the shortage of specialist nurses. Specialization in nursing has a rich history, spanning nearly 40 years, and is practised in over 70 countries, both in developing and developed regions (Faith et al., 2010). Specialist nurses possess unique critical thinking skills within their specialized practice areas, which drives the growing demand for their roles (Faith et al., 2010). Specialist nursing falls under the umbrella of advanced nursing roles, despite the presence of advanced nursing roles for over four decades, there remains a lack of clarity and consistency in the terminology and competencies employed in the nursing field (Gordon et al., 2012). The term 'specialist nurse' refers to a nurse holding a current generalist nursing licence who has completed an educational program meeting the requirements for specialized nursing practice (World Health Organization [WHO], 2020a). For instance, in Australia, different states utilize varying terms, such as Clinical Nurse Consultant, Clinical Nurse Specialist, and Advanced Practice Nurse, to denote qualifications in advanced clinical nursing (NSW Ministry of Health, 2021). In the United States, the Clinical Nurse Specialist plays an advanced role involving diagnoses, prescriptions and treatment (Gordon et al., 2012). The educational preparation required for a Clinical Nurse Specialist role in the USA typically includes a master's degree (Gordon et al., 2012), a standard consistent with some developed countries like Australia (Australian Nurses and Midwifery Federation, 2020). Nevertheless, it is essential to note that in Australia, there is variability in the educational prerequisites for specialist nurses. In some states, like New South Wales (NSW), specialist nurses may not necessarily require a postgraduate qualification (NSW Ministry of Health, 2021), while other states, such as Victoria, specify that a postgraduate degree in a speciality area is the minimum requirement (ANMF, 2020). Nurses

from non-English speaking countries, on the other hand, tend to not do speciality training as in developing countries, a specialist nurse is not often connected with a post-graduate qualification. Hospital-run ongoing professional development opportunities, which are frequently unrelated to a degree or course, and years of experience in the specific area are the main factors driving specialized positions in developing countries (Kerala Public Service Commission, 2021; Stephen & Vijay, 2019). These varying perspectives can lead to confusion regarding competencies and job descriptions, as well as challenges in transferring skills across different healthcare settings (Gordon et al., 2012).

Nonetheless, the integration of IQNs with specialist skills into the Australian healthcare system is not without its challenges. The recognition of overseas qualifications and experience (ROQE) and their appropriate utilization pose significant barriers, resulting in the underutilization of their skills and capabilities (Faith et al., 2010). Research demonstrates that almost half of skilled migrants and refugees arriving in Queensland over the past decade have not fully tapped into their skills and expertise within the workforce (Deloitte Access Economics, 2018). Deskilling is a significant issue, as IQNs often work below their training and specialization levels, despite their valuable speciality skills and experiences (An et al., 2016; Stankiewicz & O'Connor, 2014). These challenges not only lead to personal job dissatisfaction and deskilling among IQNs but also have broader implications for patient care and healthcare outcomes, exacerbating shortages in specific nursing fields (Ressia et al., 2017). Ensuring a good match between skills acquired on the job and those required in the labour market is essential to making the most of investments in human capital and promoting strong and inclusive growth (Quintini, 2011). The underutilization of their skills is a primary factor contributing to nurse attrition (Bhardwaj, 2021), resulting in high-attrition rates, necessitating agency staffing to fill gaps, and increasing overtime costs, ultimately imposing financial burdens on both managers and the healthcare system (Roche et al., 2015). Recognizing and effectively utilizing the specialized skills of IQNs is pivotal for maintaining healthcare quality, particularly in specialized nursing areas. As the global demand for nurses continues to rise, addressing the issue of deskilling among immigrant nurses becomes increasingly critical to ensure healthcare systems can effectively tackle the growing challenges of nurse shortages.

Despite an international movement of nurses from developing countries to developed countries for many decades, there are still difficulties in utilizing their specialist skills. With the increasing demand for nurses worldwide and the growing need for specialty nurses, the issue of how to utilize the skills of IQNs, therefore, becomes even more crucial. This study seeks to provide a comprehensive understanding of how the specialist skills of IQNs can be transferred to the Australian healthcare system, based on the experiences of IQNs. The study aims to identify barriers and facilitators of specialty skill transfer for internationally qualified nurses in Australia from the nurses' perspective.

3 | THE STUDY

Aim: To identify barriers and facilitators of specialty skill transfer for internationally qualified nurses in Australia from the nurses' perspective.

Objective: To gather the perspectives of IQNs on the process of transferring their specialty skills to Australia after immigration through an online survey.

Research Question: How can IQNs' speciality skills be transferred to a developed country's health system after immigration?

4 | METHODS

4.1 | Design

A cross-sectional online survey was used, to identify the challenges and facilitators associated with transferring IQNs' specialist skills to the Australian healthcare system after immigration.

