

Research Bank

PhD Thesis

**The use of specialty skills among internationally qualified nurses
in Australia: A mixed methods research**

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and Burston, Adam**

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**THE USE OF SPECIALTY SKILLS AMONG INTERNATIONALLY QUALIFIED
NURSES IN AUSTRALIA: A MIXED METHODS RESEARCH**

Submitted by

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RN BN MClinEd

A thesis submitted in total fulfilment of the requirements of the degree of Doctor of
Philosophy

School of Nursing, Midwifery, and Paramedicine

Faculty of Health Sciences

Australian Catholic University

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Statement of Authorship and Sources

This thesis contains no material that has been extracted in whole or in part from a thesis that I have submitted towards the award of any other degree or diploma in any other tertiary institution. No other person's work has been used without due acknowledgement in the main text of the thesis. All research procedures reported in the thesis received the approval of the relevant Ethics/Safety Committees (where required).

Authorship and sources

[REDACTED]

Signature:

Chanchal Kurup

Date: 4th October 2024

Statement of Contribution by Author's

This is a thesis with publication. I would like to acknowledge the contributions of all my supervisors to the publications included in this thesis. However, I would like to emphasise that the significant work of conducting the research and preparing the manuscripts was done solely by me, except for duly acknowledged parts. It is recognised that all co-authors jointly published the manuscripts included in this thesis and consented to their inclusion. Special thanks to Professor Elisabeth Jacob, Professor Vasiliki Betihavas, and Associate Professor Adam Burston for their substantial involvement in conceptualising and designing the project, analysing and interpreting data, and contributing to the writing and editing of this document. Additionally, Associate Professor Adam Burston was pivotal in assisting with the interviews and focus groups. The Research Portfolio Appendix (A) summarises each author's contribution to the publications.

Statement of Appreciation

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Dedication

This thesis is dedicated to my incredible husband, Anand. You are the true wind beneath my wings, lifting me higher with your love, care, patience, and unwavering belief in me. This journey would not have been possible without you by my side, guiding and supporting me every step of the way. You showed me the path, and we walked hand in hand together. Thank you for being my forever mentor and the source of inspiration that propels me forward. With you, anything is possible. I love the me reflected in your eyes!!!! Here is to us and to many more adventures yet to come.

"Embarking on foreign shores, we embrace the unfamiliar; in a new land, we humbly thread, as internationally qualified nurses, our differences shine brightly, transcending borders and cultures, illuminating the path of healing and bridging the gaps of compassion worldwide".

The unknown poet in me!!!!

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List of Abbreviations and Acronyms

ABS- Australian Bureau of Statistics

ACMHN- Australian College of Mental Health Nurses

ACN- Australian College of Nursing

ACSQHC- Australian Commission on Safety and Quality in Health Care

ACSQHC- Australian Commission on Safety and Quality in Health Care

ADIBP- Australian Department of Immigration and Border Protection

AHPRA-: Australian Health Practitioner Regulation Agency

AHRQ- Agency for Healthcare Research and Quality

AIHW- Australian Institute of Health and Welfare

AIN- Assistants in Nursing

ANCC- American Nurses Credentialing Center

ANMAC- Australian Nursing and Midwifery Accreditation Council

ANMF- Australian Nursing and Midwifery Federation

ANUM- Associate Nurse Unit Manager

ARC- Australian Researcher's Council

CAP- Competence Assessment Programme

CEDA- Committee for Economic Development of Australia

CHF- Chronic Heart Failure

CNC- Clinical Nurse Consultant

CNMO- Chief Nursing & Midwifery Officers Australia

CNO- College of Nurses of Ontario

CNS- Clinical Nurse Specialist

CoNNMO- Coalition of National Nursing and Midwifery Organisations

CPD- Continuous Professional Development
CQHHS- Central Queensland Health Service
DIBP- Department of Immigration and Border Protection
EN/s-Enrolled Nurse/s
FEN/s- Foreign Educated Nurse/s
FTN/s- Foreign-Trained Nurse/s
HDI-Human Development Index
HR- Human Resource
HREC- Human Research Ethics Committee
HUP- Hospital of the University of Pennsylvania
IAPN- International Advanced Practice Nursing
ICC-InterCostal Catheter
ICN- International Council of Nurses
IDC- Indwelling Catheter
IEN/s- Internationally Educated Nurse/s
INR-International Nursing Review
IQEN/s- Internationally Qualified Enrolled Nurse/s
IQN/s- Internationally Qualified Nurse/s
IQRN/s- Internationally Qualified Registered Nurse/s
IRON- Initial Registration for Overseas Nurses
JAN- Journal of Advanced Nursing
KPSC- Kerala Public Service Commission
NARIC- National Academic Recognition Information Centre
NCNZ- Nursing Council of New Zealand

NESB- Non-English-speaking Backgrounds

NGT- Naso Gastric Tube

NHMRC- National Health and Medical Research Council

NHPA- National Health Performance Authority

NHS- National Health Service

NMBA- Nursing and Midwifery Board of Australia

NMC- Nursing and Midwifery Council

NMWU- Nursing and Midwifery Workforce Unit

NNAS- National Nursing Assessment Service

NSW- New South Wales

OECD- Organisation for Economic Co-operation and Development

ONMSD -Office of the Nursing and Midwifery Services Director

OQN- Overseas Qualified Nurses'

OSCE- Objective Structured Clinical Examination

OSN/s- Overseas Nurse/s

OTN/s- Overseas Trained Nurse/s

PIL-Participant Information Letter

PLAB- Professional and Linguistic Assessments Board

RCN- Royal College of Nursing

RM/s- Registered Midwife/s

RN/s- Registered Nurse/s

RPL- Recognition of Prior Learning

SPSS- Statistical Package for Social Sciences

SRQR- Standards for Reporting Qualitative Research

TAFE- Technical and Further Education

TEQSA- Tertiary Education Quality and Standards Agency

TIENS- Transitioning Internationally Educated Nurses for Success

UAE-United Arab Emirates

UK- United Kingdom

UN-United Nations

USA-United States of America

WH- Western Health

WHO- World Health Organization

WPR- World Population Review

Glossary of Terms

Bridging/transition course: A program of study approved by the NMBA that enables IQNs who hold relevant but not substantially equivalent qualifications (and who meet the mandatory registration standards) to fulfil the needed requirements and study to gain registration in Australia.

Buddy RN/nurse: RN who works with nursing students on a shift-by-shift basis to provide clinical guidance

Cultural fit: The term refers to the alignment between an individual's values, beliefs, and workstyle with those of the organisation or workplace.

Immigration: An immigrant is a person who chooses explicitly to leave their own country and relocate to another one to live there permanently

Interim model assessment: An assessment model that NMBA used until February 2020 for Internationally Qualified Nurses' before they could start practising in Australia. This assessment model assesses IQNs to match the qualification with Australian standards under eight criteria.

Internationally Qualified Nurses: Nurses who have obtained their primary nursing qualification outside Australia.

Mentor: RN who provides mentoring to students in relation to clinical practice in a clinical placement, usually greater than four weeks.

Migration: An umbrella term that reflects a lay understanding of a person who relocates from their usual location, either inside the country or across international borders, for temporary or extended periods for multiple reasons.

Registered nurse: A person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a registered nurse.

The permanent approach in the assessment: The NMBA has moved to a permanent approach in the assessment of IQNs. Changes under the new model include reducing the assessment criteria from eight to three, which took effect in March 2020. Significant changes include replacing the bridging course with an Objective Based Assessment [OBA] (NMBA, 2020b).

Publication/s Included in this Thesis.

Kurup, C., Burston, A.S., Betihavas, V. & Jacob, E.R. (2024) Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review. *International Nursing Review*, 1–10. <https://doi.org/10.1111/inr.13029>. Incorporated in Chapter 2

Kurup, C., Betihavas, V., Burston, A, & Jacob, E. (2023). Strategies employed by developed countries in facilitating the transition of internationally qualified nurses' specialty skills into clinical practice: An integrative review. *Nursing Open*.10(12), 7528–7543. <https://doi.org/10.1002/nop2.2023> . Incorporated in Chapter 2

Kurup, C., Burston, A., Betihavas, V, & Jacob, E. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 1–14. <https://doi.org/10.1111/jan.15952> . Incorporated in Chapter 4

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2024). Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis. *Nursing Open*. 11(1), e70032. <https://doi.org/10.1002/nop2.70032>. Incorporated in Chapter 4

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). From barriers to opportunities: Utilisation of specialty expertise of internationally qualified nurses in Australia following immigration. *Nursing Open*. Incorporated in Chapter 4

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

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Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

Finding a fit: How recruiting managers utilise the specialty skills of internationally qualified nurses. *Nursing Open*. Incorporated in Chapter 5

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

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Poster Presentation/s

Kurup, C., Jacob., E., Betihavas, V., & Burston. A. (2023, July 1-5). *The transition of internationally qualified nurses' specialty skills to developed countries clinical practice after immigration: A mixed method research (Poster Presentation)*. ICN Congress. <https://icncongress2023.org/>

Accepted Presentation/s

Kurup, C. Central Queensland University. (2024, December 11-12). *Are we asking the fish to climb the tree? Exploring the realities of nursing after immigration (Poster Presentation)*. CQU Research Symposium, Mackay.

Oral Presentation/s

Kurup, C. Queensland University of Technology. (2022, August 12). *Breaking the walls of the borders in nursing*. Falling Walls Lab Brisbane. <https://research.qut.edu.au/centre-for-future-enterprise/2022/07/08/falling-walls-lab-queensland/>

- Kurup, C.** Australian Academy of Science. (2022, September 26). *Breaking the walls of the borders in nursing (level 2 competition)*. Falling Walls Lab Canberra. <https://www.science.org.au/news-and-events/events/international-events/falling-walls-lab-australia-finale-2022>
- Kurup, C.** Central Queensland University. (2022, October 27-28). *Is immigration the path to nurses' happily ever after?* CQU Research Symposium, Brisbane.
- Kurup, C.,** Betihavas, V., Burston. A., & Jacob., E. (2023, January 30-31). *The transition of internationally qualified nurse's specialty skills to clinical practice in developed countries after immigration: An integrative review*. ICTNFD 2023: Transcultural Nursing and Future Directions Conference, Sydney. <https://waset.org/conferences-in-january-2023-in-sydney/program>
- Kurup, C.,** Betihavas, V., Burston. A., & Jacob., E. (2023, March 16-18). *The transition of internationally qualified nurses' specialty skills to developed countries clinical practice after immigration: A mixed method research*. 3rd Edition of Singapore Nursing Research Conference, Singapore. <https://nursingresearchconference.com/speaker/chanchal-kurup>
- Kurup, C.,** Betihavas, V., Burston. A., & Jacob., E. (2023, April 12-13). *How IQNs transfer their specialty skills to developed countries after immigration: A lived perspective survey*. HWA Virtual 2023 Conference CQU, Australia. <https://www.cqu.edu.au/events/event-items/conference/virtual-health-workforce-academy-conference-2023-united-through-research>

Kurup, C., Burston. A., Betihavas, V., & Jacob., E . (2023, August 2-4). *Is immigration the path to nurses' happily ever after?* Sigma's 34th International Nursing Research Congress, Abudabi.
<https://plus.sigmanursing.org/congress/event/congress23/presentation/611436ff-8f42-41b1-914e-99e8e1ce9f20>

Award/s

- People Choice Award CQU Research Symposium at Brisbane (2022, October 27-28). (See Appendix B)
- 3rd place in the health workforce category of the CQU Research Symposium at Brisbane (2022, October 27-28). (See Appendix B)
- Queensland finalist in Falling the Wall Science breakthrough competition (2022, August 12). (See Appendix B)
- Best presenter award in ICTNFD 2023: XVII. International Conference on Transcultural Nursing and Future Directions (2023, January 30-31). (See Appendix B)
- Faculty finalist for the 2024 ACU 3MT Competition September 2024 (See Appendix B)

Scholarship

- Research Training Program (RTP) Stipend Scholarship awarded from 2021-2024. (See Appendix C)
- Applied for the Australian Nurses Memorial Centre Scholarship, awaiting outcome (August 2024). (See Appendix C)

Media citation

<https://www.science.org.au/news-and-events/events/international-events/falling-walls-lab-australia-finale-2022>

Research Impact

Since the commencement of the thesis, the research has significantly influenced the broader engagement within the field of IQN advisory and research. A notable highlight was participation in the 'Falling the Wall' competition, which provided an opportunity to meet the Honourable Governor of Queensland (see Appendix D). The Governor expressed a keen interest in the study's findings and requested to be informed once the research is completed. This event also facilitated connections with researchers from Germany, who expressed interest in replicating a similar study in the German context to better support IQNs.

Furthermore, consultations have been held with the ANMAC Director, leading to an invitation to join the advisory committee on skilled immigration for IQNs. This involvement underscores the relevance and potential policy implications of the research. A workshop was scheduled with ANMAC for September 2024, where the research findings were presented. This event provided a platform for discussing the study's outcomes and implications with the current nursing accreditation body. ANMAC has also invited the research team to apply for an international nursing environmental scan, pending the outcome (see Appendix D).

As a direct outcome of the PhD research experience, the researcher was invited to contribute to a working party organised by the Australian College of

Nursing (ACN). This working party is tasked with developing guiding principles for employers to improve the recruitment, retention, and integration of IQNs into the Australian healthcare system (see Appendix D).

In the Pilbara region, a study day has been organised focusing on recruiting and retaining international nurses in rural and remote Australia, highlighting the challenges and facilitators encountered by recruiting managers. Additionally, the Director of Central Queensland Health Service (CQHHS) has expressed interest in a post-doctorate project to implement a small-scale transition program for IQNs moving to CQHHS (see Appendix D).

Moreover, a prospective research student at the University of Malta has invited the lead researcher to collaborate on a project exploring the safety factors associated with patient care delivered by IQNs (See Appendix D). This collaboration further emphasises the growing interest and recognition of the importance of the study in enhancing the integration and effectiveness of IQNs in healthcare settings.

ABSTRACT

Recruitment of internationally qualified nurses (IQNs) is a long-standing human resource strategy that addresses nursing shortages in many developed countries. The lack of a clear pathway to use specialty skills in the new country makes recognising and utilising these skills complex for nurses. This parallel sequential explanatory mixed-methods research, grounded in pragmatism, aims to explain how internationally qualified nurses transfer their specialty skills to developed countries after immigration. The study began with a multi-centre policy review involving 20 countries to examine registration procedures for IQNs, focusing specifically on recognising specialised skills. From the 34 policies identified, 26 were analysed in detail to assess how they address the registration process in developed countries. The findings revealed that only four countries provided specialised nurse registration pathways that required university qualifications and relevant experience. Additionally, all countries examined mandated a postgraduate qualification for specialty registration. This review highlighted a critical gap: developed countries generally lack robust policies to facilitate the transfer of specialised skills, indicating a need for more comprehensive approaches.

An integrative literature review was conducted to evaluate strategies used by developed countries to transition specialist IQNs into practice. This review uncovered inconsistencies in defining nurse specialties and significant challenges related to skill transferability across institutions and state borders. The analysis of ten documents indicated that developed countries often lack adequate policies to support the seamless integration of IQNs' specialised skills into

practice, further underscoring the need for targeted strategies. The study also highlighted significant gaps in understanding the broader international landscape of specialty skill utilisation among IQNs. Notably, there was a remarkable void in existing research addressing the perspectives of IQNs and managerial figures on this crucial issue. This gap underscores the study's importance and contribution to a deeper understanding of the challenges faced by IQNs when transferring their specialised skills to new healthcare frameworks.

In Phase 1 of the study, surveys of both IQNs and managers were conducted. The results emphasised that effective skill utilisation by IQNs depends significantly on managerial support, socio-cultural adaptation, and well-structured transition programs. Barriers such as complex visa processes and inadequate support systems were found to impede successful integration. Additionally, variability in nursing qualifications and competencies across different countries affects the transfer of specialty skills, highlighting the necessity for a comprehensive specialty skill transition program and robust mentorship to enhance skill utilisation among IQNs.

Phase 2 of the study identified several critical facilitators for effectively utilising IQNs' skills. These included standardised skills assessments, active employer engagement, mentorship programs, and opportunities for networking and cultural integration. Despite these facilitators, IQNs face considerable challenges, such as complex registration processes, misconceptions about their qualifications, unfamiliar work environments, and fragmented recognition of their specialised skills. These obstacles can hinder career progression and the effective application of their expertise.

The meta-inference, synthesising findings from six journal publications capturing insights from 115 participants, including 71 IQNs and 44 recruiting managers, concluded that IQNs possess specialised skills that can be effectively integrated into the Australian healthcare system. The successful utilisation of these skills depends on providing practice opportunities within their specialty areas and the degree of self-determination afforded to them. To facilitate this transition, it is crucial to implement tailored transition-to-practice programs and provide appropriate support mechanisms for IQNs and recruiting managers.

Based on these findings, the study presents several important recommendations. It highlights the need for IQNs and recruiting managers to develop personal strategies that optimise the utilisation of specialty skills. Additionally, the study advocates for the establishment of an IQN specialty skill support program to facilitate the smooth transition and effective application of these skills. Furthermore, it emphasises the implementation of support and upskilling programs for recruiting managers to enhance their ability to integrate and utilise IQN specialty skills efficiently.

These findings provide a baseline for future research and serve as a reference point for IQNs before, during, or after immigration. Furthermore, the results can inform recruiting managers and hospital administrators in designing IQN support policies and practices. These findings can also guide governing and registering bodies in developed countries, including but not limited to the NMBA and Ahpra, to improve policies related to IQN immigration and skill utilisation.

CHAPTER 1 – INTRODUCTION

1.1 Introduction

This thesis reports on an investigation into the experiences of Internationally Qualified Nurses (IQNs) and hiring managers regarding the process of transferring IQNs' specialty nursing skills into the Australian healthcare system post-immigration. Chapter 1 provides background information and objectives for the study, giving a clear path for the research. It outlines the challenges IQNs face in transferring their skills and sets the stage for further discussion.

1.2 Background

Globally, healthcare systems face difficulty recruiting appropriately qualified nurses due to a long-standing and ongoing nurse shortage (Smith et al., 2022). This situation has been exacerbated by the COVID-19 pandemic and an ever-ageing population, leading to an increased demand for nurses amidst a declining supply (Chan et al., 2021; Litton et al., 2020; Litton et al., 2021). It is hypothesised that nine million more nurses and midwives are needed to meet the UN's global sustainable health development goals by 2030 (United Nations, 2022; World Bank, 2022; World Health Organisation, 2022). Developed countries such as Australia rely on immigration from developing countries to fill nurse shortages (Li et al., 2014; WHO, 2020e), and these internationally qualified nurses (IQNs) contribute significantly to the healthcare workforce (Head, 2017). Australian census analysis, as documented by the WHO in 2014, indicates that the principal origins of nurses relocating to Australia from 2006 to 2011 were India (3,697), the Philippines (3,704), the UK (2,885), China (1,266), and North

Africa/Middle East (946) (Hawthorne, 2014). According to data from OECD statistics in 2021, India continues to be the primary source of nurse migration (OECD, 2024).

A specialist nurse is a licensed nurse who has completed an education program that meets the mandated standard for specialised nursing practice (World Health Organization [WHO], 2020b). The pathway to becoming a specialist nurse in Australia varies depending on the chosen state, territory, and specialisation. Even though nurses without a generalist qualification (e.g., mental health nurses) used to enter specialised practice areas, since 1980, a university degree has been considered essential due to the importance of having a solid foundation in general nursing knowledge and specialty skills. Other countries, such as the United Kingdom (UK) and the United States (US), offer distinct pathways for specialised nursing roles (Cook et al., 2017). Unlike the UK, where nurses may pursue specialised degrees, such as pediatric care, as part of their initial nursing education (National Health Service, 2024), in the US, specialisation usually occurs at the postgraduate level. Nurses in the US typically earn additional certifications or advanced degrees after completing a general nursing undergraduate program (Cook et al., 2017). In Australia, some specialist roles, like breast cancer nurses, require a minimum of a graduate diploma (The National Breast Cancer Centre, 2005), while others, like prostate cancer specialist nurses, do not have specified education or experience requirements (Sykes et al., 2014). No consensus exists on a specialist nurse's minimum education and experience requirements (Cook et al., 2017).

Specialised nurses are highly valued for their unique critical thinking abilities and are increasingly in demand worldwide (Dewi et al., 2021) due to factors such as cost-effectiveness, shortages of medical staff, and increasingly complex care needs of patients (Dunn et al., 2006). They are recognised as important change agents who can help translate research into practical knowledge and have played a significant role in healthcare delivery globally (Baldwin et al., 2009; Mills et al., 2009; Wilkes et al., 2015). As healthcare restructuring, care demands, and policies evolve, there has been significant growth in the number and types of specialised nursing roles (Bryant-Lukosius et al., 2004; Coyne et al., 2016; Dunn et al., 2006; Pulcini et al., 2010; Sherry, 2010). While there are different pathways to obtaining specialisation in nursing, such as years of service or further education (Cook et al., 2017), this study will focus on specialist skills rather than specialist qualifications since the pathways to specialisation may vary across different countries.

IQNs face a significant challenge upon immigration, as they often possess specialised nursing skills but may be unable to effectively use them in their new country, leading to underutilisation and decreased effectiveness in patient care. This situation is particularly prevalent in fields such as ICU, cardiology, respiratory, and renal care, which require advanced knowledge and skills. Despite being highly sought after, often specialist IQNs are not always utilised to their full potential (Ressia et al., 2017), resulting in reduced effectiveness and an increased risk of adverse outcomes for patients (Karlsson et al., 2019; West, 2000). This underutilisation occurs when IQNs are employed in positions that fail to fully leverage their specialised expertise, leading to missed opportunities to

provide better patient care (An et al., 2016; Stankiewicz & O'Connor, 2014). In this study, a specialised IQN refers to a registered nurse who obtained their nursing qualification from a country outside of Australia (Australian Nurses and Midwifery Accreditation Council, 2016b), has been working in a specialised role in their home country, and has since immigrated to Australia. The term IQN will be used interchangeably with Internationally Qualified Registered Nurses (IQRNs), as defined by the Nursing and Midwifery Board of Australia (NMBA, 2021).

Different countries have varying nursing qualifications and standards, so IQNs may be required to meet additional requirements in Australia to practice in their specialty (Coalition of National Nursing and Midwifery Organisations [CoNNMO], 2022). In addition to registering with the Australian nursing regulatory body, these requirements may include completing additional education or training (Ahpra, 2023a). Nursing education disparities between countries also contribute to the underutilisation of specialty skills, as nursing education is taught and managed differently worldwide (Deng, 2015), posing significant obstacles to successful specialty skill utilisation (Deng, 2015). These differences, including contrasting scopes of practice and legislation, can pose substantial barriers to the successful specialty skill utilisation of IQNs (Dikaya & Appelt, 2004; Xu, 2011), causing prolonged delays in skill and qualification recognition as well as fostering prejudice in the workplace (Dikaya & Appelt, 2004). These delays create difficulties for IQNs to integrate into the Australian health system, including English-speaking nurses from the UK, Canada, and the USA (Gillespie et al., 2012; Stephenson, 2014, August 19; Vafeas, 2013).

Barriers in the registration process can lead to the underutilisation of specialty skills among immigrant nurses. In Australia, nurses can only be registered as generalist nurses (NMBA, 2020, 2021), which creates an additional barrier for immigrant nurses without the option for specialisation recognition. This lack of specialty registration leaves the responsibility for determining nurses' specialty expertise up to individual health services (NMBA, 2020a). As health services have few resources to determine expertise (Xiao et al., 2014), they may unintentionally force IQNs to practise at levels considerably below their capabilities. For nurses from non-English speaking countries, this challenge is amplified by the added difficulties of linguistic and cultural unfamiliarity (Fu & Hickey, 2015; Timilsina Bhandari et al., 2015).

1.3 Statement of the Problem

Despite the longstanding phenomenon of nurse immigration from developing to developed countries for employment, there is limited research on the recognition and utilisation of the specialised skills of IQNs. Although IQNs make crucial contributions to healthcare systems in developed countries, their advanced skills are often underutilised due to the absence of standardised procedures to transfer these competencies effectively. This lack of research and information emphasises the need for further investigations. This current study seeks to thoroughly understand the process by which IQNs transfer their specialised skills from their home countries to developed countries after immigration by explaining the experiences of both IQNs and the managers who recruit them. With the ongoing high demand for nurses worldwide and the

pressing need for specialised nurses due to patient acuity and complexity, the relevance and importance of addressing this issue cannot be overstated.

1.4 Research Question

How can internationally qualified nurses' specialty skills be transferred to the Australian health system after immigration?

1.5 Research Aim

This study aims to explain the process by which IQNs' specialty skills are transferred into clinical practice after immigration.

1.6 Research Objectives

The specific objectives of the study are to:

1. To identify barriers and facilitators of IQN specialty skill transfer to the Australian health system following immigration (Phase 1)
2. To gather and explore the perspectives of IQNs and recruiting managers on the process of transferring IQNs' specialty skills to Australia after immigration (Phase 2)
3. Propose strategies that Australia and other developed countries can use to successfully support IQNs' capacity to use specialty skills within the healthcare contexts of these countries (Phase 3)

1.7 Expected Outcomes/Significance of the Study

The purpose of this study is to learn about the perspectives of IQNs and recruiting managers on how previously acquired specialty skills were transferred to their practice in the Australian healthcare system after immigration. Host countries, such as Australia, can maintain professional practice standards and ensure the safety of their healthcare clients more effectively while also meeting

ever-changing labour demand trends by better utilising the specialty skills of IQNs. The specialty skill utilisation of IQN is a complex process that requires the support of multiple stakeholders, including immigrant nurses, Australian nurses, and recruiting managers. The outcomes of this research will enhance the information available for IQNs, both prior to, during and post-immigration, in addition to Australian nurses' and hiring managers concerning the initial phase of IQNs' specialty skill transfer to the Australian healthcare system. Findings can be used to support different education models to improve skill transition support programs and streamline the introduction of IQNs into the Australian industry. The study's findings could also be used as a baseline for future research and reporting to regulatory bodies such as the NMBA and Ahpra. Although the study was conducted in Australia, the findings may be transferable to other countries with similar Westernised health systems reliant on IQNs to support workforce needs.

1.8 Organisation of the Thesis

This study follows a well-structured path to explore its research objectives. It unfolds through a sequence of interconnected Chapters, as shown in Figure 1.1, each contributing to a comprehensive understanding of IQN specialty skill utilisation in Australia after immigration.

The study commences with an introduction and background in Chapter 1, establishing a foundation of knowledge and contextualising the research within the broader field. A comprehensive literature review follows this in Chapter 2 (Publications #1), critically synthesising existing research on IQN specialty skills and identifying gaps in knowledge.

Chapter 3 outlines the study's methodology, detailing the research design, data collection methods, and analytical techniques employed to ensure the validity and trustworthiness of findings.

Chapter 4 delves into the insights gathered from IQNs, covering both Phase 1 and Phase 2 of the study. It is segmented into three publications (Publications #3-5). Publication #3 presents quantitative data obtained from the Phase 1 IQN survey, while Publication #4 delves into the qualitative insights from the same survey, addressing the depth of concerns and the significance of discussions. Additionally, Publication #5 incorporates qualitative information gleaned from Phase 2 focus groups with IQNs, enriching the contextual understanding of the empirical findings.

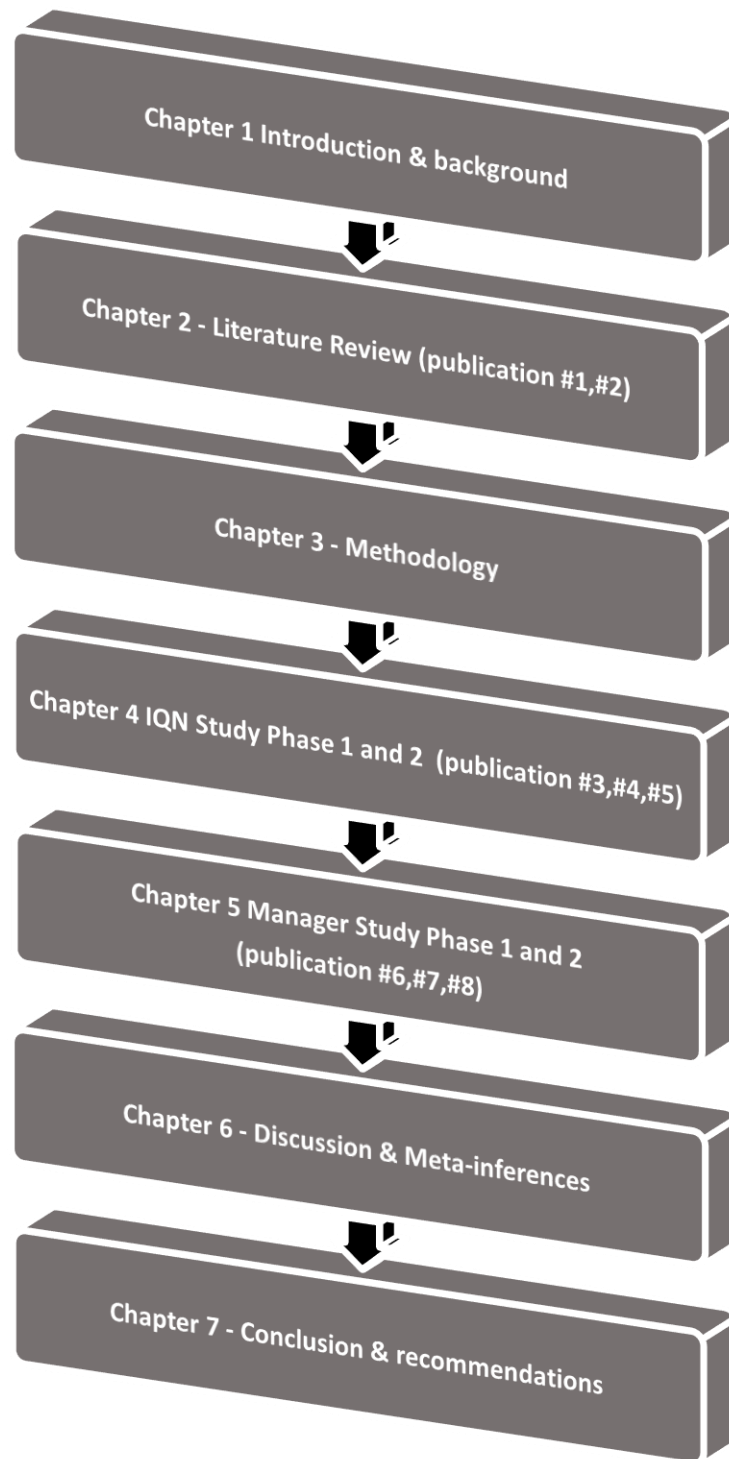
In Chapter 5, the focus shifts to the perspective of recruiting managers, spanning both Phase 1 and Phase 2 of their involvement. Mirroring Chapter 4, Chapter 5 comprises three publications (Publications 6-8). Publication #6 presents quantitative data from the Phase 1 survey of recruiting managers. Publication #7 delves into the qualitative insights derived from the same survey, highlighting the richness of discussions. Finally, Publication #8 integrates qualitative data from Phase 2 interviews with managers, providing further depth and context to the findings.

The study culminates in two synthesis Chapters. Chapter 6 discusses meta-inferences, weaving together findings from both phases to create a holistic understanding of IQN specialty skill utilisation, its barriers and facilitators and answer the research questions.

Chapter 7 offers conclusions and recommendations, highlighting key takeaways from the research and suggesting practical strategies to enhance IQN skill utilisation in Australia after immigration.

Figure 1.1

Flow Diagram of IQN Specialty Skill Utilisation Study



1.9 Conclusion

The Australian healthcare system has experienced positive impacts over the past decades due to the growing number of immigrant nurses who have helped address nursing workforce shortages. Recognising and utilising previously acquired specialty skills of the IQN is known to support a positive transition experience and improve the quality of Australian healthcare. This study's objective is to examine, from the viewpoints of both IQNs and recruiting managers, how IQNs transfer their specialised skills utilised in their home country to developed countries after immigration. Data from this study will support the identification of barriers and facilitators in the current planning, implementation, and evaluation of IQN transition and support processes in utilising their previously acquired skills in Australia.

1.10 Chapter Conclusion:

Chapter 1 described the study's background, context, research objectives and research question. Chapter 2 presents a comprehensive review of the existing literature.

CHAPTER 2 – LITERATURE REVIEW

2.1 Introduction

Following the background, context, research objectives, and research question for the study described in Chapter 1, this chapter presents a comprehensive review of the existing literature.

The literature review covers two key research papers. The first, published in the *International Nursing Review (INR)*, compares Australia with other developed countries regarding IQN registration, focusing specifically on recognising specialised skills during the initial registration process. The second paper, published in *Nursing Open*, provides a synthesis of the strategies developed countries use to incorporate IQNs with specialised skills into clinical settings.

To assess how Australia compares to other developed countries in terms of IQN registration, a policy review was conducted across 20 countries. The policy review focused on the ability of these nurses to transfer their specialised skills acquired abroad. Only four countries (Austria, Ireland, Japan and Sweden) indicated specialised nurse registration information on the IQN registration information website (Austrian Career, n.d.; Austrian Migration Department, 2018; City of Vienna, n.d; Japanese Nursing Association, 2023; Ministry of Health Labour and Welfare, 2022; Nursing and Midwifery Board of Ireland, 2021; Socialstyrelsen, 2021). Even though some countries indicated that specialist nurses do not necessarily need to have a post-graduate qualification (Office of the Nursing and Midwifery Services Director, [ONMSD], 2021), the identified documents indicated that a national qualification framework of eight or above is

generally required to be a specialist nurse (Socialstyrelsen, 2021). Recognising an international specialisation degree is also not clearly stated in the policies or documents.

2.2 Journal Article 1:

Title: Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review.

The INR was chosen due to its global presence and alignment with nursing policy and practice. With an impact factor of 4.1, INR focuses on health policy, workforce planning, and global nursing issues, making it a valuable platform for sharing research findings and informing international nursing practice and policy.





2.2.1 Reference for Paper

Kurup, C., Burston, A.S., Betihavas, V. & Jacob, E.R. (2024) Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review. *International Nursing Review*, 1–10. <https://doi.org/10.1111/inr.13029>.

2.2.2 Copyright Permission

The license agreement from INR is attached; see Appendix A

Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review

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Abstract

Background: Internationally qualified nurses are highly sought after as a labour source due to continued shortages in the nursing profession in most developed countries. However, the lack of clear policies and procedures for nurses in the host country to use specialty nursing skills can result in the underutilisation of their expertise.

Objectives: To review the registration processes of internationally qualified nurses in 20 developed countries, with a focus on the transferability of specialised skills gained overseas.

Methods: A multicentre policy review design was used, using the STROBE reporting guidelines. The study sourced policy information from nurse registration bodies in developed countries and reviewed and removed redundant policies.

Results: Out of 34 policies initially identified, 26 were used to show the registration process of nurses after immigration to developed countries. Only four of the 20 countries reviewed indicated the option of specialised nurse registration on their website for internationally qualified nurses, with a university qualification required before years of experience. All other countries indicated the general registration pathway only.

Implications for nursing policy: More attention is needed to address the lack of well-defined policies that guide the utilisation of internationally qualified nurses' specialised skills. Transparent procedures are essential to fully benefit from their expertise in the host country's health workforce.

KEYWORDS

Internationally qualified nurses, mutual recognition, nurse registration policies, nursing shortage, policy review, skill underutilisation, specialty skill transfer, specialty skills recognition, transition support plan

INTRODUCTION

Nursing is in high demand globally, with an estimated deficit of nine million nurses and midwives by 2030 to achieve the UN's Sustainable Development Goals (World Health Organization, 2024b). Developed countries rely on internationally qualified nurses (IQNs) to fill vacancies and alleviate shortages (Kurup et al., 2022). The COVID-19 pandemic has further intensified this demand, driven by surges in hospitalisations,

expanded healthcare facilities and the need for intensive care, exacerbating existing staffing shortages and necessitating additional nursing staff for vaccination efforts (Shaffer et al., 2022). IQNs are a significant part of the healthcare workforce in major English-speaking countries, with over 35% of Australia's registered nurses being IQNs in 2019 (Organization for Economic Cooperation & Development, 2019) (Table 1). Immigration of specialty-skilled nurses is one strategy to manage skilled nursing shortages in developed countries (Smith

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TABLE 1 Immigrant nurses working in 16 developed countries (based on their HDI).

Country	HDI 2019	Total number of nurses	Total number of IQNs	% of total
Australia	0.944	450 000	104 272	35.3
Singapore	0.938	34 200	11 286	33
Switzerland	0.955	102 134	32 264	31.6
Ireland	0.955	52 832	13 778	26.1
Canada	0.929	378 775	92 530	24.4
New Zealand	0.931	50 791	11,415	22.4
UK	0.932	692 001	151 815	21.9
Austria	0.922	96 048	18 779	19.6
United States	0.926	4 225 529	691 134	16.4
Germany	0.947	1 346 118	217 998	16.2
Sweden	0.945	110 143	14 455	13.1
Norway	0.957	102 843	12 418	12.1
Belgium	0.931	135 893	15 281	11.2
Denmark	0.94	62 212	4 173	6.7
Netherlands	0.944	188 094	11 643	6.2
Finland	0.938	74 927	2 722	3.6

Source: Japanese Nursing Association (2019); Organization for Economic Cooperation and Development (2019).

et al., 2022). Many IQNs come with extensive specialist nursing skills and experience (Kurup et al., 2022). Specialty-skilled nurses provide higher-quality care and greater critical thinking, and their shortages have been linked to adverse outcomes (Xu et al., 2023).

The clinical nurse specialist is defined by the International Council of Nurses as an advanced practice nurse (APN) who provides expert clinical advice and care based on recognised diagnoses in specialised clinical domains of practice (International Council of Nurses [ICN], 2020). Nurses and midwives increasingly assume more complex, autonomous and expert roles, commonly known as 'advanced practice'. However, the application of this title and role type varies significantly, and this practice area is not currently regulated like other professional groups, such as allied health professionals and physicians (Palmer et al., 2023). Definitions and requirements differ among countries, leading to confusion and licensure hurdles for APNs seeking recognition in new jurisdictions (Poghosyan & Maier, 2022; Unsworth et al., 2022). Local regulations, cultural attitudes and healthcare policies may limit APNs' scope of practice and professional autonomy. Varied educational standards worldwide complicate international practice, and some regions may not formally recognise advanced practice roles, resulting in limited job opportunities and lower salaries for APNs (Poghosyan & Maier, 2022). Cultural attitudes and entrenched hierarchies within healthcare systems can impede the integration of advanced practice roles, hindering the advancement of nursing roles (Poghosyan

& Maier, 2022). Access to ongoing education opportunities may be limited in underserved areas, and establishing effective collaborations with other healthcare professionals can be challenging. Addressing these complexities is essential for advancing the role of APNs and ensuring high-quality patient care globally.

Specialist nursing is one of the umbrella terms of advanced nursing (Boehning & Punsalan, 2023). Despite the existence of such roles for over four decades, there is a lack of clarity and consistency in the terminology and competencies used in nursing (Boehning & Punsalan, 2023). The term 'specialist nurse' refers to a nurse holding a current generalist nursing licence who has completed an educational programme meeting the requirements for specialised nursing practice (World Health Organization [WHO], 2020a). For example, in Australia, different states use varying terms such as clinical nurse consultant, clinical nurse specialist and APN to indicate qualifications in advanced clinical nursing (New South Wales Ministry of Health, 2021). In the United States, the clinical nurse specialist assumes an advanced role involving diagnoses, prescriptions and treatment (Boehning & Punsalan, 2023). Educational preparation for a clinical nurse specialist role in the United States typically involves a master's degree (Boehning & Punsalan, 2023), a standard consistent with some developed countries such as Australia (Australian Nurses & Midwifery Federation, 2020). However, educational requirements for specialist nurses in Australia vary. For instance, in New South Wales, a post-graduate qualification may not be mandated for specialist nurses (New South Wales Ministry of Health, 2021), whereas in Victoria, a post-graduate degree in a specialty area is specified as the minimum requirement (ANMF, 2020).

In contrast, nurses from non-English-speaking countries often do not undergo specialty training, as in developing countries, where a specialist nurse is not frequently associated with a postgraduate qualification. Specialised positions in developing countries are typically driven by hospital-run ongoing professional development opportunities, which are often unrelated to a degree or course, along with years of experience in the specific area (Kerala Public Service Commission, 2021; Stephen & Vijay, 2019). These diverse perspectives can lead to confusion regarding competencies and job descriptions, as well as challenges in transferring skills across different healthcare settings (Kurup et al., 2023b).

Specialised nursing skills transfer and utilisation are challenging issues for IQNs due to variations in nursing education and healthcare administration between countries (Van Kraaij et al., 2023). Developed countries try to address these training gaps by evaluating degrees and providing training for IQNs to meet the host country's registration requirements (Kurup et al., 2023b). However, IQNs often end up working below their trained level, leading to skill underutilisation or downward occupational mobility, which is a significant but least discussed issue (Crea-Arsenio et al., 2023).

The term 'developed country' is used interchangeably with high-income earning countries or first-world countries, often

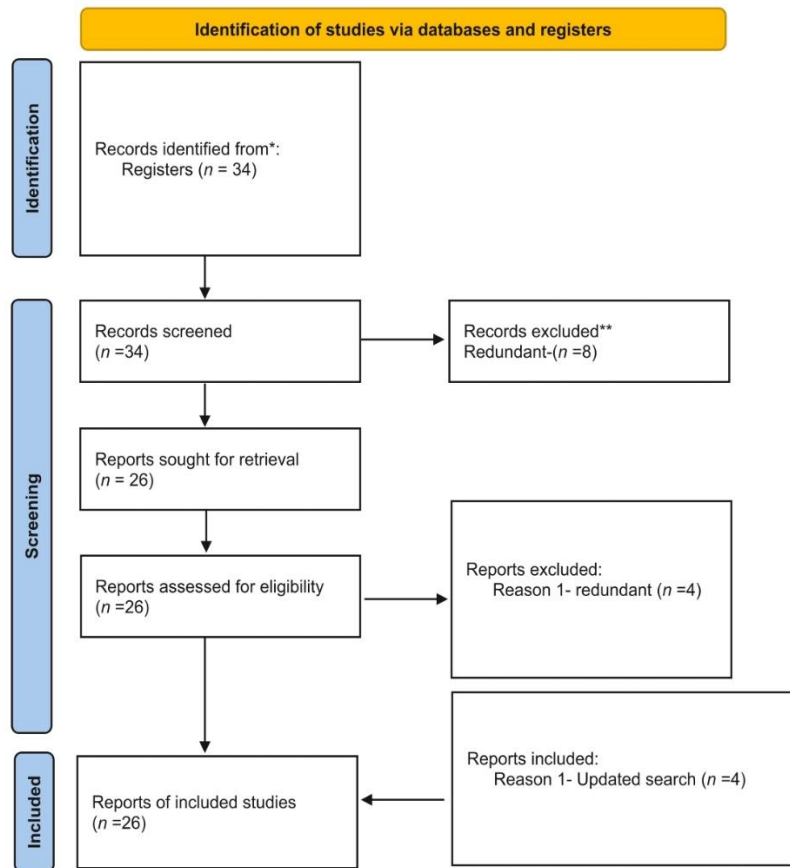


FIGURE 1 Prisma chart.

linked with the better quality of life enjoyed by the residents of that country (Cambridge Dictionary, n.d.). Nurses are financial or economic immigrants seeking a better life (Walton-Roberts, 2021). Improved employment opportunities, working conditions, lifestyle, political stability and income encourage IQNs to relocate to developed countries (Kurup et al., 2023b). Compared with other countries, a developed country has a mature economy and technologically advanced infrastructure (The World Bank, 2022; World Population Review, 2024).

There is a lack of extensive research on the topic of recognising the specialty skills of IQNs. As a result, a policy review was crucial to synthesise the registration processes and policies encountered by IQNs in 20 developed countries, focusing on the transferability of specialised skills gained overseas. Policy review is a systematic process crucial for evaluating existing policies, identifying gaps and proposing improvements (Bardach & Patashnik, 2023). Utilising a multicentre approach, this evaluation analysed the policies of developed

countries concerning the transfer of specialty skills for IQNs post-immigration. The selection of these countries was based on criteria such as their Human Development Index (HDI) status and their significance in nurse immigration patterns (World Population Review, 2024). The research team has opted to expand the scope of their study by incorporating as many countries as possible. Their primary focus is on nations with readily accessible web-based information relevant to IQNs seeking immigration. Initially, the team intended to prioritise countries based on their high HDI and substantial nurse immigration rates. However, practical challenges emerged, including data availability limitations and language barriers. A critical juncture arose when the team encountered Slovenia—the first country where website information was not available in English. Consequently, the researchers made the strategic decision to restrict their review to the first 20 countries encountered. This pragmatic approach strikes a balance between comprehensive coverage and operational feasibility within their policy review process.

METHODS

Aim

This study aimed to synthesise the registration processes and policies encountered by IQNs in 20 developed countries, focusing on the transferability of specialised skills gained overseas.

Research design

The study analysed nurse registration policies of developed countries via web search to gather accessible policies for IQNs before immigration. While the scope of the review encompassed the registration process for all IQNs, the focus was specifically directed towards policies pertaining to specialty nurses. The policy search encompassed distinct stages, namely, the identification of countries, registering bodies and relevant documents. The countries were selected based on their HDI (World Population Review, 2021). These countries were Australia, Austria, Belgium, Canada, China, Denmark, Finland, Germany, Iceland, Ireland, Japan, the Netherlands, New Zealand, Norway, Singapore, Slovenia, Sweden, Switzerland, the United Kingdom and the United States. The study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines. The terms 'registering body', 'registration process', 'nurse accreditation organisation', 'Internationally Qualified nurse Registration', 'Internationally Trained nurse Registration', 'Overseas Trained nurse Registration', 'Foreign Trained nurse Registration', 'Overseas Qualified Nurse Registration' and 'developed countries' were used in various combinations including all countries selected for review (Supplementary Material). The search produced 34 policies, but after removing duplicate data, 26 policies were used to understand the registration process (Figure 1). An additional search in September 2022 produced four updated guidelines and information sheets. This study did not require ethics approval.

Study screening and appraisal

The documents were evaluated based on their coverage of the registration process for IQNs, with a specific focus on specialty skill transfer. Information such as the year of publication, title and reference to specialty transfer was extracted from the documents, as well as the name of the registering body, country, stages of the registration process and the final registration granted. Data were summarised in Table 2 by author one and reviewed by three independent reviewers (authors 2, 3 and 4), with any disagreements resolved through consensus-building conversations. Endnote 20 (Clarivate Analytics) citation manager was used to manage references. While the documents were not subjected to a formal quality appraisal for inclusion, they were evaluated through a consensus process. The consensus process entailed comprehensive discussions among team

members to resolve disagreements and achieve consensus regarding the inclusion and evaluation of documents. Inclusion criteria emphasised policies from HDI-ranked countries serving as destination countries for immigrant nurses, directly influencing their utilisation of specialty skills post-immigration, encompassing licensing, visa requirements and professional integration. Exclusion criteria were applied to policies unrelated to nurse immigration or lacking substantial impact on the process.

RESULTS

Policies included in this review were published between 2015 and 2022. All documents discussed the registration process of IQNs, but only four documents referred to processes for the recognition of specialty skills (Table 2).

Review findings

Guidelines from 20 countries reviewed showed that the registration process for IQNs varied between European Union (EU) and non-EU countries. The main difference lies in the agreements facilitating the free movement of healthcare workers and similarities in health systems (European Parliament, 2023). EU countries included in this review are Austria, Belgium, Denmark, Finland, Germany, Ireland, the Netherlands, Slovenia and Sweden. As most IQNs are from Culturally and Linguistically Diverse (CALD) backgrounds (Kamau et al., 2023), the registration stages of IQNs from non-EU countries were carefully reviewed (Table 2).

The registration stages included language tests, credential verification and expression of interest to the respective registration board. Differences were found between countries, with some requiring testing of nurses' clinical skills prior to registration (Norway) (Helsedirektoratet, n.d.) or immediately after registration (Germany, Japan, the United States, Australia, the United Kingdom, Singapore, Slovenia, Switzerland and China (Table 2) (Federal Ministry of Education & Research, 2022; German Organisation of Nursing Professionals, 2021; Japanese Nursing Association, 2020; National Council of State Boards of Nursing, 2023; Nursing & Midwifery Board of Australia, 2023; Nursing & Midwifery Council, 2021; Singapore Nursing Board, 2019; Slovenian Business Point, 2022; Spitzentreffen der Berufsbildung, 2020; The Nursing Council of Hong Kong, n.d.). Norway required courses on health legislation and safe medicine handling to be completed prior to registration (Helsedirektoratet, n.d.). Some countries include an exam, testing candidates' knowledge of nursing practice standards as part of registration (Austrian Migration Department, 2018; City of Vienna, n.d.; Embætti landlækis, 2021; Flemish Government, n.d.; National Supervisory Authority for Welfare & Health, 2023; Nursing & Midwifery Board of Ireland, 2021; Nursing Council of New Zealand, 2021; Socialstyrelsen, 2021). Some countries, such as Denmark, Finland and Germany, offer an integration process via temporary

TABLE 2 Credential accreditation/registration in 20 developed countries.

Country	Accreditation/registration body	Accreditation/registration process	Final registration granted
Australia	Nursing and Midwifery Board of Australia (NMBA)	English language test, expression of interest to the board, recognition of qualifications by ANMAC, OBA (Outcomes-Based Assessment) by NMBA with stage 1 NCLEX-RN. Exam and stage 2 objective structured clinical exam (OSCE)	Generalised nurse
Austria	Federal Ministry for Health and Social Services	German language skills on level B2, recognition of professional qualifications by Gesundheitsberuferegister, registration	Specialised nurse registration option present (if meets the requirements)
Belgium	National Academic Recognition Information Centre (NARIC)	Two levels of Dutch/French/German language proficiency, Recognition of professional qualifications by NARIC	Generalised nurse
Canada	National Nursing Assessment Service (NNAS)	English language test, NCLEX-RN, recognition of professional qualifications CGFNS (Commission on Graduates of Foreign Nursing Schools), additional test on the province wished to practise	Generalised nurse
China	The Nursing Council of Hong Kong (HKNC)	Expression of interest to HKNC, pre-registration nursing programme, licensing examination for registration, Hong Kong	Generalised nurse
Denmark	The Danish Patient Safety Authority (Danish 'Styrelsen for Patientsikkerhed')	Danish language exam; (temporary employment for registration, which allows obtaining employment for adaptation and training purposes)	Generalised nurse
Finland	National Supervisory Authority for Welfare and Health (Valvira)	Language proficiency (Finnish or Swedish), recognition of professional qualifications by Valvira; registration or adaptation period (temporary authorisation)	Generalised nurse
Germany	Deutscher Berufsverband für Pflegeberufe (DBfK)	B1/B2 language qualification in German, expression of interest to the board; temporary authorisation (which allows obtaining employment for adaptation and training purposes); an official state exam-registration	Generalised nurse
Iceland	Embætti landlæknis (Directorate of Health Iceland)	Expression of interest to the directorate	Generalised Nurse
Ireland	Nursing and Midwifery Board of Ireland (NMBI)	English language test, recognition of qualifications, registration	Specialised nurse registration option present (if meets the requirements)
Japan	Japanese Nursing Association (JNA)	JLPT (Japanese language proficiency test) N1, recognition of professional qualifications by JNA, Japan's national nursing 'Kangoshi (nurse)' examination	Specialised nurse registration option present (if meets the requirements)
Netherlands	CIBG (Ministry of Health, Welfare and Support)	Dutch language proficiency test, recognition of professional qualifications	Generalised nurse
New Zealand	Nursing Council of New Zealand	English language test, expression of interest to the board, recognition of professional qualifications by NCNZ, competency assessment programme for IQN from non-EU	Generalised nurse
Norway	The Norwegian Directorate of Health (Helsedirektoratet)	Language test (Norwegian level B, Norskprøve), health legislation course, safe medicine handling course, general nurse (Sykepleier) proficiency test	Generalised nurse
Singapore	Singapore Nursing Board (SNB)	Expression of interest to SNB, recognition of professional qualifications, RNs licensure examination	Generalised nurse
Slovenia	Nurses and Midwifery Association of Slovenia	B1/B2 language qualification in German, expression of interest to the board, recognition of professional qualifications by the board, an official professional exam, registration	Generalised nurse
Sweden	National Board of Health and Welfare of Sweden	Expression of interest to the board; apply for recognition of a specialist qualification/generalist qualification	Specialised nurse registration option present (if meets the requirements)

(Continues)

TABLE 2 (Continued)

Country	Accreditation/registration body	Accreditation/registration process	Final registration granted
Switzerland	SBFI Spitzentreffen der Berufsbildung	Language test (Swiz level B, qualifications recognised by the Swiss Red Cross (SRC), NCLEX -RN exam	Generalised nurse
UK	Nursing and Midwifery Council	English language test, expression of interest to the board, and recognition of professional qualifications by NMC, part 1 is a computer-based test, and part 2 is a practical OSCE registration	Generalised nurse
United States	National Council of State Boards of Nursing	Expression of interest to the province board, recognition of professional qualifications by province, English language test, NCLEX-RN-registration	Generalised nurse

Note: Some of these countries offer additional hospital-based adaptation programmes to promote the integration of IQN. However, it is usually conducted by the organisation regulating nurse registration in the region or province.

registration, where IQNs can work as supervised clinicians or healthcare associates with limited practice scopes while waiting for complete registration (Danish Patient Safety Authority, 2020; German Organisation of Nursing Professionals, 2021; National Supervisory Authority for Welfare & Health, 2023). Countries such as New Zealand offer formal bridging programmes for IQNs before registration (NCNZ, 2021). In contrast, Australia offers a two-step self-managed registration process that comprises a language exam, the National Council Licensure Examination for Registered Nurses (NCLEX-RN), and an objective structured clinical exam (OSCE) (NMBA, 2020). This model makes nurses solely accountable for their registration and transition processes and does not consider specialty skills.

Among the 20 countries reviewed, only four countries, Austria, Ireland, Japan and Sweden, indicated the option of specialised nurse registration on the website for IQN, provided they meet specific requirements (City of Vienna, n.d.; Japanese Nursing Association, 2019; Ministry of Health, Labour & Welfare, 2022; Socialstyrelsen, 2021). Of the four countries that indicated the specialty transfer in the website information, Japan (Japanese Nursing Association, 2020) indicated that there is a specialist nurse certification examination once a year, which is open for a registered nurse who has completed a specialty master's programme. The Nursing and Midwifery Board of Ireland (2021) indicates that relevant postgraduate qualifications and work experience will be considered for a specialty registration. Austria (City of Vienna, n.d.) and Sweden (Socialstyrelsen, 2021) indicate that specialty education can be added to generalist registration brackets but do not clearly indicate if a postgraduate qualification is required for the same or not.

All the other 16 countries (Danish Patient Safety Authority, 2020; Embætti landlæknis, 2021; Federal Ministry of Education & Research, 2022; Flemish Government, n.d.; German Organisation of Nursing Professionals, 2021; Helsedirektoratet, n.d.; Ministry of Health, Welfare & Sport, 2021; National Supervisory Authority for Welfare & Health, 2023; Nursing & Midwifery Council, 2021; Nursing Council of New Zealand, 2021; Republic of Slovenia, 2021; Singapore Nursing Board, 2019; Spitzentreffen der Berufsbildung, 2020; The

Nursing Council of Hong Kong, n.d.) indicated the RN general registration pathway only, not considering IQNs' previous years of service or their specialty experience. No evidence is available regarding whether IQNs with specialised skills have a clear path to transferring their skills to clinical specialist roles in developed countries, indicating no such pathway exists.

DISCUSSION

This study aimed to synthesise the registration processes and policies encountered by IQNs in developed countries, focusing on the transferability of specialised skills gained overseas. What emerges is a glaring lack of consistency in these processes, particularly in capturing additional specialty skills beyond the initial nursing qualification obtained in the country of origin. This discrepancy not only reflects a failure to recognise the actual value of IQNs' expertise but also hampers their ability to contribute effectively to their new host countries (Kurup et al., 2023b).

The complexities underlying this issue are multifaceted, rooted in the intricate dynamics shaping nursing regulatory, legislative and assessment agencies. Discrepancies in nursing education across borders are a significant contributing factor, characterised by substantial variations in the standards and quality of education among registered nurses worldwide (Van Kraaij et al., 2023). Even within a single country, the diversity in education and professional qualifications among nurses is striking (WHO, 2020a). Despite accreditation claims by 89% of countries for their nursing educational institutions, substantial differences persist in the educational standards across the six regions of the WHO (2020b). Although developed countries have made efforts to address these training disparities through degree evaluations and additional training programmes for IQNs (Kurup et al., 2023a), the pervasive issue of skill underutilisation and downward occupational mobility continues to prevail (Kurup et al., 2023b).

The complexity deepens when considering the diverse educational prerequisites for advanced nursing roles. While certain countries stipulate a master's degree for the classification of specialist nurses, developing countries often prioritise



years of hands-on experience and hospital-based professional development for the attainment of specialised roles (Kerala Public Service Commission, 2021). Consequently, upon immigration, IQNs may encounter the devaluation of their specialty skills due to the absence of formal documentation and recognition in their new host country. Moreover, the disparity in understanding and acknowledging specialty nursing roles is compounded by discrepancies in terminology and associated requirements, both on an individual level and across geographical boundaries. The designation of a 'specialty nurse' can vary significantly in interpretation, leading to inconsistencies in expectations and qualifications (Kurup et al., 2023b). With advanced practice roles encompassing specialised nursing roles exhibiting a diverse range of scope, functions and terminologies across different countries, IQNs encounter significant challenges in effectively demonstrating their specialised skills. This hurdle impedes their ability to secure employment in specialised nursing fields (Kurup et al., 2023b).

The challenges in developed countries' policies in supporting specialist work for nurses from developing countries can be understood through a sociocultural and historical lens. Embedded within historical power dynamics, where developed countries historically held significant influence, lie the origins of global structures and systems that persist today (Kearns et al., 2021). This legacy continues to shape policies, obstructing the recognition of advanced skills among nurses from developing countries and impeding their access to highly specialised roles (Shukla, 2022). Additionally, while developed countries benefit from the immigration of skilled healthcare workers, including nurses, from developing countries, policies may be crafted with the intention of ensuring some level of management or regulation over these skilled professionals (Kurup et al., 2023a). Moreover, the perception that nursing practice and qualifications from developing countries are inferior to those from developed countries perpetuates a lack of trust in overseas education (He et al., 2024). The uneven acknowledgement of different education systems and qualifications creates a perception that the expertise of nurses from developing countries does not meet local standards.

Nurses from developing countries often face challenges in advocacy and representation due to the absence of robust advocacy groups or collective voices (Laari & Duma, 2023). This lack of representation results in insufficient attention to their unique needs and qualifications by policymakers, who may overlook their specialist work due to a lack of awareness and advocacy efforts. Personal apprehensions about making mistakes due to limited knowledge about the scope of practice also deter IQNs from pursuing roles in their specialised fields (Lee & Wojtiuk, 2021). Consequently, many IQNs resign themselves to the underutilisation of their specialty skills, viewing it as an unintended consequence of their immigration decision. The ramifications of this underutilisation extend beyond the healthcare system, impacting the well-being of immigrant workers themselves. The risk of deskilling and increased vulnerability due to the inability to practice specialisation warrants further investigation (Kurup et al., 2023b). The intersection of immigrant status and

the lack of recognition for specialised skills may exacerbate nurses' precarious position, impeding their ability to negotiate better pay and working conditions (Boese et al., 2013). Therefore, policy review offers an avenue to not only scrutinise the impacts on policies but also highlight the global disparity in acknowledging and utilising the skills of immigrant nurse populations.

As nurses move across borders, the health policy implications become significant, necessitating ethical considerations. The growing mobility of nurses raises concerns about the potential depletion of the nursing workforce in source countries. These difficulties encompass concerns such as the distribution of nurses, public safety and the underutilisation of skills (Kurup et al., 2022). Ethical problems arise regarding nurse distribution, particularly in developing countries susceptible to healthcare crises and malnutrition (WHO, 2024a; World Population Review, 2024). For instance, in 2017, South Africa, a source country of IQNs, had only 1.3 nurses per 1,000 population, falling below the WHO recommendation of 4.45 nurses per 1,000 (The World Bank, 2022). It is currently projected to face a deficit of 34,000 nurses by 2025 (WHO, 2024a), and currently is on a projected nurse deficit of 34,000 nurses by 2025 (Elna, 2021, October 7).

In contrast, the Philippines intentionally produces more nurses than required, specifically for the international market (The Economist, 2020, Dec. 11). WHO policies and recommendations aim to address the issues related to nurse distribution in developing countries, but these have yet to be implemented (WHO, 2020). While international immigration can offer professional growth opportunities for nurses, it is crucial to balance the benefits with the ethical considerations of potentially leaving source countries with inadequate healthcare resources. Striking a balance that ensures the sustainability and ethical treatment of healthcare professionals and source countries should be a central aspect of health policies in response to the increasing global mobility of nurses.

International collaboration is essential to utilise the skills of IQNs effectively. The first recommended step is for countries to work together to establish international procedures for assessing credentials and comparing education for IQNs (Global Alliance for Nursing Education & Sciences, 2019). Mutual recognition of specialty skills, credit transfer, exchange programmes and joint research is becoming increasingly crucial as nurses' global mobility grows (Boehning & Punsalan, 2023). Innovative adaptation programmes and mentorships, such as providing supernumerary time in health services, short courses on different health service cultures, cultural competence training and nurse leaders, have been reported to be effective in facilitating successful skill transitions (He et al., 2024). Recognising and supporting IQNs in adjusting to a multicultural workplace can reduce workplace pressures and assist in specialty skill transfer (Kurup et al., 2023a). Although some countries offer hospital-based integration programmes, they are often institution-specific and region-specific (Viken et al., 2018) and may focus on IQNs' linguistic and cultural deficiencies rather than their specialised knowledge and strengths (Kurup et al., 2023b). A more effective approach

would be to have a transition support plan that values the expertise that IQNs bring to the host country and focuses on their strengths.

Specialised nurse registration options in Austria, Ireland, Japan and Sweden offer promising models for others to consider. By studying the strategies of these countries, countries lacking clear pathways for IQNs with specialised skills can learn to create more inclusive and recognition-oriented registration processes (City of Vienna, n.d.; Japanese Nursing Association, 2023; Socialstyrelsen, 2021). For instance, the annual specialist nurse certification examination in Japan serves as a noteworthy model, emphasising the importance of formal assessments to validate and recognise specialised skills. Countries looking to enhance their registration processes can consider implementing integration processes similar to those in Denmark, Finland and Germany, where temporary registration allows IQNs to work under supervision while awaiting complete registration. Formal bridging programmes, as offered in New Zealand, also provide a valuable framework for easing the transition of IQNs into the local healthcare system.

Despite the established strategies to increase the recognition of foreign qualifications, barriers to foreign qualifications being transferable still exist. IQNs lack a clear pathway to utilising their specialty skills in developed countries after immigration, and the combination of limited registration processes and inconsistent terminologies increases the likelihood of IQNs with specialised skills not being able to use their skills in the host country. While many initiatives are in their infancy to address this issue, no country can claim to have 'solved' the problem. Further research is needed to fill the gaps in the current research about the issue and to gain clarity on how specialty skills are considered in registration and employment in developed countries.

Implications for nursing and health policy

Global nursing education standards vary widely, creating a need for standardised evaluation processes. By implementing policies that define consistent criteria for acknowledging specialised skills in IQNs, irrespective of their country of origin, the goal is to ensure fair recognition and utilisation of their capabilities within the healthcare system. Historical power dynamics and cultural biases undervalue nurses from developing countries, perpetuating inequalities. Policymakers must promote diversity and inclusion in nursing frameworks and foster cross-cultural understanding. Advocacy for immigrant nurses is lacking, hindering tailored policy responses. Establishing advocacy groups and mentorship programmes can empower IQNs. Ethical considerations in nurse mobility require balancing professional growth opportunities with mitigating the impact of brain drain. International collaboration is vital for integrating IQNs into host countries' healthcare systems. Establishing procedures for credential assessment and knowledge exchange can enhance recognition of IQNs' skills.

Studying successful models can inform policy reforms for better utilisation of IQNs' expertise.

Limitations

This review has relied on data from nurse registration bodies before the COVID-19 pandemic. However, it is worth noting that more recent statistics could differ due to the pandemic's impact on global immigration patterns. Additionally, the review was limited to the policies of only 20 developed countries, which may have resulted in the exclusion of relevant policies. The authors acknowledge that the review exclusively relied on publicly available sources while recognising the possibility of other sources remaining inaccessible. It is also important to acknowledge that the lack of an English website for Slovenia required the use of browser-inbuilt translation services, which may have introduced some potential inaccuracies in the data collected.

CONCLUSION

Specialist nurses are crucial for providing high-quality care in the healthcare sector. To ensure that nurses with the appropriate skill sets deliver care within specialty departments, it is essential to improve the transition outcomes of IQNs by recognising and utilising their previously acquired skills. However, this study has found that there is a lack of processes at the registration authority level to support the transfer of specialist skills for IQNs within host countries, indicating the absence of a consensus pathway. As the number of IQNs contributing to the healthcare workforce continues to increase, it is urgent to develop strategies that facilitate the transfer and use of specialty skills after immigration. This review highlights the need for more research and training in this area to utilise better the abilities IQNs bring from their country of origin, particularly during a worldwide pandemic. Inclusive policies addressing immigration could not only benefit the healthcare system economically and socially but also ensure the proper use of knowledge and skills of IQNs.

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CONFLICT OF INTEREST STATEMENT

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

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REFERENCES

- Australian Nurses and Midwifery Federation. (2020) Nurses and midwives (Victorian public sector) (single-interest employers) enterprise agreement 2020–2024. Available at: <https://www.anmfvic.asn.au/~media/files/anmf/eba%202020/campaign%20updates/200120-NandM-EBA-master-clean.pdf> [Accessed 24th October 2022].
- Austrian Migration Department. (2018) Skilled workers in shortage occupations. Available at: <https://www.migration.gv.at/en/types-of-immigration/permanent-immigration/skilled-workers-in-shortage-occupations/> [Accessed 25th January 2023].
- Bardach, E. & Patashnik, E.M. (2023) *A practical guide for policy analysis: the eightfold path to more effective problem solving*. CQ Press.
- Boehning & Punsalan. (2023) Advanced practice registered nurse roles. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK589698/> [Accessed 21st May 2023].
- Boese, M., Campbell, I., Roberts, W. & Tham, J.-C. (2013) Temporary migrant nurses in Australia: sites and sources of precariousness. *The Economic and Labour Relations Review*, 24(3), 316–339. <https://doi.org/10.1177/1035304613496500>
- Cambridge Dictionary. (n.d.) Developed country. Available at: <https://dictionary.cambridge.org/dictionary/english/developed-country> [Accessed 20th May 2023].
- City of Vienna. (n.d.) Nursing care—specialisation—recognition. <https://www.wien.gv.at/english/psc/pflege-erkennung-en.html> [Accessed 20th January 2023].
- Crea-Arsenio, M., Baumann, A. & Blythe, J. (2023) The changing profile of the internationally educated nurse workforce: post-pandemic implications for health human resource planning. *Healthcare Management Forum*, 36(6), 388–392. <https://doi.org/10.1177/08404704231198026>
- Danish Patient Safety Authority. (2020) Non-EU countries (third countries). Available at: <https://en.stps.dk/en/health-professionals-and-authorities/registration-of-healthcare-professionals/nurse-application-for-registration/non-eu-countries-third-countries/> [Accessed 20th January 2023].
- Elna, S. (2021) *South Africa's ageing nurses: a looming healthcare crisis*. Daily Maverick. Available at <https://www.dailymaverick.co.za/article/2021-10-07-south-africas-ageing-nurses-a-looming-healthcare-crisis/> [Accessed 21st October 2022]
- Embætti landlæknis. (2021) Nurses that are citizens of a state that is not an EEA country. Available at: <https://www.hjukrun.is/english/licence/> [Accessed 21st October 2022].
- European Parliament. (2023) Freedom of establishment and freedom to provide services. <https://www.europarl.europa.eu/factsheets/en/sheet/40/freedom-of-establishment-and-freedom-to-provide-services> [Accessed 26th April 2024].
- Federal Ministry of Education and Research. (2022) Recognition finder. Available at: <https://www.make-it-in-germany.com/en/working-in-germany/professions-in-demand/nursing> [Accessed 21st October 2022].
- Flemish Government. (n.d.) Applying for recognition for a healthcare profession with a foreign diploma. Available at: <https://www.zorg-gezondheid.be/zorgberoepen/erkenning/foreign> [Accessed 21st October 2022].
- German Organisation of Nursing Professionals. (2021) About DBfK. Available at: <https://www.dbfk.de/de/ueber-uns/English.php> [Accessed 30th December 2022].
- Global Alliance for Nursing Education and Sciences. (2019) Global pillars for nursing education. Available at: <https://ganes.info/> [Accessed 21st March 2023].
- He, X., Mao, Y., Cao, H., Li, L., Wu, Y., & Yang, H. (2024) Factors influencing the development of nursing professionalism: A descriptive qualitative study. *BMC Nursing*, 23(1), 283. <https://doi.org/10.1186/s12912-024-01945-6>
- Helsedirektoratet. (n.d.) Language requirements. Course on Norwegian health services, health legislation and society. Course in safehandling of medicine. The proficiency test. Available at: <https://www.helsedirektoratet.no/english/authorisation> [Accessed 12th July 2022].
- International Council of Nurses. (2020) Guidelines on advanced practice nursing 2020. Available at: https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf
- Japanese Nursing Association. (2019) Nursing in Japan. Available at: <https://www.nurse.or.jp/jna/english/nursing/employment.html> [Accessed 21st December 2022].
- Japanese Nursing Association. (2020) JNA activities. Available at: <https://www.nurse.or.jp/jna/english/activities/projects/index.html> [Accessed 21st December 2022].
- Japanese Nursing Association. (2023) Nursing in Japan. Available at: <https://www.nurse.or.jp/jna/english/nursing/employment.html> [Accessed 21st May 2024].
- Kamau, S., Koskenranta, M., Isakov, T.M., Kuivila, H., Oikarainen, A., Tomietto, M. & Mikkonen, K. (2023) Culturally and linguistically diverse registered nurses' experiences of integration into nursing workforce: A qualitative descriptive study. *Nurse Education Today*, 121, 105700. <https://doi.org/10.1016/j.nedt.2022.105700>
- Kearns, E., Khurshid, Z., Anjara, S., De Brún, A., Rowan, B. & McAuliffe, E. (2021) Power dynamics in healthcare teams—a barrier to team effectiveness and patient safety: a systematic review. *British Journal of Surgery Society Open*, 5(1), zrab032.091. <https://doi.org/10.1093/bjsopen/zrab032.091>
- Kerala Public Service Commission. (2021) Kerala PSC staff nurse. Available at: <https://keralapsc.gov.in/staff-nurse-gr-ii-health-service-0> [Accessed 24th October 2022].
- Kurup, C., Betihavas, V., Burston, A. & Jacob, E. (2023a) Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*, 10(12), 7528–7543. <https://doi.org/10.1002/nop2.2023>
- Kurup, C., Burston, A. & Miles, S. (2022) Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30(2), 357–366. <https://doi.org/10.1016/j.colleg.2022.10.002>
- Kurup, C., Burston, A.S., Betihavas, V. & Jacob, E.R. (2023b) The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: a cross-sectional survey. *Journal of Advanced Nursing*, 80(5), 1868–1881. <https://doi.org/10.1111/jan.15952>
- Laari, L. & Duma, S.E. (2023) Barriers to nurses health advocacy role. *Nursing Ethics*, 30(6), 844–856. <https://doi.org/10.1177/09697330221146241>
- Lee, R. & Wojtjuk, R. (2021) Transition of internationally educated nurses into practice: What we need to do to evolve as an inclusive profession over the next decade. *Nursing Leadership*, 34(4), 57–64. <https://doi.org/10.12927/cjnl.2021.26689>
- Ministry of Health, Labour and Welfare. (2022) Overseas trained nurses. Available at: https://www.mhlw.go.jp/site/kensaku_english.html?q=overseas%20trained%20nurses [Accessed 12th July 2022].
- Ministry of Health, Welfare and Sport. (2021) BIG-register; TForeign diploma. Available at: <https://english.bigregister.nl/foreign-diploma> [Accessed 12th June 2022].
- National Council of State Boards of Nursing. (2023) Resource manual on the licensure of internationally educated nurses. https://www.ncsbn.org/public-files/23_IEN_manual.pdf [Accessed 21st May 2023].
- National Supervisory Authority for Welfare and Health. (2023) Recognition of professional qualifications. Available at: https://www.valvira.fi/web/en/healthcare/professional_practice_rights/qualified_in_eu_eea_member_state/recognition-of-professional-qualifications [Accessed 23rd May 2022].

- New South Wales Ministry of Health. (2021) Public Health System Nurses' and Midwives' (State) Award 2021. Available at: <https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf> [Accessed 24th October 2022].
- Nursing and Midwifery Board of Australia. (2020) An employer and managers guide to registration and orientation for internationally qualified nurses and midwives (IQNMs). Available at: <https://www.ahpra.gov.au/documents/default.aspx?record=WD20%2F30488&dbid=AP&chksum=UkLMtCcVQY5EuRVj1%2FH16A%3D%3D> [Accessed 2nd July 2022].
- Nursing and Midwifery Board of Australia. (2023) Internationally qualified nurses and midwives. Available at: <https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM.aspx>
- Nursing and Midwifery Board of Ireland. (2021) Applicant user guide; (Qualified outside Ireland). (.Available at: <https://www.nmbi.ie/NMBI/media/NMBI/Applicant-User-Guide-2021.pdf?ext=.pdf> [Accessed 13th January 2022].
- Nursing and Midwifery Council. (2021) Information for overseas candidates. . Available at: <https://www.nmc.org.uk/news/coronavirus/test-of-competence/> [Accessed 13th January 2022].
- Nursing Council of New Zealand. (2021) Guidance for internationally qualified nurses. Available at: <https://www.nursingcouncil.org.nz/IQN/> [Accessed 12th June 2022].
- Organisation for Economic Cooperation and Development. (2019) Recent trends in international mobility of doctors and nurses. Paris: OECD publications. Available at: <https://www.oecd-ilibrary.org/docserver/5571ef48-en.pdf?expires=1636417440&id=id&accname=ocid195636&checksum=30EE2A1601A627249F85BC7505631BE2> [Accessed 24th October 2024].
- Palmer, W., Julian, S. & Vaughan, L. (2023) Independent report on the regulation of advanced practice in nursing and midwifery. Nuffield Trust. Available at: <https://www.nuffieldtrust.org.uk/sites/default/files/2023-05/Advanced%20practice%20report%20FINAL%5B69%5D.pdf> [Accessed 13th July 2022].
- Poghosyan, L. & Maier, C.B. (2022) Advanced practice nurses globally: responding to health challenges, improving outcomes. *International Journal of Nursing Studies*, 132, 104262. <https://doi.org/10.1016/j.ijnurstu.2022.104262>
- Republic of Slovenia. (2021) Evropska poklicna izkaznica. Available at: <https://spot.gov.si/en/activities-and-professions/permits-and-declarations/evropska-poklicna-izkaznica-3/> [Accessed 13th July 2022].
- Shaffer, F.A., Bakshi, M., Cook, K. & Alvarez, T.D. (2022) International nurse recruitment beyond the COVID-19 pandemic: Considerations for the nursing workforce leader. *Nurse Leader*, 20(2), 161–167. <https://doi.org/10.1016/j.mnl.2021.12.001>
- Shukla, S. (2022) Revisiting structural power in the global economy. *Journal of International Affairs*, 75(1), 187–202.
- Singapore Nursing Board. (2019) Foreign trained nurses /midwives. Available at: <https://www.healthprofessionals.gov.sg/snb/registration-enrolment/application-for-registration-enrolment/foreign-trained-nurses-midwives> [Accessed 13th June 2022].
- Slovenian Business Point. (2022) Recognition of qualifications obtained abroad. Available at: <https://spot.gov.si/en/topics/recognition-of-qualifications-obtained-abroad/#the-procedure-for-obtaining-an-epc-to-work-in-a-regulated-profession-in-another-host-state-on-a-temporary-basis-515>. [Accessed 13th January 2023].
- Smith, J.B., Herinek, D., Woodward-Kron, R. & Ewers, M. (2022) Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice*, 23(3), 175–194. <https://doi.org/10.1177/15271544221102964>
- Socialstyrelsen. (2021) Specialist nurse educated outside the EU and EEA. Available at: <https://legitimation.socialstyrelsen.se/en/recognition-of-a-specialist-qualification/utbildad-utanfor-euees/specialist-nurse-educated-outside-the-eu-and-eea/> [Accessed 21 December 2022].
- Spitzentreffen der Berufsbildung. (2020) Healthcare professions. Available at: <https://www.sbf.admin.ch/sbf/en/home/education/recognition-of-foreign-qualifications/recognition-procedure-on-establishment/agencies-responsible-for-the-recognition-of-foreign-qualificatio/healthcare-professions.html> [Accessed 22nd June 2022].
- Stephen, S. & Vijay, V.R. (2019) Metamorphosis of nursing profession: An Indian perspective. *Journal of Global Health*, 9(2), 020314–020314. <https://doi.org/10.7189/jogh.09.020314>
- The Economist (2020) The world desperately needs more nurses. Available at: <https://www.economist.com/graphic-detail/2020/12/11/the-world-desperately-needs-more-nurses> [Accessed 21st May 2023]
- The Nursing Council of Hong Kong. (n.d.) Registration and enrolment requirements. Available at: https://www.nchk.org.hk/en/the_nursing_council_of_hong_kong/registration_and_enrolment_requirements/index.html [Accessed 21st May 2023]
- The World Bank. (2022) Nurses and midwives (per 1,000 people)—South Africa. Available at: <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=ZA> [Accessed 22nd October 2022].
- Unsworth, J. et al. (2022) Advanced practice nurse roles in Europe: implementation challenges, progress and lessons learnt. *International Nursing Review*, 71, 299–308. <https://doi.org/10.1111/inr.12800>
- Van Kraaij, J. et al. (2023) Uniformity along the way: a scoping review on characteristics of nurse education programs worldwide. *Nurse Education Today*, 120, 105646. <https://doi.org/10.1016/j.nedt.2022.105646>
- Viken, B., Solum, E.M. & Lyberg, A. (2018) Foreign educated nurses' work experiences and patient safety—a systematic review of qualitative studies. *Nursing Open*, 5(4), 455–468. <https://doi.org/10.1002/nop.2.146>
- Walton-Roberts, M. (2021) Intermediaries and transnational regimes of skill: nursing skills and competencies in the context of international migration. *Journal of Ethnic and Migration Studies*, 47(10), 2323–2340. <https://doi.org/10.1080/1369183X.2020.1731988>
- World Health Organization. (2020) Nursing and midwifery. Available at: <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery> [Accessed 13th January 2022].
- World Health Organization. (2020a) A regional guide to the development of nursing specialist practice. <https://applications.emro.who.int/docs/WHOEMNUR432E-eng.pdf> [Accessed 13th January 2022].
- World Health Organization. (2020b) State of the world's nursing: investing in education, jobs and leadership. Available at: <https://iris.who.int/bitstream/handle/10665/331673/9789240003293-eng.pdf?sequence=1> [Accessed 13th January 2022].
- World Health Organization. (2024a) Global strategy on human resources for health: Workforce 2030. Available at: <https://www.who.int/publications/i/item/9789241511131>
- World Health Organization. (2024b) Nursing and midwifery. Available at: <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery> [Accessed 21st May 2024].
- World Population Review. (2021) 2021 World population by country. <https://worldpopulationreview.com/> [Accessed 13th January 2022].
- World Population Review. (2024) Developed countries list. Available at: <https://worldpopulationreview.com/country-rankings/developed-countries> [Accessed 20th May 2024].
- Xu, G., Zeng, X. & Wu, X. (2023) Global prevalence of turnover intention among intensive care nurses: a meta-analysis. *Nursing in Critical Care*, 28(2), 159–166. <https://doi.org/10.1111/nicc.12679>

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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The policy review explored registration processes in 20 developed countries, revealing inconsistencies in recognising and utilising specialty skills. While 16 countries have pathways for general RNs, none provide clear routes for IQNs with specialised skills, leading to skill underutilisation and devaluation. Complex factors, including historical power dynamics, gender biases, and perceptions of inferior education, contribute to this oversight. The paper emphasises the ethical implications of neglecting IQNs' skills, advocating for international collaboration to establish standardised assessment procedures and facilitate mutual recognition of credentials. Given ongoing changes in global migration patterns and healthcare needs, an updated policy review is necessary to ensure alignment with current realities and effectively address the needs of IQNs and healthcare systems worldwide.

2.3 Revised Policy Review Update

Following the initial policy review conducted up to August 2023, a subsequent focused update was undertaken in August 2024 to ensure the currency of literature and policies related to the registration processes of IQNs across various countries. This update aimed to capture any new developments and maintain relevance in the rapidly evolving landscape of IQN registration.

Google was chosen as the search engine for the review. The intention was to collect publicly available policies accessible to IQNs before immigrating to direct their application process. Similar search terms were employed to capture any new developments. Two new documents were identified, one from New Zealand and another from Australia. The New Zealand document suggests a shift from Competency Assessment Programs (CAP) to an Objective Structured

Clinical Examination (OSCE) for IQN registration, signalling a noteworthy development in the assessment methodology (Nursing Council of New Zealand, 2022).

In Australia, updated information sheets were identified, offering more detailed descriptions of the registration stages and providing precise insights into the expectations for IQNs and employers during the registration process (NMBA, 2023). These updates enhance the clarity of the registration process for IQNs in Australia.

Despite the additions and updates, there were no changes in the number of countries indicating recognition of specialty skills or specific mentions of specialty skills in the identified documents. This ongoing lack of acknowledgment of specialty skills during registration reflects a consistent trend from the previous policy review, where only a few countries explicitly recognised specialised skills for IQNs.

The 2024 literature review update signifies the dynamic nature of IQN registration policies, with notable changes identified in New Zealand's assessment approach. The limited updates in other countries suggest a continued gap in addressing the recognition and utilisation of specialty skills among IQNs in the broader international context. Ongoing research and policy development in this area are crucial to fostering effective integration and maximising the contributions of IQNs in their new healthcare environments.

The second paper, published in *Nursing Open*, synthesised the approaches taken by developed countries in integrating IQNs with specialised skills into clinical practice. This integrative review, encompassing ten papers

consisting of three studies and seven reports, sheds light on the challenges and gaps in the integration process. Despite the wealth of literature reviewed, none of the documents provided clear guidelines on how IQNs can transfer their specialty skills acquired overseas to developed countries following immigration. Instead, the available guidelines and policies offered general advice on becoming a specialist nurse, leaving IQNs and policymakers in a state of ambiguity. While some countries indicated that postgraduate qualifications were not mandatory for nurse specialists, the majority emphasised the need for a national education framework at level eight or higher, equivalent to the postgraduate level, to achieve specialist nurse status. Additionally, the lack of clarity regarding recognising international specialisation degrees during registration contributes to the confusion surrounding nurse specialisation requirements.

2.4 Journal Article 2:

Title: Strategies employed by developed countries to facilitate the transition of internationally qualified nurses' specialty skills into clinical practice: An integrative review.

Nursing Open was selected for its inclusive scope covering all aspects of nursing, its commitment to impactful research with a focus on practical implications, and its rigorous review process, along with the impact factor of 2.3, making it an ideal platform for disseminating the study on strategies for integrating IQNs into clinical practice.

2.4.1 Reference for Paper

Kurup, C., Betihavas, V., Burston. A., & Jacob., E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified

nurses' specialty skills into clinical practice: An integrative review. *Nursing Open*.00.1-16. <https://doi.org/10.1002/nop2.2023>

2.4.2 Copyright Permission

The license agreement from Nursing Open is attached (see Appendix A).

Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review

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Abstract

Background: Recruitment of internationally qualified nurses as a labour source is a long-standing human resource strategy being implemented to address the current and increasing global nursing shortage. Internationally qualified nurses transitioning into the health workforce of developed countries following immigration often possess specialty skills. A lack of a clear pathway of specialty skill utilisation makes recognising and using these specialty skills complex for many nurses. The ability for nurses to transition between countries and maintain specialty practice demands immediate attention in the current atmosphere of the global pandemic and the predictions to recruit more specialist nurses from overseas.

Aim: To identify and synthesise strategies taken by various developed countries in transitioning specialist internationally qualified nurses into practice.

Methods: An integrative review was conducted to identify common themes, patterns, and best practices in order to inform policy development and improve the successful integration of internationally qualified nurses into the healthcare systems of developed countries. The study employed the Whittemore and Knafl five-stage integrative review approach. To conduct a comprehensive search, four electronic databases, namely Medline, CINAHL Complete, ProQuest Health, and EMBASE, were systematically searched in October 2021. The search was updated in March 2022 to ensure the inclusion of the most recent literature. Additionally, Google Scholar was utilised to avoid overlooking any important articles. Prior to the full-text review, three reviewers independently evaluated titles and abstracts. The included papers' quality was determined using the JBI critical appraisal tools.

Results: This study included 10 papers, comprising three studies and seven reports. However, none of these documents provided information on how internationally qualified nurses could transfer their specialty skills acquired overseas to developed countries after immigrating. The guidelines and policies reviewed only offered generic advice on becoming a specialist nurse. Although some countries mentioned that post-graduate qualifications were not mandatory for nurse specialists, the majority of

documents in this review emphasised the need for a national framework of education at level eight or higher (equivalent to a post-graduate level) to attain the status of a nurse specialist. Moreover, the included documents did not provide clear information on whether an international specialisation degree would be recognised during the registration process. As a result, confusion persists regarding the requirement of post-graduate qualifications for nurses aiming to specialise and the recognition of international specialisation degrees during the registration process.

Discussion: The lack of consistency in defining nurse specialty and the skill transferability among institutions and state borders were evident in this review. According to all the 10 documents analysed, developed countries appear to have minimum policies on the transfer of internationally qualified nurse's specialty skills. Recommendations for policymakers, employers, and aspirant migrants have been proposed. Limited research has been done on how developed countries used their internationally qualified nurses' overseas-acquired specialist skills after immigration, indicating a lack of a distinct specialist skill transition pathway.

Conclusions: This review presents data to support the need for greater research in this area to better utilise the abilities that internationally qualified nurses bring from their home country and put them to constructive use in the host country, especially in the context of a global pandemic.

KEYWORDS

nurse specialty, nursing expertise, nursing practice, nursing skill, public policy, skill utilisation

1 | INTRODUCTION

The World Health Organization (WHO) states that, by 2030, there will be a 40 million rise in worldwide demand for healthcare workers; many of these positions will be for nurses (WHO, 2016a, 2016b). It has further been reported that 77 per cent of developed countries have a nurse shortage (WHO, 2014). To ease the problem of nurse shortages and fill the vacancies, developed countries rely on nurses immigrating from developing countries (Kurup et al., 2022; Li et al., 2014). Due to the difficulty of filling nursing vacancies in hospitals and aged care institutions with domestic nurses, countries like Germany, Canada, the United States, and New Zealand have adopted overseas recruitment to meet skilled nurses' shortfalls (Lauxen et al., 2019). Internationally qualified nurses contribute to a sizeable portion of the healthcare workforce in major English-speaking countries (Head, 2017). The current COVID-19 pandemic has caused the demand for nurses to increase substantially (Chan et al., 2021; Litton et al., 2020, 2021).

The Nursing and Midwifery Board of Australia (NMBA) refers to nurses from other countries as Internationally Qualified Nurses (Australian Nursing and Midwifery Council [ANMC], 2009; NMBA, 2021). Internationally Educated Nurses (IEN) (Cruz et al., 2017; Xu & He, 2012), Foreign Educated Nurses (FEN; Viken et al., 2018), Foreign-Trained Nurses (FTN; Drennan & Ross, 2019; Primeau et al., 2014), Overseas Trained Nurses (OTN; O'Brien, 2007; Wellard & Stockhausen, 2010), Overseas Qualified Nurses (OQN;

Stankiewicz & O'Connor, 2014), and Overseas Nurses (OSN; O'Brien & Ackroyd, 2012) are some of the terms identified in studies from Australia and internationally. The term Internationally Qualified Nurse (IQN) will be used in this review to refer to a nurse who received their initial nursing qualification in another country from which they are practising.

1.1 | Background

Many internationally qualified nurses come to the new country with extensive specialist nursing skills. Specialist nursing roles have been recognised for almost 40 years in Canada and the United States and were later introduced to Europe (Htay & Whitehead, 2021). Globally, over 70 countries, both developing and developed, have identified the existence of specialist nursing roles (International Council of Nurses, 2018). Specialised nurse's service has been widely used to manage task-shifting, or the delegation of responsibilities (WHO, 2006), mainly to manage medical substitutes or provide care to geographically remote regions (Nzinga et al., 2019).

A specialist nurse is internationally defined as someone who maintains a current generalist nurse licence and has finished an education programme that meets the mandated standard for specialised nursing practice (WHO, 2020b). Nurse specialists are becoming more popular worldwide for reasons including cost-effectiveness,

medical staff shortages, increasingly complex care needs, and as a career progression for nurses (Latter et al., 2019). International studies highlight that specialised nurses are essential in health care. They help convert research into practical knowledge and drive positive changes in healthcare delivery (Doody et al., 2022; Kerr et al., 2021). Due to healthcare restructuring, care demands, and policies, there has been statistically significant growth in the type and quantity of specialised nursing roles globally, since their debut (Bryant-Lukosius et al., 2004; Coyne et al., 2016; Dunn et al., 2006; Gordon et al., 2012; Pulcini et al., 2010; Sherry, 2010).

Specialty skill sets promote nurses to think deeply and critically (Dewi et al., 2021). Stewart and Horowitz (2003) investigated the significance of specialist nurses in managing patients with chronic heart failure and discovered considerable clinical and financial benefits for the patients. Not only did the approach reduce recurring hospital stays by 30–50 per cent compared to standard treatment, but it also cut hospital costs by one-third. Nurses' specialty skill deficit is often associated with adverse incidents in care deliveries (Twiggs et al., 2019). The immigration of nurses with specialist skills becomes crucial to manage the deficit of specialty skills and specialised nurses in developed countries (Health Workforce Australia, 2014; Hillmann et al., 2022). In contrast, working outside their specialty area may limit the nurses' full functionality and sometimes lead to serious adverse outcomes for patients (Karlssoon et al., 2019).

The immigration of specialised nurses comes with challenges (Kurup et al., 2022). Those challenges include nurse distribution, public safety, and skill underutilisation. Nurse distribution is a major ethical issue, particularly in developing countries prone to health care-related events and malnutrition (WHO, 2016a; World Population Review, 2021). For example, South Africa (an internationally qualified nurse source country) in the Year 2017 had 1.3 nurses per 1000 population (The World Bank, 2018), which is below the WHO recommendation of 4.45 nurses per population of 1000 (WHO, 2016b), and currently is on a projected nurse deficit of 34,000 nurses by 2025 (Elna, 2021). In contrast, the Philippines trains more nurses than they need, specifically to supply the international market (The Economist, 2020). The issues in nurse distribution in developing countries are managed by WHO policies and recommendations, which are still to take effect (WHO, 2020a, 2020b).

A further challenge for nurse immigration is the variance in training programmes. Nursing is taught and administered differently in different countries (Deng, 2015). This variance is not only between developed and developing countries but also among countries with similar healthcare systems. Nurses from the United Kingdom and Canada have had challenges adapting and transferring their specialty abilities to Australia due to variations in professional training and scope of practice (Stephenson, 2014; Vafeas, 2013). Due to linguistic and cultural unfamiliarity and the transition to a new job and work environment, internationally qualified nurses from developing countries face statistically significant skill transfer issues (Jenkins & Huntington, 2015). Some developed countries such as the United Kingdom, the United States of America, and Canada handle internationally qualified nurse training gaps by assessing degrees and,

in some cases, providing tailored training for newly arrived nurses (Philip et al., 2019). To ensure the safety of Australia's healthcare system, the Nurses and Midwifery Board of Australia reviews the qualifications of internationally qualified nurses before awarding a generalist registration to practise (NMBA, 2019, 2020a, 2020b).

The least mentioned but important challenge of internationally qualified nurse immigration is skill underutilisation or downward occupational mobility in the host country (Kurup et al., 2022; Ressia et al., 2017). Skill underutilisation occurs when internationally qualified nurses work at lower levels of competence and qualification than they were trained and specialised in (An et al., 2016). The specialised expertise that internationally qualified nurses bring to the host country, such as intensive care unit (ICU), cardiology, respiratory, and renal, is in high demand in developed countries but is underutilised (Siar, 2013). Internationally qualified nurses face a variety of types of skill underutilisation as a result of immigration, including working at a lower level than they were trained, being unable to perform the skills for which they are qualified (Tregunno et al., 2009), not being recognised for their prior experience and being placed on a new graduate pay scale (Salami et al., 2018). In some cases, they may even choose to leave the profession and work in a lower role (Adhikari, 2011).

This review focuses on the processes available for transferring the specialty expertise of internationally qualified nurses to their host country. Internationally qualified nurses bring specialised skills to developed countries, and they are often underutilised. As a result, the significance of this integrative review becomes clear: it aims to find and synthesise strategies employed by different developed countries to transition internationally qualified nurses' specialty skills into practice.

2 | METHODS

2.1 | Aim

The aim of this study was to identify and develop a synthesis of strategies employed by various developed countries to leverage the specialty skills of internationally qualified nurses. To achieve this, an integrative review methodology was selected to conduct a comprehensive examination and synthesis of the existing literature on this subject (Souza et al., 2010). By incorporating a wide range of materials, including diverse sources and perspectives, the integrative review aimed to provide a deeper understanding of the strategies implemented in different developed countries (Souza et al., 2010).

Through the process of conducting an integrative review, the researchers sought to identify common themes, patterns, and best practices. The ultimate goal was to inform policy development (Dhollande et al., 2021) and enhance the successful integration of internationally qualified nurses into the healthcare systems of developed countries (Souza et al., 2010). By undertaking this comprehensive approach, the study aimed to contribute valuable insights that could improve the utilisation of specialty skills possessed by

internationally qualified nurses and enhance their contribution to healthcare delivery.

2.2 | Design

The study design utilised the Whittmore and Knafl (2005) five-stage updated methodological framework for integrative reviews. The stages included problem identification, literature review, data evaluation, data analysis, and synthesis. The research question addressed was what processes are in place to enable the use of specialty skills by internationally qualified nurses in developed countries after immigration. The literature review stage involved gathering relevant studies and information. In the data evaluation stage, various data sources were collected and assessed for relevance and reliability. Data analysis involved organising, coding, and categorising the data. In the synthesis stage, the authors integrated the findings, summarised insights, and evaluated the safety and feasibility of transferring specialty skills for internationally qualified nurses in developed countries' health systems after immigration. Ethical clearance was not required; the review was registered in Prospero (CRD42022286404).

2.3 | Search strategies

A comprehensive literature search was undertaken in October 2021 and updated in August 2023. Two expert health science librarians collaborated in developing a modified PICO (Population, Issue, and Context) method, which focused on the population of interest (specialist internationally qualified nurses), the issue of concern (transition into practice), and the specific context encompassing various developed countries. The initial search was carried out using CINAHL keywords. Subsequently, synonyms of keywords, mesh terms, thesaurus entries, and subject headings were employed to effectively retrieve appropriate peer-reviewed literature that addresses the transfer of specialty skills among internationally qualified nurses. The usage of search terms (Table 1) was unrestricted, both individually and in combination. To separate terms, the Boolean search connector 'OR' was used, while 'AND' was used to combine concepts. Electronic databases, Medline CINAHL Complete, ProQuest Health, and EMBASE were all searched using different variations of search phrases. Furthermore, Google Scholar was employed to prevent the omission of any statistically significant articles. A manual examination of the reference lists of all included studies was conducted to identify any additional articles that may have been overlooked during the database searches. Grey literature sources like thesis dissertations and organisational reports were also included.

Contemporary research articles published in English were sought. No date limit was set with the goal of capturing all available evidence on the topic (The Joanna Briggs Institute [JBI], 2014). Grey literature, conversations, comments, websites, and information

from internationally qualified nurse registration bodies were also included due to the scarcity of studies on the topic. Studies focusing on medical conditions, study protocols, or commentary articles were excluded. Studies that explored the broad immigration experience among internationally qualified nurses, not specifying specialty skill transfer, were also excluded.

One reviewer (CK) undertook the removal of duplicates and title screening. Two reviewers independently assessed each abstract against the inclusion and exclusion criteria (EJ, AB), with disputes handled by another reviewer (VB). The Endnote 20 (Clarivate Analytics) citation manager was used to manage references. To maintain transparency and rigour, the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) chart (Figure 1) was used to describe inclusion/exclusion decisions (Moher et al., 2009; Tricco et al., 2018). To facilitate the screening process, all identified records were exported into the Covidence software (Veritas Health Innovation; Babineau, 2014).

2.4 | Quality appraisal

The quality appraisal process for this review involved using specific tools: the Joanna Briggs Institute Opinion Appraisal Tool (McArthur et al., 2015) and the Qualitative Appraisal Tool (Lockwood et al., 2015). The appraisal was managed through the Covidence platform using a blindfolded method to prevent reviewer influence. Articles underwent quality assessment, with two specific articles (Adhikari, 2011; Tregunno et al., 2009), receiving scores of 6/6 using the Opinion Appraisal Tool. Another article (Xiao et al., 2014) scored 7/10 using the JBI Critical Appraisal Checklist for Qualitative Research. Two reviewers independently assessed each study (Table 2). Records from websites, organisations, and registering bodies underwent a consensus process to ensure diverse perspectives. No documents were eliminated or prioritised during the discussion.

2.5 | Data extraction

An initial data extraction template was used as recommended by Arksey and O'Malley (2005) for identifying elements to be extracted from included studies. Author one (CK) retrieved pertinent data from a set of documents and summarised it in data collecting tables (Tables 3 and 4). This table was then reviewed by three independent reviewers (EJ, AB, VB). Any disagreements were raised and resolved through consensus-building conversations.

2.6 | Data synthesis

Whittmore and Knafl (2005)'s five-stage methodological framework offered a well-defined step-by-step review enabling in addressing the question 'What processes are in place to enable the use of specialty skills by internationally qualified nurses in developed

TABLE 1 CINAHL, MEDLINE ProQuest, and Embase search.

OR	Concept 1	AND	Concept 2	AND	Concept 3	AND	Concept 4
Keywords: (List synonyms or alternative terms for each concept, separated by OR)	"international" qualif* Nurs* OR "foreign#qualif* Nurs*" OR "overseas#trained Nurs*" OR "foreign#trained Nurs*" OR "international" qualif* Registered Nurse* OR "international" qualif* RN* OR "Overseaseducat* Registered Nurse*" OR "Overseas* RN*" OR "Overseas#Trained RN*" OR "Overseas# Trained Registered Nurse" OR "international" trained Registered Nurse* OR "international" trained RN"	AND	"Clinical Nurs* skills" OR "Nurs* skills"	AND	"Post#graduateSkill*" OR "SkillUtiliti*ation" OR "Skill Transfer*" OR "Specialit* skill**"	AND	"Developed Countri*" OR "First#worldCountri*" OR "Developed economi*" OR "High Socio#Economic Countri*" OR "High Income#earn* Countri**"
Database name:	CINAHL	AND	CINAHL	AND	CINAHL	AND	CINAHL
Subject headings: (refer to database thesaurus to select, separated by OR)	(MH "International Nursing") OR (MH "Foreign Nurses") OR (MH "Foreign Professional Personnel") OR (MH "Overseas Deployment") OR (MH "Registered Nurses") OR (MH "Career Mobility, international")	AND	(MH "Clinical Competence") OR (MH "Nursing Skills")	AND	(MH "Specialties, Nursing") OR (MH "Nurses by Specialty") OR (MH "Nursing Skills") OR (MH "Skill Retention") OR (MH "Clinical Competence")	AND	(MH "Developed Countries")
Database name:	MEDLINE	AND	MEDLINE	AND	MEDLINE	AND	MEDLINE
Subject headings: (you will need a new row for each database that has a thesaurus)	(MH "Nurses, International") OR (MH "Nurses") OR (MH "Transcultural Nursing")	AND	(MH "Clinical Competence") OR (MH "Nurses, International") OR (MH "Specialties, Nursing")	AND	(MH "Specialties, Nursing") OR (MH "Nurses, International") OR (MH "Clinical Competence") OR (MH "Skill Retention") OR (MH "Clinical Competence")	AND	(MH "developed countries")
Database name:	ProQuest	AND	ProQuest	AND	ProQuest	AND	ProQuest
Subject headings: (you will need a new row for each database that has a thesaurus)	Nurses, International OR Emigration OR Immigration OR Human Migration OR Health Care OR Nurses, international	AND	Clinical Competence OR Professional Competence	AND	Specialisation OR Nurses, International OR Specialties, Nursing OR Quality of Health Care OR Clinical Competence OR Professional Competence	AND	Developed countries OR internationality
Database name:	Embase	AND	Embase	AND	Embase	AND	Embase
Subject headings: (you will need a new row for each database that has a thesaurus)	Foreign worker or foreign nurse or foreigner international nurse or nurses international or foreign-born registered nurse	AND	Competence or nursing skill	AND	Skill retention or nursing specialties or nursing specialty or specialties or nursing, competence or nursing skill or nursing expertise	AND	Developed, developed countries or industrialised countries or industrialised country or industrialised countries or industrialised country or economic status

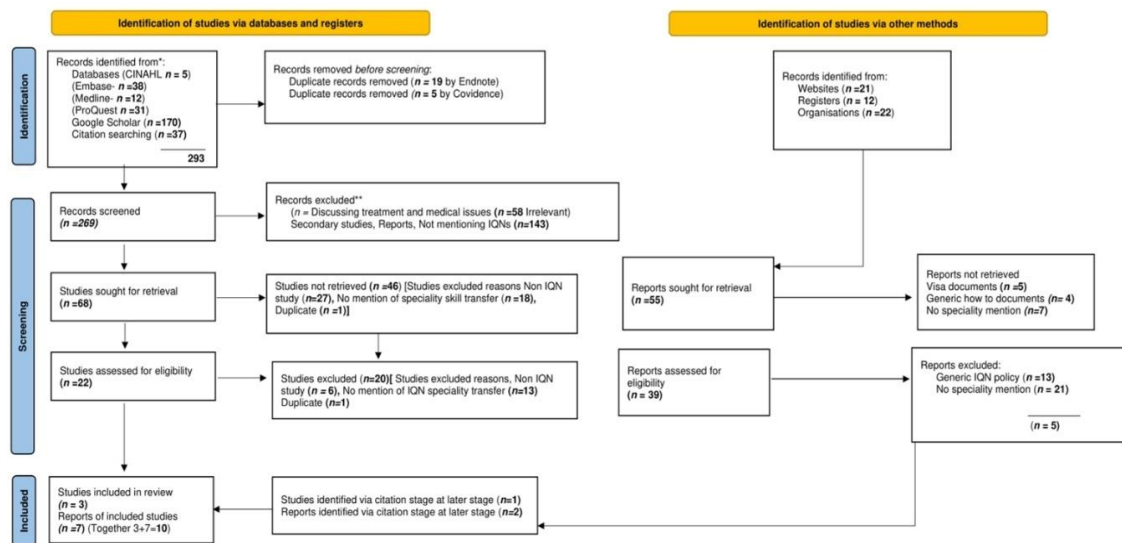


FIGURE 1 Prisma Flowchart. From: Page et al. (2021). For more information, visit: <http://www.prisma-statement.org/>.

countries after immigration?'. During the data extraction phase, the data collection template by Arksey and O'Malley (2005) was customised to include relevant data columns such as the name of the report, the country of origin, the aim of the report, the chosen research methodology, the reporting body or author, participant characteristics, primary findings and recommendations, and any specific stages of registration that pertained particularly to the transfer of speciality skills. Subsequently, the modified template was uploaded to Covidence. In the data-checking phase, the extracted findings were meticulously reviewed by three independent reviewers (authors 2, 3, and 4). In case of any disagreements, consensus-building conversations were initiated to resolve them. The extracted data were downloaded into two separate Excel spreadsheets. At this stage, the findings from both studies and reports were integrated coherently. This integration process aimed to identify commonalities, differences, and overarching patterns within various policies. This holistic approach sought to provide a comprehensive understanding of the multifaceted strategies employed to facilitate the utilisation of speciality skills among internationally qualified nurses in developed countries.

3 | RESULTS

The initial database search retrieved a total of 293 articles. After removing duplicate titles and conducting screening of abstracts, full-text review, and critical appraisal, three studies ($n=3$) remained for further examination. Records identified from websites, organisations, and registers ($n=55$) were screened, and after eliminating documents that failed to match the study focus, seven ($n=7$) were seen to fit the research focus. These, along with the identified studies, yielded a total

of 10 ($n=10$) articles for analysis (Figure 1). The documents included in this integrative review were published between 2006 and 2021, as shown in Tables 3 and 4. All studies employed qualitative research methods (Adhikari, 2011; Tregunno et al., 2009; Xiao et al., 2014), with interviews as the most common data collection method used. The review included seven reports from various countries and organisations to offer practical guidance and clarity on different aspects of healthcare practice. Two reports came from Australian government departments, namely the Australian Commission on Safety and Quality in Health Care (ACSQHC, 2015) and Chief Nursing and Midwifery Officers Australia (CNMO, 2017). These reports aimed to assist managers and practitioners in credentialing, determining, and managing a health practitioner's scope of clinical practice. Additionally, they aimed to provide a better understanding of advanced practice nursing for professionals, consumers, policymakers, and the broader health system in Australia (CNMO, 2017). Two reports were sourced from Ireland, including the National Council of the Professional Development of Nursing and Midwifery (NCNM, 2008) and the Nursing and Midwifery Board of Ireland (NMBI, 2021); these reports focused on creating role descriptions for clinical nurses/midwife specialist positions and providing guidance on the nursing registration process for "Qualified outside Ireland" applicants. One report came from Sweden (Socialstyrelsen, 2021), which provided guidelines for specialist nurses who received their education outside the European Union and the European Economic Area. Another report was obtained from Denmark (International Advanced Practice Nursing [IAPN], 2014), which aimed to guide advanced practice nursing in Denmark for aspiring applicants. Another report from the United Kingdom by Smith et al. (2006) analysed the experiences of overseas-trained healthcare professionals working in the UK. Together, the review captured data from 188 participants.

TABLE 2 JBI checklist.

JBI opinion checklist criteria	Studies			
	Adhikari (2011)	Tregunno et al. (2009)	Xiao et al. (2014)	JBI critical appraisal checklist for qualitative research
	Reviewer 1	Reviewer 2	Reviewer 1	Reviewer 2
1. Is the source of the opinion clearly identified?	Yes	Yes	Yes	Yes
2. Does the source of opinion have standing in the field of expertise?	Yes	Yes	Yes	Yes
3. Are the interests of the relevant population the central focus of the opinion?	Yes	Yes	Yes	Yes
4. Is the stated position the result of an analytical process, and is there logic in the opinion expressed?	Yes	Yes	Yes	No
5. Is there reference to the extant literature?	Yes	Yes	Yes	Yes
6. Is any incongruence with the literature/sources logically defended?	Yes	Yes	Yes	Yes
Total score	6/6	6/6	6/6	7/10
Quality	Include	Include	Include	Include

3.1 | Internationally qualified nurses' specialty skills transfer

From the 10 ($n=10$) documents assessed in this review, none clearly stated how internationally qualified nurses were able to transfer their overseas-acquired specialty skills to developed countries after immigration. Guidelines (CNMO, 2017; IAPN, 2014; NCNM, 2008; Socialstyrelsen, 2021), and policy (NMBI, 2021) only provided generic advice on becoming a specialist nurse. Even though countries indicate that nurse specialists do not necessarily need to have a post-graduate qualification, the majority of documents included in this review stated that a national framework of education level eight or higher (post-graduate level) is required to be a nurse specialist (Adhikari, 2011; CNMO, 2017; IAPN, 2014; NCNM, 2008; Smith et al., 2006; Socialstyrelsen, 2021). Whether an international specialisation degree was recognised during registration was also not clearly stated in the included studies or documents.

The research studies supported the findings regarding the policy and guidelines that issues exist with the host country registration process in identifying specialty skills. According to Adhikari (2011), nurses who immigrate to a developed country frequently lose years of specialist skills due to issues such as the host country's registration, accreditation, and poor support network. Adhikari (2011) examined 21 internationally qualified nurses, 11 of whom had specialised skills and found indications of skill underutilisation following their immigration to the United Kingdom. All 21 of Adhikari (2011)'s participants began their careers as caregivers in the United Kingdom's health system, and seven of them were still doing so at the time of the interview. Only one internationally qualified nurse in Adhikari (2011) study indicated that they were working in a specialty matching their previous experience at the time of the interview. As per Adhikari (2011), university specialisation courses and degrees were commonly available to nurses who were already working in a particular specialty. However, these courses were not designed to assist internationally qualified nurses in transitioning into a specialty field. Furthermore, the cultural and linguistic unfamiliarity of internationally qualified nurses in their new country further hinders their ability to secure employment that aligns with their specialised skills (Adhikari, 2011). This was supported by Xiao et al. (2014), who found that despite the fact that immigrant nurses submitted a complete portfolio of their specialised skills to registering organisations, there were no processes in place to assess their ability as specialist nurses.

The study by Tregunno et al. (2009) also found that specialty skills were unable to be utilised by nurses who migrated to Canada. Tregunno et al. (2009) conducted a study in which they gathered data from 30 nurses who immigrated to Canada from 20 different countries. The findings of Tregunno et al. (2009) indicated that when internationally qualified nurses begin working in their host country, they undergo a transition from being clinical experts in their home country to becoming cultural novices in the new environment. In other words, a nurse who was highly proficient or considered a clinical expert in their native jurisdiction may revert to an advanced beginner or cultural novice status in their new nation. Despite having an average

of 15 years of nursing experience, the nurses in the study were only deemed to be "good enough" for their new roles in the host country.

Xiao et al. (2014) conducted a study involving 24 immigrant nurses from non-English-speaking backgrounds and 20 senior nurses. Their findings supported the earlier research by Adhikari (2011) regarding the underutilisation of skills among immigrant nurses. Additionally, Xiao et al. (2014) corroborated Tregunno et al. (2009)'s claim that immigrant nurses may not have their up to 15 years of specialty experience acknowledged in their new country. The study also highlighted the challenges faced by immigrant nurses in obtaining employer-sponsored visas, which further contributes to skill underutilisation. Nurses who possess expertise in areas that differ from the available opportunities in the host countries expressed dissatisfaction with the inadequate preparation and support they received during their career transition. This lack of support and preparation resulted in heightened levels of stress among these immigrant nurses. Furthermore, the study revealed a prevalent belief among nurse recruiters that nursing practice in developing countries is inferior to that in developed countries (Xiao et al., 2014).

4 | DISCUSSION

This review identified that there is no clear and collective framework for shared strategies taken by developed countries in transitioning specialist internationally qualified nurses into practice. There appears to be a clear gap in the current knowledge base of the skill transition process after immigration. Even though various researchers established skill underutilisation as a problem (Adhikari, 2011; Smith et al., 2006; Tregunno et al., 2009; Xiao et al., 2014), a detailed exploration of the same problem is not identified. No successful support programmes to enable the utilisation of specialty skills in the developed countries' healthcare context were identified. The 10 articles included in the review, both research and non-research publications, failed to show a clear pathway for internationally qualified nurses' skill integration into a developed host country.

Internationally, there is a lack of consistency in defining the specialised nurse job. Years of post-registration experience in a specialty are accepted as a qualifying criterion of specialisation by the New South Wales Ministry of Health (2021). But a post-registration educational qualification of a national framework of eight or above is getting more acceptance to secure a specialist nurse role (NCNM, 2008). The scope, functions, and terminologies associated with advanced practice roles change between countries, states, jurisdictions, and institutions (CNMO, 2017; IAPN, 2014). Different advanced practice nurse roles and their scope of practice were not well understood by Australian nurses (CNMO, 2017; Dunn et al., 2006; IAPN, 2014). Because of the ambiguous understanding of specialty role definition, it has become more difficult for internationally qualified nurses to establish their specialisation skills and, as a result, secure specialty nursing employment in the developed country.

The ability of internationally qualified nurses to practise their specialised roles in their host country is hindered by obstacles in pre-employment checks. The ACSQHC (2015) recommends the establishment of a credentialing framework and the formation of credentialing

TABLE 3 Study characteristics.

No	Authors	Aim	Location; settings	Population	Gender, age range	Design	Methods	Main findings	Specialty
1.	Adhikari (2011)	To explore and understand the experience of Nepali nurses who migrated to the UK	Nepal and UK; Natural settings and interviews at informants place	Nepali nurses who migrated to the UK. N=21	Not provided	Qualitative ethnographic	Observation, field work interviews and focus group	Nurses who came to the United Kingdom from Nepal aim to stay in the country and not return home with relevant new nursing skills, resulting in a lack of brain circulation. They lack the confidence to perform the tasks they were used to performing before migrating due to deskilling in the United Kingdom	Cardiac, orthopaedic, ICU, family health, maternal, operation theatre, ophthalmic
2.	Tregunno et al. (2009)	To examine the barriers and challenges, internationally educated nurses transitioning into the workforces	Ontario; settings not provided	Internationally qualified nurses who received registration in 2003, 2004 and 2005. N=30	27 female and 3 were males. Age range not provided	Qualitative thematic analysis	Semi-structured interviews, field notes and memos	Migrant nurses overwhelmingly described nursing as "different" from their home country. Internationally qualified nurses reported discrepancies in professional nursing practice requirements and the involvement of patients and families in decision-making. Challenges with English language fluency also cause work-related stress and intellectual fatigue. As policy and management decision-makers try to balance increasing the internationally qualified nurse workforce and providing safe patient care, this study can help	Clinical expert
3.	Xiao et al. (2014)	To examine interplaying relationships between social structures and nurses actions that either enabled or inhibited workforce integration in hospital settings	Australia; two major general hospitals in an Australian metropolitan city	Australian and immigrant nurses from 2 hospitals. N=44	34 females and 10 males. Group 1 26-46 (34) Group 2 33-56 (47)	Qualitative double hermeneutic analysis	Focus groups and face-to-face, in-depth interviews with participants	According to a study, inadequate laws and resources used to recruit, categorise, and employ immigrant nurses at the national and organisational levels can constitute structural barriers to their adaptation to professional nursing practice and integration into the workforce in a host country. The results revealed four distinct themes. These were: (1) employer-sponsored visa as a constraint on adaptation, (2) two-way learning and adaptation in multicultural teams, (3) unacknowledged experiences and expertise as barriers to integration, and (4) unquestioned sub-group norms as barriers for group cohesion	ICU

TABLE 4 Report characteristics.

No	Name of study/ Report/Policy	Country	Aim	Method	Reporting body/ Author	Participant characteristics if provided	Main findings/ Recommendations	Specific mention
1.	Credentiaing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners	Australia	To provide practical guidance for managers and practitioners responsible for credentialing and determining and managing a health practitioners scope of clinical practice	Report	ACSQHC (2015)	NA	Develop a framework for credentialing, determining a health practitioners' scope of clinical practice, and resolving challenges that may occur in adhering to an agreed-upon scope of clinical practice	Additional information and thorough reference checks would aid in better understanding the talents and specialisations of foreign-trained individuals
2.	Advanced nursing practice; guidelines for the Australian context	Australia	Provide clarity and understanding about the scope of advanced practice nursing for the nursing profession, consumers, health policymakers, and Australia's broader health system	Guideline	CNMO (2017)	NA	Generalist preparation is followed by specialist practice, which builds on it. Nurse specialists display extensive knowledge, abilities, and expertise in their chosen nursing field	Advanced practice is not achieved solely through post-graduate study; it results from a mix of graduate education and clinical experience that develops the abilities and traits required for advanced practice
3.	Advanced practice nursing in Denmark	Denmark	To guide advanced practice nursing in Denmark, for aspirant applicants	Guidelines	IAPN (2014)	NA	At the county or regional level, specialities are offered and maintained. After receiving permission from a particular region to work as a specialist nurse, a Danish nurse may practice in that speciality in any of the country's regions, according to the restrictions of those regions. Three months to 1.5years of post-registration courses are required for a speciality practice	Advanced practice licences from other countries are accepted in Denmark

TABLE 4 (Continued)

No	Name of study/ Report/Policy	Country	Aim	Method	Reporting body/ Author	Participant characteristics if provided	Main findings/ Recommendations	Specific mention
4.	Valuing and recognising the talents of a diverse healthcare	Northern England, Southeast England, London, Wales, and Ghana	To analyse overseas-trained healthcare professionals experiences of working in the UK; analyse their patterns of employment mobility and career progression; consider social relations, strategies used to inform policy development	The study, exploratory, descriptive, Semi-structured interviews via telephone and case study fieldwork by visiting healthcare workplaces	Smith et al. (2006)	Overseas-trained healthcare professionals: qualified nurses, but also some midwives, doctors, physiotherapists, and other professional groups. Age range 21–61, 66 female, 27 male, 93	The sponsored promotion system, which obscures the formal competitive promotion and career advancement model, exhibits the nature of discrimination and its implications prevalent in National Health Service (NHS) recruitment practice	Some recruitment agencies fail to follow the Code of Practice principles. Cultural variations between the UK and the country of training/origin are not considered in adaptation programmes. There is a lack of adequate local assistance and mentoring for international recruits. Indirectly discriminatory personal development and recruitment processes, disproportionate degrees of bullying and harassment stagnation, and underachievement in the workplace
5.	Specialist nurse educated outside EU EEA	Sweden	Guidelines for specialist nurses educated outside the EU and EEA	Guideline	Socialstyrelsen (2021)	NA	After acquiring a nurses licence to practice, if necessary, evidence is produced	NA
6.	Framework for establishing clinical nurse/midwife specialist posts: intermediate pathway - 4th ed	Ireland	Guidelines to form a role description for clinical nurse/midwife specialist posts	Guideline	NCNM (2008)	NA	The National Council performs periodical audits as part of its statutory monitoring responsibility to determine the commitment to complete post-registration education at national framework level 8 for those nurses and midwives who have provided a contractual promise to do so and to take appropriate action as needed	The essential elements of advanced practice nurse roles

(Continues)

TABLE 4 (Continued)

No	Name of study/ Report/Policy	Country	Aim	Method	Reporting body/ Author	Participant characteristics if provided	Main findings/ Recommendations	Specific mention
7.	Qualified outside Ireland applying for registration in one or more divisions of the register	Ireland	To provide guidance on the Ireland nursing registration process for 'Qualified outside Ireland' applicants	Policy	NMBI (2021) Author	NA	There are some specific qualifications recognition requirements if an internationally qualified nurse wants to apply for qualifications recognition in a particular register division. The training for that division was completed after the internationally qualified nurses initial training as a nurse or midwife. For example, before evaluating an application for registration in another division, the Nursing and Midwifery Board of Ireland must first consider initial registration as a general nurse or midwife. This will happen when the application of an internationally qualified nurse is reviewed	Specialty registration is feasible if the internationally qualified nurse can submit evidence that meets the Nursing and Midwifery Board of Ireland criterion

committees to validate the qualifications of overseas-trained health-care workers. However, the availability of evidence regarding the implementation of these recommendations was not found. According to ACSQHC (2015), more documentation may be necessary for internationally qualified nurses to demonstrate the breadth of their competence and the setting where they worked, which differs from the Australian health system. There is a lack of evidence regarding the extent to which overseas reference checks are effectively conducted to assess the specialty skills of internationally qualified nurses before their recruitment. The ACSQHC (2015) does not provide instructions for translating internationally obtained training or recommendations on managing non-English-speaking referees.

Mentoring pathways for internationally qualified nurses to practise in their host country are unavailable. Three studies (Adhikari, 2011; Tregunno et al., 2009; Xiao et al., 2014) identified that internationally qualified nurses were unprepared for the transition to the Australian context, irrespective of their specialised expertise. In a linguistically and culturally new context, internationally qualified nurses might be a novice and experts simultaneously (Tregunno et al., 2009). According to Smith et al. (2006), inflexible formal certification and assessment procedures in the United Kingdom impacted internationally qualified nurses' mentoring and adaptability since they did not accurately recognise their specialty skills and areas of expertise. Furthermore, Smith et al. (2006) identified that rather than being recognised as trained nurses with valuable abilities to contribute to the workforce, internationally qualified nurses were viewed as students whose primary goal is to learn how to function in the British nursing system.

According to this review, internationally qualified nurses who immigrate to developed countries face obstacles in effectively utilising their specialised skills. The registration, accreditation, immigration, and employment processes for healthcare professionals in developed countries are influenced by regulatory, legislative, and assessment agencies, which creates difficulties for these nurses in finding a clear pathway to apply their specialty skills (Cooper et al., 2020). A gap in knowledge of the nurses and recruiting managers about the internationally qualified nurse journey, the previous course they completed, and the level of skills they possess were also evident in the literature, which hinders the successful utilisation of the specialty skills (Kishi et al., 2014; Kurup et al., 2022; Smith et al., 2011; Zhou, 2014; Zhou et al., 2011). Establishing specific certification requirements for immigrant nurses' specialty abilities allows them to fully participate in the host country's health system while contributing to safer care delivery (Xiao et al., 2014). By utilising internationally qualified nurses' specialty skills, host countries such as Australia can maintain professional practice standards and ensure the safety of their healthcare clients while also meeting ever-changing labour demand trends (Hawthorne, 2013).

4.1 | Limitation

Only studies and reports published in the English language were considered, potentially limiting the number of publications identified; as a result, the data collection did not go beyond the information provided

in the selected studies. No specific recommendations could be made because the studies lacked specific outcomes in terms of specialty skill transition among internationally qualified nurses. However, if all studies had been omitted, for this reason, there would be no studies to include in this analysis, which the authors believe is a finding in and of itself. The number of studies found through a database search may have influenced the generalisability of the findings. The limited literature on this topic highlights that there is still work to be done on skill utilisation among internationally qualified nurses.

5 | CONCLUSION

This study reveals that there are no clear pathways for the use of specialty skills by internationally qualified nurses after immigration. Internationally qualified nurses' specialty skills often remain underutilised in developed countries after immigration due to a lack of clarity in the terminology used in advanced practice nursing roles and formal processes for assessing specialty skills. The importance of specialist nurses in delivering quality care in the healthcare sector is well known. Recognising and utilising previously acquired specialty skills ensures that the nurses with the right skill sets provide care in specialty departments, resulting in safer health care. Given the large number of internationally qualified nurses working in developed countries and a projected trend of increased overseas recruitment, no research is currently available on strategies to safely transfer their skills after immigration. This review highlights developed countries' urgency for greater research and training in this area in order to effectively utilise internationally qualified nurses' specialty skills, especially in the event of a global pandemic.

AUTHOR CONTRIBUTIONS

Study design, Data search, Data synthesis, Manuscript writing, and Critical revisions for important intellectual content were made by CK, EJ, VB, and AB.

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CONFLICT OF INTEREST STATEMENT

The authors have declared no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in [https://osf.io] at <https://doi.org/10.17605/osf.io/txh4c>, link <https://osf.io/txh4c/>.

ETHICS STATEMENT

Ethical approval and informed consent were not required for this integrative review.

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REFERENCES

- Adhikari, R. (2011). *From aspirations to "dream-trap": Nurse education in Nepal and Nepali nurse migration to the UK*. Doctor of Philosophy, The University of Edinburgh. <https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari2011.pdf?sequence=6&isAllowed=y>
- An, J. Y., Cha, S., Moon, H., Ruggiero, J. S., & Jang, H. (2016). Factors affecting job satisfaction of immigrant Korean nurses. *Journal of Transcultural Nursing*, 27(2), 126–135. <https://doi.org/10.1177/1043659614539175>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Australian Commission on Safety and Quality in Health Care. (2015). *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners*. <https://www.safeyandquality.gov.au/sites/default/files/migrated/Credentialing-health-practitioners-and-defining-their-scope-of-clinical-practice-A-guide-for-managers-and-practitioners-December-2015.pdf>
- Australian Nursing and Midwifery Council. (2009). *Final report: Development of national standards for the assessment of internationally qualified nurses and midwives for registration and migration*. <https://www.ahpra.gov.au/documents/default.aspx?record=WD10/3998&dbid=AP&chksu=BnuxQQ0xNGdgTAbix5HDtw==>
- Babineau, J. (2014). Product review: Covidence (systematic review software). *Journal of the Canadian Health Libraries Association/Journal de l'Association Des bibliothèques de la santé du Canada*, 35(2), 68–71.
- Bryant-Lukosius, D., DiCenso, A., Browne, G., & Pinelli, J. (2004). Advanced practice nursing roles: Development, implementation and evaluation. *Journal of Advanced Nursing*, 48(5), 519–529. <https://doi.org/10.1111/j.1365-2648.2004.03234.x>
- Chan, G., Bitton, J., Allgeyer, R., Elliott, D., Hudson, L., & Moulton Burwell, P. (2021). The impact of COVID-19 on the nursing workforce: A national overview. *The Online Journal of Issues in Nursing*, 26(2), 1–17. <https://doi.org/10.3912/OJIN.Vol26No02Man02>
- Chief Nursing & Midwifery Officers Australia. (2017). *Advanced nursing practice; Guidelines for the Australian context*. <https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-the-australian-context.pdf>
- Cooper, M., Rasmussen, P., & Magarey, J. (2020). Regulation, migration and expectation: Internationally qualified health practitioners in Australia—A qualitative study. *Human Resources for Health*, 18(1), 1–8. <https://doi.org/10.1186/s12960-020-00514-7>
- Coyne, I., Comiskey, C. M., Lalor, J. G., Higgins, A., Elliott, N., & Begley, C. (2016). An exploration of clinical practice in sites with and without clinical nurse or midwife specialists or advanced nurse practitioners, in Ireland. *BMC Health Service Research*, 16(1), 151. <https://doi.org/10.1186/s12913-016-1412-8>
- Cruz, E. V., Felicilda-Reynaldo, R. F., & Mazzotta, C. P. (2017). Return to nursing: A meta-synthesis of academic bridging programs' effects on internationally educated nurses. *The Qualitative Report*, 22(4), 1092.
- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96–98. <https://doi.org/10.1016/j.cnre.2015.11.001>
- Dewi, N. A., Yetti, K., & Nuraini, T. (2021). Nurses' critical thinking and clinical decision-making abilities are correlated with the quality of nursing handover. *Enfermería Clínica*, 31, S271–S275. <https://doi.org/10.1016/j.enfcli.2020.09.014>
- Dhollande, S., Taylor, A., Meyer, S., & Scott, M. (2021). Conducting integrative reviews: A guide for novice nursing researchers. *Journal of Research in Nursing*, 26(5), 427–438. <https://doi.org/10.1177/1744987121997907>
- Doody, O., Hennessy, T., & Bright, A.-M. (2022). The role and key activities of clinical nurse specialists and advanced nurse practitioners in supporting healthcare provision for people with intellectual disability: An integrative review. *International Journal of Nursing Studies*, 129, 104207. <https://doi.org/10.1016/j.ijnurstu.2022.104207>
- Drennan, V. M., & Ross, F. (2019). Global nurse shortages: The facts, the impact and action for change. *British Medical Bulletin*, 130(1), 25–37. <https://doi.org/10.1093/bmb/ldz014>
- Dunn, S., Pretty, L., Martin, M., & Gassner, L.-A. (2006). A framework for description and evaluation of the nurse specialist role in South Australia. *Collegian*, 13(1), 23–30. [https://doi.org/10.1016/S1322-7696\(08\)60513-2](https://doi.org/10.1016/S1322-7696(08)60513-2)
- Elna, S. (2021). *South Africa's ageing nurses: A looming healthcare crisis*. Daily Maverick. <https://www.dailymaverick.co.za/article/2021-10-07-south-africas-ageing-nurses-a-looming-healthcare-crisis/>
- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012). The role of the clinical nurse specialist in the future of health care in the United States. *US Army Research*, 7, 343–353. <https://doi.org/10.1016/j.cpen.2012.06.006>
- Hawthorne, L. (2013). *Recognizing foreign qualifications: Emerging global trends*. Migration Policy Institute. <http://hdl.voced.edu.au/10707/353793>
- Head, M. (2017). *Internationally qualified nurses: Immigration and other issues discussion*. <https://doi.org/10.13140/RG.2.2.26978.94407>
- Health Workforce Australia. (2014). *Australia's future health workforce; Nurses detailed report*. <https://www1.health.gov.au>
- Hillmann, F., Walton-Roberts, M., & Yeoh, B. S. (2022). Moving nurses to cities: On how migration industries feed into glocal urban assemblages in the care sector. *Urban Studies*, 59(11), 2294–2312. <https://doi.org/10.1177/00420980221087048>
- Htay, M., & Whitehead, D. (2021). The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: A systematic review. *International Journal of Nursing Studies Advances*, 3, 100034. <https://doi.org/10.1016/j.ijnsa.2021.100034>
- International Advanced Practice Nursing. (2014). *Advanced practice nursing in Denmark*. <https://internationalapn.org/2014/06/29/denmark/>
- International Council of Nurses. (2018). *How many countries have NP/APN roles?* <https://international.aanp.org/home/faq>
- Jenkins, B. L., & Huntington, A. (2015). A missing piece of the workforce puzzle. The experiences of internationally qualified nurses in New Zealand: A literature review. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 51(2–3), 220–231. <https://doi.org/10.1080/10376178.2016.1158079>
- Karlsson, A. C., Gunningberg, L., Bäckström, J., & Pöder, U. (2019). Registered nurses' perspectives of work satisfaction, patient safety and intention to stay—a double-edged sword. *Journal of Nursing Management*, 27(7), 1359–1365. <https://doi.org/10.1111/jonm.12816>
- Kerr, H., Donovan, M., & McSorley, O. (2021). Evaluation of the role of the clinical nurse specialist in cancer care: An integrative literature review. *European Journal of Cancer Care*, 30(3), e13415. <https://doi.org/10.1111/ecc.13415>
- Kishi, Y., Inoue, K., Crookes, P., & Shorten, A. (2014). A model of adaptation of overseas nurses: Exploring the experiences of Japanese nurses working in Australia. *Journal of Transcultural Nursing*, 25(2), 183–191. <https://doi.org/10.1177/1043659613515716>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30, 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>

- Latter, K. A., Purser, S., Chisholm, S., & Robinson, E. (2019). Divisional review of the nurse specialist role. *Nursing Standard*, 34(5), 31–34. <https://doi.org/10.7748/ns.2019.e11080>
- Lauxen, O., Larsen, C., & Slotala, L. (2019). The international recruitment of nurses as a strategy for managing labour shortages in Germany: The case of Hesse. *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz*, 62(6), 792–797. <https://doi.org/10.1007/s00103-019-02956-4>
- Li, H., Nie, W., & Li, J. (2014). The benefits and caveats of international nurse migration. *International Journal of Nursing Sciences*, 1(3), 314–317. <https://doi.org/10.1016/j.ijnss.2014.07.006>
- Litton, E., Bucci, T., Chavan, S., Ho, Y. Y., Holley, A., Howard, G., Huckson, S., Kwong, P., Millar, J., & Nguyen, N. (2020). Surge capacity of intensive care units in case of acute increase in demand caused by COVID-19 in Australia. *Medical Journal of Australia*, 212(10), 463–467. <https://doi.org/10.5694/mja2.50596>
- Litton, E., Huckson, S., Chavan, S., Bucci, T., Holley, A., Everest, E., Kelly, S., McGloughlin, S., Millar, J., & Nguyen, N. (2021). Increasing ICU capacity to accommodate higher demand during the COVID-19 pandemic. *Medical Journal of Australia*, 215(11), 513–517. <https://doi.org/10.5694/mja2.51318>
- Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis: Methodological guidance for systematic reviewers utilizing meta-aggregation. *JBI Evidence Implementation*, 13(3), 179–187. <https://doi.org/10.1097/XEB.0000000000000062>
- McArthur, A., Klugarova, J., Yan, H., Florescu, S., & Munn, Z. (2015). Innovations in the systematic review of text and opinion. *International Journal of Evidence-based Healthcare*, 13(3), 188–195. <https://doi.org/10.1097/XEB.0000000000000060>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The, P. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
- National Council of the Professional Development of Nursing and Midwifery. (2008). *Framework for the establishment of clinical nurse/midwife specialist posts: Intermediate pathway – 4th ed.* <https://www.lenus.ie/handle/10147/565741>
- New South Wales Ministry of Health. (2021). *Public Health System Nurses' and Midwives' (State) Award 2021.* <https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf>
- Nursing and Midwifery Board of Australia. (2019). *Internationally qualified nurses and midwives.* <https://www.nursingmidwiferyboard.gov.au>
- Nursing and Midwifery Board of Australia. (2020a). *An employer and managers guide to registration and orientation for internationally qualified nurses and midwives (IQNMs).* <https://www.ahpra.gov.au/documents/default.aspx?record=WD20%2F30488&dbid=AP&chksum=UkLMtCcVQY5EuRVj1%2FH16A%3D%3D>
- Nursing and Midwifery Board of Australia. (2020b). *Transition to a new assessment model for internationally qualified nurses and midwives.* <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/faq/transition-to-a-new-assessment-model-for-internationally-qualified-nurses-and-midwives.aspx>
- Nursing and Midwifery Board of Australia. (2021). *Internationally qualified nurses and midwives.* <https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM.aspx>
- Nursing and Midwifery Board of Ireland. (2021). *Applicant user guide; (Qualified outside Ireland).* <https://www.nmbi.ie/NMBI/media/NMBI/Applicant-User-Guide-2021.pdf?ext=.pdf>
- Nzinga, J., McKnight, J., Jepkosgei, J., & English, M. (2019). Exploring the space for task shifting to support nursing on neonatal wards in Kenyan public hospitals. *Human Resources for Health*, 17(1), 18. <https://doi.org/10.1186/s12960-019-0352-x>
- O'Brien, T. (2007). Overseas nurses in the National Health Service: A process of deskilling. *Journal of Clinical Nursing*, 16(12), 2229–2236. <https://doi.org/10.1111/j.1365-2702.2007.02096.x>
- O'Brien, T., & Ackroyd, S. (2012). Understanding the recruitment and retention of overseas nurses: Realist case study research in National Health Service Hospitals in the UK. *Nursing Inquiry*, 19(1), 39–50. <https://doi.org/10.1111/j.1440-1800.2011.00572.x>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Philip, S., Woodward-Kron, R., & Manias, E. (2019). Overseas qualified nurses' communication with other nurses and health professionals: An observational study. *Journal of Clinical Nursing*, 28(19–20), 3505–3521. <https://doi.org/10.1111/jocn.14942>
- Primeau, M.-D., Champagne, F., & Lavoie-Tremblay, M. (2014). Foreign-trained nurses' experiences and socioprofessional integration best practices: An integrative literature review. *The Health Care Manager*, 33(3), 245–253. <https://doi.org/10.1097/HCM.0000000000000018>
- Pulcini, J., Jelic, M., Gul, R., & Loke, A. Y. (2010). An international survey on advanced practice nursing education, practice, and regulation. *Journal of Nursing Scholarship*, 42(1), 31–39. <https://doi.org/10.1111/j.1547-5069.2009.01322.x>
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64–85. <https://doi.org/10.1111/1744-7941.12121>
- Salami, B., Meherali, S., & Covell, C. L. (2018). Downward occupational mobility of baccalaureate-prepared, internationally educated nurses to licensed practical nurses. *International Nursing Review*, 65(2), 173–181. <https://doi.org/10.1111/inr.12400>
- Sherry, G. (2010). *Nurse practitioners: The evolution and future of advanced practice.* Springer Publishing Company.
- Siar, S. V. (2013). *From highly skilled to low skilled: Revisiting the deskilling of migrant labor.* <https://www.econstor.eu/bitstream/10419/126949/1/pidsdps1330.pdf>
- Smith, C. D., Fisher, C., & Mercer, A. (2011). Rediscovering nursing: A study of overseas nurses working in Western Australia. *Nursing & Health Sciences. Nursing & Health Sciences*, 13(3), 289–295. <https://doi.org/10.1111/j.1442-2018.2011.00613.x>
- Smith, P. A., Allan, H., Henry, L. W., Larsen, J. A., & Mackintosh, M. M. (2006). *Valuing and recognising the talents of a diverse healthcare workforce.* EU Commission. <http://portal.surrey.ac.uk/reoh>
- Socialstyrelsen. (2021). *Specialist nurse educated outside the EU and EEA.* <https://legitimation.socialstyrelsen.se/en/recognition-of-a-specialist-qualification/utbildad-utanfor-euees/specialist-nurse-educated-outside-the-eu-and-eea/>
- Souza, M. T., Silva, M. D., & Carvalho, R. (2010). Integrative review: What is it? How to do it? *Einstein*, 8(1), 102–106. <https://doi.org/10.1590/s1679-45082010rw1134>
- Stankiewicz, G., & O'Connor, M. (2014). Overseas qualified nurses in Australia: Reflecting on the issue. *Australian Journal of Advanced Nursing*, 31, 32–38. <https://doi.org/10.3316/INFORMIT.285616000051555>
- Stephenson, J. (2014). *Australian red tape leaves UK nurses unable to work.* Nursing Times. <https://www.nursingtimes.net/roles/nurse-managers/australian-red-tape-leaves-uk-nurses-unable-to-work-19-08-2014/>
- Stewart, S., & Horowitz, J. D. (2003). Specialist nurse management programmes: Economic benefits in the management of heart failure. *Pharmacoeconomics*, 21(4), 225–240. <https://doi.org/10.2165/00019053-200321040-00001>
- The Economist. (2020). *The world desperately needs more nurses.* <https://www.economist.com/graphic-detail/2020/12/11/the-world-desperately-needs-more-nurses>

- The Joanna Briggs Institute. (2014). *The Joanna Briggs Institute reviewers' manual 2014: The systematic review of economic evaluation evidence*. <https://nursing.lsuhscc.edu/JBI/docs/ReviewersManuals/Economic.pdf>
- The World Bank. (2018). *Nurses and midwives (per 1,000 people) – South Africa*. <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=ZA>
- Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry*, 16(3), 182–190. <https://doi.org/10.1111/j.1440-1800.2009.00448.x>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D., Horsley, T., & Weeks, L. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Twigg, D. E., Kutzer, Y., Jacob, E. R., & Seaman, K. L. (2019). A quantitative systematic review of the association between nurse skill mix and nursing-sensitive patient outcomes in the acute care setting. *Journal of Advanced Nursing*, 75, 3404–3423. <https://doi.org/10.1111/jan.14194>
- Vafeas, C. J. (2013). *Migration matters: The experience of United Kingdom registered nurses migrating to Western Australia*. Doctor of Philosophy, Edith Cowan University. <https://ro.ecu.edu.au/theses/703/>
- Viken, B., Solum, E. M., & Lyberg, A. (2018). Foreign educated nurses' work experiences and patient safety—A systematic review of qualitative studies. *Nursing Open*, 5(4), 455–468. <https://doi.org/10.1002/nop2.146>
- Wellard, S. J., & Stockhausen, L. (2010). Overseas trained nurses working in regional and rural practice settings: Do we understand the issues? *Rural and Remote Health*, 10(3), 1–11. <https://doi.org/10.3316/INFORMIT.574100496062852>
- Whittemore, R., & Knaf, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>
- World Health Organisation. (2006). *Task shifting to tackle health worker shortages*. https://www.who.int/healthsystems/task_shifting_booklet.pdf
- World Health Organization. (2014). *Migration of health workers; Who code of practice and the global economic crisis*. https://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf
- World Health Organization. (2016a). *Global strategy on human resources for health: Workforce 2030*. https://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf
- World Health Organization. (2016b). *Health workforce requirements for universal health coverage and the Sustainable Development Goals (SDG)*. <https://apps.who.int/iris/bitstream/handle/10665/250330/9789241511407-eng.pdf>
- World Health Organization. (2020a). *Nursing and midwifery*. <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>
- World Health Organization. (2020b). *A regional guide to the development of nursing specialist practice*. <https://applications.emro.who.int/docs/WHOEMNUR432E-eng.pdf>
- World Population Review. (2021). *2021 World Population by Country*. <https://worldpopulationreview.com/>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640–653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Xu, Y., & He, F. (2012). Transition programs for internationally educated nurses: What can the United States learn from the United Kingdom, Australia, and Canada? *Nursing Economics*, 30(4), 215–223.
- Zhou, Y. (2014). The experience of China-educated nurses working in Australia: A symbolic interactionist perspective. *PLoS One*, 9(9), e108143. <https://doi.org/10.1371/journal.pone.0108143>
- Zhou, Y., Windsor, C., Theobald, K., & Coyer, F. (2011). The concept of difference and the experience of China-educated nurses working in Australia: A symbolic interactionist exploration. *International Journal of Nursing Studies*, 48(11), 1420–1428. <https://doi.org/10.1016/j.ijnurstu.2011.05.003>

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The integrative review summarising IQNs' transition into practice in developed countries identified significant gaps in the existing literature and policies. Methods involved a thorough database search and critical evaluation of papers, yet a shortage of literature addressed the challenges of transferring specialty skills acquired abroad. Guidelines emphasised higher education qualifications for nurse specialists but lacked clarity on recognising international specialisations and post-graduate degrees during registration. The discussion revealed inconsistencies in defining nurse specialty and skill transferability, with developed countries having minimal policies on transferring IQNs' specialty skills, necessitating more explicit guidelines and recommendations to address these challenges and enhance integration.

2.5 Revised Literature Review

Following the initial policy review conducted up to March 2022, a subsequent focused update was undertaken in August 2024 to ensure the currency of literature and policies related to identifying and developing a synthesis of strategies taken by various developed countries in utilising their IQNs' specialty skills. This update aimed to capture any new developments and maintain relevance in the rapidly evolving landscape of IQN registration. The search used the same subject headings and relevant keywords as the initial review. No new papers were found. This absence of new research highlights a critical gap in the existing literature and underscores the ongoing need for further investigation.

Moreover, the review of records obtained from websites, organisations, and registers ($n = 55$) revealed a trend of limited developments in the field.

Despite the expanded search from diverse sources, it is noteworthy that no new changes or additions were identified since the previous review. This further underscores the scarcity of studies addressing the identified problem and reinforces the urgency for more research initiatives to contribute valuable insights.

The literature review highlights the continued importance of addressing the gap in knowledge regarding the recognition and utilisation of specialty skills among IQNs in the broader international context. This existent knowledge gap underscores the relevance and significance of the PhD project in advancing understanding and addressing critical issues within this domain.

2.6 Conclusion

This literature review highlights a substantial gap in comprehending and implementing strategies that facilitate the smooth transition of IQNs' specialty skills into practice within developed countries. The absence of a clear and unified framework for recognising and effectively utilising these skills results in skill underutilisation and downward occupational mobility for IQNs. The identified challenges encompass issues in nurse distribution, variations in training programs, and a lack of consistency in defining specialised nursing roles internationally. Additionally, the policy review reveals a lack of pathways in the initial registration stages, hindering the recognition and utilisation of IQNs' specialty skills. These findings underscore the critical importance of addressing the challenges in identifying and utilising specialty skills among IQNs to ensure their seamless integration into developed healthcare systems and their full utilisation within the workforce of developed countries.

Moreover, the findings underscore the need for policymakers and regulatory bodies to collaborate in establishing a standardised approach to credentialing, accreditation, and mentoring pathways. By tackling these challenges head-on, developed countries can fully leverage the expertise of IQNs, thereby enhancing healthcare delivery and meeting the evolving demands of the healthcare workforce. However, the limitations identified in this study emphasise the need for further research in this crucial and currently understudied area.

2.7 Chapter Conclusion

Chapter 2 thoroughly examined the current literature on the approaches developed countries took in integrating IQNs with specialised skills into clinical practice. A synthesis of existing literature and details on the search techniques, document selection process, and literature review outcomes have been described. The existing literature on IQN skill transition indicates a dearth of research that sheds light on the subject. Therefore, it is crucial to conduct further studies and explain the strategies IQNs employ to utilise their skills after immigrating. Chapter 3 elaborates on the methodology employed, research design, and research methods for this study.

CHAPTER 3 – METHODOLOGY

3.1 Introduction

Chapter 2 presented a detailed analysis of the available literature, highlighting the lack of research regarding the recognition and utilisation of IQNs' specialised skills after immigration. The Chapter begins by discussing the theoretical and philosophical foundation of the study. It comprehensively describes this study's methodology, research design, and methods.

3.2 Theoretical and Philosophical Foundation of the Study:

In any research, the researchers themselves become the primary instrument, and their beliefs, knowledge, and values play a crucial role in shaping the research process and outcomes (Bradbury-Jones et al., 2014; Pope et al., 2000). Pragmatism is an epistemological approach to research that prioritises practicality and the application of ideas to address practical issues rather than engaging in theoretical debates about truth and reality (Kelly & Cordeiro, 2020). This approach has a long history in social science research, dating back to the late 19th and early 20th century (Kaushik & Walsh, 2019). In this study, the researcher embraced pragmatism and emphasised the importance of context and practicality in generating solutions to real-world problems. This approach involves three fundamental principles: focusing on useful knowledge, linking experience and action, and inquiry as a decision-making process (Kelly & Cordeiro, 2020). The pragmatist approach addresses real-world problems by combining elements from different paradigms. By employing this approach, the researcher aimed to examine the experiences of IQNs and their recruiting managers from multiple perspectives, thus fostering a comprehensive

understanding of the phenomenon. This method enriched the study with diverse insights and data, contributing to the validation and triangulation of findings while adopting a nuanced and thoughtful problem-solving approach (Aguilar Solano, 2020). Data triangulation was the process of corroborating findings or conclusions from different sources or methods to enhance the validity and reliability of the research results (Turner et al., 2017). This approach positioned researchers to make meaningful contributions to the fields of IQN specialty skill utilisation after immigration and generate insights that were both theoretically sound and practically useful. Overall, this study demonstrated the power and value of a pragmatic research approach in generating actionable insights and solving complex real-world problems.

3.3 Research Design

This research project employed a mixed methodology. According to Creswell and Clark (2017), a mixed-methods approach is a study design that incorporates the collection, analysis, and interpretation of both quantitative and qualitative data in a single study or series of studies focused on a common central theme. This approach was deemed suitable when initial findings, such as those obtained from surveys, required further investigation and understanding (Creswell & Clark, 2017) supported by the pragmatic underpinning, which prioritised practicality and real-world applicability in research design and implementation (Ramanadhan et al., 2021). The combination of qualitative and quantitative data provided depth and statistical relevance to the investigation, making it an effective tool for addressing complex questions with multiple stakeholders (Agency for Healthcare Research and Quality, 2013; McGregor,

2018). Employing a mixed methodology in this study represented a notable strength, aligning with the aim and objectives outlined in Chapter 1 by facilitating a comprehensive exploration of the barriers and facilitators in the transfer of IQNs' specialty skills to developed countries. By combining quantitative and qualitative methods, the study could capture a broad range of perspectives (Schoonenboom & Johnson, 2017), including those of IQNs and recruiting managers.

In order to select the most suitable design for a study, it was necessary to evaluate and compare various mixed methods designs against the research question. Creswell and Clark (2017) identified six significant mixed methods designs, each with its own unique characteristics: convergent parallel, explanatory sequential, exploratory sequential, embedded, transformative, and multiphase designs. To maximise the research benefits, the order and combination of methods had to be logically planned (Mishra & Alok, 2022), considering each study's characteristics and their contribution to the research question. The parallel explanatory sequential mixed methods approach was deemed most appropriate for this study as it enhanced the capacity to answer the research questions. This approach utilised the initial quantitative data to inform the selection of participants and questions for the qualitative phase. It used the qualitative element to gain a deeper understanding of the quantitative data, leading to a stronger or more comprehensive understanding of the research problem. Key findings from the quantitative phase were used to provide a baseline for the qualitative phase.

Explanatory research seeks to investigate the underlying causes of an existing problem and determine why certain phenomena occurred (Creswell &

Creswell, 2022), while descriptive research aims to describe a phenomenon, usually from a lived perspective (Doyle et al., 2016; Leedy & Ormrod, 2015). This research sought to gain more knowledge about the topic from IQNs and recruiting managers with direct experience with the problem, making it an explanatory and descriptive study (Creswell & Creswell, 2022). The explanatory aspect of this study allowed for the investigation of the undefined problem of IQN specialty skill utilisation by incorporating the perspectives of the respondents, contributing to expanded knowledge (Leedy & Ormrod, 2015; Reid-Searl & Happell, 2012), while the descriptive aspect examined the lived experience of the population of interest (Holloway & Galvin, 2016).

Conducting mixed-methods research poses several difficulties and challenges. This approach necessitates considerable expertise and effort, as it involves integrating both quantitative and qualitative methods to explore the same research question (Creswell & Clark, 2017). Additionally, the substantial demands on resources, including funding and time, can be particularly challenging for researchers with limited resources (Hamilton & Finley, 2019). Analysing and interpreting data collected through mixed-methods research can be particularly challenging, often requiring advanced expertise and experience, especially for researchers new to this approach (Vogl, 2023). Despite these difficulties, mixed methods research offers the potential for a more nuanced and comprehensive understanding of the subject matter. Consequently, this study utilised mixed methods with meticulous planning and implementation to navigate these challenges and achieve the desired outcomes (Creswell & Clark, 2017).

Given that IQNs and recruiting managers may have separate viewpoints, the researchers opted for a parallel explanatory sequential mixed method. This method allowed for the integration of quantitative and qualitative data from two distinct groups of participants - IQNs and recruiting managers - to gain a deeper understanding of the challenges and facilitators associated with the transition process.

In the initial phase (Phase 1a), IQNs were surveyed to identify the barriers and facilitators they encountered during the specialty skill transition. The survey provided quantitative data on various aspects of the transition process, including challenges faced and support received. Following this, in Phase 2a, qualitative data was collected through focus group discussions with IQNs, allowing for a more nuanced exploration of their experiences and perspectives.

Simultaneously, in Phase 1b, recruiting managers were surveyed to gather their perspectives on the specialty skill transition of IQNs. This quantitative data offered insights into the expectations, challenges, and support mechanisms perceived by recruiting managers. In Phase 2b, qualitative interviews were conducted with recruiting managers to delve deeper into their viewpoints and experiences regarding the transition process of IQNs.

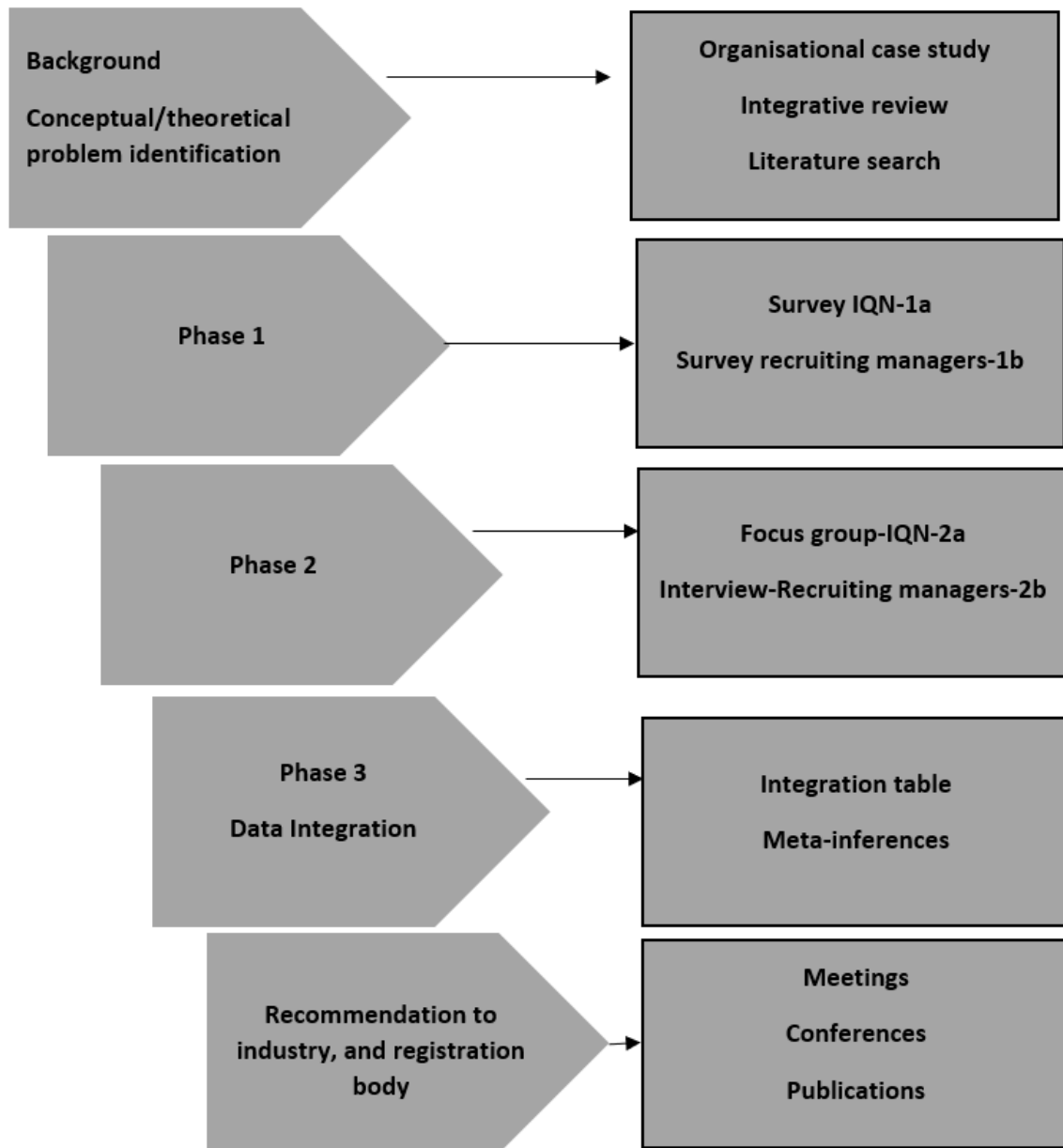
The parallel study design allowed for concurrent data collection from IQNs and recruiting managers, enabling a comparative analysis of their perspectives on specialty skill transitions. This approach provided a thorough understanding of the challenges and facilitators for both groups. Phase 3 involved integrating and synthesising data to identify common themes, patterns, and discrepancies, offering more profound insights into the complexities of specialty skill transfer

(Schoonenboom, 2022). This comprehensive analysis informed the development of more effective recommendations, as detailed in Chapter 7. Given the urgency and relevance of the research issue, the use of a parallel explanatory mixed methodology was a crucial element in ensuring that the study's findings can inform policy and practice in this area.

This study follows a sequential process where each phase builds upon the previous one. The study phases are depicted in Figure 3.1, which shows how the information gathered in each step serves as a foundation for the next, ultimately leading to the attainment of the research objective.

Figure 3.1

Phases of IQN Specialty Skill Utilisation Study



3.4 Overview of Methods

This study was conducted in three distinct phases, with Phase 1a and 1b involving parallel data collection for convenience. Specifically, Phase 1a and 1b focused on administering surveys to two key groups. This approach provided a foundational understanding of the experiences and perspectives of these key

stakeholders. Building on the insights from Phases 1a and 1b, Phases 2a and 2b involved a deeper exploration of the subject. Phase 2a employed focus groups with IQNs, while Phase 2b conducted interviews with IQN recruiting managers. This qualitative phase afforded a more granular exploration of the challenges and intricacies surrounding transferring IQNs' specialty skills. Finally, Phase 3 synthesised the findings from the preceding phases, offering a comprehensive and nuanced understanding of the issues at hand. Through this meticulously designed three-phased approach, the study undertook a rigorous examination of the multifaceted dynamics inherent in IQN specialty skill transition, thereby allowing for a thorough exploration of the experiences and perspectives of all pertinent stakeholders.

3.4.1 Phase 1

3.4.1.1 Phase 1 Instrument Development

This study used a web-based survey to collect data from two groups of participants: IQNs (1a) and recruiting managers (1b). Surveys are a cost-effective and efficient way to gather data (Price et al., 2015; Rice et al., 2017; Saks & Allsop, 2019), and online surveys are beneficial for reaching a more comprehensive range of geographically separated participants, as in this study (Nayak & Narayan, 2019; Regmi et al., 2016; Saleh & Bista, 2017). Online surveys have several benefits for data analysis, including reducing errors in manual data entry (French et al., 2019) and facilitating data extraction and analysis through inbuilt analytical extensions (Rice et al., 2017). Online surveys are well-received by participants because they can be conveniently completed from their own homes (Kuntsche & Labhart, 2013). The researchers in this study

used a web-based survey through REDCap™ for data collection (REDCap, 2022).

Due to the absence of existing instruments, a self-designed survey was developed to address the research question. To minimise bias and enhance content validity, the survey questions were informed by a comprehensive literature review and discussed among all authors until a consensus was reached. Prior to administration, the survey underwent a pilot test for face validity with a sample of seven individuals, including IQNs and nursing academics. This pretesting stage identified and corrected any issues with question comprehension. Data from the pilot test were excluded from the final study.

Along with implementing technical recommendations from the REDCap™ team, typographical and syntactic errors raised by the pilot test participants were also rectified (see Table 3.1). The final survey consisted of 62 questions for IQNs (see Appendix E) and 48 questions for recruiting managers (see Appendix F), covering demographic information, work setting, transferability of skills, facilitators, and barriers. The survey used Likert, open-ended, and multiple-choice questions for in-depth feedback.

Table 3.1

Pilot Testing Responses and Actions

Pilot testing participant feedback IQN survey	Action taken	Pilot testing participant feedback manager survey	Action taken
Page 1 IQN screening questions is you 18 years or above, even marked no allows you to continue to the survey (IQN 1)	Corrected the survey progression criteria.	Page 1 survey 'Which one of the following best corresponds to your title in your work setting?' does not have the option of everyone involved in recruitment, including another which will cover DONs and all other nurses in the role (Academic 1)	Option other added
Page 2 in the age group below 18 was given; since page one screened all below 18 out, it was not necessary (IQN 2)	Below are 18 options taken out from the answer list.	Page 3 'Do you have IQNs working in your specialty area?' If they say no, should not they be screened out (IQN 2)	No, actually, there is a chance that they are involved in the recruitment of IQNs
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	Page 4 has some font/spacing errors (Academic 2)	Corrected
Does the country of birth options have any literature backing? (Academic 1)	Yes, it is in response to ABS data 2021	Technical feedback from the REDCap™ Manager survey	Action Taken
The previous qualification questionnaire did not have an associate degree, as in some countries, an associate is a path to being a nurse (Academic 2)	Corrected the criteria.	The focus group data collection survey is coming continuously from the final page and does not ask for a yes or no to proceed.	Branching logic corrected
Some participants had difficulty accessing the survey. (IQN4)	Contacted REDCap™, but the access was limited as it was not published.		
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 is 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 'specialisation 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 you to the focus group survey; apply it to people only exiting there, or put it at the end of focus group data collection.	Closure message adjusted		

3.4.1.2 Sample

In this study, non-probability purposive sampling was used to recruit participants with lived experience of the problem being studied. This sampling method was chosen because only participants who have experienced the phenomenon can accurately communicate it to the external world (Gentles et al., 2015; Scheler & McAleer, 2017). The study included two groups of participants to gather different perspectives on the topic.

3.4.1.3 Phase 1a IQNs

For the purpose of this study, 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, 2016b) and has subsequently immigrated to Australia. The inclusion criteria required the IQN to be registered with the Australian Health Practitioner Regulation Agency (Ahpra), currently employed in an Australian healthcare setting for at least a year and have specialty experience from their home country. IQNs not registered with Ahpra, did not possess specialty experience, or received their nursing training in Australia were excluded from the study.

3.4.1.4 Recruitment:

The study recruited IQNs through multiple channels, including social media, snowball sampling, and the Australian College of Nursing (ACN). Social media platforms, such as Facebook, have a high potential reach for research recruitment in Australia, with 79% of Australians aged 15 and above using social media, according to a 2021 report by the Australian Bureau of Statistics (ABS) (ABS, 2021b). Snowball sampling is a methodological approach where initial

participants are identified and then asked to refer other potential participants, creating a 'snowball' effect (McGarry et al., 2018). This strategy is effective for reaching individuals who may be difficult to access through traditional means (Nwoke et al., 2022). The ACN, representing over 110,000 nurses in Australia and providing professional development and networking opportunities, is also a valuable resource for recruiting participants (ACN, n.d.). The recruitment advertisement was posted on 112 social media groups, including 'migrants in Australia', 'skilled migrants in Australia', 'nurses' Australia', and 'new humans of Australia'. To avoid disproportionate representation from ethnic groups, groups like 'Indians in Australia' or 'Filipino nurses' were not used. The advertisement text (see Appendix G) was also made available informally as a forum post so that potential participants could learn more about the research and its inclusion criteria. Participants who met the qualifying criteria accessed the survey using a link provided in the advertisement and were required to confirm their eligibility on the survey landing page. The Participant Information Letter (PIL) (see Appendix H) was also provided with the survey to give participants more information about the study. The survey was active for 2 months from July to September 2022, with a fortnightly renewal of advertisement text. Participants who completed the survey were considered to have given implied consent to participate.

3.4.1.5 Phase 1b Recruiting managers

Australian recruiting managers (An Australian registered nurse in a managerial role responsible for recruiting nurses and has experience recruiting IQNs) were included. Nurse managers not directly involved in nurse recruitment and staff who were not nurses were excluded from the study.

3.4.1.6 Recruitment

This study has employed multiple recruitment methods, such as notices on social media groups (ABS, 2021b), snowball sampling (Nwoke et al., 2022), and emails directly to professional institutions (Edwards et al., 2021). A total of 178 emails were sent to hospitals and aged care facilities' web enquiry pages and publicly available email addresses across Australia. The emails included information about the research and inclusion requirements and a link to the online survey (see Appendix I). The survey included a hyperlink directing participants to the landing page, where they could access the PIL (see Appendix J) and understand the details of the study. The survey was publicised across 21 social media (Facebook) groups to promote participation. These groups encompassed a range of categories, including 'nurse educators' groups,' 'nurse manager groups,' and 'nurses in leadership,' as well as three professional organisations relevant to the field. The survey was left active for two months, from July to September 2022. The completion of the survey was considered as implied consent to participate.

Online surveys generally have lower response rates than other methods, with a typical response rate of 15-29% (Van Mol, 2017). The recruitment post was updated weekly on relevant social media groups and professional organisations

to increase response rates. REDCap™ design guidelines to prevent questionnaire complexity were also used to promote better response rates. Online surveys also provide anonymity to participants, which may have encouraged more truthful and complete responses (Braun et al., 2021).

3.4.1.7 Phase 1a and 1b Sample Size

Determining the sample size for research data collection before conducting a survey is crucial to ensure accuracy, effectiveness, and unbiased representation of results (Gentles et al., 2015; Low, 2019). A statistician was consulted to estimate the sample size for 1a IQN survey, which was found to be 270 with a 90% confidence interval, based on approximately 107,019 (constituting 35.3% of (Kurup et al., 2023b), the total 303,000 registered nurses in Australia (Australian Government Department of Health and Aged Care, 2022) utilising Qualtrics Sample Size Calculator. For 1b, the recruitment manager survey, the sample size was roughly estimated based on the assumption that 10% of registered nurses hold recruitment-involved leadership roles (Australian Government, 2021), resulting in a sample size of 268. Even though several recruitment strategies were employed to complement and address any shortcomings, practical limitations, such as inadequate access to all potential participants, resulted in an adjustable sample size for the study. The study placed emphasis on obtaining high-quality responses rather than a specific number of responses, taking into account the availability and accessibility of the participants (Malterud et al., 2015; Polit & Beck, 2017).

3.4.1.8 Phase 1 Data Analysis

The quantitative data from Phase 1 were analysed using Microsoft Excel and SPSS (Statistical Package for the Social Sciences), which both assist in the descriptive statistical analysis of the quantitative data (Divisi et al., 2017). SPSS software undertakes both comparison and correlational statistical tests in the context of univariate, bivariate and multivariate analysis for both the parametric and non-parametric statistical techniques (Ong & Puteh, 2017). This study collected data characterised by univariate parametric attributes. SPSS statistical software is considered an optimal tool for comparing and correlating variables (Ong & Puteh, 2017), which was the planned reporting style of this thesis, making it the ideal statistical analysis tool. The data were checked and cleaned in Microsoft Excel before being uploaded to SPSS V26 (IBM Corporation, 2022) for statistical analysis. Data were cleaned using the data cleaning protocol suggested by Van den Broeck et al. (2005). All supervisors independently reviewed all data analysis phases. All variables were presented using measures of means and dispersion (standard deviation) for continuous data and frequency distribution for categorical variables. Descriptive statistics were used to analyse the demographic section of the survey. Categorical data were summarised as counts and percentages, while continuous data were summarised as means. (Sullivan & Artino, 2013). For normally distributed data, such as those in this study, measures like the mean and standard deviation provide comprehensive summaries (Lydersen, 2020). Hence, mean and standard deviation was employed to report the data in this study.

The qualitative data from the Phase 1a IQN and 1b recruiting manager survey open-ended questions were analysed separately using qualitative content analysis (Neuendorf, 2016). Qualitative content analysis aims to transform a large amount of text into a highly organised and concise summary of key findings (Erlingsson & Brysiewicz, 2017; Vaismoradi & Snelgrove, 2019). It also takes both the participant and the context into account in order to identify similarities and differences, patterns, and associations, both on the surface and implied within the text (Kondracki et al., 2002). It is a critical qualitative data analysis method, particularly for rich textual content such as open-ended survey responses (Kleinheksel et al., 2020).

This data analysis strategy entails a series of reiterative coding steps (Harnois, 2022). The open-ended responses from the IQN survey (six questions) and the recruiting manager survey (nine questions) were entered into an Excel spreadsheet separately and sorted based on the comments made by the participants. One of the steps was to read and reread the text to gain a general understanding or meaning of the text (Bengtsson, 2016). The text was then divided into meaningful units or smaller sections, which were further condensed while retaining the core meaning of the text (Erlingsson & Brysiewicz, 2017). Codes were then divided into categories and sorted by the category with the highest frequency to show how much emphasis the participants gave to each category (Bengtsson, 2016). In order to discover the patterns arising from the data, common themes among the categories were determined (Erlingsson & Brysiewicz, 2017). Consistency was ensured by having two research team

members independently confirm the findings and resolve disagreements through consensus-building conversations.

3.4.1.9 Phase 1 Validity and Reliability

Validity in research refers to the accuracy and truthfulness of the findings and the extent to which the study measures what it was intended to measure (Cypress, 2017). Reliability in qualitative research refers to the consistency and stability of the findings over time and across different researchers or studies (Cypress, 2017; Polit & Beck, 2017; Richardson-Tench et al., 2018). In quantitative research, validity is evaluated through objectivity, reliability, and generalisability (Hedge et al., 2018). However, in qualitative research, validity is often assessed through the lens of 'trustworthiness.' Validity refers to the credibility of the findings and the extent to which they accurately represent the phenomenon being studied, and it includes concepts such as credibility, transferability, dependability, and confirmability (Goodman et al., 2016).

3.4.1.10 The Quantitative Part of Phase 1

Objectivity in research means the absence of personal biases or opinions in the research process, including the design, data collection, and analysis (Rubin & Babbie, 2016). To achieve objectivity, the researcher maintained transparency about her perspectives and took measures to prevent her positionality from affecting the study's results (Creswell & Creswell, 2022).

3.4.1.11 Author Positionality

The researcher is an IQN who immigrated to Australia in 2011 and was introduced to the Australian healthcare industry through the Initial Registration for Overseas Nurses (IRON) program. Even though she had prior experience as a

neonatal nurse in India, her skills were not acknowledged in Australia, which caused financial difficulties and hindered her career advancement. As a result, she had to take on a rehabilitation nursing job. The researcher currently works as a Lecturer and facilitator for IQNs and has built trust with the nurses, allowing them to share their experiences and observe their clinical expertise. The researcher believes that studying the experiences of IQNs is essential to improving the Australian healthcare system and increasing knowledge in the field, leading to future improvements in practice and research.

A person's ethnic and racial backgrounds probably impact how they interpret the data (Roberts et al., 2020). The author recognises that the author's 'insider' and 'outsider' perspectives might have impacted the study's conception, data gathering, and interpretation. As a researcher, reflexivity is about acknowledging the researcher's role in the research and how the researcher's prior experiences, assumptions and beliefs influenced the research process (Hiller & Vears, 2016). Being an internationally trained specialised nurse positions the researcher as an insider of the phenomenon. In contrast, her current role as an academic in the Australian educational system also places her as an outsider. Considering how subjectivity can affect the research outcomes was crucial because the researcher was the data generation and analysis instrument (Skukauskaite et al., 2022). The lead researcher's insider role adds value to the study as the participants might feel more confident and connected to share their perspectives. A reflective researcher with firsthand experience brings greater transparency to the data collection and analysis process (Bazeley, 2013). This transparency, in turn, enhances the significance of the research components

(Doyle, 2013), which may have been overlooked or unrecognised by other team members lacking similar lived experiences (Bonner & Tolhurst, 2002). At the same time, the outsider role may have contributed to IQNs and recruiting managers providing some accepted responses rather than true perspectives in interviews and focus groups (Punch & Rogers, 2022). All authors made efforts to bracket existing biases or assumptions to avoid speaking for the data.

3.4.1.12 Reflexivity

Reflexivity is a strategy that was used throughout this research at various stages to keep feelings and emotions separate from the data collected. Being reflective draws attention to the cultural, political, social, and ideological origins of the researcher's perspective and voice, as well as the research participants and the audience to whom the research is being reported (Nowell et al., 2017). Reflexivity encompasses diverse themes, including practitioners' values, emotional struggles, social identities, training, cultural backgrounds, and experiences of success and failure (Pienkowski et al., 2022; Vink & Koskela-Huotari, 2022). Team reflexivity allows team members to exchange task experiences, knowledge, and perspectives (Harvey & Green, 2022) and assist in going beyond individual biases and working for a common goal.

Appropriate strategies were applied during each phase to promote integrity and quality in this mixed methods study (Creswell & Creswell, 2022; Mertens, 2019). To avoid researcher bias, a reflective journal was kept in which perceptions, ideas, issues, decisions, and rationales for those decisions were documented (Skukauskaite et al., 2022). It was also employed to ensure rigour and transparency in the research process (Kapiszewski & Karcher, 2021).

Constructive feedback promotes reflexivity (Harvey & Green, 2022), which was obtained throughout the research process through fortnightly meetings with research supervisors, and consensus in decision-making aided in ensuring that personal bias was not influencing the study findings.

3.4.1.13 Reliability

Reliability was met by applying measures to strengthen internal and external validity. The external validity was undertaken by selecting respondents from the community of interest (Daoud, 2019; Huebschmann et al., 2019). Internal validity is achieved when a study measures what it is supposed to measure (Richardson-Tench et al., 2018). The Australian Catholic University's (ACU) confirmation of candidacy process ensures that the study was reviewed by a panel of content and methodological experts at the beginning, middle, and completion. Content Validity is achieved by survey questions being informed by the literature and experts reviewing the survey until a consensus is reached. Pearson's correlation analysed Discriminant Construct Validity, showing a negative relationship (Gillespie & Reader, 2016) to barriers questions in IQN and recruiting manager survey. Internal Consistency was achieved using Cronbach's alpha, showing 0.93 for Likert questions. Strictly adhering to the inclusion criteria and multiple data sources (Fusch & Ness, 2015; Kumar, 2018) also adds to the strength of this study.

Generalisability in quantitative research refers to the extent to which the findings of a study can be applied to a larger population beyond the sample that was studied (Hays & McKibben, 2021). To enhance generalisability, strategies were employed, such as selecting a representative sample that included

variations in age, geographical location, country of origin, and individuals who had lived and experienced the phenomena. This approach ensured that the findings would be widely applicable across diverse populations. The study's small sample size compared to the total number of IQNs and recruiting managers may limit the applicability of the findings to the entire population. However, the results may be generalisable to a cohort of IQNs in a similar context. It is important to note that over time, the IQN recruitment process may undergo changes, which could affect the generalisability of the study's findings to future cohorts of IQNs.

3.4.1.14 The Qualitative Part of Phase 1

Building credibility and trustworthiness involves determining the accuracy of a study's findings about the phenomena being studied so that the results can be considered believable and trustworthy (Amankwaa, 2016). This study achieved this by maintaining detailed records of every stage of the research process (Nowell et al., 2017). The use of open-ended survey questions in combination with quantitative data can increase the validity of a study by allowing for the collection of rich, detailed information about participants' perspectives (Bowen, 2009). Additionally, supplementing quantitative data with qualitative data can enhance the comprehensiveness of a study by capturing a more comprehensive range of participant perspectives (Creswell & Poth, 2016).

The degree to which research findings can be applied or transferred to different contexts, situations, or people is referred to as transferability (Maxwell, 2021). Purposeful sampling (Palinkas et al., 2015) and thick data by expanding open-ended questions' descriptions enable transferability (Lincoln & Guba, 1985).

Dependability refers to the consistency and stability of the results over time and across different data collection methods (Kyngäs et al., 2020). To ensure dependability, the survey questions were created using the literature as a guide and distributed equally to participants in each group. Using an anonymous survey and purposive sampling strengthened dependability by ensuring that participants could provide honest, unbiased lived experience responses without fear of identification (Creswell & Clark, 2017).

Confirmability measures how accurately and without bias a study's findings match the phenomenon being investigated (Sutton & Austin, 2015). Techniques like reflexivity, objectivity, and systematic data analysis are used in this study to achieve this goal. The consistency of the recruiting process and the selection of a purposeful sample of candidates who have first-hand experience with the problem under investigation further establish the reliability of the data. Confirmability is also aided by anonymity and the absence of any financial incentives for participation.

3.4.2 Phase 2

3.4.2.1 Sample

In addition to the survey, follow-up focus groups (2a) and interviews (2b) were conducted in this research. Focus groups and interviews allowed for more in-depth data collection on different perspectives on the topic or problem, so the participants' points of view were represented and differences examined (Ochieng et al., 2018). Therefore, this data collection method complemented and extended the survey results by adding meaningful conversations with IQNs and recruiting managers. When expanded viewpoints and surveys are used in combination,

they allow for access to diverse aspects of the phenomenon being investigated (Brandl et al., 2018).

Phase 2a Participants: IQNs

Phase 2b Participants: Recruiting managers

3.4.2.2 Recruitment for Focus Group

The focus group sample was also recruited using the same survey instrument that collected data in Phase 1a and 1b, ensuring a purposeful and consistent selection process across phases. The anonymous survey concluded with an invitation for interested participants to provide their contact information should they wish to be contacted for a future focus group. The focus group questions were guided by the results of the Phase 1a and 1b survey (see Appendix K), limiting any potential bias. All authors confirmed the focus group questions before the sessions. The focus group discussions were held as a Microsoft team recorded meeting, which took into account participants' comfort, access to the venue, and levels of distraction (Abrams et al., 2015; Lobe, 2017), along with the travel restrictions attributed to Covid 19 in the year 2021-2022. Given the small number of participants in a focus group discussion and the general design as a one-time encounter, a single group discussion cannot exhaustively discuss a topic (Gill & Baillie, 2018); as a result, three focus group meetings were scheduled for this study. An ideal focus group requires a skilled facilitator and an observer (Hennink, 2017). The facilitator is central to the discussion by providing the participants with a relaxed and comfortable environment, whereas the observer examines the group dynamics while documenting the general content, thus supplementing the data (Ochieng et al.,

2018; Yayeh, 2021). The student researcher led the focus group discussions and served as the moderator. A supervising team member attended each focus group to guarantee there was no moderator bias and to handle any unanticipated situations (such as a participant in distress) without interfering with the flow of the information being provided by the rest of the participants. To ensure that expectations are understood and to eliminate any participant bias, a standard script was read out at the start and the end of the focus group. The meetings were recorded and transcribed, and all members of the supervisor team confirmed the transcription before analysis.