4.2 | Study setting and sampling

4.2.1 | Recruitment and sampling method

A purposive sampling method was used to recruit participants. The survey was distributed through social media groups, snowballing and a discussion forum post in the Australian College of Nursing. The recruitment advertisement text was distributed using 112 Facebook groups such as 'migrants in Australia', 'skilled migrants in Australia', 'nurses Australia' and 'new humans of Australia'. The text of the advertisement/discussion post was made available as a forum post so that potential participants could learn more about the research and inclusion requirements. Respondents interested in participating in the study accessed the survey via a link provided within the advertisement. The link directed participants to the online website, where, following the standardized introduction, confirmation was required from respondents that they met the qualifying criteria to participate in the survey. The landing page for the survey also contained a link to the Participant Information Letter (PIL). The survey was left active for 2 months, from July to September 2022, with a fortnightly renewal of advertisement text in both social media and the professional organizations' discussion forum. Participation in the study was voluntary. This study was exploratory in nature, therefore, the sample size was not calculated.

4.2.2 | Inclusion and exclusion criteria

Participants were IQNs who have lived experience of specialist skill transfer. Inclusion criteria were IQNs registered with the Australian Health Practitioner Regulation Agency (Ahpra), employed in an Australian healthcare setting for at least a year and possessing

specialist skills from their home country. Exclusion criteria included IQN without current Australian nurses' registration, no speciality experience from their home country or without at least a year of experience in Australia.

4.2.3 | Instrument development and validation

A self-designed survey was created as there were no existing instruments suitable to address the research question. The questions were informed by a literature review on the utilization of specialist skills among IQNs. The final survey included 62 items divided into 6 segments: demographics (6 items), previous qualification (8), current work setting (15), transferability of skills (3), facilitators to specialist skill use (15), and barriers to specialist skill use (15). Likert, open-ended and multiple-choice questions were included in the survey (Table 1). To ensure the survey's credibility and appropriateness, a meticulous process was undertaken. This involved conducting a pilot study, where experienced reviewers, including both Australian domestic and international nurses, thoroughly examined the survey. Following this, technical recommendations and errors were rectified in the survey prior to deployment (Table 2).

TABLE 1 Sample questions.

Demographic information		
1.	Age	<ul style="list-style-type: none"> [1] <18 (Thank you for completing this survey) exit. [2] 18–24 [3] 25–34 [4] 35–44 [5] 45–54 [6] 55–64 [7] 65 and over
2.	Gender	<ul style="list-style-type: none"> [1] Male [2] Female [3] Non-binary third gender [4] Prefer not to say
Previous qualification questionnaire		
3.	What type of nursing education program did you undertake to become a registered nurse in your home country?	<ul style="list-style-type: none"> • Diploma • Associate degree • Baccalaureate/Degree • Hospital training • Master's Degree • Doctorate • Other
4.	In which year did you complete your registered nurse training in your home country?	<ul style="list-style-type: none"> • Before 1985 • 1985–1995 • 1996–2000 • 2001–2010 • 2011–2020
Transferability of skills questionnaire (ability to use acquired skills in other areas)		
5.	I have been able to work in the nursing specialty that I developed in my home country	<ul style="list-style-type: none"> • Strongly Agree • Agree • Neither agree nor disagree • Disagree • Strongly disagree

4.2.4 | Data collection

The survey was constructed and distributed using the REDCap platform. Data were collected between July and September 2022.

4.2.5 | Data analysis

The data were derived from REDCap in Microsoft Excel format, then cleaned to ensure accuracy before transfer to SPSS (Statistical Package for the Social Sciences) v26 for statistical analysis. The data was cleaned using the data cleaning protocol suggested by van den Broeck et al. (2005). Categorical data were summarized as counts and percentages, while continuous data were summarized as means.

4.2.6 | Ethical considerations

Permission from the ACU's HREC (Human Research Ethics Committee) was obtained (2022-2524E) prior to the commencement of the research. As the survey was anonymous, consent was implied if the survey was completed.

TABLE 2 Pilot testing responses and actions.

Pilot testing participant feedback IQN survey	Action taken
Page 1 IQN screening questions is you 18 years or above, even marked nSo allows you to continue to the survey (IQN 1)	Corrected the survey progression criteria.
Page 2 in the age group below 18 was given, since page one screened all below 18 out it wasn't necessary (IQN 2)	Below are 18 options taken out from the answer list.
Gender was only male or female. and other, the consistent terminology would be Male, female, Non-Binary Third gender, and prefer not to say (IQN5)	Gender options adjusted
Does the country of birth options have any literature backing? (Academic 1)	Yes, it is in response to ABS data 2021
The previous qualification questionnaire did not have an associate degree, as in some countries associate is a path to being a nurse (Academic 2)	Corrected the criteria.
Some participants had difficulty accessing the survey. (IQN4)	Contacted REDCap, but as it was not published the access was limited.
How many years did you work in that specialty area/discipline prior to coming to Australia it has 0–5 so it will be good to see if anyone has 0 years of experience and what makes them think they are a specialty nurse (Academic 1)	That's one of the intentions, understanding what makes them a specialty nurse, is training, experience or combined. Does their internal understanding match the external/institutional requirements of 'specialization in nursing'?
Technical feedback from the redcap IQN survey	Action taken
Page 1 screening has the aims of the survey stated, when proceeding to the real survey aims are shown again	The aims of the survey were kept on the screening page only removed from the other
The branching logic of question 12 takes to 14, not 13	Branching logic embedding fixed
The last page has your responses recorded and then takes to you the focus group survey, apply it to people only exiting there, or else put it at the end of focus group data collection	Closure message adjusted