A significant drawback of the focus group discussions is that there is no guarantee that all people who have been recruited will attend (Biedermann, 2018; Ochieng et al., 2018), which was experienced in this research, too. Although three focus groups were planned for managers, only one person participated in one of the groups. Due to the limited participation in the manager focus group and the desire for a broader range of perspectives, an additional call for individual interviews was made after obtaining ethical modification (see Appendix L) from December 2022 to March 2023. Social media, the ACN, and snowballing methods were used to recruit participants. The data collection phase involved conducting individual, recorded telephonic interviews, varying in duration from 30 minutes to one hour, conducted throughout February to March 2023

3.4.2.3 Phase 2 Data Analysis:

The analysis of focus group and interview data was conducted using thematic analysis. Data from the two groups were not merged but analysed separately. Thematic analysis was well-suited for analysing qualitative and

observational data generated by focus groups and interviews, as it enabled the researcher to uncover patterns and themes that emerged from the data (Hamilton & Finley, 2019). Thematic analysis is a flexible and systematic approach that helps to identify the views, experiences, and perspectives of participants, making it an effective method for analysing the lived experience of this research (Castleberry & Nolen, 2018). The adaptability of thematic analysis to different data types makes it suitable for the present research, as the data is collected in forms such as transcripts or audio recordings.

The inductive thematic analysis approach, coined by Braun and Clarke (2021), was followed, allowing the data to guide the identification of themes. The analysis followed the six phases of thematic analysis: becoming familiar with the data, generating initial codes, identifying links between codes and patterns, reviewing and modifying themes, defining themes, and writing up the findings (Braun & Clarke, 2021).

3.4.2.4 Phase 2 Validity and Reliability

In Phase 2, the researchers implemented various strategies to ensure trustworthiness. To enhance transferability, the researchers maintained a close relationship with the participants, fostering rapport through frequent communication, active listening, and responsiveness to participant concerns. Additionally, the inclusion of detailed participant quotes in the reporting process further reinforced the trustworthiness of the study findings. A clear and comprehensive description of each study stage in the journal publications and the final research manuscript enabled replication of the study in other settings. Using triangulation, or multiple data sources, also increased the study's validity by

allowing the researcher to confirm the findings and mitigate any limitations in one source by leveraging the strengths of another. This approach of using multiple data sources improves the overall accuracy and dependability of the results (Dawadi, 2021).

Confirmability was achieved by using an established coding system to ensure consistency and accuracy in the data analysis (Hennink, 2020), reflecting on and disclosing the researchers' biases, assumptions, and values throughout the research process (Lincoln & Guba, 1985) and maintaining recording of all participant interactions (Creswell & Creswell, 2022). By implementing these confirmability measures, the researchers were able to minimise their influence on the findings and increase the trustworthiness of the study results.

To enhance the dependability of the results, the researchers incorporated the findings from Phase 1a into the design of the IQN focus groups and the findings from Phase 1b into the recruiting manager interviews. Standardised focus group questions were used across all the groups to ensure consistency and replicability in the data collection process. Additionally, a set of questions tailored specifically to recruiting managers was developed, and they were used in individual qualitative interviews to gather complementary perspectives (Braun & Clarke, 2022). Consistent scripts were also used across all IQN focus groups (2a) and recruiting managers' interviews (2b) (see Appendix M), further improving the reliability of the results (Guest et al., 2020). Finally, strict data management practices, such as version control and consistent documentation, were implemented to ensure the accuracy and consistency of data storage and analysis (Creswell & Poth, 2016).

3.4.3 Phase 3

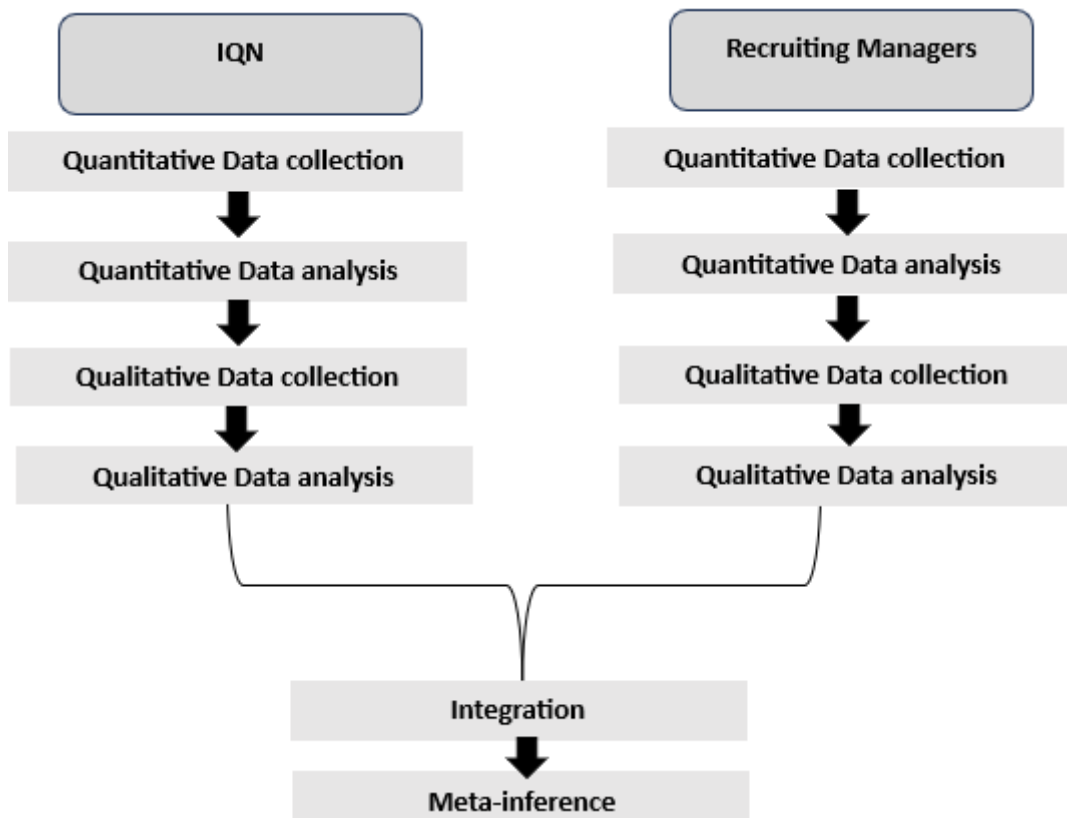
Phase 3 of this process represents a crucial stage in developing evidence-based recommendations and strategies for improving the transfer of IQN specialty skills into clinical practice in Australia and other developed countries. This critical phase entailed data integration and meta-inference, a process wherein data from Phase 1 and Phase 2 are synthesised to gain a comprehensive understanding of the phenomenon under examination. Meta-inference, which is a step further to integration, plays a pivotal role in every mixed methodology, serving as the phase where the integration of qualitative and quantitative aspects occurs, offering a comprehensive understanding of complex phenomena (Schoonenboom, 2022). Integration of these methods is crucial for synthesising diverse perspectives, enhancing analysis depth and breadth, and providing richer insights (Younas et al., 2023). The researchers integrated the findings from both phases and with both participant cohorts, which led to meta-inferences that enhanced their understanding of the research topic, which will be explained in Chapter 6. By combining qualitative and quantitative data, researchers can triangulate information from multiple sources, leading to nuanced insights that capitalise on the strengths of both methods, thus yielding more reliable findings (Younas et al., 2023).

Moreover, meta-inference helps address gaps within individual methodologies, resulting in more comprehensive research outcomes (Schoonenboom, 2022). Essentially, meta-inference enhances the quality and depth of research findings, leading to more informed conclusions. The researchers integrated the findings from both phases with both participant

cohorts, which led to a meta-inference that enhanced their understanding of the research topic see Figure 3.2.

Figure 3.2

Parallel Sequential Design



The integration process of meta-inferences begins with specifying how the data would be brought together. The integration can be achieved through methods such as parallel side-by-side comparison or data transformation. Parallel comparison allows for the simultaneous examination of qualitative and quantitative findings to identify patterns or discrepancies across data sources, enabling researchers to draw nuanced conclusions (Fetters & Tajima, 2022). For example, researchers may compare qualitative themes with quantitative survey responses to explore if they support each other or dispel specific claims. Data

transformation involves converting qualitative data into a quantitative form (quantitisation) or vice versa (qualitisation) to facilitate integration and analysis (University of Alberta, 2019). Quantitisation may involve coding qualitative responses numerically or quantifying qualitative themes based on frequency or intensity, while qualitisation may entail converting quantitative survey responses into qualitative categories or narratives (Fetters & Tajima, 2022). These transformations enable researchers to seamlessly combine qualitative and quantitative data for integrated analyses (Schoonenboom, 2022). For this study, the researcher used a parallel side-by-side comparison because it allowed for the independent analysis of qualitative and quantitative data while maintaining their distinct characteristics. This approach was well-suited to the research question, as it facilitated the identification of patterns and relationships across both types of data, ensuring a comprehensive understanding of the findings.

Representation of the integration of results varies, with options such as joint display tables or narrative discussions (Schoonenboom, 2022). Joint display tables integrate qualitative and quantitative data within the same table, often using different formatting or colour-coding to distinguish between the two types of data (Fetters & Tajima, 2022). These tables visually represent how qualitative and quantitative findings intersect or diverge, allowing for a more comprehensive analysis (Younas et al., 2023). Narrative discussions, on the other hand, provide a detailed interpretation of the findings presented in meta-inference tables, synthesising qualitative and quantitative evidence and exploring implications, themes, patterns, or discrepancies (Younas et al., 2023). For the current study, the researchers have opted for the joint display table (In Chapter 6) since it was

appropriate for the various phases of the parallel explanatory mixed-method study and for addressing the research question.

3.5 Risk Management

During the study, the code and guidelines of the Australian Researcher's Council (ARC) (National Health and Medical Research Council [NHMRC], 2018) and best research practices such as risk management, confidentiality, full withdrawal rights, and nondeceptive practices were followed (Shah et al., 2018). Before the study, permission from the ACU's HREC (Human Research Ethics Committee) was obtained (2022-2524E) (see Appendix N). All participants were given a Participants Information Letter (PIL) (see Appendix H, J, O, P) that explained the details of the study and informed them that no rewards would be offered and that they had the right to withdraw before submitting the anonymous survey (Polit & Beck, 2017). Survey completion indicated the participant's implied consent. As recruitment was directed to the population of interest through social media, publicly available hospital contact details and snowballing, confidentiality and anonymity were maintained, hence preventing coercion or power imbalance in any form (Comabella et al., 2015). The survey was designed so no segment asked for personal identification data (Saks & Allsop, 2012), and the internet addresses were made untraceable through REDCap™, preventing any identifiable fields.

The researcher knew the participants' identities for Phase 2 focus groups and interviews. The contact details were collected through different surveys linked to the primary survey and not included in the Phase 1 data download. Access to this information was limited to the lead researcher only. Informed

consent authorised by ACU's ethics committee was used in Phase 2 focus groups and interviews (see Appendix Q). The confidentiality of the online focus groups was met by instructing the participants to change their screen names to any object or numbers if they wished to do so and by turning off the incoming video (Bräuer et al., 2018). Pseudonyms were used for all narrative reporting. The responses and recordings were kept confidential for fifteen years on a password and pin-secured computer before being electronically deleted following the NHMRC and ACU's Research Data Management Policy (ACU, 2017; NHMRC, 2018).

3.6 Conclusion

Chapter 3 outlined the philosophical approach, methodology and methods to explore research questions thoroughly. The researcher's unique dual role as both an IQN and academic enriches the study, ensuring transparency and minimising biases throughout the research process. Central to the methodology is the commitment to validity, reliability, and generalisability principles. Leveraging multiple data sources across the sequential phases—Phase 1, Phase 2, and Phase 3—achieves a nuanced and comprehensive understanding of the IQN journey. Each phase is meticulously crafted and executed, with methodologies intricately designed to yield robust and meaningful insights into the phenomenon under investigation. This study advances knowledge and provides practical guidance for healthcare stakeholders, policymakers, and IQNs, contributing to improvements in the Australian healthcare landscape.

3.7 Chapter Conclusion

Chapter 3 details the methodological approach employed in this research, including the research tools used, the recruitment process, and the data collection and analysis methods. It provides a rationale for the chosen approaches and discusses critical ethical considerations to ensure a rigorous and responsible research process. Chapter 4 will shift the focus to examining the results from Phase 1 IQN surveys and Phase 2 IQN focus groups.

CHAPTER 4 – IQN PHASE 1 AND PHASE 2

4.1 Introduction

Chapter 3 detailed the philosophical approach, methodology, and methods used in the study. In Chapter 4, the focus shifts to the IQN aspect of the research, covering both Phase 1 and Phase 2. Phase 1 involved survey data collection aimed at identifying barriers and facilitators of IQN specialty skill transfer to the Australian health system following immigration, while Phase 2 aimed to gather the perspectives of IQNs on the process of transferring IQNs' specialty skills to Australia after immigration through focus groups. These insights are presented across three publications, either already published or submitted to various journals.

The chapter presents results from a cross-sectional study in two publications conducted to identify barriers and facilitators from the IQN's perspective. Despite the mixed-method survey in Phase 1 comprising both qualitative and quantitative components, due to the large amount of data collected, the decision was made to split them into two distinct papers to ensure comprehensive analysis and adherence to academic publishing standards and word limits. This strategy facilitated more detailed analyses without compromising clarity or brevity, ensuring that critical quotes, themes, and participant findings received appropriate emphasis and discussion, enhancing the research's rigour and comprehensiveness. In the first paper, facilitators of the transition of specialty skills were identified, which included specific factors such as competence, the scope of practice, linguistic sufficiency, and decision-making understanding. In contrast, barriers such as lack of opportunity, transition pathways, confidence in

overseas education, and financial instability were highlighted. The findings underscore the need for tailored transition pathways to maximise skill utilisation among IQNs and stress implications for policymakers, healthcare organisations, and nurses. These survey results have been published in the Journal of Advanced Nursing. The second paper, published in Nursing Open, delves into the written feedback provided by survey participants, offering a comprehensive analysis of barriers such as deskilling and confidence erosion. It suggests practical solutions like improving the use of specialty skills by IQNs, such as networking, continuous professional development, fostering supportive work environments, and advocating for legislative changes to recognise informal credentials. The division of findings into two publications enabled a more detailed exploration of issues, offering practical recommendations for policymakers, healthcare organisations, and nurses while upholding clarity and academic publishing standards.

Building on the foundational knowledge established by the IQN surveys, the chapter advances through an in-depth focus group with seven female participants. The thematic analysis uncovers three pivotal themes: IQN Specialty Skill Utilisation - Facilitators, Unpacking IQN Challenges in Specialty Skill Utilisation, and Factors Influencing Attrition among IQNs in Australia. A thematic map visually conveys these themes and subthemes, addressing crucial questions surrounding facilitators, barriers, and their impact on attrition. Subsequent sections meticulously explore each theme, delving into the insights shared by IQNs and illuminating their perspectives through key quotes. This chapter augments the foundational understanding cultivated in previous chapters,

incorporating both quantitative and qualitative data from IQNs to comprehensively grasp the challenges, opportunities, and recommendations associated with integrating IQNs into the Australian healthcare system.

4.2 Journal Article 3:

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

The selection of the Journal of Advanced Nursing (JAN) was based on its strong impact factor of 3.8 and its commitment to disseminating high-quality research relevant to nursing practice, education, management, and policy, making it an ideal platform for the article on the perspectives of IQNs transitioning their specialty skills to Australia. JAN's international readership and emphasis on diversity ensure the broader relevance and impact of the research across various healthcare contexts.

4.2.1 Reference for Paper

Kurup, C., Burston, A., Betihavas, V, & Jacob, E. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 00, 1–14. <https://doi.org/10.1111/jan.15952>

4.2.2 Copyright Permission

The license agreement from the Journal of Advanced Nursing is attached; see Appendix A

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 specialty 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 healthcare 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 speciality practice
Critical care nursing	n = 17; 24.6%	Critical care nursing (emergency and ICU)	n = 10; 14.7%	58.8%
Cardiac nursing	n = 8; 11.5%	Cardiac nursing	n = 6; 8.8%	75%
Surgical nursing	n = 7; 10.1%	Surgical nursing	n = 2; 2.9%	28.5%
Medical nursing	n = 2; 2.8%	Medical nursing	n = 3; 4.4%	150%
Aged care nursing	n = 2; 2.8%	Aged care nursing	n = 13; 19.1%	650%
Education	n = 2; 2.8%	Education	n = 5; 7.4%	250%
Perioperative nursing	n = 4; 5.7%	Perioperative nursing	n = 1; 1.5%	25%
Respiratory	n = 4; 5.7%	Respiratory nursing	n = 2; 2.9%	50%
Maternal and childcare nursing	n = 4; 5.7%	Maternal and childcare	n = 1; 1.5%	25%
Oncology	n = 3; 4.3%	Oncology nursing	n = 1; 1.5%	33%
Renal	n = 3; 4.3%	Renal nursing	n = 2; 2.9%	66%
Mental health	n = 3; 4.3%	Mental health	n = 6; 8.8%	200%
Palliative nursing	n = 1; 1.4%	Palliative nursing	n = 4; 5.9%	400%
Others	n = 9; 13%	Others	n = 7; 10.3%	
		Rehab nursing	n = 4; 5.9%	
		Management	n = 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's 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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REFERENCES

- Adeniran, R. K., Rich, V. L., Gonzalez, E., Peterson, C., Jost, S., & Gabriel, M. (2008). Transitioning internationally educated nurses for success: A model program. *The Online Journal of Issues in Nursing*, 13(2), 1–9. <https://doi.org/10.3912/OJIN.Vol13No02Man03>
- Adhikari, R. (2011). From aspirations to 'dream-trap': Nurse education in Nepal and Nepali nurse migration to the UK. <https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari2011.pdf?sequence=6&isAllowed=y>
- An, J. Y., Cha, S., Moon, H., Ruggiero, J. S., & Jang, H. (2016). Factors affecting job satisfaction of immigrant Korean nurses. *Journal of Transcultural Nursing*, 27(2), 126–135. <https://doi.org/10.1177/1043659614539175>
- Angus, E., Reid, K., Yamit, S., Coe, G., Ryan, B., & Crichton, S. (2021). Experience of internationally qualified nurses providing palliative care in a New Zealand aged residential care facility. *International Journal of Palliative Nursing*, 27(10), 515–523. <https://doi.org/10.12968/ijpn.2021.27.10.515>
- ANMAC. (2016). *Frequently asked questions*. <http://anmac.org.au/skilled-migration-services/faq#t192n2306>
- Australian Bureau of Statistics. (2021). *Australia's population by country of birth*. <https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release>
- Australian Nurses and Midwifery Accreditation Council. (2016). *Glossary*. <https://anmac.org.au/glossary/i>
- Australian Nurses and Midwifery Federation. (2020). *Nurses and midwives (Victorian public sector) (singleinterest employers) enterprise agreement 2020–2024*. <https://www.anmfvic.asn.au/~media/files/anmf/eba%202020/campaign%20updates/200120-NandM-EBA-master-clean.pdf>
- Bakon, S., Craft, J., Wirihana, L., Christensen, M., Barr, J., & Tsai, L. (2018). An integrative review of graduate transition programmes: Developmental considerations for nursing management. *Nurse Education in Practice*, 28, 80–85. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. *The American Journal of Nursing*, 84(12), 1480.
- Bhardwaj, T. (2021). *Attrition of nurses in cancer care issues and challenges*. https://www.worldwidejournals.com/global-journal-for-research-analysis-GJRA/file.php?val=attrition-of-nurses-in-cancer-care-issues-and-challenges_April_2021_8162661597_5606396.pdf
- Cassar, M. (2020). Using the internationally recognized frameworks of nursing competencies to address the challenges of nurse refugees without documentation. *Tuning Journal for Higher Education*, 8(1), 53–73. [https://doi.org/10.18543/tjhe-8\(1\)-2020pp53-73](https://doi.org/10.18543/tjhe-8(1)-2020pp53-73)
- Coalition of National Nursing and Midwifery Organisations. (2022). *Members*. <https://connmo.org.au/index.php/members>
- Covell, C. L., Adhikari, A., & Salami, B. (2022). Surviving the employment gap: A cross-sectional survey of internationally educated nurses. *International Nursing Review*, 69(2), 167–174. <https://doi.org/10.1111/inr.12668>
- Danish Patient Safety Authority. (2021). *Employment for adaptation and training purposes*. <https://en.stps.dk/en/health-professionals-and-authorities/registration-of-healthcare-professionals/nurse-application-for-registration/non-eu-countries-third-countries/employment-for-adaptation-and-training-purposes/>
- Deloitte Access Economics. (2018). *Seizing the opportunity: Making the most of the skills and experience of migrants and refugees*. <https://www2.deloitte.com>
- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96–98. <https://doi.org/10.1016/j.cnre.2015.11.001>
- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228–235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Draper, J. (2018). 'Doing it for real now'—The transition from health-care assistant to newly qualified nurse: A qualitative study. *Nurse Education Today*, 66, 90–95. <https://doi.org/10.1016/j.nedt.2018.04.008>
- Faith, D., Denise, B.-L., Ruth, M.-M., Sharon, K., Kelley, K., Nancy, C., Patricia, H., Ivy, B., & Alba, D. (2010). Clinical Nurse Specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 23(Special Issue), 189–210. <https://doi.org/10.12927/cjnl.2010.22276>
- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012). The role of the clinical nurse specialist in the future of health care in the United States. *US Army Research*, 7, 343–353. <https://doi.org/10.1016/j.cpen.2012.06.006>
- Govorov, A., Chernysheva, A., Derkunskaia, S., Artamonova, V., Babayants, C., & Koriakov, S. (2022). Target professions based approach for individual learning pathway creation. *International Journal of Information and Education Technology*, 12(3), 203–208.
- Higginbottom, G. (2011). The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography. *BMC Nursing*, 10(1), 1–13. <https://doi.org/10.1186/1472-6955-10-14>
- Högstedt, D., Jansson, I., Eriksson, E., & Engström, M. (2022). Three paths to a Swedish nursing license: Two for internationally educated nurses and one for regular nursing students—A cross-sectional study of self-rated professional competence, self-efficacy,

- and thriving. *Nurse Education Today*, 119, 105595. <https://doi.org/10.1016/j.nedt.2022.105595>
- Kerala Public Service Commission. (2021). *Kerala PSC staff nurse*. <https://keralapsc.gov.in/staff-nurse-gr-ii-health-service-0>
- Kolawole, B. (2009). Ontario's internationally educated nurses and waste in human capital. *International Nursing Review*, 56(2), 184–190. <https://doi.org/10.1111/j.1466-7657.2008.00666.x>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30(2), 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>
- Lai, D. W. L., Shankar, J., & Khalema, E. (2017). Unspoken skills and tactics: Essentials for immigrant professionals in integration to workplace culture. *Journal of International Migration and Integration*, 18(3), 937–959. <https://doi.org/10.1007/s12134-017-0513-5>
- Larson, R. B. (2019). Controlling social desirability bias. *International Journal of Market Research*, 61(5), 534–547. <https://doi.org/10.1177/1470785318805305>
- Lee, K. E., & Lee, M. A. (2021). Contribution of North Texas Korean nurse association Covid-19 task force team to promote the health of local Korean immigrant community amid the pandemic. *Journal of Korean Academy of Nursing*, 51(5), 505–510. <https://doi.org/10.4040/jkan.21154>
- Matiti, M. R. (2005). The cultural lived experience of internationally recruited nurses: A phenomenological study. *Diversity and Equality in Health and Care*, 2(1), 7–15.
- New South Wales Ministry of Health. (2021). *Public Health System Nurses' and Midwives' (State) Award 2021*. <https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf>
- NMBA. (2016). *Professional standards*. <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
- NMBA. (2022a). *Decision-making framework for nursing and midwifery*. <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>
- NMBA. (2022b). *Registration & endorsement*. <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx>
- NMBA. (2023). *Meeting the registration requirements*. <https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply/Meeting-the-registration-requirements.aspx>
- Organization for Economic Cooperation and Development. (2019). *Recent trends in international mobility of doctors and nurses*. OECD Publications. <https://www.oecd-ilibrary.org/docserver/5571ef48-en.pdf?expires=1636417440&id=id&accname=ocid195636&checksum=30EE2A1601A627249F85BC7505631BE2>
- Osadcha, K., Osadchyi, V., Kruglyk, V., & Spirin, O. (2021). Modeling of the adaptive system of individualization and personalization of future specialists' professional training in the conditions of blended learning. *Educational Dimension*, 5, 109–125. <https://doi.org/10.31812/educdim.4721>
- Quintini, G. (2011). Right for the Job: Over-qualified or under-skilled? *OECD Social, Employment and Migration Working Papers* (120). <https://doi.org/10.1787/5kg59f cz3tkd-en>
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64–85. <https://doi.org/10.1111/1744-7941.12121>
- Roche, M. A., Duffield, C. M., Homer, C., Buchan, J., & Dimitrelis, S. (2015). The rate and cost of nurse turnover in Australia. *Collegian*, 22(4), 353–358. <https://doi.org/10.1016/j.colegn.2014.05.002>
- Royal Children's Hospital. (2022). *Emergency department status—The Royal Children's Hospital*. https://www.rch.org.au/emerg_rch/status/
- Sakzewski, E. (2021). The burnout is 'absolutely real': A look at the state of Australia's nursing workforce amid labour shortage. *ABC News*. <https://www.abc.net.au/news/2021-11-19/australia-nurse-burnout-labour-shortage-supply-demand/100566430>
- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice*, 23(3), 175–194. <https://doi.org/10.1177/15271544221102964>
- Smith, P., Allan, H., Henry, L., Larsen, J., & McKintosk, M. (2006). *Valuing and recognising the talents of a diverse healthcare workforce*. EU Commission. <http://portal.surrey.ac.uk/reoh>
- Stankiewicz, G., & O'Connor, M. (2014). Overseas qualified nurses in Australia: Reflecting on the issue. *Australian Journal of Advanced Nursing*, 31, 32–38. <https://doi.org/10.3316/INFORMIT.285616000051555>
- Stephen, S., & Vijay, V. R. (2019). Metamorphosis of nursing profession: An Indian perspective. *Journal of Global Health*, 9(2), 020314. <https://doi.org/10.7189/jogh.09.020314>
- Taylor, B. (2008). The experiences of overseas nurses working in the NHS: Results of a qualitative study. *Diversity in Health and Social Care*, 2(1), 17–27.
- United Nations. (2022). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. <https://www.un.org/sustainabledevelopment/health/>
- van den Broeck, J., Argeseanu Cunningham, S., Eeckels, R., & Herbst, K. (2005). Data cleaning: Detecting, diagnosing, and editing data abnormalities. *PLoS Medicine*, 2(10), e267. <https://doi.org/10.1371/journal.pmed.0020267>
- World Health Organization. (2020a). *A regional guide to the development of nursing specialist practice*. <https://applications.emro.who.int/docs/WHOEMNUR432E-eng.pdf>
- World Health Organization. (2020b). *State of the world's nursing 2020: Investing in education, jobs, and leadership*. <https://www.voced.edu.au/content/ngv:86174>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640–653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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End of manuscript

The previous publication identified vital facilitators and barriers to specialty skill utilisation among IQNs in Australia. Facilitators include the high competence and extensive experience of IQNs, their understanding of NMBA standards, and their linguistic proficiency. Barriers include limited employment opportunities in preferred specialties, lack of clear transition pathways, scepticism about the quality of overseas education, and financial instability post-immigration. The study recommends implementing tailored hospital-based transition programs, standardising nursing education globally, providing comprehensive support from registering bodies, and conducting individualised skill assessments with gap training to enhance skill utilisation. Addressing these challenges is crucial for better integration and effectively utilising IQNs in the Australian healthcare system.

The subsequent publication adopted a descriptive research design featuring a cross-sectional survey aimed at identifying barriers and facilitators from the perspective of IQNs. Through thematic content analysis, this study component identified facilitators such as support, prior experience, and self-agency, alongside barriers including systemic issues, bias/discrimination, undervaluation, and a lack of trust. This publication emphasises the critical importance of recognising and addressing these factors. It advocates for developing tailored pathways to integrate the specialty skills of IQNs seamlessly. The study's significance lies in contributing nuanced insights into skill utilisation among IQNs in Australia, providing valuable information for policymakers, healthcare organisations, and nurses. These insights can potentially enhance patient care and optimise skill utilisation, thereby contributing to ongoing

improvements in the healthcare sector. A manuscript outlining findings from this survey has been published in the journal Nursing Open.

4.3 Journal Article 4:

Title: Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis

Nursing Open was chosen for this paper due to the journal's inclusive scope, commitment to scientific credibility, and emphasis on articles that positively impact health locally, nationally, regionally, or globally. Its impact factor of 2.3 further solidified its standing as an excellent choice for publication.







4.3.1 Reference for Paper

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2024). Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis. *Nursing Open*. 11(1), e70032.
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4.3.2 Copyright Permission

The license agreement from Nursing Open is attached (see Appendix A).

Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis

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Abstract

Aim: To explore internationally qualified nurses' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia.

Design: The study utilised a descriptive research design with a cross-sectional survey. Data were collected from July to September 2022.

Methods: A self-designed survey was distributed through social media, snowballing and nursing professional organisations. The survey included six open-ended questions which were analysed using thematic content analysis.

Results: Sixty-three participants completed the open-ended questions in the survey. The findings identified a range of facilitators (support, previous experience, self-agency) and barriers (systems barriers, bias/discrimination, being undervalued, lack of trust) to skill transition.

Conclusion: Recognising and addressing facilitators and barriers, coupled with creating customised pathways for specialty skill integration, are essential for optimising the utilisation of specialised skills in internationally qualified nurses.

Impact: This study aims to explore the barriers and facilitators involved in maximising skill utilisation among internationally qualified nurses in Australia. Identifying these barriers and facilitators is essential for improving patient care, as it will guide the development of strategies for safe nursing service delivery and the optimisation of skill usage. These findings hold significant implications for policymakers, health-care organisations and nurses, providing valuable insights into how to address these obstacles and capitalise on the factors that make skill transfer smoother and more effective.

Patient or Public Contribution: Sixty-three internationally qualified nurses shared their experiences and opinions.

KEYWORDS

nurse specialty, nursing expertise, nursing practice, nursing workforce, public policy, skill utilisation, specialisation

The authors have checked to make sure that our submission conforms as applicable to the Journal's statistical guidelines.

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1 | INTRODUCTION

Healthcare systems around the world are facing escalating difficulties in recruiting nurses to meet their demands. Approximately 77% of developed nations are grappling with shortages of nurses, (Smith et al., 2022). To achieve the United Nations' health-related sustainable development goals by 2030, an extra 9 million nurses and midwives are needed (United Nations, 2022). The gap between nurse supply and demand has led to a recruitment shortage. This is linked to factors like an ageing population, retiring experienced nurses, rising demand due to the ongoing COVID-19 pandemic, and workforce attrition (Doleman et al., 2022). In Australia, for instance, the pandemic has prompted approximately 20% of essential workers, including nurses, to contemplate leaving their positions (Smith et al., 2022). Additionally, despite the growing number of available nursing positions, there has been a 26% decline in Australian nursing graduates accepting roles within 6 months of completing their education (Doleman et al., 2022).

In developed countries, the role of internationally qualified nurses (IQNs) is of great significance within the healthcare workforce. These countries increasingly rely on recruiting nurses from developing nations to meet their nursing needs, resulting in a substantial dependence on immigration (Kurup et al., 2022). As a result, IQNs play a significant role in the healthcare workforce, particularly in major English-speaking countries (Kurup et al., 2022). In Australia, an IQN is defined as a registered nurse who obtained their nursing qualification from a country outside Australia and subsequently immigrated, (Australian Nurses and Midwifery Accreditation Council, 2016). In 2019, IQNs comprised 35.3% of the total Registered Nurses (RN) workforce in Australia. This pattern of employing IQNs was also evident in other nations like Singapore, Switzerland, Ireland, Canada and the United Kingdom (UK) (Organization for Economic Cooperation and Development, 2019).

2 | BACKGROUND

The shortage of nurses possessing specialised skills has significant repercussions within healthcare systems. These consequences encompass delayed diagnoses, postponed surgical procedures, and challenges in managing care demands, especially in specialised settings like paediatric emergency departments (Royal Children's Hospital, 2022). Developed countries have increasingly relied on foreign recruitment to address the scarcity of specialised nurses. Many IQNs bring with them valuable specialised nursing expertise and knowledge (Carter, 2010). These skills are particularly in demand in specialised areas such as intensive care units, cardiology, respiratory care and renal care (Ressia et al., 2017).

Specialisation in nursing has been established for nearly four decades and is practised in more than 70 countries, both developed and developing (Carter, 2010). A specialist nurse is defined as a nurse holding a current generalist nursing licence and having

completed an educational program meeting the criteria for specialised nursing practice (World Health Organization, 2020). These specialist nurses possess unique critical thinking abilities and skills specific to their area of expertise (Carter, 2010). The path to becoming a specialised nurse typically involves additional education and training beyond the general nursing licence in developed countries. This includes completing a postgraduate degree or certification in a specific area of nursing, gaining extensive clinical experience, and sometimes passing a specialty certification exam (Japanese Nursing Association, 2023). In developing countries, specialist nursing is often associated with years of experience in a particular department and hospital-based training and may not necessarily require a postgraduate degree (Kerala Public Service Commission, 2021; Stephen & Vijay, 2019). Either way, specialist nurses are characterised by their advanced clinical knowledge, critical thinking skills, ability to manage complex patient care situations, and proficiency in using specialised medical equipment and techniques (National Association of Clinical Nurse Specialists, 2023).

Effectively transitioning and utilising the specialty skills possessed by IQNs in the host country is a complex process. Challenges arise in identifying their specialty qualifications and skills and in recognising their initial qualifications. This can result in the underutilisation of their specialised skills, working below their proficiency level, and a potential loss of skills among IQNs (Kurup et al., 2022). This underutilisation of specialised skills among IQNs can lead to adverse patient outcomes, decreased efficiency (Ressia et al., 2017) and further shortages of skilled professionals in specific nursing fields.

Despite the ongoing trend of nurses migrating from developing to developed countries, there remains insufficient recognition of how to leverage their specialised skills effectively. With the increasing global demand for nurses and the growing need for specialty nurses, especially in the aftermath of the COVID-19 pandemic, appropriately recognising the capabilities of IQNs becomes even more crucial to meeting patient needs. This study aims to explore IQNs' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia.

3 | THE STUDY

3.1 | Aim(s)

To explore IQNs' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia.

3.2 | Objective

To gather the perspectives of IQN on the process of transferring IQN's specialty skills to Australia after immigration.

3.3 | Research question

How can IQN's specialty skills be transferred to developed countries' health systems after immigration?

4 | METHODS

4.1 | Design

A descriptive cross-sectional online survey of an explanatory nature was employed to provide an understanding of the challenges and facilitators linked to the transfer of IQN's specialised skills into the Australian healthcare system following their immigration.

4.2 | Study setting and sampling

Participants in this study were recruited using a purposive sampling method. The setting for this study encompassed all of Australia. The survey was distributed through various channels, including social media groups, snowballing, and discussion forum posts within the Australian College of Nursing community. To reach potential participants, recruitment advertisements were posted in relevant Facebook groups such as 'migrants in Australia,' 'skilled migrants in Australia,' 'nurses Australia,' and 'new humans of Australia.' These advertisements provided information about the research and the criteria for inclusion. Interested individuals who wished to participate were directed to the survey through a link provided in the advertisements. To ensure that participants met the eligibility criteria, they were required to confirm their qualifications after reading the standardised introduction on the survey website.

The survey was active from July to September 2022. During this time, the recruitment advertisement text was renewed every 2 weeks on both social media platforms and the discussion forum of professional organisations. Participation in the study was entirely voluntary. Given the exploratory and qualitative nature of this study, a specific sample size calculation was not required.

4.2.1 | Inclusion and exclusion criteria

The study included participants who were IQNs with firsthand experience in transferring their specialised skills within the Australian healthcare system. Inclusion criteria mandated that participants were registered IQNs with the Australian Health Practitioner Regulation Agency (Ahpra), had been employed in an Australian healthcare setting for a minimum duration of 1 year, and possessed specialty skills acquired in their home country. Conversely, individuals failing to meet these criteria were excluded from the study, which entailed IQNs without current Australian nurses' registration, those lacking specialty experience from their home country, or those without a minimum of 1 year of experience working within the Australian healthcare system.

4.2.2 | Instrument development

This study represents Phase One of a broader investigation into the transfer of specialty skills among IQNs. The research is structured in two phases: Phase One utilises online surveys for preliminary data collection, while Phase Two will involve focus groups to delve deeper into the survey findings and address any ambiguities.

A self-designed survey was developed to collect the necessary data to address the research question. The formulation of survey questions was guided by insights gained from a comprehensive literature review on the utilisation of specialty skills among IQNs (Kurup et al., 2023). The final survey included 62 items divided into 6 segments: demographics (6 items), previous qualification questionnaire (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.

The survey consisted of six open-ended questions designed to elicit detailed responses from the participants. Participants defined specialty nursing and compared their training to Australian-educated registered nurses, shedding light on differences in skill acquisition. Additionally, they identified facilitators and barriers to skill transition, providing insights into IQNs' integration into specialty roles (Table 1).

4.2.3 | Data collection

The survey was created and disseminated through the REDCap™ platform, and it remained open for responses for 2 months, specifically from July to September 2022.

It is crucial to determine the sample size for research data collection before conducting a survey to ensure accuracy, effectiveness and unbiased representation of results (Gentles et al., 2015; Low, 2019). A statistician was consulted to estimate the sample size for the survey, which was found to be 270 with a 90% confidence interval, based on approximately 107,019 constituting 35.3% of the total 303,000 registered nurses in Australia (Australian Government Department of Health and Aged Care, 2022; Kurup, Burston, et al., 2023) utilising Qualtrics Sample Size Calculator. Even though several recruitment strategies were employed to complement and address any shortcomings, practical limitations, such as inadequate

TABLE 1 Survey questions.

In your understanding, what is the definition of a specialty nurse or clinical nurse specialist?

What difference do you think exists between your nursing training and that of registered nurses educated in Australia?

In your view, are there other facilitators for specialty skill transition among IQNs?

Do you have any further comments on the facilitators in the skill transition?

In your view, are there other barriers to speciality skill transition among IQNs?

Do you have any further comments on the barriers to skill transition?

access to all potential participants, resulted in an adjustable sample size for the study. The study placed emphasis on obtaining high-quality responses rather than a specific number of responses, taking into account the availability and accessibility of the participants (Malterud et al., 2015; Polit & Beck, 2017).

4.2.4 | Data analysis

The study used content analysis, as explained by Jacob et al. (2021), to examine the open-ended questions. Responses were transferred to an Excel spreadsheet, where they were divided into meaning units or smaller sections, condensed and colour-coded. Two members of the research team independently coded each comment before comparing them to ensure consistency; a third investigator then reviewed this.

The high number of incomplete surveys may be related to this requirement and a perceived lack of direct benefit to the participants. To ensure data quality and completeness, participants were required to provide identifying details and answer at least half of the six questions.

Disagreements were raised and resolved through consensus-building conversations. Codes were then divided into categories and subcategories, which were further sorted and quantified by the category with the highest frequency to indicate the emphasis the participants gave to each category. In order to discover the patterns arising from the data, common themes among the categories were determined and reported.

4.2.5 | Ethical considerations

Permission from the university's Human Research Ethics Committee was obtained (REDACTED) prior to the research. The survey included a Participant Information Letter (PIL) that was provided via a link on the survey landing page. Participants were informed that their involvement was entirely voluntary and that they could withdraw at any time without penalty. Consent was obtained electronically through the survey platform, which was secure and ensured participant confidentiality.

To ensure the credibility, trustworthiness and rigour of the study, a comprehensive approach was undertaken. A rigorous pilot study was conducted, involving expert review and feedback from IQNs and academics, whose insights helped identify and rectify technical errors, establishing both face and content validity for the survey instrument. The pilot test also identified that completing the survey in full required at least 20 min if participants filled out all columns with a minimum of two sentences each. An extensive literature (Kurup et al., 2023) and policy review (Kurup et al., 2024), informed the development of survey questions, ensuring their relevance and accuracy. The survey was pilot-tested with a representative sample to refine the questions further. No financial remuneration was offered to participants, reducing potential bias and enhancing the credibility of their responses. These measures collectively ensured the reliability and validity of the data collected, demonstrating a commitment to ethical research practices and high-quality, credible findings.

TABLE 2 Country of origin.

Country	n (%)
India	34 (54%)
United Kingdom	6 (10%)
The Philippines	4 (6%)
Nepal	4 (6%)
Pakistan	2 (3%)
Vietnam	2 (3%)
Canada	2 (3%)
Singapore	1 (3%)
South Africa	1 (3%)
Ireland	1 (3%)
USA	1 (2%)
Sri Lanka	1 (2%)
Denmark	1 (2%)
Germany	1 (2%)
New Zealand	1 (2%)
Nigeria	1 (2%)

5 | RESULTS

5.1 | Characteristics of the sample

One hundred and twelve unique attempts of the survey were commenced, of which 63 participants completed the open-ended questions in the survey. These 63 were selected because they completed the initial identification section and provided responses to at least three of the open-ended questions. A majority of the participants were female ($n=48$; 76%), with ages ranging from 18 to 64 years and an average age of 39.8 years. All states and territories in Australia were represented, with a quarter of participants from Queensland ($n=16$; 25%). Immigration to Australia occurred between 2011 and 2020, with 48% ($n=30$) of participants arriving in Australia between 2010 and 2020. Participants hailed from 16 different countries, as indicated in Table 2.

5.2 | The meaning of the term specialty nurses

Participants were asked to describe their understanding of the term 'specialist nurse'. IQN's understanding of the term revealed three prominent themes: Experience and expertise, Education and training, and Advanced Knowledge, Skills, and Scope (Table 3).

5.2.1 | Experience and expertise

Participants overwhelmingly associated the term 'specialist nurse' with both experience and expertise, reflecting a strong consensus that these roles are defined by extensive specialised knowledge and superior proficiency. They viewed specialist nurses as individuals

TABLE 3 Defining the term 'specialty nurses'.

Category	Code count (n = 60)/percentage of code count (%)	Theme
Experience and expertise	39 (65)	Experience and expertise
Training/tertiary qualifications	21 (35)	Education and training
Knowledge/skills	10 (17)	Advanced knowledge, skill and scope
Specialised	5 (8)	Advanced knowledge, skill and scope
Advanced practitioner	4 (7)	Advanced knowledge, skill and scope

who have accumulated their expertise through active practice in specific areas of nursing.

One participant clarified this view, stating, '... A registered nurse who is qualified and experienced in a particular specialty area' (IQN 2). This highlights that the designation of a specialist nurse is closely tied to their qualifications and hands-on experience in a focused field.

Another participant elaborated, '...Nurses who have experience in specialty wards like oncology and cardiology and more' (IQN 39). This comment emphasises that specialist nurses often possess extensive experience in particular clinical settings, further solidifying their role as experts within their specialty areas.

Overall, the consensus underscores that the essence of being a specialist nurse lies in their depth of experience and high level of expertise in their chosen fields.

5.2.2 | Advanced knowledge, skill and scope

The theme of advanced knowledge, skills and scope emerged prominently, illustrating the significant capabilities of specialist nurses. Participants emphasised that these nurses possess advanced practice capabilities, reflecting their depth of expertise and elevated responsibilities.

One participant described the role of an advanced practice nurse, highlighting their increased responsibility: 'An advanced practice nurse who assumes increased responsibility' (IQN 47). This statement underscores the advanced skills and expanded scope associated with specialist roles, which go beyond the general responsibilities of a registered nurse.

Another participant added, 'The ability to perform advanced practice nursing functions within a specialty area, with skills beyond that of just a registered nurse' (IQN 35). This comment illustrates how specialist nurses engage in complex and high-level tasks, showcasing their advanced practice capabilities.

Throughout the discussion, various terms such as 'specialised,' 'advanced practitioner,' 'scope of practice,' 'research,' and 'able to teach' were mentioned. These terms collectively depict the broad

and sophisticated nature of advanced nursing roles, emphasising the high level of expertise and comprehensive skills that specialist nurses bring to their practice.

5.2.3 | Education and training

Education and training were recognised as pivotal for clinical specialisation, underscoring their crucial role in developing specialist nurses. This theme highlighted the importance of structured education and training programs in preparing nurses for specialised roles.

Participants emphasised the need for comprehensive qualifications and expertise, as demonstrated by their comments. One participant stated, 'A post-graduate university qualification in the area of specialty is essential' (IQN 40). This reflects the importance of advanced education in gaining specialised knowledge and skills.

Another participant noted, 'A nurse who is well-trained and capable of teaching in their specialty brings invaluable expertise' (IQN 49). This underscores not only the need for specialised training but also the value of experienced nurses who can mentor and educate others in their field.

Overall, these insights affirm that robust education and training are fundamental in cultivating effective specialist nurses capable of meeting the demands of their roles.

5.3 | Difference in nursing training

IQNs were also asked to describe perceived differences in nursing training between their home countries and Australia, identifying four themes: Clinical Experience, Content and Duration, Educational Standards, and Scope of Practice (Table 4).

5.3.1 | Content and duration

Participants observed notable differences in the content and duration of nursing programs between their home countries and Australia. While some found similarities between their home curricula and Western curricula, others highlighted significant differences.

TABLE 4 Difference in nurse training.

Category	Code count (n = 52)/percentage of code count (%)	Theme
Educational content and length of degree	29 (56)	Content and Duration
Clinical placement/ hours	24 (46)	Clinical experience
Education standards	9 (17)	Education standards
Scope of practice	8 (15)	Scope of practice

One participant remarked on the difference in program length, saying, 'The Australian nursing course is only three years, whereas ours is four years and includes both Registered Nurse (RN) and Registered Midwife (RM) components' (IQN 9). This comment highlights a fundamental difference in the structure and duration of nursing education between the two regions.

Another participant expressed concerns about the structure of Australian programs, noting, 'In my home country, the midwifery component includes delivering 25 babies in the third year. The Australian degree seems fragmented, with students able to leave and return at various times, which impacts the overall quality of nursing education' (IQN 52). This statement underscores the perceived fragmentation and flexibility of the Australian nursing program compared to the more integrated and rigorous training in their home country.

Additionally, a participant from the Philippines observed, 'In the Philippines, nursing education includes numerous units like pediatric, ophthalmic, medical, and fundamentals of nursing in a continuous and demanding process. Here, nursing education is often just one part of students' lives, which seems to affect their passion and, consequently, the quality of bedside care' (IQN 24). This comment reflects the intensive and comprehensive nature of nursing education in the Philippines compared to the perceived lesser emphasis on nursing in Australia.

These reflections highlight how variations in the content and duration of nursing programs can influence the preparation and effectiveness of nurses in different regions.

5.3.2 | Clinical experience

Participants highlighted a significant difference in clinical experience between their home countries and Australia. Many felt that the clinical training they received in their home countries was more extensive and hands-on compared to the perceived minimal clinical hours in Australia.

One participant noted, 'In my home country, nurses are trained with substantial clinical hours. Our nursing college was part of a hospital, and accreditation depended on having a hospital-based training program. We learned while working shifts, with clinical placements aligned with our academic subjects, such as cardiology placements during the cardiology course. To me, an online nursing degree with minimal clinical hours is like learning to swim online' (IQN 36). This comment emphasises the hands-on approach to training in their home country, which contrasts sharply with the shorter and less integrated clinical hours observed in Australia.

Another participant added, 'The clinical experience in my home country provided far more varied exposure to different wards, specialties, hospitals, methods, and approaches to nursing. It was much less parochial and offered better preparation for being a registered nurse' (IQN 19). This observation reflects a broader and more diverse clinical experience that was seen as more beneficial for overall nursing practice.

These comments underscore the perception that the clinical training in their home countries offered a more comprehensive and practical foundation compared to the training received in Australia.

5.3.3 | Education standards

When discussing education standards, many participants felt that the standards in their home countries were higher than those in Australia. This sentiment was reflected in their comments, which highlighted their perceptions of superior educational quality in their countries of origin.

One participant from Nepal noted, 'In Nepal, there is a 4th-year component focused on teaching young nurses and developing leadership and communication skills for managers. The Australian Bachelor of Nursing is only 3 years and includes fewer components' (IQN 26). This observation suggests a belief that the comprehensive training provided in their home country offered a more robust preparation for nursing practice.

Another participant emphasised their confidence in their home country's training system, saying, 'I strongly believe that the training in [home country] is better organised. Nurses are prepared for practice with a uniform curriculum and a state exam that includes practical, oral, and written components. From what I have seen in Australia over the past 8 years, I am very glad I had my education in [home country]' (IQN 21). This comment underscores a perception that the educational rigour and examination process in their home country was more thorough and effective.

A third participant simply stated, 'The education standards in [home country] are higher' (IQN 1), reflecting a strong belief in the superiority of their previous training.

However, it is important to note that a few participants did recognise the high standards of education in Australia. Some reported difficulties with having their nursing degrees recognised, while others mentioned that their home country maintained a specialised register for nursing, which might have influenced their perspective on educational standards.

5.3.4 | Scope of practice

The scope of practice for IQNs in Australia revealed notable disparities compared to their home countries, particularly regarding authorised duties and responsibilities. Participants observed that the limitations in their scope of practice were significant and often restrictive.

One participant pointed out the constraints by saying, 'There were major limitations to the scope of practice. For example, despite 25 years of experience regularly inserting both male and female catheters, I was told I was not qualified' (IQN 21). This comment highlights how extensive experience in certain procedures

did not necessarily translate to recognition in the Australian context.

Another participant noted differences in educational standards, stating, 'The Australian course is only 3 years, whereas ours was 4 years and included both RN and RM components' (IQN 19). This discrepancy in educational duration and content underscores the challenges faced by IQNs in having their qualifications and experiences fully recognised.

Further emphasising the disparity, another participant remarked, 'Our degrees were double degrees covering both RN and RM, but here, RM is either a specialty, a post-graduate degree, or a completely different degree' (IQN 38). This comment illustrates the differences in how nursing roles and qualifications are structured and recognised in Australia compared to other countries.

Overall, these observations reflect the significant challenges that IQNs face in adapting to the Australian scope of practice, highlighting the need for greater alignment and recognition of international qualifications.

5.4 | Facilitators

IQNs were asked to describe facilitators in using their specialist nursing skills acquired overseas after immigration. Among the 61 responses, 16 participants provided their views on the facilitators for utilising IQNs' specialty skills, which included four themes: Support, Previous Experience, Moving Forward, and Self-Agency (Table 5). Interestingly, many barriers were also raised in this facilitator segment but for coherent flow and ensuring convenient reporting, these barriers will be addressed in the following segment dedicated specifically to discussing them.

5.4.1 | Support

Support emerged as a vital element in the successful transition of IQNs into their specialty roles within the Australian healthcare system. This support came from various sources, including colleagues, managers, and the broader social environment, each playing a crucial role in facilitating the transition process.

TABLE 5 Facilitators.

Category	Code count (n = 29)/percentage of code count (%)	Theme
Support	14 (48)	Support
Getting their specialty skills recognised is IQN's personal responsibility.	5 (17)	Self-Agency
Having developed country experience helped	4 (14)	Previous Experience
Moving forward	4 (14)	Moving Forward

One participant underscored the importance of colleague support, stating, 'Nurses who were eager to help and had a global perspective were invaluable in understanding Australian practices and expectations' (IQN 24). This highlights how the willingness of peers to assist and share their insights significantly contributed to the adaptation of IQNs to local standards.

Another participant emphasised the role of managerial support in overcoming challenges related to unrecognised skill sets, noting, 'Managers were instrumental in exploring alternative pathways when my skill set was not initially acknowledged' (IQN 15). This comment reflects the critical role that supportive management plays in helping IQNs navigate and leverage their expertise despite initial recognition issues.

Additionally, the support from international nurses who had prior immigration experience was highly valued. One participant shared, 'The socio-cultural adjustment was greatly facilitated by international nurses who offered informal support. Australian nurses were essential in guiding me through the scope, limitations, and context of Australian nursing practices' (IQN 35). This illustrates the crucial role that peers with similar backgrounds play in easing the transition by providing valuable guidance and support.

Together, these experiences highlight the diverse and essential forms of support that significantly aid IQNs in successfully integrating into their new professional environment.

5.4.2 | Self-agency

Self-agency, the ability of IQNs to take proactive control over their careers, emerged as a crucial factor in their successful transition to the Australian healthcare system. Participants emphasised the importance of actively seeking out opportunities and continuously honing their skills.

One participant shared their approach, advising, 'Sometimes nurses need to strategise. If you're aiming for a particular specialty, earn certificates that demonstrate both experience and training in that area' (IQN 55). This highlights the need for IQNs to actively pursue relevant qualifications to advance in their desired field.

Another participant stressed the importance of staying motivated and proactive, noting, 'Some nurses settle for the jobs they get and lose hope. Instead, you should reskill yourself and stay prepared for the right opportunity' (IQN 63). This underscores the need for ongoing professional development and readiness to capitalise on future opportunities.

Additionally, a participant illustrated their own experience, saying, 'No one is going to come and offer you a job in your desired specialty. It's up to you to work hard for it. Keep your skills active— for example, even though I was working in aged care, I did casual shifts in an emergency, which was my specialty in Vietnam. When the right opportunity came along, I was ready to seize it' (IQN 50). This comment reflects the proactive approach required to maintain and apply one's expertise effectively, even while working outside one's specialty.

Together, these insights highlight how self-agency plays a pivotal role in navigating career transitions and achieving success within a new healthcare environment.

5.4.3 | Previous experience

Prior work experience in developed countries proved to be a significant asset for IQNs transitioning to the Australian healthcare system. This experience not only provided familiarity with modern technology but also with health systems similar to those in Australia, thereby easing their adaptation process.

One participant highlighted the benefit of their previous experience, saying, 'Working in the UAE has actually helped me to know the modern technology associated with nursing' (IQN 38). This familiarity with advanced technology was instrumental in easing their transition.

Other participants echoed the advantages of their prior experiences. One noted, 'Working in a similar health system in Canada and having a Canadian badge helped me break a lot of prejudices' (IQN 33), illustrating how previous international experience helped overcome biases and facilitated acceptance in the new context. Another participant shared, 'UK experience has helped me to land in my desired job' (IQN 55), emphasising how their background enabled them to secure a role aligned with their career goals.

These experiences collectively underscore how prior work in developed countries provided a solid foundation for adapting their skills and integrating effectively into the Australian healthcare environment.

5.4.4 | Moving forward

'Moving forward' represents the journey from the present toward future opportunities and growth. In the context of enhancing the utilisation of nurses' specialty skills in Australia, several participants offered valuable suggestions.

One participant emphasised the importance of maintaining professional connections, stating, 'If you keep ties with managers, you are more likely to be informed about various vacancies' (IQN 30). This advice highlights how networking can open doors to new opportunities that align with one's skills and career goals.

Another participant shared their pragmatic approach to navigating the system: 'My strategy was to accept any nursing position initially to address financial concerns, and then gradually transition to my preferred acute setting where I would ultimately find satisfaction' (IQN 38). This strategy underscores the value of starting where one can secure immediate employment while planning for a more suitable role in the future.

By combining these insights into Self-Agency and Moving Forward, transitional strategies have been developed to help IQNs better navigate their career paths and leverage their specialised skills. These strategies are outlined in Table 6, offering a roadmap for IQNs seeking to align their expertise with the opportunities available in the Australian healthcare system.

5.5 | Barriers

IQNs were asked to describe barriers to the use of their pre-existing specialist skills after immigration. Comments from the 'facilitators'

Personal transition suggestions by IQNs	Proposed strategies
Open Mind	Embracing an open-minded approach as part of their personal strategy empowers individuals to readily welcome career prospects, engage in self-improvement through reskilling, and exercise patience while waiting for an entry into the right specialty
Gaining Additional Education	Pursuing additional education in Australia has proven beneficial in terms of skill enhancement and the expansion of career opportunities has helped some IQNs
Networking and Building Relationships	The value of networking with colleagues and peers in the nursing field, which eventually led to opportunities in their desired specialties was highlighted by IQNs
Keeping Skills Active	Working in other nursing roles, such as aged care or emergency, to keep the skills active while waiting for opportunities in their desired specialties was another tip mentioned by participants
Staying Committed	Many participants emphasised the significance of dedication and diligent effort as essential factors in attaining their career objectives
Having an Alternative Plans	Some nurses maintained an alternative career plan and were willing to accept any nursing job initially, then gradually move toward their desired specialties

TABLE 6 Specialty skill utilisation strategies.

TABLE 7 Barriers.

Category	Code count (n = 119)/ percentage of code count (%)	Theme
System issues	47 (39)	Systems issues
Deskilling	17 (14)	Deskilling
Discrimination/racism/nepotism lack of equal employment opportunity by colleagues	14 (12)	Discrimination
Lack of recognition of specialty skills	11 (9)	Lack of recognition of specialty skills
Financial challenges	6 (5)	Financial challenges
Lack of trust in educational preparation	5 (4)	Lack of trust in educational preparation
Not knowing the rights and limitations	4 (3)	Scope of practice
No facilitators	4 (3)	No facilitators
No barriers	4 (3)	No barriers

question that highlighted barriers are also included here. A total of 63 participants provided their views on the barriers to utilising IQNs' specialty skills. Following interpretation nine themes were identified: System issues, Deskilling, Discrimination/racism/nepotism lack of equal employment opportunity by colleagues, Lack of recognition of specialty skills, financial challenges, Lack of trust in educational preparation, Not knowing the rights and limitations, No facilitators and No barriers (Table 7).

5.5.1 | Systems issues

Structural and procedural issues within organisations posed significant challenges for IQNs, often leaving them feeling undervalued and misaligned with their professional goals. Many participants reported that recruitment managers frequently lacked a deep understanding of their qualifications and were more focused on filling immediate vacancies rather than leveraging the rich expertise these nurses brought with them.

One participant voiced their frustration, reflecting on their experience, 'Their lack of education and knowledge about qualifications is extremely frustrating. I was highly qualified and held a senior management position in critical care in my home country' (IQN 39). This comment underscores a common theme: the disconnect between the advanced skills of IQNs and the limited recognition they receive from local recruitment processes.

Another participant pointed out a systemic issue within hospitals, saying, 'Hospitals are primarily concerned with filling vacancies and do not utilise the extensive knowledge that overseas nurses bring' (IQN 58). This observation highlights how the immediate needs of staffing can overshadow the potential benefits of incorporating the diverse expertise that IQNs offer.

Additionally, the lack of support for career advancement further compounded these challenges. One participant shared their struggle to pursue further education, stating, 'Many barriers exist; recruiters

are reluctant to thoroughly assess your qualifications and place you in a role that matches your skills and goals. I faced significant resistance when I tried to pursue a renal post-graduate degree while working in the medical ward. The Nurse Unit Manager completely refused to support the clinical learning component' (IQN 43). This account illustrates the obstacles IQNs face not only in utilising their current skills but also in advancing their careers within the Australian healthcare system.

These comments collectively paint a picture of the difficulties IQNs encounter, revealing a system that often fails to fully recognise or support their professional capabilities and aspirations.

5.5.2 | Deskilling

Deskilling is a challenging reality for many IQNs who find themselves in roles that fail to fully utilise their specialised skills. For these nurses, the shift to roles outside their area of expertise can lead to a sense of lost proficiency and diminished confidence.

Consider the experience of one nurse who expressed the frustration of having their specialty skills underutilised. 'My specialty skills have been wasted in aged care for years now,' they said. 'The longer I am away from my surgical ICU skills, the less confident I become' (IQN 16). This sentiment reflects a broader issue faced by many IQNs.

Another nurse shared a similar struggle, feeling stuck in a role that didn't align with their passions or skills. 'After years of working in a specialty different from what I was skilled in and loved, I now feel neither here nor there' (IQN 41). This sense of disconnection highlights the emotional toll of deskilling.

For some, the impact is tangible in their daily work. One participant noted, 'I have lost the skills I gained from oncology nursing. Yes, we still have oncology patients in aged care, but they are not undergoing active treatments. I might have performed only one cannula in the past year. Do I enjoy aged care nursing? It pays the bills, so I have no complaints' (IQN 6). Here, the nurse's skills in oncology

are diminished by the nature of their current role, revealing the gap between their training and their current responsibilities.

Collectively these comments underscore the broader issue of deskilling within the Australian healthcare system, where IQNs' specialised expertise is often not fully recognised or utilised, leading to a sense of professional and personal dislocation.

5.5.3 | Discrimination

Discrimination in the workplace, encompassing unequal treatment based on characteristics such as race, gender, or disability, was a significant concern for some IQNs in Australia. Several participants reported experiencing discrimination, racism, or nepotism from colleagues, which hindered their ability to utilise their specialty skills effectively.

One participant highlighted the impact of systemic biases, noting, 'There is a belief among Australian nurses that the UK, US, and Canada are much more advanced in their healthcare and services. Whether or not this is true, it affects the judgment during initial job applications and subsequent promotions. Similarly, there is a negative prejudice against nurses from third-world countries, regardless of their competence' (IQN 52).

Another participant shared a troubling personal experience: 'Racism, discrimination, and supremacy are still embedded in the system. I was once told by a patient, "I don't want a black Chinese nurse to look after me." Neither my Nurse Unit Manager nor anyone else took action. Anti-discrimination laws look good on paper but fall short in practice' (IQN 65).

A further participant reflected on the racial barriers faced: 'Racism plays a significant role. Many people are denied opportunities due to their skin colour or because they are not considered "AUSSIE" enough. Some areas do treat you with respect and acknowledge you as a person, but this is not universal' (IQN 12).

Despite these challenges, participants noted that such occurrences were not reflective of all workplaces. While discrimination and prejudice were present in some settings, other environments offered respect and fair treatment, demonstrating that experiences varied across different workplaces.

5.5.4 | Lack of recognition of specialty skills

Lack of recognition of specialty skills reflects the challenges faced when individuals or groups are not acknowledged for their abilities or qualifications. For many IQNs, this lack of recognition extended to doubts about their educational preparation and the transferability of their specialised skills to the Australian healthcare system.

One participant expressed frustration with this barrier, stating, 'The trust in overseas education is a big obstacle. It's challenging to prove what you can and can't do, especially since the scope of practice can vary depending on where you work' (IQN 32). This highlights

the difficulty in having one's international qualifications and experience fully recognised.

Another participant shared their experience with inadequate transitional support: 'There was no transition pathway at all. If I had received certificates for all the in-service training I completed while overseas, it would have been easier to use them for Recognition of Prior Learning (RPL) or to secure a post-graduate degree. But immigration was never in my plans' (IQN 59). This comment underscores the challenges faced when transitioning without appropriate support structures.

Additionally, a participant recounted a discouraging response when applying for a role: 'When I applied for an ANUM position, the initial response was, "Why don't you wait a bit longer and learn a bit more nursing?" I have spent 20 years as a critical care nurse and could manage mass casualties' (IQN 57). This response reflects the difficulty of having extensive international experience valued appropriately in the Australian context.

These experiences reveal a significant gap in recognising and valuing the specialised skills and qualifications that IQNs bring with them, impacting their ability to effectively integrate and advance within the Australian healthcare system.

5.5.5 | Financial challenges

Financial challenges posed significant difficulties for IQNs working in Australia, impacting their ability to manage their money and meet their financial needs. These challenges were frequently mentioned by participants, highlighting how financial constraints influenced their professional decisions.

One participant detailed the financial burden they faced, explaining, 'Finance was the biggest barrier I encountered. I spent \$50,000 on a three-month bridging program and associated expenses. With a temporary visa that prevented me from working, relying on parental support from overseas was unsustainable. That's nearly 2 million pesos. Securing any job became crucial, so I accepted a position in aged care' (IQN 46). This comment illustrates the severe financial strain of transitioning to a new country and the necessity of finding employment quickly.

Another participant shared their experience with financial constraints limiting their career advancement: 'My competence or confidence was not the issue. However, a cardiology job requires a post-graduate qualification in cardiology. Spending more money after already investing in a bridging course was simply impossible' (IQN 61). This highlights how financial limitations can prevent IQNs from pursuing further qualifications necessary for their desired roles.

Additionally, financial pressures often force nurses to accept jobs outside their specialty. As one participant noted, 'Financial issues push nurses to take up different nursing jobs. The hospital also lacks the funding to support these nurses' (IQN 4). This comment underscores how financial challenges not only impact individual career choices but also highlight systemic issues within healthcare funding.

These experiences collectively demonstrate the substantial financial obstacles IQNs face, affecting their ability to manage expenses, pursue additional qualifications, and secure roles aligned with their specialised skills.

5.5.6 | Scope of practice

Fear and uncertainty about their scope of practice in a new country were significant sources of stress for many IQNs. Participants often expressed concerns about their rights, limitations, and the potential for making mistakes, which heavily influenced their experiences in the Australian healthcare system.

One participant shared their anxiety, saying, 'The fear associated with "Will I get in trouble?" and "Is this within an RN's scope in Australia?" was my greatest concern' (IQN 7). This comment highlights how the uncertainty about professional boundaries and regulatory requirements can create significant stress for IQNs.

Another participant echoed this worry, noting, 'The main barrier for me was the constant fear of "What if I do something wrong?"' (IQN 29). Such fears reflect the intense pressure to conform to unfamiliar standards and practices while ensuring compliance with local regulations.

Additionally, a participant observed that this fear can hinder job applications in their previous specialty, stating, 'The mental block for international nurses is that it's a new country and context, and they're scared to apply for jobs in their previous specialty. However, the best way to understand the context and culture is by working in the same department' (IQN 30). This comment underscores how overcoming fear and gaining experience in the local context can be a crucial step in adapting to a new professional environment.

These experiences collectively illustrate how fear and worry about the scope of practice and potential errors significantly impact the transition and integration of IQNs into the Australian healthcare system.

5.5.7 | No facilitator

For some IQNs, the absence of facilitators significantly impacted their ability to transfer and utilise their specialised skills in Australia. Many participants expressed frustration at not having access to support that could have helped them integrate their expertise into the local healthcare system.

One participant succinctly captured this experience, stating, 'No facilitators as nobody bothers' (IQN 50). This comment reflects a sense of abandonment and a lack of structured support to help IQNs leverage their skills.

Another participant shared their struggle with the lack of assistance, saying, 'I am not working in my specialty area. I tried for the first three years of being in Australia, so I cannot comment on what helped me. Nothing did' (IQN 3). This comment highlights the difficulties faced when transitioning into roles that do not align with

previous expertise, underscoring the absence of effective support mechanisms during this period.

These remarks collectively illustrate the significant challenge faced by some IQNs who were unable to find any facilitators to assist with their skill transfer, leading to a sense of disconnection from their professional specialty and the support needed for successful integration into the Australian healthcare system.

5.5.8 | No barriers

In contrast to the many challenges faced by IQNs, some participants reported a smooth transition with no significant barriers when using their specialised skills in Australia. These participants indicated that they did not encounter obstacles affecting their ability to practice in their field.

One participant simply stated, 'None' (IQN 18), reflecting an absence of perceived difficulties. Another echoed this sentiment with 'Nil' (IQN 56), and yet another remarked, 'No' (IQN 61).

Although these comments suggest that some IQNs experienced a seamless integration of their specialised skills into the Australian healthcare system, the lack of further details means we have limited insight into the factors that contributed to their positive experiences.

6 | DISCUSSION

The study aimed to explore IQNs' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia. The respondents in this study came from 16 source countries, highlighting the diverse composition of the Australian nursing workforce. Notably, the majority of participants were immigrants from India, aligning with the reported population growth of the Indian community in Australia (Australian Bureau of Statistics, 2021). This study's sample of IQNs had a higher average age than other studies (Organization for Economic Cooperation and Development, 2019), possibly due to the unique selection requirements of this research.

The participants expressed a range of viewpoints on the traits and training required for specialised nursing roles. Despite the prevalence of advanced nursing roles for over four decades, there remains a lack of consistency and clarity in the terminologies and competencies used within the nursing field (Gordon et al., 2012). These differing views can lead to confusion regarding competencies and job descriptions, and challenges in transferring skills between different healthcare settings (Gordon et al., 2012). For example, in the United States, the Clinical Nurse Specialist assumes a more advanced role in diagnosing, prescribing, and treatment (Gordon et al., 2012). In Australia, different states use various terms like Clinical Nurse Consultant, Clinical Nurse Specialist, and Advanced Practice Nurse to refer to advanced clinical nursing roles (New South Wales Ministry of Health, 2021). The educational requirements for a Clinical Nurse Specialist role in the USA typically include a master's

degree (Gordon et al., 2012), which aligns with the standards in some developed countries like Australia (Australian Nurses and Midwifery Federation, 2020). However, it is crucial to note that there is variability in the educational prerequisites for specialist nurses in Australia. For instance, in some states like New South Wales (NSW), specialist nurses may not necessarily require a post-graduate qualification (New South Wales Ministry of Health, 2021), while in other states like Victoria, a post-graduate degree in a specialty area is the minimum requirement (Australian Nurses and Midwifery Federation, 2020).

In developing countries, a specialist nurse is not often connected with a post-graduate qualification, and RNs are promoted to higher positions based on years of service and internal hospital-based tests and training (Kerala Public Service Commission, 2021). Collectively, the participants in this study contributed to a definition of a specialty nurse or clinical nurse specialist as a registered nurse with advanced experience and training in a specific area of nursing who possessed specialised skills and qualifications in that area. Post-graduate education, work experience, and expertise in the field are considered essential for this role. The key characteristics of a specialty nurse are specialised knowledge and skills in a particular area of nursing gained through education and experience, enabling them to provide expert care and guidance in that area (Ketefian et al., 2001).

The participants highlighted a range of perceptions on the differences between nursing training in Australia and other countries. While some believe that the Australian approach is patient-centred and evidence-based, others expressed that it does not adequately prepare nurses for clinical work. Practical training is another area of variance, with some suggesting that Australia falls short in the number of clinical hours required compared to other countries. Furthermore, differences in curriculum, the level of respect for nurses, and limitations to the scope of practice were also mentioned as factors that contributed to these disparities. Despite these varying perceptions, there is no clear consensus on the differences between nursing training in Australia and other countries. However, it is essential to note that nursing education is taught and managed differently across the world, not just between developed and developing countries but also between countries with comparable healthcare systems (Deng, 2015). For example, nurses from the UK and Canada have struggled to transfer their specialty skills to Australia due to differences in registration requirements due to professional preparation and scope of practice (Vafeas, 2013).

It is perplexing to witness highly skilled nurses landing in aged care roles, especially considering that aged care is a relatively novel concept in many developing countries, where care for older individuals typically falls to family members (Angus et al., 2021). Despite this, a significant proportion of IQNs find themselves employed in Australian aged-care facilities (Kurup, Burston, et al., 2023), often experiencing a sixfold increase in aged-care positions compared to their specialised roles in their home country. This shift can be attributed to various factors such as job availability, potential benefits for visa status (Australian Immigration Law Services, 2022, 13 May), and relieving financial hardship (Covell et al., 2022). However, it starkly contrasts with the limited number of nurses who claim to

have specialised in aged care prior to immigrating. Specialist skill assessment in Australia, conducted by the Australian Nursing and Midwifery Accreditation Council (ANMAC), primarily serves visa applications (ANMAC, 2016). The absence of specialised nursing registration (NMBA, 2022) and a lack of coordination between assessing bodies and employers may present hurdles for IQNs in securing roles commensurate with their capabilities. While professional nursing organisations acknowledge specialty areas, these are often tailored toward domestic nurses and tied to specific continuing education and training mandates within the country's healthcare system (Coalition of National Nursing and Midwifery Organisations, 2022). This poses a significant challenge for IQNs seeking to validate their specialised expertise. Overcoming these barriers is imperative to empower IQNs to effectively utilise their specialised skills and seamlessly integrate into their new professional environment.

Several key facilitators greatly assist IQNs in successfully navigating this transition identified in this study. First and foremost, a supportive work environment is essential for IQNs to adapt, and management plays a pivotal role in creating this environment. Within such workplaces, colleagues become a source of emotional support, mentorship, and guidance (Kurup et al., 2022). Peer support, mentorship programs and supportive managers who genuinely cared about IQN career integration and career growth significantly contribute to the integration of IQNs into healthcare teams and their utilisation of specialty skills, fostering a sense of belonging and enhancing their confidence (Ronaldson et al., 2017). Another facilitator highlighted by IQNs is their previous experience. IQNs with prior experience in developed countries often possess a deeper understanding of international best practices and enhanced cultural competence (Angus et al., 2021). This experience can be a significant asset in facilitating their adaptation to the Australian healthcare system (Kurup et al., 2022).

Beyond these factors, maintaining a forward-looking perspective and self-agency, along with engaging in supportive social activities, emerges as a significant facilitator for IQNs during their specialty skill transition. IQNs who take charge of their own integration process tend to achieve better outcomes (Kurup et al., 2022). Demonstrating self-agency, IQNs can actively seek out mentors, expand their networks by connecting with other healthcare professionals, and pursue ongoing education courses. Participating in social activities outside of work is equally important. These activities foster cross-cultural friendships and mitigate feelings of isolation, ultimately improving IQNs' overall well-being and sense of belonging (Kurup et al., 2022). Engaging in supportive social activities offers significant advantages to IQNs.

Equally important is their ability to uphold a positive attitude and resilience during the transition to a new healthcare system (Angus et al., 2021). Optimism and adaptability emerge as critical attributes for IQNs, directly impacting their job satisfaction and facilitating a smoother skill utilisation as per this study. Participants in the study noted that one of the most effective ways to adapt to the Australian context and culture is by working in the same department. The success of programs like the NHS recruitment scheme, which allows

IQNs to work as Assistants in Nursing (AIN) or carers while working toward complete registration, illustrates this approach (NHS Employers, 2023). A similar program, 'the Temporary Employment for Registration' offered by the Danish Patient Safety Authority, provides IQNs with opportunities for employment and training to adapt to the healthcare system (Danish Patient Safety Authority, 2021).

IQNs in Australia encounter several barriers to successfully transferring their specialty skills across the border. These challenges encompass systemic issues, deskilling, discrimination, lack of recognition of specialty skills, financial pressures and unclear scope of practice. Healthcare organisations in Australia were seen prioritising the recruitment of IQNs to fill immediate vacancies, neglecting considerations of internal growth, skill utilisation and career development. This approach appeared to reduce IQNs to mere 'employee numbers' within hospitals. Recruiters in Australia generally assess applicants' suitability for specific roles.

Despite their extensive experience and expertise, IQNs often find themselves in roles that underutilise their specialised nursing skills, leading to frustration and dissatisfaction (Tregunno et al., 2009). Extended periods away from their specialties erode their confidence and skills in applying for roles in those areas. This loss of confidence can be a significant barrier for IQNs aiming to re-enter their specialised fields (Adhikari, 2011). It is important to note that this phenomenon is not limited to IQNs' specialty skills alone; even procedural competencies such as venous cannulation proficiency can degrade over time, posing concerns for both IQNs and the healthcare system.

Discrimination is a significant hurdle for IQNs attempting to apply their specialised nursing skills in Australia. Previous studies have also highlighted these concerns during the early settlement period for the IQN. About half of the participants in a study by O'Callaghan et al. (2018) reported experiencing discrimination on multiple occasions. Similarly, passive exclusion by Australian colleagues was identified in a study by Zhou (2014), which is often attributed to factors like physical appearance and shared interests. There appears to be a widespread underreporting of discrimination experiences among IQNs. This underreporting is attributed to their apprehension of facing negative repercussions on their employment and a general lack of awareness regarding their rights (Kishi et al., 2014).

The lack of recognition of specialty skills is another barrier faced by IQNs. Frequently, their prior achievements and extensive nursing experience go unnoticed, causing a decline in their career aspirations (Zhou, 2014). This recurring theme of deskilling and unequal opportunities for career advancement is evident across multiple studies (Kishi et al., 2014; O'Callaghan et al., 2018; Zhou, 2014). Compounding the problem, hiring managers often harbour doubts regarding the legitimacy of international nursing credentials, instilling self-doubt and hesitancy among IQNs (Lee & Lee, 2021). This scepticism is further exacerbated by the perception that nursing qualifications from developing countries are inferior (Xiao et al., 2014). While transition pathways are typically recognised as essential for graduate nurses (Bakon et al., 2018), they are often lacking for IQNs. This absence of a clear transition pathway places the entire burden of transitioning into specialised roles squarely on IQNs themselves

(Kurup et al., 2022). Personal fears of making mistakes due to the lack of knowledge about the scope of practice also act as a significant barrier for IQNs from pursuing roles in their specialised fields. As a result, many IQNs become less ambitious and accept the underutilisation of their specialty skills as an unintended consequence of their immigration decision (Zhou, 2014).

6.1 | Recommendations for utilisation of specialty skills

By identifying the facilitators and barriers to utilising specialist skills among IQNs after they immigrate to Australia, this study offers an opportunity to develop enhanced support pathways. These pathways can enable IQNs to transition smoothly into their respective specialty areas of practice. The implementation of support strategies has the potential to boost IQNs' confidence and effectiveness as they integrate into the healthcare system. Consequently, this can result in a more significant positive impact on patient care, heightened job satisfaction, and improved career prospects. To realise this goal, a collaborative effort between IQNs, healthcare organisations and registering bodies is essential.

6.1.1 | IQN self

IQNs are encouraged to actively participate in networking and professional development as valuable opportunities for optimising the use of their specialised skills following immigration. By engaging with professional nursing organisations and accessing the resources they offer, IQNs can create informal support systems that are instrumental for their smooth transition and integration into the new healthcare environment. Exploring further education, networking and diverse nursing roles not only fosters their professional growth but also enhances their ability to effectively utilise their specialised skills within the Australian healthcare workforce (Angus et al., 2021). Highlighting the importance of resilience and adaptability underscores the opportunities available for IQNs to advance in their preferred specialties and make significant contributions to the healthcare setting, reflecting their proactive approach to their professional journey.

6.1.2 | Healthcare organisations

In healthcare organisations, creating a supportive work environment is paramount for maximising the specialty skill utilisation of IQNs post-immigration. Encouraging IQNs to pursue opportunities aligned with their specialised skills is crucial, while providing support through mentorship programs is essential for their adjustment and confidence (Lai et al., 2017). These programs pair IQNs with experienced Australian nurses, offering guidance on navigating the healthcare system and building professional networks, facilitating seamless

integration into specialty areas (Smith et al., 2006). Additionally, orientation programs bridging knowledge gaps between IQNs' prior experience and Australian healthcare practices enhance their skills and align their practices with local standards (Xiao et al., 2014), thereby enabling IQNs to enhance their skills and conform to Australian standards.

Cultural competency within healthcare organisations also plays a vital role in maximising IQNs' specialty skill utilisation (Stanford, 2020). Addressing biases through cultural competency training fosters a supportive environment conducive to effective collaboration and appreciation of IQNs' diverse skills. As healthcare professionals become more culturally competent, they can better recognise and value IQNs' specialised skills, creating more opportunities for them in specialty areas. By promoting a culturally competent environment, healthcare organisations enhance the integration and contribution of IQNs to specialty areas of nursing practice.

6.1.3 | Registering bodies and policymakers

Advocating for awareness among employers and the public about the value of overseas nursing education and experience is crucial for maximising the utilisation of specialty skills among IQNs post-immigration. This recognition helps dispel biases and ensures that IQNs' contributions are appropriately valued and utilised within the healthcare workforce. Implementing a clear and comprehensive plan outlining support and resources available to IQNs would further aid in their transition process, facilitating their integration into specialty areas of practice and maximising their impact within the healthcare system (Smith et al., 2006).

Collaborative efforts between registering bodies and employers play a pivotal role in maximising the utilisation of specialty skills among IQNs post-immigration. Lack of formal training may hinder IQNs from utilising their specialty skills in Australia post-immigration. Drawing on globally recognised nursing competency frameworks, as Cassar (2020) demonstrated, on refugee nurses lacking formal credentials can validate IQNs' expertise, ensuring their skills are appropriately recognised and utilised. However, the existing legal framework in Australia, governed by the National Law, does not accommodate individuals without formal credentials, necessitating legislative amendments for their recognition and inclusion in the healthcare system (Australian Health Practitioner Regulation Agency, 2023). Through collaborative efforts between healthcare organisations and registering bodies, IQNs can utilise their specialty skills and significantly contribute to Australia's health system.

Regulatory bodies can play a critical role in supporting IQNs in their transition to specialty roles by establishing clear guidelines and standards for practice in this sector. This could include developing competency frameworks specific to specialised nursing areas, recognising and accrediting prior learning and experience, and providing pathways for professional development and

advancement within Australian settings. The absence of specialised registration options in Austria, Ireland, Japan and Sweden offers promising models for others to consider. By studying the strategies of these countries, nations lacking clear pathways for IQNs with specialised skills can learn to create more inclusive and recognition-oriented registration processes (City of Vienna, 2022; Japanese Nursing Association, 2019; Ministry of Health Labour and Welfare, 2022; Socialstyrelsen, 2021). Countries looking to enhance their registration processes can consider implementing integration processes similar to those in Denmark, Finland and Germany, where temporary registration allows IQNs to work under supervision while awaiting complete registration (Danish Patient Safety Authority, 2020; German Organisation of Nursing Professionals, 2021; National Supervisory Authority for Welfare and Health, 2015). Formal bridging programs, as offered in New Zealand, also provide a valuable framework for easing the transition of IQNs into the local healthcare system (Nursing Council of New Zealand, 2021). Regulatory bodies may also consider conducting regular reviews and assessments of facilities to ensure compliance with standards of care and to identify areas for improvement.

For policymakers, recommendations may include developing visa policies and pathways that incentivise IQNs to work in specialty areas post-immigration, such as ICU (intensive care unit) and acute care, as they did around COVID-19 (Department of Health and Aged Care, 2023). This could involve streamlining visa processes for healthcare professionals interested in specialty roles and providing additional support or incentives for those who choose to pursue careers in these sectors. Additionally, policymakers could consider allocating funding for targeted recruitment efforts and training programs aimed at attracting and retaining IQNs in specialty settings, ultimately enhancing specialty skill utilisation and improving patient care outcomes.

6.2 | Strengths and limitations of the work

The study's success in achieving its expected outcomes hinged on gathering and analysing firsthand experiences and perspectives from the community of IQNs. The utilisation of a qualitative method allowed for an in-depth exploration of the perspective of IQNs and the factors that facilitate or hinder their ability to utilise their specialised skills within the Australian healthcare system. The lead researcher, being an IQN, added a valuable dimension to the research process. Data collection encompassed IQNs from all Australian states and territories, with respondents spanning a range of age groups.

However, similar to other online studies, this research had some limitations. While the recruitment method via social media offered convenience, it may have introduced selection bias by inadvertently excluding IQNs who are not active on social media platforms. The assumption that the target population could be effectively reached through social media channels potentially

overlooked IQNs who are not social media users or facing technical barriers such as poor connectivity. Additionally, the study faced low participation, which may limit the generalisability of the findings. Additionally, online surveys can sometimes elicit socially acceptable responses, particularly when participants are asked to recall difficulties encountered during the early stages of skill transition (Larson, 2019). The distribution of the survey as a clickable link in social media advertising posts may have impacted the response rate due to concerns about online financial crimes, data security and cautionary advertisements from the Australian Government against clicking on unauthorised links. Additionally, the study did not inquire whether IQNs chose to transition to other specialties.

6.3 | Implication of policy and practice

The study highlights the urgency and gravity of the imperative of better recognition and utilisation of the specialised skills of IQNs within the Australian healthcare system. Acknowledging and harnessing the expertise of IQNs, along with offering enhanced opportunities in their specialised fields and establishing clear transition pathways, can result in a more diverse and highly skilled healthcare workforce. This, in turn, can lead to improved patient outcomes and a more inclusive healthcare system. Collaborative efforts among policymakers, healthcare organisations, and regulatory bodies are essential in devising strategies for the integration and effective utilisation of IQNs' specialised skills.

7 | CONCLUSION

This study has shed light on the barriers and facilitators experienced by IQNs upon their relocation to Australia. Despite the significant presence of IQNs in Australia's healthcare sector and the potential for increased foreign recruitment, research on the transfer of specialty skills and associated challenges from the perspective of IQNs remains limited. While factors such as support, previous experience, and self-agency facilitate IQNs' specialty skill transfer, systemic issues, deskilling, discrimination, and limited scope of practice pose significant barriers. Moving forward, employers, assessing bodies and registering bodies must play a pivotal role in recognising advanced skills and providing gap training based on nursing curriculum and clinical abilities to ensure the professional integration and career advancement of IQNs in Australia. Future research should explore the perspectives of Australian recruiting managers to develop a supportive specialty skill transition program. Leveraging the specialised skills of IQNs can bolster Australia's inclusive practice strategies and enhance the quality of its healthcare system. By ensuring nurses possess the right skills in the right specialties, the healthcare system can deliver quality patient care, minimise adverse outcomes, and promote equitable access to healthcare services for all.

AUTHOR CONTRIBUTIONS

Chanchal Kurup: Conceptualisation, methodology, formal analysis, investigation, writing—original draft preparation, writing—review and editing. **Adam Scott Burston:** Conceptualisation, methodology, writing—review and editing, supervision. **Vasiliki Betihavas:** Conceptualisation, methodology, writing—review and editing, supervision. **Elisabeth Ruth Jacob:** Conceptualisation, methodology, writing—review and editing, supervision.

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CONFLICT OF INTEREST STATEMENT

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

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Permission from the ACUs HREC (Human Research Ethics Committee) was obtained (2022-2524E) prior to the research.

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REFERENCES

- Adhikari, R. (2011). *From aspirations to "dream-trap": Nurse education in Nepal and Nepali nurse migration to the UK*. Doctor of Philosophy, The University of Edinburgh. <https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari2011.pdf?sequence=6&isAllowed=y>
- Angus, E., Reid, K., Yamit, S., Coe, G., Ryan, B., & Crichton, S. (2021). Experience of internationally qualified nurses providing palliative care in a New Zealand aged residential care facility. *International Journal of Palliative Nursing*, 27(10), 515–523. <https://doi.org/10.12968/ijpn.2021.27.10.515>
- Australian Nurses and Midwifery Accreditation Council. (2016). *Frequently asked questions*. <http://anmac.org.au/skilled-migration-services/faq#t192n2306>

- Australian Bureau of Statistics. (2021). Australia's population by country of birth. <https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release>
- Australian Government Department of Health and Aged Care. (2022). *About nurses and midwives*. <https://www.health.gov.au/topics/nurses-and-midwives/about#:~:text=There%20are%20more%20than%20303%2C000,assessing%20patients>
- Australian Health Practitioner Regulation Agency. (2023). What we do. <https://www.ahpra.gov.au/about-ahpra/what-we-do.aspx>
- Australian Immigration Law Services. (2022). *Can working in Aged Care Get You Permanent Residency in Australia?* https://www.youtube.com/watch?v=uKpc7Otkl_k
- Australian Nurses and Midwifery Accreditation Council. (2016). Glossary. <https://anmac.org.au/glossary/i>
- Australian Nurses and Midwifery Federation. (2020). Nurses and midwives (Victorian public sector) (single interest employers) enterprise agreement 2020-2024. <https://www.anmfvic.asn.au/~media/files/anmf/eba%202020/campaign%20updates/200120-NandM-EBA-master-clean.pdf>
- Bakon, S., Craft, J., Wirihana, L., Christensen, M., Barr, J., & Tsai, L. (2018). An integrative review of graduate transition programmes: Developmental considerations for nursing management. *Nurse Education in Practice*, 28, 80–85. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Carter, N. (2010). Clinical nurse specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 189(1), 12–13. <https://www.researchgate.net/profile/Sharon-Kaasalainen/publication/51037666>
- Cassar, M. (2020). Using the internationally recognized frameworks of nursing competencies to address the challenges of nurse refugees without documentation. *Tuning Journal for Higher Education*, 8(1), 53–73. [https://doi.org/10.18543/tjhe-8\(1\)-2020pp53-73](https://doi.org/10.18543/tjhe-8(1)-2020pp53-73)
- City of Vienna. (2022). Nursing care—specialisation—recognition. <https://www.wien.gv.at/english/psc/pflege-erkennung-en.html>
- Coalition of National Nursing and Midwifery Organisations. (2022). Members. <https://connmo.org.au/index.php/members>
- Covell, C. L., Adhikari, A., & Salami, B. (2022). Surviving the employment gap: A cross-sectional survey of internationally educated nurses. *International Nursing Review*, 69(2), 167–174. <https://doi.org/10.1111/inr.12668>
- Danish Patient Safety Authority. (2020). Non-EU countries (third countries). Retrieved 20 January from <https://en.stps.dk/en/health-professionals-and-authorities/registration-of-healthcare-professionals/nurse-application-for-registration/non-eu-countries-third-countries/>
- Danish Patient Safety Authority. (2021). Employment for adaptation and training purposes. <https://en.stps.dk/en/health-professionals-and-authorities/registration-of-healthcare-professionals/nurse-application-for-registration/non-eu-countries-third-countries/employment-for-adaptation-and-training-purposes/>
- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96–98. <https://doi.org/10.1016/j.cnre.2015.11.001>
- Department of Health and Aged Care. (2023). Skilled visa pathways for carer roles—aged care industry labour agreement. <https://www.health.gov.au/sites/default/files/2023-08/aged-care-industry-labour-agreement-webinar-slides.pdf>
- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228–235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, 20(11), 1772–1789. <https://nsuwrks.nova.edu>
- German Organisation of Nursing Professionals. (2021). *About DBfK*. Retrieved 30 December from <https://www.dbfk.de/de/ueber-uns/English.php>
- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012). The role of the clinical nurse specialist in the future of health care in the United States. *US Army Research*, 7, 343–353. <https://doi.org/10.1016/j.cpen.2012.06.006>
- Jacob, E. R., Jacob, A. M., Davies, H. T., Stoneman, L. J., & Coventry, L. (2021). Peripheral intravenous cannulas for blood drawing: Nurses' views through content analysis. *Collegian*, 28(4), 408–414. <https://doi.org/10.1016/j.colegn.2020.12.002>
- Japanese Nursing Association. (2019). *Nursing in Japan*. Retrieved 21 December from <https://www.nurse.or.jp/jna/english/nursing/employment.html>
- Japanese Nursing Association. (2023). *Nursing in Japan*. Retrieved 21 May 2024 from <https://www.nurse.or.jp/jna/english/nursing/employment.html>
- Kerala Public Service Commission. (2021). Kerala PSC staff nurse. <https://keralapsc.gov.in/staff-nurse-gr-ii-health-service-0>
- Ketefian, S., Redman, R., Hanucharunkul, S., Masterson, A., & Neves, E. (2001). The development of advanced practice roles: Implications in the international nursing community. *International Nursing Review*, 48(3), 152–163. <https://doi.org/10.1046/j.1466-7657.2001.00065.x>
- Kishi, Y., Inoue, K., Crookes, P., & Shorten, A. (2014). A model of adaptation of overseas nurses: Exploring the experiences of Japanese nurses working in Australia. *Journal of Transcultural Nursing*, 25(2), 183–191. <https://doi.org/10.1177/1043659613515716>
- Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*, 10, 7528–7543. <https://doi.org/10.1002/nop2.2023>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30(2), 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 80, 1868–1881. <https://doi.org/10.1111/jan.15952>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2024). Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review. *International Nursing Review*, 1–10. <https://doi.org/10.1111/inr.13029>
- Lai, D. W. L., Shankar, J., & Khalema, E. (2017). Unspoken skills and tactics: Essentials for immigrant professionals in integration to workplace culture. *Journal of International Migration and Integration*, 18(3), 937–959. <https://doi.org/10.1007/s12134-017-0513-5>
- Larson, R. B. (2019). Controlling social desirability bias. *International Journal of Market Research*, 61(5), 534–547. <https://doi.org/10.1177/1470785318805305>
- Lee, K. E., & Lee, M. A. (2021). Contribution of the North Texas Korean nurse association COVID-19 task force team to promote the health of the local Korean immigrant community amid the pandemic. *Journal of Korean Academy of Nursing*, 51(5), 505–510. <https://doi.org/10.4040/jkan.21154>
- Low, J. (2019). A pragmatic definition of the concept of theoretical saturation. *Sociological Focus*, 52(2), 131–139. <https://doi.org/10.1080/00380237.2018.1544514>
- Malterud, K., Siersma, V., & Guassora, A. (2015). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(1), 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Ministry of Health Labour and Welfare. (2022). *Overseas trained nurses*. Retrieved 12 July from https://www.mhlw.go.jp/site/kensaku_english.html?q=overseas%20trained%20nurses

- National Association of Clinical Nurse Specialists. (2023). *What is a CNS?* <https://nacns.org>
- National Supervisory Authority for Welfare and Health. (2015). *Recognition of professional qualifications*. Retrieved 2 July from https://www.valvira.fi/web/en/healthcare/professional_practice_rights/qualified_in_eu_eea_member_state/recognition-of-professional-qualifications
- New South Wales Ministry of Health. (2021). Public Health System Nurses' and Midwives' (State) Award 2021. <https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf>
- NHS Employers. (2023). Recruitment of overseas nurses and midwives. <https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives>
- NMBA. (2022). *Registration & endorsement*. <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx>
- Nursing Council of New Zealand. (2021). Guidance for internationally qualified nurses. <https://www.nursingcouncil.org.nz/IQN/>
- O'Callaghan, C., Loukas, P., Brady, M., & Perry, A. (2018). Exploring the experiences of internationally and locally qualified nurses working in a culturally diverse environment. *Australian Journal of Advanced Nursing*, 36(2), 23 <https://search.informit.com.au/12335974545870>
- Organization for Economic Cooperation and Development. (2019). *Recent trends in the international mobility of doctors and nurses*. OECD publications. Retrieved 24 October 2024 from <https://www.oecd-ilibrary.org/docserver/5571ef48-en.pdf?expires=1636417440&id=id&accname=ocid195636&checksum=30EE2A1601A627249F85BC7505631BE2>
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Wolters Kluwer Health.
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64–85. <https://doi.org/10.1111/1744-7941.12121>
- Ronaldson, S., Macfarlane, K., Thomas, D., Woods, P., Andreychuk, A., Ehinger, S., Lichuk, C., & Miller, M. (2017). Peer mentorship for the internationally educated nurse: An appreciative inquiry. *Athens Journal of Health*, 4, 187–208. <https://www.athensjournals.gr/health/2017-4-3-1-Ronaldson.pdf>
- Royal Children's Hospital. (2022). Emergency department status—the Royal Children's hospital. https://www.rch.org.au/emerg_rch/status/
- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy, Politics & Nursing Practice*, 23(3), 175–194. <https://doi.org/10.1177/15271544221102964>
- Smith, P. A., Allan, H., Henry, L. W., Larsen, J. A., & Mackintosh, M. M. (2006). Valuing and recognising the talents of a diverse healthcare workforce. *EU Commission* <http://portal.surrey.ac.uk/reoh>
- Socialstyrelsen. (2021). *Specialist nurses educated outside the EU and EEA*. Retrieved 21 December from <https://legitimation.socialstyrelsen.se/en/recognition-of-a-specialist-qualification/utbildad-utanforeees/specialist-nurse-educated-outside-the-eu-and-eea/>
- Stanford, F. C. (2020). The importance of diversity and inclusion in the healthcare workforce. *Journal of the National Medical Association*, 112(3), 247–249. <https://doi.org/10.1016/j.jnma.2020.03.014>
- Stephen, S., & Vijay, V. R. (2019). Metamorphosis of the nursing profession: An Indian perspective. *Journal of Global Health*, 9(2), 020314. <https://doi.org/10.7189/jogh.09.020314>
- Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry*, 16(3), 182–190. <https://doi.org/10.1111/j.1440-1800.2009.00448.x>
- United Nations. (2022). Goal 3: Ensure healthy lives and promote well-being for all at all ages. <https://www.un.org/sustainabledevelopment/health/>
- Vafeas, C. J. (2013). *Migration matters: The experience of United Kingdom registered nurses migrating to Western Australia* [Edith Cowan University, doctor of philosophy]. <https://ro.ecu.edu.au/theses/703/>
- World Health Organization. (2020). A regional guide to the development of nursing specialist practice. <https://applications.emro.who.int/docs/WHOEMNUR432E-eng.pdf>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640–653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Zhou, Y. (2014). The experience of China-educated nurses working in Australia: A symbolic interactionist perspective. *PLoS One*, 9(9), e108143. <https://doi.org/10.1371/journal.pone.0108143>

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The previous publication identified vital facilitators and barriers for IQNs transitioning their specialty skills into the Australian healthcare system. Facilitators include a supportive work environment, previous experience in developed countries, self-agency, and social activities. Barriers encompass systemic issues like deskilling, discrimination, lack of recognition of specialty skills, financial pressures, and unclear scope of practice. Overall, the study highlights the need for targeted support and clear transition pathways to enhance IQNs' integration and effective utilisation of their specialised skills.

The following publication reports on the outcome of individual interviews with IQNs. It provides the findings of the thematic analysis and uncovers three pivotal themes: IQN Specialty Skill Utilisation -facilitators, Unpacking IQN Challenges in Specialty Skill Utilisation and Factors Influencing Attrition among IQNs in Australia. A thematic map visually conveys these themes and subthemes, addressing crucial questions surrounding facilitators, barriers, and their impact on attrition. Subsequent sections meticulously explore each theme, delving into the insights shared by IQNs and illuminating their perspectives through key quotes. This paper augments the foundational understanding cultivated in previous publications to comprehensively grasp the challenges, opportunities, and recommendations associated with integrating IQNs into the Australian healthcare system.

4.4 Journal Article 5:

Title: From barriers to opportunities: Utilisation of specialty expertise of internationally qualified nurses in Australia following immigration

Nursing Open was chosen for its broad scope and commitment to research with global impact, making it ideal for our study on IQNs. The journal's open-access policy will help disseminate findings widely, influencing nurse immigration and workforce planning practices. Its rigorous peer review process also ensures the research is recognised and valued in the academic and healthcare communities. Additionally, the journal's impact factor of 2.3 highlights that the study will receive significant attention and recognition within the field.

4.4.1 Reference for Paper

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). From barriers to opportunities: Utilisation of specialty expertise of internationally qualified nurses in Australia following immigration. *Nursing Open*.

Title: From barriers to opportunities: Utilisation of specialty expertise of Internationally Qualified Nurses in Australia following immigration

Abstract

Aim: To analyse the facilitators and barriers influencing the adaptation and integration of internationally qualified nurses into specialty roles within the Australian healthcare setting

Design: Semi-structured interview

Method: Seven internationally qualified nurses participated in three focus groups, which employed semi-structured interview questions.

Data Sources: Data were collected from November to December 2022 and analysed using thematic analysis.

Findings: The analysis revealed three pivotal themes: IQN Specialty Skill Utilisation -facilitators, Unpacking IQN Challenges in Specialty Skill Utilisation and Factors Influencing Attrition among IQNs in Australia. Each theme addresses a critical aspect of effectively integrating internationally qualified nurses into the Australian healthcare system. Additionally, the study highlights the connection between unmet or unrecognised specialised skills and the attrition of internationally qualified nurses.

Conclusion: Recognising and mitigating barriers while leveraging facilitators and tailoring transition pathways is crucial for optimising the utilisation of specialised skills among internationally qualified nurses. These insights have significant implications for policymakers, healthcare organisations, and nurses. It underscores the need to proactively support internationally qualified nurses in

harnessing their specialty skills, enhancing workforce diversity and improving healthcare outcomes.

Impact: The results outline the critical need for a streamlined and standardised approach to skill assessment and recognition, an increased commitment from employers to recognise and embrace the expertise of internationally qualified nurses, and the promotion of mentorship and cultural integration programs within workplace contexts. Addressing these issues will enhance the integration and retention of internationally qualified nurses within the Australian healthcare system, ultimately resulting in improved patient care and a skilled workforce.

Reporting method: The researchers followed the Standards for Reporting Qualitative Research (SRQR) guidelines to ensure the study's accuracy and transparency.

Patient or Public Contribution: This paper benefitted from the insights shared by seven internationally qualified nurses, who contributed their experiences and opinions

What this Study Adds

- Lack of opportunities and a lack of clear transition pathways impede international nurses from fully utilising their specialised nursing skills.
- Lack of specialist skill use is linked to higher internationally qualified nurse attrition rates.

4.4.1.1. Introduction

Recruiting nurses is a growing challenge worldwide. Approximately all developed countries face shortages of nurses (Smith et al., 2022), and meeting the United Nations' global sustainable development health goals for 2030 will necessitate another nine million nurses (United Nations, 2022). The post-pandemic era intensifies nurse attrition, with more and more nurses around the globe and even in Australia contemplating leaving their positions (Sakzewski, 2021, November 19). Despite numerous nursing vacancies, there is a 26% decline in nursing graduates from Australia accepting job offers within six or more months of graduation (Kurup et al., 2023b).

4.4.1.2. Background

Developed countries, including Australia, increasingly rely on IQNs to address nursing shortages (Kurup et al., 2022). A registered nurse (RN) with a primary nursing qualification obtained from outside Australia is referred to as an IQN (Australian Nurses and Midwifery Accreditation Council [ANMAC], 2016). Australia is both a significant destination and consumer country for IQNs, with 35.3% of registered nurses (RNs) in the year 2019 being contributed by IQNs (Organisation for Economic Co-operation and Development [OECD], 2019).

The practice of nursing specialisation has existed for nearly four decades and is prevalent worldwide, spanning various countries across the globe (Carter, 2010). The designation 'specialist nurse' means a registered nurse who holds a valid nursing registration and has successfully completed a specialised nursing educational program tailored to the requirements of their respective country (World Health Organization [WHO], 2020). These specialist nurses possess

distinct higher-order thinking abilities within their specific areas of expertise, significantly contributing to the increased demand for their roles and ultimately resulting in safer patients (McHugh & Lake, 2010).

The shortage of specialised nurses has significant repercussions on healthcare facilities, including delays in diagnosis, deferred surgeries, and challenges in managing care needs, especially in specialised domains (Royal Children's Hospital, 2022). As a result, there has been a growing dependence on recruiting IQNs to address the shortage of specialised nurses. Many IQNs bring specialised nursing skills and knowledge that are highly sought after in developed countries, particularly in specialised areas like intensive care units, cardiology, respiratory, and renal care (Ressia et al., 2017). Nevertheless, IQNs often grapple with difficulties in having their specialised skills recognised and effectively utilised, potentially resulting in deskilling or working at a lower level of proficiency (Ressia et al., 2017). This underutilisation of specialised skills can lead to adverse patient outcomes, reduced effectiveness (Ressia et al., 2017), and shortages of skilled professionals in specialised nursing fields. Understanding these factors is essential for optimising their contributions to patient care and enhancing healthcare outcomes (Kurup et al., 2023b).

Consequently, this study aims to analyse the facilitators and barriers influencing the adaptation and integration of IQNs into specialty roles within the Australian healthcare setting from the IQN's perspective. The study seeks to gain insight into the experiences of IQNs and explore how their skills can be effectively utilised within Australian healthcare. Given the global shortage of nurses and the demand for specialised nurses, this issue is of great importance.

4.4.1.3. The Study

Aim: To analyse the facilitators and barriers influencing the adaptation and integration of IQNs into specialty roles within the Australian healthcare setting.

Objective: To obtain IQN's perspectives on the barriers and facilitators in the utilisation of their specialty skills following immigration in Australia through focus groups.

Research Question: Following immigration, what methods can be employed to utilise the specialised skills of IQNs in the healthcare system of a developed country?

4.4.1.4. Methods

4.4.1.4.1. Research Design: Seven IQNs participated in three focus groups with semi-structured interview questions.

4.4.1.4.2. Recruitment Method

This study was part of a larger project that included Phase 1 surveys. For participant selection, purposive sampling targeted IQNs with direct experience in specialty skill transfer. An anonymous mixed-method survey was administered in Phase 1 of the larger project (Kurup et al., 2023b). This survey featured a final page linking to a separate survey where participants could express their intention to participate in Phase 2 and review the Participant Information Letter (PIL), which outlined the research details and requested consent. Researchers subsequently contacted interested participants with additional information and consent forms. In Phase 2, a focus group was conducted.

4.4.1.4.3. Inclusion and Exclusion Criteria

Eligible participants maintained current registration with the Australian Health Practitioner Regulation Agency (Ahpra), had at least one year of work experience as an RN in an Australian healthcare setting, and possessed specialty experience from their origin country through approved education or hospital-based training. Inclusion was voluntary, and individuals not meeting the criteria were excluded. Adhering to Standards for Reporting Qualitative Research (SRQR) guidelines, the researchers ensured accurate and rigorous reporting, enhancing transparency and reproducibility (Tohmola et al., 2022).

4.4.1.4.4 Validity and Reliability

The lead researcher, an IQN, added a valuable perspective to the research process, enhancing the understanding of the subject matter. A mock interview with nursing academics was conducted to ensure focus group validity, incorporating author reflexivity. The study's trustworthiness was ensured through multiple methods, including staying in close contact with participants and using quotes in reporting. Dependability was secured via a coded system, reflection, bias disclosure, and participant Interaction recording. Standardised and tailored questions, along with a script, ensured consistency. Rigorous data management practices were implemented to enhance accuracy and consistency in storage and analysis (Braun et al., 2023).

4.4.1.4.5. Data Collection

The focus group discussions were held as the Microsoft team recorded meetings from November to December 2022, which considered participants' comfort, access to meetings, levels of distraction and travel restrictions attributed

to Covid 19 in the year 2021-2022. The lead researcher conducted all three focus groups with a second researcher in attendance. A semi-structured explanatory interview method was used to guide the discussions. See Table 4.16 for the questions. Three focus group meetings were scheduled for this study to comprehensively explore the topic of interest. The meetings were transcribed verbatim.

Table 4.16

Semi-Structured Focus Group Questions

Semi-structured focus group questions
1. What was it like to use the specialty skills you learned from another country in an Australian health setting?
2. In your opinion, what else could have prepared you to better transition your specialty skills into the Australian context
3. How do you think IQNs can build confidence to use their specialty skills in Australia?
4. How do you think IQNs can build competence to use their specialty skills in Australia?
5. How do you think IQNs can build contextual knowledge to use their specialty skills in Australia?
6. Have you changed employers since getting your first registered nurse job in Australia, or have considered changing employers? Explain why?
7. Do you have any suggestions on how IQN's specialty skills can be used effectively in Australia after immigration?

4.4.1.4.6. Data Analyses

Focus group data were analysed using inductive thematic analysis, which allows the researcher to uncover patterns and themes that emerge from the data (Braun et al., 2023). Responses were recorded in an Excel spreadsheet, segmented into meaning units, condensed, and color-coded following Braun and Clark's 15-point checklist (Braun et al., 2023). The analysis followed Braun and Clarke's 6-stage Thematic analysis (Braun et al., 2023), involving all research team members.

4.4.1.4.7. Ethical Considerations

Ethical approval was granted by the University HREC (Human Research Ethics Committee) study number (blinded for peer review) in July 2022 before the commencement of the research.

4.4.1.5. Findings

4.4.1.5.1 Characteristics of the Sample

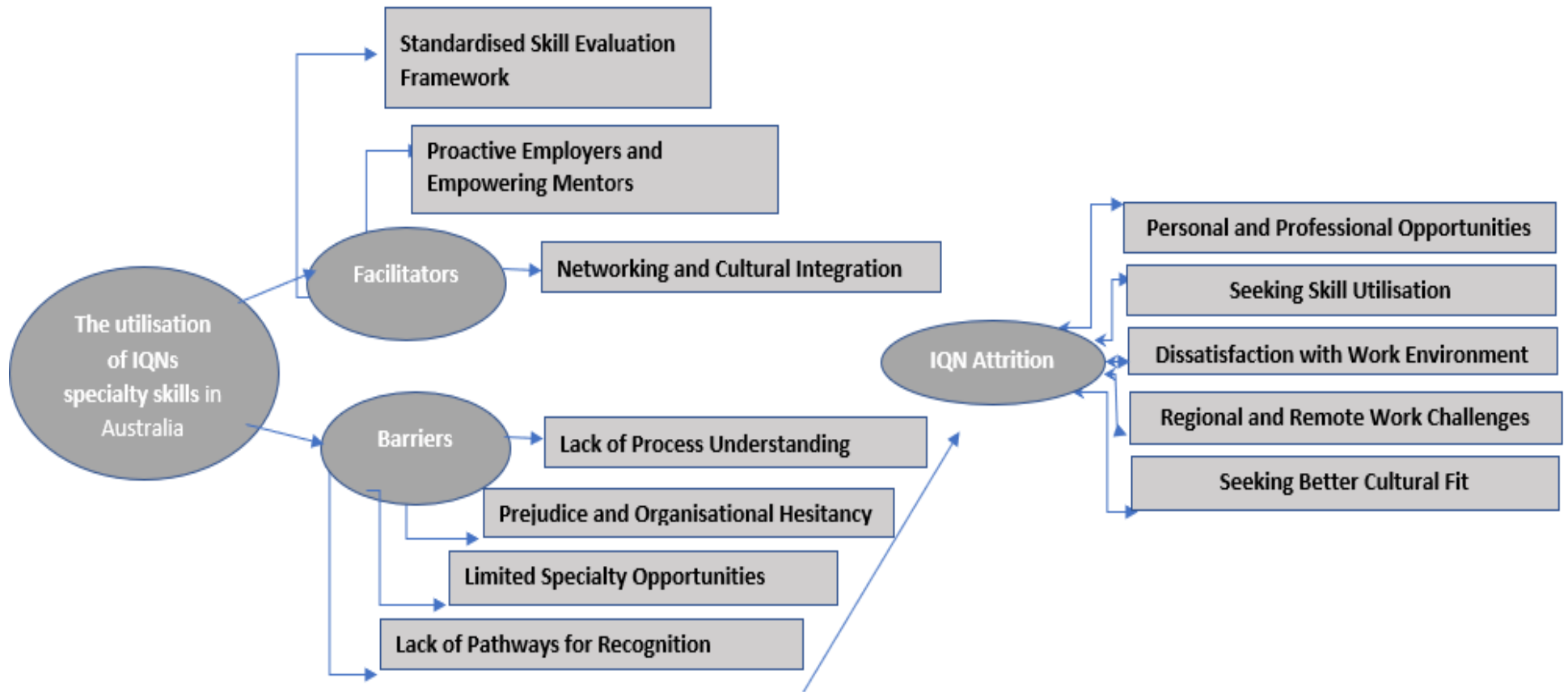
The study included a total of 7 participants. All participants were female. To maintain confidentiality, additional demographic information was not collected. The duration of each focus group varied based on the number of participants, ranging from 20 minutes to 148 minutes.

4.4.1.5.2 Thematic Analysis

The analysis revealed three principal themes concerning the experience of IQNs as they transition and apply their specialised skills within the Australian healthcare system post-immigration. Figure 4.1 illustrates a thematic map visualising the facilitators and barriers extracted from these themes and subthemes. Figure 4.1, derived from the participant's comments and the themes, illustrates the thematic map of IQN perceptions on the facilitators and barriers to the utilisation of their specialty skills and its association with IQN attrition.

Figure 4.1

Facilitators and Barriers Map of the Utilisation of IQN's Specialty Skills and The Association with IQN Attrition



The themes are structured to address the following questions: What are the primary facilitators and barriers to IQNs in applying their specialised skills within the Australian healthcare system after immigrating? Additionally, how can these skills be integrated effectively and safely, considering the viewpoint of IQNs? Themes 1 to 2 encompass these questions, while theme 3 explores how the underutilisation of specialty skills among IQNs affects attrition rates. Themes and subthemes are illustrated through critical quotes below.

Theme 1: IQN Specialty Skill Utilisation -Facilitators

This theme pertains to the collective mechanisms and support systems aiding IQNs in applying specialised nursing skills in Australian healthcare. It covers various subthemes, such as Standardised Skill Evaluation Framework, Proactive Employers and Empowering Mentors, and Networking and Cultural Integration. These contribute to successful IQN integration, ensuring optimal patient care in Australia.

Subtheme 1: Standardised Skill Evaluation Framework

This subtheme encompasses developing and implementing organised pathway and skill assessment strategies to aid IQNs in transitioning into their new healthcare environments and roles. Participants provided comments that supported this, such as:

“I think a structured pathway to integrate better and support IQNs would benefit. ... if you believe you have the skill, you could go there, write a 20-question Multiple choice test, perform

your skill in front of an RN and be signed off.

Simple, straightforward procedure (FG IQN3)'.'

"I am thinking of checking and doing kind of a self-assessment, test your knowledge whether you are good then .. give like two months or three months of buddied shift to your specialised area and they can decide if I am capable or not.Cardiac is my specialty from my home country; I am skilled, but how do I prove there is no assessment model? (FG IQN 6)".

Obviously, most Australian health standards are referred back to the World Health Organization. Every definition or every specialisation and its internationally agreed accepted definition. So, why could courses and skills assessments not be standardised in that case? (FG IQN 6)

Subtheme 2: Proactive Employers and Empowering Mentors

This theme highlights the proactive engagement of employers and the empowering role of mentorship programs in facilitating the integration of IQNs into the workforce. Participants' comments included:

"I know from my perspective that the company I work with is very proactive and

actively seeking IQNs to work on certain projects. So, there can be pathways out there (FG IQN 5)”.

“ I think perhaps a mentorship pathway to embrace internationally skilled nurses in the workplace better. ... when I worked in academia, I recognised pathways for international students, but I am not sure that there is anything in place for IQNs (FG IQN 5).”

“For me, I am very happy to mentor. Every transition is possible with a good mentor (FG IQN 2).”

Subtheme 3: Networking and Cultural Integration

This subtheme underscores the pivotal role of networking and connecting with like-minded individuals in the process of cultural integration and skill transition for IQNs. The participants' comments strongly support the idea.

“ So, I know, obviously, coming back from India and trying to learn everything, and you are scared of what is happening around cultural shocks and professional shocks. I think a group of people who have lived it before are a fantastic resource (FG IQN 6)”.

“I was a part of an online community where you could ask questions about moving to Australia. It was a really supportive group of like-minded people. I made friends with another nurse who was migrating to the same hospital. They assisted me in understanding the culture inside and outside the ward (FG IQN 7).”

“Joining groups or forums, whether it is through the Australian College of Nursing or other online platforms, allows you to hear the language of the Australian nurse and start using it (FG IQN 8).”

Theme 2: Unpacking IQN Challenges in Specialty Skill Utilisation

This theme encompasses the collective challenges faced by IQNs in effectively utilising their specialty skills following immigration to Australia. The subthemes include a Difficult Registration Process, Organisational Hesitancy to Employ Specialty IQNs, Limited Specialty Opportunities and Lack of Pathway of Recognition.

Subtheme 1: Difficult Registration Process

This subtheme examines IQNs' challenges in understanding and navigating the complex Australian registration process, impacting their skill utilisation. Comments from participants support and confirm these challenges.

“The key problem is that it was a recruitment specialist when I went through, and she did not understand what was acceptable in Australian standards. If I had known that my midwifery would not be recognised, I would not have applied to the Midwifery Council and would have just gone straight for the RN (FG IQN7).

“The understanding of what the Australian registration process requires is not well known in our country. Recently, I had an experience where some friends of my colleagues did the registration here, but the process is not well known. I reached out to Ahpra asking if there is anybody who could explain the process, but there is nobody (FG IQN1)”.

“The registration process was not straightforward. It is not on websites; it is not straightforward for overseas nurses to look up somewhere. There were a lot of hoops to jump through, including police checks, etc. (FG IQN2)”.

Subtheme 2: Organisational Hesitancy to Employ Specialty IQNs.

This subtheme highlights organisational hesitancy as a challenge for IQNs seeking employment in Australia. IQNs encounter reluctance from Australian employers to acknowledge their qualifications and experiences, revealing perceived biases against them, as supported by their comments.

‘There is a hesitancy in employing IQNs to their fullest scope. This may stem from prejudices against those not Australian-trained doing Australian jobs. Despite academic qualifications, there is frustration when local nurses with lower qualifications still secure positions, indicating a need for a change in organisational culture (FG IQN3)’.

“Unfortunately, there is a prejudice and hesitancy to acknowledge what IQNs can bring to the table (FG IQN 5)”.

“I applied for 100 jobs before finding one. My applications were rejected without reason, leading to frustration. IQNs find themselves at an intersection where they are stuck, with little guidance on improvement. The reasons for rejections, such as interview performance, are unclear, and there is a lack of communication to address or offer solutions (FG IQN1)”.

Subtheme 3: Limited Specialty Opportunities

This subtheme explores challenges for IQNs regarding limited specialty opportunities in Australia. Participants' comments provide insights into this aspect.-

"I came in 2003 as a nurse practitioner. However, the role was not established in QLD at that time. While I managed to secure a job as a palliative care coordinator, attempts to implement my skills in pain management were not well received. Lack of recognition and support eroded my confidence, leading me to leave and transition into academia. I did not feel valued (FG IQN5)."

"As a registered nurse, if given the chance to work in cardiac ICU, my knowledge might have been enhanced, and I could have proven that I can excel in that area. Unfortunately, they never allowed me to work in cardiac-related wards, despite my eight years of experience in cardiac nursing (FG IQN6)."

Subtheme 4: Lack of Pathway of Recognition

This subtheme identified IQNs' challenges due to a lack of clear pathways for recognising their qualifications and experience, resulting in career setbacks. Some comments from participants included-

"I was originally trained as a nurse in the UK and then in the US, becoming a midwife. Upon coming to Australia, my midwifery degree was not recognised, leading to retraining despite a decade of midwifery experience. This resulted in restarting my career, facing the perception of being a novice nurse again, and a

significant decrease in pay. It felt like a mental and physical blow, especially when the skills are universal globally (FG IQN4).”

“Despite 25 years of experience, I was told I was not qualified to handle a post-op patient, leading to delays in patient care. There is a lack of understanding that high standards exist globally, and the difficulty lies in proving skills through a skill assessment process, making it challenging to showcase expertise and experience (FG IQN3)”.

“Even though I finished nursing in India and worked as a specialist nurse in Saudi Arabia, my specialisation was not recognised in Australia. They treated me as a new grad, disregarding my extensive experience. This was a significant shock, especially after ten years of cardiac ICU experience. Trying to return to the cardiac ICU in Australia proved unsuccessful (FG IQN6)”.

Theme 3: Factors Influencing Attrition among IQNs in Australia

This theme delves into the diverse factors that drive attrition among IQNs in the Australian healthcare system. The theme comprises five interconnected subthemes: Personal and Professional Factors, Seeking Skill Utilisation, Dissatisfaction with the Work Environment, Regional and Remote work challenges, and Seeking Better Cultural Fit.

Subtheme 1: Personal and Professional Factors

This subtheme investigates the personal and professional factors that underlie IQNs' decisions to change their initial employers. Participant comments provide a deeper understanding of these factors.

"Yeah, I am currently on my second employer, and I have been with this current employer for at least 15 or 16 years. I changed because this new one was a bit closer to my house where I was living (FG IQN 3)".

"Career progression and climbing the ladder were my reasons to move. Sometimes, gaining experience in a different area was a sideways jump. I have moved from education to quality and safety now. All the programs I was delivering education about were related to quality and safety. So, it was a natural progression (FG IQN 6)."

"So, it has always been about moving up the career ladder, apart from the initial move from [location]. Our reason for moving was very much about a better life for the family and the kids (FG IQN 7)."

Subtheme 2: Seeking Skill Utilisation.

This subtheme explores the crucial role of seeking skill utilisation as a primary factor influencing skilled IQNs to change employers, particularly when their initial employer undervalues their skills or qualifications. Participant comments emphasise the significance of the same.

“I think it is giving recognition to what we have done, and nurses move if they are not valued (IQN 1)

“They put me in the general surgical ward, which is very much outside of my comfort zone. I actually spoke to my manager when I got here, and I said, you know, what are the chances that I can get into something where my skills can be more easily used (IQN 7).”

” When I came to the US, I worked in the public system and held various roles within that hospital, seeking to be challenged. I ended up in the emergency department, and it was just not enough. So, I went into academia and have since joined a private organisation. I have been with them for the past nine years, working as a nurse

practitioner because this is where I can actually use my skills (FG IQN 3)”.

Subtheme 3: Dissatisfaction with Work Environment

This subtheme centres on the pivotal role of dissatisfaction with the work environment as a factor driving the departure of skilled IQNs. This is exemplified by comments from participants:

...“The culture at the time in our unit was not very good. We had a new manager, whom I felt very uncomfortable with, and I jumped ship to another job (FG IQN 7).”

“My first job was here at xxx Public Hospital, which is one of the two major public hospitals in the ACT. I stayed here for four years and actually started to have some career progression, reaching a registered nurse level 3.1. However, I changed jobs because of a nasty manager in the learning and development team (FG IQN 6)”.

Subtheme 4: Regional and Remote Work Challenges

This subtheme delves into the significant impact of regional and remote work challenges, including physical and emotional separation from family, as a primary driver of attrition among IQNs. Participants' comments include:

“See, the biggest difference I can tell is between remote rural nurses and the metropolitan nurses because there is so much, so many things that are provided to people who live in the city, whereas in country areas and remote areas, they lack so many things (FG IQN 2)”.

“Working in rural and remote nursing and away from the family a lot. So, you know, after many years that gets, you need to come home (FG IQN 4)”.

Subtheme 5: Seeking Better Cultural Fit

This subtheme explores the significant influence of seeking a better cultural fit, considering immigration as a collective family decision as a driver of attrition among IQNs. Participants' comments exemplify this:

“It is not just the person, me, who is immigrating. The whole family, hence, the cultural fit plays a major role in staying or leaving (FG IQN 6)”.

“The multiculturalism in the metros has always attracted me (FG IQN 2)”.

4.4.1.6. Discussion

This study aimed to analyse the facilitators and barriers influencing the adaptation and integration of IQNs into specialty roles within the Australian

healthcare setting. Data were collected from female IQNs with varied experience levels, reflecting the global gender disparity in nursing and the significant representation of women in the Australian nursing profession (NMBA, 2022a).

4.4.1.6.1 IQN Specialty Skill Utilisation Facilitators

Participants underscored the need for standardised global skills assessments, which are vital for recognising and employing IQNs during events like COVID-19. A transparent evaluation framework, integrated into job-seeking stages, enhances IQNs' visibility (Jarrín et al., 2017). Despite visa complexities, active employer engagement identifies qualified candidates and refines recruitment practices (Pittman et al., 2011). Mentorship, comprising process mentors and Australian mentors, provides comprehensive support for successful skill utilisation and cultural integration (Smith et al., 2006). Networking, cultural integration, and participation in forums offer insights into Australian healthcare practices, reducing uncertainty-related apprehension (Kurup et al., 2022).

4.4.1.6.2 Unpacking IQN Challenges in Specialty Skill Utilisation

IQNs face challenges due to a lack of understanding of the registration process's complexity, compounded by the distinct roles of organisations like Ahpra (Ahpra, 2023b) and ANMAC (Australian Nursing & Midwifery Accreditation Council, 2022). Clear step-by-step guides and tailored support can simplify the transition process (Kurup et al., 2022). Hesitancy in the Australian healthcare system stems from perceptions of inferior qualifications and limited specialty opportunities, leading to frustration and unfulfilled potential (Lee & Lee, 2021). Working in unfamiliar areas forces IQNs to reassess professional aspirations and reset career progression, as evidenced by Zhou (2014).

Another challenge is the absence of clear pathways for recognising qualifications and experience within the Australian healthcare system. While transition pathways are deemed essential for domestic graduate nurses (Kurup et al., 2023b), they are usually absent for IQNs. This discrepancy places a significant burden on IQNs to navigate their specialty skill utilisation within the Australian healthcare system independently, including the recognition of their specialist skills. The responsibility for their skill transition primarily rests on IQNs themselves (Kurup et al., 2022), underscoring a noticeable gap in the amount of support and guidance provided to them.

Australian Nursing and Midwifery Accreditation Council (ANMAC) conducts specialist skill assessments of IQNs in Australia, but it is primarily utilised for visa applications (Australian Nursing & Midwifery Accreditation Council, 2022). However, while professional nursing organisations acknowledge specialty clinical areas (CoNNMO, 2022), the focus is predominantly on domestic nurses, with specialty recognition tied to specific continuing education and training requirements within the country's healthcare system. This fragmented approach to specialty skill recognition makes it challenging for IQNs to demonstrate their competence in specialised skills (CoNNMO, 2022), thus creating difficulties for them in showcasing their expertise.

4.4.1.6.3 Factors Influencing Attrition among IQNs in Australia

Attrition among IQNs poses challenges, affecting patient care, workforce morale, and healthcare costs. Retaining experienced nursing staff is vital for a stable, culturally competent, high-quality healthcare environment. This study focused on attrition among IQNs, emphasising the need to understand these factors for better retention strategies. While existing research on IQNs primarily addresses push and pull factors, less attention is given to retention within the host country (Higginbottom, 2011). This study sheds light on the motivations behind IQNs' intentions to leave, enabling the development of customised retention strategies.

Registered nurse attrition is significantly influenced by personal and lifestyle choices, including work-life balance, family commitments, proximity to home, and individual well-being (Bae, 2023). Career advancement opportunities and roles challenging IQNs' skills contribute to attrition, making career opportunities and professional fulfilment pivotal for retention (Bae, 2023). Skill utilisation emerges as a determinant for IQNs changing employers, emphasising the importance of recognising and valuing their qualifications. Research conducted by Timilsina Bhandari et al. (2015) supports these insights, demonstrating that skill utilisation significantly predicts job satisfaction among IQNs working in Australian hospitals. Workplace environment and organisational culture, encompassing nurse-staff ratios, leadership support, teamwork, and values, profoundly affect attrition rates (Bae, 2023). Positive transition and orientation experiences correlate with increased retention among immigrant nurses (Higginbottom, 2011). Retaining IQNs, especially in rural and remote

areas, adds complexity due to limited career development and entertainment options impacting job satisfaction (Russell et al., 2021). The unique cultural dynamics of rural locations further influence IQNs' decisions to stay or seek opportunities elsewhere (Challinor et al., 2020). The term 'cultural fit' refers to the alignment between an individual's values, beliefs, and workstyle with those of the organisation or workplace. In nursing, it indicates how newly recruited nurses feel within their workplace culture, influencing their decision to stay or leave. Seeking a cultural fit emerges as a driver of attrition, with newly qualified nurses leaving within the first two years as they adjust to the workplace (Liu et al., 2023). Factors such as cultural differences and a lack of connection with colleagues contribute to a perceived mismatch in values and norms, leading to attrition. Metropolitan cities, known for multiculturalism, offer diverse environments that may appeal to IQNs, enhancing their sense of cultural fit.

The optimisation of integration, skill utilisation, and retention of IQNs in the Australian healthcare system can be achieved through targeted strategies. A key aspect is streamlining the skill assessment process, inspired by successful programs like New Zealand's Competence Assessment Programme (CAP), which is a comprehensive 6–8-week program combining theoretical knowledge with practical application to assess IQNs' readiness (Nursing Council of New Zealand, 2021). Another successful model is the Transitioning Internationally Educated Nurses for Success (TIENS) program in the U.S., developed to help IQNs ease into the American healthcare system (Adeniran et al., 2008). These initiatives showcase the potential for IQNs to demonstrate their specialty skills during placements effectively. Applying lessons from programs like the

Professional and Linguistic Assessments Board (PLAB) in the UK, which currently focuses on medical professionals, Australia can enhance its registration process for skilled nurses (General Medical Council, 2022). By extending PLAB platforms to include nurses, Australia can create a more transparent and accessible registration process, contributing to efficient IQN integration. Proactive employer engagement, coupled with addressing visa-related considerations, is crucial for understanding and meeting the specific needs of IQNs. Implementing mentorship programs covering orientation and cultural integration will facilitate smoother transitions and encourage networking, which is essential for successful integration. Adopting a universally standardised scope of practice and clear step-by-step guides is recommended to enhance the recognition of the complex registration process. Addressing biases within the healthcare system, expanding specialty opportunities, and recognising prior qualifications are pivotal for creating an inclusive environment. Focusing on cultural fit, career advancement, and culturally inclusive environments contributes to the satisfaction and retention of IQNs, benefiting both the healthcare system and immigrant nurses. Positive work environments that foster a culture of respect, promote work-life balance, and offer opportunities for professional autonomy and engagement should be cultivated. Addressing deficiencies in Australia's IQN registration, such as the lack of provisions for clinical placements and the absence of a specialty registration system (Ahpra, 2022), is crucial for ensuring IQNs can effectively showcase and utilise their specialised skills. Retention is paramount, requiring health services to invest in support and funding for nurses, ensuring a return on investment and contributing to healthcare services' overall effectiveness and continuity.

This study serves as an illuminating contribution, shedding light on the motivations behind IQNs' intentions to leave. Custom retention strategies should be developed to promote career advancement through mentorship programs, professional development opportunities, and clear progression pathways. The delicate balance needed in recruitment and retention efforts should be emphasised, especially in challenging areas. The Australian Bureau of Statistics (2021c) highlights the importance of cultural fit and inclusivity in ensuring the success and satisfaction of IQNs within the healthcare system. Creating culturally inclusive environments is imperative to address factors and promote the retention of IQNs in the healthcare workforce. Utilising IQNs' specialty skills is greatly beneficial to patients and the overall effectiveness of the healthcare system

4.4.1.7. Strengths and Limitations of the Work

This study collected data from a diverse group of IQNs with varied specialty experiences in Australia who had immigrated from different countries. The lead researcher, being an IQN, added depth to data interpretation. All participants met eligibility requirements, and their valuable contributions were appreciated. Social media platforms and the Australian College of Nursing expanded the study's reach, generating genuine interest. However, limitations common to online studies included assumptions about social media reach and technical issues potentially affecting the response rate (Yayeh, 2021). Online focus group scheduling faced challenges such as scheduling difficulties and low attendance due to forgetfulness or technical problems.

4.4.1.8. Implication of Policy and Practice:

This research underscores the imperative for improved acknowledgement and utilisation of IQNs' specialised skills within the Australian healthcare framework. By harnessing the expertise of IQNs and providing expanded opportunities in their specialised areas, healthcare systems can significantly increase the range of skills available for patient care. Furthermore, integrating their specialised knowledge fosters a more inclusive and diverse healthcare environment, ultimately improving team dynamics and the overall quality of care. Collaborative initiatives among policymakers, healthcare institutions, and regulatory entities are pivotal in devising effective approaches for integrating and leveraging the specialist skills of IQNs.

4.4.1.9. Conclusion

With the increasing presence of IQNs in the Australian healthcare system, research on IQN specialty skill transfer and challenges is crucial. The study identifies facilitators for successful IQN integration: structured programs, proactive employers, empowering mentorship, networking, cultural integration, and standardised skill assessment. These contribute to a smoother transition and effective expertise utilisation. Conversely, critical barriers include a lack of understanding, biases, organisational hesitancy, limited opportunities, and unclear recognition pathways. The study explores attrition reasons, addressing personal and professional factors, skill utilisation, dissatisfaction, regional challenges, and cultural fit importance. These insights inform strategies for improving IQN retention. Future research in observational settings can deepen understanding of IQN specialty skill integration. Recognising IQNs' cultural

backgrounds is crucial for supportive transition programs. Capitalising on IQNs' specialty expertise ensures inclusive healthcare practices and skilled nurses in various specialties. Addressing barriers and facilitators in IQN specialty skill utilisation enhances preparation, integration, and retention in the Australian healthcare system. Focus areas include process understanding, abilities recognition, skills validation, and fostering confidence, competence, and contextual knowledge.

References

- Adeniran, R. K., Rich, V. L., Gonzalez, E., Peterson, C., Jost, S., & Gabriel, M. (2008). Transitioning internationally educated nurses for success: A model program. *The Online Journal of Issues in Nursing*, 13(2), 1-9. <https://doi.org/10.3912/OJIN.Vol13No02Man03>
- Adhikari, R. (2011). *From aspirations to “dream-trap”: Nurse education in Nepal and Nepali nurse migration to the UK* (Publication No.1842/6199). [Doctoral dissertation, The University of Edinburgh]. <https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari>
- Angus, E., Reid, K., Yamit, S., Coe, G., Ryan, B., & Crichton, S. (2021). Experience of internationally qualified nurses providing palliative care in a New Zealand aged residential care facility. *International Journal of Palliative Nursing*, 27(10), 515-523. <https://doi.org/10.12968/ijpn.2021.27.10.515>
- ANMAC. (2016). *Frequently asked questions*. <http://anmac.org.au/skilled-migration-services/faq#t192n2306>
- Australian Bureau of Statistics. (2021a). *Australia's population by country of birth*. <https://www.abs.gov.au/statistics/people/population>
- Australian Bureau of Statistics. (2021b). *Population*. <https://www.abs.gov.au/AUSSTATS/abs%40.nsf/Web%2BPages/Population%2BClock?opendocument=&ref=HPKI>
- Australian Government Department of Health and Aged Care. (2022). *About nurses and midwives*. <https://www.health.gov.au/topics/nurses-and-midwives>

- Australian Health Practitioner Regulation Agency. (2022). *Register of practitioners*. <https://www.ahpra.gov.au/registration/registers>
- Australian Health Practitioner Regulation Agency. (2023). *What we do*. <https://www.ahpra.gov.au/about-ahpra/what-we-do.aspx>
- Australian Immigration Law Services. (2022, 13 May). *Can working in Aged Care Get You Permanent Residency in Australia? [Video]*. Youtube. https://www.youtube.com/watch?v=uKPc7Otkl_k
- Australian Nurses and Midwifery Accreditation Council. (2016). *Glossary*. <https://anmac.org.au/glossary/i>
- Australian Nurses and Midwifery Federation. (2020). *Nurses and midwives (Victorian public sector) (single-interest employers) enterprise agreement 2020-2024*. https://www.anmfvic.asn.au/~/_media/files/anmf/eba%202020
- Australian Nursing & Midwifery Accreditation Council. (2022). *What we do*. <https://www.anmac.org.au/about-anmac/about-us>
- Bae, S. H. (2023). Comprehensive assessment of factors contributing to the actual turnover of newly licensed registered nurses working in acute care hospitals: A systematic review. *BMC Nursing*, 22(1), 31. <https://doi.org/10.1186/s12912-023-01190-3>
- Bakon, S., Craft, J., Wirihana, L., Christensen, M., Barr, J., & Tsai, L. (2018). An integrative review of graduate transition programmes: Developmental considerations for nursing management. *Nurse Education in Practice*, 28(1), 80-85. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2023). Doing reflexive thematic analysis. In S. Bager-Charleson & A. McBeath (Eds.),

Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research (pp. 19-38). Springer International Publishing.

Challinor, J. M., Alqudimat, M. R., Teixeira, T. O. A., & Oldenmenger, W. H. (2020). Oncology nursing workforce: Challenges, solutions, and future strategies. *The Lancet Oncology*, 21(12), e564-e574. [https://doi.org/10.1016/S1470-2045\(20\)30605-7](https://doi.org/10.1016/S1470-2045(20)30605-7)

Coalition of National Nursing and Midwifery Organisations. (2022). *Members*. <https://connmo.org.au/index.php/members>

Covell, C. L., Adhikari, A., & Salami, B. (2022). Surviving the employment gap: A cross-sectional survey of internationally educated nurses. *International Nursing Review*, 69(2), 167-174. <https://doi.org/10.1111/inr.12668>

Danish Patient Safety Authority. (2020). *Non-EU countries (third countries)*.

Danish Patient Safety Authority. (2021). Employment for adaptation and training purposes. <https://en.stps.dk/en/health-professionals/employment-for-registration>

Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96-98. <https://doi.org/10.1016/j.cnre.2015.11.001>

Department of Health and Aged Care. (2023). *Skilled visa pathways for carer roles - Aged Care Industry Labour Agreement*. <https://www.health.gov.au/sites/default/files/2023-08>

- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228-235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Donald., F., Bryant-Lukosius., D., Martin-Misener., R., Kaasalainen., S., Kilpatrick., K., Carter., N., Harbman., P., Bourgeault., I., & DiCenso., A. (2010). Clinical nurse specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 11(1), 189-201. <https://doi.org/10.12927/cjnl.2010.22276>.
- General Medical Council. (2022). *When and where can I take PLAB 1?* <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/plab-1-guide/when-and-where-can-you-take-plab-1>
- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, 20(11), 1772-1789. <https://nsuworks.nova.edu>
- German Organisation of Nursing Professionals. (2021). *About DBfK*. <https://www.dbfk.de/de/ueber-uns/English.php>
- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012a). The role of the clinical nurse specialist in the future of health care in the United States. *Perioperative Nursing Clinics*, 7(3). <https://doi.org/10.1016/j.cpen.2012.06.006>
- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012b). The role of the clinical nurse specialist in the future of health care in the United States. *US Army Research*. <https://doi.org/10.1016/j.cpen.2012.06.006>

- Higginbottom, G. (2011). The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography. *BMC Nursing*, 10(1), 1-13. <https://doi.org/10.1186/1472-6955-10-14>
- Jacob, E. R., Jacob, A. M., Davies, H. T., Stoneman, L. J., & Coventry, L. (2021). Peripheral intravenous cannulas for blood drawing: Nurses' views through content analysis. *Collegian*, 28(4), 408-414. <https://doi.org/10.1016/j.colegn.2020.12.002>
- Japanese Nursing Association. (2023). *Nursing in Japan*. <https://www.nurse.or.jp/jna/english/nursing/employment.html>
- Jarrín, O. F., Kang, Y., & Aiken, L. H. (2017). Pathway to better patient care and nurse workforce outcomes in-home care. *Nurse Outlook*, 65(6), 671-678. <https://doi.org/10.1016/j.outlook.2017.05.009>
- Kerala Public Service Commission. (2021). *Kerala PSC staff nurse*. <https://keralapsc.gov.in/staff-nurse-gr-ii-health-service-0>
- Ketefian, S., Redman, R., Hanucharunkul, S., Masterson, A., & Neves, E. (2001). The development of advanced practice roles: Implications in the international nursing community. *International Nursing Review*, 48(3), 152-163. <https://doi.org/10.1046/j.1466-7657.2001.00065.x>
- Kishi, Y., Inoue, K., Crookes, P., & Shorten, A. (2014). A model of adaptation of overseas nurses: Exploring the experiences of Japanese nurses working in Australia. *Journal of Transcultural Nursing*, 25(2), 183-191. <https://doi.org/10.1177/1043659613515716>

- Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*. <https://doi.org/10.1002/nop2.2023>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30(2), 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2024). Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review. *International Nursing Review*, 1-10. <https://doi.org/10.1111/inr.13029>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 80(5), 1868-1881. <https://doi.org/10.1111/jan.15952>
- Lai, D. W. L., Shankar, J., & Khalema, E. (2017). Unspoken skills and tactics: Essentials for immigrant professionals in integration to workplace culture. *Journal of International Migration and Integration*, 18(3), 937-959. <https://doi.org/10.1007/s12134-017-0513-5>
- Larson, R. B. (2019). Controlling social desirability bias. *International Journal of Market Research*, 61(5), 534-547. <https://doi.org/10.1177/1470785318805305>
- Lee, K. E., & Lee, M. A. (2021a). Contribution of the North Texas Korean Nurses Association's COVID-19 Task Force Team to promote the health

of the local Korean immigrant community amid the pandemic. *Journal of Korean Academy of Nursing*, 51(5), 505-510.

<https://doi.org/10.4040/jkan.21154>

Lee, K. E., & Lee, M. A. (2021b). Contribution of the North Texas Korean Nurse Association COVID-19 Task Force Team to promote the health of the local Korean immigrant community amid the pandemic. *Journal of Korean Academy of Nursing*, 51(5), 505-510.

<https://doi.org/10.4040/jkan.21154>

Liu, X. L., Wang, T., Bressington, D., Nic Giolla Easpaig, B., Wikander, L., & Tan, J. B. (2023). Factors influencing retention among regional, rural and remote undergraduate nursing students in Australia: A systematic review of current research evidence. *International Journal of Environmental Research and Public Health*, 20(5).

<https://doi.org/10.3390/ijerph20053983>

Low, J. (2019). A pragmatic definition of the concept of theoretical saturation. *Sociological Focus*, 52(2), 131-139.

<https://doi.org/10.1080/00380237.2018.1544514>

Malterud, K., Siersma, V., & Guassora, A. (2015). Sample size in qualitative interview studies: Guided by information power *Qualitative Health Research*, 26(1), 1753-1760. .

<https://doi.org/10.1177/1049732315617444>

National Association of Clinical Nurse Specialists. (2023). *What is a CNS?*

<https://nacns.org>

National Health Service Employers. (2023). *Recruitment of overseas nurses and midwives*. <https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives>

National Supervisory Authority for Welfare and Health. (2015). *Recognition of professional qualifications*.
https://www.valvira.fi/web/en/healthcare/professional_practice_rights/qualified_in_eu_eea_member_state/recognition-of-professional-qualifications

New South Wales Ministry of Health. (2021). *Public Health System Nurses' and Midwives' (State) Award 2021*.
<https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf>

NMBA. (2022). *Registration & endorsement*.
<https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx>

Nursing and Midwifery Board of Australia. (2022). *Nursing and Midwifery Board of Australia registrant data*. <https://www.nursingmidwiferyboard.gov.au/registrant.data>

Nursing Council of New Zealand. (2021). *Guidance for Internationally Qualified Nurses*. <https://www.nursingcouncil.org.nz/IQN/>

O'Callaghan, C., Loukas, P., Brady, M., & Perry, A. (2018). Exploring the experiences of internationally and locally qualified nurses working in a culturally diverse environment. *Australian Journal of Advanced Nursing*, 36(2), 23. <https://search.informit.com.au/123355974545870>

- Organization for Economic Cooperation and Development. (2019). *Recent trends in the international mobility of doctors and nurses*. OECD publications. <https://www.oecd-ilibrary.org/docserver/5571ef48>
- Pittman, P., Folsom, A., Bass, E., & Leonhardy, K. (2011). *U.S.-based international nurse recruitment: Structure and practices of a burgeoning industry*. <https://www.macfound.org/media/article>
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Wolters Kluwer Health.
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64-85. <https://doi.org/10.1111/1744-7941.12121>
- Ronaldson, S., Macfarlane, K., Thomas, D., Woods, P., Andreychuk, A., Ehinger, S., Lichuk, C., & Miller, M. (2017). Peer mentorship for the internationally educated nurse: An appreciative inquiry. *Athens Journal of Health*, 4, 187-208. <https://doi.org/10.30958/ajh.4-3-1>
- Royal Children's Hospital. (2022). *Emergency department status - The Royal Children's Hospital*. https://www.rch.org.au/emerg_rch/status/
- Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., Ramjan, M., Zhao, Y., Hines, S., & Humphreys, J. S. (2021). Interventions for health workforce retention in rural and remote areas: A systematic review. *Human Resources for Health*, 19(1), 1-24. <https://doi.org/10.1186/s12960-021-00643-7>

- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice*, 23(3), 175-194.
<https://doi.org/10.1177/15271544221102964>
- Smith, P., Allan, H., Henry, L., J, L., & M., M. (2006). Valuing and recognising the talents of a diverse healthcare workforce. *EU Commission*.
<http://portal.surrey.ac.uk/reoh>
- Stanford, F. C. (2020). The importance of diversity and inclusion in the healthcare workforce. *Journal of the National Medical Association*, 112(3), 247-249. <https://doi.org/10.1016/j.jnma.2020.03.014>
- Stephen, S., & Vijay, V. R. (2019). Metamorphosis of the nursing profession: An Indian perspective. *Journal of Global Health*, 9(2), 020314-020314.
<https://doi.org/10.7189/jogh.09.020314>
- Timilsina Bhandari, K. K., Xiao, L. D., & Belan, I. (2015). Job satisfaction of overseas-qualified nurses working in Australian hospitals. *International Nursing Review*, 62(1), 64-74. <https://doi.org/10.1111/inr.12146>
- Tohmola, A., Saarnio, R., Mikkonen, K., Kyngäs, H., & Elo, S. (2022). Competencies relevant for gerontological nursing: Focus-group interviews with professionals in older people's nursing. *Nordic Journal of Nursing Research*, 42(3), 123-132.
<https://doi.org/10.1177/20571585211030421>

- Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry*, 16(3), 182-190. <https://doi.org/10.1111/j.1440-1800.2009.00448.x>
- United Nations. (2022). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. <https://www.un.org/sustainabledevelopment/health/>
- Vafeas, C. J. (2013). *Migration matters: The experience of United Kingdom registered nurses migrating to Western Australia* (Publication No.703). [Doctoral dissertation, Edith Cowan University]. <https://ro.ecu.edu.au/theses/703/>
- World Health Organization. (2020). *A regional guide to the development of nursing specialist practice*. <https://applications.whoemnur432e-eng.pdf>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640-653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Yayeh, F. A. (2021). Focus Group Discussion as a data collection tool in Economics. *Daagu International Journal of Basic & Applied Research*, 3(1), 52-61. <https://www.researchgate.net>
- Zhou, Y. (2014a). The experience of China-educated nurses working in Australia: A symbolic interactionist perspective. *PloS One*, 9(9), e108143. <https://doi.org/10.1371/journal.pone.0108143>

Zhou, Y. (2014b). The experience of China-educated nurses working in Australia: A symbolic interactionist perspective. *PLoS ONE*, 9(9), e108143-e108143. <https://doi.org/10.1371/journal.pone.0108143>

End of manuscript

The previous publication reports findings from individual interviews with IQNs, highlighting three key themes: facilitators of IQN specialty skill utilisation, challenges faced by IQNs in skill utilisation, and factors influencing IQN attrition in Australia. Through thematic mapping, it addresses essential questions regarding facilitators, barriers, and their impact on attrition, with subsequent sections offering a detailed exploration of each theme, supported by insights and quotes from IQNs. By building upon previous research, this paper provides a comprehensive understanding of the complexities, opportunities, and recommendations related to the integration of IQNs into Australian healthcare.

4.5 Conclusion:

Chapter 4 extends the exploration initiated in earlier chapters by examining both Phase 1 and Phase 2 of the IQN segment, a vital component of the parallel explanatory sequential mixed methods study. This segment aimed to identify barriers and facilitators of IQN specialty skill transfer to the Australian healthcare system post-immigration. While the quantitative and qualitative components provided initial insights into these factors, the thematic analysis of focus groups offered a deeper understanding and elaboration on the survey

findings. This comprehensive approach facilitated a thorough investigation of the challenges and opportunities in integrating IQNs into the Australian healthcare system, enhancing the understanding of this intricate process.

4.6 Chapter Conclusion:

Chapter 4 has delved into an exploration of IQNs' experiences in the Australian healthcare system, enhancing the understanding of the challenges and opportunities in specialty skill utilisation. Looking forward, Chapter 5 will pivot towards exploring managerial viewpoints on facilitators and barriers in the specialty skill transition of IQNs after immigration. This sequential progression comprehensively explains the multifaceted challenges and opportunities in integrating IQNs within the Australian healthcare system.

CHAPTER 5 - RECRUITING MANAGER PHASE 1 AND PHASE 2

5.1 Introduction:

Chapter 4 delved into the barriers and facilitators of skill transfer from an IQN perspective. In Chapter 5, the focus shifts to exploring the perspective of recruiting managers on the specialty skill utilisation of IQNs after they immigrate to Australia in the quantitative survey.

The results of the survey of recruiting managers and interviews are presented in three publications. The first two publications in this chapter unveil findings from a survey conducted among recruiting managers, shedding light on the barriers and facilitators to transferring IQN specialty skills into clinical practice as perceived by Australian recruiting managers. Drawing insights from a cross-sectional survey involving 44 nurse managers, the results underscore the complexities of the recruitment process. They highlight the pivotal role of managers' competence and confidence in recruiting IQNs while revealing barriers like underutilisation of overseas reference checks, financial constraints, and the lack of effective specialty skill transition pathways.

In line with the previous chapter, the Phase 1 mixed-method survey, encompassing qualitative and quantitative components, was reported in two papers due to the large amount of data collected. This division aimed to ensure comprehensive analysis, adhere to academic publishing standards, and manage word limits. This approach allowed for detailed analyses without sacrificing clarity. It ensured that crucial quotes, themes, and findings received appropriate emphasis, enhancing the research's rigour and comprehensiveness.

In the first paper, various facilitators aiding the transition of specialty skills were pinpointed. These included the essential factors of confidence and competence in evaluating and recruiting IQNs, bolstered by the effective utilisation of reference checks and professional translation services. Nonetheless, significant barriers emerged, including the absence of a structured transition pathway, inadequate workplace training, doubts surrounding overseas education, and a lack of resources for assessing IQNs' specialised skills. Moreover, financial constraints and restricted career advancement opportunities for IQNs were underscored as pivotal challenges hindering their complete integration into the Australian healthcare landscape. The second paper delves into the written feedback provided by survey participants; nurse managers highlighted challenges in identifying and utilising specialty skills among IQNs, including uncertainties about overseas qualifications and fragmented support systems. Despite recognising the potential for IQNs to contribute valuable skills, barriers such as bias, discrimination, and lack of trust in foreign qualifications persist, hindering their full integration and exacerbating issues like skill underutilisation and attrition. To address these challenges, participants emphasised the need for tailored support programs, continuous professional development opportunities, and a cultural shift toward recognising and valuing the diverse skills and experiences of IQNs.

Expanding on the insights gleaned from the recruiting manager surveys, this chapter delves into detailed interviews with eight female participants. The primary discoveries centre around three pivotal themes unearthed by nurse managers concerning the IQNs into the Australian healthcare landscape. There

is a notable emphasis on the vital role of managers in aligning IQNs' skills with appropriate job roles, underscored by the challenges encountered in skill assessment and matching. Barriers hindering the alignment of IQNs' specialty skills are identified, encompassing factors such as immediate workforce needs taking precedence over skill utilisation, communication hurdles arising from linguistic and hierarchical disparities, and time constraints faced by managers. Lastly, opportunities for optimising IQNs' skill utilisation are explored, suggesting measures to address biases, bolster support systems, and craft tailored programs for facilitating successful skill transfer and career progression. Ultimately, these findings shed light on the intricate process of assimilating IQNs into the Australian healthcare system and present avenues for enhancement.

5.2 Journal Article 6:

Title: Harnessing the specialised skills of internationally qualified nurses: A cross-sectional survey

This paper was submitted to *Nursing Open* due to the journal's expansive scope, commitment to scientific rigour, and focus on publishing articles that benefit health at local, national, regional, and global levels. The journal's impact factor of 2.3 further affirmed its suitability for this publication.

5.2.1 Reference for Paper

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

Harnessing the specialised skills of internationally qualified nurses: A cross-sectional survey. *Nursing Open*

**Title: Harnessing the specialised skills of internationally qualified nurses:
A cross-sectional survey**

Abstract

Aim: To explore recruiting managers' perspectives of the barriers and facilitators to the transfer of internationally qualified nurses' specialty skills into clinical practice within the Australian healthcare system.

Design: The research employed a descriptive research design coupled with a cross-sectional survey methodology. Data collection occurred between July and September 2022.

Method: A self-designed survey was disseminated via various channels like social media, snowballing, professional nursing institutions, and publicly available email addresses for hospitals and aged care facilities from July to September 2022. Data was analysed with the aid of the Statistical Package for the Social Sciences (SPSS) version 26 and reported through descriptive statistical techniques utilising frequencies and percentages.

Data Sources: Data from an online survey were collected from participants who met the inclusion criteria.

Results: Facilitators for recruiting internationally qualified nurses into clinical practice include the competence and confidence of recruiting managers, as well as thorough pre-employment checks. While 80% of managers found the specialty training and skills comparable, barriers include the lack of a well-defined transition pathway, clear transition pathway, inadequate manager training, and scepticism regarding overseas education.

Conclusion: The findings underscore the importance of offering transition support to internationally qualified nurses and providing training to recruiting managers, specifically in the context of internationally qualified nurse recruitment. This approach should aim to optimise the effective utilisation of skilled nurses, ultimately contributing to elevated standards of patient care.

Impact: These findings are vital for shaping policies that optimise skill utilisation among internationally qualified nurses. Tailored strategies for internationally qualified nurses' recruitment, integration, and ongoing support ensure that healthcare systems harness international skills effectively.

Patient or Public Contribution: The study involved the participation of 44 nurse managers.

What does this paper add?

- Manager competence, confidence, and robust reference checking emerge as significant facilitators in utilising internationally qualified nurses' skills.
- Identified barriers include the lack of clear transition pathways and inadequate training for managers recruiting internationally qualified nurses.
- Highlighting the importance of transition support and training for recruiting managers, the paper underscores their role in effectively recruiting and retaining IQNs.

5.2.1.1. Introduction:

The global nurse shortage is a multifaceted and urgent issue with far-reaching consequences for healthcare systems. Contributing factors to this shortage include an ageing population, a rising incidence of chronic diseases, the retirement of experienced nurses, and the demanding nature of the nursing profession (Doleman et al., 2022). The COVID-19 pandemic further exacerbated the nursing shortage by increasing the demand for healthcare services and causing burnout among the existing nursing workforce (Litton et al., 2021). The United Nations has set ambitious health-related sustainable development goals for 2030, necessitating a further 9 million nurses to the health force globally (United Nations, 2022).

Nursing shortages substantially burden nurse managers, clinical staff, and organisational budgets. The Registered Nurse (RN) vacancy rate in the United States is 10.1%, equivalent to approximately 132,000 unfilled RN positions nationwide. (NSI Nursing Solutions, 2024). Projections indicate a looming RN shortage exceeding 1 million by 2030 (American Nurses Association, 2022). This trend is mirrored, even though to a lesser extent, in Canada and the UK, where nursing shortages persist (Canadian Nurses Association, 2024; Royal College of Nursing, 2021). The situation is no less critical in Australia, where the projected cost of the skill shortage is expected to reach \$7 billion by 2026, prompting universities to restructure programs to meet escalating demand (Australian Government Department of Education, 2023). Simultaneously, there has been a consistently high attrition rate among students in programs leading to Registered Nurse registration (Australian Government, 2020). To address the immediate

shortage, there is a heavy reliance on recruiting Internationally Qualified Nurses (IQNs), with nearly one-third of the Australian healthcare workforce comprised of IQNs, primarily from countries where English is not the first language (Kurup et al., 2022).

5.2.1.2. Background

The assimilation of IQNs into the Australian healthcare system poses challenges. Issues such as the precise assessment of foreign qualifications and experience and suitable skill alignment remain a barrier, resulting in the underutilisation of IQNs potential (Donald. et al., 2010). Nurse unit managers and nursing leaders collectively manage staff recruitment, daily operations, strategic planning, and financial oversight of departments (Nurmeksela et al., 2021). A lack of familiarity among nurse managers regarding the assessment of IQNs' skills and qualifications, without recognition of curricula from the IQNs' home country, further compounds this issue (Kurup et al., 2022). According to Deloitte Access Economics (2018), nearly half of skilled immigrants and refugees who have arrived in one Australian state over the past decade are underutilised in the workforce and unable to fully leverage their skills and expertise.

Additionally, deskilling is prevalent among IQNs, who frequently find themselves employed in roles that do not fully utilise their training and expertise despite possessing valuable specialty skills and experiences (Kurup et al., 2023b). These issues have far-reaching consequences, extending beyond individual dissatisfaction with the job and underutilisation of skills among IQNs. They impact patient care quality and contribute to poorer health outcomes, exacerbating nursing shortages in specialty areas (Ressia et al., 2017).

Underutilisation of skills has significant financial implications, with costs associated with recruiting and training nurses straining healthcare budgets. To highlight the economic consequences of underutilising IQNs' expertise, it is crucial to consider the financial investments made by managers during the onboarding process (Warshawsky et al., 2020). This encompasses expenses for training, supernumerary days, relocation support, and time dedicated to various professional development activities. Roche et al. (2015) revealed the cost of replacing a bedside Registered Nurse, with the highest turnover cost identified in the Australian Capital Territory at \$68,621, followed by Western Australia (\$58,260) and then New South Wales (\$26,199). When an IQN resigns due to undervalued specialised skills, it adversely impacts cost and misallocates resources. This failure to optimise resources exacerbates the healthcare systems' financial burden to meet the community's needs (Australian Institute of Health and Welfare, 2023).

A 2021 report by the Committee for Economic Development of Australia (CEDA) estimated the cost of decreased productivity from underutilisation of skills in Australia to be \$1.25 billion annually (CEDA, 2021). Facilitating a strong alignment between an individual's current skill set and the skills demanded within the job market is essential for maximising investments in valuable talent and fostering resilient and equitable growth (Quintini, 2011). Timilsina Bhandari et al. (2015) found that skill utilisation significantly predicts job satisfaction among IQNs working in Australian hospitals, with nurses who perceive their skills are effectively utilised experiencing higher job satisfaction, while those who perceive their skills as underutilised more likely to face job dissatisfaction. Job

dissatisfaction leads to attrition, necessitating casualisation and agency staffing to bridge staffing shortages, resulting in overtime expenses. These financial pressures significantly strain healthcare facilities and managers, ultimately impacting patient outcomes negatively (Roche et al., 2015).

The word 'specialist nurse' typically means a registered nurse who has completed a post-basic registration qualification, thereby attaining equivalence to a specialist nurse within their respective country or jurisdiction (WHO, 2020a). Despite the long history of specialty-trained nurses immigrating from developing countries, there is limited literature exploring the perspectives of nursing managers in recognising the specialty skills of IQNs. The scarcity of information in the literature underscores the need for research in this area. The high demand for nurses worldwide, particularly in the context of COVID-19, emphasises the relevance and gravity of the problem. Consequently, this study aims to explore Australian recruiting managers' perspectives of the barriers and facilitators to transferring IQN specialty skills into clinical practice.

5.2.1.3. The Study

Aim(s): To explore Australian recruiting managers' perspectives of the barriers and facilitators to recognising and transferring IQN specialty skills into clinical practice.

Objective: To explore the viewpoints of recruitment managers regarding the utilisation of IQN's specialty skills within the Australian healthcare setting post-immigration.

Research Question: What are the facilitators and barriers experienced by recruiting managers with the transfer of IQN specialty skills to clinical practice in Australia?

5.2.1.4. Methodology

5.2.1.4.1 Research Design:

A cross-sectional survey was employed to collect data about the facilitators and barriers encountered by recruitment managers in harnessing the specialty skills of IQNs within the Australian healthcare landscape post-immigration. This survey was conducted in conjunction with a larger project investigating the barriers and facilitators affecting IQN specialty and skill utilisation after immigration (Kurup et al., 2023b).

5.2.1.4.2 Study Setting

Recruiting managers with expertise in recruiting IQNs were selectively recruited through purposive sampling. The survey advertisement was disseminated using social media platforms, snowballing, and professional institutions such as the Australian College of Nursing and Rural and Remote Nurses in Australia. In addition, publicly available hospital details, including hospitals/residential facilities/people's public email addresses and web inquiry pages, were utilised to disseminate the electronic survey link.

Participation in the research was voluntary. Interested nurse managers were directed to access the survey through a provided link embedded in the advertisement, forum post, or email. Before participating, respondents were required to confirm their eligibility by meeting the criteria outlined for participation in the survey. Eligible respondents were then directed to a Participant Information

Letter, which provided further study details. Proceeding from the initial survey screen denoted implied consent to participate.

5.2.1.4.3 Inclusion criteria:

To be included in the study, participants were registered nurses with the Australian Health Practitioner Regulation Agency (Ahpra) and had previously or currently held a managerial role in recruiting nurses, including IQNs. Nurse managers who were not directly involved in recruitment and non-nursing recruitment staff were excluded from the study.

5.2.1.4.4 Instrument Development and Validation

Given the absence of validated instruments suitable for gathering the necessary data to address the research question, the survey was purposefully designed to fulfil this purpose. The survey design was based on an earlier review of the current literature (Kurup et al., 2023b). The survey consisted of 48 items, divided into six sections: demographics (8 items), current work setting (3), pre-employment checks (6), current workplace (7), recruitment facilitators (12), and recruitment barriers (12). Likert and multiple-choice questions were used. Initially, the research team reviewed the survey for accuracy and clarity. Following this, face and content validity was examined through a pilot study involving volunteer nursing academics ($n = 3$) and previous managers ($n = 4$) engaged in IQN recruitment. Any technical issues, errors, and ambiguity in questions were corrected based on this feedback.

5.2.1.4.5 Data Collection

The REDCap™ platform was used to conduct and disseminate the survey. The survey was open to participants from July to September 2022. The

advertisement text was regularly renewed on a fortnightly basis to maintain visibility and engagement

5.2.1.4.6 Data Analyses

The data collected from REDCap™ were exported to Microsoft Excel and underwent thorough cleaning following the protocol recommended by Van den Broeck et al. (2005). Subsequently, the cleaned data were imported into SPSS v26 (IBM Corporation, 2022) for statistical analysis. Categorical variables were summarised as counts and percentages, whereas continuous variables were presented as means.

5.2.1.4.7 Ethical Considerations

The study received ethical approval from the Australian Catholic University Human Research Ethics Committee (approval number: 2022-2524E).

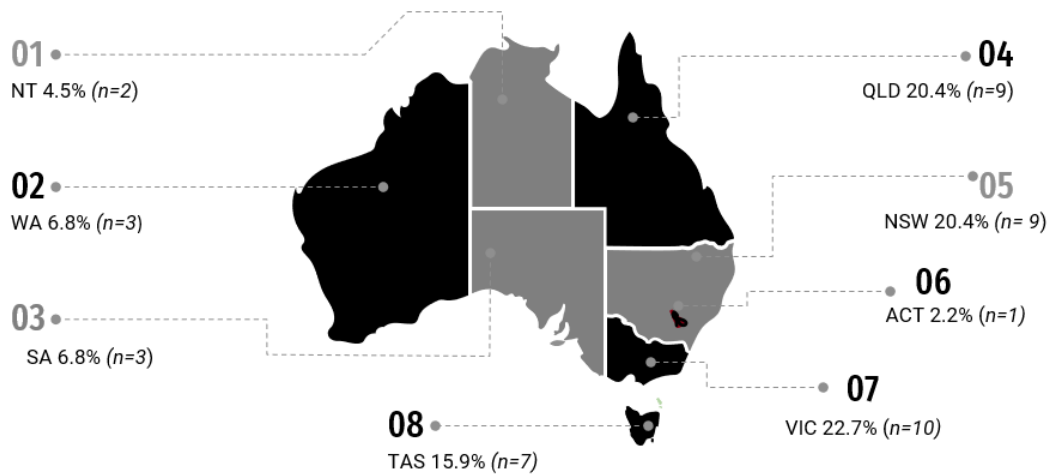
5.2.1.5. Results

5.2.1.5.1 Sample Characteristics

In the survey, 61 participants took part, with 44 completing it. Most participants were female ($n = 30$; 68.1%), and the average age was 49.5 years (Range 25 years -over 65). Over one-third of respondents were themselves IQNs ($n = 16$; 36.3%) who had immigrated to Australia between 1985 and 2020. Two-thirds of participants ($n = 29$; 65.9%) completed their nursing education in Australia, and the remainder in either India ($n = 5$; 11.3%), the UK ($n = 4$; 9%), New Zealand ($n = 3$; 6.8%), or the Philippines ($n = 2$; 4.5%). Every state and territory of Australia was represented, with the highest number of participants from Victoria (VIC) ($n = 10$; 22.7%) and the lowest ACT ($n = 1$; 2.2%) (see Figure 5.1).

Figure 5.1

State and Territory Distribution



Nurse Unit Managers (NUM or charge nurses) were the most common participants ($n = 18$; 40.9 %), followed by Associate Nurse Unit Managers ($n = 9$; 20.4%). The clinical practice area of respondents was diverse (see Table 5.1), ranging from community nursing to acute care. Most respondents ($n = 38$; 90.4%) had IQNs currently working in their specialty area. Most managers ($n = 34$; 80.9%) stated that they tried to employ IQNs in the area of the IQNs' own previous specialty skills from their home country. Moreover, the data revealed that 77.5% ($n = 31$) of respondents believed hospitals have systems to obtain references from IQNs overseas referees.

Table 5.1*Current Job Role*

Current Job Role		What is your current practice area?	
Nurse Unit Manager	<i>n</i> = 18 (40.9%)	Mental health	<i>n</i> = 6 (14.2%)
		Aged care nursing	<i>n</i> = 4 (9.5%)
		Perioperative nursing	<i>n</i> = 4 (9.5%)
		Critical care nursing (emergency and ICU)	<i>n</i> = 4 (9.5%)
Assistant Nurse Unit Manager	<i>n</i> = 9 (20.4%)	Rehab nursing	<i>n</i> = 4 (9.5%)
		Cardiac Nursing	<i>n</i> = 3 (7.1 %)
		Medical nursing	<i>n</i> = 3 (7.1 %)
Clinical Nurse Specialist/Clinical Nurse/Nurse specialist	<i>n</i> = 6; (13.6%)	Public health	<i>n</i> = 2 (4.7%)
		Research,	<i>n</i> = 1 (2.3%)
		Telehealth	<i>n</i> = 1 (2.3%)
		obesity clinic	<i>n</i> = 1 (2.3%)
Nurse educator	<i>n</i> = 2 (9 %)	Community Nursing and Recruitment	<i>n</i> = 1 (2.3%)
Registered Nurse	<i>n</i> = 2 (9 %)	Education	<i>n</i> = 1 (2.3%)
Other	<i>n</i> = 6 (13.6%)	Oncology Nursing	<i>n</i> = 1; (2.3%)

Most nurse managers, 42.5% (*n* = 17), stated that they had no difficulties understanding the specialty skills of IQNs during the recruitment process. Only nine managers (22%) believed they had a formal process to assess the skill level of IQNs. The majority (*n* = 32; 80%) believed IQNs had received appropriate specialty nurse training and education, which they found comparable to the Australian specialty level. Furthermore, 34 managers (85%) responded that additional training would be beneficial for IQNs to transition their specialty skills into their new clinical environment effectively.

Only eight managers (20%) stated they have a transition plan to support new IQN employees, generally offered for 0-3 months when available. The majority (*n* = 33; 82.5%) of managers faced challenges in retaining IQNs, with just over two-thirds (*n* = 22; 68.8%) citing financial considerations, including better

pay and family-related factors such as relocation or the search for a more convenient family-friendly environment, as the primary reasons for IQNs leaving employment (see Table 5.2).

Table 5.2

Reason for Lack of Retention?

Reason for lack of retention	
Financial reasons	<i>n</i> = 22 (68.8%)
Family reasons	<i>n</i> = 21 (65.6%)
Moving from rural to metropolitan	<i>n</i> = 17 (53.1 %)
Moving from metropolitan to rural	<i>n</i> = 14 (43.8%)
Better job opportunity	<i>n</i> = 9 (28.1%)
Secured a job in a preferred specialty	<i>n</i> = 6 (18.8%)
Workplace culture	<i>n</i> = 3 (9.4%)
Other (not specified)	<i>n</i> = 2 (6.3%)

Facilitators

Participants were asked to rate the factors facilitating the utilisation of IQNs' specialty skills within Australia's healthcare system on a 5-point Likert scale. The scale ranged from one, indicating 'not at all influential,' to five, indicating 'extremely influential' (see Table 5.3). Organised based on favorability scores that combine extremely influential and very influential factors, the data reveals insights into the perceived impact of these facilitators. Confidence in assessing and recruiting IQNs received high ratings, with seven participants considering it extremely influential and another seven rating it very influential. Similarly, competence in assessing and recruiting IQNs garnered significant favorability, with eight participants rating it as strongly influential and six as very influential. Furthermore, nine participants rated the adequate utilisation of

overseas reference checks and translation services as extremely influential, while five considered it very influential.

Barriers

Likewise, participants ranked factors perceived as barriers to the utilisation of IQNs' specialty skills within Australia's healthcare system, using a 5-point Likert scale ranging from 1 ('not a barrier') to 5 ('extreme barrier'). Extremely and very influential factors were combined and arranged together based on decreasing order to offer insights into perceived impact (see Table 5.4). The absence of a transition pathway proved a notable barrier, with 25 participants deeming it extremely influential and six marking it moderately influential. Adequate Training Provided by the Workplace garnered significant influence, rated extremely influential by 26 participants and moderately influential by five.

Similarly, Australian Recruiters' Lack of Confidence in Overseas Education garnered ratings of extremely influential from 25 participants and was deemed moderately influential by five others. Adequate Understanding of IQNs' Previous Nursing Training was perceived as extremely influential by 26 participants, with four marking it as moderately influential. Adequate Resources to Assess the Specialty Skills of IQNs earned extremely influential ratings from 27 participants, and two marked it as moderately influential. Financial Constraints (Lack of Funding) received extremely influential ratings from 27 participants, with two indicating it was moderately influential. Lack of Overseas Reference Checks/Translation Services Accessed was rated extremely influential by 22 participants and moderately influential by five. Lack of Opportunity for IQNs was

marked as extremely influential by 21 participants, with four indicating it was moderately influential.

Table 5.3*Facilitators*

Facilitators <i>n</i> = 36	Extremely influential (n)	Very influential (n)	Somewhat influential (n)	Slightly influential (n)	Not at all influential (n)
Confidence to assess and recruit IQNs	7	7	10	8	4
Competence to assess and recruit IQNs	8	6	7	14	1
Appropriate use of overseas reference checks/translation services	9	5	3	8	11
Opportunities available	8	6	7	5	10
Adequate understanding of IQNs' previous nursing training	10	4	2	6	14
Adequate resources to assess the specialty skills of IQNs	8	5	3	10	10
Confidence in overseas education among Australian recruiters	10	3	5	8	10
Adequate training provided by the workplace to assess the specialty skills	8	3	5	8	12
Well-managed transition pathway	6	5	5	5	15
Financial stability	6	4	7	4	15

Table 5.4*Barriers*

<i>Barriers n = 36</i>	<i>Extreme barrier (n)</i>	<i>Moderate barrier (n)</i>	<i>Somewhat a barrier (n)</i>	<i>Slight barrier (n)</i>	<i>Not a barrier (n)</i>
Lack of transition pathway	25	6	2	2	1
Adequate training provided by the workplace	26	5	2	1	2
Lack of confidence in overseas education among Australian recruiters	25	5	2	1	3
Adequate understanding of IQNs' previous nursing training	26	4	2	1	3
Adequate resources to assess the specialty skills of IQNs	27	2	3	1	3
Financial constraints (lack of funding)	27	2	2	2	3
Lack of overseas reference checks/translation services accessed	22	5	5	1	3
Lack of opportunity for IQNs	21	4	4	1	6
Competence to assess and recruit IQNs	12	11	6	4	3
The confidence to assess and recruit IQNs	11	11	6	3	5

5.2.1.6. Discussion

This study aimed to explore Australian recruiting managers' perspectives of the barriers and facilitators to transferring IQN specialty skills into clinical practice. Participants were primarily educated in Australia, with others IQN educated in India, the UK, New Zealand, and the Philippines. This ratio is consistent with data from the recent census of population growth and countries of origin (ABS, 2021a).

5.2.1.6.1 Transferability of Specialist Skills

Facilitators:

The study revealed various factors that can assist managers in effectively hiring and utilising the specialised skills of IQNs. The first three most influential facilitators will be further explored to provide clarity. These facilitators include having the confidence and competence to evaluate and recruit IQNs. Notably, a substantial number of nurse managers in this study were IQNs, and this firsthand experience played a pivotal role in their ability to identify and recruit IQNs with specialised skills. The role of managers has been identified as crucial in facilitating the integration of IQNs (Roth et al., 2021).

Participants in this study emphasised the pivotal role of reference checks from previous employers and the use of professional translation services in validating the qualifications of IQNs, which promotes the effective utilisation of their specialised skills. It is worth noting that structured reference checks have been proven to be a reliable predictor of job performance and can significantly reduce nurse turnover (Australian Commission on Safety and Quality in Health Care, 2015; SkillSurvey, 2021). Language barriers that nurse managers may encounter when assessing the skills and qualifications of IQNs can be effectively overcome through the use of professional translation services (Barnes et al., 2023). Leveraging these services

empowers nurse managers to identify the strengths and areas for further development of IQNs, facilitating their successful recruitment and skill utilisation, as supported by the participants in this study.

Barriers:

Several barriers hindering nurse managers from effectively utilising the specialised skills of IQNs were identified in this study. Participants rated all these barriers, excluding those associated with competence and confidence, as extremely significant. These extremely significant barriers included the absence of a transition pathway, inadequate training provided by the workplace, scepticism regarding overseas education among Australian recruiters, and insufficient understanding of IQNs' previous nursing training. Lack of adequate resources to assess the specialty skills of IQNs, financial constraints (lack of funding), lack of overseas reference checks/translation services accessed, and lack of opportunity for IQNs were also seen as barriers.

As identified by managers, the absence of a well-structured transition pathway emerged as a significant barrier in this study. This deficiency presents considerable challenges for managers and creates obstacles in guiding and supporting the seamless specialty transition and integration of IQNs into the Australian nursing workforce. Pathways of transition, which are deemed crucial for domestic nurse graduates (Bakon et al., 2018), are usually unavailable for IQNs. This disparity places a significant burden on IQNs to navigate their own transition into the Australian healthcare system, including the process of recognising their specialist skills. Adding to the complexity, regulatory bodies such as NMBA, Ahpra, or ANMAC do not actively assist in securing employment opportunities or guide managing these transitions (Australian Nursing & Midwifery Accreditation Council, 2016). This gap in support may

result in skilled nurses encountering difficulties in navigating their transition effectively and securing positions that align with their qualifications.

While integrating IQNs is crucial to addressing nursing shortages, this study identifies inadequate training for nurse managers as a barrier to successful onboarding. As crucial first points of contact, recruiting managers often lack the knowledge and skills necessary to navigate diverse qualifications, cultural nuances of IQN source countries, and potential differences in clinical practices (Stodart, 2018). The sheer diversity of source countries contributing to migration brings many cultures and varied nursing practices (Australian Bureau of Statistics, 2021a). To successfully integrate IQNs into the Australian workforce, it is imperative that managers possess the skills and abilities required to manage this diversity effectively.

Many participants believed that scepticism in overseas education hinders IQN's specialty skill utilisation. This lack of confidence aligns with studies reporting that immigrant nurses' knowledge and credentials are undervalued in new environments (Allan, 2010; Likupe & Archibong, 2013). The prevailing perspective in most Western countries is that nursing credentials from developing countries are deemed inferior to local qualifications (Bapuji et al., 2020; Thompson & Walton-Roberts, 2019). This pervasive scepticism in overseas education may also be influenced by the ideology that nursing practices in developing countries are considered subpar compared to those in developed countries (Xiao et al., 2014); notably, this trust deficit directly translates into the underutilisation of skills among these qualified professionals.

Another pivotal challenge that emerged from this study is the insufficient understanding of IQNs' prior training. Despite most countries having three-year nursing degrees, variations exist in the minimum educational standards and educational system capacities among different countries (World Health Organization,

2020c). As Smith et al. (2011) emphasised in their study on workforce integration, managerial understanding plays a critical role in effectively leveraging the specialised skills of international nursing professionals. Acquiring knowledge about the IQNs' nursing curriculum is crucial for recruiting managers, as it enables the design of targeted gap training and supported employment strategies (Aggar et al., 2020)

Furthermore, the challenge extends to allocating adequate resources for assessing the specialty skills of IQNs. Hiring processes often prioritise immediate staffing needs over strategic planning, revealing a systemic issue within healthcare organisations. The utilisation of skills among IQNs represents a Human Resource (HR) strategy aimed at optimising their abilities. Interestingly, skill utilisation in the nursing field is a concept that has been largely overlooked and not thoroughly researched (Gallardo-Gallardo & Thunnissen, 2016). This lack of resources for evaluating IQN specialty skills is not only a local concern but also a global challenge, as highlighted by Xiao et al. (2014), leading to IQN specialty skill underutilisation.