5 | RESULTS

5.1 | Characteristics of the sample

Out of 112 IQNs who started the survey, 71 completed it entirely. Forty-one participants were unable to continue due to not meeting the eligibility criteria. Participants were predominantly female ($n=60$; 84.5%), with ages ranging from 18 to 64 years and an average age of 40.8 years. All states and territories in Australia were represented, with most participants from Queensland ($n=23$; 32.3%). Immigration of participants occurred between 1995 and 2021, with 90% ($n=64$) of participants arriving in Australia between 2010 and 2020. Participants hailed from 16 different countries, with the largest groups originating from India ($n=26$; 36.6%), the United Kingdom ($n=9$; 12.6%) and the Philippines ($n=8$; 11%) (Table 3).

5.2 | International qualifications and experience

Nurses immigrated to Australia with a variety of qualifications and experience. Prior to immigrating to Australia, the most common nursing qualification among participants was a baccalaureate or degree ($n=50$; 71.4%). More than half had received specialist nurse training, whereas 46.3% ($n=32$) did not complete any specialist training before immigrating (Table 4). The most common qualifications obtained by the participants after immigrating were a master's

TABLE 3 Country of origin.

Home country	n = ; %
1. India	$n=26$; 36.6%
2. United Kingdom	$n=9$; 12.6%
3. The Philippines	$n=8$; 11.3%
4. Nepal	$n=6$; 8.5%
5. Nigeria	$n=3$; 4.2%
6. Pakistan	$n=2$; 2.8%
7. Vietnam	$n=2$; 2.8%
8. Singapore	$n=2$; 2.8%
9. South Africa	$n=2$; 2.8%
10. Ireland	$n=2$; 2.8%
11. Canada	$n=2$; 2.8%
12. Sri Lanka	$n=2$; 2.8%
13. USA	$n=2$; 2.8%
14. Denmark	$n=1$; 1.4%
15. Germany	$n=1$; 1.4%
16. New Zealand	$n=1$; 1.4%

degree ($n=20$; 29.4%), followed by a baccalaureate ($n=7$; 10.2%) (Table 5). However, 45.5% ($n=31$) of the participants did not obtain any further qualifications after immigrating.

Participants had a range of pre-immigration clinical experience, with a mean time of 9.97 years and most commonly 6–10 years of

TABLE 4 Pre immigration qualifications.

Overseas nursing education		Highest qualification obtained in the home country	
Baccalaureate/Degree	n = 50; 71.4%	Baccalaureate/Degree	n = 47; 68.1%
Diploma	n = 8; 11.4%	Masters	n = 11; 15.9%
Hospital certificate	n = 7; 10%	Diploma	n = 7; 10.1%
Master's degree	n = 3; 4.2%	Other	n = 3; 4.3%
Certificate qualification	n = 1; 1.4%	Doctorate	n = 1; 1.4%

TABLE 5 Post immigration qualifications.

What is the highest qualification achieved after immigrating to Australia?		Was further specialized training obtained to work in Australia	
Baccalaureate	n = 7; 10.2%	No	n = 19; 67.8%
Diploma	n = 5; 7.3%		
Hospital certificate	n = 2; 2.9%		
Master's degree	n = 20; 29.4%	Yes	n = 9; 32.1%
No further qualification	n = 31; 45.5%		
Doctorate	n = 1; 1.4%		
Associate degree	n = 1; 1.4%		

clinical nursing (n=19). Most participants had less than 5 years of clinical specialty experience (n=26; 37.6%), with a mean time of 8.65 years of specialist practice prior to immigrating to Australia (Table 6). There was a wide range of pre-immigration speciality areas among the participants, with critical care being the largest speciality area (n=17; 24.6%) (Table 7).

5.3 | Australian work setting

Following immigration, over half of the participants (n=40, 58.8%) were employed as registered nurses, with 12 (17.6%) employed in higher nurse specialist roles such as Clinical Nurse Specialist or Clinical Nurse. The most prevalent work setting in Australia for participants was aged care (n=13, 19.1%), followed by critical care (n=10, 14.7%) and mental health (n=6, 8.8%) (Table 7). Nearly half (n=31; 45.5%) of respondents were not working in the nursing speciality they obtained in their home country. Further specialized training, according to nine respondents (13.2%), was necessary for specialized roles in Australia and had assisted employment in their field of expertise.