Like all workforce challenges, the successful integration of IQNs is intricately linked to the availability and use of finite financial resources. The recurring theme of insufficient coherent governmental policy and financial input is evident in both national (Cosgrave et al., 2019; Halcomb et al., 2020) and international literature (Buchan et al., 2019; Muench et al., 2021; Sokhanvar et al., 2018; White et al., 2021), and was also clearly highlighted in this study. This lack of financial support significantly affects the allocation of funds for IQN transition support and staffing, presenting a substantial barrier preventing specialty nurses, including IQNs, from fully utilising their specialised skills. Compounding these challenges is the absence of an integrated public and private approach to ensure human productivity among IQNs, leaving current fragmented approaches to persist (Henderson et al., 2018; O'Sullivan & Worley, 2020)

The necessity for thorough reference checks is evident, yet the critical barrier arises from the absence of overseas reference verifications and accessible translation services in utilising IQNs' specialty skills. Despite existing guidelines on accessing references (Australian Commission on Safety and Quality in Health Care, 2015), there appears to be a lapse in policy adherence, leading to barriers in the ability of IQNs to practice their specialised roles (Kurup et al., 2023b).

Extending the under-utilisation of IQNs and the lack of career development opportunities are significant barriers to IQNs' skill utilisation in the Australian healthcare workforce. Despite the pursuit of enhanced career prospects being a primary driver for immigration (Hayne et al., 2009; Jose, 2011; Zhou et al., 2011), participants in this study highlighted limited opportunities for career advancement as a significant barrier to utilising their skills fully in their new country after immigration. This challenge is consistent with existing research, which indicates that IQNs' previous accomplishments become irrelevant after immigration (Smith et al., 2022; Timilsina Bhandari et al., 2015).

Challenges in Retention

This study highlights that managers frequently recognise retention challenges among IQNs, particularly associated with financial constraints, familial considerations, and the transition from rural to metropolitan areas. This finding is supported by other research, which also links these factors to higher attrition rates among IQNs (Hyrkas & Morton, 2013). The financial difficulties experienced by immigrant nurses are well-documented, stemming from issues like unpaid employment gaps, immigration costs, and the need to meet education or registration requirements in the host country (Covell et al., 2022; Covell et al., 2016; Jeans et al., 2005; Kwan et al., 2019; Nortvedt et al., 2020). Visa uncertainty exacerbates these financial barriers, as it restricts the ability

to work, creating a sense of employment insecurity and discouragement (Liou & Cheng, 2011; Safari et al., 2022; Salami & Nelson, 2014; Symes et al., 2022).

The factors that initially led IQNs to immigrate to developed countries, including better career opportunities, working environment, lifestyle, political stability, and income, also play a significant role in their decision to stay or leave (Geun et al., 2018; Latorre-Navarro et al., 2016; Timilsina Bhandari et al., 2015; Walton-Roberts et al., 2017). This study indicates a close connection between the initial reasons for immigration and the decision to stay or leave an organisation. Immigrant nurses, often planning to immigrate with their families, cite familial reasons, such as a spouse finding a job in another part of the country, as common reasons for leaving (Adhikari, 2011). Additionally, challenges in obtaining a suitable role and promotion impact not only their social and economic circumstances but also hinder the establishment of their professional identity (Safari et al., 2022).

Moving Forward:

Hiring IQNs and utilising their overseas specialty expertise continues to be difficult due to a lack of standards and frameworks for evaluating their previous experiences (Xiao et al., 2014). This study delves into the barriers and facilitators and highlights the reasons for attrition. If properly harnessed, facilitators can guide correct practices in recruiting and retaining experienced managers with a background in managing IQNs. These managers play a pivotal role in training others and establishing best practices for recruiting and utilising IQNs' specialised skills.

On the other hand, a multifaceted approach is needed to overcome barriers, such as the lack of a transition pathway, inadequate training provided by the workplace, and the lack of confidence in overseas education among Australian recruiters, all of which hinder the utilisation of IQNs to the fullest. As highlighted by

Kurup et al. (2022), existing literature indicates that the specialised knowledge of IQNs is not effectively transferred to host countries, a point reiterated in the current study. To ensure the successful transfer of specialty skills, a well-managed transition strategy and an informed hiring team following clear policies prove invaluable. Additionally, there is a critical need to establish well-structured transition pathways to facilitate a smoother integration process (Kurup et al., 2022).

Efforts should focus on eliminating the lack of training for nurse managers, boosting knowledge and confidence in overseas nursing education, and fostering a comprehensive understanding of IQNs' prior training. Recognising the variations in nursing education across countries (Deng, 2015) and understanding the unique requirements of specialised nursing roles are crucial for establishing pathways that facilitate the seamless integration of IQNs into healthcare systems. Failure to acknowledge these differences can impede the successful integration of IQNs and their specialised skills into the healthcare system (Zhou et al., 2011).

The absence of standards and frameworks for evaluating IQNs' previous experiences hinders the specialty skill utilisation of IQNs (Kurup et al., 2023b). This study emphasises the importance of supporting hiring managers with funding to assist IQNs with transition support plans and promote specialty skill utilisation. Overseas reference checks should be diligently conducted to ensure that nurses are valued for their skills (Australian Commission on Safety and Quality in Health Care, 2015). Thus, developing competent nurse managers through targeted leadership development programs is crucial (Lukhanina et al., 2023). These programs should address the diverse international nursing backgrounds and varying levels of training among IQNs (Stodart, 2018).

5.2.1.7 Strengths and Limitations of the Work

The survey gathered data from participants across all states and territories of Australia, encompassing diverse age groups, thereby bolstering the robustness of the findings. The lead researcher's unique perspective as an IQN contributed significantly to interpreting results from a socio-cultural standpoint, and reflexivity enhanced the study's credibility. Ensuring representation, nurse managers originated from various countries, aligning with the Australian Bureau of Statistics data on the origins of Australian nurses. The use of social media platforms and the Australian College of Nursing supported the capture of a wider audience who showed genuine interest in the topic.

Similar to other online studies, this study faced some limitations. Although all publicly accessible hospitals and residential aged care facilities were targeted, the survey dissemination request may have remained in these facilities' generic email boxes and never reached the hospital's educational or research centre, decreasing overall study participation. The recruitment strategy relied on the assumption that the entire target population could be effectively reached through social media platforms. However, it is essential to acknowledge that this approach may not have encompassed all potential participants, as some individuals may not actively use social media. Moreover, technical challenges, such as connectivity issues and interruptions, were encountered during the recruitment process, as documented in previous studies (Ochieng et al., 2018; Yayeh, 2021). Online surveys may introduce response bias, as participants may be inclined to provide socially acceptable responses, particularly when recalling challenges encountered during the initial stages of skill transition (Larson, 2019; Mckenzie et al., 2017).

5.2.1.8 Conclusion

The study successfully aimed to explore Australian recruiting managers' perspectives of the barriers and facilitators to transferring IQN specialty skills into clinical practice. Key facilitators such as manager confidence, opportunities provision, and proper recognition of IQNs' education highlight managerial competence's crucial role in effective recruitment. However, significant barriers, including the lack of a structured transition pathway, insufficient training for managers in recruiting and retaining IQNs, and a lack of trust in overseas-acquired qualifications, were identified and require immediate attention.

To address these challenges, a more comprehensive approach is recommended. This approach should involve establishing a nationalised transition strategy, providing managerial guidance for IQN recruitment, implementing leadership development programs, and adopting standardised evaluation frameworks. The study findings advocate for further governmental support, streamlined hiring processes, and a culture of recognition and appreciation to optimise the utilisation of IQNs' specialised skills. Embracing this comprehensive approach positions this research as a valuable asset in enhancing the utilisation of IQNs' specialised skills within the Australian healthcare framework, thereby fostering a more efficient and inclusive healthcare landscape in the country.

References

- Adhikari, R. (2011). *From aspirations to “dream-trap”: Nurse education in Nepal and Nepali nurse migration to the UK*. [Doctor of Philosophy, The University of Edinburgh]. <https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari>
- Aggar, C., Shinnars, L., Thomas, T., & Stockhausen, L. (2020). Experiences of internationally qualified registered nurses enrolled in a bridging program in Australia: A pilot study. *Collegian*, 27(3), 298-303.
<https://doi.org/10.1016/j.colegn.2019.09.003>
- Allan, H. (2010). Mentoring overseas nurses: barriers to effective and non-discriminatory mentoring practices. *Nursing Ethics*, 17(5), 603-613.
<https://doi.org/10.1177/0969733010368747>
- American Nurses Association. (2022). *Nurse staffing crisis*.
<https://www.nursingworld.org>
- Australian Bureau of Statistics. (2021). *Australia's population by country of birth*.
<https://www.abs.gov.au/statistics/people/population>
- Australian Commission on Safety and Quality in Health Care. (2015). *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners* <https://www.safetyandquality.gov.au/Credentialing-health-practitioners>
- Australian Government. (2020). *2019 Section 14 Award course completions*. Department of Education. <https://docs.education.gov.au/-award-course-completions>
- Australian Government Department of Education. (2023). *Australian Universities Accord Interim Report*. <https://www.education.gov.au/australian-universities-accord>

- Australian Institute of Health and Welfare. (2023). *Spending on hospitals*.
<https://www.aihw.gov.au/reports-data/spending-on-hospitals>
- Australian Nursing & Midwifery Accreditation Council. (2016). *Frequently asked questions; Skilled migration services*. <https://www.anmac.org.au/skilled-migration>
- Bakon, S., Craft, J., Wirihana, L., Christensen, M., Barr, J., & Tsai, L. (2018). An integrative review of graduate transition programmes: Developmental considerations for nursing management. *Nurse Education in Practice*, 28(1), 80-85. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Bapuji, H., Patel, C., Ertug, G., & Allen, D. G. (2020). Corona crisis and inequality: Why management research needs a societal turn. *Journal of Management*, 46(7), 1205-1222. <https://doi.org/10.1177/0149206320925881>
- Barnes, Thompson, & Brown. (2023). *Why is professional academic document translation important?* <https://legal-translations.com.au>
- Buchan, J., Charlesworth, A., Gershlick, B., & Seccombe, I. (2019). A critical moment: NHS staffing trends, retention and attrition. *The Health Foundation*.
<http://www.health.org.uk>
- Canadian Nurses Association. (2024). *Nursing shortages*. <https://www.cna-aaic.ca/en/policy-advocacy/take-action/nursing-shortages>
- Committee for Economic Development of Australia. (2021). *A good match: Optimising Australia's permanent skilled migration*.
<https://www.ceda.com.au/Admin/getmedia>
- Cosgrave, C., Malatzky, C., & Gillespie, J. (2019). Social determinants of rural health workforce retention: A scoping review. *International Journal of Environmental Research and Public Health*, 16(3), 314. <https://www.mdpi.com>

- Covell, C. L., Adhikari, A., & Salami, B. (2022). Surviving the employment gap: A cross-sectional survey of internationally educated nurses. *International Nursing Review*, 69(2), 167-174. <https://doi.org/10.1111/inr.12668>
- Covell, C. L., Neiterman, E., & Bourgeault, I. L. (2016). Scoping review about the professional integration of internationally educated health professionals. *Human Resources for Health*, 14(1), 1-12. <https://doi.org/10.1186/s12960-016-0135-6>
- Deloitte Access Economics. (2018). *Seizing the opportunity: Making the most of the skills and experience of migrants and refugees*. <https://www.dlgrma.qld.gov.au>
- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96-98. <https://doi.org/10.1016/j.cnre.2015.11.001>
- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228-235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Donald., F., Bryant-Lukosius., D., Martin-Misener., R., Kaasalainen., S., Kilpatrick., K., Carter., N., Harbman., P., Bourgeault., I., & DiCenso., A. (2010). Clinical nurse specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 11(1), 189-201. <https://doi.org/10.12927/cjnl.2010.22276>.
- Gallardo-Gallardo, E., & Thunnissen, M. (2016). Standing on the shoulders of giants? A critical review of empirical talent management research. *Employee Relations*, 38(1), 31-56. <https://doi.org/10.1108/ER-10-2015-0194>
- Geun, H. G., Redman, R. W., & McCullagh, M. C. (2018). Predictors of turnover among Asian foreign-educated nurses in their 1st year of US employment.

JONA: The Journal of Nursing Administration, 48(10).

<https://doi.org/10.1097/NNA.0000000000000660>

Halcomb, E., Williams, A., Ashley, C., McInnes, S., Stephen, C., Calma, K., & James, S. (2020). The support needs of Australian primary health care nurses during the COVID-19 pandemic. *Journal of Nursing Management*, 28(7), 1553-1560. <https://doi.org/10.1111/jonm.13108>

Hayne, A. N., Gerhardt, C., & Davis, J. (2009). Filipino nurses in the United States: Recruitment, retention, occupational stress, and job satisfaction. *Journal of Transcultural Nursing*, 20(3), 313-322.

<https://doi.org/10.1177/1043659609334927>

Henderson, J., Dawson, S., Fuller, J., O'Kane, D., Gerace, A., Oster, C., & Cochrane, E. M. (2018). Regional responses to the challenge of delivering integrated care to older people with mental health problems in rural Australia. *Aging & Mental Health*, 22(8), 1031-1037.

<https://doi.org/10.1080/13607863.2017.1320702>

Hyrkas, K., & Morton, J. L. (2013). International perspectives on retention, stress and burnout. *Journal of Nursing Management*, 21(4), 603-604.

<https://doi.org/10.1111/jonm.12118>

IBM Corporation. (2022). *IBM SPSS Statistics for Windows, version 26.0*. IBM Corp.

https://www.ibm.com/mysupport/s/article/Getting-Started-Guide?language=en_US

Jeans, M. E., Hadley, F., Green, J., & Da Prat, C. (2005). Navigating to become a nurse in Canada: Assessment of international nurse applicants. *Ottawa: Canadian Nurses Association*. http://www.cna-nurses.ca/CNA/documents/pdf/publications/IEN_Technical_Report_e.pdf

- Jose, M. M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America [10.1111/j.1466-7657.2010.00838.x]. *International Nursing Review*, 58(1), 123-129. <https://doi.org/10.1111/j.1466-7657.2010.00838.x>
- Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*. <https://doi.org/10.1002/nop2.2023>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30(2), 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 80(5), 1868-1881. <https://doi.org/10.1111/jan.15952>
- Kwan, J., Wang, M., Cummings, G., Lemermeyer, G., Nordstrom, P., Blumer, L., Horne, N., & Giblin, C. (2019). The evaluation of evidence-informed changes to an internationally educated nurse registration process. *International Nursing Review*, 66(3), 309-319. <https://doi.org/10.1111/inr.12518>
- Larson, R. B. (2019). Controlling social desirability bias. *International Journal of Market Research*, 61(5), 534-547. <https://doi.org/10.1177/1470785318805305>
- Latorre-Navarro, M., Guest, D., Ramos, J., & Gracia, F. (2016). High commitment HR practices, the employment relationship and job performance: A test of a mediation model. *European Management Journal*, 34(4), 328-337. <https://doi.org/10.1016/j.emj.2016.05.005>

- Likupe, G., & Archibong, U. (2013). Black African nurses' experiences of equality, racism, and discrimination in the National Health Service. *Journal of Psychological Issues in Organizational Culture*, 3(S1), 227-246.
<https://doi.org/10.1002/jpoc.21071>
- Liou, S. R., & Cheng, C. Y. (2011). Experiences of a Taiwanese nurse in the United States. *Nursing Forum*,
- Litton, E., Huckson, S., Chavan, S., Bucci, T., Holley, A., Everest, E., Kelly, S., McGloughlin, S., Millar, J., & Nguyen, N. (2021). Increasing ICU capacity to accommodate higher demand during the COVID-19 pandemic. *Medical Journal of Australia*, 215(11), 513-517. <https://doi.org/10.5694/mja2.51318>
- Lukhanina, Y., Lukhanin, O., & Jereb, E. (2023). Improving the quality of healthcare services through training leaders. *42nd International Conference on Organizational Science Development*, 20(1), 605-721.
<https://doi.org/10.18690/um.fov.3.2023.46>
- Mckenzie, S. K., Li, C., Jenkin, G., & Collings, S. (2017). Ethical considerations in sensitive suicide research reliant on non-clinical researchers. *Research Ethics*, 13(3-4), 173-183. <https://doi.org/10.1177/1747016116649996>
- Muench, U., Jura, M., Spetz, J., Mathison, R., & Herrington, C. (2021). Financial vulnerability and worker well-being: A comparison of long-term services and supports workers with other health workers. *Medical Care Research and Review*, 78(5), 607-615. <https://doi.org/10.1177/1077558720930131>
- Nortvedt, L., Lohne, V., & Dahl, K. (2020). A courageous journey: Experiences of migrant Philippine nurses in Norway. *Journal of Clinical Nursing*, 29(3-4), 468-479. <https://doi.org/10.1111/jocn.15107>

- Nurmeksela, A., Mikkonen, S., Kinnunen, J., & Kvist, T. (2021). Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: A correlational study. *BMC Health Services Research*, 21(1), 296. <https://doi.org/10.1186/s12913-021-06288-5>
- O'Sullivan, B. G., & Worley, P. (2020). Setting priorities for rural allied health in Australia: A scoping review. *Rural and Remote Health*, 20(2). <https://doi.org/10.22605/RRH5719>
- Ochieng, N. T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20-32. <https://doi.org/10.1111/2041-210X.12860>
- Quintini, G. (2011). Right for the Job: Over-qualified or under-skilled? *OECD Social, Employment and Migration Working Papers*, 120(1), 1815199. <https://doi.org/10.1787/5kg59fcz3tkd-en>
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64-85. <https://doi.org/10.1111/1744-7941.12121>
- Roche, M. A., Duffield, C. M., Homer, C., Buchan, J., & Dimitrelis, S. (2015). The rate and cost of nurse turnover in Australia. *Collegian*, 22(4), 353-358. <https://doi.org/10.1016/j.colegn.2014.05.002>
- Roth, Berger, S., Krug, K., Mahler, C., & Wensing, M. (2021). Internationally trained nurses and host nurses' perceptions of safety culture, work-life balance, burnout, and job demand during workplace integration: A cross-sectional study. *BMC Nursing*, 20(1), 77. <https://doi.org/10.1186/s12912-021-00581-8>

- Royal College of Nursing. (2021). *Nurse shortage now a crisis, says RCN*.
<https://www.rcn.org.uk/news-and-events/news/wm-nhs-nurse-vacancies-rise>
- Safari, K., McKenna, L., & Davis, J. (2022). Transition experiences of internationally qualified health care professionals: A narrative scoping review. *International Journal of Nursing Studies*, 129, 104221.
<https://doi.org/10.1016/j.ijnurstu.2022.104221>
- Salami, B., & Nelson, S. (2014). The downward occupational mobility of internationally educated nurses to domestic workers. *Nursing Inquiry*, 21(2), 153-161. <https://doi.org/10.1111/inr.12400>
- SkillSurvey. (2021). *Concerned with nurse retention? SkillSurvey finds that reference feedback helps to predict RN turnover*. <https://www.skillsurvey.com/reference-feedback-predict-nurse-turnover/>
- Smith, C. D., Fisher, C., & Mercer, A. (2011). Rediscovering nursing: A study of overseas nurses working in Western Australia. *Nursing & Health Sciences*, 13(3), 289-295. <https://doi.org/10.1111/j.1442-2018.2011.00613.x>
- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice*, 23(3), 175-194. <https://doi.org/10.1177/15271544221102964>
- Sokhanvar, M., Kakemam, E., Chegini, Z., & Sarbakhsh, P. (2018). Hospital nurses' job security and turnover intention and factors contributing to their turnover intention: A cross-sectional study. *Nursing and Midwifery Studies*, 7(3), 133-140. <https://doi.org/10.4103/2322-1488.235640>

- Stodart, K. (2018). Workforce carries the load of cultural misunderstanding. *Kai Tiaki: Nursing New Zealand*, 24(1), 24-25.
<https://www.proquest.com/docview/2010774699>
- Symes, H. A., Boulet, J., Yaghmour, N. A., Wallowicz, T., & McKinley, D. W. (2022). International medical graduate resident wellness: Examining qualitative data from J-1 visa physician recipients. *Academic Medicine*, 97(3), 420-425.
<https://doi.org/10.1097/ACM.0000000000004406>
- Thompson, M., & Walton-Roberts, M. (2019). International nurse migration from India and the Philippines: The challenge of meeting the sustainable development goals in training, orderly migration and healthcare worker retention. *Journal of Ethnic and Migration Studies*, 45(14), 2583-2599.
<https://doi.org/10.1080/1369183X.2018.1456748>
- Timilsina Bhandari, K. K., Xiao, L. D., & Belan, I. (2015). Job satisfaction of overseas-qualified nurses working in Australian hospitals. *International Nursing Review*, 62(1), 64-74. <https://doi.org/10.1111/inr.12146>
- United Nations. (2022). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. <https://www.un.org/sustainabledevelopment/health/>
- Van den Broeck, J., Argeseanu Cunningham, S., Eeckels, R., & Herbst, K. (2005). Data cleaning: Detecting, diagnosing, and editing data abnormalities. *PLOS Medicine*, 2(10), e267. <https://doi.org/10.1371/journal.pmed.0020267>
- Walton-Roberts, M., Runnels, V., Rajan, S. I., Sood, A., Nair, S., Thomas, P., Packer, C., MacKenzie, A., Tomblin Murphy, G., Labonté, R., & Bourgeault, I. L. (2017). Causes, consequences, and policy responses to the migration of health workers: Key findings from India. *Human Resources for Health*, 15(1), 1-18. <https://doi.org/10.1186/s12960-017-0199-y>

- Warshawsky, N. E., Caramanica, L., & Cramer, E. (2020). Organizational support for nurse manager role transition and onboarding: Strategies for success. *JONA: The Journal of Nursing Administration*, 50(5), 254-260.
<https://doi.org/10.1097/NNA.0000000000000880>
- White, E. M., Wetle, T. F., Reddy, A., & Baier, R. R. (2021). Front-line nursing home staff experiences during the COVID-19 Pandemic. *Journal of the American Medical Directors Association*, 22(1), 199-203.
<https://doi.org/10.1016/j.jamda.2020.11.022>
- World Health Organisation. (2020). *State of the world's nursing 2020: Investing in education, jobs, and leadership*. <https://apps.who.int/iris/bitstream/handle.pdf>
- World Health Organization. (2020). A regional guide to the development of nursing specialist practice. <https://applications.emro.who.WHOEMNUR432E>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640-653.
<https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Yayeh, F. A. (2021). Focus Group Discussion (FGD) as a data collection tool in Economics. *Daagu International Journal of Basic & Applied Research*, 3(1), 52-61. <https://www.researchgate.net>
- Zhou, Y., Windsor, C., Theobald, K., & Coyer, F. (2011). The concept of difference and the experience of China-educated nurses working in Australia: A symbolic interactionist exploration. *International Journal of Nursing Studies*, 48(11), 1420-1428. <https://doi.org/10.1016/j.ijnurstu.2011.05.003>

The prior study presented quantitative results from a cross-sectional survey, pinpointing critical facilitators such as confidence and competence in IQN recruitment bolstered by robust reference checks and professional translation services. However, it also illuminated barriers, including the lack of a clear transition pathway, insufficient workplace training, scepticism surrounding overseas education, and resource limitations, all impeding the seamless integration of IQNs into the Australian healthcare system. Financial constraints and restricted avenues for career advancement further exacerbated these challenges. The subsequent publication reports on the qualitative data collected through the cross-sectional survey. Thematic content analysis revealed varying perceptions among recruiting managers, emphasising facilitators such as support and highlighting funding as a significant barrier to skill transition. This study contributes a unique layer to the overall narrative, enriching the understanding of the challenges and facilitators associated with IQNs' specialty skill transfer from the managerial perspective. The findings from this publication illuminate the complexities surrounding the definitions of specialty nurses, differences in nursing training, and the transferability of specialty skills for IQNs in Australia. These findings resonate with the themes explored in the earlier publications, reinforcing the interconnected challenges IQNs face in utilising their skills following immigration into the Australian healthcare system.

The publication extends the call for tailored transition support programs to address the unique needs of specialty IQNs. It aligns with the earlier publications advocating for collaborative efforts between IQNs, managers, and policymakers to

streamline processes, rectify training disparities, and foster managerial support and education. The collective insights from these publications underscore the necessity for a structured, supportive approach to enhance the integration, retention, and effective utilisation of IQNs and their specialised skills within the Australian healthcare workforce. Policymakers, healthcare organisations, and practitioners can draw upon these comprehensive findings to shape interventions that promote a more inclusive, supportive environment, ultimately improving Australia's overall quality of healthcare delivery.

5.3 Journal Article 7:

Title: Finding a fit: How recruiting managers utilise the specialty skills of internationally qualified nurses

The authors chose the journal *Nursing Open* for this paper due to its broad scope, strong emphasis on scientific rigour, and focus on publishing articles that positively impact health at local, national, regional, and global levels. Its impact factor of 2.3 further affirmed its suitability for publication.

5.3.1 Reference for Paper

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). Finding a fit: How recruiting managers utilise the specialty skills of internationally qualified nurses. *Nursing Open*

Title: Finding a fit: How recruiting managers utilise the specialty skills of internationally qualified nurses

Abstract

Aim: To explore recruiting managers' perception of the facilitators and barriers to specialty skill transfer of internationally qualified nurses in Australia.

Design: The study utilised a descriptive research design with a cross-sectional survey. Data were collected from July to September 2022.

Methods: A self-designed survey was distributed through social media, snowballing, and nursing professional organisations. The survey included nine open-ended questions analysed using thematic content analysis.

Data Sources: A total of 37 recruiting managers contributed their perceptions.

Findings: This study identified diverse perceptions of recruiting managers regarding the definitions of specialty nurses, differences in specialty nursing training, and the transferability of specialty skills for internationally qualified nurses in Australia. It also illuminates challenges and facilitators related to internationally qualified nurses' specialty skill transfer and their connectedness with the attrition of internationally qualified nurses in the Australian healthcare system.

Conclusion: Most participants agreed that IQNs' specialty skills could be effectively transferred to the Australian healthcare system.

Impact: To rectify training disparities, especially among internationally qualified specialist nurses, healthcare organisations must create tailored transition support programs that address their unique needs. Streamlining visa processes and offering managerial support and education is vital for internationally specialty qualified nurses' smooth integration and retention in the Australian healthcare workforce, ultimately improving healthcare quality.

Reporting method: STROBE Checklist

What does this Study Add?

- Managers frequently do not receive funds, assistance, or training to enable the successful recruitment of specialised international nurses.
- Limited information on successful practices in international specialist nursing recruitment, retention and skill utilisation is available.

5.3.1.1. Introduction

The global nurse shortage is a complex and severe issue with significant consequences for healthcare systems worldwide. Numerous factors contribute to this shortage: population ageing, the rise in chronic diseases, the retirement of skilled nurses, and the demanding nature of the profession (Doleman et al., 2022; Smith et al., 2022). To meet the ambitious healthcare targets set by the United Nations for 2030, an additional 9 million nurses globally are required (United Nations, 2022). The COVID-19 pandemic has worsened nursing shortfalls by increasing the demand for healthcare services and causing burnout among existing nurses (Litton et al., 2021).

Nurse managers are essential in healthcare organisations, as they oversee nursing staff, ensure the quality of patient care, and manage budgets (Cave et al., 2023). However, the nurse shortage heavily burdens nurse managers in Australia, who are also responsible for recruiting nurses (Agency for Healthcare Research and Quality, 2012; Boort District Health, 2017). The nursing skill shortage in Australia is expected to cost the economy \$7 billion by 2026, leading universities to restructure their programs to meet the increasing demand (Lansdown, 2023, August 9). This restructuring includes an expansion of international student enrolment. Notably, international student enrolment is the third-largest export for Australia, behind iron ore and coal, contributing \$29 billion to the economy (Universities Australia, 2023). However, there is a high attrition rate among students in pre-registration nursing programs in Australia (Australian Government, 2020). To address the immediate shortage, Australia heavily relies on recruiting Internationally Qualified Nurses (IQNs), with almost one-third of the current healthcare workforce comprising IQNs, mainly from non-English speaking countries (Kurup et al., 2022).

5.3.1.2. Background

Integration of IQNs into the Australian healthcare system comes with challenges. Recognition of overseas qualifications and experience remains a significant barrier to integration, leading to the underutilisation of IQN's skills (Donald et al., 2010). There is widespread underutilisation of skills among IQNs, with many working below their educational and specialisation levels despite possessing valuable expertise (An et al., 2016; Stankiewicz & O'Connor, 2014). These circumstances contribute to personal job dissatisfaction and have wider ramifications for patient care, exacerbating shortages of nurses in specialty nursing areas (Ressia et al., 2017). The lack of familiarity among nurse managers regarding the assessment of IQNs' skills and qualifications further compounds this issue (Kurup et al., 2022).

Underutilisation of skills not only incurs opportunity costs, representing the value of the IQNs' skills if used more effectively but also imposes direct financial burdens on healthcare budgets through expenses associated with nurse recruitment and training. The Committee for Economic Development of Australia (CEDA) estimated that the annual cost of reduced productivity due to skill underutilisation in Australia was \$1.25 billion (CEDA, 2021).

Roche et al. (2015) highlight that underutilising nurses' skills is a primary driver of attrition, resulting in higher turnover rates and necessitating agency staffing to address subsequent staffing shortages. This staff shortage, in turn, raises overtime expenses, further straining financial resources. Job satisfaction among IQNs is significantly tied to effectively utilising their specialised skills (Timilsina Bhandari et al., 2015). Conversely, a lack of skill utilisation often leads to dissatisfaction and attrition (Timilsina Bhandari et al., 2015). Moreover, the departure of experienced staff members can disrupt team dynamics and workflow, further adding to the

organisational costs and potentially compromising patient care continuity. The financial implications of underutilising nurses' specialty skills are significant, particularly regarding the expenses incurred during onboarding (Warshawsky et al., 2020). These costs include training, supernumerary days, relocation support, and professional development activities. The cost of replacing a bedside Registered Nurse is substantial (Roche et al., 2015). When an IQN resigns due to dissatisfaction stemming from skill underutilisation, it adversely impacts costs, often leading to misallocation of funding, redirecting resources towards immediate staff replacement rather than other patient care and quality improvement activities (Albougami et al., 2020; Nuffieldtrust, 2021). This failure to optimise resources further exacerbates the financial burden on healthcare systems, hindering their ability to meet the community's needs (Australian Institute of Health and Welfare, 2023). The ripple effect of underutilisation, job dissatisfaction, and attrition is evident in the increased staffing costs and the strain placed on managers and the healthcare system (Roche et al., 2015). Facilitating a solid alignment between education and job skills becomes imperative in maximising investments in human capital and fostering sustainable growth within the healthcare sector (Quintini, 2011)

The effect of skill underutilisation on patient care cannot be overstated. When healthcare professionals cannot fully apply their specialised skills and knowledge in their roles, it can result in suboptimal patient outcomes (Kurup et al., 2023b). For example, a nurse with specialised training in a particular area may be unable to provide the best possible care if assigned tasks outside their expertise (Kurup et al., 2023b). This malalignment of skills can lead to errors, delays in treatment, and a lower quality of patient care (Randa & Phale, 2023). Additionally, when the right skills are not available for patient care, healthcare organisations may struggle to meet the complex

needs of their patient population, leading to dissatisfaction among patients and their families (Alibrandi et al., 2023).

Despite a long history of nurses migrating from developing to developed countries, there is limited literature on recognising the specialised skills of IQNs. This underutilisation of skills contributes to staff turnover and associated costs and compromises patient care quality. The lack of information related to this topic in the literature highlights the need for further research. The high demand for nurses worldwide, especially in the context of COVID-19, underscores the relevance and seriousness of the problem. Therefore, this study aims to explore recruiting managers' perceptions of the facilitators and barriers to specialty skill transfer of IQNs in Australia.

5.3.1.3. The Study

Aim(s): To explore recruiting managers' perceptions of the facilitators and barriers to specialty skill transfer of IQNs in Australia.

Objective: To gather perspectives from recruiting managers regarding the utilisation of IQN's specialty skills in Australia post-immigration.

Research Question: How can the specialty skills of IQNs be effectively utilised in the healthcare system of a developed country following immigration?

5.3.1.4. Methods

5.3.1.4.1 Research Design:

A cross-sectional online survey was employed to investigate the facilitators and barriers linked to transferring and using IQN's specialised skills into Australia's healthcare system following immigration.

5.3.1.4.2 Study Setting and Sampling

The recruitment of participants employed a purposive sampling technique. A specifically designed survey was disseminated through various channels, including

social media groups, snowballing, and professional institutions such as the Australian College of Nursing. Additionally, survey distribution utilised public email addresses and web inquiry pages. Those interested in participating were guided to the survey through an advertisement link. To ensure eligibility, screening questions were incorporated on the first page of the survey.

Additionally, the Participant Information Letter was accessible via a link on the survey landing page. The recruitment advertisement text was refreshed every two weeks on various social media platforms and professional organisation discussion forums to maintain visibility. Participation in the study was voluntary, and no specific sample size calculation was deemed necessary due to the qualitative and exploratory nature of the research.

5.3.1.4.3 Inclusion and Exclusion Criteria

The study included participants who were nursing managers and had firsthand experience in recruitment and working with IQNs, transferring their specialised skills to Australia's health system.

Inclusion criteria required all participants to be registered nurses who hold current registration with the Australian Health Practitioner Regulation Agency (Ahpra) and are responsible for recruiting new nurses. Participation in the study was voluntary. Registered nurses who were not currently occupying management roles were excluded from participation.

5.3.1.4.4 Instrument Development and Validation

A self-designed survey was developed to collect data to address the research question. The formulation of survey questions was guided by a comprehensive literature review on the utilisation of specialty skills among IQNs (Kurup et al., 2023b). The survey included nine open-ended questions designed to elicit detailed participant

responses. To enhance the credibility and comprehensiveness of the survey, a pilot study was conducted involving expert reviewers. These reviewers were academics with extensive experience in recruitment-related nursing management roles. Their valuable insights and feedback were instrumental in refining the survey instrument before its implementation in the main study.

5.3.1.4.5 Data Collection

The survey was developed and distributed using the REDCap™ platform; it was accessible to participants for two months, from July to September 2022.

5.3.1.4.6 Data Analysis

Content analysis, as explained by Kuckartz and Rädiker (2023), was used to examine the data from the open-ended questions. Participant responses were transferred to an Excel™ spreadsheet, where they were divided into meaning units or smaller sections, condensed and colour-coded. Two research team members independently coded each comment before comparing them to ensure consistency; a third investigator then reviewed the codes. Any disagreements in coding were addressed through collaborative discussions aimed at reaching a consensus among the researchers. Codes were then divided into categories and subcategories, which were further sorted and quantified by highest frequency to indicate the emphasis the participants gave to each category. Common themes among the categories were determined and reported to discover the patterns arising from the data.

5.3.1.4.7 Ethical Considerations

Permission from the university's (Human Research Ethics Committee) was obtained (2022-2524E) before the research commenced. Consent was implied as participants advanced from the initial screen, where they were asked if they wished to proceed.

5.3.1.5. Findings

5.3.1.5.1 Sample Characteristics

Thirty-seven participants completed the open-ended questions in the survey. Most responders (68.1% $n = 24$) were females, averaging 53.7 years (See Table 5.5). Managers who classified themselves as IQNs accounted for 35% ($n = 13$) of the participants. Among these participants, 24 managers (65%) received their initial nurse training in Australia, while others obtained their qualifications from various countries (Table 5.6). The survey's geographical coverage included every state and territory, with Victoria (VIC) leading the way with 22 ($n = 8$) responses (see Figure 5.2).

Table 5.5

Demographics

Gender			Age	
Females	Males	Prefer not to say	Mean	53.7
$n = 24$ (65%)	$n = 11$ (30%)	$n = 2$ (5%)	Range	35-over 65

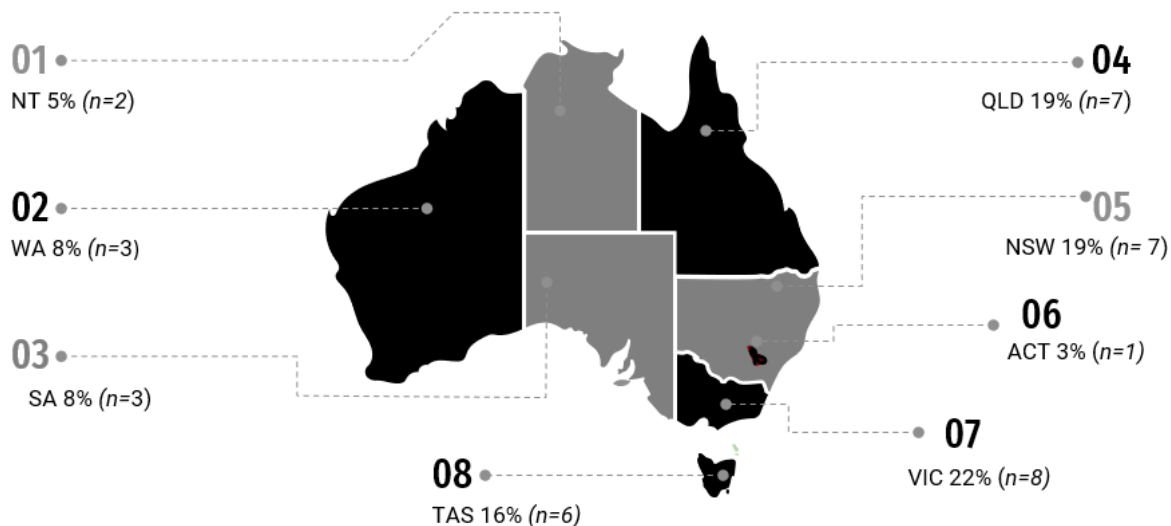
Table 5.6

Countries of Initial Nursing Qualification

Countries of initial nursing qualification	N
<i>Australia</i>	24 (65%)
<i>United Kingdom</i>	4 (11%)
<i>New Zealand</i>	3 (8%)
<i>India</i>	3 (8%)

Figure 5.2

State and Territory Distribution



The meaning of the term 'Specialty Nurse.'

Participants were asked to provide their understanding of the term 'Specialty Nurse'. The responses of 34 nurse managers were interpreted, and three key categories emerged: Education and training, Experience, and Skills (Table 5.7).

Table 5.7

Defining the Term 'Specialty Nurse'

Category	Code count (n = 34)/Percentage of code count (%)	Theme
<i>Training</i>	14 (41%)	<i>Education and training</i>
<i>Experience</i>	13 (38%)	<i>Experience</i>
<i>Specialised</i>	8(24%)	<i>Skills</i>
<i>Knowledge/Skills</i>	5 (15%)	<i>Skills</i>
<i>Supports other RNs</i>	4(12%)	<i>Skills</i>

Theme: Education and Training

Many participants believed that a 'specialty nurse' was or should be a nurse who had received an education aligned with a specific clinical field.

Comments from participants corroborated this-

"A nurse who has completed a specialist training preferably post-grad in cardiac care nursing or something (Manager 3)."

"These skills should be supported by an appropriate postgraduate qualification in the respective area (Manager 12)."

"Nurse with a specialty training either hospital-based or tertiary institution based (Manager 21)."

Theme: Experience

Several participants associated the term 'specialty nurse' with practical work experience in a specific field. Comments from participants supported this interpretation-

"A nurse with experience in departments which handle specialty cases (Manager 7)."

"Nurse with clinical experience in nursing specialty (Manager 23)."

"Nurse with [experience] in specialised clinical wards or [departments] (Manager 25)."

Theme: Skills

Several participants perceived the term 'specialty nurse' as indicative of having specialised skills in a specific field. Comments from participants reinforced this opinion-

"Nurse with work expertise in specialty areas of nursing
(Manager 28)."

"A registered nurse with advanced practical skills and
competency in teaching, mentoring, supervising and delivering
evidence-based care in a particular specialty (Manager 12)."

"Is also someone with clinical expertise within a specialty
and supports other RNs in their training. It also supports
practice by assisting in research or quality improvement. Acts
as a leader/role model (Manager 5)."

Difference in Nursing Training

Participants' views on the differences between nursing training for IQNs and registered nurses in Australia were sought. Nurse managers' understanding of the term revealed four key themes: Uncertainty, Practice Preparation, Similarity, and Varying Scope (Table 5.8).

Table 5.8

Difference in Nurse Training

<i>Category</i>	<i>Code count n = 42/Percentage of code count (%)</i>	<i>Theme</i>
<i>Unsure of the Training Received Overseas</i>	14 (33%)	Uncertainty
<i>Different Educational Components/Length</i>	13 (31%)	Practice Preparation
<i>Similar</i>	11 (26%)	Similarity
<i>Different Context</i>	9 (21%)	Varying Scope
<i>Variance in The Scope of Practice</i>	6 (14%)	Varying Scope
<i>No Patient Ratio</i>	5 (12%)	Varying Scope

Theme: Uncertainty

The theme of 'Uncertainty' refers to the lack of confidence and trust in the quality and validity of the training received by IQNs overseas. This uncertainty arose from concerns by nurse managers about the authenticity and credibility of the certificates and nursing education programs from other countries. The comments provided by the participants illustrate their reservations about the training, curriculum, and qualifications of IQNs, which may hinder their ability to assess and evaluate these individuals' nursing skills and competence. The participants' comments included-

"Cannot trust the training received from overseas, as there are a lot of dodgy providers just issuing certificates. So, we do not know if the nurse is a nurse or not (Manager 4)."

'I am unsure of the nursing training in other countries to have a valid assessment (Manager 8)."

' The countries they come in are from all around the world. Hence, what preparation they received in their country is actually a guessing game (Manager 20)."

Theme: Practice Preparation

'Practice Preparation' uncovers educational gaps between Australia and IQNs' home countries, affecting specialty skill utilisation. Without specialty training post-registration, IQNs lack certificates to validate their skills. Additionally, insufficient leadership education leads IQNs to avoid challenging authority and asserting their skills, even if overlooked in recruitment. Participant comments further illustrate this issue.

"Australian nursing students have fewer clinical hours to complete than nursing school in the Philippines."

Learning starts after completing the course there. Here, nurses do not do personal learning to excel in an area unless the role gives more money. Hence, there is usually no specialty training; it is all the work experiences in the area (Manager 1)."

"I believe the leadership qualities are not really covered in the overseas curriculum. The new nurses may be quiet, but they have immense knowledge that can be utilised by the right kind of manager (Manager 23)."

"IQNs have skills that are very well supported by clinical training. They have a better understanding of the theories, which is very supported by their clinical experience (Manager 11)."

Theme: Similarity

The theme 'Similarity' reflects the perception that there are notable similarities in nursing training between Australia and the home countries of IQNs. This theme is substantiated by participants' comments, which indicate their belief in the resemblance between the educational backgrounds and qualifications of IQNs compared to Australian nurses. Which is supported by participants comments like-

"Education seems pretty similar (Manager 7)."

"I have a great bunch of nurses, so the course should all be good (Manager 10)."

"Nurses are pretty skilled coming from overseas; hence, the courses could be much similar (Manager 17)."

Theme: Varying Scope

The theme of 'Varying Scope' pertains to the differences in the scope of practice between the home countries of IQNs and Australia. This theme reflects the variations in the expectations and conditions of the nursing roles in these two settings, as indicated by participants' comments. Comments that support this view include-

"The patient ratio which they are exposed to, the conditions are much worse there (Manager 24)."

'The scope of practice can be different. I have nurses skilled in intubation, but Australia restricts the scope. This was actually a lunchtime conversation that brought it in. I would not have known it if I never asked (Manager 25).'

"The technology and scope they are exposed to and are taught are different (Manager 26)."

Hospital Specialty Transfer Support

Recruiting managers were asked to share their perceptions of the facilitators and barriers to specialty skill transfer of IQNs in Australia. Analysis of responses revealed two main themes: 'No transfer model' and 'Informal bespoke support' (see Table 5.9).

Table 5.9*Hospital Specialty Transfer Support*

Category	Code count (n = 26)/Percentage of code count (%)	Theme
No transfer model	21 (81%)	No transfer model
New staff support	13(50%)	Informal bespoke support
Ad-hoc plan	4 (15%)	Informal bespoke support
Personal Attributes of Nurse Managers	3(26%)	Informal bespoke support
Nurses are good support	2 (8%)	Informal bespoke support
Depends on unit	2 (8%)	No transfer model

Theme: No Transfer Model

The theme 'No transfer model' highlights the view among most participants that there is a notable absence of support, such as induction training and funding for IQNs during their transition to Australia and the process of adapting their specialised skills. Participants' comments emphasise this theme-

"General induction is provided to all employees.

There is no special international support plan. But it would be good if we had one (Manager 1)."

"There is no specific international nurse transition program, a regular orientation only (Manager 18)."

"There is not enough staff or funding for supplies, who cares about skill model (Manager 22)."

Theme: Informal Bespoke Support

The theme 'Informal Bespoke Support' recognises the lack of formalised support and the presence of an ad hoc support model for IQNs. Many recruiting managers identified a lack of specific or customised support for IQNs during their transition to Australia and the adaptation of their specialised skills. Participants' comments emphasise this theme, including-

"Not a well-designed transition plan, but support by nurses and managers exists (Manager 12)."

'Nurses support in the department until the policies and processes are clear to the new nurses. It is to all nurses, no differences to international or national (Manager 14)."

"We do not provide additional support. First, for three months, we do not issue them night shifts as the night shift has a minimum number of staff, and there is no one to ask for help or take advice (Manager 23)."

Skill Underutilisation & IQN Attrition

Most nurse managers shared data on the underutilisation of specialty skills and its link to IQN attrition in Australia, indicating a significant issue. Nurse managers' insights revealed two themes: *Reasons for Attrition* and *Addressing Employee Utilisation to Reduce Attrition* (See Table 5.10).

Table 5.10

Attrition of IQNs

Category	Code count (n = 26)/Percentage of code count (%)	Theme
<i>Personal/ family /visa-related circumstances</i>	10 (38%)	<i>Reasons for Attrition</i>
<i>Support</i>	6 (23%)	<i>Addressing Employee Utilisation to Reduce Attrition</i>
<i>Location /lack of recognition</i>	6 (23%)	<i>Reasons for Attrition</i>

Theme: Reasons for Attrition

The 'Reasons for Attrition' theme delves into the recurring factors prompting employees to depart from their organisational roles. Participants frequently highlighted personal or family-related challenges like visa issues as significant contributors to IQNs' attrition. Furthermore, issues about and a lack of recognition for specialised skills were also pinpointed as influential factors. Participant statements exemplify these factors. -

"Nurses usually take the first job offered in strange locations. Then, based on climate and family surroundings, they might move to metros or other states (Manager 19)."

'Visa-related reasons make them move (Manager 28)."

"Immigrants are here for a better job opportunity; if they cannot find it in a workplace, there is a high chance they will not stay (Manager 10)."

Theme: Addressing Employee Utilisation to Reduce Attrition

This theme concerns the strategies or approaches identified by participants as effective in improving staff utilisation and reducing or preventing attrition among IQNs. Participants suggested that supporting IQNs and addressing factors such as accommodation and incentives could effectively mitigate attrition among these nurses. Some of the comments made by these participants included

"I'm an external international recruiter with over 20 years of experience with relevant RN [Registered Nurse] ICU [Intensive Care Units] skills, so our recruits will phone me and if necessary, I'll have a chat with their CNC [Clinical Nurse Consultant] to try and solve any issues before them becoming reason for the IQN to leave. Usually, because they do not feel valued, Support networks are crucial (Manager 9)."

"Every hospital should develop an individual plan to assess, train and retain internationally qualified nurses. Given the demand, this should be developed by individual hospitals supported by a network of trained nurse educators (Manager 4)."

Transferability of Specialty Skills

Most participants (92%) agreed that IQNs' specialty skills could be effectively transferred to the Australian healthcare system. Participant comments echoed this, suggesting IQNs could become valuable team assets with support and time. The following participants shared this sentiment: -

"Yes indeed. IQNs only need contextual training on the differences in Australia, which also happens with time. I have fantastic international nurses who have kindly decided to stay, and they are absolute assets to my team. It's a slow process, so the best strategy is not rushing and waiting (Manager 7)."

"Yes indeed, especially in this time of severe nurse scarcity. I know overseas nurses never get a chance to have a supported role as they usually are not eligible for a grad year, but COVID has changed it all. Now, overseas nurses can apply for grad positions. I believe a similar method can also be utilised for already trained nurses. They are skilled clinicians (Manager 6)."

"I think if the health system they're currently working in runs parallel in practice with Australia's clinical practice, they're fine. However, the intangibles, such as isolation from their previous/usual network of support, have a greater impact on their staying and therefore practising (Manager 1)".

Facilitators

The research gathered opinions of nurse managers on the facilitator's IQNs' specialty skill transfer. Nurse managers' understanding of the term revealed two major themes: The role of support systems and IQN skill transfer Strategies (see Table 5.11).

Table 5.11*Facilitators*

<i>Category</i>	<i>Code count n = 53)/Percentage of code count (%)</i>	<i>Theme</i>
<i>Manager capacity</i>	<i>17 (32%)</i>	<i>The Role of Support Systems</i>
<i>Support programs by first employers</i>	<i>11 (21%)</i>	<i>The Role of Support Systems</i>
<i>IQN Community Support as Facilitator</i>	<i>7 (13%)</i>	<i>The Role of Support Systems</i>
<i>Individual agency</i>	<i>4 (8%)</i>	<i>The Role of Support Systems</i>
<i>Managers' IQN status as facilitators</i>	<i>3 (6%)</i>	<i>The Role of Support Systems</i>
<i>Need transition support program</i>	<i>3(6%)</i>	<i>IQN skill transfer Strategies</i>
<i>Work culture as Facilitator</i>	<i>2 (4%)</i>	<i>The Role of Support Systems</i>

Theme: The Role of Support Systems

'The Role of Support Systems' emphasises the crucial importance of diverse support systems in facilitating the transfer of IQNs' specialty skills. Participants strongly support this theme and highlight the pivotal role of managers and social interactions.

"The ability to hit the ground running varies, and support, especially managerial support, training, and education mechanisms, need to be planned, implemented, and assessed from the beginning of the recruitment process. A manager is the central key there (Manager 34)."

"Retention is greatly affected by the work culture; if the staff is valued, and their skills utilised they like to dress up come every day, you are half winning (Manager 20)."

Theme: IQN Skill Transfer Strategies.

This theme focuses on strategies and initiatives aimed at leveraging IQNs' specialised skills in Australia. Suggestions include increasing opportunities for Continuous Professional Development (CPD) and fostering proactive consultation, mentorship, and communication with IQNs regarding their career progression. The theme highlights the following strategies, supported by participants' comments-

"Recommend free CPD courses as part of their package, which also ensures any upskilling if required (Manager 12)."

"Being able to provide support and mentorship to transition to the Australian system for learning Aussie terminology, e.g. ICC (intercostal catheter), IDC (indwelling catheter), NGT (nasogastric tube), etc., unless there is a future of obtaining a job in their own area, IQNs might feel unused, and all. It takes a fair discussion to see which area they are more interested in and maybe develop a career plan (Manager 23)."

"A high number of nurses from various countries are coming to Australia; I wonder if anyone has actually looked at why they move hospitals or stay; maybe that will answer to developing a retention plan. This needs to take into consideration why IQNs leave, and not feeling valued for

their skills is a big reason why they leave. It's the same with all nurses (Manager 18)."

Barriers

The study gathered recruiting managers' opinions on the barriers to IQNs' specialty skill transfer. Nurse managers' understanding of the term revealed two themes: Specialty Skill Identification Challenges in Recruitment and Bias and Trust Issues with Overseas Qualifications (Table 5.12).

Table 5.12

Barriers

Table Category	Code count $n = 60$ /Percentage of code count (%)	Theme
<i>Fragmented system</i>	17 (28%)	<i>Specialty Skill Identification Challenges in Recruitment</i>
<i>Financial Resources</i>	8 (13%)	<i>Specialty Skill Identification Challenges in Recruitment</i>
<i>Trust/bias/discrimination</i>	8 (13%)	<i>Bias and Trust Issues with Overseas Qualifications</i>
<i>Manager capacity</i>	7 (12%)	<i>Specialty Skill Identification Challenges in Recruitment</i>
<i>Lack of managers Support</i>	6 (10%)	<i>Specialty Skill Identification Challenges in Recruitment</i>
<i>Retention devalued</i>	3 (5%)	<i>Specialty Skill Identification Challenges in Recruitment</i>
<i>Language</i>	3 (5%)	<i>Specialty Skill Identification Challenges in Recruitment</i>

Theme Specialty Skill Identification Challenges in Recruitment

This theme highlights the challenges faced in identifying specialty skills during onboarding, leading to difficulties in retaining specialised IQNs. Challenges stem from a fragmented system, financial constraints, lack of managerial support, and a general

trend of devaluing retention efforts. Participants' comments further emphasised the impact of these challenges on the recruitment and retention of IQNs-

"The wards and departments were doing international recruitment very differently. If there were shared communication, it would be smarter than hard work (Manager 18). "

"Hospitals are not really truly invested in the retention of nurses. When a vacancy comes, filling that vacancy is what they want to do first. No one has the time or funding to sit and discuss if their skills are appropriately matched. The lack of proper hospital support to assess and employ nurses causes skill use issues. Being a manager of a single ward for almost 20 years, I find retaining needs more investment than recruiting (Manager 6)."

"Management does not offer training to managers. Visa is a great problem among international nurses. I had to fight in length and breadth to support a nurse to stay in the country (Manager 38)."

Theme: Bias and Trust Issues with Overseas Qualifications

This theme highlights the challenges faced in utilising specialty skills that stem from deep-seated perceptions and biases that undermine the recognition and utilisation of international nurses' skills and training. Participants' comments further underscore the impact of these challenges on the skill utilisation of IQNs.

"Making Australian people believe your skills and training was hard 20 years ago when I immigrated, and it's

the same now. Patients who have refused a nurse different of their color are also common. I have not seen any ward refusing that kind of rudeness from patients (Manager 20)”.

“Not just the non-English speaking nurses, but the UK nurses also face the confidence issue among Australian nurses that the nursing is not up to Australian standards. (Manager 14)”

Discrimination, racism, and lack of trust in overseas qualifications have always been there and will be there. Unless Australians are open to the fact that there are more countries in the world, we will be stuck with the nurse scarcity forever. (Manager 28)”

5.3.1.6. Discussion

This study aimed to explore recruiting managers' perceptions of the facilitators and barriers to specialty skill transfer of IQNs in Australia. Rich data was gathered through nine open-ended questions. Detailed demographic data were collected from all Australian states and territories. Participants were mainly trained in Australia, with some from India, the UK, New Zealand, and the Philippines, reflecting recent population trends (ABS, 2021a). Participants' ages aligned with global IQN studies (Hewko et al., 2015; Membrive-Jiménez et al., 2020; Naranjo-Gil, 2009), and there was a predominance of female nurse managers similar to the nursing workforce in Australia, where 85.6% of RNs are women (NMBA, 2022a). Most participants held nurse unit manager roles, consistent with their global role description (Agency for Healthcare Research and Quality, 2012), with support from other higher-role RNs

5.3.1.6.1 Exploring the Concept of Specialty and Nursing Training

The study participants provided diverse perspectives on the qualifications and attributes necessary for specialised nursing roles, underscoring the ongoing challenge of skill utilisation in nursing. This variability reflects the lack of clarity and consistency in terminologies and competencies across healthcare settings, which can impede the transfer of skills (Boman et al., 2020; Gordon et al., 2012; Wilkes et al., 2015). For instance, the role of a Clinical Nurse Specialist (CNS) in the United States differs from that role in Australia, where other terminologies, such as Clinical Nurse Consultant (CNC), are used (Gordon et al., 2012). Educational prerequisites for specialised nursing roles also vary between and within countries, with some Australian states requiring postgraduate qualifications while others do not (Gordon et al., 2012; New South Wales Ministry of Health, 2021; Office of the Nursing and Midwifery Services Director, 2021). In developing countries, advancement to higher positions often hinges on years of service and internal hospital-based assessments and training (Kerala Public Service Commission, 2021; Shang et al., 2014; Stephen & Vijay, 2019). As per this study's participants, a specialty nurse or clinical nurse specialist is delineated as a registered nurse with clinical expertise in a specific nursing domain, complemented by post-registration education like postgraduate or master's degrees or clinical specialisation degrees. These professionals deliver direct patient care, assume managerial roles, and may undertake research or quality improvement endeavours, necessitating advanced practical skills such as teaching, mentoring, and supervising other RNs.

Respondents highlighted the discrepancies in specialty nursing education and training between IQNs and Australian-educated RNs, impacting an RN's ability to practice their specialty in the host country. While some perceive similarities in

education and professional training, others note differences in clinical hours and scope of practice. It is crucial to acknowledge that nursing education varies globally, even among countries with similar healthcare systems (Deng, 2015). Studies indicate that nurses from the UK and Canada encounter challenges in transferring their specialised skills to Australia due to registration requirements emphasising differences in professional preparation and scope of practice (Gillespie et al., 2012; Vafeas, 2013). Concerns about fraudulent or inadequate training provided by overseas institutions cast doubt on IQN competency and trustworthiness. Fraudulent certificates pose a global issue, especially across international borders (Attewell & Domina, 2011; Johnson, 2006). The cultural context of nursing education and professional training is also significant. Culture influences one's ability to adapt to a new work environment, impacting one's understanding of social cues, patient care practices, and workplace interactions (O'Callaghan et al., 2018). Providing IQNs with a safe and gradual pace to utilise their learned skills is essential for their adaptation to the Australian healthcare system (Mitchell et al., 2017).

Specialty skill underutilisation among IQNs in Australia poses a significant risk of exacerbating attrition within the healthcare workforce. Without the opportunity to utilise their specialised skills, IQNs may feel undervalued and disengaged, leading to higher turnover rates. This survey delved into managers' perceptions of IQNs' ability to utilise their specialised skills within Australian healthcare effectively. The current study participants echo previous research findings that highlight the detrimental impact of failing to effectively leverage the specialised expertise of IQNs, which can exacerbate attrition rates within the industry (Kishi et al., 2014). Transition support programs designed for IQNs often lack tailored elements to accommodate their specialised skills, focusing instead on the general ward or unit orientation (Kurup et

al., 2023b). This oversight underscores a critical gap in support structures, leaving IQNs feeling unsupported and undervalued in their roles (Falguera et al., 2021; Hawthorne, 2001; Vatankhah et al., 2019; Xue et al., 2020). Compounding this issue is the scarcity of funding for specialty skill transition programs, which hinders healthcare facilities' ability to provide adequate resources for IQNs to thrive (Australian Medical Association, 2018; Photopoulos, 2017).

Moreover, the geographical location of IQNs' first jobs can significantly impact their ability to utilise their skills, particularly in rural areas where opportunities for professional development are limited (Al-Hamdan et al., 2017; Falguera et al., 2021). Addressing this challenge requires recognising the specialised skills of IQNs and advocating for systemic changes to support their integration and retention within the healthcare workforce (Cooper et al., 2019). Without targeted interventions and a deeper understanding of the regulatory and administrative barriers IQNs face, the underutilisation of their specialty skills will persist, with detrimental consequences for both healthcare facilities and patient care outcomes.

5.3.1.6.2 Facilitators and Barriers to Utilising Specialty Skills Among IQNs

Participants in the study highlighted various factors influencing the utilisation of specialty skills among IQNs in Australia. Among the facilitators identified were managerial support and the socio-cultural environment in which they reside. Leadership qualities exhibited by managers, especially those supportive and sensitive to the diverse needs of international nurses, were identified as crucial for the successful skill utilisation of IQNs in the healthcare system (Sherman, 2007). Scholars have emphasised the importance of considering the varying needs of IQNs, such as cultural orientation, language proficiency, and adaptation to new workplace dynamics, in developing training and support strategies for utilising specialty skills post-

immigration (Dijkhuizen, 1995; Yahes & Dunn, 1996). To aid in the skill utilisation and transition process, hospitals have implemented initiatives like the Buddy/Mentor Program, which assigns a designated individual for IQNs to contact regarding queries and assistance with skill utilisation (Ryan, 2003). IQN managers can support skill utilisation through employer-sponsored programs, positive organisational culture, managerial training, and incentives (Allen, 2017). These facilitators are pivotal in optimising the utilisation of IQNs' specialty skills and enhancing their contributions to the healthcare system.

Participants emphasised the critical importance of planning support services, retention efforts, and recruitment programs tailored to the specialty skill utilisation needs of IQNs. While transition pathways are commonly acknowledged for domestic graduates (Bakon et al., 2018), they are often lacking for IQNs. Notably, the responsibility for skill transition has disproportionately fallen on IQNs, indicating a deficiency in available support and guidance during their integration into Australia's health system (Kurup et al., 2022).

The study highlighted the challenges recruitment managers face in recruiting and retaining IQNs, particularly regarding work permits and visas, which significantly impact the utilisation of specialty skills. The complexity of visa-related processes, compounded by a lack of information sharing among managers, creates substantial barriers to the extent that some managers are reluctant to consider overseas applicants (Masselink & Jones, 2014). Visa-related uncertainties have historically led to employment insecurity and discouragement in speaking up in case of specialty skills not being identified in the recruitment process (Liou & Cheng, 2011; Safari et al., 2022; Salami & Nelson, 2014; Symes et al., 2022). Consequently, IQNs may become vulnerable to employer exploitation, even if their specialty skill is not being utilised or

they are being underpaid for their role, including being tied to extended work commitments that hinder their ability to pursue better job opportunities or relocate (Boese et al., 2013). Addressing these challenges, facilitating the utilisation of specialty skills, advocacy services, education on rights and responsibilities, and establishing peer support networks are essential to empower IQNs in navigating visa-related complexities (Kurup et al., 2023b). By actively supporting IQNs in overcoming these barriers, healthcare organisations can better leverage their specialised expertise, enhance the quality of care provided, and ultimately improve patient outcomes.

5.3.1.6.3 Utilisation of Specialty Skills

By uncovering the facilitators and barriers to specialty skill utilisation post-immigration to Australia, this study offers insights into creating pathways for IQNs to transition effectively into their respective specialties. Such initiatives have the potential to boost nurses' confidence and efficacy within the healthcare system, ultimately leading to improved patient safety and outcomes. To realise this, healthcare organisations, nurse managers, regulatory bodies, and government entities can collaborate to identify and enact solutions that provide greater support to IQNs when transitioning into desired nursing roles.

A consensus among this study's participants was the absence of a standardised pathway for IQNs to transition smoothly into specialised roles within hospitals. The existing process is often informal and varies widely. As highlighted by Boyer et al. (2017), hospital-based transition support programs are crucial resources for IQNs as they face various barriers during their specialty skill transition into a new healthcare system. To facilitate a smooth transition and appropriate skill utilisation, nurse managers require appropriate training and support, including ongoing

education, to overcome these barriers. Improving communication and knowledge-sharing among managers can be achieved through regular dialogues and white papers, accompanied by guidelines addressing funding and time constraints. Trust-building exercises and mentorship programs can be instrumental in aiding specialty skill transitions. While Ahpra ensures that IQNs meet the standards set by the Tertiary Education Quality and Standards Agency (TEQSA) through their registration (Australian Health Practitioner Regulation Agency, 2023b), it is evident that employers and managers continue to harbour concerns regarding the qualifications of IQNs. This lack of trust in overseas training underscores the critical requirement for improved communication and alignment among these essential stakeholders in the healthcare sector. Such collaboration will undoubtedly lead to a more streamlined and efficient process for seamlessly integrating IQNs into the Australian healthcare workforce.

The research participants have recognised mentorship programs as a crucial support strategy. Hospital-based programs, in particular, emphasise the importance of well-defined pathways and mentorship initiatives. These programs offer clarity for IQNs and other nurses and managers, providing a structured framework to comprehend the full range of skills and capabilities that IQNs bring to the healthcare environment. An example is the Transitioning Internationally Educated Nurses for Success (TIENS) program developed by the Hospital of the University of Pennsylvania (HUP), a multi-phased orientation program that supports nurses in transitioning to new healthcare systems (Adeniran et al., 2008). Such programs can also encompass nurse residency initiatives that support IQNs in their transition to specialty practice (Boyer et al., 2017). Orientation programs encompassing the host country's healthcare system, policies, protocols, and practice standards are equally advantageous (Kurup et al., 2022).

Additionally, workshops and seminars tailored to the areas where IQNs need skill enhancement can help bridge knowledge gaps and ensure safe practice (Xiao et al., 2014). Implementing a comprehensive plan outlining the available support and resources for IQNs can aid in navigating the specialty skill transition process. These programs should assess nurses based on their specialised knowledge and skills, not solely on cultural and linguistic adjustments (Smith et al., 2006). Rather than solely focusing on recruitment, healthcare organisations should prioritise retention and identify and mitigate the attrition drivers among IQNs.

Standardising nursing education globally, encompassing both undergraduate and specialisation programs, plays a crucial role in facilitating the utilisation of specialised skills post-immigration. By establishing consistent education standards, nurses can possess the necessary knowledge and skills, regardless of their educational background, thus reducing confusion and enhancing the transferability of expertise across borders (Baker et al., 2021). This consistency is particularly vital given the international nature of the nursing profession, which demands a unified approach to education and training to ensure that nurses are equipped with comparable competencies regardless of where they were trained (Kraft et al., 2017). International agreements like the Bologna Accord and WHO recommendations for undergraduate nursing education emphasise patient-centred, evidence-based learning and can be extended to specialisation degrees, highlighting the importance of critical thinking and clinical reasoning skills among nursing students (Baker et al., 2021; WHO, 2020d). While the WHO's framework for nursing education primarily focuses on undergraduate degrees, it serves as a foundational step towards achieving global uniformity in nursing education, allowing the profession to maintain its international character while facilitating contextual adaptation (Shaffer, 2014). In an

ever-evolving healthcare landscape, ongoing training and specialisation opportunities are essential for nurses at all career stages to stay updated with advancements in the field. Without access to such opportunities, nurses risk falling behind in their practice, potentially compromising patient safety and outcomes as patients benefit from care provided by highly educated nurses (Oduyemi et al., 2019). Global standardisation of nursing education not only aids nurses but also guarantees high-quality care for patients worldwide.

In addition, government agencies collaborating with registering bodies can play a crucial role in assisting IQNs throughout the registration process and their integration into the host country's healthcare system. Targeted guidance on immigration regulations, language, and culture and tailored mentorship programs can significantly enhance specialty skill utilisation. Streamlined support in these areas minimises integration barriers, facilitating a smoother transition for skilled professionals and ultimately increasing productivity and satisfaction for individuals and organisations (Deegan & Simkin, 2010). A comprehensive specialty skill transition plan is essential for a smooth transition, ensuring IQNs receive the necessary resources and assistance to effectively utilise their specialty skills (Deegan & Simkin, 2010). Recognising and validating IQNs' expertise enables them to apply their skills, thus improving patient care confidently. Lack of formal training may hinder IQNs from utilising their specialty skills in Australia post-immigration. Drawing on globally recognised nursing competency frameworks, as Cassar (2020) demonstrated on refugee nurses lacking formal credentials, can validate IQNs' expertise, ensuring their skills are appropriately recognised and utilised. However, the existing legal framework in Australia, governed by the National Law, does not accommodate individuals without formal credentials, necessitating legislative amendments for their recognition and

inclusion in the healthcare system (Australian Health Practitioner Regulation Agency, 2023b). Through collaborative efforts between healthcare organisations and registering bodies, IQNs can utilise their specialty skills and significantly contribute to Australia's health system.

5.3.1.7 Strengths and Limitations of the Work

Employing a qualitative methodology to examine firsthand experiences and viewpoints from the community of recruiting managers proved instrumental in attaining the study's anticipated outcomes. Reflexivity played a pivotal role in ensuring the study's credibility and validity. The lead researcher, an IQN, actively engaged in self-awareness and self-examination to mitigate personal biases, fostering objectivity and reducing undue influence on research outcomes (Skukauskaite et al., 2022). Furthermore, to enhance the quality of data collected, a validated tool was utilised, as explained by Jacob et al. (2021), to examine open-ended questions. This approach not only strengthened the reliability of the research but also added an extra layer of credibility to the findings. Additionally, the research incorporated triangulation by involving multiple researchers in the content analysis, ensuring diverse viewpoints and minimising potential biases. Data collection extended to nurse managers from various age groups across Australia, offering a more comprehensive and inclusive understanding of the topic.

Like other online studies, this study had some limitations. One of these limitations was related to the recruitment process, which relied on internet access and connectivity. This dependence on technology sometimes results in technical issues, such as poor or lost connectivity (Ochieng et al., 2018). The survey's distribution via clickable links in social media ads might have contributed to a lower response rate. Concerns about online financial crimes, data leaks, and warnings from the Australian

Government about scam prevention might have deterred potential participants from clicking on unapproved links. Despite contacting all publicly accessible hospitals and residential aged care facilities, the initial survey dissemination request may not have reached some hospitals' educational or research centres, resulting in lower overall participation. Since the study was disseminated through publicly accessible platforms, eligible participants with negative experiences might have been more inclined to share their grievances. Conversely, recruiting managers from hospitals with successful transition pathways might have been less motivated to participate.

5.3.1.8 Conclusion

Despite the presence of many IQNs in Australia's healthcare system and the possibility of increased foreign recruitment in the future, potential growth in foreign recruitment, research on the transfer of specialty skills, and associated challenges remain inadequate from the viewpoint of recruitment managers within the healthcare sector. This research highlights the variations in nursing education and training, the importance of cultural context in adaptation, and the critical role of facilitating and hindering factors in IQNs' skill transition. It reveals a gap in tailored transition support programs for IQNs, emphasising the need for initiatives that recognise their unique expertise and improve their integration into the healthcare workforce. Furthermore, the study underscores the need to address visa-related complexities and enhance the role of nurse managers and registering bodies in providing essential support and guidance. Standardising nursing education and fostering ongoing professional development is critical in achieving a cohesive and globally recognised framework for nursing professionals. In light of these findings, a collaborative effort among healthcare organisations, registering bodies, and policymakers is essential to harness the full

potential of IQNs, ensuring a more robust and inclusive healthcare system for Australia and resulting in safer patient outcomes.

References

- Adeniran, R. K., Rich, V. L., Gonzalez, E., Peterson, C., Jost, S., & Gabriel, M. (2008). Transitioning internationally educated nurses for success: A model program. *The Online Journal of Issues in Nursing*, 13(2).
<https://doi.org/10.3912/OJIN.Vol13No02Man03>
- Agency for Healthcare Research and Quality. (2012). *CUSP toolkit: The role of the nurse manager, facilitator notes*.
<https://www.ahrq.gov/hai/cusp/modules/nursing/nursing-notes.html#slide9>
- Al-Hamdan, Z., Manojlovich, M., & Tanima, B. (2017). Jordanian nursing work environments, intent to stay, and job satisfaction. *Journal of Nursing Scholarship*, 49(1), 103-110. <https://doi.org/10.1111/jnu.12265>
- Albougami, A. S., Almazan, J. U., Cruz, J. P., Alquwez, N., Alamri, M. S., Adolfo, C. A., & Roque, M. Y. (2020). Factors affecting nurses' intention to leave their current jobs in Saudi Arabia. *International Journal of Health Science*, 14(3), 33-40. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7269627/>
- Alibrandi, A., Gitto, L., Limosani, M., & Mustica, P. F. (2023). Patient satisfaction and quality of hospital care. *Evaluation and Program Planning*, 97(1), 102251-102252. <https://doi.org/10.1016/j.evalprogplan.2023.102251>
- Allen, L. (2017). *Internationally educated nurses' experiences of holding management positions in United States healthcare organizations*.
<https://sigma.nursingrepository.org/bitstream/handle/10755/622725>
- An, J. Y., Cha, S., Moon, H., Ruggiero, J. S., & Jang, H. (2016). Factors affecting job satisfaction of immigrant Korean nurses. *Journal of Transcultural Nursing*, 27(2), 126-135. <https://doi.org/10.1177/1043659614539175>

- Attewell, P., & Domina, T. (2011). Educational imposters and fake degrees. *Research in Social Stratification and Mobility*, 29(1), 57-69.
<https://doi.org/10.1016/j.rssm.2010.12.004>
- Australian Bureau of Statistics. (2021). *Australia's population by country of birth*.
<https://www.abs.gov.au/statistics/australias-population-country>
- Australian Government. (2020). *2019 Section 14 Award course completions*.
Department of Education. <https://docs.education.gov.au/award-course-completions>
- Australian Health Practitioner Regulation Agency. (2023). *What we do*.
<https://www.ahpra.gov.au/about-ahpra/what-we-do.aspx>
- Australian Institute of Health and Welfare. (2023). *Spending on hospitals*.
<https://www.aihw.gov.au/reports-data/sending-on-hospitals>
- Australian Medical Association. (2018). *Lack of funding in the health sector*.
https://www.ama.com.au/Lack_of_Funding.pdf
- Baker, C., Cary, A. H., & da Conceicao Bento, M. (2021). Global standards for professional nursing education: The time is now. *Journal of Professional Nursing* 37(1), 86-92. <https://doi.org/10.1016/j.profnurs.2020.10.001>
- Bakon, S., Craft, J., Wirihana, L., Christensen, M., Barr, J., & Tsai, L. (2018). An integrative review of graduate transition programmes: Developmental considerations for nursing management. *Nurse Education in Practice*, 28(1), 80-85. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Boese, M., Campbell, I., Roberts, W., & Tham, J.-C. (2013). Temporary migrant nurses in Australia: Sites and sources of precariousness. *The Economic and Labour Relations Review*, 24(3), 316-339.
<https://doi.org/10.1177/1035304613496500>

- Boman, E., Levy-Malmberg, R., & Fagerström, L. (2020). Differences and similarities in scope of practice between registered nurses and nurse specialists in emergency care: An interview study. *Scandinavian Journal of Caring Sciences*, 34(2), 492-500. <https://doi.org/10.1111/scs.12753>
- Boort District Health. (2017). *Position description: Nurse unit manager*. <http://bdh.vic.gov.au/myuploads/>
- Boyer, S. A., Valdez-Delgado, K. K., Huss, J. L., Barker, A. J., & Mann-Salinas, E. A. (2017). Impact of a nurse residency program on transition to specialty practice. *Journal for Nurses in Professional Development*, 33(5). <https://doi.org/10.1097/NND.0000000000000384>
- Cave, J., Rohatinsky, N., & Berry, L. (2023). Organizational supports for nurse managers in a North American context: A scoping review. *Nursing Leadership*, 36(2). <https://doi.org/10.12927/cjnl.2023.27205>
- Committee for Economic Development of Australia. (2021). *A good match: Optimising Australia's permanent skilled migration*. <https://www.ceda.com.au/Admin/getmedia>
- Cooper, M., Rasmussen, P., & Magarey, J. (2019). Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective. *Australian Health Review*, 44(2), 178-179. <https://doi.org/10.1071/AH19018>
- Deegan, J., & Simkin, K. (2010). Expert to novice: Experiences of professional adaptation reported by non-English speaking nurses in Australia. *Australian Journal of Advanced Nursing*, 27(3), 31-37. <https://search.informit.org/09780121991367>

- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96-98.
<https://doi.org/10.1016/j.cnre.2015.11.001>
- Dijkhuizen, S. R. (1995). Meeting the basic and educational needs of foreign nurses. *The Journal of Continuing Education in Nursing*, 26(1), 15-19.
<https://doi.org/10.3928/0022-0124-19950101-06>
- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228-235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Donald., F., Bryant-Lukosius., D., Martin-Misener., R., Kaasalainen., S., Kilpatrick., K., Carter., N., Harbman., P., Bourgeault., I., & DiCenso., A. (2010). Clinical nurse specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 11(1), 189-201.
<https://doi.org/10.12927/cjnl.2010.22276>.
- Falguera, C. C., De los Santos, J. A. A., Galabay, J. R., Firmo, C. N., Tsaras, K., Rosales, R. A., Mirafuentes, E. C., & Labrague, L. J. (2021). Relationship between nurse practice environment and work outcomes: A survey study in the Philippines. *International Journal of Nursing Practice*, 27(1), e12873.
<https://doi.org/10.1111/ijn.12873>
- Gillespie, B. M., Chaboyer, W., Lingard, S., & Ball, S. (2012). Perioperative nurses' perceptions of competence: Implications for migration. *ACORN: The Journal of Perioperative Nursing in Australia*, 25(4), 32-38.
<https://search.informit.org/058659149535689>

- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012). The role of the clinical nurse specialist in the future of health care in the United States. *Perioperative Nursing Clinics*, 7(3). <https://doi.org/10.1016/j.cpen.2012.06.006>
- Hawthorne, L. (2001). The globalisation of the nursing workforce: Barriers confronting overseas qualified nurses in Australia. *Nursing Inquiry*, 8(4), 213-229. <https://doi.org/10.1046/j.1320-7881.2001.00115.x>
- Hewko, S. J., Brown, P., Fraser, K. D., Wong, C. A., & Cummings, G. G. (2015). Factors influencing nurse managers' intent to stay or leave: A quantitative analysis. *Journal of Nursing Management*, 23(8), 1058-1066. <https://doi.org/10.1111/jonm.12252>
- Jacob, E. R., Jacob, A. M., Davies, H. T., Stoneman, L. J., & Coventry, L. (2021). Peripheral intravenous cannulas for blood drawing: Nurses' views through content analysis. *Collegian*, 28(4), 408-414. <https://doi.org/10.1016/j.colegn.2020.12.002>
- Johnson, C. (2006). Credentialism and the proliferation of fake degrees: The employer pretends to need a degree; The employee pretends to have one. *Hofstra Labor and Employment Law Journal*, 23(2). <https://scholarlycommons.law.hofstra.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1394&context=hlej>
- Kerala Public Service Commission. (2021). *Kerala PSC staff nurse*. <https://keralapsc.gov.in/staff-nurse-gr-ii-health-service-0>
- Kishi, Y., Inoue, K., Crookes, P., & Shorten, A. (2014). A model of adaptation of overseas nurses: Exploring the experiences of Japanese nurses working in Australia. *Journal of Transcultural Nursing*, 25(2), 183-191. <https://doi.org/10.1177/1043659613515716>

- Kraft, M., Kästel, A., Eriksson, H., & Hedman, A.-M. R. (2017). Global Nursing: A literature review in the field of education and practice. *Nursing Open*, 4(3), 122-133. <https://doi.org/10.1002/nop2.79>
- Kuckartz, U., & Rädiker, S. (2023). *Qualitative content analysis: Methods, practice and software*. Sage.
<https://books.google.com.au/books?hl=en&lr=&id=imCoEAAAQBAJ&oi=fnd&pg=PP1>
- Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*. <https://doi.org/10.1002/nop2.2023>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, 30(2), 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 80(5), 1868-1881. <https://doi.org/10.1111/jan.15952>
- Lansdown, S. (2023, August 9). Universities Australia modelling finds skills shortage to cost the economy \$7 billion by 2026. *The Canberra Times*.
<https://www.canberratimes.com.au/story/8300767/skills-shortage-to-cost-nation-7b-by-2026-universities-australia-warns/>
- Liou, S. R., & Cheng, C. Y. (2011). Experiences of a Taiwanese nurse in the United States. *Nursing Forum*, 46(2), 102-109. <https://doi.org/10.1111/j.1744-6198.2011.00211.x>

- Litton, E., Huckson, S., Chavan, S., Bucci, T., Holley, A., Everest, E., Kelly, S., McGloughlin, S., Millar, J., & Nguyen, N. (2021). Increasing ICU capacity to accommodate higher demand during the COVID-19 pandemic. *Medical Journal of Australia*, 215(11), 513-517. <https://doi.org/10.5694/mja2.51318>
- Masselink, L. E., & Jones, C. B. (2014). Immigration policy and internationally educated nurses in the United States: A brief history. *Nurse Outlook*, 62(1), 39-45. <https://doi.org/10.1016/j.outlook.2013.10.012>
- Membrive-Jiménez, M. J., Pradas-Hernández, L., Suleiman-Martos, N., Vargas-Román, K., Cañadas-De la Fuente, G. A., Gomez-Urquiza, J. L., & De la Fuente-Solana, E. I. (2020). Burnout in nursing managers: A systematic review and meta-analysis of related factors, levels and prevalence. *International Journal of Environmental Research and Public Health*, 17(11), 3983. <https://doi.org/10.3390/ijerph17113983>
- Mitchell, C., Del Fabbro, L., & Shaw, J. (2017). The acculturation, language and learning experiences of international nursing students: Implications for nursing education. *Nurse Education Today*, 56, 16-22. <https://doi.org/10.1016/j.nedt.2017.05.019>
- Naranjo-Gil, D. (2009). Strategic performance in hospitals: The use of the balanced scorecard by nurse managers. *Health Care Management Review*, 34(2). <https://doi.org/10.1097/HMR.0b013e31819e8fd0>
- New South Wales Ministry of Health. (2021). *Public health system nurses' and midwives' (state) award 2021*. <https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf>

- Nuffieldtrust. (2021). *Return on investment of overseas nurse recruitment: Lessons for the NHS*. https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1633336126_recruitment-of-nurses-lessons-briefing-web.pdf
- Nursing and Midwifery Board of Australia. (2022). *Nursing and Midwifery Board of Australia registrant data*. <https://www.nursingmidwiferyboard.gov.au/search.aspx?q=registrant+data>
- O'Callaghan, C., Loukas, P., Brady, M., & Perry, A. (2018). Exploring the experiences of internationally and locally qualified nurses working in a culturally diverse environment. *Australian Journal of Advanced Nursing*, 36(2), 23-34. <https://doi.org/10.3316/INFORMIT.123355974545870>
- Ochieng, N. T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20-32. <https://doi.org/10.1111/2041-210X.12860>
- Oduyemi, R. O., Oluwatosin, M. O., & Osian, E. A. (2019). Assessment of nurses' level of education and patient outcome in the University of Benin Teaching Hospital, Benin-City Nigeria. *International Journal of Caring Sciences*, 12(3), 1593. <https://www.researchgate.net/profile/Olaolorunpo>
- Office of the Nursing and Midwifery Services Director. (2021). *Specialist practice in nursing and midwifery*. <https://healthservice.hse.ie/about-us/onmsd/advanced-and-specialist-practice/specialist-practice.html>
- Photopoulos, J. (2017). Lack of healthcare funding in Greece is putting patients' lives at risk. *British Medical Journal*, 356, j93. <https://doi.org/10.1136/bmj.j93>

- Quintini, G. (2011). Right for the job: Over-qualified or under-skilled? *OECD Social, Employment and Migration Working Papers*, 120(1), 1815199.
<https://doi.org/10.1787/5kg59fcz3tkd-en>
- Randa, M. B., & Phale, J. M. (2023). The effects of high nurses' turnover on patient care: Perspectives of unit managers in critical care units. *International Journal of Africa Nursing Sciences*, 19, 100580.
<https://doi.org/10.1016/j.ijans.2023.100580>
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64-85. <https://doi.org/10.1111/1744-7941.12121>
- Roche, M. A., Duffield, C. M., Homer, C., Buchan, J., & Dimitrelis, S. (2015). The rate and cost of nurse turnover in Australia. *Collegian*, 22(4), 353-358.
<https://doi.org/10.1016/j.colegn.2014.05.002>
- Ryan, M. (2003). A buddy program for international nurses. *The Journal of Nursing Administration*, 33(6).
<https://journals.lww.com/jonajournal/Fulltext/2003/06000>
- Safari, K., McKenna, L., & Davis, J. (2022). Transition experiences of internationally qualified health care professionals: A narrative scoping review. *International Journal of Nursing Studies*, 129, 104221.
<https://doi.org/10.1016/j.ijnurstu.2022.104221>
- Salami, B., & Nelson, S. (2014). The downward occupational mobility of internationally educated nurses to domestic workers. *Nursing Inquiry*, 21(2), 153-161. <https://doi.org/10.1111/inr.12400>
- Shaffer, F. A. (2014). Ensuring a global workforce: A challenge and opportunity. *Nurse Outlook*, 62(1), 1-4. <https://doi.org/10.1016/j.outlook.2013.08.001>

- Shang, J., You, L., Ma, C., Altares, D., Sloane, D. M., & Aiken, L. H. (2014). Nurse employment contracts in Chinese hospitals: Impact of inequitable benefit structures on nurse and patient satisfaction. *Human Resources for Health*, 12(1), 1. <https://doi.org/10.1186/1478-4491-12-1>
- Sherman, R. O. (2007). Leadership development needs of managers who supervise foreign nurses. *Leadership in Health Services*, 20(1), 7-15. <https://doi.org/10.1108/17511870710721444>
- Skukauskaite, A., Yilmazli Trout, I., & Robinson, K. A. (2022). Deepening reflexivity through art in learning qualitative research. *Qualitative Research*, 22(3), 403-420. <https://doi.org/10.1177/1468794120985676>
- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice*, 23(3), 175-194. <https://doi.org/10.1177/15271544221102964>
- Smith, P., Allan, H., Henry, L., J, L., & M., M. (2006). Valuing and recognising the talents of a diverse healthcare workforce. *EU Commission*. <http://portal.surrey.ac.uk/reoh>
- Stankiewicz, G., & O'Connor, M. (2014). Overseas qualified nurses in Australia: Reflecting on the issue. *Australian Journal of Advanced Nursing*, 31, 32-38. <https://doi.org/10.3316/285616000051555>
- Stephen, S., & Vijay, V. R. (2019). Metamorphosis of the nursing profession: An Indian perspective. *Journal of Global Health*, 9(2), 020314-020314. <https://doi.org/10.7189/jogh.09.020314>
- Symes, H. A., Boulet, J., Yaghmour, N. A., Wallowicz, T., & McKinley, D. W. (2022). International medical graduate resident wellness: Examining qualitative data

- from J-1 visa physician recipients. *Academic Medicine*, 97(3), 420-425.
<https://doi.org/10.1097/ACM.0000000000004406>
- Timilsina Bhandari, K. K., Xiao, L. D., & Belan, I. (2015). Job satisfaction of overseas-qualified nurses working in Australian hospitals. *International Nursing Review*, 62(1), 64-74. <https://doi.org/10.1111/inr.12146>
- United Nations. (2022). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. <https://www.un.org/sustainabledevelopment/health/>
- Universities Australia. (2023). *International education adds \$29 billion to the economy*. <https://universitiesaustralia.edu.au/media-item/international-education-adds-29-billion-to-the-economy/>
- Vafeas, C. J. (2013). *Migration matters: The experience of United Kingdom registered nurses migrating to Western Australia* (Publication No.703). [Doctoral dissertation, Edith Cowan University].
<https://ro.ecu.edu.au/theses/703/>
- Vatankhah, S., Alirezaei, S., & Gorji, H. A. (2019). Affecting factors on nurses outflows in Iran 2018: A systematic review. *Bali Medical Journal*, 8(1), 21-29.
<https://doi.org/10.15562/bmj.v8i1.1158>
- Warshawsky, N. E., Caramanica, L., & Cramer, E. (2020). Organizational support for nurse manager role transition and onboarding: Strategies for success. *The Journal of Nursing Administration*, 50(5), 254-260.
<https://doi.org/10.1097/NNA.0000000000000880>
- Wilkes, L., Luck, L., & O’Baugh, J. (2015). The role of a clinical nurse consultant in an Australian Health District: A quantitative survey. *BMC Nursing*, 14(1), 1-7.
<https://doi.org/10.1186/s12912-015-0075-9>

- World Health Organization. (2020). *State of the World's Nursing 2020: Investing in education, jobs, and leadership*. <https://www.voced.edu.au/content/ngv:86174>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640-653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Xue, T., Jiang, W.-B., Ma, M.-D., Zhang, J., Lu, M.-H., & Jiang, Y.-M. (2020). Factors associated with the nurses' intent to stay in China, Japan, and Korea: An integrative review. *Frontiers of Nursing*, 7(3), 269-278. <https://doi.org/doi:10.2478/fon-2020-0037>
- Yahes, E., & Dunn, A. K. (1996). Enculturation of foreign nurse graduates: An integrated model. *The Journal of Continuing Education in Nursing*, 27(3), 120-123. <https://doi.org/10.3928/0022-0124-19960501-08>
- Yayeh, F. A. (2021). Focus Group Discussion as a data collection tool in Economics. *Daagu International Journal of Basic & Applied Research*, 3(1), 52-61. <https://www.researchgate.net>

End of manuscript

The preceding publication presents an examination of the viewpoints of recruiting managers regarding barriers and facilitators of specialty skill transfer among IQNs. It revealed diverse perspectives, highlighting support as pivotal for facilitating the process, while funding emerged as a significant obstacle. These insights offer a deeper understanding of the complexities surrounding skill transfer and integration challenges IQNs face, underscoring their interconnected nature within the Australian healthcare system.

The subsequent publication utilised a semi-structured interview design to build upon the foundational knowledge established in Chapter 4 and the earlier sections of this chapter. The interview questions were crafted in response to the results from the previous surveys. Thematic analysis of the findings reveals three key themes: unpacking IQN challenges in specialty skill utilisation, cultivating IQNs: leadership challenges, and progress and moving forward recommendations.

These themes shed light on critical issues such as barriers in specialty skill recognition and the erosion of confidence and specialty skills among IQNs, emphasising the need for a structured approach to prevent attrition and address nursing shortages. Supporting IQNs through their transition is complicated by leadership challenges faced by nurse managers and the lack of specific orientation or training. This situation emphasises the need for tailored resources and dedicated areas within healthcare organisations for IQN recruitment and management. Moving forward, actionable strategies should include providing support specifically for transitioning specialty IQNs, offering managerial training and development, enhancing communication and consultation processes, and improving administrative support for managers.

5.4 Journal Article 8:

Title: Exploring the utilisation of internationally qualified nurses' specialty skills: Analysis of recruiting managers' viewpoints

For the thematic analysis focusing on managers, the decision to submit the paper to *Nursing Open* was motivated by the journal's focus on advancing nursing management and leadership. The journal's strong impact factor 2.3 highlights its role in fostering scholarly discourse and critical analysis within nursing. Moreover, *Nursing Open*'s dedication to inclusivity and its mission to disseminate research that promotes equitable health outcomes aligns seamlessly with the goals of this study, making it an ideal platform for sharing findings that could influence practice and policy in nursing management.

5.4.1 Reference for Paper

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). Exploring the utilisation of internationally qualified nurses' specialty skills: Analysis of recruiting managers' viewpoints. *Nursing Open*

Title: Exploring the utilisation of internationally qualified nurses' specialty skills: Analysis of recruiting managers' viewpoints.

Abstract

Aim: To examine the factors influencing the use of specialty skills among internationally qualified nurses in Australia from the recruitment managers' perspective.

Research Design: A semi-structured interview.

Method: Eight nurse managers directly involved in internationally qualified nurse recruitment participated in semi-structured interviews. The interview questions were formulated based on the outcomes of a preceding mixed-method study.

Data Sources: Between January and March 2023, eight recruiting managers responsible for internationally qualified nurse recruitment were interviewed. The collected data was analysed using thematic analysis.

Findings: Three themes regarding recruiting managers' perspectives about the specialty skill transfer of internationally qualified nurses to the Australian health system were constructed from the data: Right person, right opportunity; Barriers to skill alignment; and Advancing opportunities

Conclusion: The findings emphasise the importance of strategic workforce planning, robust centralised assessment mechanisms, and tailored training programs for recruiting managers to support internationally qualified nurses' specialty skill utilisation.

Impact: This study extends to policymakers, healthcare organisations, and nurses, guiding the development of strategies for safe nursing service delivery and optimising patient care. The emphasis on managerial needs highlights a pathway for creating a

more efficient and supportive environment for internationally qualified nurses in the healthcare sector.

What does this study add?

- The study provides a nuanced understanding of IQNs' specialty skill utilisation challenges and support needs by identifying the challenges IQNs face when transferring their specialty skills into Australian clinical practice from nurse managers' perspectives.
- This paper offers recommendations like developing centralised frameworks for assessing IQNs' skills, providing structured managerial training programs, and improving communication processes to facilitate better integration of IQNs into healthcare teams and encourage the utilisation of their specialty skills.

5.4.1.1. Introduction:

Nurse managers play an indispensable role in healthcare organisations and are responsible for supervising nursing staff, upholding patient care quality, and managing financial resources (Nurmeksela et al., 2021; Yayeh, 2021). They are pivotal to the provision of safe care by suitably skilled staff. The nurse shortage and challenges with retention place a substantial burden on the managers who are tasked with nurse recruitment (Nurmeksela et al., 2021).

The global deficit of nurses constitutes a complex and severe issue with substantial implications for healthcare systems. Several factors impact this shortage, such as the increasing age of the population, heightened rates of chronic illnesses, the retirement of experienced nurses, and the demanding nature of the nursing profession (Doleman et al., 2022; Smith et al., 2022). Compounding this, 25% of new graduates plan on leaving nursing within their first year of employment (Kreedi et al., 2021). Simultaneously, the United Nations has set ambitious healthcare objectives for 2030, necessitating the addition of Nine million nurses worldwide (United Nations, 2022). The COVID-19 pandemic also exacerbated the nurse deficit by escalating the demand for healthcare services and inducing burnout among existing nurses (Litton et al., 2021). To address the scarcity of nurses, countries such as Australia, the USA (United States of America), Switzerland, Singapore, Ireland, the United Kingdom (UK), and Canada depend heavily upon recruiting Internationally Qualified Nurses (IQNs), with nearly one-third of the healthcare workforce composed of IQNs, primarily from non-English speaking backgrounds (Kurup et al., 2022).

5.4.1.2. Background

Challenges accompany the immigration of IQNs into the Australian healthcare system. The recognition of foreign qualifications and experience remains a significant

obstacle, leading to the underutilisation of skills and expertise (Donald. et al., 2010). Deskilling occurs when IQNs work beneath their training and specialisation levels, leading to loss of confidence, personal job dissatisfaction and loss of knowledge (An et al., 2016; Stankiewicz & O'Connor, 2014). This under-utilisation can further aggravate the scarcity of nurses in specialty nursing domains (Ressia et al., 2017).

Underutilisation of skills not only incurs opportunity costs, representing the value of skills if used more effectively, but also imposes direct financial burdens on healthcare budgets through expenses associated with nurse recruitment and training. The Committee for Economic Development of Australia (CEDA) estimated that the annual cost of reduced productivity due to skill underutilisation in Australia was \$1.25 billion (CEDA, 2021). Ensuring an effective alignment between education and job skills is pivotal for optimising human capital investments and fostering growth (Quintini, 2011). As stated by Roche et al. (2015), a primary driver of IQN attrition is the underutilisation of their skills, resulting in elevated attrition rates, requiring the use of agency staffing to address staffing shortages and consequently raising overtime expenses.

Despite the longstanding history of Australian healthcare recruiting IQNs, there is limited literature on the barriers and facilitators impacting the specialty skills transition of IQNs. The scarcity of information in the literature underscores the necessity for research in this domain. Consequently, this study seeks to examine the factors influencing the utilisation of specialty skills among IQNs in Australia from the recruitment managers' viewpoint

5.4.1.3. The Study

Aim(s): To examine the factors influencing the transfer of specialty skills among IQNs in Australia from the recruitment managers' viewpoint.

Objective: To gather nurse managers' perspectives on transferring IQNs' specialty skills to clinical practice in Australia.

Research Question: How can the specialty skills of IQNs be effectively transferred to the healthcare systems of developed countries following immigration?

5.4.1.4. Methods

5.4.1.4.1 Reserch Design:

Qualitative study using semi-structured interviews.

5.4.1.4.2 Recruitment

This study employed purposive sampling to select participants, focusing on nurse managers with direct experience in recruiting IQNs. This study was the second phase of a larger project that used a survey to collect quantitative data investigating recruiting managers' perspectives of the barriers and facilitators to the transfer of IQNs' specialty skills into clinical practice within the Australian healthcare system. During the survey, interested participants were invited to submit their contact details for potential inclusion in subsequent interviews. Upon providing their contact information, participants received a participant information letter and a written consent form.

5.4.1.4.3 Inclusion criteria

To be eligible for participation, nurse managers with current registration with the Australian Health Practitioner Regulation Agency (Ahpra), who have experience working in an Australian healthcare setting and possess recruitment experience with IQN, were included in the study. Participation was voluntary, and individuals who did not meet the eligibility criteria or lacked relevant experience were excluded from the study.

5.4.1.4.4 Validity and Reliability

The researchers followed the Standards for Reporting Qualitative Research (SRQR) guidelines, which provide best practices for ensuring the accuracy and rigour of qualitative research reporting (Tohmola et al., 2022). The quality of the interviews was enhanced by conducting a mock interview and practising author reflexivity. The study's trustworthiness was ensured through multiple methods, including staying in close contact with participants (Dawadi, 2021) and using quotes in reporting. Dependability was ensured through an established coding system, reflection, disclosure of biases and the recording of participant interactions. Standardised and tailored questions were used, and a script was used for all discussions (Guest et al., 2020) to maintain consistency (Braun et al., 2023). Data management practices, such as version control, consistent documentation, and restricted access to data-saving software and codes, were also implemented to enhance the accuracy and consistency of data storage and analysis (Braun et al., 2023).

5.4.1.4.5 Data collection

Before commencing the interviews, written consent was obtained from all participants. The interviews were conducted via Microsoft Teams as voice-recorded meetings from January to March 2023. Careful consideration was given to participants' comfort, venue accessibility, and minimising distractions during the sessions (Abrams et al., 2015; Lobe, 2017). The same researcher facilitated all interviews. A semi-structured explanatory interview approach was employed, guided by the interview protocol (see Table 5.13). These interviews were recorded and transcribed verbatim for analysis.

Table 5.13

Semi-Structured Interview Group Questions

Semi-structured Interview Group Questions
<ol style="list-style-type: none">1. What was your experience around IQNs with specialty skills from overseas?2. Did you have the knowledge, training, and support to assist the IQNs in transitioning their specialty skills to Australian nursing? Expand your viewpoints.3. In your opinion, what else could have prepared you better to assist the specialty skill transition of IQNs into the Australian context?4. Did you face any challenges in the retention of specialty-trained IQNs? Expand your viewpoints.5. How do you think recruiting managers can assist IQNs in utilising their specialty skills in Australia?6. How does your hospital support the IQN workforce in identifying and utilising their specialised skills?7. How do you think hospitals can assist IQNs to utilise their specialty skills in Australia?8. Do you have any suggestions on how IQN's specialty skills can be used effectively in Australia after immigration?

5.4.1.4.6 Data analyses

Interview data underwent thematic analysis, a method enabling researchers to uncover patterns and themes that emerge from the data (Braun et al., 2023). All responses were transferred to an Excel spreadsheet, where they were divided into meaning units or smaller sections, condensed and colour-coded (Bengtsson, 2016; Harnois, 2022). The analysis adhered to Braun and Clarke's 6-stage inductive thematic analysis framework (Braun & Clarke, 2006), ensuring a systematic and comprehensive examination of the data to identify recurring themes and patterns.

5.4.1.4.7 Ethical considerations

Before data collection, ethical clearance (study number 2022-2524E) was secured from the Human Research Ethics Committee at ACU (ACU's HREC).

5.4.1.5 Findings

5.4.1.5.1 Characteristics of the sample

Eight interviews with managers were completed. All participants were females. In order to maintain confidentiality, additional demographic information was not collected. The duration of each interview varied from 20 minutes to 45 minutes.

Thematic analysis

Three themes regarding recruiting managers' perspectives about the specialty skill transfer of IQNs to the Australian health system were constructed from the data: Theme 1: Right person, right opportunity; Theme 2: Barriers to skill alignment; and Theme 3: Advancing opportunities (see Table 5.14).

Table 5.14

Themes and Subthemes

Theme 1: Right person, right opportunity	Theme 2: Barriers to skill alignment	Theme 3: Advancing opportunities
<i>Matching skills to opportunity</i>	<i>Skills are not always the priority.</i>	<i>Addressing bias</i>
<i>The effects of mismatching</i>	<i>Communication is a challenge.</i>	<i>Expert support</i>
	<i>Competing demands limit time</i>	<i>Building success</i>
	<i>Racism and discrimination:</i>	

Theme 1: Right Person, Right Opportunity

Recruiting managers emphasised the significance of aligning the right person with the appropriate skills for the most suitable job. The recruiting managers noted that this skill matching was an active managerial engagement, yet challenges in matching

IQNs to appropriate roles were identified. The theme is encompassed within sub-themes of *matching skills to opportunity* and the *impact of mismatching*.

Matching Skills to Opportunity:

Matching the IQN's skill set to an appropriate opportunity was crucial in supporting the proper use of specialty skills. The role of nurse recruiting managers in actively assessing this was identified as central to matching skills to the workplace. For some managers, the matching process was related to the transferable skills that nurses commonly possess:

"Matching practice context to specialty skills would aid a successful transition as it is about transferable skills. Transferring skills to a new environment is better than learning new ones and starting over. (Manager 6)."

However, managers also identified that the process of assessing skills is complex and can be challenging:

Assessing the veracity of information and the actual skills possessed can be difficult. The only way to truly assess is to test their skill (Manager 4)."

Limitations on opportunities impeding managers' capacity to match the IQN to an appropriate role also emerged:

"... some colleagues had been working there for 20 or 30 years. So, you essentially had to wait for them to retire so that a management position would become available. Their career trajectory was the hardest part (Manager 7)."

The Effects of Mismatching:

Managers identified positioning IQNs in roles that did not align with their specialty skills as a source of staff loss. IQNs were thought to move internally to alternate units or leave the organisation altogether if their specialty skills were not utilised in their current employment.

Often, they realise the area they are working in is not what they initially expected or desired. Some choose to stay within the organisation and transition to more suitable roles, while others who need to change specialties may have to relocate outside the organisation (Manager 2)."

"If they do not match the environment they trained in and experienced in, the nurses might pick up positions as they get more experience in Australia and move may be in some acute setting (Manager 5)."

Theme 2: Barriers to Skill Alignment

Nurse managers identified several barriers that impede the appropriate use of the IQN specialty skillset. The theme is encompassed within sub-themes: *skills are not always the priority, communication is a challenge, and competing demands limit time.*

Skills are Not Always the Priority:

Some nurse managers discussed the challenge they faced in placing IQNs into roles that would best use the skillset of the IQN. Commonly, this was driven by workforce imperatives and the need to ensure adequate staffing levels.

The managers involved did not want to engage. They needed workers immediately and did not care about the process...even if individuals cannot use their skills in their area because we need them to fill a spot (Manager 8)."

"Employment opportunities here prioritise filling gaps and often favour employing someone with fewer complexities (Manager 3)."

Communication is a Challenge:

Managers identified challenges regarding linguistic and contextual differences among IQNs impeding specialty skill use. The communication challenges stemmed from a need for IQNs to communicate in their non-primary language and a communication experience grounded in different hierarchical care delivery models used in other countries.

Recognition that processing communication is challenging for IQNs who practice in Australia using their non-primary language was evident and acknowledged as complicating the ability to demonstrate skill proficiency.

... English is not the first, second, or third language for some candidates. They understand but take time to translate from English to their language and then understand the content...The

level of English proficiency of candidates definitely influences their experience (Manager 6)."

Similarly, a lack of assertiveness in communication, based on nursing experience gained overseas within different hierarchical models, was identified.

Nurses from certain countries were less likely to be assertive with on-call medical staff or escalate concerns to the Director of Nursing. This could be attributed to their role experiences in their home countries, where there is a stronger emphasis on following doctor's orders and less assertiveness....This communication and assertive escalation aspect was more problematic, particularly for nurses from developing countries, although it was not always the case (Manager 3)."

Competing Demands Limit Time:

This subtheme highlights the challenges managers face with overwhelming workloads, which limit the support they could provide IQNs to ensure assessment and alignment of specialty skills. Participant comments further affirm the depth of this issue:

"... I believe if I had more time, I could have provided a more strategic vision to address issues earlier. (Manager 1)"

"You do not have the time to do, to invest any more than the day-to-day business, to spend or invest on international staff (Manager 6)."

"In small sites, a single clinical nurse manager handles everything, including clinical governance, which is overwhelming. (Manager 4)"

Racism and Discrimination:

This subtheme delves into instances where IQNs encounter racial bias and prejudicial treatment during recruitment, retention, or integration into the healthcare system, hindering their ability to utilise their specialty skills. Participants voiced concerns about the discrimination IQN staff face, especially regarding their linguistic skills. Moreover, some managers believed that the country of origin influenced the alignment of IQNs with areas where they were perceived to be competent in practising.

Sometimes, people are biased without even actually realising that they are, and so many people get employed who look like the person who is employing them, and they do not move out of their comfort zone ... quite often, they would be shocked to think that they are racist, or they hold a bias manager (Manager 7)".

'Some of it is their level of acceptance into the community and how comfortable they feel in that environment. How much racism that they experience? (Manager 6).'

"It all depends on where you came from. If you are from a first-world country, they might perceive it [skills] as similar. If you are from America, they might consider it superior. However, if you are from the Philippines, India, or Nepal, they might see it as inferior (Manager 2)."

Theme 3: Advancing Opportunities

The theme 'Advancing opportunities' refers to the areas of opportunity that nurse managers feel could assist IQNs with specialty skill transfer. Nurse managers also shared their thoughts on improving the capacity to align the IQN's skillset with work roles appropriately.

Addressing Bias:

Although bias towards IQNs contributed to a mismatch between skill capacity and usage, an opportunity within this situation was also recognised.

"Once people become aware, they start challenging themselves. It is a strong move for a manager. Ultimately, the stigma associated with being an IQN needs to be removed for real change to occur. (Manager 7)"

'What we found was that with lots of support and discussion and having provided much information around the country that the person came from. The staff challenges, such as difficulty adjusting and working with each other due to internal bias, ease down with time. (Manager 4)"

Expert Support

Managers emphasised the need for enhanced support systems to align IQN skills with job opportunities, calling for centralised mechanisms in Australia to recognise specialty skills, understand overseas education and practices, and address cultural differences for transitioning IQNs, mainly focusing on credentialing specialty skills and acknowledging overseas post-graduate training.

"Having a centralised framework would make a significant difference, especially for overseas-qualified nurses with ICU backgrounds. They should be assessed within this framework and encouraged to work in their specialty areas. (Manager 5)"

"Support us so that we are supporting them to be successful from the front rather than just going here....Nurses trained in different countries vary in training and practice experience. Understanding their backgrounds is crucial for placing them appropriately in Australian practice contexts (Manager 6)."

"My experience has not been excellent because the credentials nurses have accumulated over the years are not effectively recognised, forcing them to start from scratch. Starting over leads to loss of confidence, critical thinking skills, and a sense of incapacity. A lack of centralised processes exacerbates the situationWe did not know what we did not know, and we still did not know what we did not know. It is important to know a bit about a nurse's background, including their country of training. (Manager 3)"

Building Success

The managers requested the development of programs specifically aimed at assisting IQNs in their transition into the Australian health service and optimising specialty skill utilisation and career development. Managers focused on optimising specialty skill utilisation and career advancement of IQNs. Comments from participants reinforced this viewpoint,

"Identifying and leveraging their strengths is crucial, whether through services or educational opportunities. Consultation should not be limited to the interview phase but extended to the pre-phase before they start. (Manager 8)"

"An initial conversation could have alleviated hardships for both employers and IQNs. It is challenging for IQNs to enter a regional area if it has not aligned with their preferences (Manager 2)."

"Back in the day, you actually sat down and had a conversation with somebody to understand a person's training, skills, and expertise... So I think that that is probably the best way in rural and remote to use expertise (Manager 3)."

5.4.1.6. Discussion

The present study aimed to examine the factors influencing the utilisation of specialty skills among IQNs Australia from the recruitment managers' viewpoint. Three themes were identified in the study: Right person, right opportunity, Barriers to skill alignment, and Advancing opportunities. Notably, all the participants in the study

were female, which aligns with the broader global gender gap in the nursing profession and the substantial representation of women in the Australian nursing workforce (NMBA, 2022a). The increased female participation also reflects the increasing mobility of skilled female workers observed over the past decade (OECD, 2014).

The findings underscore the importance of aligning IQNs' specialised skills with appropriate positions within healthcare organisations. The current research findings highlight nurse managers' strong emphasis on the necessity for a strategic approach to match IQNs' expertise with suitable roles aligned with their prior experience and skills. Thoughtful skill alignment minimises the need for IQNs to acquire entirely new skills, aligning with Benner's 'novice to expert continuum' (Benner, 1984) and facilitating immediate and substantial contributions from IQNs to the healthcare system.

The challenges identified in assessing the veracity of information and transferring skills across contexts illuminate the inherent complexities in recruiting and utilising specialty skills of IQNs (Newcomb, 2017), where instances of fraudulence in the documentation and inappropriate claims of experiences and skills are reported. Consequently, there is a clear need for robust assessment mechanisms and tailored training programs to ensure that IQNs are equipped with the necessary skills and competencies to thrive in their roles (Kurup et al., 2022).

Addressing biases amongst recruiting managers based on country of origin is crucial for promoting inclusive and equitable recruitment practices, especially in the context of specialty skill transfer. Racial prejudice and discrimination, rooted in stereotypes, manifest in various aspects of IQNs' skill utilisation, affecting hiring decisions, limiting career progression, and impacting their acceptance within the community (Adhikari, 2011; Walani, 2015). This bias extends beyond individual biases

to encompass systemic disparities favouring nurses from English-speaking countries or some developed countries over others, reinforcing an inequitable distribution of employment opportunities resulting in skill underutilisation (Higginbottom, 2011; Newton et al., 2012). Addressing these multifaceted racial challenges is essential for fostering inclusivity, diversity, and equitable skill utilisation within the healthcare sector, ensuring IQNs can thrive and contribute effectively to their new environments.

Mismatching IQNs with roles that do not align with their specialty skills leads to detrimental outcomes, including high turnover and dissatisfaction among staff (Russell et al., 2021). The lack of career opportunities and professional fulfilment influences retention and turnover rates (Bae, 2023). Career advancement is a significant motivator for immigration among healthcare professionals (Jose, 2011; Zhou et al., 2011), yet IQNs often encounter formidable barriers to accessing these opportunities (Kurup et al., 2022). To prevent skill underutilisation from escalating into more severe complications, healthcare organisations should engage in strategic workforce planning and robust skill assessment processes (Gebregziabher et al., 2020).

To address this challenge and foster IQN skill utilisation and career advancement, healthcare organisations can implement mentorship programs, offer professional development opportunities, and establish clear progression pathways (Brook et al., 2019). The success of programs like the NHS recruitment scheme, which permits IQNs to work as Assistants in Nursing (AIN) or carers while progressing toward complete registration, underscores this approach (National Health Service Employers, 2023). Although these programs may not fully utilise their skills initially, they offer valuable opportunities for IQNs to gain experience within their specialty departments. This experience helps them become familiar with the country's norms and procedures, laying the groundwork for the future utilisation of their specialty skills. While

transferring their registrations, IQNs can stay informed about vacancies in their areas of expertise and maintain connections with Nurse Unit Managers, ultimately encouraging the utilisation of their specialty skills. Similarly, the Temporary Employment for Registration program offered by the Danish Patient Safety Authority provides IQNs with opportunities for employment and training to acclimate to the healthcare system (Danish Patient Safety Authority, 2021). These initiatives facilitate IQNs' integration and serve as effective pathways for leveraging their specialised skills within the healthcare workforce.

Recruitment of IQNs is frequently driven by immediate staffing needs, often in response to acute shortages within healthcare systems, rather than being part of a comprehensive human resource management plan (Kurup et al., 2022). As Aqtash et al. (2017) pointed out, this reactive approach results in inadequate preparation for integrating IQNs and effectively utilising their specialised skills. Without proactive recruitment and onboarding, resources for tailored training programs are insufficiently allocated. This lack of planning hinders IQNs' integration, limits their ability to utilise specialised skills, and potentially leads to staff dissatisfaction and reduced effectiveness in healthcare delivery (Weston, 2022). Hence, there is an urgent need for healthcare organisations to adopt proactive and strategic recruitment and integration approaches to ensure IQNs thrive in their roles and contribute effectively to the healthcare system.

Communication was a significant challenge, with linguistic and cultural norms complicating effective interaction and specialty skill demonstration. Managers have identified difficulties faced by IQNs, particularly in areas of assertive communication and structured decision-making, which are crucial for demonstrating specialty skills. This necessity for a structured approach is especially critical in rural and remote

settings, where assertive communication plays a pivotal role, underscoring the need for comprehensive cross-professional training (Philip et al., 2015). Various factors influenced IQN communication, including language proficiency, comprehension of medical terminology, and the accurate conveyance of information (Philip et al., 2015). Despite mandatory English tests for nurse registration, variations in language proficiency among IQNs persist, impacting their ability to utilise specialty skills (Philip et al., 2015). Assertive communication, essential for safe nursing practice, is hindered by current literacy tests' lack of nursing-specificity, raising concerns about their effectiveness (Chen et al., 2023). Cultural factors, such as hierarchical healthcare models, further influence IQNs' assertiveness, potentially limiting their ability to advocate for themselves (Tan et al., 2023). An inclusive language assessment considering linguistic competence and cultural nuances is essential to comprehensively evaluate IQNs' readiness for the healthcare workforce, encouraging specialty skill utilisation and career advancement.

Competing demands on managers' time significantly hinder their ability to provide the necessary support to IQNs, exacerbating barriers to aligning specialty skills. Research by Martin et al. (2023) underscores this challenge, revealing that managers are increasingly overwhelmed by administrative tasks and staff shortages, leaving them with limited time for crucial support functions. This strain is exacerbated by the growing need for managers to engage in clinical work due to critical staffing gaps, further diverting their attention from essential managerial duties (Shariff, 2014). In IQNs' specialty skill utilisation, the widespread burnout among managers further complicates this challenge, potentially diminishing their capacity to retain and support IQNs effectively. The study by Membrive-Jiménez et al. (2020) corroborates this, demonstrating a clear link between manager burnout and reduced quality of support

provided to nursing staff. The cumulative impact of these demands has alarming repercussions, with nurses in leadership positions increasingly opting to leave their roles due to the overwhelming strain of workload management and stress (Squellati & Zangaro, 2022). Consequently, IQNs may not receive the necessary guidance and resources to leverage their specialised skills within the healthcare setting fully. This trend underscores the urgency of addressing managerial workload and burnout to ensure adequate support for IQNs and the optimal utilisation of their specialty skills within healthcare organisations.

Nurse managers are spearheading proactive strategies to effectively harness the skills of IQNs within the available workforce. Central to this is the urgent need to dismantle biases and stigmas often attached to IQNs, recognised as pivotal for instigating substantial change within healthcare institutions. As highlighted by Baluyot (2019), the widespread biases and discrimination faced by domestic nurses pose significant hurdles for IQNs transitioning into Australian healthcare settings. In the context of specialty skill transfer, while cultural training has proven invaluable in aiding IQNs' adaptation to the Australian healthcare landscape (Xiao et al., 2014), managers emphasise the criticality of extending such training to managerial staff. Expanded cultural training is imperative for managers to cultivate awareness of personal biases and ensure their impartiality in recruitment decisions. Specifically, training programs for managerial staff should prioritise fostering cultural competency and sensitivity to ensure the fair and unbiased assessment of IQNs' specialty skills and qualifications. Embracing and supporting IQNs enhances cultural competency within healthcare organisations and mitigates unconscious biases among recruitment personnel, including nurse managers. This inclusive approach fosters a welcoming and

supportive environment conducive to the seamless integration of IQNs' specialty skills into the Australian workforce.

Despite serving as the primary gatekeepers of recruitment, managers often lack the required knowledge and skills to navigate the diverse specialty qualifications and cultural nuances of IQN source countries, along with potential disparities in clinical practices (Stodart, 2018). Addressing these gaps through comprehensive training initiatives is crucial for promoting equity and maximising the skill utilisation of specialised IQNs within healthcare institutions. The vast array of source countries contributing to immigration brings a rich tapestry of cultures and varied nursing methodologies (Australian Bureau of Statistics, 2021a). Therefore, managers should possess the competencies to manage this diversity adeptly. Structured managerial training programs tailored for healthcare managers are indispensable (Lukhanina et al., 2023), focusing on understanding diverse international nursing backgrounds and varying levels of specialty IQN training (Stodart, 2018). By equipping managers with the necessary cultural competency and skills to navigate the diverse backgrounds of specialised IQNs, comprehensive training initiatives can create a supportive environment that optimises the specialty skill utilisation of IQNs within healthcare institutions.

Participants emphasised the critical need for expert support in the form of a centralised framework to assess and manage the specialty skills of IQNs, facilitating their optimal utilisation. A lack of such a centralised process often compels nurses to restart their careers from scratch in a new country, resulting in feelings of being treated as novice nurses, as noted by Tregunno et al. (2009) and Adhikari (2011). This issue is further exacerbated by disparities in nursing education and pathways to becoming specialist RNs across different countries (Deng, 2015), contributing to mistrust (Xiao

et al., 2014). Therefore, instilling a foundational understanding among nurse managers that nursing education varies globally, and with support and training, many valuable specialty skills of IQNs can still be effectively utilised in the Australian clinical setting marks a pivotal starting point (Baker et al., 2021).

Establishing a central department responsible for evaluating nurses' specialty curricula from different countries and exposing them to clinical specialty skills could be an effective initial step. Drawing insights from other healthcare professions, such as the specialist registration process for medical practitioners, which involves assessment by accredited specialist colleges (Australian Health Practitioner Regulation Agency, 2023), different pathways can be tailored to individual qualifications and experience. In contrast, nurses in Australia currently have only generalist registration pathways as Registered Nurse, Enrolled Nurse, and endorsement as Nurse Practitioner (NMBA, 2022b). The development of a centralised framework to evaluate IQNs' specialty qualifications and encourage them to work within their specialties is timely. This framework should encompass orientation programs, mentorship opportunities, and cultural integration initiatives to assist IQNs in acclimating to the new healthcare environment (Smith et al., 2006) and ensure the equivalence of specialty skills.

Some managers faced challenges due to a lack of information on overseas hiring processes and the complexities involved, adding to their already heavy workload with additional administrative burdens. Despite these obstacles, nurse managers expressed a willingness to support IQNs in utilising their specialty skills effectively in Australia. Implementing a centralised framework similar to the one employed by Western Health (2023) alleviates administrative burdens and provides clarity for nurse managers regarding overseas hiring processes and complexities. This streamlined

approach enables nurse managers to redirect their focus from administrative tasks to support IQNs more effectively, including specialty transition support programs and mentorship initiatives. Such complementary efforts contribute to effectively utilising their specialty skills in Australia (Kurup et al., 2022).

By pooling knowledge and experiences, healthcare institutions can collectively enhance their support systems for IQNs, improving the overall quality of care. By implementing these strategies and fostering collaboration among stakeholders, healthcare institutions can cultivate an inclusive and supportive environment that optimises the contributions of specialised IQNs, thereby enhancing both the healthcare workforce and the quality of care for patients.

5.4.1.7. Strengths and limitations of the work

The study gathered data from a diverse group of nurse managers who have worked with IQNs and have varying levels of specialty experience in Australia. Participant contributions were highly appreciated in the research. Using social media platforms and the Australian College of Nursing expanded the study's reach, attracting a genuine interest in the subject from a broader audience. Additionally, being an IQN, the lead researcher strengthened the data collection and analysis process, enhancing the study's credibility and transparency (Noble & Smith, 2015). Rigorous systematic approaches were employed for data collection and analysis, with an audit trail maintained for transcripts and recordings.

However, the study faced limitations that were common to other online studies. The recruitment strategy presumed that the target demographic could be accessed through social media channels; however, it is essential to note that certain participants might not utilise social media platforms or encounter technical challenges such as connectivity issues (Ochieng et al., 2018). Organising interviews was challenging due

to scheduling difficulties, with some participants experiencing forgetfulness or technical connectivity issues.

5.4.1.8. Implication of policy and practice:

This study emphasises a critical need to develop a centralised framework to assess and manage the specialty skills of IQNs. This framework should provide guidance on the assessment of qualifications, orientation programs, mentorship opportunities, and cultural integration initiatives tailored to IQNs' needs. By implementing such a framework, healthcare organisations can streamline the onboarding process for specialty IQNs and facilitate their effective integration into the specialty nursing workforce. Secondly, there is a clear need for structured training programs for healthcare managers and administrators. These training programs should focus on equipping managers with the skills and knowledge required to lead teams composed of specialty IQNs effectively. Specific attention should be given to understanding the diverse international nursing backgrounds and varying levels of specialty training among IQNs. By investing in managerial training, healthcare organisations can ensure managers are better prepared to support and integrate specialised IQNs into their teams.

Furthermore, enhancing communication processes within healthcare settings is vital to ensuring the recognition and appreciation of specialty IQNs' skills. Fostering cultural sensitivity among all staff members can foster improved integration and teamwork. By cultivating an inclusive and supportive environment, healthcare organisations can leverage the full potential of specialty IQNs and enhance the overall quality of care provided.

5.4.1.9. Conclusion

This study has identified barriers and facilitators to transferring specialty skills among IQNs in the Australian healthcare context from the view of nurse managers. The findings underscore the importance of strategic workforce planning, robust assessment mechanisms, and tailored training programs to support the effective integration of specialty IQNs into the workforce. Additionally, there is a clear need to develop a centralised framework to assess and manage IQNs' specialty skills and structured managerial training programs for healthcare managers and administrators. By implementing these strategies and fostering cooperation among stakeholders, healthcare organisations can create an inclusive and supportive environment that maximises the contributions of specialty IQNs, benefiting the healthcare workforce and the nursing care receivers community as a whole.

References

- Adhikari, R. (2011). *From Aspirations to “dream-trap”: Nurse education in Nepal and Nepali nurse migration to the UK* (Publication No.1842/6199). [Doctoral dissertation, The University of Edinburgh].
<https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari>
- An, J. Y., Cha, S., Moon, H., Ruggiero, J. S., & Jang, H. (2016). Factors affecting job satisfaction of immigrant Korean nurses. *Journal of Transcultural Nursing*, 27(2), 126-135. <https://doi.org/10.1177/1043659614539175>
- Aqtash, S., Robb, W. F., Hunter, L. H., Almuhtasib, M., Hamad, A., & Brownie, S. M. (2017). Self-assessed competence of experienced expatriate nurses in a rural and remote setting. *SAGE Open*, 3, 2377960817702382.
<https://doi.org/10.1177/2377960817702382>
- Australian Bureau of Statistics. (2021). *Australia's population by country of birth*.
<https://www.abs.gov.au/statistics/people/population>
- Bae, S. H. (2023). Comprehensive assessment of factors contributing to the actual turnover of newly licensed registered nurses working in acute care hospitals: A systematic review. *BMC Nursing*, 22(1), 31. <https://doi.org/10.1186/s12912-023-01190-3>
- Baker, C., Cary, A. H., & da Conceicao Bento, M. (2021). Global standards for professional nursing education: The time is now. *Journal of Professional Nursing* 37(1), 86-92. <https://doi.org/10.1016/j.profnurs.2020.10.001>
- Baluyot, C. (2019). Action research should be used as the basis for transforming a workplace culture so that the integration of overseas registered nurses into the nursing home clinical setting is more adaptive, inclusive, and mutually

supportive. *Journal of Comprehensive Nursing Research*, 4, 137.

<https://gexinonline.com/uploads/JCNRC-137.pdf>

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus Open*, 2, 8-14.

<https://doi.org/10.1016/j.npls.2016.01.001>

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. *The American Journal of Nursing*, 84(12), 1480.

https://journals.lww.com/ajnonline/Citation/1984/12000/From_Novice_to_Expert_Excellence_and_Power_in.27.aspx

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

<https://doi.org/10.1191/1478088706qp063oa>

Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2023). Doing reflexive thematic analysis. In S. Bager-Charleson & A. McBeath (Eds.), *Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research* (pp. 19-38). Springer International Publishing.

Brook, J., Aitken, L., Webb, R., MacLaren, J., & Salmon, D. (2019). Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review. *International Journal of Nursing Studies*, 91, 47-59. <https://doi.org/10.1016/j.ijnurstu.2018.11.003>

Chen, H. W., Wu, J. C., Kang, Y. N., Chiu, Y. J., & Hu, S. H. (2023). Assertive communication training for nurses to speak up in cases of medical errors: A systematic review and meta-analysis. *Nurse Education Today*, 126, 105831.

<https://doi.org/10.1016/j.nedt.2023.105831>

- Committee for Economic Development of Australia. (2021). *A good match: Optimising Australia's permanent skilled migration*.
<https://www.ceda.com.au/Admin/getmedia>
- Danish Patient Safety Authority. (2021). Employment for adaptation and training purposes. <https://en.stps.dk/en/health-professionals/employment-for-registration>
- Dawadi, S., Shrestha, S., & Giri, R. A. . (2021). Mixed-methods research: A discussion on its types, challenges, and criticisms. *Journal of Practical Studies in Education*, 2(2), 25-36. <https://doi.org/10.46809/jpse.v2i2.20>
- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96-98.
<https://doi.org/10.1016/j.cnre.2015.11.001>
- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228-235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Donald., F., Bryant-Lukosius., D., Martin-Misener., R., Kaasalainen., S., Kilpatrick., K., Carter., N., Harbman., P., Bourgeault., I., & DiCenso., A. (2010). Clinical nurse specialists and practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 11(1), 189-201. <https://doi.org/10.12927/cjnl.2010.22276>.
- Gebregziabher, D., Berhanie, E., Berihu, H., Belstie, A., & Teklay, G. (2020). The relationship between job satisfaction and turnover intention among nurses in Axum Comprehensive and Specialized Hospital Tigray, Ethiopia. *BMC Nursing*, 19, 1-8. <https://doi.org/10.1186/s12912-020-00468-0>

- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PloS One*, *15*(5), e0232076. <https://doi.org/10.1371/journal.pone.0232076>
- Harnois, C. E. (2022). What do we measure when we measure perceptions of everyday discrimination? *Social Science & Medicine*, *292*, 114609. <https://doi.org/10.1016/j.socscimed.2021.114609>
- Higginbottom, G. (2011). The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography. *BMC Nursing*, *10*(1), 1-13. <https://doi.org/10.1186/1472-6955-10-14>
- Jose, M. M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America. *International Nursing Review*, *58*(1), 123-129. <https://doi.org/10.1111/j.1466-7657.2010.00838.x>
- Kreedi, F., Brown, M., Marsh, L., & Rogers, K. (2021). Newly graduate registered nurses' transition experiences to clinical practice: A systematic review. *American Journal of Nursing Research*, *9*(3), 94-105. <https://doi.org/10.12691/ajnr-9-3-4>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian*, *30*(2), 357–366. <https://doi.org/10.1016/j.colegn.2022.10.002>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, *80*(5), 1868-1881. <https://doi.org/10.1111/jan.15952>
- Litton, E., Huckson, S., Chavan, S., Bucci, T., Holley, A., Everest, E., Kelly, S., McGloughlin, S., Millar, J., & Nguyen, N. (2021). Increasing ICU capacity to

- accommodate higher demand during the COVID-19 pandemic. *Medical Journal of Australia*, 215(11), 513-517. <https://doi.org/10.5694/mja2.51318>
- Lukhanina, Y., Lukhanin, O., & Jereb, E. (2023). Improving the quality of healthcare services through training leaders. *42nd International Conference on Organizational Science Development*, 20(1), 605-721. <https://doi.org/10.18690/um.fov.3.2023.46>
- Martin, S. D., Urban, R. W., Foglia, D. C., Henson, J. S., George, V., & McCaslin, T. (2023). Well-being in acute care nurse managers: A risk analysis of physical and mental health factors. *Worldviews on Evidence-Based Nursing*, 20(2), 126-132. <https://doi.org/10.1111/wvn.12646>Citations
- Membrive-Jiménez, M. J., Pradas-Hernández, L., Suleiman-Martos, N., Vargas-Román, K., Cañadas-De la Fuente, G. A., Gomez-Urquiza, J. L., & De la Fuente-Solana, E. I. (2020). Burnout in nursing managers: A systematic review and meta-analysis of related factors, levels and prevalence. *International Journal of Environmental Research and Public Health*, 17(11), 3983. <https://doi.org/10.3390/ijerph17113983>
- National Health Service Employers. (2023). *Recruitment of overseas nurses and midwives*. <https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives>
- Newcomb, J. T. (2017). *Understanding undergraduate admission officers' lived experiences and training in detecting fraudulent application materials of international applicants at highly selective institutions* (Publication No.10599102). [Doctoral dissertation, Northeastern University]. ProQuest One Academic. <https://www.proquest.com/dissertations-theses>

- Newton, S., Pillay, J., & Higginbottom, G. (2012). The migration and transitioning experiences of internationally educated nurses: A global perspective. *Journal of Nursing Management*, 20(4), 534-550. <https://doi.org/10.1111/j.1365-2834.2011.01222.x>
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*. <https://doi.org/10.1136/eb-2015-102054>
- Nurmeksela, A., Mikkonen, S., Kinnunen, J., & Kvist, T. (2021). Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: A correlational study. *BMC Health Services Research*, 21(1), 296. <https://doi.org/10.1186/s12913-021-06288-5>
- Nursing and Midwifery Board of Australia. (2022a). *Nursing and Midwifery Board of Australia registrant data*. <https://www.nursingmidwiferyboard.gov.au/regisrant+data>
- Nursing and Midwifery Board of Australia. (2022b). *Registration & endorsement*. <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx>
- Ochieng, N. T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20-32. <https://doi.org/10.1111/2041-210X.12860>
- Organization for Economic Cooperation and Development. (2014). *Harnessing knowledge of the migration of highly skilled women*. <https://www.oecd.org/dev/migration>

- Philip, S., Manias, E., & Woodward-Kron, R. (2015). Nursing educator perspectives of overseas qualified nurses' intercultural clinical communication: Barriers, enablers and engagement strategies. *Journal of Clinical Nursing, 24*(17-18), 2628-2637. <https://doi.org/10.1111/jocn.12879>
- Quintini, G. (2011). Right for the job: Over-qualified or under-skilled? *OECD Social, Employment and Migration Working Papers, 120*(1), 1815199. <https://doi.org/10.1787/5kg59fcz3tkd-en>
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources, 55*(1), 64-85. <https://doi.org/10.1111/1744-7941.12121>
- Roche, M. A., Duffield, C. M., Homer, C., Buchan, J., & Dimitrelis, S. (2015). The rate and cost of nurse turnover in Australia. *Collegian, 22*(4), 353-358. <https://doi.org/10.1016/j.colegn.2014.05.002>
- Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., Ramjan, M., Zhao, Y., Hines, S., & Humphreys, J. S. (2021). A systematic review of interventions for health workforce retention in rural and remote areas. *Human Resources for Health, 19*(1), 1-24. <https://doi.org/10.1186/s12960-021-00643-7>
- Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC Nursing, 13*(1), 20. <https://doi.org/10.1186/1472-6955-13-20>
- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice, 23*(3), 175-194. <https://doi.org/10.1177/15271544221102964>

- Smith, P., Allan, H., Henry, L., J, L., & M., M. (2006). Valuing and recognising the talents of a diverse healthcare workforce. *EU Commission*.
<http://portal.surrey.ac.uk/reoh>
- Squellati, R., & Zangaro, G. A. (2022). Eight ways nurses can manage a burnt-out leader. *Nursing Clinics of North America*, 57(1), 67-78.
<https://doi.org/10.1016/j.cnur.2021.11.005>
- Stankiewicz, G., & O'Connor, M. (2014). Overseas qualified nurses in Australia: Reflecting on the issue. *Australian Journal of Advanced Nursing*, 31, 32-38.
<https://doi.org/10.3316/INFORMIT.285616000051555>
- Stodart, K. (2018). The workforce carries a load of cultural misunderstanding. *Kai Tiaki: Nursing New Zealand*, 24(1), 24-25.
<https://www.proquest.com/docview/2010774699?pq-origsite=gscholar&fromopenview=true>
- Tan, A. J. Q., Chua, W. L., McKenna, L., Tan, L. L. C., Lim, Y. J., & Liaw, S. Y. (2023). Interprofessional collaboration in telemedicine for long-term care: An exploratory qualitative study. *Journal of Nursing Scholarship*, 55(6), 1227-1237. <https://doi.org/10.1111/jnu.12925>
- Tohmola, A., Saarnio, R., Mikkonen, K., Kyngäs, H., & Elo, S. (2022). Competencies relevant for gerontological nursing: Focus-group interviews with professionals in older people's nursing. *Nordic Journal of Nursing Research*, 42(3), 123-132.
<https://doi.org/10.1177/20571585211030421>
- Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry*, 16(3), 182-190. <https://doi.org/10.1111/j.1440-1800.2009.00448.x>

- United Nations. (2022). *Goal 3: Ensure healthy lives and promote well-being for all ages*. <https://www.un.org/sustainabledevelopment/health/>
- Walani, S. R. (2015). Global migration of internationally educated nurses: Experiences of employment discrimination. *International Journal of Africa Nursing Sciences*, 3, 65-70. <https://doi.org/10.1016/j.ijans.2015.08.004>
- Western Health. (2023). *Nursing and midwifery international recruitment guide for unit manager & NMWU team*. <https://westerly.wh.org.au/nursing-midwifery>
- Weston, M. J. (2022). Strategic planning for a very different nursing workforce. *Nurse Leader*, 20(2), 152-160. <https://doi.org/10.1016/j.mnl.2021.12.021>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640-653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Yayeh, F. A. (2021). Focus Group Discussion as a data collection tool in Economics. *Daagu International Journal of Basic & Applied Research*, 3(1), 52-61. <https://www.researchgate.net>
- Zhou, Y., Windsor, C., Theobald, K., & Coyer, F. (2011). The concept of difference and the experience of China-educated nurses working in Australia: A symbolic interactionist exploration. *International Journal of Nursing Studies*, 48(11), 1420-1428. <https://doi.org/10.1016/j.ijnurstu.2011.05.003>

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The previous study underscored the pivotal role of managers in aligning IQNs' skills with job opportunities despite assessment and matching challenges. It also brought attention to barriers hindering the utilisation of IQNs' specialty skills, such as immediate workforce demands and communication obstacles. Furthermore, the paper discussed strategies to enhance skill utilisation, including addressing biases and bolstering support systems. These insights shed light on the assimilation of IQNs into the Australian healthcare system and propose avenues for enhancement

5.5 Conclusion

Chapter 5 extends the exploration initiated in earlier chapters by examining both Phase 1 and Phase 2 of the recruiting manager segment, a vital component of the parallel explanatory sequential mixed methods study. This segment aimed to identify barriers and facilitators of IQN specialty skill transfer to the Australian healthcare system from the viewpoint of recruitment managers.

The findings illuminate the complexities surrounding the definitions of specialty nurses, variations in specialty nursing training, and the transferability of specialty skills for IQNs in Australia. The findings resonate with earlier publications, emphasising specialty IQNs' interconnected challenges in integrating into the Australian healthcare system. While the quantitative and qualitative surveys provided initial insights into these factors, the thematic analysis of interviews offered a deeper understanding and elaboration on the survey findings. This comprehensive approach facilitated a thorough investigation of the challenges and opportunities in integrating IQNs into the Australian healthcare system, enhancing the understanding of this intricate process.

5.6 Chapter Conclusion:

Chapter 5 has delved into an exploration of the recruiting manager's viewpoint on the specialty skill utilisation of IQNs after immigration, providing a more in-depth

examination of the managerial perspective based on survey results and in-depth interviews. Looking forward, Chapter 6 will bring it all together through a collective discussion, integration, and meta-analysis. This sequential progression comprehensively explains the multifaceted challenges and opportunities in integrating IQNs within the Australian healthcare system.

CHAPTER 6 – DISCUSSION & META-INFERENCE

6.1 Introduction

Chapters 4 and 5 presented the outcomes of Phases 1 and 2, focusing on IQNs and recruiting managers, highlighting their perceptions of how IQNs' specialty skills transfer post-immigration. This chapter synthesises those findings through meta-inference, integrating the data from IQNs and recruiting managers to offer a unified perspective. Revisiting the aims and objectives from Chapter 1, this study seeks to explain how IQNs' specialty skills are transferred into clinical practice in Australia. Specifically, it sought:

1. To identify barriers and facilitators of IQN specialty skill transfer to the Australian healthcare system following immigration (Phase 1)
2. To gather the perspectives of IQNs and recruiting managers on the process of transferring IQNs' specialty skills to Australia after immigration (Phase 2)
3. Propose strategies that Australia and other developed countries can use to successfully support IQNs' capacity to use specialty skills within the healthcare contexts of these countries (Phase 3)

This chapter weaves together qualitative and quantitative research in the meta-inference phase, integrating findings from IQNs and recruiting managers and facilitating a thorough comparative analysis. By employing the meta-inference technique, Chapter 6 provides a unique and unified perspective, offering insights into the facilitators and barriers to the utilisation of IQNs' specialty skills after immigration, as seen from the viewpoints of both IQNs and recruiting managers.

6.2 Meta-Inference

For clarity and ease of understanding, the researchers utilised the joint display table (Creswell & Creswell, 2022; Younas et al., 2023) (Table 6.1- 6.3) to visualise the

data due to its suitability for the diverse phases of the sequential parallel explanatory mixed-method study and its alignment with the research question. Final integrated results in mixed-methodology research can take various forms. Convergence occurs when qualitative and quantitative findings align or converge on similar conclusions (Schoonenboom, 2022). Divergence appears when findings present contrasting insights, highlighting areas of complexity or discrepancy (Younas et al., 2023). Expansion happens when findings complement each other, leading to a deeper understanding beyond individual methods (Younas et al., 2023). Silence refers to the absence of agreement or convergence between qualitative and quantitative findings, indicating areas needing further investigation (Schoonenboom, 2022). This chapter highlights a blend of converging, diverging, expanding, and silent viewpoints among IQNs and recruiting managers concerning IQNs' specialty skill utilisation.

A discussion of the three integrated findings follows each joint display (sections 6.2.1-6.2.3).

The meta-inferences are:

1. IQNs possess specialty skills that can be successfully transferred to the Australian healthcare system (see Table 6.1).
2. IQN specialty skill utilisation in Australia is influenced by opportunities to practice in their specialty area and self-determination (see Table 6.2).
3. Transition to practice programs and appropriate support are required by both the IQN and recruiting managers (see Table 6.3).

Table 6. 1

Joint Display Table for Key Integrated Finding 1

Meta-inference #1 - IQNs possess specialty skills that can be successfully transferred to the Australian healthcare system.						
Integration: Specialty Nurses Possess Significant Competence and Adaptability. Specialty IQNs are Comparable to Specialty Practices in Australia.						
IQN survey results	IQN survey content analysis	IQN focus group	Recruiting manager survey	Recruiting managers' survey content analysis	Recruiting managers' interview	
<p>•53.9% of IQNs considered the ability to competently perform specialty skills within the Australian healthcare industry to be influential in transferring their specialty skills</p>	<p>IQNs noted that the term specialty nurse itself means a competent nurse (IQN 1, 3, 4, 6, 9, 13, 20, 29, 30, 35, 47, 49)</p> <p>IQNs define a specialty nurse as an RN who becomes an expert in a specific area through extensive clinical experience and advanced practical skills (IQN 1, 2, 9, 10, 13, 16, 17, 18, 19, 26, 27, 28, 29, 30, 31)</p> <p>IQNs' intense nursing training and clinical exposure make them highly competent (IQN 2, 4, 10, 29, 30, 31, 36, 48).</p> <p>Experience in similar healthcare systems demonstrates relevant competence (IQN 7, 21, 26, 33, 38)</p> <p>The degree to which nurses are informed about Western culture through experience, research, or exposure significantly facilitates their adaptability to the Australian health care setting (IQN 3, 21, 31)</p> <p>IQNs are ambitious and come with an able-to-adapt mindset that helps them achieve their career goals (IQN 1,44,61)</p> <p>IQNs possess the language competency to safely perform nursing in Australia, as evidenced by their English test results (IQN 6, 26, 43, 64)</p> <p>A willingness to learn Australian norms, engage outside their own cultural groups by mingling with Australians, and persistence in seeking opportunities demonstrate competence and a commitment to safe practice among IQNs (IQN 6, 34, 36, 45, 50, 56).</p> <p>Waiting for the right opportunity while keeping skills active and further studies help utilise specialty skills (IQN 6, 36, 40, 45, 50).</p>	<p>IQNs possess the competence and confidence to practice specialty skills in Australia (FG IQN 1,2, 6).</p> <p>The overseas nursing degree includes specialties that enable dual registration as both RN and RM for IQNs (FG IQN 1,3,4,7)</p> <p>IQNs have experience in midwifery, general nursing, and specialty areas like cardiac ICU (FG IQN 1,3,6,7).</p> <p>Some IQNs worked in management roles or as clinical nurses (FG IQN 4,5,7).</p> <p>IQNs gradually adapt to the Australian nursing language by immersing themselves in the communication style and culture of native speakers (FG IQN 1, 3, 7)</p> <p>The IQNs' capacity to adapt to and navigate the Australian hierarchical system aids in optimising skill utilisation. (FG IQN 2, 3, 5).</p> <p>Some IQNs find that moving to regional areas, like the Northern Territory (N.T.), allows them to utilise their competencies more effectively (FG IQN 2, 3, 5).</p>	<p>80% of managers believed IQNs received appropriate specialty training and education comparable to Australian standards.</p> <p>90.4% of respondents had IQNs currently working in their specialty areas, demonstrating the successful integration of their skills into the Australian healthcare system.</p>	<p>Managers emphasised the competence of specialty nurses, noting that the term itself signifies a competent nurse (Manager 1, 5, 9, 13, 19, 26, 28, 33).</p> <p>Managers defined a specialty nurse as an RN who has undergone advanced training and education and gained qualifications in a specific area of nursing, enabling them to practice at an advanced level and lead in specialised patient care (Manager 1, 4, 5, 7-10, 13, 16-19, 23-28, 31, 33).</p> <p>Confidence and competence were seen as the main facilitators of skill transfer for IQNs (Managers 6, 12, 16).</p> <p>IQNs possess skills and a solid understanding of theories supported by clinical training and exposure (Managers 6, 11, 12).</p> <p>The significant skills possessed by IQNs should be comparable to those of locally trained nurses (Managers 2, 9, 14, 21).</p> <p>The transferability of IQNs' specialty skills to Australian settings was viewed positively (Managers 2, 5, 6, 7-10, 11-25).</p> <p>Clinically, IQNs demonstrate high competency and gradually adapt linguistically and socio-culturally to perform their skills safely in Australia (Manager 3, 8, 28).</p>	<p>Several managers shared positive experiences with IQNs, highlighting that their 'highly qualified' skills are influential in Australia (Interview Manager 3, 4, 7).</p> <p>IQNs are skilled immigrants who consciously leave their country and live, adapt, and succeed in another country (Interview Manager 1, 3, 4).</p> <p>IQNs often bring highly specialised skills from their home countries, particularly in intensive care, general nursing, and diverse clinical settings, which managers believe significantly enhance skill levels within their departments and facilitate effective management of skills mix (Interview Manager 1, 3, 6).</p> <p>Some IQNs undergo re-qualification and re-specialisation processes in Australia, demonstrating a commitment to meeting local standards and enhancing their skills through local educational institutions (Interview Manager 3, 4, 6).</p> <p>IQNs' confidence and competence directly relate to their ability to transfer specialty skills to the Australian setting (Interview Manager 3, 5, 8).</p> <p>IQNs often demonstrate adaptability and versatility gained from their diverse nursing backgrounds, enabling them to handle varied clinical scenarios effectively (Interview Managers 1, 7, 8).</p>	

6.2.1 Meta-inference #1 - IQNs possess specialty skills that can be successfully transferred to the Australian healthcare system

The first meta-inference, derived from the convergence of themes, revealed that IQNs possess specialty skills that can be effectively transferred to the Australian healthcare system. This meta-inference is based on the integration of findings showing that specialty IQNs demonstrate significant competence and adaptability, with their skills being comparable to specialty practices in Australia.

6.2.1.1 Specialty IQNs possess significant competence and adaptability

Specialty nursing practice is defined by the competence and specialised skills required for practice in specific areas (WHO, 2020b). Meanwhile, an Advanced Practice Nurse (APN), under which specialist nurses fall, is a registered nurse who has acquired advanced clinical knowledge, complex decision-making skills, and clinical competencies for expanded practice (International Council of Nurses, 2020). Both specialised IQNs and managers agree that IQNs possess these specialist skills. However, different perspectives exist on what constitutes a 'specialty nurse'. IQNs often view specialty nursing as achieving expertise through extensive clinical experience and development of advanced practical skills. In contrast, managers typically see it as a role defined by advanced training and education.

Globally, the requirements for specialist nursing roles vary. Internationally, a specialist nurse is typically required to maintain a generalist nursing license and complete an educational program that meets the standards for specialised practice. (WHO, 2020b). But, in the UK, specialist roles are often tied to specific undergraduate qualifications, such as a pediatric care degree for children's nurses (National Health Service, 2024). In Australia, nurses graduate as generalists and advance to CNS through additional education and clinical experience (Pugh & Scruth, 2021).

Specialisation in developing countries like India is often achieved through extensive practical experience rather than formal postgraduate education (Indian Nursing Council, 2024; Kerala Public Service Commission, 2021). This variability in defining specialist roles contributes to global differences in the field (CNMO, 2017; IAPN, 2014).

Competence, defined as the ability to perform specialty skills proficiently, is crucial for IQNs to effectively utilise their specialist skills within the Australian healthcare system, given the diverse global nursing educational backgrounds (NMBA, 2015). As implied by participants, the term 'specialty nurse' underscores competence, which is reinforced by comprehensive training and hands-on experience. Many participants attribute their competence to the extensive nursing education and clinical exposure received during their Bachelor of Nursing (BN) programs in their home countries. Nursing education in many developing countries, such as India and the Philippines, typically spans four years, with extensive clinical placements totalling 4,656 hours and 1,887 hours, respectively (Garrow et al., 2022), compared to Australia, where the minimum requirement for national registration for a registered nurse is 800 professional experience clinical placement hours (NMBA, 2024). This rigorous training in countries outside of Australia equips IQNs with robust clinical skills across various specialties, including obstetrics, pediatrics, midwifery, and critical care, fostering confidence in patient care (Nursing & Midwifery Council, 2024). This extensive clinical experience contrasts with Australia's Bachelor of Nursing programs, which are not always specialty-specific and, in some cases, may not include pediatric or maternity placements within the curriculum (Australian Nurses and Midwifery Accreditation Council, 2017; Garrow et al., 2022). These differences in educational practices often make it challenging for Australian nurses to fully recognise and

appreciate the specialty expertise that IQNs bring from other countries. The variations in training and specialty expertise make IQNs a great asset, especially in addressing staff shortages in Australia. Many nurses from developing countries are dual-qualified as RNs and Registered Midwives as in countries like South Africa and India, the educational systems for nursing and midwifery offer integrated training programs (Matahela & Makhanya, 2024; Mayra et al., 2021). Despite differences in educational approaches globally, the emphasis on competence and clinical proficiency remains universal (Rahmah et al., 2021). The extensive and rigorous training that IQNs undergo in their home countries enhances their clinical skills and equips IQNs to effectively address critical staffing shortages in Australia.

IQNs exhibit remarkable adaptability, which is essential for successful integration into the Australian healthcare system (Aggar et al., 2020). This adaptability is rooted in several critical factors, including their exposure to different healthcare systems that share similarities with Australia's. Having worked in countries such as the UK, New Zealand, and the US, many IQNs bring a wealth of experience from multispecialty hospitals that utilise technology and systems comparable to those in Australia. This background enhances their adaptability and solidifies their competence to work effectively within diverse healthcare settings, ultimately contributing to their ability to perform proficiently in the Australian health system (Tikkanen et al., 2020).

Many IQNs demonstrate a strong ambition to adapt and succeed in their new environment, driven by their career goals and personal determination (Zhou, 2014). IQNs' adaptability also enables IQNs to move to regional areas, which are often hard to staff and where their skills are in high demand. Working in these areas allows IQNs to utilise their competencies better, as these regions typically offer more opportunities for IQNs to apply their skills and knowledge across multiple practice areas (Campbell

et al., 2012). Additionally, regional settings provide a broader scope of practice, similar to many of their home countries, which can further enhance their professional development and skill utilisation. IQNs' level of adaptability collectively plays a crucial role in their ability to integrate and perform effectively in the Australian healthcare system.

A critical component of their adaptability is their language competency. Many IQNs achieve high scores on English proficiency tests, ensuring they can communicate effectively and perform their duties safely in Australia (Australian Health Practitioner Regulation Agency, 2015). This linguistic ability is crucial for patient care and collaboration with colleagues. Managers also recognise and appreciate the linguistic adaptability of IQNs and their commitment to their roles. This acknowledgement from managers underscores the value IQNs bring to their teams.

IQNs' status as skilled immigrants is pivotal to their adaptability and success in a host country. Skilled immigrants are those who move to a new country primarily for employment or career advancement (Safari et al., 2022). They often bring a wealth of specific skills, qualifications, or professional experiences that are highly sought after in their host country. This group typically holds advanced educational degrees and professional certifications that underscore their expertise in specialised fields (Australian Government Department of Home Affairs, 2024). IQNs, as skilled immigrants, make a deliberate and informed decision to relocate, driven by career aspirations and opportunities in their host country. This proactive decision equips IQNs with a mindset oriented toward overcoming challenges and achieving success in their new setting (Tabor et al., 2015). Their high levels of education, specialised skills, and dedication to professional and personal growth significantly enhance their ability to integrate and make a substantial impact within their new environment (Zhou, 2014).

IQNs often gain advanced expertise through rigorous training and clinical practice in their countries of origin. Their extensive training, experience, and adaptability to new clinical environments make IQNs valuable assets, enhancing departmental capabilities and contributing to effective skills management within the Australian healthcare system.

6.2.1.2 Specialty IQNs are comparable to specialty practices in Australia.

Specialty-skilled IQNs are increasingly recognised as having skill levels comparable to those of locally trained nurses in Australia (Chun Tie et al., 2018). This recognition underscores the growing acknowledgement that the expertise of IQNs not only matches but can also enhance the capabilities of Australian healthcare services. Managers across diverse healthcare settings consistently affirmed that the skills and competencies of IQNs are viewed as equivalent to those of their Australian counterparts. Healthcare managers reported that IQNs bring highly specialised skills to the Australian context, especially in critical areas such as intensive care and general nursing (Aggar et al., 2020). These specialised skills are essential for effectively managing the skill mix within the wards they oversee. The term 'nursing skill mix' refers to the distribution of various nursing staff levels, including their qualifications, expertise, and experience, available for patient care during a shift (Jacob et al., 2015). An effective skill mix is essential for optimal patient outcomes and efficient ward management. Managers have observed that IQNs' advanced expertise significantly enhances departmental capabilities, contributing to a more effective and balanced skill mix within the Australian healthcare environment. Additionally, while IQNs feel their specialty skills are underutilised, managers believe these skills can be applied in other areas, such as for staff training or rural regions where a broader skill base is often needed.

Post-registration experience significantly improved IQNs' competence (Clubb, 2022). Many IQNs bring extensive experience from diverse nursing areas, such as midwifery, general nursing, and specialty fields like cardiac ICU. Some have held management positions or worked in advanced clinical roles (Bruyneel et al., 2013). This breadth of experience allows IQNs to adapt quickly to Australian healthcare settings' hierarchical and operational systems, enhancing their skill utilisation. Moreover, IQNs often rate their clinical skills higher than domestic graduates due to their extensive nursing work experience (Högstedt et al., 2022). This study required participants to be specialist nurses; hence, the criteria for IQN participant recruitment likely contributed to the nurses collectively classifying themselves as competent. The study participants were specialist nurses with work experience overseas and in Australia, with 18.62 years working as a nurse.

IQNs possess specialty skills that are transferable and valuable within the Australian healthcare system. IQNs are considered competent and adaptable professionals capable of significantly contributing to Australian healthcare settings. Their extensive experience and commitment to further professional development facilitate their successful integration and practice in specialty roles.

Table 6. 2

Joint Display Table for Key Integrated Finding 2

Meta-inference #2-- Specialty Skill Utilisation in Australia is Influenced by Opportunities to Practice in Their Specialty Area and Self-Determination

Integration: *Aligning the Skills of IQNs with Local Employment Requirements is a Time-Consuming and Resource-Intensive Process and is Often Complicated by IQN's Financial Barriers, Limited Opportunities and Systemic Barriers in Recruitment Processes. Individual IQNs Enhance Their Specialty Job Prospects by Engaging in Professional Groups and Pursuing Development Opportunities Driven by Their Resilience and Determination*

IQN survey results	IQN survey content analysis	IQN focus group	Recruiting manager survey	Recruiting managers' content analysis	Recruiting managers' interview
<p>•56% (n = 35/63) of respondents felt that a lack of opportunities in specialty areas was a significant challenge for IQN's specialty skill utilisation.</p>	<p>Foreign-trained nurses face unequal opportunities compared to Australian nurses, with racism and discrimination playing a significant role in recruitment decisions (IQN 2, 4, 9, 12).</p> <p>Sponsored visas, such as the 457 visas, significantly restrict IQNs' opportunities to utilise their specialty skills in Australia. In contrast, spouse visas do not tie IQNs to specific employers and facilitate better skill utilisation (IQN 23, 45, 49).</p> <p>Managers often prioritise filling job vacancies over exploring the use of the specialty skills of IQNs (IQN 1, 14, 23, 28, 43, 44).</p>	<p>Employers often hesitate to recognise and employ IQNs due to cultural biases and a preference for locally trained nurses familiar with Australian practices (FG IQN 1, 2, 3, 5, 7).</p> <p>Despite their qualifications and experience, some IQNs faced challenges getting their qualifications recognised in Australia (FG IQN 1, 5, 6, 7).</p>	<p>97% (n = 35) of respondents indicated a lack of opportunities as a significant barrier to IQN's specialty skill utilisation.</p> <p>•Financial considerations were cited by 68.8% of managers as a primary reason for IQNs taking jobs outside their specialty areas.</p>	<p>Managers highlighted how financial pressures often drive IQNs to accept jobs outside their specialty areas, leading to mismatches between skills and job roles (Managers 3, 8, 10, 14).</p> <p>Hospitals prioritise filling vacancies over investing in nurse retention (Managers 6, 8, 16).</p> <p>Hospitals often lack funds, staff, or time for supporting IQNs (Managers 4, 5, 16, 17, 22, 24, 26, 34).</p>	<p>Managers frequently react to immediate staffing shortages without adequate time or funding to effectively address skill matching and utilise specialty skills (Interview Manager 2, 5).</p> <p>Due to financial pressures and the need to secure employment quickly, IQNs often accept positions outside their specialty (Interview Manager 1, 2, 3, 7).</p>
<p>•Many IQNs work in aged care (19.1%, n = 13) despite only 2.8% having this specialty in their home country.</p>	<p>Barriers and resistance are encountered when pursuing further education and career advancement as recruiters often prioritise job vacancies over individual aspirations and skills development (IQN 28, 14, 58).</p> <p>The lack of recognition of overseas qualifications and experience and inadequate reference checks made it difficult for nurses to demonstrate competence (IQN 5, 19, 20, 22, 24, 33).</p>	<p>Academic pathways for international students often do not translate to workplace settings, affecting IQNs' skill use (FG IQN 1, 5, 6).</p> <p>Financial constraints and the pressure to secure employment quickly often force IQNs to accept roles outside their specialties, leading to mismatches between skills and job responsibilities (FG IQN 3, 4, 5, 6, 7).</p>	<p>72% (n = 26/36) perceived inadequate understanding of IQNs' previous nursing training as an extreme barrier.</p>	<p>Managers who handle end-to-end recruitment of IQNs focus on selecting experienced candidates to minimise the need for on-the-job training and support (Managers 4, 6, 10, 11).</p> <p>Valuing confidence and competence in staff, openly stating requirements, and being willing to consider candidates with transferable skills will promote the utilisation of IQN specialty skills (Managers 6, 16, 39).</p>	<p>Career growth is essential in retaining staff, with options such as telehealth or virtual opportunities being explored to retain employees (Interview Managers 4, 6, 7, 8).</p> <p>IQNs' ability to practice in their specialty areas is influenced by available opportunities (Interview Manager 1, 3, 7, 8).</p>
<p>•Financial barriers were identified as an influential facilitator by 53.97% (n = 34) of participants and were considered influential as a barrier by 76.27% (n = 48).</p>	<p>Higher qualifications are not immediately recognised, requiring repeated skill demonstrations (IQN 4, 15, 21, 46, 62).</p> <p>Nurse managers often distrust skills acquired outside Australia, reflecting a narrow global perspective (IQN 5, 18, 40).</p> <p>Concerns persist about fully utilising IQNs' skills, contrasting with local nurses' ease in securing positions (FG IQN 1, 3, 4).</p>	<p>Joining professional groups and forums, such as the Australian College of Nursing, can help IQNs understand local practices and integrate into the professional community by providing networking opportunities and insights into the Australian healthcare setting (FG IQN 1, 2, 4, 7).</p> <p>Some IQNs felt their work preferences and experiences were not acknowledged, leading them to repeatedly prove their skills (FG IQN 1, 6, 7).</p>	<p>•69% (n = 25/36) considered scepticism regarding overseas education among Australian recruiters as an extreme barrier.</p> <p>•A lack of confidence in overseas education among Australian recruiters was a barrier for 92% (n = 33/36).</p>	<p>Understanding candidates' backgrounds and healthcare training is crucial, alongside providing supportive feedback during orientation (Managers 1, 3, 4, 7).</p> <p>A manager with an overseas background is more likely to be open to listening to foreign-trained nurses, which can enhance communication and support in the workplace. Understanding why an IQN immigrated is crucial for providing appropriate support (Managers 3, 6, 7, 14, 15).</p>	<p>Managers emphasise the importance of IQNs in filling gaps in the workforce, especially in sectors like aged care, where Australian nurses are often reluctant to work (Interview Manager 1, 2, 5, 7).</p> <p>In the US, UK, and other countries, midwifery training is crucial in nursing education but often untapped due to complex registration processes (Interview Manager 1, 7, 8).</p>
<p>51% (n = 26/63) noted barriers in overseas reference checks and translation services as barriers to specialty skill transfer.</p>	<p>If nurses cannot use their skills, they may lose confidence in their competence (IQN 16, 32, 41).</p> <p>Financial barriers often prevent IQNs from pursuing their desired specialty jobs or waiting for the right opportunity (IQN 4, 6, 8, 28, 40, 45, 53)</p> <p>Universities require candidates for postgraduate specialty nursing courses to be actively working in the same department where they seek specialisation to grant enrolment (IQN 44,51,62)</p>	<p>Sparse opportunities for career progression (FG IQN 1, 3, 6, 7).</p> <p>Many dual-registered IQNs from overseas had their midwifery qualifications never utilised in Australia due to the complexities of their RN registration process (FG IQN 1, 3, 4, 7).</p>	<p>25% (n = 9/36) of recruiting managers identified the appropriate use of overseas reference checks and translation services as a critical facilitator for utilising the specialty skills of IQNs.</p>	<p>Cultural training for managing IQNs and increased awareness of biases in hiring practices are required (Managers 1, 7, 8).</p> <p>Challenges in trusting overseas education credentials and verifying qualifications remain (Managers 2, 4, 5, 9, 14).</p> <p>Managers also note that IQNs often do not proceed in the shortlisting process after interviews, primarily because they lack Australian credentials (Managers 4, 5, 6).</p>	<p>Participants noted a lack of familiarity with overseas nursing education components (Interview Managers 3, 4, 8).</p> <p>Legal barriers, visa complexities and associated expenses on hospitals hinder recruitment and affect IQNs' opportunities (Interview Managers 1, 2, 3, 5, 6).</p>
<p></p>	<p>IQNs are frustrated by the lack of pathways for Recognition of Prior Learning (RPL) or postgraduate degrees despite immigration decisions (IQN 1, 3, 34).</p> <p>Aged care nursing was the first place to get a job (IQN 4, 6, 7,11).</p> <p>IQN recruiters who were previously IQNs themselves are valuable for utilising IQNs' specialty skills (IQN 1, 3, 4).</p>	<p>Improved managers' understanding of IQNs' backgrounds and skills could enhance integration into Australian healthcare (FG IQN 1, 5, 7).</p>	<p></p>	<p>Discriminatory practices in hiring and career advancement were attributed to the lack of recognition or understanding of the quality and skills of IQNs' training in their home countries (Managers 3, 28, 34).</p>	<p>Preference is given to candidates from developed countries like the UK, New Zealand, and Ireland due to fewer contextual training needs than in developing countries (Interview Manager 1, 2, 3).</p>

6.2.2 Meta-inference #2 - IQN specialty skill utilisation in Australia is influenced by opportunities to practice in their specialty area and self-determination

The second meta-inference identified that the effective utilisation of specialty skills by IQNs in Australia is largely influenced by the availability of relevant opportunities and the individual IQNs' determination. This conclusion stems from the observation that aligning IQNs' skills with job requirements requires time. Financial constraints frequently drive IQNs to accept the first available job rather than wait for a position in their specialty. Along with these challenges, institutional and systemic factors also play a crucial role in determining specialty skill utilisation. However, IQNs can significantly enhance their employment prospects in their specialty areas through active involvement in professional groups, pursuing development opportunities, and demonstrating resilience and determination.

6.2.2.1 Aligning the skills of IQNs with local employment requirements is a time-consuming and resource-intensive process and is often complicated by IQN's financial barriers, limited opportunities and systemic barriers in recruitment processes.

Securing a specialist nursing position in Australia is often a lengthy process for IQNs, which imposes significant financial pressures. The financial difficulties experienced by immigrant nurses are well-documented and arise from various factors (Davis & Pradeep, 2024). Unpaid employment gaps occur as IQNs transition between countries and await necessary certifications and registrations, resulting in a loss of income during this period. Along with the need to financially support their families overseas, high immigration costs (including

fees for visa applications, professional licensing, and relocation expenses) place an additional financial burden on these nurses (Nortvedt et al., 2020). The requirement for further education or bridging programs to meet Australian standards for nursing registration (Covell et al., 2022; Covell et al., 2016; Jeans et al., 2005; Kwan et al., 2019; Nortvedt et al., 2020), along with the costs associated with securing permanent residency or work visas can be prohibitive, making it challenging for IQNs to establish financial stability in their new country (Kruk, 2023). This economic pressure compels many IQNs to accept any available job, regardless of whether it matches their expertise, commonly leading to a mismatch between their skills and actual job roles.

IQNs possess diverse specialties, yet many end up working in aged care due to the availability of aged care positions in Australia (Olwig, 2018), and potential visa benefits make these roles more accessible (Australian Immigration Law Services, 2022, 13 May). This mismatch is highlighted by many IQNs working in aged care post-immigration, starkly contrasting the few nurses who specialised in aged care before immigration (Australian Government Department of Health, 2020; Negin et al., 2016). Aged care is a relatively novel concept in many IQN-source countries, where older people typically receive care from their children (Angus et al., 2021). While IQNs might initially accept aged care positions temporarily, many face long-term career shifts due to diminished confidence in their specialty area and the need to manage financial hardships (Davis & Pradeep, 2024). The longer IQNs stay in roles unrelated to their specialisation, the less confident they become in securing jobs in their original specialty areas (Adhikari & Melia, 2015). This situation can lead to the permanent underutilisation of their specialised skills.

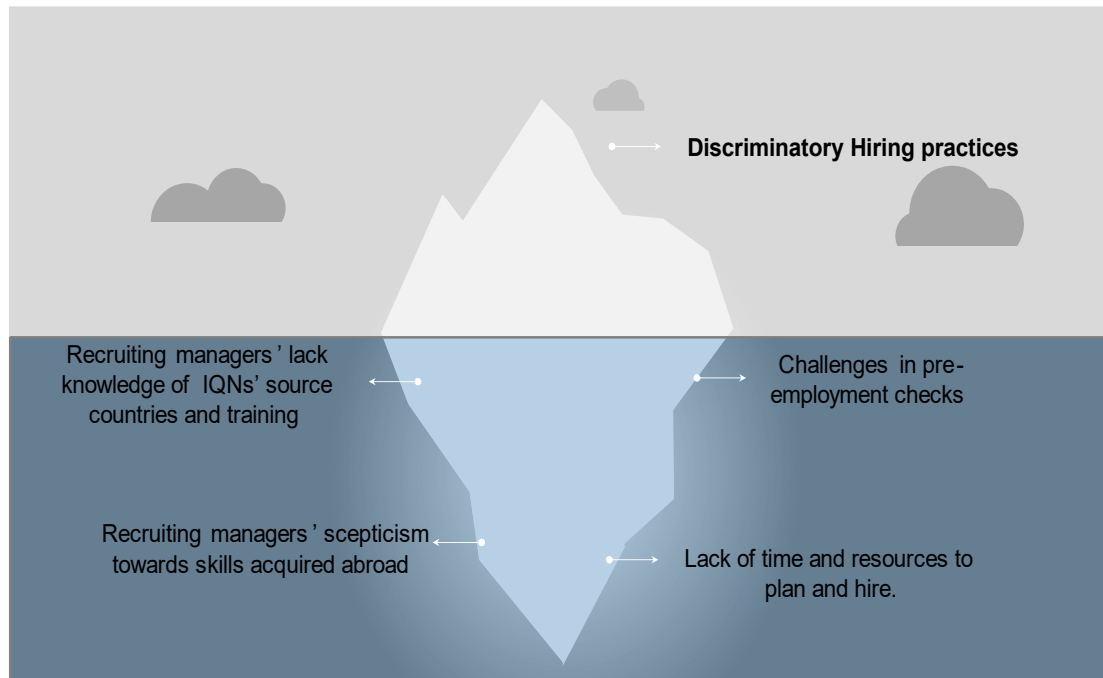
Systemic issues in recruitment play an important and challenging role in IQNs' utilisation of specialty skills. Systemic issues refer to deeply ingrained challenges within the hiring process that are often beyond the control of individual applicants (Storm et al., 2023). These issues stem from entrenched practices, biases, and structural barriers that undermine the fairness and effectiveness of hiring processes (Bohren et al., 2022). Discriminatory hiring practices are evident in the recruitment and interview processes of IQNs (Higginbottom, 2011; Newton et al., 2012). Examples of discriminatory hiring practices include favouring locally trained nurses or those from similar healthcare systems over IQNs from developing countries and improperly conducting reference checks (Correa-Betancour et al., 2024; Zanjani et al., 2021). These hiring practices lead to the underutilisation of IQNs' valuable skills, as their expertise is not fully recognised or integrated into the workforce. Experiences of discrimination are often underreported among the IQN community due to fears of negative repercussions and a lack of awareness about their rights (Correa-Betancour et al., 2024; Zanjani et al., 2021). Anti-Discrimination New South Wales (2023) proposes strategies to mitigate recruitment bias, such as anonymising identifiable details on job applications until the interview stage. This approach aims to address the systemic issues that affect IQNs and assist Australia in achieving a fully non-discriminatory workplace environment.

Discriminatory recruitment practices often reflect deeper systemic issues, including recruiting managers' lack of understanding of foreign educational systems, scepticism towards skills acquired abroad, constraints on time, limited resources to assist with hiring, and challenges related to linguistic barriers in pre-employment checks (see Figure 6.1). The systemic issues hinder the effective

utilisation of IQNs' specialised skills, underscoring the necessity for comprehensive reforms to ensure equitable recognition and integration.

Figure 6.1

The Hidden Layers of Discrimination in IQN Hiring Practices



Recruiting managers' lack of knowledge about IQNs source countries and training systems often leads to the undervaluation of IQNs' qualifications and experience. This lack of understanding, including assumptions about the similarity of undergraduate or specialty training, can lead to missed opportunities for effectively utilising the specialised skills that IQNs bring to the healthcare system (Kai Tiaki: Nursing New Zealand, 2023). Managers, who serve as the primary gatekeepers of recruitment, frequently lack the required knowledge and skills to navigate the diverse specialty qualifications and cultural nuances of IQN source countries. This lack of knowledge encompasses understanding the potential disparities in clinical practices and healthcare standards (Stodart,

2018). Unfamiliarity with the educational and professional training systems of IQNs can lead to incorrect assumptions about the IQNs' competence and readiness for specific roles.

Consequently, highly qualified IQNs may be overlooked during the hiring process, limiting the healthcare sector's ability to fully benefit from their expertise (Pressley et al., 2023). For example, many participants in this study were trained and registered as both nurses and midwives in their home countries but worked only as registered nurses in Australia. This partial transfer of registration often leads to their midwifery capabilities being underutilised, as IQNs frequently register solely as RNs. The complex and time-consuming process of RN registration in Australia usually discourages IQNs from pursuing separate midwifery registration (Kruk, 2023). This issue occurs amidst a significant shortage of midwives in Australia, with growing concerns about whether there will be enough midwives to meet current and future demands (Matthews et al., 2024). The knowledge gap Australian nurse recruitment managers possess limits the effective use of IQNs' potentially valuable expertise. The undervaluation of IQNs' qualifications is a disservice to the nurses and a lost opportunity for healthcare organisations that could benefit from the diverse skills and perspectives these professionals offer (Correa-Betancour et al., 2024).

Cultural biases and scepticism about overseas education significantly influence recruitment decisions, creating substantial barriers for IQNs seeking positions that match their specialised skills. Chand (2023) highlights that these biases can profoundly affect hiring practices, complicating the integration of IQNs into the healthcare workforce. Such scepticism often stems from the belief that qualifications and competencies acquired through overseas education are

inferior to those obtained through local training programs (Lee & Lee, 2021). Assumptions that nursing practices in developing countries are substandard compared to those in developed nations contribute to the view that training from these countries is inferior (Xiao et al., 2014). The perception of inferiority imposes additional challenges for IQNs, such as the need to repeatedly prove their skills or meet extra criteria before being considered for positions (Allan, 2010; Likupe & Archibong, 2013). As a result, recruiting managers may question the legitimacy and applicability of IQNs' qualifications (Lee & Lee, 2021), which can hinder their effective utilisation. This scepticism not only delays or prevents hiring skilled IQNs but also negatively impacts the healthcare sector and limits opportunities for these professionals to showcase their skills.

The lack of time and resources for planning and hiring poses another barrier to recruiting and utilising IQNs' skills. With the need to staff patient care areas, health services often prioritise quickly filling vacancies, sometimes overlooking the alignment of IQNs' skills with job roles. In Australia, managers often assume that if a nurse applies for a position, they declare they possess the skills and knowledge to undertake the role. The urgency to fill vacancies can lead to decisions that fail to appreciate the qualifications of IQNs (Hammond et al., 2022). This reactive approach, driven by acute staffing shortages, often results in underutilising IQNs' specialised skills. When IQNs are placed in roles that do not match their qualifications and experience, such as an advanced cardiac care nurse working in a general medical ward, it often leads to frustration and dissatisfaction (Weston, 2022) and can impact the quality of healthcare delivery and often results in high attrition rates of nurses.

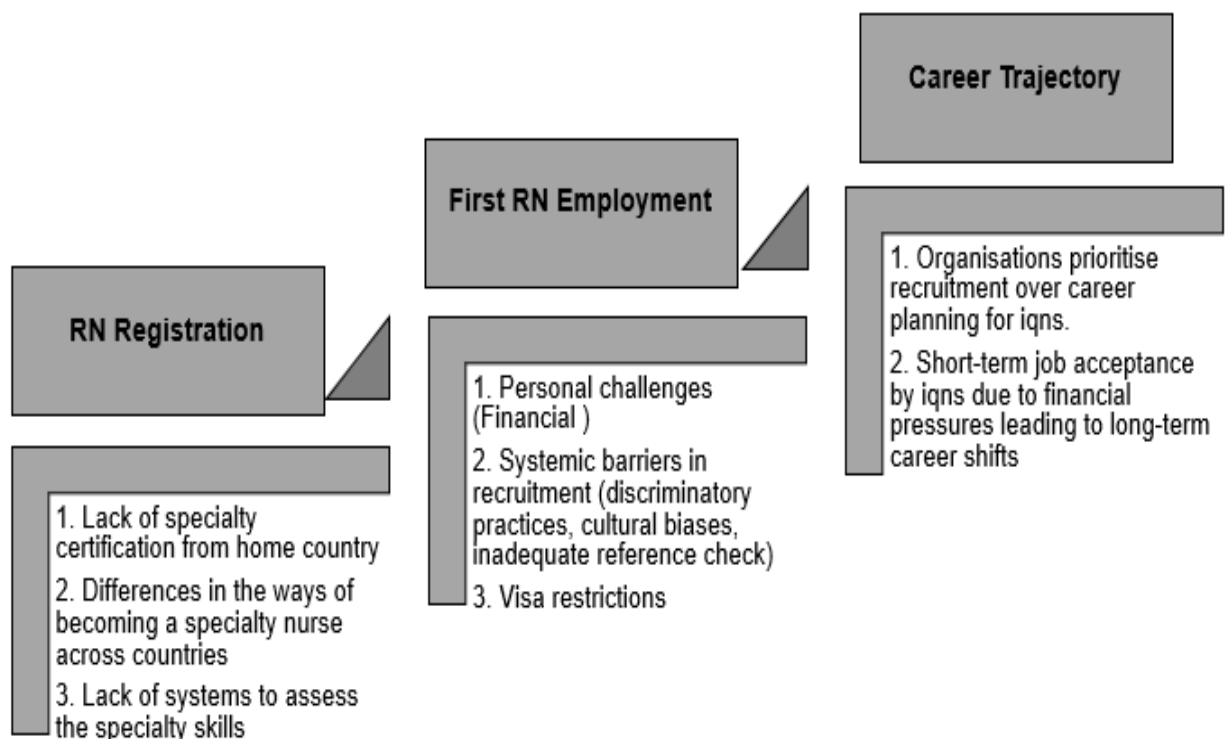
The absence of coherent governmental policy and financial support further complicates IQN specialty skill transition and integration. This issue is reflected in both national (Cosgrave et al., 2019; Halcomb et al., 2020) and international literature (Buchan et al., 2019; Muench et al., 2021; Sokhanvar et al., 2018; White et al., 2021). Competing demands on recruiting managers, such as clinical duties and staff shortages, limit their ability to support IQNs effectively (Shariff, 2014). Limited resources for staff training, including support personnel or clinical educators associated with recruitment, exacerbate this problem, leading to mismatches between IQNs' specialty skills and job roles (Gibson & Palermo, 2020). Additionally, uncertainties around visa approvals, extended visa processing times, and relocation costs discourage facilities from hiring IQNs (Kruk, 2023). This complex intersection of inadequate governmental policy, financial constraints, and competing demands creates a challenging environment for the successful specialty skill transition and integration of IQNs.

Effective recruitment practices are crucial for harnessing the specialty skills of IQNs upon their immigration to Australia. Adequate reference checks and professional translation services are essential for verifying qualifications and promoting the full utilisation of IQNs' specialised skills. Challenges in these practices can hinder IQNs' ability to demonstrate their specialty skills, especially when they lack certification to prove these skills (Kerala Public Service Commission, 2021). Language barriers and time constraints challenge obtaining appropriate reference checks from overseas, potentially disadvantaging IQNs compared to candidates with more accessible references (Australian Commission on Safety and Quality in Health Care, 2015; SkillSurvey, 2021). Despite the availability of translation services, their underutilisation persists,

leading to biases favouring nurses from Western countries due to perceived similarities in healthcare systems (Barnes et al., 2023). These time constraints and linguistic barriers during pre-employment checks can disproportionately disadvantage IQNs. Addressing these challenges is crucial to ensure IQNs are fairly evaluated and effectively integrated into the workforce (Kaitiaki Nursing New Zealand, 2023; UK Parliament, 2022; Pew Research Center, 2023). The diagram in Figure 6.2 illustrates the multifaceted challenges that IQNs encounter across different stages of their professional journey in Australia. Despite their specialised expertise, IQNs face significant hurdles in identifying and utilising their specialty skills during the registration process, securing their first RN employment, and throughout their career trajectory.

Figure 6. 2

Skill Utilisation Gaps in IQNs' Career Stages



Aligning IQNs' skills with employment requirements in Australia is challenged by financial pressures, systemic biases, and institutional constraints. Many IQNs are forced into roles that do not match their specialty due to immediate job needs and high immigration costs. This urgency of securing employment is compounded by a reactive recruitment approach, limited funding to support recruitment, and biases favouring locally trained nurses. Overcoming these challenges requires strategic planning, enhanced professional development, and efforts to address discriminatory practices to ensure IQNs can effectively utilise their specialised skills.

6.2.2.2 Individual IQNs enhance their specialty job prospects by engaging in professional groups and pursuing development opportunities driven by their resilience and determination.