Participants reported that they were mostly employed on a full-time basis (n=50; 73.5%), with 16.1% (n=11) of the nurses employed part-time, and one participant (n=1; 1.4%) indicating they had retired. Two participants (2.9%) reported being employed as agency casual workers, while one person (1.4%) reported working both full-time and as an agency casual. Additionally, three nurses (4.4%) reported working both part-time and as an agency casual. It was unclear if participants chose to work these hours. Among the participants, 20 (29.4%) had previous work experience in other paid

TABLE 6 Years of experience.

Years	n
0-5	n = 26; 37.6%
6-10	n = 17; 24.6%
11-15	n = 16; 23.1%
16-20	n = 6; 8.6%
20 years and above	n = 4; 5.7%

roles in Australia, such as Personal Care Assistants (PCA), assistants in Nursing (AIN) or other administrative jobs in the Australian health-care industry, although it is unclear if these roles were undertaken while awaiting nursing registration.

5.4 | Transferability of skills

Skill transferability during the employment process exhibited variations among participants. A large number of participants (n=39; 57.3%) did not report discussing their specialist skills as part of the hiring process, while over half of respondents (n=35; 51.4%) believed that their prior specialist experience was not considered when they were hired. Two-thirds of participants (n=45; 66.1%) reported that the recruitment process did not require them to present a copy of their academic transcript. Most overseas references were undertaken by clinicians (n=49; 72%) and did not require an interpreter (n=66; 97%) to communicate with an Australian recruiter. Additionally, almost all participants (n=67; 98.5%) stated that neither their nursing qualifications nor their references needed to be translated into English. Of the 20 participants from English-speaking countries, n=13; 65% of nurses were able to successfully transfer their specialty skills to Australia.

5.5 | Facilitators

Factors that facilitated the use of specialist skills within the Australian healthcare system were ranked by participants. The factors were presented as 5-point Likert scale, with 1 being 'not at all influential' and 5 being 'extremely influential'. The favourability scores, which include both extremely influential and very influential factors, are reported together. The ability to competently perform specialist skills in the Australian healthcare industry was considered to be extremely or very influential in transferring the

TABLE 7 Specialty areas before and after immigration.

Specialty area from home country		Current practice area		Working in the original area of specialty practice
Critical care nursing	<i>n</i> = 17; 24.6%	Critical care nursing (emergency and ICU)	<i>n</i> = 10; 14.7%	58.8%
Cardiac nursing	<i>n</i> = 8; 11.5%	Cardiac nursing	<i>n</i> = 6; 8.8%	75%
Surgical nursing	<i>n</i> = 7; 10.1%	Surgical nursing	<i>n</i> = 2; 2.9%	28.5%
Medical nursing	<i>n</i> = 2; 2.8%	Medical nursing	<i>n</i> = 3; 4.4%	150%
Aged care nursing	<i>n</i> = 2; 2.8%	Aged care nursing	<i>n</i> = 13; 19.1%	650%
Education	<i>n</i> = 2; 2.8%	Education	<i>n</i> = 5; 7.4%	250%
Perioperative nursing	<i>n</i> = 4; 5.7%	Perioperative nursing	<i>n</i> = 1; 1.5%	25%
Respiratory	<i>n</i> = 4; 5.7%	Respiratory nursing	<i>n</i> = 2; 2.9%	50%
Maternal and childcare nursing	<i>n</i> = 4; 5.7%	Maternal and childcare	<i>n</i> = 1; 1.5%	25%
Oncology	<i>n</i> = 3; 4.3%	Oncology nursing	<i>n</i> = 1; 1.5%	33%
Renal	<i>n</i> = 3; 4.3%	Renal nursing	<i>n</i> = 2; 2.9%	66%
Mental health	<i>n</i> = 3; 4.3%	Mental health	<i>n</i> = 6; 8.8%	200%
Palliative nursing	<i>n</i> = 1; 1.4%	Palliative nursing	<i>n</i> = 4; 5.9%	400%
Others	<i>n</i> = 9; 13%	Others	<i>n</i> = 7; 10.3%	
		Rehab nursing	<i>n</i> = 4; 5.9%	
		Management	<i>n</i> = 1; 1.5%	

specialist abilities of IQNs to Australia by over half of the participants (*n* = 34; 53.9%). Other factors perceived as facilitators for transferring specialist skills to the Australian context considered to be extremely or very influential were understanding the scope of practice for Australian nurses (*n* = 30; 47.7%), linguistic sufficiency (*n* = 29; 46%) and comprehending the complexity of decision-making in Australia (*n* = 29; 46%). However, the appropriate use of overseas reference check/translation services was rated as the least influential facilitator (12.7%), with only eight participants indicating its usefulness (Table 8).