Career advancement is a significant motivator for healthcare professionals considering immigration (Jose, 2011; Zhou et al., 2011). Many IQNs exhibit remarkable resilience despite encountering challenges by proactively building networks, integrating culturally, and gaining confidence in their new roles (Ung et al., 2024). Their determination and adaptability are apparent as they leverage their specialty skills, continuously update their knowledge, engage in retraining, and pursue Australian qualifications to meet local standards (Aggar et al., 2020). During this period, they demonstrate high resilience and a forward-moving approach. They embrace diverse career opportunities, engage in self-improvement through reskilling, and exercise patience while waiting for roles that align with their expertise (Dahl et al., 2022).

IQNs often resort to various strategies to overcome the barriers they face in the Australian healthcare system. A common approach is to accept the first

available permanent nursing position to address immediate financial needs while keeping their specialty skills active through casual shifts in their desired specialty. Many IQNs emphasise the importance of maintaining active professional networks to enhance their employability and readiness for relevant positions. This proactive strategy helps IQNs build connections with experts in their field, keep current on issues in their specialty area, and meet nurse managers who can inform them about job vacancies in their preferred field. This flexibility supports financial stability while working toward long-term career goals. Networking is crucial for career advancement, enabling IQNs to maintain proficiency and readiness for suitable job roles. Networking and professional development opportunities help IQNs better understand local practices and increase their chances of securing roles that align with their specialty skills (O'Callaghan et al., 2018). Informal networks, including connections with colleagues and nurse managers, are crucial in assisting IQNs with adapting to local nursing practices and building confidence in their new environments (Australian College of Nursing [ACN], n.d.). These networks facilitate cultural and social integration, making it easier for IQNs to navigate their roles effectively (Kamau et al., 2022). Additionally, joining professional organisations, such as the Australian College of Nursing, enhances integration by providing access to professional development and networking platforms essential for staying updated on local practices and improving clinical competence (ACN, n.d.).

Pursuing additional education in Australia is a strategy undertaken by many specialist IQNs to enhance their skills and expand career opportunities, aligning their qualifications with the specific requirements of the Australian healthcare system. Retraining and obtaining Australian specialty qualifications

serve multiple purposes for IQNs. It helps bridge knowledge gaps, adapt to local standards, and provide formal recognition of expertise, which is often necessary for career progression and specialised roles. The lack of specialty certification from IQNs home country impedes recognition of prior learning possibilities or support for pursuing postgraduate degrees. Many IQNs immigrate later in life and may not have retained all their certifications from their careers, making it challenging to obtain these credentials from their home countries. This situation further complicates their skill utilisation in the Australian healthcare system. In Australia, a postgraduate qualification is typically required to secure specialty nurse roles, and universities have stringent entry criteria for specialised programs. For instance, enrolment in a postgraduate program in neonatal nursing usually requires current employment in that specialty (Australian College of Neonatal Nurses, 2024). Although such qualifications may not be initially available for IQNs, they often secure them later in their careers in Australia through their patience and perseverance (Ung et al., 2024).

Dedication and diligent effort are crucial in an IQN's journey towards effective specialty skill utilisation post-immigration. Participants highlight the significance of maintaining a commitment to professional development despite numerous challenges. By actively engaging in professional groups, pursuing ongoing development opportunities, demonstrating resilience, and cultivating both formal and informal networks, IQNs enhance their ability to utilise their specialty skills. These self-help strategies assist IQN in overcoming barriers, adapting to the Australian healthcare system, and ultimately achieving their career goals in specialised nursing roles.

The effective utilisation of IQNs specialty skills in Australia is significantly influenced by the availability of relevant job opportunities and the individual IQNs' determination. Challenges include financial constraints, opportunities available, and systemic barriers such as discriminatory hiring practices and biases. Many IQNs accept roles outside their specialties, like aged care, due to financial pressures and visa restrictions, leading to a mismatch between their skills and job roles. Systemic issues, including a lack of understanding of foreign qualifications and cultural biases, further hinder the integration of IQNs into the Australian healthcare system. Despite these challenges, IQNs can enhance their prospects by engaging in professional networks, pursuing development opportunities, and demonstrating resilience. Addressing these systemic and financial barriers is crucial for improving the recognition and utilisation of IQNs' specialised skills.

Table 6. 3

Joint Display Table for Key Integrated Finding 3

Meta-inference #3: Transition to practice programs and appropriate support is required by both the IQN and recruiting managers										
Integration: IQNs Need Support Understanding the Australian Healthcare System and Getting Work in the Correct Area. Managers Need Centralised Processes to Assess Skills.										
IQN survey results	+	IQN content analysis	+	IQN focus group	+	Recruiting manager survey	+	Recruiting managers' content analysis	+	Recruiting managers' interview
52% (n = 32/63) indicated a lack of a well-managed transition pathway as an extreme barrier.		Adopting a skill assessment model like those in New Zealand and Canada could help validate foreign nurses' clinical skills (IQN 18, 39, 33).		The lack of standardised pathways for recognising and utilising competencies poses challenges for IQNs in securing aligned employment (FG IQN 1, 3, 4, 5, 6, 7).		Confidence and competence in assessing and recruiting IQNs was a facilitator for 22% (n = 8/36) of managers.		Leaders lack formal multicultural recruitment training (Managers 1, 20, 21).		Emphasise team-based interviews and email reference checks to improve efficiency (Interview Manager 3, 5, 11, 12, 37).
47.7% rated understanding the scope of practice for Australian nurses as extremely or very influential.		Managers often lack an understanding of overseas nursing qualifications and skills assessment (IQN 37, 40). Inadequate systemic support for career progression and skill utilisation exacerbates IQNs' challenges (IQN 1, 43, 44).		IQNs' confidence is eroded due to their skills and experience not being recognised (FG IQN 4, 5, 6). Effective bridging courses, extended mentorship, and support in navigating registration are crucial for IQNs. Using domestic nurses and experienced IQNs who have immigrated can enhance these initiatives (FG IQN 1, 2, 3, 7).		The absence of a well-managed transition pathway was a barrier for 89% (n = 32/36). The lack of adequate resources to assess IQN skills was identified as a barrier by 75% (n = 27/36).		Variability in IQN recruitment due to absent guidelines (Managers 1, 4, 16). Streamline recruitment with better inter-departmental communication (Managers 6, 14, 18). Enhance efficiency by sharing recruitment insights and reference tips (Managers 5, 11, 12, 37).		Advocate for centralised travel/recruitment teams to simplify background checks and clarify candidates' scope of practice (Interview Manager 1, 4, 6, 7). There is a need for structured frameworks and tailored transition support programs to integrate IQNs into the Australian healthcare system effectively (Interview Managers 1, 3, 4, 5, 6, 7, 8). Gaps in skill assessment processes; propose enhanced managerial training and collaboration among managers (Interview Managers 1, 2, 6, 7, 8).
46% rated comprehending the complexity of decision-making in Australia as extremely or very influential.		There are calls for regular manager meetings to address support and advancement issues (IQN 1, 21, 32, 44). IQNs face recognition issues, and uncertainty about the Australian scope and decision-making framework limits their specialty practice (IQN 2, 4, 12, 39).		Support navigating the healthcare system and securing roles is essential (FG IQN 1, 4, 5, 6, 7). Understanding diverse health system protocols is vital and necessitates a standardised scope of practice knowledge for IQN specialty skill utilisation (FG IQN 1, 4, 6).		Only 20% (n = 7/36) of managers stated they have a transition plan to support new IQN employees. The majority, 85% (n = 31/36), responded that additional training would be beneficial for IQNs to transition their skills effectively.		Provide mentorship for IQNs, especially in healthcare terminology (Managers 2, 23, 34, 37). Emphasise proper transition support, including induction and orientation (Managers 1, 6, 10, 11, 15, 18). A supportive environment is crucial; bullying affects IQN performance (Managers 1, 5, 13, 14, 15, 21, 23).		Reliance on previous candidate interactions due to lack of formal recruitment training (Interview Managers 1, 4, 6, 8). A centralised skill transition framework and structured support are crucial to harness IQNs' skills (Interview Managers 1, 2, 4, 5). Understanding international candidates' backgrounds and healthcare systems is vital for informed recruitment (Interview Managers 1, 2, 4, 6).
		Confusion about the scope of practice and career advancement contributes to feelings of stagnation (IQN 11, 25, 29, 31). Informal networks and mentorship support skill utilisation (IQN 20, 39, 58, 61).		Bridging programs or training offering contextual knowledge can boost IQNs' confidence in using their specialty skills (FG IQN 1, 2, 3, 5, 6). Pre-immigration self-assessment models in Canada and New Zealand show promise for evaluating IQNs' knowledge (FG IQN 2, 3, 6).		Inadequate IQN recruitment training provided by the workplace was rated as an extreme barrier by 72% (n = 26/36).		Managers invested in IQN's well-being and funding support programs create a positive environment (Managers 3, 14, 24, 26, 42). Listening skills are essential in recruitment (Managers 8, 9, 11).		Skills are utilised in various ways, including training other staff members, often starting with manager consultations with IQNs regarding career planning (Interview Manager 2, 7, 8). Lack of transition support impacts recruitment, skill utilisation, and retention (Interview Manager 3, 5, 8).
		Supportive colleagues aid in cultural and social integration, helping nurses understand the Australian healthcare system (IQN 28, 29, 39, 58). Effective support is needed to retain immigrants and address nurse shortages (IQN 1, 43, 45, 47, 51).		Exploring incentives for employers to hire IQNs could be beneficial, especially considering the declining workforce and nurse shortages (FG IQN 3, 5, 7). Integration challenges due to non-standardised abbreviations and terminologies persist (FG IQN 1, 3, 4). Challenges in integration due to language barriers of IQNs persist (FG IQN 1, 3, 4).				Experience and confidence in recruiting IQNs lead to fairer practices (Managers 6, 9, 19). Tailor strategies to address nursing shortages and individual needs (Managers 4, 13, 14, 37). Extend initiatives like graduate positions to IQNs during shortages (Managers 1, 6, 10, 11, 15, 18). A global research approach is needed to streamline nursing training towards the common goal of patient safety (Manager 1,7,12)		Continued support through mentoring, career planning, and recognition of skills benefits the healthcare system and retention in the long term (Interview Manager 3, 4, 5). Societal acceptance and opportunities outside of work are crucial for successful recruitment and skill utilisation (Interview Manager 1, 2, 3, 8). Nursing needs to be valued as a global profession with global standards (Interview Manager 1,3, 4)

6.2.3 Meta-inference #3 - Transition to practice programs are required to support both the IQN and recruiting managers

The third meta-inference identified that the effective utilisation of specialty skills by IQNs in Australia is shaped by the lack of transition to practice programs. Transition support programs need to cater to the needs of the IQNs, recruiting managers, and the community regarding the services in which they will be employed. IQNs require support to navigate and integrate into the Australian healthcare system and to secure roles aligned with their expertise. Concurrently, recruiting managers need well-defined processes and resources to assess and match these skills within their organisations accurately.

6.2.3.1 IQNs need support understanding the Australian healthcare system and getting work in the correct area.

The lack of a standardised skill assessment model in Australia through which to have their specialty skills acknowledged often leaves specialised IQNs with barriers to getting their specialty skills recognised. The current assessment model, used mainly for visa purposes (ANMAC, 2016a), places the responsibility of skill transition primarily on IQNs themselves. While generic assessments conducted by the Australian Nursing & Midwifery Council (ANMAC, 2016a) are essential for basic nursing, they lack sufficient integration into employment practices and are not specific to specialised nursing areas. Without specialty registration in Australia (NMBA, 2022) and effective communication between assessing bodies and employers, IQNs may struggle to secure roles that reflect their expertise. Although professional nursing organisations recognise specialties (Coalition of National Nursing and Midwifery Organisations, 2022), this recognition is often geared toward domestic nurses and linked to continuing

education specific to the local healthcare system (Australian College of Mental Health Nurses, 2023). Consequently, IQNs face challenges in skill utilisation due to non-recognition of their specialty practice by Australian health systems, particularly those IQNs from non-English speaking and developing countries that may lack specialty training certifications (Kerala Public Service Commission, 2021; Stephen & Vijay, 2019).

The 2023 Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners emphasised the importance of explicitly recognising the skills and experience of overseas health practitioners (Kruk, 2023). Several strategies have been proposed to facilitate the transition of specialty nurses, including implementing temporary conditional registration (Kruk, 2023). This approach permits IQNs to work safely and adapt to the Australian healthcare system while their specialty qualifications are being formally recognised (Kruk, 2023). Such a system might involve specific working restrictions, such as requiring IQNs to work under the supervision of another specialty RN (Danish Patient Safety Authority, 2021). This supervised introduction to their specialty unit would support their acclimatisation to the Australian health system while ensuring high-quality patient care. Additionally, insights from other professions, such as medical specialists who work under provisional conditions while completing full registration, suggest that a similar tiered or provisional registration system could benefit IQNs (Ahpra, 2023a). This approach would allow IQNs to start contributing their expertise more quickly, addressing immediate workforce needs while they complete necessary assessments or training (Ahpra, 2023a).

Many IQNs advocate introducing specialty skill assessment models like those in New Zealand and Canada to validate their clinical competencies. For example, New Zealand's Competence Assessment Programme (CAP), similar to Australia's old bridging program with a valued clinical placement component, is a 6–8-week initiative combining theoretical knowledge with practical application to assess IQNs' readiness for practice in their country (Nursing Council of New Zealand, 2021). These models differ from traditional bridging programs by focusing more on evaluating and validating specialty skills rather than just providing a pathway to registration, ensuring that IQNs can effectively utilise their expertise in the Australian healthcare system. Another example is The Transitioning Internationally Educated Nurses for Success (TIENS) program in the U.S., which has been effective in helping skilled IQNs transition into the American healthcare system (Adeniran et al., 2008). The TIENS program bridges knowledge gaps, enhances language proficiency, and provides clinical simulation and mentoring. The program also guides IQNs through the licensing process, helping them fully utilise their specialised skills (Adeniran et al., 2008). These successful models showcase how IQNs can effectively demonstrate their specialty skills during placements. Implementing similar structured assessment and transition programs in Australia could significantly support IQNs in integrating into the healthcare workforce and leveraging their specialised knowledge and skills.

There is an urgent need for clear and comprehensive support plans to enhance the integration and skill utilisation of IQNs in Australia. These plans should include effective specialty skill transition support programs, such as tailored training and extended mentorship (Safari et al., 2022). The absence of

dedicated IQN specialty skill transition support programs in many workplaces reveals a significant gap in support provision. Hospital-based specialty skill transition programs are vital for transferring IQNs' specialty skills. Unlike traditional bridging programs, these hospital-based programs offer practical, on-the-job training and support, including orientation sessions, ongoing mentorship, and tailored assistance that extends beyond initial orientation and often lasts several months to a year (Baumann et al., 2019). This comprehensive approach has been shown to boost IQNs' confidence, enhance clinical competence, and support the effective use of their specialty skills within the hospital setting (Aggar et al., 2020). Regular managers' consultations with IQNs for career planning and skill utilisation are recommended to address systemic challenges and assist with the practical integration and optimal use of IQNs' expertise, thereby improving patient care and addressing skill shortages in specialised areas (Baumann et al., 2019).

Transition support programs for IQNs should also address communication challenges to ensure effective skill utilisation. Managers have identified difficulties IQNs face, particularly in assertive communication, structured decision-making and country-specific medical terminology. These challenges are especially critical in rural and remote settings, where assertive communication is crucial (Philip et al., 2015). Various factors influenced IQN communication, including language proficiency, comprehension of medical terminology, and the accurate conveyance of information (Philip et al., 2015). Despite mandatory English tests for nurse registration, variations in language proficiency among IQNs persist, impacting their ability to utilise specialty skills (Chen et al., 2023). This study revealed a divergence in perceptions regarding linguistic capabilities.

While both IQNs and recruiting managers acknowledge the importance of strong language skills, managers often view IQNs' linguistic abilities as limited to basic levels, especially in assertive communication contexts. Conversely, IQNs often view their communication skills as strong. This gap highlights communication challenges and discrepancies in expectations that can affect their integration into the workforce. Additionally, cultural factors, such as hierarchical healthcare models, influence IQNs' assertiveness (Tan et al., 2023). Support programs should provide tailored assistance in Australian medical terminology and clarify the scope of practice (Safari et al., 2022). Effective strategies should address cultural and linguistic adjustments while leveraging IQNs' specialised knowledge. By implementing culturally constructed support strategies, these programs can reduce skill utilisation challenges, enhance IQNs' well-being, and improve patient safety (Ohr et al., 2017).

Mentorship is a crucial element of hospital-based transition support programs, involving pairing specialist IQNs with experienced specialist nurses who provide guidance, support, and feedback. This personalised support is instrumental in boosting IQNs' confidence in utilising their specialty skills (Stubbs, 2017). Mentorship plays a vital role in their effective adaptation by helping IQNs navigate the complexities of the Australian healthcare system and integrate their previous experience with local practices. Regular feedback and guidance are essential for refining skills and adapting to new clinical environments. Mentors for specialist IQNs should be well-versed in the local specialised healthcare context. Pairing IQNs with knowledgeable mentors facilitates a smoother transition to Australian norms and enhances the utilisation of their specialty skills. This approach not only supports IQNs in overcoming initial challenges but also

addresses staff shortages in the nursing industry and optimises the deployment of specialised skills.

IQNs face challenges in skill recognition due to inadequate assessment models, lack of transition pathways, and limited integration support within Australian healthcare practices. It is recommended that standardised assessment models from other countries be adopted and tailored transition and mentorship programs implemented to facilitate effective skill utilisation. Standardised assessment models would provide a more accurate evaluation of IQNs' competencies, offer targeted support for their transition, and promote adaptation to local standards. Enhancing integration through transition programs could help alleviate nursing shortages and ensure that skilled professionals contribute effectively to the workforce.

6.2.3.2 Managers need centralised processes to assess skills

Recruiting managers in Australia face significant challenges when assessing the skills of IQNs due to differences in overseas education systems, qualification levels, and language barriers. Managers often struggle to evaluate IQNs' competencies accurately due to unfamiliarity with foreign qualifications and lack of training regarding the different specialty practice training. This gap can lead to inefficiencies and missed opportunities for specialised IQNs (Xiao et al., 2014). The lack of resources and over-reliance on personal experiences rather than structured evaluation methods further hinder accurate skill assessment (Martin et al., 2023). The lack of training for recruiting managers regarding diverse international nursing backgrounds further complicates this process. Structured training programs and comprehensive transition support are essential to improve integration, focusing on IQNs' varied educational and clinical

experiences (Aggar et al., 2020; Ohr et al., 2017). Addressing these gaps with tailored managerial training and support plans is crucial for improving recruitment and integration processes (Lukhanina et al., 2023). Comprehensive transition support plans would equip recruiting managers with training on the socio-cultural backgrounds of immigrant nurses and their educational and clinical environments (Stodart, 2018), especially considering the diverse source countries contributing to the nursing workforce (Australian Bureau of Statistics, 2021a).

Effective communication and knowledge-sharing among recruiting managers are also crucial. Recruitment often occurs independently within each organisation, with limited interaction between managers who have successfully implemented strategies for IQNs. Establishing formal channels for sharing successful recruitment strategies and conducting reference checks can enhance consistency in evaluating IQNs' qualifications (Australian Commission on Safety and Quality in Health Care, 2015). By addressing these aspects, healthcare organisations can improve the integration experience for IQNs, leading to better patient care and staff retention (Brunton et al., 2019).

Some recruiting managers encounter additional challenges due to a lack of information on overseas hiring processes and visa-related complexities, adding administrative burdens to already heavy workloads. Challenges such as verifying information accuracy and transferring skills across different healthcare contexts further highlight the need for robust assessment mechanisms and tailored recruiting manager training programs (Newcomb, 2017). Instances of fraudulent documentation and misleading claims regarding experiences and skills underscore the importance of these initiatives (Odelius, 2022). Establishing a central international recruitment wing within hospital human resource

departments can clarify candidates' scopes of practice and simplify background checks (McNeil et al., 2020). The Nursing and Midwifery International Recruitment Guide by Western Health (2023) provides coordinators and candidate managers with a framework for managing recruitment, visa sponsorship, and onboarding. Adopting a similar centralised framework can ease recruitment-related burdens and clarify roles and responsibilities in overseas hiring processes. In smaller hospitals, pooling resources and collaborating with nearby facilities can create a powerful collective approach to international recruitment, similar to what larger hospitals achieve. Financial support for relocation and immigration assistance provided by the central recruitment team of Western Health (2023) further eases the process for candidates. By shifting focus to strategic support and specialty transition programs, managers can better leverage IQNs' skills, improving skill utilisation and addressing workforce demands more effectively.

A well-structured transition-to-practice program is essential to support both IQNs and recruiting managers. These programs should focus on effectively integrating IQNs into the Australian healthcare system, ensuring that specialty skills are utilised and recognised. The transition pathway should also provide managers with the tools to assess and support these internationally qualified professionals effectively.

While IQNs' confidence and competence converge as facilitators for specialty skill utilisation post-immigration, the lack of specialty skill transition pathways and specifics was expanded in further phases. Training and support need to be provided for managers to ensure the best use of the specialty nurses available for patient care.

6.3 Conclusion

IQNs bring valuable expertise from their training and clinical practice abroad, enhancing healthcare in Australia. However, aligning their skills with local job requirements is often hindered by financial pressures, systemic biases, and institutional constraints, leading many to accept roles outside their specialties. Effective skill utilisation requires overcoming these barriers through strategic planning, enhanced professional development, and addressing discriminatory practices. Implementing robust assessment models, tailored transition programs, and mentorship can better utilise IQNs' skills, improve integration, and help alleviate nursing shortages. A well-structured transition program is essential for supporting IQNs and recruiting managers, ensuring that specialty skills are recognised and effectively utilised.

6.4 Chapter Conclusion

The study successfully achieved its objectives by identifying barriers and facilitators to IQNs' specialty skill transfer into the Australian healthcare system post-immigration. It gathered perspectives from IQNs and recruiting managers and proposed strategies to enhance support systems for IQNs in Australia and other developed countries. The findings provide actionable insights and converge on three key meta-inferences.:

1. IQNs possess specialty skills that can be successfully transferred to the Australian healthcare system.
2. IQN specialty skill utilisation in Australia is influenced by opportunities to practice in their specialty area and self-determination

3. Transition to practice programs and appropriate support are required by both the IQN and recruiting managers.

Chapter 6 provided an overarching summary, exploring the perspectives of IQNs and their recruitment managers regarding challenges and facilitators in transitioning specialty skills after immigration through meta-inference. The recommendations arising from the collective study will be further incorporated into the design of the recommendations in Chapter 7. Proposed transition pathways, which integrate these areas, will be elaborated upon in the recommendations, emphasising the utilisation of IQNs' prior clinical skills to facilitate their adaptation to the Australian context.

CHAPTER 7 – CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

Chapter 6 of the thesis reported the meta-inferences collectively pooling the outcomes of Phases 1 and 2 of the two parallel streams of the study, involving both IQNs and recruiting managers. Chapter 7 presents the conclusion of this research study that investigated the transfer of IQNs' specialty skills into the Australian health system. It provides a collective overview of the entire study, reflecting on how the research objectives, as outlined in Chapter 1, were met throughout the different phases of the research process. It also evaluates the contribution of each step in achieving the expected outcomes and addressing the research question. Furthermore, this section discusses the study's limitations, possible future research directions, and the research's implications.

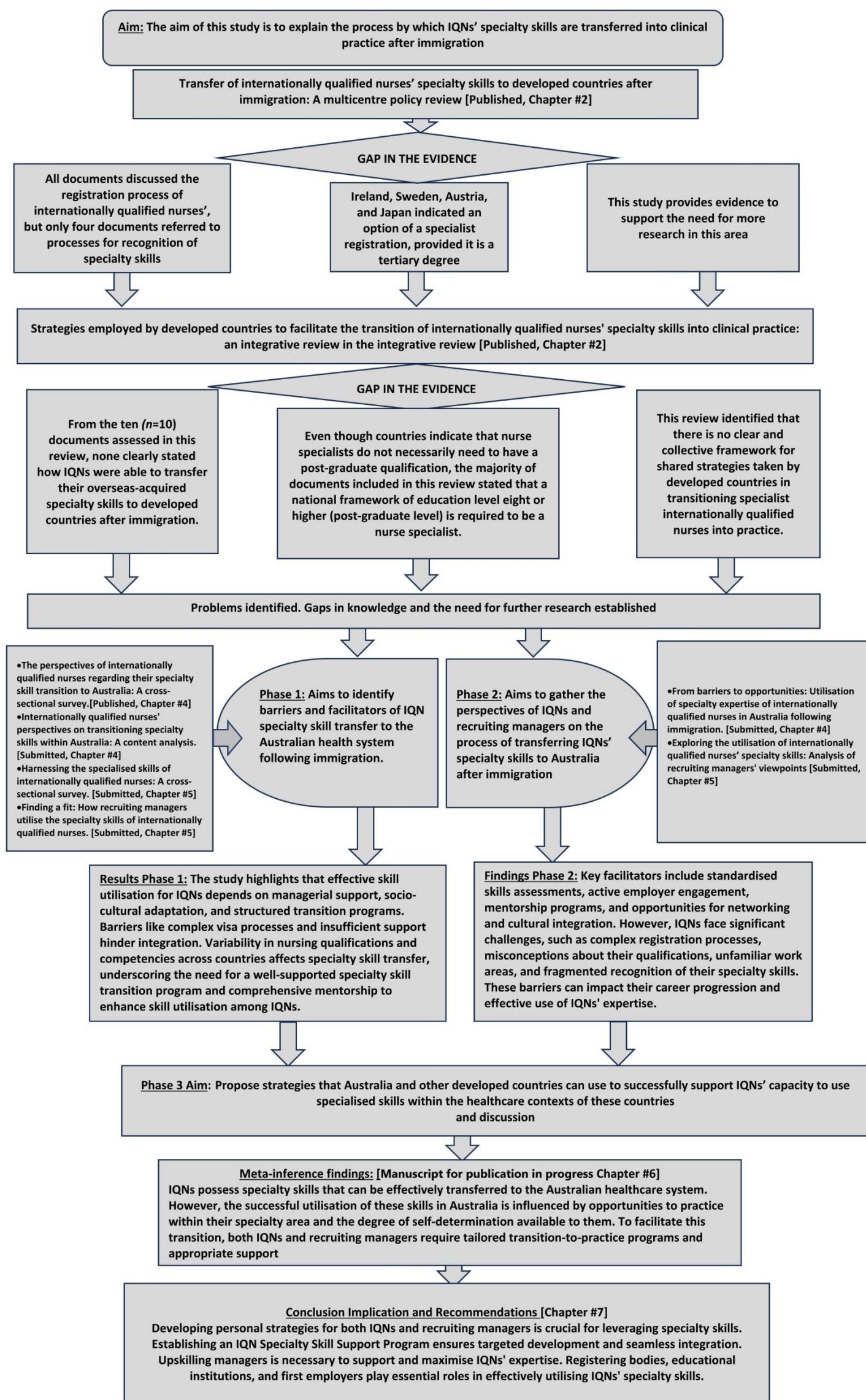
7.2 Research Evolution Visualisation

The study aimed to explain the process by which IQNs' specialty skills are transferred into clinical practice after immigration. This understanding is crucial to ensure IQNs' expertise is effectively utilised within the host country's healthcare system. A multi-faceted approach was employed, including surveys, focus groups, and interviews with IQNs and managers. The analysis led to the development of three meta-inferences.

Figure 7.1 provides a clear and detailed visual summary of the research findings, highlighting the key factors influencing the successful utilisation of IQNs' specialty skills post-immigration to Australia. This visual tool offers a streamlined view of the progression between different study segments, guiding the understanding of subsequent phases and leading to meta-inferences and recommendations.

Figure 7.1

Details of the phases of the sequential explanatory study



7.2.1 What this Study Adds

While previous studies have identified the multitude of challenges faced by IQNs following immigration to a new country (Ohr et al., 2017; Timilsina Bhandari et al., 2015), this research offers a detailed examination of the utilisation of IQNs' specialty skills within the Australian healthcare system. A significant finding of this study is that managers, along with IQNs, play a pivotal role in utilising IQNs' specialty skills. The findings emphasise that collaborative efforts between IQNs and managers produce optimal results in skill utilisation, effectively addressing staff shortages commonly targeted by international recruitment.

Key facilitators of IQNs' skill utilisation include existing competence in performing specialised tasks, clarity in understanding the scope of practice for Australian nurses, and familiarity with decision-making complexities within the Australian context. Managers who were previously IQNs themselves demonstrated superior support strategies for IQNs, highlighting a knowledge gap among Australian-trained managers. The lack of consistency in support mechanisms can be overcome through targeted training.

Contrary to prior research that highlighted language barriers as primary barriers (Pung & Goh, 2017), this study found the most significant hurdles to be the lack of opportunities for IQNs to utilise their specialty skills after immigration and the absence of structured transition programs. Internal biases towards IQNs and the complexities of obtaining overseas references add to the challenges recruiting managers face (Correa-Betancour et al., 2024). While transition pathways are deemed crucial for graduate nurses (Bakon et al., 2018), they often

fall short for IQNs, with the burden of transitioning into specialised roles primarily placed on the IQNs themselves.

This research underscores the importance of three key recommendations: the adoption of personal strategies and qualities by both IQNs and recruiting managers for effective specialty skill utilisation, the establishment of an IQN Specialty Skill Support Program, and the implementation of a Manager Support and Upskilling Program for IQN Specialty Skill Utilisation. These initiatives ensure that all stakeholders remain informed and adequately trained, facilitating the seamless integration of IQNs' specialised skills into the healthcare system.

Recommended support for IQNs includes comprehensive orientation programs, mentorship, cultural competency training, medical language training and ongoing professional development, all crucial for successful integration and confident application of their expertise. Additionally, healthcare managers need training to understand the diverse educational backgrounds and clinical experiences of IQNs, equipping them to recruit, onboard, and support IQNs more effectively. Cross-consultation among managers can help share successful strategies, fostering a consistent and supportive environment across healthcare facilities. These efforts collectively enhance the utilisation of IQNs' specialty skills, ultimately leading to improved patient care.

To the author's knowledge, there are no established pathways in Australia for IQNs to transition into specialty roles. While some hospitals offer induction programs for new staff, these initiatives are not specifically designed to meet the unique needs of IQNs with specialised skills and are inconsistently applied across healthcare facilities (Jenkins & Huntington, 2016). This lack of a structured approach results in the underutilisation of IQNs, limiting their ability to fully

contribute their expertise to the healthcare system (Smith et al., 2011). Therefore, there is an urgent need for targeted support programs that facilitate the effective integration and utilisation of IQNs' specialty skills, ensuring that their potential is fully realised. This research adds to existing knowledge by providing comprehensive insights into the facilitators and barriers to IQNs' utilisation of their specialised skills in Australia, enhancing the understanding of how systemic support and targeted transition programs can improve the integration and effective utilisation of IQNs within the healthcare system.

7.3 Recommendations

The recommendations outlined in Table 7.1, drawn from the study's meta-inferences, aim to significantly enhance the integration and utilisation of IQNs specialty skills within the Australian healthcare system.

Table 7. 1:

Recommendations

Recommendation #1: Development of personal strategies or qualities for both IQNs and recruiting managers in specialty skill utilisation
Recommendation #2: Implementation of IQN specialty skill support programs
Recommendation #3: Enhancing manager support and upskilling for effective IQN specialty skill utilisation

The first recommendation focuses on developing personal strategies for IQNs and recruiting managers to leverage these skills effectively. The second recommendation proposes the establishment of an IQN Specialty Skill Support

Program designed to facilitate targeted development and ensure the seamless integration of these skills into practice. The third recommendation emphasises the importance of upskilling managers, enabling them to provide better support and maximise the utilisation of IQNs' specialty expertise within their teams. Together, these recommendations strive to create a more inclusive and efficient healthcare environment where the full potential of IQNs is recognised and effectively harnessed.

7.3.1 Recommendation #1 - Development of personal strategies or qualities for both IQNs and recruiting managers in specialty skill utilisation

The successful utilisation of IQNs' specialty skills in Australia following immigration is heavily influenced by the traits of both the IQNs and their managers. IQNs who demonstrate adaptability, resilience, and strong communication skills are better positioned to integrate and apply their specialised expertise within the Australian healthcare system. Equally important are the qualities of the managers overseeing them. Managers with cultural competence, empathy, and a strategic vision are essential in recognising and leveraging IQNs' skills, fostering an environment where these talents can thrive. The interplay between these personal and managerial traits is crucial for maximising the potential of IQNs and ensuring their skills are effectively utilised in their new roles.

7.3.1.1 Personal strategies or qualities for IQNs

IQNs should proactively seize advancement opportunities and consider reskilling and specialised training to enhance career development. IQNs should also effectively communicate and showcase their unique expertise, particularly in securing roles that fully utilise their proficiencies (Correa-Betancour et al.,

2024). Connecting with managers and other healthcare professionals remains pivotal in harnessing their skills. Engaging in professional development, embracing cultural integration, demonstrating resilience, and providing evidence of competence can significantly enhance career prospects and integration into the Australian healthcare system.

7.3.1.2 Personal Strategies or Qualities for Recruiting Manager:

Recruitment managers should possess several essential qualities beyond typical hiring and onboarding, such as cultural competence, emotional intelligence, and communication skills (Tuominen, 2023). These competencies can be cultivated through targeted training and professional development, ensuring managers are well-equipped to support IQNs in their transition and career progression (Lambert, 2021). Emphasising cultural competence and inclusivity, managers can foster a positive work environment, enhance team competency, and improve patient care by effectively integrating IQNs' diverse experiences into the healthcare team (Lee & Wojtiuk, 2021).

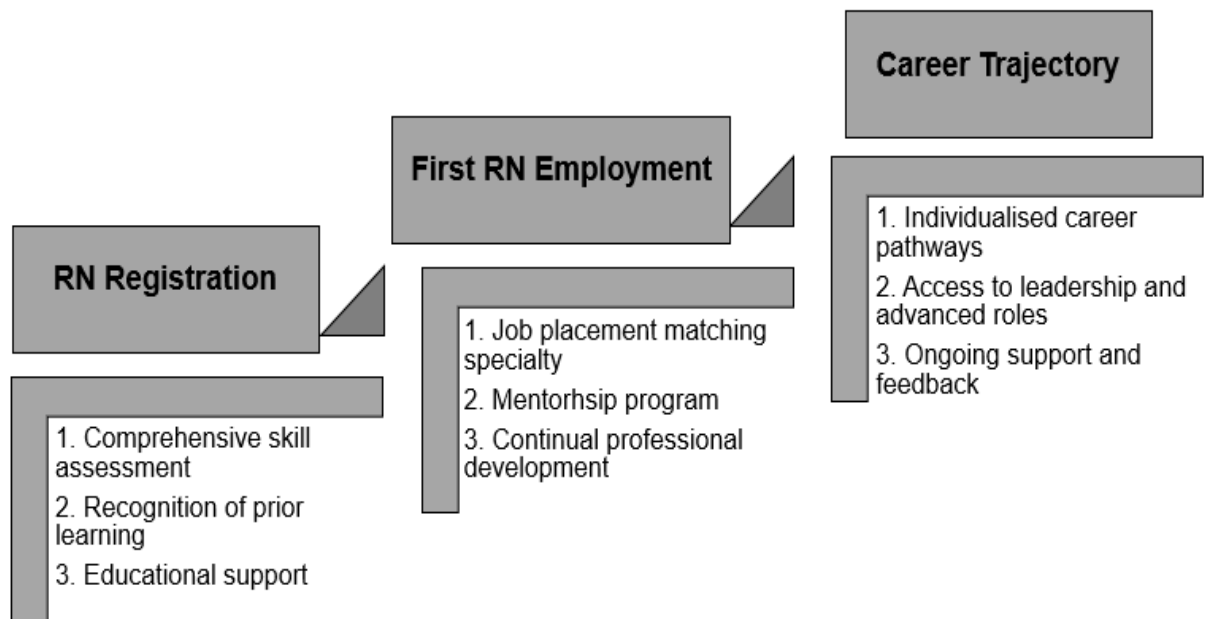
7.3.2 Recommendation #2 - Implementation of IQN Specialty Skill Support Programs

To address the skill utilisation gaps identified in Chapter 6 across IQNs' career stages, effective collaboration among key stakeholders, including registering bodies, first employers, and educational institutions, is essential.

As shown in Figure 7.2, this collaboration spans three critical stages: RN Registration, First RN Employment, and Career Trajectory.

Figure 7.2

Strategic Pathways for IQN Skill Utilisation



7.3.2.1 Role of registering bodies:

Successfully integrating IQNs into the Australian healthcare workforce requires a strategic approach prioritising optimal utilisation of their specialty skills. Registration bodies, such as Ahpra and the NMBA, play a crucial role in recognising and harnessing these skills through early identification and comprehensive evaluation during registration (Machart, 2016). Tailored support, including guidance on retraining, using their previous qualifications for RPL, and obtaining specialty qualifications, is essential to help IQNs adapt their expertise to the local context. Collaboration between registration bodies, immigration departments, and healthcare organisations is vital to streamline the integration process and reduce barriers. (Hoxby et al., 2010). Clear guidance and coordination among these entities, including providing a step-by-step guide, are essential to help IQNs navigate the complex processes and effectively apply their skills in Australia (Ahpra, 2023b). Additionally, providing tailored guidance on

retraining and orientation helps IQNs meet Australian healthcare standards (Nursing and Midwifery Board of Australia, 2020b).

7.3.2.2 Role of educational institutions:

Educational institutions have a crucial role in helping IQNs utilise their specialty skills by offering postgraduate training accessible to all nurses, regardless of their current job roles or specialties. This would allow IQNs to transition into their preferred fields, even if they haven't had the chance to work in them previously (Australian College of Neonatal Nurses, 2024). By expanding enrolment criteria, IQNs not yet working in their specialty can reskill and move into those areas.

Rather than relying solely on hospital-based support programs, a centralised educational approach ensures consistent, high-quality training (Keane & Allix, 2018) and addresses issues like exploitation under the 457 visa system (Parliament of Australia, 2018). This centralised approach also alleviates the training burden from already stretched and under-resourced employers, allowing them to focus on immediate patient care needs. Universities can offer standardised curricula that provide a robust academic foundation, including research opportunities, advanced theoretical knowledge, and exposure to various specialty areas (Darling-Hammond et al., 2020). This standardised curriculum facilitates easier credit transfers, credential recognition, and progression to further education, which is crucial for IQNs navigating the complex Australian healthcare system. Additionally, educational institutions can promote cultural awareness training and foster strategic partnerships with employers, further supporting the integration and effective utilisation of IQNs' specialty skills.

7.4.2.3 Role of the First Employer in IQN support

The first employer is crucial in the specialty skill transition support program for IQNs. This role includes aligning IQNs' expertise with organisational needs through customised career plans and tailored training. Key strategies involve structured support like orientation, clinical immersion, and mentorship, helping IQNs adapt their specialised skills to new settings and overcome challenges such as unfamiliar clinical practices and language barriers (Suleiman et al., 2022). Creating an inclusive environment through cultural competence and workplace-based bridging programs is essential for smooth IQN integration. A combined approach of university-led academic training and hospital-based practical experience further enhances IQNs' skill utilisation, providing a comprehensive education that prepares them for their roles (Aggar et al., 2020; Van Oostveen et al., 2017). Positive workplace cultures that leverage IQNs' specialty skills can lead to better staff retention and patient outcomes (Settle & Davis, 2022).

7.3.3 Recommendation #3 - Enhancing manager Support and upskilling for effective IQN specialty skill utilisation

Manager support and upskilling for IQN specialty skill utilisation require strong collaboration between employers and educational institutions to ensure that recruiting managers are well-equipped to recognise, assess, and fully utilise the unique skills that IQNs bring to the healthcare setting.

7.3.3.1 Role of employers:

Employers have a fundamental responsibility to equip managers with the tools and knowledge necessary to support IQNs effectively. This recruiting manager support and upskilling could commence with providing socio-cultural and communication training, enabling managers to appreciate the diverse

backgrounds of IQNs and align their overseas training with local standards. Additionally, recruitment and onboarding training are vital, as these help managers navigate legal regulations and appropriately match IQNs to roles that align with their expertise.

To streamline these efforts, employers should establish a centralised support team dedicated to handling administrative tasks, allowing managers to concentrate more on supporting IQNs. Such a centralised approach reduces inconsistencies by offering clear criteria and checklists and alleviates the administrative burden on managers, empowering them to focus on developing and integrating IQNs (Western Health, 2023). An example checklist for IQN skill utilisation is provided in Figure 7.3. Furthermore, creating managerial support groups is crucial. These groups offer a platform for managers to exchange best practices and discuss solutions to common challenges related to IQNs. Employers should also consider implementing incentive programs to enhance the retention of IQNs, particularly in rural and regional areas. These might include financial rewards, housing assistance, and career advancement opportunities, which collectively improve retention rates and allow managers to shift from a reactive to a strategic approach to recruitment (Aqtash et al., 2017)

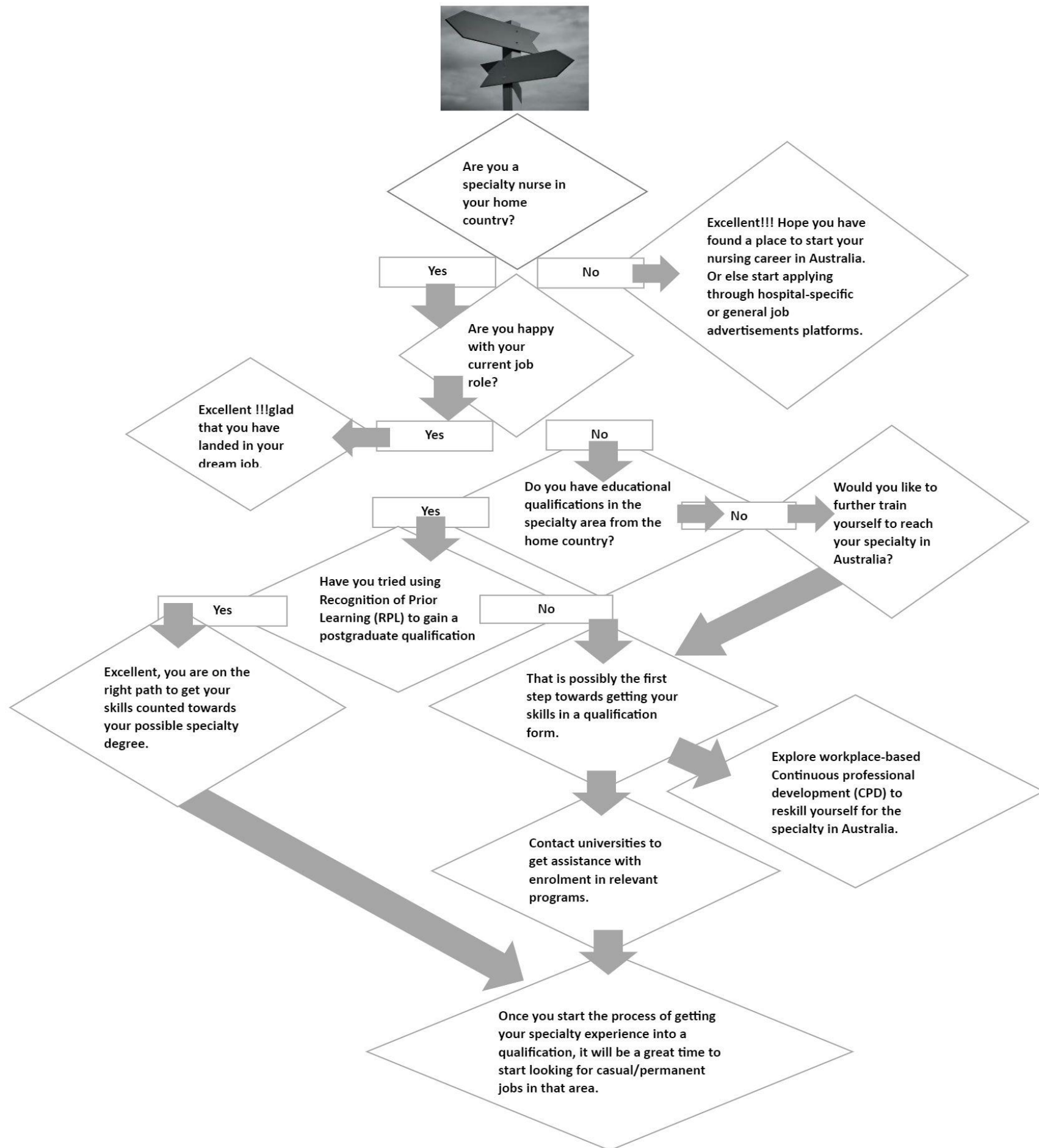
7.3.3.2 Role of Educational Institutions:

Educational institutions play a pivotal role in supporting managers in integrating IQNs and utilising their skills in the workforce, particularly through ensuring curriculum alignment. Given their expertise in conducting curriculum comparisons across various countries and training providers, educational institutions can collaborate with employers to offer valuable insights on how overseas qualifications align with local standards. This collaboration is crucial for

bridging educational gaps and ensuring that IQNs are well-prepared to meet the expectations of the local healthcare system (Wolcott et al., 2013). This alignment aids managers in accurately assessing IQNs' qualifications and matching them with appropriate roles. Furthermore, educational institutions should lead the development and delivery of training programs focused on socio-cultural awareness, communication skills, and recruitment strategies, particularly targeting managers involved in IQN recruitment (O'Callaghan et al., 2018). These programs are essential in equipping managers with the necessary skills to support IQNs effectively and in helping them identify and address personal biases that may impact the utilisation of IQNs' skills (Correa-Betancour et al., 2024). Research conducted by these institutions can further inform and enhance manager training programs, ensuring they remain up-to-date with the latest insights and evidence-based practices. Collaboration between educational institutions and employers is also crucial in tailoring these training programs to meet the specific needs of the healthcare sector, ultimately enhancing the effectiveness of manager support and the successful integration of IQNs.

Figure 7.3

Specialty Skill Pathway



7.4 Transferability of Study Findings:

The study findings may be transferable to IQNs and managers who work with IQNs. It is expected that there may be variations in IQN needs based on the countries where the IQNs were initially trained and where they currently practice. For example, Australia recruits IQNs from diverse countries, including India, the United Kingdom, and the Philippines, which are well represented in this study. However, the sample did not include regions such as Eastern Europe, Latin America, and South Africa. The cultural nuances and specific challenges faced by IQNs from these unrepresented regions might differ significantly, potentially limiting the transferability of the findings to these groups. While unique survey instruments were used for this current study and demonstrated validity and reliability of the findings within this context, if the survey instrument developed for this study is to be used in future research, it would be essential to re-establish its validity and reliability within the new context in which it is applied.

7.5 Implications of Practice

The COVID-19 pandemic has led to a significant increase in the number of IQNs working in Australia (Shaffer et al., 2022), and changes are being proposed in the visa system further to encourage the recruitment of foreign-trained specialist skilled nurses. However, previous recruitment programs have not effectively addressed the aspect of specialty skill utilisation. This research underscores the necessity of recognising IQNs for their specialised skills and providing opportunities for them to apply those skills in practice (Roth et al., 2021). By shifting the focus from weaknesses to strengths (Moyce et al., 2016), the study challenges the traditional notion that the responsibility for specialty skill transition lies solely with the individual. Instead, it advocates for a shared

responsibility between IQNs, recruiting managers, registering bodies, educational institutions, and employers to facilitate a smoother transition specialty skill utilisation of IQNs. The study's findings and recommendations can benefit various stakeholders, such as IQNs, registering bodies, recruiting managers, domestic nurses, and policymakers, in guiding their practice strategies and ensuring the availability of appropriately skilled nurses in the necessary specialties to support the quality of the Australian healthcare system.

7.6 Limitations of the Research

The present study's most compelling and overarching limitation is classified under the heading's limitations: *1 Limited Availability of Literature, 2 Sample size, 3 Self-reporting, 4 Design of survey and 5 External factors.*

7.6.1 Limitation 1- Limited Availability of Literature

The study was constrained by the limited availability of relevant studies, primarily due to a scarcity of literature on the topic. This limitation is compounded by the exclusion of non-English language articles from the literature review. As a result, potentially significant research findings and perspectives may have been overlooked.

This constraint could have implications for the research design, as the scope of the review may not fully capture the breadth of available knowledge. Consequently, the findings might not represent the full spectrum of insights or innovations in the field, potentially affecting the comprehensiveness and robustness of the conclusions drawn.

7.6.2 Limitation 2- Sample Size

The sample size for both the survey groups (71 IQNs and 44 recruiting managers) was relatively small, which limits the ability to draw broad conclusions.

Additionally, the study's over-representation of Indian participants may skew the findings toward their perspectives, potentially omitting views from IQNs from other regions, such as Eastern Europe, Latin America, or South Africa. Expanding the sample size and including a more diverse group could enhance the generalisability of the results.

7.6.3 Limitation 3- Self-Reporting

As the person's feelings can influence the responses, the reliance on self-reporting might have impacted many areas of the study (Lelkes et al., 2012). Since the survey was disseminated through publicly accessible platforms, eligible participants who had negative experiences may have been more inclined to participate and express their grievances than nurses who have experienced a successful transition of IQN specialty skills. Online surveys can lead participants to provide socially acceptable responses, especially when the questions ask them to remember difficulties they faced during the early stage of skill transition (Larson, 2019; Mckenzie et al., 2017). Social responses in the study could lead participants to provide answers that reflect their subjective experiences rather than objective facts, potentially skewing the results and impacting the overall reliability of the data. No incentives were offered, and the study not directly benefiting the participants might have influenced the response rates (Kelly et al., 2017). Without incentives, potential participants may have been less motivated to participate. Consequently, those who chose to engage might have done so with varying enthusiasm or commitment. Participants with strong feelings about the topic, whether positive or negative, may have been more inclined to respond, potentially leading to a biased sample.

7.6.4 Limitation 4- Design of Survey/Dissemination

Even though online data collection strategies assisted in capturing data from the comfort of the participant's home or workplace, it created a limitation as the platforms were only accessible to participants with access to the internet and were prone to technical problems such as poor or loss of connectivity (Ochieng et al., 2018; Yayeh, 2021). 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. Given that some IQNs may have intentionally changed their work specialty according to their personal preferences or career goals, understanding this aspect could have provided valuable context to the findings. Without this information, the study may not fully account for how these voluntary transitions could impact the responses and perceptions of IQNs regarding their specialty skills and experiences. This limitation arose from the survey's design and was not captured in the pilot tests. Although all publicly accessible hospitals and residential aged care facilities were approached, the survey dissemination request may have remained in the generic email inboxes of these facilities. As a result, the request may not have reached the hospital's educational or research centres, leading to a decrease in overall study participation.

7.6.5 Limitation 5- External Factors

The quantity of survey responses may have been affected by external factors such as COVID-19 and related stressors since the survey was active around 2022. Moreover, the focus group of managers was affected by the

managers' busy schedules, which the current shortage of nurses might have caused.

7.7 Directions for Future Research

Several areas for future research have emerged from the study findings, highlighting the need for a deeper understanding of the impact of transition programs on IQNs and their use of specialty skills. Given the diverse nursing practices across different countries, it is essential to explore how nurses become specialised and the variations in skills versus qualifications in their countries of origin, particularly in Australia's source countries like India and the Philippines. This knowledge is crucial for designing effective training programs for IQNs in Australia. A scoping systematic review that examines the differences in nursing training across these regions would provide valuable insights into the qualifications and expertise of various countries, thereby informing the development of targeted and effective educational programs. Additionally, future research should address the issue of attrition among IQNs by focusing on several critical areas to enhance their retention and integration into the Australian healthcare system. Investigating the impact of cultural factors and integration challenges on IQN attrition is vital for understanding how cultural differences and assimilation barriers affect their experiences and retention. Qualitative studies exploring personal experiences and IQNs' barriers in adapting to new work environments could reveal critical insights. By understanding these distinctions, training providers can tailor retention strategies more effectively. Addressing cultural aspects and potential shortcomings in training will help enhance the support provided to IQNs, ultimately leading to better integration and success in their nursing roles.

7.8 Consolidation and conclusion of the thesis

This research emerged from the author's personal experiences as an IQN and a desire to address the significant issue of underutilised specialised skills among IQNs. Utilising a multi-phase mixed-methods approach, the study aimed to thoroughly understand the background and challenges associated with the effective use of IQNs' specialised skills. The primary meta-inference findings revealed that IQNs possess specialised skills that can be successfully integrated into the Australian healthcare system. However, the effective utilisation of these skills is influenced by opportunities to practice within their specialty and the level of self-determination afforded to them. Furthermore, the study underscored the importance of specialty skill transition support programs, which are essential for both IQNs and recruiting managers. These programs are pivotal in ensuring a smoother integration process and the optimal application of IQNs' expertise, thereby enhancing their contribution to the Australian healthcare sector.

Based on the findings, the study recommends three key strategies to improve the effective utilisation of specialty skills among IQNs in Australia. First, developing personalised strategies for IQNs and recruiting managers is essential to empower IQNs to utilise their existing skills and secure roles within their specialties. Second, implementing a comprehensive specialty skill transition support program is crucial to provide tailored support and mentorship to facilitate the integration of specialised skills. Third, enhancing manager upskilling is necessary to better support IQNs in utilising their specialty skills and ensuring successful integration into the healthcare system. These recommendations aim to address the challenges faced by IQNs in Australia by ensuring that IQNs and recruiting managers receive adequate support. Key stakeholders, including

registering bodies, educational institutions, and employers, play crucial roles in this process. Recruiting managers, in particular, need access to training, funding, and resources to effectively integrate IQNs into the workforce, optimising their specialised skills and contributing to a more robust healthcare system.

This study underscores the importance of addressing the challenges faced by IQNs in integrating their specialty skills within healthcare systems. The actionable recommendations enhance the integration process to benefit IQNs, healthcare providers, and patients, contributing to a more effective and safer healthcare system.

7.9 Chapter Conclusion

Chapter 7 provided a conclusion to the research project, which examined the perspectives of IQNs and their recruitment managers regarding the challenges and facilitators of specialty skill transition after immigration. The main findings indicate that IQNs can successfully transfer their specialty nursing skills to Australian healthcare sites. Key facilitators of specialty skill use are personal characteristics such as resilience, availability of opportunities and support from recruiting managers. Key recommendations from the study include implementing personal strategies for IQN specialty skill utilisation, developing a specialty skill transition support program for IQNs, and manager upskilling to support IQN specialty skill utilisation.

Additionally, the chapter discusses the study's limitations, acknowledging areas where further research is required to validate and extend the findings. Recommendations for future research are provided, suggesting avenues to explore the results' broader implications and refine strategies for supporting IQNs. The chapter concludes with a summary that integrates the critical aspects

of the study, effectively consolidating the research objectives and their implications.

References

- Abrams, K. M., Wang, Z., Song, Y. J., & Galindo-Gonzalez, S. (2015). Data richness trade-offs between face-to-face, online audiovisual, and online text-only focus groups. *Social Science Computer Review*, 33(1), 80-96. <https://doi.org/10.1177/0894439313519733>
- Adeniran, R. K., Rich, V. L., Gonzalez, E., Peterson, C., Jost, S., & Gabriel, M. (2008). Transitioning internationally educated nurses for success: A model program. *The Online Journal of Issues in Nursing*, 13(2), 1-9. <https://doi.org/10.3912/OJIN.Vol13No02Man03>
- Adhikari, R. (2011). *From aspirations to "dream-trap": Nurse education in Nepal and Nepali nurse migration to the UK* (Publication No.1842/6199). [Doctoral dissertation, The University of Edinburgh]. <https://era.ed.ac.uk/bitstream/handle/1842/6199/Adhikari2011.pdf?sequence=6&isAllowed=y>
- Adhikari, R., & Melia, K. M. (2015). The (mis)management of migrant nurses in the UK: A sociological study. *Journal of Nursing Management*, 23(3), 359-367. <https://doi.org/10.1111/jonm.12141>
- Agency for Healthcare Research and Quality. (2012). *CUSP toolkit: The role of the nurse manager, facilitator notes*. <https://www.ahrq.gov/hai/cusp/modules/nursing/nursing-notes.html#slide9>
- Agency for Healthcare Research and Quality. (2013). *Mixed methods: Integrating quantitative and qualitative data collection and analysis while studying patient-centered medical home models*. <https://pcmh.ahrq.gov/page/mixed-methods-integrating-quantitative-and-qualitative-data-collection-and-analysis-while>
- Aggar, C., Shinnars, L., Thomas, T., & Stockhausen, L. (2020). Experiences of internationally qualified registered nurses enrolled in a bridging program in Australia: A pilot study. *Collegian*, 27(3), 298-303. <https://doi.org/10.1016/j.colegn.2019.09.003>
- Aguilar Solano, M. (2020). Triangulation and trustworthiness: Advancing research on public service interpreting through qualitative case study methodologies. *FITISPosInternational Journal*, 7(1), 31-52. <https://doi.org/10.37536/fitispos-ij>
- Al-Hamdan, Z., Manojlovich, M., & Tanima, B. (2017). Jordanian nursing work environments, intent to stay, and job satisfaction. *Journal of Nursing Scholarship*, 49(1), 103-110. <https://doi.org/10.1111/jnu.12265>
- Albougami, A. S., Almazan, J. U., Cruz, J. P., Alquwez, N., Alamri, M. S., Adolfo, C. A., & Roque, M. Y. (2020). Factors affecting nurses' intention to leave their current jobs in Saudi Arabia. *International Journal of Health Science*, 14(3), 33-40. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7269627/>
- Alibrandi, A., Gitto, L., Limosani, M., & Mustica, P. F. (2023). Patient satisfaction and quality of hospital care. *Evaluation and Program Planning*, 97(1), 102251-102252. <https://doi.org/10.1016/j.evalprogplan.2023.102251>
- Allan, H. (2010). Mentoring overseas nurses: barriers to effective and non-discriminatory mentoring practices. *Nursing Ethics*, 17(5), 603-613. <https://doi.org/10.1177/0969733010368747>
- Allen, L. (2017). *Internationally educated nurses' experiences of holding management positions in United States healthcare organizations*. <https://sigma.nursingrepository.org/bitstream/handle/10755/622725>
- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3).

- <http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=asn&AN=118362617&scope=site>
- American Nurses Association. (2022). *Nurse staffing crisis*.
<https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-crisis/>
- An, J. Y., Cha, S., Moon, H., Ruggiero, J. S., & Jang, H. (2016). Factors affecting job satisfaction of immigrant Korean nurses. *Journal of Transcultural Nursing*, 27(2), 126-135. <https://doi.org/10.1177/1043659614539175>
- Angus, E., Reid, K., Yamit, S., Coe, G., Ryan, B., & Crichton, S. (2021). Experience of internationally qualified nurses providing palliative care in a New Zealand aged residential care facility. *International Journal of Palliative Nursing*, 27(10), 515-523. <https://doi.org/10.12968/ijpn.2021.27.10.515>
- Anti-Discrimination New South Wales. (2023). *Inclusive recruitment for culturally and racially marginalised groups: A review of barriers and enablers*
<https://antidiscrimination.nsw.gov.au>
- Aqtash, S., Robb, W. F., Hunter, L. H., Almuhtasib, M., Hamad, A., & Brownie, S. M. (2017). Self-assessed competence of experienced expatriate nurses in a rural and remote setting. *SAGE Open*, 3, 2377960817702382.
<https://doi.org/10.1177/2377960817702382>
- Attewell, P., & Domina, T. (2011). Educational imposters and fake degrees. *Research in Social Stratification and Mobility*, 29(1), 57-69.
<https://doi.org/10.1016/j.rssm.2010.12.004>
- Australian Bureau of Statistics. (2021a). *Australia's population by country of birth*.
<https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release>
- Australian Bureau of Statistics. (2021b). *Household use of information technology, Australia, 2019-20*. <https://www.abs.gov.au/statistics/industry/technology-and-innovation/household-use-information-technology-australia/2019-20>
- Australian Bureau of Statistics. (2021c). *Population*.
<https://www.abs.gov.au/AUSSTATS/abs%40.nsf/Web%2BPages/Population%2BClock?opendocument=&ref=HPKI>
- Australian Catholic University. (2017). *Research data management policy*.
<https://policies.acu.edu.au>
- Australian College of Mental Health Nurses. (2023). *Becoming a mental health nurse in Australia*. <https://acmhn.org/becoming-a-mental-health-nurse-in-australia/>
- Australian College of Neonatal Nurses. (2024). *Becoming a neonatal nurse*.
<https://www.acnn.org.au/about/becoming-a-neonatal-nurse/>
- Australian College of Nursing. (n.d.). *About us*. <https://www.acn.edu.au/about-us>
- Australian Commission on Safety and Quality in Health Care. (2015). *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners* <https://www.safetyandquality.gov.au/Credentialing-health-practitioners>
- Australian Government. (2020). *2019 Section 14 Award course completions*. Department of Education. <https://docs.education.gov.au/documents/2018-section-14-award-course-completions>
- Australian Government. (2021). *Nurse managers*.
<https://labourmarketinsights.gov.au/occupation-profile/nurse-managers?occupationCode=2543>

- Australian Government Department of Education. (2023). *Australian universities accord interim report*. <https://www.education.gov.au/australian-universities-accord/resources/accord-interim-report>
- Australian Government Department of Health. (2020). *2020 Aged Care Workforce Census report*. www.health.gov.au/sites/default/files/documents/2021/10/2020-aged-care-workforce-census.pdf
- Australian Government Department of Health and Aged Care. (2022). *About nurses and midwives*. <https://www.health.gov.au/topics/nurses-and-midwives/about#:~:text=There%20are%20more%20than%20303%2C000,asses sing%20patients>
- Australian Government Department of Home Affairs. (2024). *Skilled migration program*. <https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program>
- Australian Health Practitioner Regulation Agency. (2015). English language skills registration standards. <https://www.ahpra.gov.au/language>
- Australian Health Practitioner Regulation Agency. (2022). *Register of practitioners*. <https://www.ahpra.gov.au/registration/registers-of-practitioners.aspx>
- Australian Health Practitioner Regulation Agency. (2023a). *Applying for registration*. <https://www.ahpra.gov.au/registration/registration-process.aspx>
- Australian Health Practitioner Regulation Agency. (2023b). *What we do*. <https://www.ahpra.gov.au/about-ahpra/what-we-do.aspx>
- Australian Immigration Law Services. (2022, 13 May). *Can working in Aged Care Get You Permanent Residency in Australia? [Video]*. Youtube. https://www.youtube.com/watch?v=uKPC7OtkI_k
- Australian Institute of Health and Welfare. (2023). *Spending on hospitals*. <https://www.aihw.gov.au/reports-data/myhospitals/themes/spending-on-hospitals>
- Australian Medical Association. (2018). *Lack of funding in the health sector*. https://www.ama.com.au/sites/default/files/2022-03/27092018_AMA_Tasmania_Media_Release_Lack_of_Funding.pdf
- Australian Nurses and Midwifery Accreditation Council. (2016a). *Frequently asked questions*. <http://anmac.org.au/skilled-migration-services/faq#t192n2306>
- Australian Nurses and Midwifery Accreditation Council. (2016b). *Glossary*. <https://anmac.org.au/glossary/i>
- Australian Nurses and Midwifery Accreditation Council. (2017). *Review of registered nurse accreditation standards*. https://www.anmac.org.au/sites/default/files/documents/RNAS_Consultation_Paper_1_Sept_2017.pdf
- Australian Nursing & Midwifery Accreditation Council. (2016). *Frequently asked questions; Skilled migration services*. <https://www.anmac.org.au/skilled-migration-services/faq#t204n686>
- Australian Nursing & Midwifery Accreditation Council. (2022). *What we do*. <https://www.anmac.org.au/about-anmac/about-us>
- Austrian Career. (n.d.). *How to work as a nurse in Austria*. <https://austriancareer.at/blog/how-to-work-as-a-nurse-in-austria/>
- Austrian Migration Department. (2018). *Skilled workers in shortage occupations*. <https://www.migration.gv.at/en/types-of-immigration/permanent-immigration/skilled-workers-in-shortage-occupations/>
- Bae, S. H. (2023). Comprehensive assessment of factors contributing to the actual turnover of newly licensed registered nurses working in acute care hospitals: A

- systematic review. *BMC Nursing*, 22(1), 31. <https://doi.org/10.1186/s12912-023-01190-3>
- Baker, C., Cary, A. H., & da Conceicao Bento, M. (2021). Global standards for professional nursing education: The time is now. *Journal of Professional Nursing* 37(1), 86-92. <https://doi.org/10.1016/j.profnurs.2020.10.001>
- Bakon, S., Craft, J., Wirihana, L., Christensen, M., Barr, J., & Tsai, L. (2018). An integrative review of graduate transition programmes: Developmental considerations for nursing management. *Nurse Education in Practice*, 28(1), 80-85. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Baldwin, K. M., Clark, A. P., Fulton, J., & Mayo, A. (2009). National validation of the NACNS clinical nurse specialist core competencies. *Journal of Nursing Scholarship*, 41(2), 193-201. <https://doi.org/10.1111/j.1547-5069.2009.01271.x>
- Baluyot, C. (2019). Using action research as the basis for transforming a workplace culture so that integration of overseas registered nurses to the nursing home clinical setting be more adaptive, inclusive and mutually supportive. *Journal of Comprehensive Nursing Research*, 4, 137. https://gexinonline.com/uploads/articles/Article_JCNRC-137.pdf
- Bapuji, H., Patel, C., Ertug, G., & Allen, D. G. (2020). Corona crisis and inequality: Why management research needs a societal turn. *Journal of Management*, 46(7), 1205-1222. <https://doi.org/10.1177/0149206320925881>
- Barnes, Thompson, & Brown. (2023). *Why is professional academic document translation important?* <https://legal-translations.com.au/professional-academic-document-translation-important/>
- Baumann, A., Crea-Arsenio, M., Hunsberger, M., Fleming-Carroll, B., & Keatings, M. (2019). Work readiness, transition, and integration: The challenge of specialty practice. *Journal of Advanced Nursing*, 75, 823–833. <https://doi.org/10.1111/jan.13918>
- Bazeley, P. (2013). *Qualitative data analysis: Practical strategies*. Sage. <https://osf.io/hazm5/download>
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus Open*, 2, 8-14. <https://doi.org/10.1016/j.npls.2016.01.001>
- Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. *The American Journal of Nursing*, 84(12), 1480. https://journals.lww.com/ajnonline/Citation/1984/12000/From_Novice_to_Expert_Excellence_and_Power_in.27.aspx
- Biedermann, N. (2018). The use of Facebook for virtual asynchronous focus groups in qualitative research. *Contemporary nurse*, 54(1), 26-34. <https://doi.org/10.1080/10376178.2017.1386072>
- Boese, M., Campbell, I., Roberts, W., & Tham, J.-C. (2013). Temporary migrant nurses in Australia: Sites and sources of precariousness. *The Economic and Labour Relations Review*, 24(3), 316-339. <https://doi.org/10.1177/1035304613496500>
- Bohren, A., Hull, P., Brown, U., & Imas, A. (2022). Systemic discrimination: Theory and measurement. *Social Science Research Network Electronic Journal*, 20(1), 29820. <https://doi.org/10.2139/ssrn.4051254>
- Boman, E., Levy-Malmberg, R., & Fagerström, L. (2020). Differences and similarities in scope of practice between registered nurses and nurse specialists in emergency care: An interview study. *Scandinavian Journal of Caring Sciences*, 34(2), 492-500. <https://doi.org/10.1111/scs.12753>

- Bonner, A., & Tolhurst, G. (2002). Insider-outsider perspectives of participant observation. *Nurse Researcher*, 9(4), 7-19.
<https://doi.org/10.7748/nr2002.07.9.4.7.c6194>
- Boort District Health. (2017). *Position description: Nurse unit manager*.
[http://bdh.vic.gov.au/myuploads/file/position-vacant/num-july-2017\(1\).pdf](http://bdh.vic.gov.au/myuploads/file/position-vacant/num-july-2017(1).pdf)
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27-40. <https://doi.org/10.3316/QRJ0902027>
- Boyer, S. A., Valdez-Delgado, K. K., Huss, J. L., Barker, A. J., & Mann-Salinas, E. A. (2017). Impact of a nurse residency program on transition to specialty practice. *Journal for Nurses in Professional Development*, 33(5).
<https://doi.org/10.1097/NND.0000000000000384>
- Bradbury-Jones, C., Taylor, J., & Herber, O. (2014). How theory is used and articulated in qualitative research: Development of a new typology. *Social Science & Medicine*, 120, 135-141. <https://doi.org/10.1016/j.socscimed.2014.09.014>
- Brandl, K., Rabadia, S. V., Chang, A., & Mandel, J. (2018). Benefits of focus group discussions beyond online surveys in course evaluations by medical students in the United States: A qualitative study. *Journal of Educational Evaluation for Health Professions*, 15(1). <https://doi.org/10.3352/jeehp.2018.15.25>
- Bräuer, J., Plösch, R., Saft, M., & Körner, C. (2018). Measuring object-oriented design principles: The results of focus group-based research. *Journal of Systems and Software*, 140(1), 74-90. <https://doi.org/10.1016/j.jss.2018.03.002>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
<https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage.
https://books.google.com.au/books/about/Thematic_Analysis.html?id=mToqEA_AAQBAJ&redir_esc=y
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3. <https://uwe-repository.worktribe.com/preview/7165036/Conceptual%20and%20design%20hinking%20for%20thematic%20analysis.pdf>
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, 24(6), 641-654. <https://doi.org/10.1080/13645579.2020.1805550>
- Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2023). Doing reflexive thematic analysis. In S. Bager-Charleson & A. McBeath (Eds.), *Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research* (pp. 19-38). Springer International Publishing.
- Brook, J., Aitken, L., Webb, R., MacLaren, J., & Salmon, D. (2019). Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review. *International Journal of Nursing Studies*, 91, 47-59. <https://doi.org/10.1016/j.ijnurstu.2018.11.003>
- Brunton, M., Cook, C., Kuzemski, D., Brownie, S., & Thirlwall, A. (2019). Internationally qualified nurse communication: A qualitative cross country study. *Journal of Clinical Nursing*, 28(19-20), 3669-3679.
<https://doi.org/10.1111/jocn.14968>
- Bruyneel, L., Li, B., Aiken, L., Lesaffre, E., Van den Heede, K., & Sermeus, W. (2013). A multi-country perspective on nurses' tasks below their skill level: Reports from domestically trained nurses and foreign trained nurses from developing

- countries. *International Journal of Nursing Studies*, 50(2), 202-209.
<https://doi.org/10.1016/j.ijnurstu.2012.06.013>
- Bryant-Lukosius, D., DiCenso, A., Browne, G., & Pinelli, J. (2004). Advanced practice nursing roles: Development, implementation and evaluation. *Journal of Advanced Nursing*, 48(5), 519-529. <https://doi.org/10.1111/j.1365-2648.2004.03234.x>
- Buchan, J., Charlesworth, A., Gershlick, B., & Secombe, I. (2019). A critical moment: NHS staffing trends, retention and attrition. *The Health Foundation*.
http://www.health.org.uk/sites/2019/20CriticalMoment_1.pdf
- Campbell, N., McAllister, L., & Eley, D. (2012). The influence of motivation in recruitment and retention of rural and remote allied health professionals: A literature review. *Rural and Remote Health*, 12(2), 153-167.
<https://doi.org/10.3316/INFORMIT.345995661919968>
- Canadian Nurses Association. (2024). *Nursing shortages*. <https://www.cna-aiic.ca/en/policy-advocacy/take-action/nursing-shortages>
- Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, 10(6), 807-815. <https://doi.org/10.1016/j.cptl.2018.03.019>
- Cave, J., Rohatinsky, N., & Berry, L. (2023). Organizational supports for nurse managers in a North American context: A scoping review. *Nursing Leadership*, 36(2). <https://doi.org/10.12927/cjnl.2023.27205>
- Challinor, J. M., Alqudimat, M. R., Teixeira, T. O. A., & Oldenmenger, W. H. (2020). Oncology nursing workforce: Challenges, solutions, and future strategies. *The Lancet Oncology*, 21(12), e564-e574. [https://doi.org/10.1016/S1470-2045\(20\)30605-7](https://doi.org/10.1016/S1470-2045(20)30605-7)
- Chan, G., Bitton, J., Allgeyer, R., Elliott, D., Hudson, L., & Moulton Burwell, P. (2021). The impact of COVID-19 on the nursing workforce: A national overview. *The Online Journal of Issues in Nursing*, 26(2).
<https://doi.org/10.3912/OJIN.Vol26No02Man02>
- Chand, R. (2023). Problems and opportunities in increasing the diversity of healthcare leaders: a narrative review of factors affecting promotion and retention for racially minoritised women. *Research Handbook on Leadership in Healthcare*, 700-728. <https://doi.org/10.4337/9781800886254.00048>
- Chen, H. W., Wu, J. C., Kang, Y. N., Chiu, Y. J., & Hu, S. H. (2023). Assertive communication training for nurses to speak up in cases of medical errors: A systematic review and meta-analysis. *Nurse Education Today*, 126, 105831. <https://doi.org/10.1016/j.nedt.2023.105831>
- Chief Nursing & Midwifery Officers Australia. (2017). *Advanced nursing practice; Guidelines for the Australian context*. <https://www.health.gov.au/advanced-nursing-practice-guidelines-for-the-australian-context.pdf>
- Chun Tie, Y., Birks, M., & Mills, J. (2018). The experiences of internationally qualified registered nurses working in the Australian healthcare system: An integrative literature review. *Journal of Transcultural Nursing*, 29(3), 274-284.
<https://doi.org/10.1177/1043659617723075>
- City of Vienna. (n.d). Nursing care - specialisation - recognition.
<https://www.wien.gv.at/english/psc/pflege-erkennung-en.html>
- Clubb, A. (2022). *Internationally qualified nurses' perceptions of how the New Zealand Registered Nurse Competency Assessment Programme enabled the transition to clinical and culturally safe nursing practice in Aotearoa New Zealand*

- (Publication No.10652). [Doctoral dissertation, Auckland University of Technology]. <https://openrepository.aut.ac.nz>
- Coalition of National Nursing and Midwifery Organisations. (2022). *Members*. <https://connmo.org.au/index.php/members>
- Comabella, Casañas, C., & Wanat, M. (2015). Using social media in supportive and palliative care research. *British Medical Journal Supportive & Palliative Care*, 5(2), 138-145. <https://doi.org/10.1136/bmjspcare-2014-000708>
- Committee for Economic Development of Australia. (2021). *A good match: Optimising Australia's permanent skilled migration*. <https://www.ceda.com.au/Admin/getmedia>
- Cook, O., McIntyre, M., Recoche, K., & Lee, S. (2017). Experiences of gynecological cancer patients receiving care from specialist nurses: A qualitative systematic review. *JBIS Evidence Synthesis*, 15(8). <https://doi.org/10.11124/JBISRIR-2016-003126>
- Cooper, M., Rasmussen, P., & Magarey, J. (2019). Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective. *Australian Health Review*, 44(2), 178-179. <https://doi.org/10.1071/AH19018>
- Correa-Betancour, M., Marcus, K., Balasubramanian, M., & Short, S. D. (2024). Barriers and facilitators to the professional integration of internationally qualified nurses in Australia: A mixed methods systematic review. *The Australian Journal of Advanced Nursing*, 41(1), 39-53. <https://doi.org/10.37464/2024.411.933>
- Cosgrave, C., Malatzky, C., & Gillespie, J. (2019). Social determinants of rural health workforce retention: A scoping review. *International Journal of Environmental Research and Public Health*, 16(3), 314. <https://www.mdpi.com/1660-4601/16/3/314>
- Covell, C. L., Adhikari, A., & Salami, B. (2022). Surviving the employment gap: A cross-sectional survey of internationally educated nurses. *International Nursing Review*, 69(2), 167-174. <https://doi.org/10.1111/inr.12668>
- Covell, C. L., Neiterman, E., & Bourgeault, I. L. (2016). Scoping review about the professional integration of internationally educated health professionals. *Human Resources for Health*, 14(1), 1-12. <https://doi.org/10.1186/s12960-016-0135-6>
- Coyne, I., Comiskey, C. M., Lalor, J. G., Higgins, A., Elliott, N., & Begley, C. (2016). An exploration of clinical practice in sites with and without clinical nurse or midwife specialists or advanced nurse practitioners, in Ireland. *BMC Health Service Research*, 16(1), 151. <https://doi.org/10.1186/s12913-016-1412-8>
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications. <https://doc1.bibliothek.li/acd/FLMF050277.pdf>
- Creswell, J. W., & Creswell, J. D. (2022). *Research design: Qualitative quantitative and mixed methods approaches* Sage Publications. https://books.google.com.au/books/about/Research_Design.html?id=Pr2VEAAAQBAJ&redir_esc=y
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Sage publications. https://d1wqtxts1xzle7.cloudfront.net/55010759/creswell_Qualitative_Inquiry_2nd_edition-libre.pdf?1510717675
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions*

- of Critical Care Nursing*, 36(4).
<https://doi.org/10.1097/DCC.0000000000000253>
- Dahl, K., Nortvedt, L., Schröder, J., & Bjørnnes, A. K. (2022). Internationally educated nurses and resilience: A systematic literature review. *International Nursing Review*, 69(3), 405-415. <https://doi.org/10.1111/inr.12787>
- Danish Patient Safety Authority. (2021). Employment for adaptation and training purposes. <https://en.stps.dk/en/health-professionals/employment-for-registration>
- Daoud, M. (2019). Improving external validity may jeopardize internal validity. *Anesthesiology*, 130(3), 508-509.
<https://doi.org/10.1097/ALN.00000000000002575>
- Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2020). Implications for educational practice of the science of learning and development. *Applied developmental science*, 24(2), 97-140.
<https://doi.org/10.1080/10888691.2018.1537791>
- Dawadi, S., Shrestha, S., & Giri, R. A. . (2021). Mixed-methods research: A discussion on its types, challenges, and criticisms. *Journal of Practical Studies in Education*, 2(2), 25-36. <https://doi.org/10.46809/jpse.v2i2.20>
- Deegan, J., & Simkin, K. (2010). Expert to novice: Experiences of professional adaptation reported by non-English speaking nurses in Australia. *Australian Journal of Advanced Nursing*, 27(3), 31-37.
<https://search.informit.org/doi/epdf/10.3316/informit.909780121991367>
- Deloitte Access Economics. (2018). *Seizing the opportunity: Making the most of the skills and experience of migrants and refugees*.
https://www.dlgrma.qld.gov.au/_data/assets/pdf_file/0028/44983
- Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96-98.
<https://doi.org/https://doi.org/10.1016/j.cnre.2015.11.001>
- Dewi, N. A., Yetti, K., & Nuraini, T. (2021). Nurses' critical thinking and clinical decision-making abilities are correlated with the quality of nursing handover. *Enfermería Clínica*, 31, S271-S275. <https://doi.org/10.1016/j.enfcli.2020.09.014>
- Dijkhuizen, S. R. (1995). Meeting the basic and educational needs of foreign nurses. *The Journal of Continuing Education in Nursing*, 26(1), 15-19.
<https://doi.org/10.3928/0022-0124-19950101-06>
- Dikaya, Z. A., & Appelt, H. F., 2nd. (2004). Foreign registered nurses: Successful landing in turbulent waters. *The Journal of Nursing Administration*, 34(7-8), 379-383. <https://doi.org/10.1097/00005110-200407000-00011>
- Divisi, D., Di Leonardo, G., Zaccagna, G., & Crisci, R. (2017). Basic statistics with Microsoft Excel: A review. *Journal of Thoracic Disease*, 9(6), 1734.
<https://doi.org/10.21037/jtd.2017.05.81>
- Doleman, G., Duffield, C., Li, I. W., & Watts, R. (2022). Employment of the Australian graduate nursing workforce: A retrospective analysis. *Collegian*, 29(2), 228-235. <https://doi.org/10.1016/j.colegn.2021.12.002>
- Donald, F., Bryant-Lukosius, D., Martin-Misener, R., Kaasalainen, S., Kilpatrick, K., Carter, N., Harbman, P., Bourgeault, I., & DiCenso, A. (2010). Clinical nurse specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership*, 11(1), 189-201. <https://doi.org/10.12927/cjnl.2010.22276>
- Doyle, L., Brady, A.-M., & Byrne, G. (2016). An overview of mixed methods research, revisited. *Journal of Research in Nursing*, 21(8), 623-635.
<https://doi.org/10.1177/1744987116674257>

- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative Health Research*, 23(2), 248-255. <https://doi.org/10.1177/1049732312467854>
- Dunn, S., Pretty, L., Martin, M., & Gassner, L.-A. (2006). A framework for description and evaluation of the nurse specialist role in South Australia. *Collegian*, 13(1), 23-30. [https://doi.org/10.1016/S1322-7696\(08\)60513-2](https://doi.org/10.1016/S1322-7696(08)60513-2)
- Edwards, B., Biddle, N., Gray, M., & Sollis, K. (2021). COVID-19 vaccine hesitancy and resistance: Correlates in a nationally representative longitudinal survey of the Australian population. *PloS One*, 16(3), e0248892. <https://doi.org/10.1371/journal>
- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, 7(3), 93-99. <https://doi.org/10.1016/j.afjem.2017.08.001>
- Falguera, C. C., De los Santos, J. A. A., Galabay, J. R., Firmo, C. N., Tsaras, K., Rosales, R. A., Mirafuentes, E. C., & Labrague, L. J. (2021). Relationship between nurse practice environment and work outcomes: A survey study in the Philippines. *International Journal of Nursing Practice*, 27(1), e12873. <https://doi.org/10.1111/ijn.12873>
- Fetters, M. D., & Tajima, C. (2022). Joint displays of integrated data collection in Mixed Methods Research. *International Journal of Qualitative Methods*, 21, 16094069221104564. <https://doi.org/10.1177/16094069221104564>
- French, K. A., Falcon, C. N., & Allen, T. D. (2019). Experience sampling response modes: Comparing voice and online surveys. *Journal of Business and Psychology*, 34(5), 575-586. <https://doi.org/10.1007/s10869-018-9560-y>
- Fu, C., & Hickey, R. (2015). The costs of regulatory federalism: Does provincial labor market regulation impede the integration of Canadian immigrants? *Journal of International Migration and Integration*, 16(4), 987-1002. <https://doi.org/10.1007/s12134-014-0394-9>
- Fusch, P., & Ness, L. (2015). Are We There Yet?- Data saturation in qualitative research. *Qualitative Report*, 20(9), 1408-1416. <https://doi.org/https://cpb-us-east-1-juc1ugur1qwqqo4>
- Gallardo-Gallardo, E., & Thunnissen, M. (2016). Standing on the shoulders of giants? A critical review of empirical talent management research. *Employee Relations*, 38(1), 31-56. <https://doi.org/10.1108/ER-10-2015-0194>
- Garrow, A., Roberts, D., Kenny, A., Leigh, J., Borwell, J., Knight, K. H., Whaley, V., Monks, R., & Wright, K. M. (2022). How many practice hours are required to become a registered nurse? *British Journal of Nursing*, 31(17), 908-909. <https://doi.org/10.12968/bjon.2022.31.17.908>
- Gebregziabher, D., Berhanie, E., Berihi, H., Belstie, A., & Teklay, G. (2020). The relationship between job satisfaction and turnover intention among nurses in Axum Comprehensive and Specialized Hospital Tigray, Ethiopia. *BMC Nursing*, 19, 1-8. <https://doi.org/10.1186/s12912-020-00468-0>
- General Medical Council. (2022). *When and where can I take PLAB 1?* <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/plab-1-guide/when-and-where-can-you-take-plab-1>
- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, 20(11), 1772-1789. <https://nsuworks.nova.edu>
- Geun, H. G., Redman, R. W., & McCullagh, M. C. (2018). Predictors of turnover among Asian foreign-educated nurses in their 1st year of US employment. *The*

- Journal of Nursing Administration*, 48(10).
<https://doi.org/10.1097/NNA.0000000000000660>
- Gibson, S., & Palermo, C. (2020). Optimizing the role of clinical educators in health professional education. *Clinical Education for the Health Professions*, 1-14.
https://doi.org/10.1007/978-981-13-6106-7_125-1
- Gill, P., & Baillie, J. (2018). Interviews and focus groups in qualitative research: An update for the digital age. *British Dental Journal*, 225(7), 668-672.
<https://doi.org/https://www.nature.com/articles/sj.bdj.2018.815>
- Gillespie, A., & Reader, T. W. (2016). The healthcare complaints analysis tool: Development and reliability testing of a method for service monitoring and organisational learning. *British Medical Journal Quality & Safety*, 25(12), 937-946. <https://doi.org/10.1136/bmjqs-2015-004596>
- Gillespie, B. M., Chaboyer, W., Lingard, S., & Ball, S. (2012). Perioperative nurses' perceptions of competence: Implications for migration. *ACORN: The Journal of Perioperative Nursing in Australia*, 25(4), 32-38.
<https://search.informit.org/doi/10.3316/informit.058659149535689>
- Goodman, S. N., Fanelli, D., & Ioannidis, J. P. (2016). What does research reproducibility mean? *Science Translational Medicine*, 8(341), 341ps312.
<https://doi.org/10.1126/scitranslmed.aaf5027>
- Gordon, J. M., Lorilla, J. D., & Lehman, C. A. (2012). The role of the clinical nurse specialist in the future of health care in the United States. *Perioperative Nursing Clinics*, 7(3). <https://doi.org/10.1016/j.cpen.2012.06.006>
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PloS One*, 15(5), e0232076.
<https://doi.org/10.1371/journal.pone.0232076>
- Halcomb, E., Williams, A., Ashley, C., McInnes, S., Stephen, C., Calma, K., & James, S. (2020). The support needs of Australian primary health care nurses during the COVID-19 pandemic. *Journal of Nursing Management*, 28(7), 1553-1560.
<https://doi.org/10.1111/jonm.13108>
- Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry Research*, 280, 112516.
<https://doi.org/10.1016/j.psychres.2019.112516>
- Hammond, J., Davies, N., Morrow, E., Ross, F., Vandrevalla, T., & Harris, R. (2022). Raising the curtain on the equality theatre: A study of recruitment to first healthcare job post-qualification in the UK National Health Service. *Human Resources for Health*, 20(1), 57. <https://doi.org/10.1186/s12960-022-00754-9>
- Harnois, C. E. (2022). What do we measure when we measure perceptions of everyday discrimination? *Social Science & Medicine*, 292, 114609.
<https://doi.org/10.1016/j.socscimed.2021.114609>
- Harvey, J.-F., & Green, P. (2022). Constructive feedback: When leader agreeableness stifles team reflexivity. *Personality and Individual Differences*, 194(1), 111624.
<https://doi.org/10.1016/j.paid.2022.111624>
- Hawthorne, L. (2001). The globalisation of the nursing workforce: Barriers confronting overseas qualified nurses in Australia. *Nursing Inquiry*, 8(4), 213-229.
<https://doi.org/10.1046/j.1320-7881.2001.00115.x>
- Hawthorne, L. (2014). WHO Four country study – health workforce migration in Australia. In A. Siyam & M. R. D. Poz (Eds.), *Migration of health workers – WHO code of practice and the global economic crisis* (pp. 109–S. 132).
<https://www.who.int/publications/i/item/9789241507141>