5.6 | Barriers

Factors that were barriers to the use of specialist skills within the Australian healthcare system were ranked by participants. The 5-point Likert scale ranged from 1 being 'not a barrier' and 5 being 'extreme barrier'. The unfavourable scores, which include both extreme barriers and moderate barriers, are reported together. A lack of opportunity was ranked as the main obstacle to the transfer of IQNs' specialist skills to Australia by two-thirds of participants who considered it to be a moderate barrier or extreme barrier (*n* = 38; 64.4%). The lack of a transition pathway (*n* = 35; 59.3%), lack of confidence among Australian recruiters to recognize and value the specialist skills of IQNs (*n* = 35; 59.3%) and financial instability (*n* = 34; 57.6%) were also seen as strong or extreme barriers by participants. In contrast, a lack of competence was considered the least influential barrier, with only 10 participants (*n* = 10; 17%) confirming competence as a significant strength of IQNs (Table 8).

6 | DISCUSSION

The study aimed to identify barriers and facilitators of specialty skill transfer for internationally qualified nurses in Australia from the nurses' perspective. Respondents came from 16 source countries, highlighting the diverse composition of the Australian nursing workforce. The majority of participants were immigrants from India, which is consistent with the reported population growth of the Indian community in Australia (Australian Bureau of Statistics, 2021). Compared to other studies (OECD, 2019), this study's sample of IQNs had a higher average age, possibly due to the study's requirement for specialist nursing training as a selection requirement. Higher female participation in the survey is in line with the increasing trend in female skilled worker mobility in the last decade (OECD, 2019). Despite the fact that aged care is a new concept in developing countries and older people generally receive care from their children (Angus et al., 2021), a notable proportion of IQNs were working in aged care facilities after immigrating to Australia. This is in direct contrast to the small number of nurses identified with specialist skills in aged care prior to immigrating. The availability of jobs and the potential positive impact on their visa status and relieving financial hardship (Covell et al., 2022) could be the reason why IQNs tend to move to the aged care sector after immigration.

6.1 | Transferability of specialist skills

The research identified several factors that could help international nurses with specialist skills to utilize their abilities in the

TABLE 8 Facilitators and barriers.

Facilitator	Extremely influential	Very influential	Somewhat influential	Slightly influential	Not at all influential
Competence	22	12	17	11	1
Understanding the scope of practice for Australian nurses	19	11	7	9	17
Linguistic Sufficiency	21	8	8	17	9
Understanding the complexity of decision-making in Australia	15	14	9	8	17
Confidence	16	12	17	13	5
New Contextual health service Knowledge	11	13	12	13	14
Financial stability	11	13	10	5	24
Further studies in Australia	11	8	7	7	30
Opportunities available	10	6	12	9	26
Confidence in overseas education among Australian Recruiters	10	5	6	9	33
New cultural Context	6	8	23	20	6
Well-managed transition pathway	6	7	14	5	31
Appropriate use of overseas reference check/ translation services	5	3	16	5	34
Barriers	Extreme barrier	Moderate barrier	Somewhat a barrier	Slight barrier	Not a barrier
Lack of opportunities available	35	3	7	3	11
Lack of well-managed transition pathway	32	3	8	6	10
Lack of Confidence in overseas education among Australian recruiters	33	2	9	3	12
Financial instability	31	3	11	3	11
Understanding the complexity of decision-making in Australia	27	6	6	7	13
Understanding the scope of practice for Australian nurses	25	6	10	11	7
Appropriate use of overseas reference check/ translation services	26	4	10	3	16
Lack of Further studies in Australia	29	1	9	5	15
Linguistic insufficiency	18	11	4	7	7
New cultural Context	17	12	7	13	10
New Contextual health service Knowledge	17	10	13	15	4
Lack of confidence to perform the specialty skills in Australia	5	6	11	14	23
Lack of competence	4	6	14	12	23

Australian healthcare system. These factors include being able to competently perform specialist skills within the Australian healthcare industry, having an understanding of the scope of practice for Australian nurses, understanding the complexity of decision-making in Australia, and having linguistic sufficiency. The majority of IQNs recognize their competence as a major facilitator in transferring specialist knowledge across geographic boundaries. IQNs often rate their competence higher than domestic graduates due to their extensive nursing work experience (Högstedt et al., 2022). The study participants were specialist

nurses who had work experience both overseas and in Australia, with a combined mean total of 18.62 years.

Understanding the scope of practice of Australian nurses, which is set by the Nursing and Midwifery Board of Australia (NMBA) and defines the specific responsibilities and limitations of a nurse's role within their profession (NMBA, 2016), was another factor that facilitated the specialist transition. Additionally, decision-making is a vital aspect of nursing, particularly for IQNs who are transitioning to a new healthcare system (NMBA, 2022a). IQNs need to have a thorough understanding of the Australian

healthcare system, including its policies, procedures, and ethical frameworks, to navigate the decision-making process effectively and deliver high-quality patient care. IQNs rated their linguistic sufficiency as the fourth facilitator for their specialist skill utilization, which is a shift from the current understanding as usually language is considered the primary barrier to immigrant nurses' skill utilization (Lai et al., 2017). Kolawole (2009), highlighted that immigrant nurses often overestimate their language proficiency. However, participants in this study expressed the belief that their language ability facilitated their speciality skill utilization, which aligns with the findings of Higginbottom (2011). This study revealed that nurses from English-speaking countries had a higher employment rate in their desired areas of speciality compared to non-English-speaking nurses, suggesting that English language proficiency facilitates the utilization of their specialist skills.

This study found that various barriers prevent IQNs from efficiently utilizing their specialist skills. These barriers consist of a lack of opportunity, a lack of a clear transition pathway, a lack of confidence in overseas education by the employing health services, and financial instability post-immigration. The lack of career development opportunities, such as limited chances for employment in their preferred speciality and limited career development within registered nursing positions, posed a significant challenge for IQNs who seek to integrate into the Australian nursing workforce. Despite seeking better career opportunities being a major push factor for immigration, participants in this study reported limited opportunities in their speciality area as a significant barrier to career advancement, which is consistent with previous research (Kurup et al., 2022; Smith et al., 2022).

The lack of a well-managed transition pathway was raised by 60% of participants as a barrier to their specialist skill utilization. Transition pathways are recognized as necessary for graduate nurses (Bakon et al., 2018) but often lacking for IQNs. In general, the responsibility for specialist skill transition is solely placed on the IQN (Kurup et al., 2022). This indicates that there is a noticeable gap in the support and guidance provided to IQNs during their transition to the Australian healthcare system. Without a well-managed pathway, IQNs struggle to navigate the complex requirements and expectations of the healthcare system, potentially leading to the underutilization of their specialist skill.

The lack of confidence in overseas education among Australian nurses in leadership roles is a significant barrier to IQNs' ability to transition into specialty roles that utilize their specialty skills. Different countries have implemented their own standards for the duration and content of nursing education, as well as accreditation requirements for educational institutions; however, the governance and administration of nursing education show variations between countries (Deng, 2015), leading to uncertainty among recruiters. In most Western countries, nursing credentials from developing countries are often considered inferior to domestic qualifications (Lee & Lee, 2021). The discrepancies in nursing education and pathways to becoming registered nurses across different countries create a lack of clarity that can lead to a lack of trust in overseas education and nursing practice (Xiao et al., 2014). This lack of trust may lead

to the devaluation of IQNs' knowledge and credentials in a new environment.

The participants in our study identified financial challenges encountered by IQNs after immigrating to Australia as a barrier to their utilization of specialist skills. These financial challenges are a commonly known problem resulting from various factors such as the unpaid employment gap, immigration costs and further education requirements (Covell et al., 2022). However, there is a limited understanding of how IQNs cope with these difficulties (Covell et al., 2022). One study identified that some IQNs work as personal care or nursing assistants in aged care facilities to secure financial assistance while pursuing registration, which can aid in their linguistic and cultural adaptation (Draper, 2018). However, our study acknowledged that working in a lower-paying healthcare position does not facilitate the transfer of specialist skills. This issue is not unique to our study, as other international literature has found similar findings (Adhikari, 2011). The longer IQNs spend working in a field unrelated to their specialization, the less confident they become in their ability to obtain a job in their speciality area of practice (Adhikari, 2011).

The participants in our study noticed that specialist skills are usually not considered as criteria during the hiring process. This could be attributed to the host country's expectation for applicants to apply for positions that align with their genuine interests, such as aged care. In addition, the recruitment documentation, including the resume and cover letter, already highlights an individual's expertise, which then should be carefully considered before interviews are conducted. Perhaps as a result of this, further discussions regarding specialist skills do not occur. Regardless, the lack of intent to identify and leverage the skill capacity inherent within immigrating nurses is perplexing.

In Australia, specialist skill assessment is conducted by the ANMAC, and it is primarily used for visa applications (ANMAC, 2016). The absence of specialist nursing registration in Australia (NMBA, 2022b), coupled with a lack of communication between the assessing body and first employers, suggests that IQNs may face avoidable challenges in securing jobs that are reflective of their capacity during their initial years of transitioning into the Australian healthcare setting. Although professional nursing organizations recognize speciality clinical areas (Coalition of National Nursing and Midwifery Organizations [CoNNMO], 2022), in the field of nursing, speciality recognition is primarily geared towards domestic nurses and is commonly linked to continuing education and training requirements specific to the country's healthcare system (CoNNMO, 2022). This can make it very difficult for IQNs to demonstrate their competence with specialist skills. Addressing these barriers is essential to ensure that IQNs can utilize their specialist skills effectively and transition effectively into their new environment.

6.2 | Recommendations for utilization of specialty skills

Through the identification of the facilitators and barriers to specialist skill utilization after immigration to Australia, this study

presents an opportunity to focus on providing better support pathways for IQNs to transition efficiently into their respective speciality areas of practice. Innovative pathways could enhance nurses' self-assurance and effectiveness when transitioning into the healthcare system, resulting in a more significant contribution to patient care, improved job satisfaction and better career opportunities. To achieve this healthcare organizations and registering bodies must collaborate to identify and implement solutions that better support IQNs during their transition to suitable nursing roles.

Hospital-based tailored specialty skill transition programs play a crucial role in assisting internationally qualified nurses in effectively transitioning their specialized experience into a new healthcare system (Kurup et al., 2022). These specialized programs represent a marked departure from the often fragmented and culturally biased generic transition support programs that inadequately consider IQNs' specialized knowledge and skills (Matiti, 2005; Taylor, 2008). Customizing transition programs to cater to specialist nurses, capitalizing on their domain-specific expertise, stands out as a pivotal step towards a more effective integration process. A cornerstone of these hospital-based programs is the establishment of a structured pathway and mentorship program, exemplified by the Transitioning Internationally Educated Nurses for Success (TIENS) program initiated by the Hospital of the University of Pennsylvania (HUP) (Adeniran et al., 2008). This comprehensive program, validated for its effectiveness, encompasses a series of stages, including orientation, clinical immersion, education and training, mentorship and ongoing support (Adeniran et al., 2008). Orientation sessions covering the healthcare system, policies, protocols and local standards of practice are invaluable. Workshops and seminars that target areas where IQNs may encounter divergent practices bridge the knowledge gap regarding Australian health systems and procedures (Xiao et al., 2014). Mentors, particularly staff experienced in the local context, can provide support and guidance that are crucial for IQNs to adjust to the new environment and enhance their confidence and contributions (Lai et al., 2017). The implementation of a clear and comprehensive plan that outlines the support and resources available to IQNs can help them navigate the transition process. It is important that these programs do not base their judgements solely on the cultural and linguistic adjustments that nurses must make, but rather on their specialized knowledge and skills of the IQN (Smith et al., 2006).

Standardizing nursing education is crucial for maintaining a consistent level of knowledge and skill among nurses worldwide. The absence of consistent nursing education standards worldwide results in confusion regarding the roles and transferability of nursing professionals on a global scale (Deng, 2015). The Bologna Accord and WHO recommendations for undergraduate nursing education prioritize patient-centred, evidence-based education and emphasize the development of critical thinking and clinical reasoning skills (WHO, 2020b). The WHO has developed a framework for undergraduate nursing education, encompassing three

key pillars on a global scale (WHO, 2020b). These pillars consist of learning outcomes for students, program standards and standards for educational institutions (WHO, 2020b). While the framework reflects international best practices, these are also adaptable to local contexts. Achieving global standardization in nursing education may appear ambitious, given the diverse healthcare systems and educational contexts across countries. An initial step towards this objective is the implementation of country-specific licensure requirements. In some cases, even within a single country, fragmented licensure criteria can hinder the optimal utilization of IQNs specialty skills, as an adaptation to various cultural nuances can take time as per Benner Novice to the expert continuum (Benner, 1984). By establishing clear licensure criteria and expectations tailored to each nation's unique healthcare system, these standards can harmonize the quality of nursing care while accommodating local nuances (NMBA, 2023). This approach ensures flexibility and adaptation to regional healthcare needs, ultimately enhancing the overall quality of nursing practice on a global scale. It's a practical solution that respects local diversity while working towards a common global goal.

Registering bodies can provide support and resources for IQNs as they navigate the registration process and transition into the healthcare system of the host country. This should include providing information and guidance on visa and immigration requirements, offering language and cultural competency training, and facilitating in-country connections with mentors and support networks. The implementation of a clear and comprehensive plan that outlines the support and resources available to IQNs would also help them navigate the transition process (Smith et al., 2006). Furthermore, registering bodies should collaborate with employers to identify the specialist skills of IQNs that can be effectively utilized on an individual basis. Recognizing that IQNs often bring unique skills without formal credentials or certifications, an individualized specialty skill assessment and transition pathway is paramount. This personalized approach acknowledges the distinct strengths, experiences and aspirations of each individual, recognizing that a one-size-fits-all model is ineffective. Govorov et al. (2022) propose a strategy that bridges the gap between academic knowledge and career requirements, enabling the development of tailored learning tracks for specific professions. These individually assessed IQNs can be provided with gap training to facilitate the use of their specialized skills under supervision. Conducting a personalized skill assessment allows individuals to identify their strengths and areas for improvement, empowering them to craft a customized plan to transition from their current state to a desired level of proficiency. A similar program, as seen in the Danish government's Employment for adaptation and training purposes (Danish Patient Safety Authority, 2021), allows nurses to work under the supervision of a mentor while adapting to local nuances and undergoing training to become fully practising RNs. Osadcha et al. (2021) presented a model for the adaptive system of individualization and personalization in professional training, encompassing adaptability, individualization and personalization

components. Cassar (2020) successfully utilized globally recognized frameworks of nursing competencies to validate the expertise of refugee nurses who lacked formal credentials, ensuring that their abilities were acknowledged and put to use. A similar approach could be applied to validate the specialized knowledge and skills of IQNs lacking formal credentials or certificates, ensuring their contributions are duly recognized and effectively utilized. By uniting the efforts of healthcare organizations and registering bodies, IQNs can receive the necessary support to maximize their contributions to the Australian healthcare system, ultimately benefiting both the healthcare workforce and the patients they serve.

6.3 | Strengths and limitations of the work

Gathering and analysing firsthand perspectives from the community of IQNs was a key strength of the study. This method allowed the study to attain a comprehensive understanding of the facilitators and barriers IQNs encounter when seeking to use their specialist skills in the Australian healthcare system, as well as the specific areas where they may require additional assistance and resources. Additionally, data were collected from IQNs in all Australian states and territories, and the respondents came from a range of age groups, supporting the generalizability of findings.

However, this study had several limitations similar to other online studies that may impact the generalizability of the findings. The recruitment method assumed that the target population could be reached via social media and other online channels, but some participants may not be users of social media. Online surveys can lead to participants giving socially acceptable responses, especially when the questions ask them to remember difficulties they faced during the early stage of speciality skill transition (Larson, 2019). The survey was distributed as a clickable link in social media advertising posts, which may have affected the response rate due to concerns about online financial crimes, data leakage and Australian Government scam prevention advertisements cautioning against clicking on unapproved links. The study did not ask whether IQNs chose to transition to other specialities, which hampers the exploration of this critical aspect of their professional journeys. It also failed to examine the differences in experience between rural and metropolitan nurses, resulting in the omission of valuable insights into the unique challenges, opportunities and perspectives that may vary between these two groups. Since the study was disseminated through publicly accessible platforms, eligible nurses who had negative experiences may have been more inclined to express their grievances, rather than IQNs who have successfully transitioned their specialty skills.

6.4 | Implication of policy and practice

This study clearly highlights the need for better recognition and utilization of IQNs' specialist skills by the Australian healthcare system.

Acknowledging and leveraging their expertise, creating more opportunities in their specialist fields and providing a clear transition pathway to practice, would facilitate Australia benefitting from a more diverse and better-skilled healthcare workforce, ultimately leading to improved patient outcomes and a more inclusive healthcare system. Collaboration among policymakers, healthcare organizations and regulatory bodies is crucial in developing strategies for the integration and utilization of IQNs' specialist skills.

7 | CONCLUSION

Although many nurses with international qualifications are currently working in the Australian healthcare system there is insufficient research on the transfer of specialist skills and associated challenges from the perspective of IQNs. Further engagement research with IQNs and Australian recruiting managers would offer valuable insights to underpin the development and testing of a supportive speciality skill transition program. Further exploratory research to identify the need within specific populations of difference, for example, metropolitan versus rural/remote nurses, would also be beneficial.

The transition of specialist skills into Australia is facilitated through IQNs' competence in performing these skills, having an understanding of the scope of practice for Australian nurses, understanding the complexity of decision-making in Australia, and having linguistic sufficiency. Although IQNs rate their competence relatively highly, their use of specialist skills in Australia is affected by limited opportunities, financial constraints, and poorly managed transition pathways. Employers and registering bodies can play a crucial role in the professional integration and career prospects of IQNs by recognizing their specialist skills and providing gap training based on individual needs. Hospital-based transition support programs and efforts to standardize nursing education are vital steps towards achieving this objective. These measures combined would significantly improve skill utilization.

AUTHOR CONTRIBUTIONS

Chanchal Kurup: Conceptualization, Methodology, Formal analysis, Investigation, Writing—Original draft preparation, Writing—Review & Editing. **Adam Scott Burston:** Conceptualization, Methodology, Writing—Review & Editing, Supervision. **Vasiliki Betihavas:** Conceptualization, Methodology, Writing—Review & Editing, Supervision. **Elisabeth Ruth Jacob:** Conceptualization, Methodology, Writing—Review & Editing, Supervision.

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No conflict of interest has been declared by the author(s).

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DATA AVAILABILITY STATEMENT

The protocol is registered on OSF. The data for this study are available for sharing with the reviewers upon request. However, it is worth noting that ethical approval has not been obtained specifically for web sharing, and therefore, the data has not been posted in any repositories or public platforms.

ETHICS STATEMENT

Permission from the ACU's HREC (Human Research Ethics Committee) was obtained (2022-2524E) prior to the research. The authors have checked to make sure that our submission conforms as applicable to the Journal's statistical guidelines.

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