- Hayne, A. N., Gerhardt, C., & Davis, J. (2009). Filipino nurses in the United States: Recruitment, retention, occupational stress, and job satisfaction. *Journal of Transcultural Nursing*, 20(3), 313-322. <https://doi.org/10.1177/1043659609334927>
- Hays, D. G., & McKibben, W. B. (2021). Promoting rigorous research: Generalizability and qualitative research. *Journal of Counseling & Development*, 99(2), 178-188. <https://doi.org/10.1002/jcad.12365>
- Head, M. (2017). Internationally Qualified Nurses: Immigration and other issues discussion. *New Zealand Nurses Organisation*. <https://www.nzno.org.nz/about-us/media-releases/artmid/4731/articleid/1643/internationally-qualified-nurses-immigration-and-other-issues>
- Hedge, C., Powell, G., & Sumner, P. (2018). The reliability paradox: Why robust cognitive tasks do not produce reliable individual differences. *Behavior Research Methods*, 50(3), 1166-1186. <https://doi.org/10.3758/s13428-017-0935-1>
- Henderson, J., Dawson, S., Fuller, J., O'Kane, D., Gerace, A., Oster, C., & Cochrane, E. M. (2018). Regional responses to the challenge of delivering integrated care to older people with mental health problems in rural Australia. *Aging & Mental Health*, 22(8), 1031-1037. <https://doi.org/10.1080/13607863.2017.1320702>
- Hennink, M. M. (2017). Cross-cultural focus group discussions. In R. Barbour & D. Morgan (Eds.), *A new era in focus group research* (pp. 59-82). Springer. https://doi.org/10.1057/978-1-137-58614-8_4
- Hennink, M. M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods*. Sage Publications. <https://doi.org/10.4135/9781529702053>
- Hewko, S. J., Brown, P., Fraser, K. D., Wong, C. A., & Cummings, G. G. (2015). Factors influencing nurse managers' intent to stay or leave: A quantitative analysis. *Journal of Nursing Management*, 23(8), 1058-1066. <https://doi.org/10.1111/jonm.12252>
- Higginbottom, G. (2011). The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography. *BMC Nursing*, 10(1), 1-13. <https://doi.org/10.1186/1472-6955-10-14>
- Hiller, A. J., & Vears, D. F. (2016). Reflexivity and the clinician-researcher: Managing participant misconceptions. *Qualitative Research Journal*. <https://doi.org/10.1108/QRJ-11-2014-0065/full/html>
- Högstedt, D., Jansson, I., Eriksson, E., & Engström, M. (2022). Three paths to a Swedish nursing license: Two for internationally educated nurses and one for regular nursing students – A cross-sectional study of self-rated professional competence, self-efficacy, and thriving. *Nurse Education Today*, 119, 105595. <https://doi.org/10.1016/j.nedt.2022.105595>
- Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare* (4th ed.). John Wiley & Sons.
- Hoxby, H., Fortier, V., Brown, N., Yardy, G., & Blythe, J. (2010). Internationally educated nurses: Building capacity for clinical/nurse managers. *Nursing Leadership*, 23, 132-133. <https://d1wqtxts1xzle7.cloudfront.net/82148089/f6db32cac2b4e045f7508d81e8ab74a98dd0-libre.pdf?164727594>
- Huebschmann, A. G., Leavitt, I. M., & Glasgow, R. E. (2019). Making health research matter: A call to increase attention to external validity. *Annual Review of Public Health* 40, 45-63. <https://doi.org/10.1146/annurev-publhealth-040218-043945>

- Hyrkas, K., & Morton, J. L. (2013). International perspectives on retention, stress and burnout. *Journal of Nursing Management*, 21(4), 603-604.
<https://doi.org/10.1111/jonm.12118>
- IBM Corporation. (2022). *IBM SPSS Statistics for Windows, version 26.0*. IBM Corp.
https://www.ibm.com/mysupport/s/article/Getting-Started-Guide?language=en_US
- Indian Nursing Council. (2024). *Nursing education regulations*.
<https://www.indiannursingcouncil.org/search?s=specialised+nurse>
- International Advanced Practice Nursing. (2014). *Advanced practice nursing in Denmark*. <https://internationalapn.org/2014/06/29/denmark/>
- International Council of Nurses. (2020). *Guidelines on advanced practice nursing 2020*.
https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf
- Jacob, E. R., Jacob, A. M., Davies, H. T., Stoneman, L. J., & Coventry, L. (2021). Peripheral intravenous cannulas for blood drawing: Nurses' views through content analysis. *Collegian*, 28(4), 408-414.
<https://doi.org/10.1016/j.colegn.2020.12.002>
- Jacob, E. R., McKenna, L., & D'Amore, A. (2015). The changing skill mix in nursing: considerations for and against different levels of nurse. *Journal of Nursing Management*, 23(4), 421-426.
<https://doi.org/https://doi.org/10.1111/jonm.12162>
- Japanese Nursing Association. (2023). *Nursing in Japan*.
<https://www.nurse.or.jp/jna/english/nursing/employment.html>
- Jarrín, O. F., Kang, Y., & Aiken, L. H. (2017). Pathway to better patient care and nurse workforce outcomes in home care. *Nurse Outlook*, 65(6), 671-678.
<https://doi.org/10.1016/j.outlook.2017.05.009>
- Jeans, M. E., Hadley, F., Green, J., & Da Prat, C. (2005). Navigating to become a nurse in Canada: Assessment of international nurse applicants. *Ottawa: Canadian Nurses Association*. http://www.cna-nurses.ca/CNA/documents/pdf/publications/IEN_Technical_Report_e.pdf
- Jenkins, B., & Huntington, A. (2016). We are the international nurses: An exploration of internationally qualified nurses' experiences of transitioning to New Zealand and working in aged care. *Nursing Praxis in New Zealand*, 32(2).
<https://eds.p.ebscohost.com/eds/pdfviewer/pdfviewer?vid=1&sid=c0448f57-7682-4f11-bc86-df2cd37bc67b%40redis>
- Johnson, C. (2006). Credentialism and the proliferation of fake degrees: The employer pretends to need a degree; The employee pretends to have one. *Hofstra Labor and Employment Law Journal*, 23(2).
<https://scholarlycommons.law.hofstra.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1394&context=hlelj>
- Jose, M. M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America [10.1111/j.1466-7657.2010.00838.x]. *International Nursing Review*, 58(1), 123-129.
<https://doi.org/https://doi.org/10.1111/j.1466-7657.2010.00838.x>
- Kai Tiaki: Nursing New Zealand. (2023). *Recruiting IQNs not the answer to nursing shortages-president reports from ICN congress*. Retrieved 3 from www.proquest.com/scholarly-journals/recruiting
- Kamau, S., Koskenranta, M., Kuivila, H., Oikarainen, A., Tomietto, M., Juntunen, J., Tuomikoski, A.-M., & Mikkonen, K. (2022). Integration strategies and models to support transition and adaptation of culturally and linguistically diverse

- nursing staff into healthcare environments: An umbrella review. *International Journal of Nursing Studies*, 136, 104377.
<https://doi.org/10.1016/j.ijnurstu.2022.104377>
- Kapiszewski, D., & Karcher, S. (2021). Transparency in practice in qualitative research. *Political Science & Politics*, 54(2), 285-291.
<https://doi.org/10.1017/S1049096520000955>
- Karlsson, A. C., Gunningberg, L., Bäckström, J., & Pöder, U. (2019). Registered nurses' perspectives of work satisfaction, patient safety and intention to stay—A double-edged sword. *Journal of Nursing Management*, 27(7), 1359-1365.
<https://doi.org/10.1111/jonm.12816>
- Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a research paradigm and its implications for social work research. *Social Sciences*, 8(9), 255.
<https://doi.org/10.3390/socsci8090255>
- Keane, C., & Allix, S. (2018). An investigation of nurse education service models in acute care metropolitan hospitals across Australia. *Nurse Education in Practice*, 28(1), 202-211. <https://doi.org/10.1016/j.nepr.2017.10.016>
- Kelly, B., Margolis, M., McCormack, L., LeBaron, P. A., & Chowdhury, D. (2017). What affects people's willingness to participate in qualitative research?: An experimental comparison of five incentives. *Field methods*, 29(4), 333-350.
<https://doi.org/10.1177/1525822x17698958>
- Kelly, L. M., & Cordeiro, M. (2020). Three principles of pragmatism for research on organizational processes. *Methodological Innovations*, 13(2), 2059799120937242. <https://doi.org/10.1177/2059799120937242>
- Kerala Public Service Commission. (2021). *Kerala PSC staff nurse*.
<https://keralapsc.gov.in/staff-nurse-gr-ii-health-service-0>
- Kishi, Y., Inoue, K., Crookes, P., & Shorten, A. (2014). A model of adaptation of overseas nurses: Exploring the experiences of Japanese nurses working in Australia. *Journal of Transcultural Nursing*, 25(2), 183-191.
<https://doi.org/10.1177/1043659613515716>
- Kleinheksel, A. J., Rockich-Winston, N., Tawfik, H., & Wyatt, T. R. (2020). Demystifying content analysis. *American Journal of Pharmaceutical Education*, 84(1), 7113-7113. <https://doi.org/10.5688/ajpe7113>
- Kondracki, N. L., Wellman, N. S., & Amundson, D. R. (2002). Content analysis: Review of methods and their applications in nutrition education. *Journal of Nutrition Education and Behavior*, 34(4), 224-230.
[https://doi.org/10.1016/S1499-4046\(06\)60097-3](https://doi.org/10.1016/S1499-4046(06)60097-3)
- Kraft, M., Kästel, A., Eriksson, H., & Hedman, A.-M. R. (2017). Global Nursing: A literature review in the field of education and practice. *Nursing Open*, 4(3), 122-133. <https://doi.org/10.1002/nop2.79>
- Kreedi, F., Brown, M., Marsh, L., & Rogers, K. (2021). Newly graduate registered nurses' experiences of transition to clinical practice: A systematic review. *American Journal of Nursing Research*, 9(3), 94-105.
<https://doi.org/10.12691/ajnr-9-3-4>
- Kruk, R. (2023). *Independent review of Australia's regulatory settings relating to overseas health practitioners; Final report*.
<https://www.regulatoryreform.gov.au/sites/default/files/Final>
- Kuckartz, U., & Rädiker, S. (2023). *Qualitative content analysis: Methods, practice and software*. Sage.
<https://books.google.com.au/books?hl=en&lr=&id=imCoEAAAQBAJ&oi=fnd&pg=PP1>

- Kumar, R. (2018). *Research methodology: A step-by-step guide for beginners*. Sage. <http://digital.casalini.it/9781526457080>
- Kuntsche, E., & Labhart, F. (2013). Using personal cell phones for ecological momentary assessment. *European Psychologist, 18*(1), 3-11. <https://doi.org/10.1027/1016-9040/a000127>
- Kurup, C., Burston, A., & Miles, S. (2022). Transition of internationally qualified nurses in Australia: Meta-synthesis of qualitative studies. *Collegian, 30*(2). <https://doi.org/10.1016/j.colegn.2022.10.002>
- Kurup, C., Burston, A. S., Betihavas, V., & Jacob, E. R. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing, 80*(5), 1868-1881. <https://doi.org/10.1111/jan.15952>
- Kwan, J., Wang, M., Cummings, G., Lernermeier, G., Nordstrom, P., Blumer, L., Horne, N., & Giblin, C. (2019). The evaluation of evidence-informed changes to an internationally educated nurse registration process. *International Nursing Review, 66*(3), 309-319. <https://doi.org/10.1111/inr.12518>
- Kyngäs, H., Kääriäinen, M., & Elo, S. (2020). The trustworthiness of content analysis. In H. Kyngäs, K. Mikkonen, & M. Kääriäinen (Eds.), *The application of content analysis in nursing science research* (pp. 41-48). Springer International Publishing. https://doi.org/10.1007/978-3-030-30199-6_5
- Lambert, S. (2021). Role of emotional intelligence in effective nurse leadership. *Nursing Standard, 36*(12), 45-49. <https://doi.org/10.7748/ns.2021.e11782>
- Lansdown, S. (2023, August 9). Universities Australia modelling finds skills shortage to cost economy \$7 billion by 2026. *The Canberra Times*. <https://www.canberratimes.com.au/story/8300767/skills-shortage-to-cost-nation-7b-by-2026-universities-australia-warns/>
- Larson, R. B. (2019). Controlling social desirability bias. *International Journal of Market Research, 61*(5), 534-547. <https://doi.org/10.1177/1470785318805305>
- Latorre-Navarro, M., Guest, D., Ramos, J., & Gracia, F. (2016). High commitment HR practices, the employment relationship and job performance: A test of a mediation model. *European Management Journal, 34*(4), 328-337. <https://doi.org/10.1016/j.emj.2016.05.005>
- Lee, K. E., & Lee, M. A. (2021). Contribution of the North Texas Korean Nurse Association Covid-19 Task Force Team to promote the health of local Korean immigrant community amid the pandemic. *Journal of Korean Academy of Nursing, 51*(5), 505-510. <https://doi.org/10.4040/jkan.21154>
- Lee, R., & Wojtiuk, R. (2021). Transition of Internationally Educated Nurses into Practice: What we need to do to evolve as an inclusive profession over the next decade. *Nursing Leadership, 34*(4), 57-64. <https://pass4nurses.org/wp-content/uploads/2022/01/08-CJNL-34-4-Lee-Wojtiuk.pdf>
- Leedy, P. D., & Ormrod, J. E. (2015). *Practical research* (11th ed.). Pearson Custom. <https://pce-fet.com/common/library/books/51/2590>
- Lelkes, Y., Krosnick, J., Marx, D., Judd, C., & Park, B. (2012). Complete anonymity compromises the accuracy of self-reports. *Journal of Experimental Social Psychology, 48*, 1291-1299. <https://doi.org/10.1016/j.jesp.2012.07.002>
- Li, H., Nie, W., & Li, J. (2014). The benefits and caveats of international nurse migration. *International Journal of Nursing Sciences, 1*(3), 314-317. <https://doi.org/10.1016/j.ijnss.2014.07.006>
- Likupe, G., & Archibong, U. (2013). Black African nurses' experiences of equality, racism, and discrimination in the National Health Service. *Journal of*

- Psychological Issues in Organizational Culture*, 3(S1), 227-246.
<https://doi.org/10.1002/jpoc.21071>
- Lincoln, & Guba. (1985). *Naturalistic Inquiry*. Sage Publications.
- Liou, S. R., & Cheng, C. Y. (2011). Experiences of a Taiwanese nurse in the United States. *Nursing Forum*, 46(2), 102-109. <https://doi.org/10.1111/j.1744-6198.2011.00211.x>
- Litton, E., Bucci, T., Chavan, S., Ho, Y. Y., Holley, A., Howard, G., Huckson, S., Kwong, P., Millar, J., & Nguyen, N. (2020). Surge capacity of intensive care units in case of acute increase in demand caused by COVID-19 in Australia. *Medical Journal of Australia*, 212(10), 463-467.
<https://doi.org/10.5694/mja2.50596>
- Litton, E., Huckson, S., Chavan, S., Bucci, T., Holley, A., Everest, E., Kelly, S., McGloughlin, S., Millar, J., & Nguyen, N. (2021). Increasing ICU capacity to accommodate higher demand during the COVID-19 pandemic. *Medical Journal of Australia*, 215(11), 513-517. <https://doi.org/10.5694/mja2.51318>
- Liu, X. L., Wang, T., Bressington, D., Nic Giolla Easpaig, B., Wikander, L., & Tan, J. B. (2023). Factors influencing retention among regional, rural and remote undergraduate nursing students in Australia: A systematic review of current research evidence. *International Journal of Environmental Research and Public Health*, 20(5). <https://doi.org/10.3390/ijerph20053983>
- Lobe, B. (2017). *Best practices for synchronous online focus groups*. Springer.
https://doi.org/10.1057/978-1-137-58614-8_11
- Low, J. (2019). A pragmatic definition of the concept of theoretical saturation. *Sociological Focus*, 52(2), 131-139.
<https://doi.org/10.1080/00380237.2018.1544514>
- Lukhanina, Y., Lukhanin, O., & Jereb, E. (2023). Improving the quality of healthcare services through training leaders. *42nd International Conference on Organizational Science Development*, 20(1), 605-721.
<https://doi.org/10.18690/um.fov.3.2023.46>
- Lydersen, S. (2020). Mean and standard deviation or median and quartiles? *Tidsskrift for Den norske legeforening*. <https://doi.org/10.4045/tidsskr.20.0032>
- Machart, R. (2016). Asian students' intercultural preparation for academic mobility: Getting ready for diversities or reproducing the expected? *East Asia*, 33(1), 59-72. <https://doi.org/10.1007/s12140-015-9241-7>
- Malterud, K., Siersma, V., & Guassora, A. (2015). Sample size in qualitative interview studies: Guided by information power *Qualitative Health Research*, 26(1), 1753-1760. . <https://doi.org/10.1177/1049732315617444>
- Martin, S. D., Urban, R. W., Foglia, D. C., Henson, J. S., George, V., & McCaslin, T. (2023). Well-being in acute care nurse managers: A risk analysis of physical and mental health factors. *Worldviews on Evidence-Based Nursing*, 20(2), 126-132.
<https://doi.org/10.1111/wvn.12646>
- Masselink, L. E., & Jones, C. B. (2014). Immigration policy and internationally educated nurses in the United States: A brief history. *Nurse Outlook*, 62(1), 39-45. <https://doi.org/10.1016/j.outlook.2013.10.012>
- Matahela, V. E., & Makhanya, N. J. (2024). Towards a national policy on nursing education and training: An imperative framework for integrating nursing education within South Africa's post-school education system. *BMC Nursing*, 23(1), 286. <https://doi.org/10.1186/s12912-024-01880-6>
- Matthews, R. P., Hyde, R. L., McLachlan, H. L., Llewelyn, F., & Forster, D. A. (2024). Midwifery workforce challenges in Victoria, Australia. A cross-sectional study

- of maternity managers. *Women and Birth*, 37(1), 144-152.
<https://doi.org/10.1016/j.wombi.2023.07.130>
- Maxwell, J. A. (2021). Why qualitative methods are necessary for generalization. *Qualitative Psychology*, 8(1), 111. <https://doi.org/10.1037/qup0000173>
- Mayra, K., Padmadas, S. S., & Matthews, Z. (2021). Challenges and needed reforms in midwifery and nursing regulatory systems in India: Implications for education and practice. *PloS One*, 16(5), e0251331.
<https://doi.org/10.1371/journal.pone.0251331>
- McGarry, D. E., Green, J. A., & Fowler, C. (2018). *Snowballing via Facebook: A novel way to recruit millennial nursing student research participants*.
<http://hdl.handle.net/10755/624013>
- McGregor. (2018). *Conceptual frameworks, theories, and models*. Sage Publications.
<https://doi.org/10.4135/9781071802656>
- Mckenzie, S. K., Li, C., Jenkin, G., & Collings, S. (2017). Ethical considerations in sensitive suicide research reliant on non-clinical researchers. *Research Ethics*, 13(3-4), 173-183. <https://doi.org/10.1177/1747016116649996>
- McNeil, G., Hudson, J., Orto, V., Waters, F., Pearce, S., Cates, P., Velez, L., Austin, W., & Walters, P. (2020). Nursing and HR collaboration for successful RN recruitment. *Nursing Management*, 51(3), 9-13.
<https://doi.org/10.1097/01.NUMA.0000654872.81803.d6>
- Membrive-Jiménez, M. J., Pradas-Hernández, L., Suleiman-Martos, N., Vargas-Román, K., Cañadas-De la Fuente, G. A., Gomez-Urquiza, J. L., & De la Fuente-Solana, E. I. (2020). Burnout in nursing managers: A systematic review and meta-analysis of related factors, levels and prevalence. *International Journal of Environmental Research and Public Health*, 17(11), 3983.
<https://doi.org/10.3390/ijerph17113983>
- Mertens, D. M. (2019). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (6 ed.). Sage Publications.
<https://books.google.com.au/books?hl=en&lr=&id=fkbkEAAAQBAJ&o>
- Mills, J., Field, J., & Cant, R. (2009). The place of knowledge and evidence in the context of Australian general practice nursing. *Worldviews on Evidence-Based Nursing*, 6(4), 219-228. <https://doi.org/10.1111/j.1741-6787.2009.00163.x>
- Ministry of Health Labour and Welfare. (2022). *Overseas trained nurses*.
https://www.mhlw.go.jp/site_kensaku_english.html?q=overseas%20trained%20nurses
- Mishra, S. B., & Alok, S. (2022). *Handbook of research methodology* (1st ed.). Education Publishing. <http://61.2.46.60:8088/jspui/bitstream/123456789>
- Mitchell, C., Del Fabbro, L., & Shaw, J. (2017). The acculturation, language and learning experiences of international nursing students: Implications for nursing education. *Nurse Education Today*, 56, 16-22.
<https://doi.org/10.1016/j.nedt.2017.05.019>
- Moyce, S., Lash, R., & de Leon Siantz, M. L. (2016). Migration experiences of foreign educated nurses: A systematic review of the literature. *Journal of Transcultural Nursing*, 27(2), 181-188. <https://doi.org/10.1177/1043659615569538>
- Muench, U., Jura, M., Spetz, J., Mathison, R., & Herrington, C. (2021). Financial vulnerability and worker well-being: A comparison of long-term services and supports workers with other health workers. *Medical Care Research and Review*, 78(5), 607-615. <https://doi.org/10.1177/1077558720930131>

- Naranjo-Gil, D. (2009). Strategic performance in hospitals: The use of the balanced scorecard by nurse managers. *Health Care Management Review, 34*(2). <https://doi.org/10.1097/HMR.0b013e31819e8fd0>
- National Health and Medical Research Council. (2018). *Australian code for the responsible conduct of research*. <https://www.arc.gov.au/policies-strategies/policy/codes-and-guidelines>
- National Health Service. (2024). *Children's nurse*. <https://www.healthcareers.nhs.uk/explore-roles/nursing/roles-nursing/childrens-nurse>
- National Health Service Employers. (2023). *Recruitment of overseas nurses and midwives*. <https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives>
- Nayak, M., & Narayan, K. (2019). Strengths and weaknesses of online surveys. *Journal of Humanities and Social Sciences, 24*(5), 2279-0845. <https://www.researchgate.net/profile/Mudavath-Nayak/publication/333207786>
- Negin, J., Coffman, J., Connell, J., & Short, S. (2016). Foreign-born aged care workers in Australia: A growing trend. *Australasian Journal on Ageing, 35*(4), E13-e17. <https://doi.org/10.1111/ajag.12321>
- Neuendorf, K. A. (2016). *Content analysis: An introduction to its methodology* (3rd ed.). Sage Publications. <https://doi.org/10.4135/9781483381500>
- New South Wales Ministry of Health. (2021). *Public health system nurses' and midwives' (state) award 2021*. <https://www.health.nsw.gov.au/careers/conditions/awards/nurses.pdf>
- Newcomb, J. T. (2017). *Understanding the lived experiences and training of undergraduate admission officers in detecting fraudulent application materials of international applicants at highly selective institutions* (Publication No.10599102). [Doctoral dissertation, Northeastern University]. ProQuest One Academic. <https://www.proquest.com/dissertations-theses/understanding-lived-experiences>
- Newton, S., Pillay, J., & Higginbottom, G. (2012). The migration and transitioning experiences of internationally educated nurses: A global perspective. *Journal of Nursing Management, 20*(4), 534-550. <https://doi.org/10.1111/j.1365-2834.2011.01222.x>
- NMBA. (2022). *Registration & endorsement*. <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx>
- NMBA. (2023). *Registration application outcomes*. <https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Registration/Application-outcomes.aspx>
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence Based Nursing, 20*(1), 10-15. <https://doi.org/10.1136/eb-2015-102054>
- Nortvedt, L., Lohne, V., & Dahl, K. (2020). A courageous journey: Experiences of migrant Philippine nurses in Norway. *Journal of Clinical Nursing, 29*(3-4), 468-479. <https://doi.org/10.1111/jocn.15107>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1609406917733847. <https://doi.org/10.1177/1609406917733847>
- NSI Nursing Solutions. (2024). *2024 NSI National health care retention & RN staffing report*. <https://www.nsinursingsolutions.com>

- Nuffieldtrust. (2021). *Return on investment of overseas nurse recruitment: Lessons for the NHS*. https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1633336126_recruitment-of-nurses-lessons-briefing-web.pdf
- Nurmeksela, A., Mikkonen, S., Kinnunen, J., & Kvist, T. (2021). Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: A correlational study. *BMC Health Services Research*, 21(1), 296. <https://doi.org/10.1186/s12913-021-06288-5>
- Nursing & Midwifery Council. (2024). *Part 3: Standards for pre-registration nursing programmes*. www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-pre-registration-nursing-programmes.pdf
- Nursing and Midwifery Board of Australia. (2020a). *Fact sheet: Advanced nursing practice and specialty areas within nursing*. <https://www.nursingmidwiferyboard.gov.au-advanced-nursing-practice>
- Nursing and Midwifery Board of Australia. (2020b). *Fact sheet: Transition to a new assessment model for internationally qualified nurses and midwives*. <https://www.nursingmidwiferyboard.gov.au/codes-guidelines>
- Nursing and Midwifery Board of Australia. (2021). *Immigration and employment in Australia*. <https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply/Immigration-and-employment.aspx>
- Nursing and Midwifery Board of Australia. (2022a). *Nursing and Midwifery Board of Australia registrant data*. <https://www.nursingmidwiferyboard.gov.au/search.aspx?q=registrant+data>
- Nursing and Midwifery Board of Australia. (2022b). *Registration & endorsement*. <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx>
- Nursing and Midwifery Board of Australia. (2024). *Fact sheet: Scope of practice and capabilities of nurses: Clinical placement hours/setting*. <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses.aspx>
- Nursing and Midwifery Board of Ireland. (2021). *Applicant user guide; (Qualified outside Ireland)*. <https://www.nmbi.ie/NMBI/media/NMBI/Applicant-User-Guide-2021.pdf?ext=.pdf>
- Nursing Council of New Zealand. (2021). *Guidance for Internationally Qualified Nurses*. <https://www.nursingcouncil.org.nz/IQN/>
- Nursing Council of New Zealand. (2022). *Nursing council announces future changes to assessing IQN competence*. https://nursingcouncil.org.nz/Public/NCNZ/News-section/news-item/2022/9/Nursing_Council_Announces_Future_Changes_to_Assessing_IQN_Compotence_.aspx
- Nwoke, C. N., Awosoga, O., & Leung, B. M. (2022). Recruitment strategies used in a survey of African immigrant maternal mental health in Alberta, Canada. *Journal of Racial and Ethnic Health Disparities*, 9(4), 1415-1421. <https://doi.org/10.1007/s40615-021-01078-5>
- O'Callaghan, C., Loukas, P., Brady, M., & Perry, A. (2018). Exploring the experiences of internationally and locally qualified nurses working in a culturally diverse environment. *Australian Journal of Advanced Nursing*, 36(2), 23-34. <https://doi.org/10.3316/INFORMIT.123355974545870>

- O'Sullivan, B. G., & Worley, P. (2020). Setting priorities for rural allied health in Australia: A scoping review. *Rural and Remote Health*, 20(2). <https://doi.org/10.22605/RRH5719>
- Ochieng, N. T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20-32. <https://doi.org/10.1111/2041-210X.12860>
- Odelius, R. (2022). Caring for those who care for us: A call for greater legislative protections for foreign-educated nurses. *The University of Baltimore Review*, 52, 489. <https://scholarworks.law.ubalt.edu/ublrvol52/iss3/5>
- Oduyemi, R. O., Oluwatosin, M. O., & Osian, E. A. (2019). Assessment of nurses level of education and patient outcome in the university of Benin teaching hospital, Benin-City Nigeria. *International Journal of Caring Sciences*, 12(3), 1593. <https://www.researchgate.net/profile/Olaolorunpo>
- Office of the Nursing and Midwifery Services Director. (2021). *Specialist practice in nursing and midwifery*. <https://healthservice.hse.ie/about-us/onmsd/advanced-and-specialist-practice/specialist-practice.html>
- Ohr, S. O., Holm, D., & Brazil, S. (2017). The transition of overseas qualified nurses and midwives into the Australian healthcare workforce. *Australian Journal of Advanced Nursing*, 34(2), 27. <https://www.ajan.com.au/archive/Vol34/Issue2/3Ohr.pdf>
- Olwig, K. F. (2018). Female immigration and the ambivalence of dirty care work: Caribbean nurses in imperial Britain. *Ethnography*, 19(1), 44-62. <https://doi.org/10.1177/1466138117697744>
- Ong, M. H. A., & Puteh, F. (2017). Quantitative data analysis: Choosing between SPSS, PLS, and AMOS in social science research. *International Interdisciplinary Journal of Scientific Research*(1), 14-25. www.researchgate.net/profile/Fadilah-Puteh-2/publication/322885790
- Organisation for Economic Co-operation and Development. (2024). *Health workforce migration : Foreign-trained nurses by country of origin - Annual inflow*. <https://stats.oecd.org/index.aspx?queryid=68339>
- Organization for Economic Cooperation and Development. (2014). *Harnessing knowledge of the migration of highly skilled women*. <https://www.oecd.org/dev/migration>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544. <https://doi.org/10.1007/s10488-013-0528-y>
- Parliament of Australia. (2018). *Losing its credibility: The abolition of the 457 visa program*. https://www.aph.gov.au/Abolition_of_the_457_visa_program
- Philip, S., Manias, E., & Woodward-Kron, R. (2015). Nursing educator perspectives of overseas qualified nurses' intercultural clinical communication: Barriers, enablers and engagement strategies. *Journal of Clinical Nursing*, 24(17-18), 2628-2637. <https://doi.org/10.1111/jocn.12879>
- Photopoulos, J. (2017). Lack of healthcare funding in Greece is putting patients' lives at risk. *British Medical Journal*, 356, j93. <https://doi.org/10.1136/bmj.j93>
- Pienkowski, T., Kiiik, L., Catalano, A., Hazenbosch, M., Izquierdo-Tort, S., Khanyari, M., Kutty, R., Martins, C., Nash, F., Saif, O., & Sandbrook, C. (2022).

- Recognizing reflexivity among conservation practitioners. *Conservation Biology*, 37(1), e14022. <https://doi.org/10.1111/cobi.14022>
- Pittman, P., Folsom, A., Bass, E., & Leonhardy, K. (2011). *U.S.-Based international nurse recruitment: Structure and practices of a burgeoning industry*. https://www.macfound.org/media/article_pdfs/nursing_code_researchreportyr1.pdf
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Wolters Kluwer Health.
- Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: Analysing qualitative data. *British Medical Journal*, 320(7227), 114. <https://doi.org/10.1136/bmj.320.7227.114>
- Pressley, C., Newton, D., Garside, J., Stephenson, J., & Mejia-Olivares, J. (2023). Internationally recruited nurses and their initial integration into the healthcare workforce: A mixed methods study. *International Journal of Nursing Studies Advances*, 5, 100154. <https://doi.org/10.1016/j.ijnsa.2023.100154>
- Price, P. C., Jhangiana, R., & I-Chant A, C. (2015). *Research methods in psychology* (2nd ed.). BCcampus. <https://opentextbc.ca/researchmethods>
- Pugh, D., & Scruth, E. (2021). The role and practice of CNS in Australia. In J. S. Fulton & V. W. Holly (Eds.), *Clinical nurse specialist role and practice: An international perspective* (pp. 235-265). Springer. https://doi.org/10.1007/978-3-319-97103-2_18
- Pulcini, J., Jelic, M., Gul, R., & Loke, A. Y. (2010). An international survey on advanced practice nursing education, practice, and regulation. *Journal of Nursing Scholarship*, 42(1), 31-39. <https://doi.org/10.1111/j.1547-5069.2009.01322.x>
- Punch, S., & Rogers, A. (2022). Building, not burning bridges in research: Insider/outsider dilemmas and engaging with the bridge community. *Journal of Leisure Research*, 53(2), 272-289. <https://doi.org/10.1080/00222216.2021.1887782>
- Pung, L.-X., & Goh, Y.-S. (2017). Challenges faced by international nurses when migrating: An integrative literature review. *International Nursing Review*, 64(1), 146-165. <https://doi.org/doi.org/10.1111/inr.12306>
- Quintini, G. (2011). Right for the job: Over-qualified or under-skilled? *OECD Social, Employment and Migration Working Papers*, 120(1), 1815199. <https://doi.org/10.1787/5kg59fcz3tkd-en>
- Rahmah, N. M., Hariyati, T. S., & Sahar, J. (2021). Nurses' efforts to maintain competence: A qualitative study. *Journal of Public Health Research*, 11(2). <https://doi.org/10.4081/jphr.2021.2736>
- Ramanadhan, S., Revette, A. C., Lee, R. M., & Aveling, E. L. (2021). Pragmatic approaches to analyzing qualitative data for implementation science: An introduction. *Implementation Science Communications*, 2(1), 70. <https://doi.org/10.1186/s43058-021-00174-1>
- Randa, M. B., & Phale, J. M. (2023). The effects of high nurses' turnover on patient care: Perspectives of unit managers in critical care units. *International Journal of Africa Nursing Sciences*, 19, 100580. <https://doi.org/10.1016/j.ijans.2023.100580>
- REDCap. (2022). *Welcome to REDCap*. <https://rdcap.acu.edu.au/>
- Regmi, P. R., Waithaka, E., Paudyal, A., Simkhada, P., & van Teijlingen, E. (2016). Guide to the design and application of online questionnaire surveys. *Nepal Journal of Epidemiology*, 6(4), 640-644. <https://doi.org/10.3126/nje.v6i4.17258>

- Reid-Searl, K., & Happell, B. (2012). Supervising nursing students administering medication: A perspective from registered nurses. *Journal of Clinical Nursing*, 21(13-14), 1998-2005. <https://doi.org/10.1111/j.1365-2702.2011.03976.x>
- Ressia, S., Strachan, G., & Bailey, J. (2017). Going up or going down? Occupational mobility of skilled migrants in Australia. *Asia Pacific Journal of Human Resources*, 55(1), 64-85. <https://doi.org/10.1111/1744-7941.12121>
- Rice, S., Winter, S. R., Doherty, S., & Milner, M. (2017). Advantages and disadvantages of using internet-based survey methods in aviation-related research. *Journal of Aviation Technology and Engineering*, 7(1), 5. <https://doi.org/10.7771/2159-6670.1160>
- Richardson-Tench, M., Nicholson, P., Taylor, B., & Kermode, S. (2018). *Research in nursing, midwifery and allied health: Evidence for best practice* (7th ed.). Cengage Australia. <https://books.google.com.au/books>
- Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on Psychological Science*, 15(6), 1295-1309. <https://doi.org/10.1177/1745691620927709>
- Roche, M. A., Duffield, C. M., Homer, C., Buchan, J., & Dimitrelis, S. (2015). The rate and cost of nurse turnover in Australia. *Collegian*, 22(4), 353-358. <https://doi.org/10.1016/j.colegn.2014.05.002>
- Roth, Berger, S., Krug, K., Mahler, C., & Wensing, M. (2021). Internationally trained nurses and host nurses' perceptions of safety culture, work-life-balance, burnout, and job demand during workplace integration: A cross-sectional study. *BMC Nursing*, 20(1), 77. <https://doi.org/10.1186/s12912-021-00581-8>
- Royal College of Nursing. (2021). *Nurse shortage now a crisis, says RCN*. <https://www.rcn.org.uk/news-and-events/news/wm-nhs-nurse-vacancies-rise>
- Rubin, A., & Babbie, E. R. (2016). *Empowerment series: Research methods for social work* (7th ed.). Cengage Learning. <https://www.researchgate.net/profile/Allen-Rubin/publication/237131811>
- Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., Ramjan, M., Zhao, Y., Hines, S., & Humphreys, J. S. (2021). Interventions for health workforce retention in rural and remote areas: A systematic review. *Human Resources for Health*, 19(1), 1-24. <https://doi.org/10.1186/s12960-021-00643-7>
- Ryan, M. (2003). A buddy program for international nurses. *The Journal of Nursing Administration*, 33(6). <https://journals.lww.com/jonajournal/Fulltext/2003/06000>
- Safari, K., McKenna, L., & Davis, J. (2022). Transition experiences of internationally qualified health care professionals: A narrative scoping review. *International Journal of Nursing Studies*, 129, 104221. <https://doi.org/10.1016/j.ijnurstu.2022.104221>
- Saks, M., & Allsop, J. (2012). *Researching health: Qualitative, quantitative and mixed methods*. Sage Publications. <https://books.google.com.au/books?hl=en&lr=&id=-uGXfzbqAmMC&o>
- Saks, M., & Allsop, J. (2019). *Introduction to researching health*. <https://books.google.com.au/books>
- Salami, B., & Nelson, S. (2014). The downward occupational mobility of internationally educated nurses to domestic workers. *Nursing Inquiry*, 21(2), 153-161. <https://doi.org/10.1111/inr.12400>

- Saleh, A., & Bista, K. (2017). Examining factors impacting online survey response rates in educational research: Perceptions of graduate students. *Journal of Multi Disciplinary Evaluation*, 13(2), 63-74. <https://eric.ed.gov/?id=ED596616>
- Scheler, M., & McAleer, G. (2017). *The nature of sympathy* (1st ed.). Routledge.
- Schoonenboom, J. (2022). Developing the meta-inference in mixed methods research through successive integration of claims. In *Routledge Handbook for Advancing Integration in Mixed Methods Research*. Taylor & Francis.
- Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *Kolner Zeitschrift für Soziologie und Sozialpsychologie*, 69(Suppl 2), 107-131. <https://doi.org/10.1007/s11577-017-0454-1>
- Settle, J., & Davis, M. (2022). *The effect of Magnet Hospitals on nursing burnout*. <https://mds.marshall.edu/cgi/viewcontent.cgi?article=2715&context=etd>
- Shaffer, F. A. (2014). Ensuring a global workforce: A challenge and opportunity. *Nurse Outlook*, 62(1), 1-4. <https://doi.org/10.1016/j.outlook.2013.08.001>
- Shaffer, F. A., Bakhshi, M., Cook, K., & Álvarez, T. D. (2022). International nurse recruitment beyond the COVID-19 pandemic: Considerations for the nursing workforce leader. *Nurse Leader*, 20(2), 161-167. <https://doi.org/10.1016/j.mnl.2021.12.001>
- Shah, S. K., Kimmelman, J., Lyerly, A., Lynch, H. F., Miller, F., Palacios, R., Pardo, C., & Zorrilla, C. (2018). Bystander risk, social value, and ethics of human research. *Science*, 360(6385), 158-159. <https://doi.org/10.1126/science.aag0917>
- Shang, J., You, L., Ma, C., Altares, D., Sloane, D. M., & Aiken, L. H. (2014). Nurse employment contracts in Chinese hospitals: Impact of inequitable benefit structures on nurse and patient satisfaction. *Human Resources for Health*, 12(1), 1. <https://doi.org/10.1186/1478-4491-12-1>
- Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC Nursing*, 13(1), 20. <https://doi.org/10.1186/1472-6955-13-20>
- Sherman, R. O. (2007). Leadership development needs of managers who supervise foreign nurses. *Leadership in Health Services*, 20(1), 7-15. <https://doi.org/10.1108/17511870710721444>
- Sherry, G. (2010). *Nurse practitioners: The evolution and future of advanced practice*. Springer Publishing Company.
- SkillSurvey. (2021). *Concerned with nurse retention? SkillSurvey finds that reference feedback helps to predict RN turnover*. <https://www.skillsurvey.com/reference-feedback-predict-nurse-turnover/>
- Skukauskaitė, A., Yilmazlı Trout, I., & Robinson, K. A. (2022). Deepening reflexivity through art in learning qualitative research. *Qualitative Research*, 22(3), 403-420. <https://doi.org/10.1177/1468794120985676>
- Smith, C. D., Fisher, C., & Mercer, A. (2011). Rediscovering nursing: A study of overseas nurses working in Western Australia. *Nursing & Health Sciences*, 13(3), 289-295. <https://doi.org/10.1111/j.1442-2018.2011.00613.x>
- Smith, J. B., Herinek, D., Woodward-Kron, R., & Ewers, M. (2022). Nurse migration in Australia, Germany, and the UK: A rapid evidence assessment of empirical research involving migrant nurses. *Policy Politics & Nursing Practice*, 23(3), 175-194. <https://doi.org/10.1177/15271544221102964>
- Smith, P., Allan, H., Henry, L., J, L., & M., M. (2006). Valuing and recognising the talents of a diverse healthcare workforce. *EU Commission*. <http://portal.surrey.ac.uk/reoh>

- Socialstyrelsen. (2021). *Specialist nurse educated outside the EU and EEA*. <https://legitimation.socialstyrelsen.se/en/recognition-of-a-specialist-qualification/utbildad-utanfor-euees/specialist-nurse-educated-outside-the-eu-and-eea/>
- Sokhanvar, M., Kakemam, E., Chegini, Z., & Sarbakhsh, P. (2018). Hospital nurses' job security and turnover intention and factors contributing to their turnover intention: A cross-sectional study. *Nursing and Midwifery Studies*, 7(3), 133-140. <https://doi.org/10.4103/2322-1488.235640>
- Squellati, R., & Zangaro, G. A. (2022). Eight ways nurses can manage a burnt-out leader. *Nursing Clinics of North America*, 57(1), 67-78. <https://doi.org/10.1016/j.cnur.2021.11.005>
- Stankiewicz, G., & O'Connor, M. (2014). Overseas qualified nurses in Australia: Reflecting on the issue. *Australian Journal of Advanced Nursing*, 31, 32-38. <https://doi.org/10.3316/INFORMIT.285616000051555>
- Stephen, S., & Vijay, V. R. (2019). Metamorphosis of nursing profession: An Indian perspective. *Journal of Global Health*, 9(2), 020314-020314. <https://doi.org/10.7189/jogh.09.020314>
- Stephenson, J. (2014, August 19). Australian red tape leaves UK nurses unable to work. *Nursing Times*. <https://www.nursingtimes.net/roles/nurse-managers/australian-red-tape-leaves-uk-nurses-unable-to-work-19-08-2014/>
- Stodart, K. (2018). Workforce carries load of cultural misunderstanding. *Kai Tiaki: Nursing New Zealand*, 24(1), 24-25. <https://www.proquest.com/docview/2010774699?pq-origsite=gscholar&fromopenview=true>
- Storm, K. I. L., Reiss, L. K., Guenther, E. A., Clar-Novak, M., & Muhr, S. L. (2023). Unconscious bias in the HRM literature: Towards a critical-reflexive approach. *Human Resource Management Review*, 33(3), 100969. <https://doi.org/10.1016/j.hrmr.2023.100969>
- Stubbs, F. (2017). Recruitment of nurses from India and their experiences of an Overseas Nurses Program. *Nursing in Critical Care*, 22(3), 176-183. <https://doi.org/10.1111/nicc.12181?src=getftr>
- Suleiman, K., Miro, K., Heli, K., Ashlee, O., Marco, T., Jonna, J., Anna-Maria, T., & Kristina, M. (2022). Integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments: An umbrella review. *International Journal of Nursing Studies*, 136, 104377. <https://doi.org/10.1016/j.ijnurstu.2022.104377>
- Sullivan, G. M., & Artino, A. R., Jr. (2013). Analyzing and interpreting data from Likert-type scales. *Journal of Graduate Medical Education*, 5(4), 541-542. <https://doi.org/10.4300/jgme-5-4-18>
- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy*, 68(3), 226-231. <https://doi.org/10.4212/cjhp.v68i3.1456>
- Sykes, J., Ferri, L., Kiernan, D., Koschade, K., & Wood, L. (2014). Prostate cancer specialist nurses in Australia-changing the face of supportive care through a national approach. *Australian Journal of Cancer Nursing*, 15(2), 22-28. <https://doi.org/10.3316/INFORMIT.745459097267011>
- Symes, H. A., Boulet, J., Yaghmour, N. A., Wallowicz, T., & McKinley, D. W. (2022). International medical graduate resident wellness: Examining qualitative data from J-1 visa physician recipients. *Academic Medicine*, 97(3), 420-425. <https://doi.org/10.1097/ACM.0000000000004406>

- Tabor, A. S., Milfont, T. L., & Ward, C. (2015). International migration decision-making and destination selection among skilled migrants. *Journal of Pacific Rim Psychology, 9*(1), 28-41. <https://doi.org/10.1017/prp.2015.3>
- Tan, A. J. Q., Chua, W. L., McKenna, L., Tan, L. L. C., Lim, Y. J., & Liaw, S. Y. (2023). Interprofessional collaboration in telemedicine for long-term care: An exploratory qualitative study. *Journal of Nursing Scholarship, 55*(6), 1227-1237. <https://doi.org/10.1111/jnu.12925>
- The National Breast Cancer Centre. (2005). *Specialist breast nurse competency standards and associated educational requirements*. <https://www.canceraustralia.gov.au/sites/default>
- The National Health and Medical Research Council. (2018). *National statement on ethical conduct in human research*. <https://www.nhmrc.gov.au/guidelines-publications/e72>
- Thompson, M., & Walton-Roberts, M. (2019). International nurse migration from India and the Philippines: The challenge of meeting the sustainable development goals in training, orderly migration and healthcare worker retention. *Journal of Ethnic and Migration Studies, 45*(14), 2583-2599. <https://doi.org/10.1080/1369183X.2018.1456748>
- Tikkanen, R., Osborn, R., Mossialos, E., Djordjevic, A., & Wharton, G. (2020). *International profiles of health care systems*. www.commonwealthfund.org/sites/default/files/2020-12/International_Profiles_of_Health_Care_Systems_Dec2020.pdf
- Timilsina Bhandari, K. K., Xiao, L. D., & Belan, I. (2015). Job satisfaction of overseas-qualified nurses working in Australian hospitals. *International Nursing Review, 62*(1), 64-74. <https://doi.org/10.1111/inr.12146>
- Tohmola, A., Saarnio, R., Mikkonen, K., Kyngäs, H., & Elo, S. (2022). Competencies relevant for gerontological nursing: Focus-group interviews with professionals in the nursing of older people. *Nordic Journal of Nursing Research, 42*(3), 123-132. <https://doi.org/10.1177/20571585211030421>
- Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry, 16*(3), 182-190. <https://doi.org/10.1111/j.1440-1800.2009.00448.x>
- Tuominen, J. M. (2023). *Leadership strategies in resolving communication challenges among internationally educated nurses: A literature review* [Master's thesis, Arcada University of Applied Sciences]. <https://www.theseus.fi/handle/10024/816116?show=full>
- Turner, S. F., Cardinal, L. B., & Burton, R. M. (2017). Research design for mixed methods: A triangulation-based framework and roadmap. *Organizational Research Methods, 20*(2), 243-267. <https://doi.org/10.1177/1094428115610808>
- Ung, D. S. K., Goh, Y. S., Poon, R. Y. S., Lin, Y. P., Seah, B., Lopez, V., Mikkonen, K., Yong, K. K., & Liaw, S. Y. (2024). Global migration and factors influencing retention of Asian internationally educated nurses: a systematic review. *Human Resources for Health, 22*(1), 17. <https://doi.org/10.1186/s12960-024-00900-5>
- United Nations. (2022). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. <https://www.un.org/sustainabledevelopment/health/>
- Universities Australia. (2023). *International education adds \$29 billion to the economy*. <https://universitiesaustralia.edu.au/media-item/international-education-adds-29-billion-to-the-economy/>

- University of Alberta. (2019). *Joint displays to facilitate the integration of qualitative and quantitative research*. <https://www.ualberta.ca/international-institute-for-qualitative-methodology>
- Vafeas, C. J. (2013). *Migration matters: The experience of United Kingdom registered nurses migrating to Western Australia* (Publication No.703). [Doctoral dissertation, Edith Cowan University]. <https://ro.ecu.edu.au/theses/703/>
- Vaismoradi, M., & Snelgrove, S. (2019). Theme in qualitative content analysis and thematic analysis. *Qualitative Social Research, 20*(3). <https://doi.org/10.17169/fqs-20.3.3376>
- Van den Broeck, J., Argeseanu Cunningham, S., Eeckels, R., & Herbst, K. (2005). Data cleaning: Detecting, diagnosing, and editing data abnormalities. *PLOS Medicine, 2*(10), e267. <https://doi.org/10.1371/journal.pmed.0020267>
- Van Mol, C. (2017). Improving web survey efficiency: The impact of an extra reminder and reminder content on web survey response. *International Journal of Social Research Methodology, 20*(4), 317-327. <https://doi.org/10.1080/13645579.2016.1185255>
- Van Oostveen, C. J., Goedhart, N. S., Francke, A. L., & Vermeulen, H. (2017). Combining clinical practice and academic work in nursing: A qualitative study about perceived importance, facilitators and barriers regarding clinical academic careers for nurses in university hospitals. *Journal of Clinical Nursing, 26*(23-24), 4973-4984. <https://doi.org/10.1111/jocn.13996>
- Vatankhah, S., Alirezaei, S., & Gorji, H. A. (2019). Affecting factors on nurses outflows in Iran: A systematic review. *Bali Medical Journal, 8*(1), 21-29. <https://doi.org/10.15562/bmj.v8i1.1158>
- Vink, J., & Koskela-Huotari, K. (2022). Building reflexivity using service design methods. *Journal of Service Research, 25*(3), 371-389. <https://doi.org/10.1177/10946705211035004>
- Vogl, S. (2023). Mixed methods longitudinal research. *Forum: Qualitative Social Research, 24*(1). <https://doi.org/10.17169/fqs-24.1.4012>
- Walani, S. R. (2015). Global migration of internationally educated nurses: Experiences of employment discrimination. *International Journal of Africa Nursing Sciences, 3*, 65-70. <https://doi.org/10.1016/j.ijans.2015.08.004>
- Walton-Roberts, M., Runnels, V., Rajan, S. I., Sood, A., Nair, S., Thomas, P., Packer, C., MacKenzie, A., Tomblin Murphy, G., Labonté, R., & Bourgeault, I. L. (2017). Causes, consequences, and policy responses to the migration of health workers: Key findings from India. *Human Resources for Health, 15*(1), 1-18. <https://doi.org/10.1186/s12960-017-0199-y>
- Warshawsky, N. E., Caramanica, L., & Cramer, E. (2020). Organizational support for nurse manager role transition and onboarding: Strategies for success. *The Journal of Nursing Administration, 50*(5), 254-260. <https://doi.org/10.1097/NNA.0000000000000880>
- West, E. (2000). Organisational sources of safety and danger: Sociological contributions to the study of adverse events. *British Medical Journal Quality & Safety, 9*(2), 120-126. <https://doi.org/10.1136/qhc.9.2.120>
- Western Health. (2023). *Nursing and midwifery international recruitment guide for unit manager & NMWU team*. <https://westerly.wh.org.au/nursing-midwifery>
- Weston, M. J. (2022). Strategic planning for a very different nursing workforce. *Nurse Leader, 20*(2), 152-160. <https://doi.org/10.1016/j.mnl.2021.12.021>
- White, E. M., Wetle, T. F., Reddy, A., & Baier, R. R. (2021). Front-line nursing home staff experiences during the COVID-19 Pandemic. *Journal of the American*

- Medical Directors Association*, 22(1), 199-203.
<https://doi.org/10.1016/j.jamda.2020.11.022>
- Wilkes, L., Luck, L., & O’Baugh, J. (2015). The role of a clinical nurse consultant in an Australian Health District: A quantitative survey. *BMC Nursing*, 14(1), 1-7.
<https://doi.org/10.1186/s12912-015-0075-9>
- Wolcott, K., Llamado, S., & Mace, D. (2013). Integration of internationally educated nurses into the US workforce. *Journal for Nurses in Professional Development*, 29(5), 263-268. <https://doi.org/10.1097/01.NND.0000433145.43933.98>
- World Bank. (2022). *The world needs more and better nurses. Here’s how the education sector can help*. <https://blogs.worldbank.org/education/world-needs-more-and-better-nurses-heres-how-education-sector-can-help>
- World Health Organisation. (2022). *Nursing and midwifery*. Retrieved 22 October 2022 from <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>
- World Health Organization. (2020a). A regional guide to the development of nursing specialist practice. <https://applications.emro.who.int/docs/WHOEMNUR432E-eng.pdf>
- World Health Organization. (2020b). *A regional guide to the development of nursing specialist practice*. <https://applications.emro.who.int/docs/WHOEMNUR432E-eng.pdf>
- World Health Organization. (2020c). *State of the world’s nursing 2020: Investing in education, jobs, and leadership*. <https://apps.who.int/iris/bitstream/handle/10665/331677/9789240004863-ara.pdf>
- World Health Organization. (2020d). *State of the world’s nursing 2020: Investing in education, jobs, and leadership*. <https://www.voced.edu.au/content/ngv:86174>
- World Health Organization. (2020e). *WHO and partners call for urgent investment in nurses*. <https://www.who.int/news/item/07-04-2020-who-and-partners-call-for-urgent-investment-in-nurses>
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640-653.
<https://doi.org/10.1016/j.ijnurstu.2013.08.005>
- Xu, Y. (2011). A comparison of regulatory standards for initial registration/licensure of internationally educated nurses in the United Kingdom, Australia, Canada, and the United States. *Journal of Nursing Regulation*, 2(3), 27-36.
[https://doi.org/10.1016/S2155-8256\(15\)30270-2](https://doi.org/10.1016/S2155-8256(15)30270-2)
- Xue, T., Jiang, W.-B., Ma, M.-D., Zhang, J., Lu, M.-H., & Jiang, Y.-M. (2020). Factors associated with the nurses’ intent to stay in China, Japan, and Korea: An integrative review. *Frontiers of Nursing*, 7(3), 269-278.
<https://doi.org/doi:10.2478/fon-2020-0037>
- Yahes, E., & Dunn, A. K. (1996). Enculturation of foreign nurse graduates: An integrated model. *The Journal of Continuing Education in Nursing*, 27(3), 120-123. <https://doi.org/10.3928/0022-0124-19960501-08>
- Yayeh, F. A. (2021). Focus Group Discussion (FGD) as a data collection tool in Economics. *Daagu International Journal of Basic & Applied Research*, 3(1), 52-61. <https://www.researchgate.net>
- Younas, A., Fàbregues, S., & Creswell, J. W. (2023). Generating metainferences in mixed methods research: A worked example in convergent mixed methods designs. *Methodological Innovations*, 16(3), 276-291.
<https://doi.org/10.1177/20597991231188121>

- Zanjani, M. E., Ziaian, T., Ullrich, S., & Fooladi, E. (2021). Overseas qualified nurses' sociocultural adaptation into the Australian healthcare system: A cross-sectional study. *Collegian*, 28(4), 400-407. <https://doi.org/10.1016/j.colegn.2020.12.005>
- Zhou, Y. (2014). The experience of China-educated nurses working in Australia: A symbolic interactionist perspective. *PLoS ONE*, 9(9), e108143-e108143. <https://doi.org/10.1371/journal.pone.0108143>
- Zhou, Y., Windsor, C., Theobald, K., & Coyer, F. (2011). The concept of difference and the experience of China-educated nurses working in Australia: A symbolic interactionist exploration. *International Journal of Nursing Studies*, 48(11), 1420-1428. <https://doi.org/10.1016/j.ijnurstu.2011.05.003>

Appendices:

Appendix A

The Research Portfolio Appendix

Publications:

Publications

- Kurup, C.**, Burston, A.S., Betihavas, V. & Jacob, E.R. (2024) Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review. *International Nursing Review*, 1–10. <https://doi.org/10.1111/inr.13029>
- Kurup, C.**, Betihavas, V., Burston, A., & Jacob, E. (2023). Strategies employed by developed countries in facilitating the transition of internationally qualified nurses' specialty skills into clinical practice: An integrative review. *Nursing Open*. 10(12), 7528–7543. <https://doi.org/10.1002/nop2.2023>
- Kurup, C.**, Burston, A., Betihavas, V., & Jacob, E. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 1–14. <https://doi.org/10.1111/jan.15952>
- Kurup, C.**, Betihavas, V., Burston, A., & Jacob, E. (2024). Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis. *Nursing Open*. 11(1), e70032. <https://doi.org/10.1002/nop2.70032>
- Kurup, C.**, Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). From barriers to opportunities: Utilisation of specialty expertise of Internationally Qualified Nurses in Australia following immigration. *Nursing Open*
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Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

Harnessing the specialised skills of internationally qualified nurses: A cross-sectional survey. *Nursing Open*

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). Finding a fit: How recruiting managers utilise the specialty skills of internationally qualified nurses. *Nursing Open*

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). Exploring the utilisation of internationally qualified nurses' specialty skills: Analysis of recruiting managers' viewpoints. *Nursing Open*

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**SIGN HERE. YOU MUST SELECT ALL APPLICABLE OPTIONS BY CHECKING THE BOX(ES) [X] BELOW.
NOTE WHERE ADDITIONAL INFORMATION OR SIGNATURES MAY BE REQUIRED.**

Author's signature: Chanchal Kurup

Date: August 29, 2024

YOU MUST MAKE AT LEAST ONE SELECTION:

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Name of Government/Organization:

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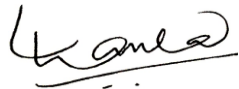
Date: _____

Statement of the contribution of others

Publication #1

Kurup, C., Burston, A.S., Betihavas, V. & Jacob, E.R. (2024) Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review. *International Nursing Review*, 1–10. <https://doi.org/10.1111/inr.13029>

Contributor	Contribution areas
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p>	<p>Conducted Literature review.</p> <p>Analysed and synthesised data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p>	<p>Conducted Literature review.</p> <p>Analysed and synthesised data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p> <p>I acknowledge that my contribution to the above paper is 5 percent.</p>	<p>Conducted Literature review.</p> <p>Analysed and synthesised data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>



Professor Vasiliki Betihavas

Conducted Literature review.

U Betihavas

Analysed and synthesised data

Wrote the paper.

I acknowledge that my contribution to




Edited the paper

the above paper is 5 percent

Publication #2

Kurup, C., Betihavas, V., Burston, A, & Jacob, E. (2023). Strategies employed by developed countries in facilitating the transition of internationally qualified nurses' specialty skills into clinical practice: An integrative review. *Nursing Open*.10(12), 7528–7543.

<https://doi.org/10.1002/nop2.2023>

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Conducted Policy review.</p> <p>Analysed and synthesised data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Conducted Policy review.</p> <p>Analysed and synthesised data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p> <p>I acknowledge that my contribution to the above paper is 5 percent.</p> 	<p>Conducted Policy review.</p> <p>Analysed and synthesised data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>

Professor Vasiliki Betihavas

Conducted Policy review.

U Betihavas

Analysed and synthesised data

Wrote the paper.




I acknowledge that my contribution to

Edited the paper

the above paper is 5 percent

Publication #3

Kurup, C., Burston, A., Betihavas, V, & Jacob, E. (2023). The perspectives of internationally qualified nurses regarding their specialty skill transition to Australia: A cross-sectional survey. *Journal of Advanced Nursing*, 1–14. <https://doi.org/10.1111/jan.15952>

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Statistical analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Statistical analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p> <p>I acknowledge that my contribution to the above paper is 5 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Statistical analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Vasiliki Betihavas</p>	<p>Designed experiment.</p>

U Behavias

I acknowledge that my contribution to
the above paper is 5 percent

Collected data.
Statistical analysis of data
Wrote the paper.
Edited the paper

Publication #4

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2024). Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis. *Nursing Open*. 11(1), e70032.
<https://doi.org/10.1002/nop2.70032>

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p> <p>I acknowledge that my contribution to the above paper is 5 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Vasiliki Betihavas</p>	<p>Designed experiment.</p>

U Behavias

I acknowledge that my contribution to
the above paper is 5 percent

Collected data.

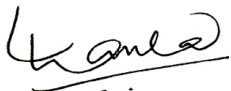


Qualitative analysis of data

Wrote the paper.

Edited the paper

Publication #5

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024). From barriers to opportunities: Utilisation of specialty expertise internationally qualified nurses in Australia following immigration. *Nursing Open*

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Statistical analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Statistical analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Vasiliki Betihavas</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Statistical analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p>	<p>Designed experiment.</p> <p>Collected data.</p>

I acknowledge that my contribution to
the above paper is 5 percent.



Statistical analysis of data




Wrote the paper.

Edited the paper

Publication #6

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

Harnessing the specialised skills of internationally qualified nurses: A cross-sectional survey. *Nursing Open*

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper %</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p> <p>I acknowledge that my contribution to the above paper is 5 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Vasiliki Betihavas</p>	<p>Designed experiment.</p>

U Behavias

I acknowledge that my contribution to
the above paper is 5 percent.

Collected data.

Qualitative analysis of data




Wrote the paper.

Edited the paper

Publication #7

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

Finding a fit: How recruiting managers utilise the specialty skills of internationally qualified nurses. *Nursing Open*

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Vasiliki Betihavas</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p>	<p>Designed experiment.</p> <p>Collected data.</p>

I acknowledge that my contribution to
the above paper is 5 percent.



Qualitative analysis of data

Wrote the paper.




Edited the paper

Publication #8:

Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (Submitted, July 2024).

Exploring the utilisation of internationally qualified nurses' specialty skills:

Analysis of recruiting managers' viewpoints. *Nursing Open*

Contributor	Statement of contribution
<p>Chanchal Kurup (Candidate)</p> <p>I acknowledge that my contribution to the above paper is 85 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Elisabeth Jacob</p> <p>I acknowledge that my contribution to the above paper is 5 percent</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Dr Adam Burston</p> <p>I acknowledge that my contribution to the above paper is 5 percent.</p> 	<p>Designed experiment.</p> <p>Collected data.</p> <p>Qualitative analysis of data</p> <p>Wrote the paper.</p> <p>Edited the paper</p>
<p>Professor Vasiliki Betihavas</p>	<p>Designed experiment.</p> <p>Collected data.</p>

U Behavias

Qualitative analysis of data

Wrote the paper.

Edited the paper

I acknowledge that my contribution to
the above paper is 5 percent

Appendix B

Awards:

People Choice Award CQU Research Symposium at Brisbane (2022, October 27-28).



3rd place in the health workforce category of the CQU Research Symposium at Brisbane (2022, October 27-28).



Best presenter award in ICTNFD 2023: XVII. International Conference on Transcultural Nursing and Future Directions (2023, January 30-31).



From: [Chanchal Kurup](#)
To: [Chanchal Kurup](#)
Subject: FW: Chanchal Kurup: 2024 ACU 3MT Faculty Heat - Outcome
Date: Thursday, 22 August 2024 10:00:10 AM
Attachments: [Outlook-chto3oo.png](#)

From: HDR Projects <HDR.Projects@acu.edu.au>
Sent: Monday, August 19, 2024 9:15:27 AM
To: Chanchal Kurup <chanchal.kurup@myacu.edu.au>
Subject: Chanchal Kurup: 2024 ACU 3MT Faculty Heat - Outcome

Dear Chanchal,

Congratulations on being selected by your faculty as a finalist for the 2024 ACU 3MT Competition!

The ACU 3MT Final webinar will be held in September (date/time to be confirmed) and will showcase the video submissions from the selected ACU 3MT Finalists. We are hoping to confirm details soon and will let you know as soon as possible. In the meantime, please read the next steps as there are some further actions required.

Next steps for the ACU 3MT Final

1. Feedback from your faculty judging panel:

Please see feedback below from your faculty regarding your 3MT video submission.

- Presentation is well delivered and engaging. Image doesn't really enhance the presentation.
- Great engagement and well delivered presentation. Set the scene with a clear example that everyone could understand. The slide could have been used more effectively.
- Great presentation. Excellent summary of the project and outcomes for a non-specialist audience. Well done.
- Clear, excellent use of intonation and speed of speech. Unclear research question. Would make sense to a layperson audience. Slide was reasonable, but minimalist and a stock-type of photo. Presenter did convey enthusiasm well.
- Use of case study "Maria" assisted in the provision of the background of the study and in setting the scene. Research methods provided.

2. Option to re-record your video

You have the option to either submit your current presentation or re-record and submit a new video for the Final.

- If you choose to submit a new video, please upload your final video in the '3MT Final' folder in your [SharePoint folder](#) by 11:59pm AEST **Monday 2 September**.
- If we do not receive a video from you by this date, we will present your current 3MT Video submission that we have on file.

Please ensure you follow the rules as outlined below:

- [Virtual Competition Rules](#)
- [3MT video recording competitor guide](#)
- If possible, please also include transcription with your video to support accessibility.
- You may also find these videos helpful if you are thinking about re-recording your video (courtesy of Griffiths University):
 - [Filming your 3MT video](#)
 - [Editing your 3MT Video](#)

3. Please also provide the following items

Please upload the following items into your '3MT Final' SharePoint folder by **Monday 2 September**

- **Your profile photo** (headshot). If you don't have one already, this [article](#) has some good tips.
- **Short biography**- tell us about yourself/ your research (~100 words)

We will be in touch soon with more details about the Final. In the meantime, if you have any further questions or issues, please contact me via HDR.projects@acu.edu.au

Congratulations again and good luck in the finals.

Kind regards,

Carolyn

Carolyn Hanna

Senior Graduate Research School Officer

Office of the Deputy Vice-Chancellor, Research and Enterprise

Australian Catholic University



115 Victoria Parade

Fitzroy Vic 3065

T: +61 3 9230 8586

E: carolyn.hanna@acu.edu.au

W: www.acu.edu.au

I acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to land, sea and community. I honour our Elders past, present and emerging.

Australian Catholic University - CRICOS 00004G. This email may contain information that is confidential, privileged or constitutes personal information. If you have received this email in error, you are not authorised to use or share it. Please delete it immediately and notify the sender.

Appendix C

28 June 2022

Chanchal KURUP
Student ID: S00194693
E: chanchal.kurup@myacu.edu.au

Dear Chanchal,

Congratulations. I am pleased to advise that you have been awarded a stipend scholarship to assist in covering living costs during your candidature.

The details of your offer are as follows:

Scholarship: Research Training Program Stipend Scholarship
Scholarship commencement: 04 July 2022
Scholarship expiry date: 03 October 2024



Scholarship Application: Postgraduate Research

Thursday, August 15, 2024

Submission ID:
5995035476271064515

Are you a member of the Australian Nurses Memorial Centre (ANMC)?

Yes

1. Personal Details

Name	Chanchal Vijayan Kurup
Email	c.kurup@cqu.edu.au
Mobile	0469 793 999
Landline	(07) 4930 9172
Address	186 Craig street Berserker, QLD, 4701
AHPRA Registration Number	NMW0001641884
Are you an Australian Citizen or Permanent Resident?	Yes
Employer	Central Queensland University
Position of employment	Lecturer/Assistant Head of the Course

Appendix D

Impact



From: [Tanya Vogt](#)
To: [Moira Williamson](#)
Cc: [Chanchal Kurup](#); [Adeniyi Adeleye](#); [Alan Merritt](#); [Kathryn Baird](#); [Emma Peden](#)
Subject: RE: Summary of meeting Thursday 27th June: CQU and Tanya Vogt ANMAC CEO re international nursing qualifications.
Date: Tuesday, 2 July 2024 12:25:08 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image267937.png](#)
[image469947.png](#)
[image066895.png](#)

Thanks Moira

It was a really great meeting – and to engage with Chanchal and Ade and hear (a little) about the work they do and research they are progressing was really fabulous.

I have reached out to both the Skilled Migration and Accreditation teams and we would support some time together to:

- Explore and understand the scope and delivery of the preparation program for the NMBAs Registered Nurse Objective Structured Clinical Examination (OSCE)
- Details of both Chanchal Kurup and Adeniyi Adeleye PhD research relevant to Skilled Migration and Accreditation.
- Further discussions about the opportunities of delivery of Education programs offshore.

Should Chanchal and Adeniyi and yourself think that it would be worthwhile holding a workshop together – 2-4 hours we would be more than willing to host – the week of the 22 July or 29 July (on select days) could work for us. Please let me know – alternately we could arrange some sessions online?

It would also be great if you would send through the Flyer for the preparation program so we can assist with the promotion,

Thanks again.

Tanya

Tanya Vogt
Chief Executive Officer

P 02 6257 7960 | M 0438 636 626
E tanya.vogt@anmac.org.au



From: [Research Grants](#)
To: [Dean SNMSS: Chanchal Kurup](#)
Cc: [Research Grants: Lydia Mainey](#)
Subject: RE: Final_CQUniversity_Environmental Scan 4.07
Date: Thursday, 4 July 2024 4:55:24 PM
Attachments: [image008.png](#)
[image009.png](#)
[image010.png](#)
[image011.png](#)
[image012.png](#)
[image013.png](#)
[image014.png](#)
[image015.png](#)

Hi Chanchal, Moira and team,
 The Director, Office of Research has approved your application as per the details in the table below.
 Once the application has been submitted, please send us a copy of the application and confirmation of submission for our records.
 Best of luck and please keep us informed of any correspondence relating to this grant.

Lead CI & School, Centre/Institute	Chanchal Kurup, SNMSS
Team & School	Lydia Mainey, Adeniya Adeley, Amy-Louise Byrne, Moira Williamson, Sheehan Thampapillai, Justine Connor, Tracy Flenady
Partners	
Title	<i>Environmental scan of the Indian Nursing Education system and how it translates to the Australian approach</i>
Due Date	Friday, 5 July 2024
Funder & Scheme	Australian Nursing and Midwifery Accreditation Council - Environmental Scan EO1
Funds to CQU	\$66,454 - Salary recharge Mainey, Kurup, Adeleye, Byrne 145 hours each over four weeks \$53,163 - ICL \$13,290 (25% ICL applied)
CQU in-kind	Williamson, Thampapillai, Connor, Flenady - advisory/mentor roles not costed
CQU cash	NIL
DDR Approval	DDR SNMSS Approved

Kind regards,
 Kelly

Kelly Corry
 Senior Research Grants Officer | Research Division | CQUniversity
 P +61 7 4923 2214 | X 52214 | E research-grants@cqu.edu.au

From: Elizabeth Tollenare <Elizabeth.Tollenare@acn.edu.au>
Sent: Monday, September 2, 2024, 6:05 PM
To: Chanchal Kurup c.kurup@cqu.edu.au; Ylona Chun Tie Ylona.ChunTie@acn.edu.au; Caroline Browne Caroline.Browne@acn.edu.au; Jay Balante Jay.Balante@acn.edu.au
Subject: Global Nursing Faculty Research Working Party- Expertise sought!

Dear Global Faculty Members,

The Faculty has been asked by ACN to develop a guiding principles document around the employer's role in facilitating the smooth transition of overseas educated nurses into the Australian nursing workforce. We are looking for interested members with research experience to contribute actively to a working party on this topic.

If you have previous research experience and are interested in joining a team to develop a scoping review around this topic, we would love to hear from you! At this stage, we are just looking for general expressions of interest via return email and will then arrange a meeting to discuss further plans. The bulk of the work will take place in 2025.

We looking forward from hearing from you.

Kind Regards

The Global Faculty Leadership Team

From: Seng, Katrina <Katrina.Seng@health.wa.gov.au>
Sent: Thursday, August 1, 2024 4:17 PM
To: Colleen Ryan <c.l.ryan@cqu.edu.au>; Chanchal Kurup <c.kurup@cqu.edu.au>
Subject: RE: re e- introductions

Thanks Colleen,,
[@Chanchal Kurup](#) I would love for you to talk to our Regional Senior Nursing Hot Topics. This is a

weekly forum we hold, on TEAMS, that all Nurse Manager/Consultant and above are invited too.

Recruitment is out hot topic atm.

I will send a invite for a quick 30 min catch up to discuss topic points,

Kind regards,

Katrina Seng | Regional Director Nursing & Midwifery
WA Country Health Service Pilbara
Pilbara Regional Office, 2-34 Colebatch Way SOUTH HEDLAND WA 6722
PMB 12, South Hedland WA 6722
T: (08) 9174 1651 | M: 0417904903
E: katrina.seng@health.wa.gov.au | W: www.wacountry.health.wa.gov.au

You may receive my email outside regular working hours because it suits me to work then. I don't expect you to read it, respond to or action it outside your working hours.



A 24/7 national support service
for nurses & midwives providing access
to confidential advice and referral.

From: [Julie Kahl](#)
To: [Chanchal Kurup](#)
Subject: International recruitment
Date: Friday, 4 November 2022 3:54:43 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Hi Chanchal,

I met with Lydia Mainey this morning regarding re-entry to practice programs and we were discussing strategies to assist with our recruitment.

Lydia mentioned you were doing your PhD in relation to International nurses transitioning. I was wondering if we could catch up to discuss some ideas that I would love your advice on?

Kind regards Julie

Julie Kahl

Nursing Director- Education and Research
Honorary Doctorate (Central Queensland University)
Adjunct Associate Professor (Central Queensland University)

Education and Research Unit
Central Queensland Hospital and Health Service
Phone: 07 4920 6513
Mobile: 0448 642 925
Email: julie.kahl@health.qld.gov.au
Address: Darnell Building, Canning Street, Rockhampton Hospital, Rockhampton 4700

    www.health.qld.gov.au/cq



CQ Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.



From: [Maria Cassar](#)
To: [Chanchal Kurup](#)
Cc: [Chanchal Kurup](#)
Subject: Re: FW: Publication
Date: Monday, 15 January 2024 5:35:17 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Hello and happy new year.
I was wondering if you may have had the time to explore the supervisory potential / possibility of a student from Malta with ref to our online discussion last month.

Looking forward to hearing from you
regards and thanks
Maria

On Sun, 19 Nov 2023 at 12:40, Chanchal Kurup <c.kurup@cqu.edu.au> wrote:

Hi Maria,

Thank you for your email.

I appreciate the thoughtful connection you've initiated. I have some exciting plans and research interests spanning multiple regions. I will certainly reach out to discuss them further. In the meantime, if there are any developments that could benefit from the perspectives of an Indian nurse currently engaged in Australian academia as a lecturer, please don't hesitate to get in touch with me.

Looking forward to future collaborations.

Kind regards,



Chanchal Kurup (PhD [Candidate], MClInEd, GCertClimNurs, RN BN)
Lecturer | Undergraduate Nursing Program

Academic Liason- Graduate certificate in nursing

Learning Advisor Indigenous Advancement Strategy

B18 L1.11 Yaamba Rd, Norman Gardens QLD 4701

CQUniversity Australia,
P +61 7 49309172 | X 59172 | E c.kurup@cqu.edu.au

Appendix E

IQN Survey

Confidential

Page 1

The use of specialty skills among internationally qualified nurses in Australia; selection criteria

Aim: The purpose of this research project is to explore the views of Internationally Qualified Nurses (IQNs) on their specialty skill transfer to Australian healthcare

Participation in this study is voluntary. If you agree to participate in this study, you will be asked to complete a short anonymous online survey. It will take less than 10-15 minutes for you to complete. There will be no consequences for non-participation. Consent will be obtained by consenting electronically on the survey. However, once responses are submitted, it will not be possible to withdraw due to the anonymous nature of the survey.

Please open and read the participant information sheet if you wish to access more information about this study.

Directions:

Answer each question by clicking the circle near the answer. If you wish to add any additional text, you can do so by writing a brief response on the line next to the item. Please complete all questions, and once completed, the survey will automatically save responses. Please click on save or submit at the completion of the survey. If you are feeling uncomfortable completing the survey, you may withdraw at any stage by simply logging out from the server. Please refer to the information sheet (hyperlink) for counselling arrangements should you feel any discomfort or distress.

Please open and read the participant information letter if you wish to access more information about this study and consent to participate in the survey

[Attachment: "PARTICIPANT INFORMATION LETTER- Survey 1.pdf"]

Are you 18 years or above Yes
 No

After reading the Participant Information Sheet, do you consent to participate in this survey? Yes
 No

Do you have a registered nursing qualification from overseas? Yes
 No

Did you classify yourself as a Specialty nurse prior to coming to Australia? Yes
 No

Have you worked as a registered nurse in Australia for at least one year? Yes
 No

The use of specialty skills among internationally qualified nurses in Australia; survey

Demographic Information

- | | |
|---|--|
| Age | <input type="radio"/> 18-24
<input type="radio"/> 25-34
<input type="radio"/> 35-44
<input type="radio"/> 45-54
<input type="radio"/> 55-64
<input type="radio"/> 65 and over |
| Gender | <input type="radio"/> • Male
<input type="radio"/> • Female
<input type="radio"/> • Non-Binary Third Gender
<input type="radio"/> • Prefer not to say |
| What state or territory do you live or work in? | <input type="radio"/> • WA
<input type="radio"/> • Tasmania
<input type="radio"/> • QLD
<input type="radio"/> • NT
<input type="radio"/> • NSW
<input type="radio"/> • SA
<input type="radio"/> • VIC
<input type="radio"/> • ACT |
| What is your country of birth | <input type="radio"/> • India
<input type="radio"/> • The People's Republic of China
<input type="radio"/> • The United Kingdom
<input type="radio"/> • The Philippines
<input type="radio"/> • Vietnam
<input type="radio"/> • Nepal
<input type="radio"/> • New Zealand
<input type="radio"/> • Pakistan
<input type="radio"/> • Bangladesh
<input type="radio"/> • Other _____ |
| Which year did you immigrate to Australia | <input type="radio"/> • Before 1985
<input type="radio"/> • 1985-1995
<input type="radio"/> • 1996-2000
<input type="radio"/> • 2001-2010
<input type="radio"/> • 2011-2020
<input type="radio"/> • After 2021 |

In your understanding, what is the definition of a specialty nurse or clinical nurse specialist

Previous qualification questionnaire

What type of nursing education program did you undertake to become a registered nurse in your home country?

- Diploma
 • Associate Degree
 • Baccalaureate/ Degree
 • Hospital training
 • Master's Degree
 • Doctorate
 • Other _____

In which year did you complete your registered nurse training in your home country?

- Before 1985
 • 1985-1995
 • 1996-2000
 • 2001-2010
 • 2011-2020

What is the highest qualification you achieved in your home country (The country where a person was born and raised, regardless of the present country of residence and citizenship)?

- Diploma
 • Associate Degree
 • Baccalaureate/ Degree
 • Master's Degree
 • Doctorate
 • Hospital certificate
 • Other _____

Did you undertake specialty nurse training before coming to Australia?

- Yes
 • No
 • Other _____

How many years of clinical nursing experience as a registered nurse did you possess prior to coming to Australia?

- 0-5
 • 6-10
 • 11-15
 • 16-20
 • 20
 • 21-25
 • Above 25

Have you worked in any other country/countries than your home country, before coming to Australia?

- Yes _____
 No

What is the specialty are you worked in prior to coming to Australia?

- Aged care nursing
 • Mental health nursing
 • Public health nursing
 • Maternal and childcare nursing
 • Perioperative nursing
 • Critical care nursing (Emergency and ICU)
 • Rehab nursing
 • Renal nursing
 • Respiratory nursing
 • Cardiac nursing
 • Fertility clinic nursing
 • Cosmetic therapy nursing
 • Oncology nursing
 • Palliative nursing
 • Medical nursing
 • Surgical nursing
 • Education
 • Management
 • Research
 • Other _____

How many years did you work in that specialty area/discipline prior to coming to Australia

- 0-5
- 6-10
- 11-15
- 16-20
- 20
- 21-25
- Above 25

Current work setting questionnaire	
In which year did you start working as an RN in Australia	<input type="radio"/> • before 2000 <input type="radio"/> • 2000-2005 <input type="radio"/> • 2006-2010 <input type="radio"/> • 2011-2015 <input type="radio"/> • 2016-2020 <input type="radio"/> • After 2021
Have you worked in any other health care role (e.g., EN, PCA, AIN) in Australia?	<input type="radio"/> • Yes <input type="radio"/> • No
In which roles have you worked in the Australian health sector	<input type="radio"/> • Administration <input type="radio"/> • Assistant In Nursing <input type="radio"/> • PCA <input type="radio"/> • Enrolled nurse <input type="radio"/> • Other _____
What is your highest qualification achieved after immigrating to Australia?	<input type="radio"/> • Diploma <input type="radio"/> • Associate Degree <input type="radio"/> • Baccalaureate/ Degree <input type="radio"/> • Master's Degree <input type="radio"/> • Doctorate <input type="radio"/> • Hospital certificate <input type="radio"/> • No further qualification
To what degree do you believe that your foundational nurse training and education prepared you for nursing in Australia?	<input type="radio"/> • To a Great extent <input type="radio"/> • Somewhat <input type="radio"/> • Unsure <input type="radio"/> • Very little <input type="radio"/> • Not at all
What difference do you think exists between your nursing training and that of registered nurses educated in Australia?	_____
What is your current practice area as a nurse in Australia	<input type="radio"/> • Aged care nursing <input type="radio"/> • Mental health nursing <input type="radio"/> • Public health nursing <input type="radio"/> • Maternal and childcare nursing <input type="radio"/> • Perioperative nursing <input type="radio"/> • Critical care nursing (Emergency and ICU) <input type="radio"/> • Rehab nursing <input type="radio"/> • Renal nursing <input type="radio"/> • Respiratory nursing <input type="radio"/> • Cardiac nursing <input type="radio"/> • Fertility clinic nursing <input type="radio"/> • Cosmetic therapy nursing <input type="radio"/> • Oncology nursing <input type="radio"/> • Palliative nursing <input type="radio"/> • Medical nursing <input type="radio"/> • Surgical nursing <input type="radio"/> • Education <input type="radio"/> • Management <input type="radio"/> • Research <input type="radio"/> • Other _____
In your recruitment interview, did your hiring manager discuss your specialty skills obtained before coming to Australia?	<input type="radio"/> • Yes <input type="radio"/> • No

Do you believe your organisation recognised your previous skills and experiences in nursing and appointed you at an appropriate level	<input type="radio"/> • Strongly Agree <input type="radio"/> • Agree <input type="radio"/> • Neither agree and disagree <input type="radio"/> • Disagree <input type="radio"/> • Strongly disagree
Was a reference check performed by a clinician with an overseas referee?	<input type="radio"/> • Yes <input type="radio"/> • No <input type="radio"/> • Other _____
Was there a need to use an interpreter in communicating with the referee?	<input type="radio"/> • Yes <input type="radio"/> • No <input type="radio"/> • Other _____
Did any of your nursing certificates or references require translation into English	<input type="radio"/> • Yes <input type="radio"/> • No <input type="radio"/> • Other _____
Were you required to provide a copy of the transcript from your educational training institution where you did nurse in your pre-employment checks?	<input type="radio"/> • Yes <input type="radio"/> • No <input type="radio"/> • Other _____
What is your current employment status?	<input type="radio"/> • Full-time <input type="radio"/> • Part-time <input type="radio"/> • Agency casual <input type="radio"/> • Both part-time and agency/casual <input type="radio"/> • Other _____
Which one of the following best corresponds to your title in your work setting?	<input type="radio"/> • Registered Nurse <input type="radio"/> • Clinical Nurse Specialist/Clinical nurse/Nurse specialist <input type="radio"/> • Assistant Nurse Unit Manager <input type="radio"/> • Nurse Unit Manager <input type="radio"/> • Nurse Educator <input type="radio"/> • Lecturer <input type="radio"/> • Professor <input type="radio"/> • Researcher <input type="radio"/> • Other _____

Transferability of skills questionnaire (ability to use acquired skills in other areas)

I have been able to work in the nursing specialty that I developed in my home country	<input type="radio"/> • Strongly Agree <input type="radio"/> • Agree <input type="radio"/> • Neither agree and disagree <input type="radio"/> • Disagree <input type="radio"/> • Strongly disagree
Was further specialised training required to obtain work in this area in Australia	<input type="radio"/> • Yes <input type="radio"/> • No <input type="radio"/> • Other _____
Do you think completing the training program assisted you in securing a job in your specialty area?	<input type="radio"/> • Strongly Agree <input type="radio"/> • Agree <input type="radio"/> • Neither agree and disagree <input type="radio"/> • Disagree <input type="radio"/> • Strongly disagree

In your opinion, what were the factors that primarily facilitated your skill transition into the Australian health care system?					
	Extremely influential	Very influential	Somewhat influential	Slightly influential	Not at all influential
Linguistic sufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New cultural context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence (the feeling or belief that one can have faith in or rely on someone or something) to perform the specialty skills I acquired overseas in the Australian healthcare industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competence (the ability to do something successfully or efficiently) to perform the specialty skills in the Australian healthcare industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New contextual health service knowledge (the interrelated conditions in which something exists or occurs, in this situation, the health care situation of Australia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding the Scope of practice for Australian nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding the complexity in decision making in Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well managed transition pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate use of overseas reference checks/translation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence in overseas education among Australian recruiters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further studies in Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your view, are there other facilitators to specialty skill transition among IQNs

Do you have any further comments on the facilitators in skill transition?

There are many barriers to the transition of specialty skills. Please indicate how important each of these was for you in transitioning your specialty skills to Australia.

	Extreme barrier	Moderate barrier	Somewhat of a barrier	Slight barrier	Not a barrier
Linguistic insufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New cultural context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence to perform the specialty skills I acquired overseas in the Australian healthcare industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competence to perform the specialty skills in the Australian healthcare industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New contextual health service knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different Scope of practice for Australian nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complexity in decision making in Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transition pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial constraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of overseas reference checks/translation services accessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of confidence in overseas education among Australian recruiters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of opportunity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to further studies in Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your view, are there other barriers to specialty skill transition among IQNs

Do you have any further comments on the barriers in skill transition?

This is the end of survey. Clicking 'submit' indicates consent and the inability to withdraw the data due to the anonymous nature of the research.

Focus group contact details collection page IQN

To better understand your experience as an Internationally Qualified Nurse transitioning to Australia, we will be conducting a web-based focus group. Would like to share your valuable experience in a focus group.

Yes

No

(The email address and phone number are optional, but even if you choose to provide them, those details cannot be used to identify your response because the survey is anonymous.)

Please provide your email address

Please provide your phone number

Appendix F

Recruiting manager survey

Confidential

Page 1

Recruiting manager's selection criteria

Aim:

The purpose of this research project is to explore the view of Australian nurse managers on the specialty skill utilisation of their Internationally Qualified Nurses (IQNs) workforce. Participation in this study is voluntary. If you agree to participate in this study, you will be asked to complete a short anonymous online survey. It will take less than 10-15 minutes for you to complete. There will be no consequences for non-participation. Consent will be obtained electronically on the survey. However, once responses are submitted, it will not be possible to withdraw due to the anonymous nature of the survey.

Directions:

Answer each question by clicking the circle near the answer. If you wish to add any additional text, you can do so by writing a brief response on the line next to the item. Please complete all questions, and once completed, the survey will automatically save responses. Please click on save or submit at the completion of the survey. If you are feeling uncomfortable completing the survey, you may withdraw at any stage by simply logging out from the server.

Please open and read the participant information letter if you wish to access more information about this study and consent to participate in the survey.

[Attachment: "PARTICIPANT INFORMATION LETTER- Survey 2.pdf"]

-
- | | |
|---|---|
| 1) Are you 18 years or above? | <input type="radio"/> Yes
<input type="radio"/> No |
| 2) After reading the Participant Information Sheet, do you consent to participate in this survey? | <input type="radio"/> Yes
<input type="radio"/> No |
| 3) Are you an Australian nurse in a leadership role responsible for recruiting nurses | <input type="radio"/> Yes
<input type="radio"/> No |
-

Recruiting manager's survey

Demographic Information

Age	<input type="radio"/> 18-24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and over
Gender	<input type="radio"/> • Male <input type="radio"/> • Female <input type="radio"/> • Non-Binary Third Gender <input type="radio"/> • Prefer not to say
What state or territory do you live or work in?	<input type="radio"/> • WA <input type="radio"/> • Tasmania <input type="radio"/> • QLD <input type="radio"/> • NT <input type="radio"/> • NSW <input type="radio"/> • SA <input type="radio"/> • VIC <input type="radio"/> • ACT
Which one of the following best corresponds to your title in your work setting?	<input type="radio"/> • Registered Nurse <input type="radio"/> • Clinical Nurse Specialist/Clinical nurse/Nurse specialist <input type="radio"/> • Assistant Nurse Unit Manager <input type="radio"/> • Nurse Unit Manager <input type="radio"/> • Nurse Educator <input type="radio"/> • Lecturer <input type="radio"/> • Professor <input type="radio"/> • Researcher <input type="radio"/> • Other _____
Do you classify yourself as an internationally qualified nurse	<input type="radio"/> Yes <input type="radio"/> No
Which year did you immigrate to Australia	<input type="radio"/> • Before 1985 <input type="radio"/> • 1985-1995 <input type="radio"/> • 1996-2000 <input type="radio"/> • 2001-2010 <input type="radio"/> • 2011-2020 <input type="radio"/> • After 2021
In which country did you do your initial nurse training?	<input type="radio"/> • Australia <input type="radio"/> • India <input type="radio"/> • The People's Republic of China. <input type="radio"/> • The United Kingdom. <input type="radio"/> • The Philippines. <input type="radio"/> • Vietnam. <input type="radio"/> • Nepal. <input type="radio"/> • New Zealand. <input type="radio"/> • Pakistan <input type="radio"/> • Bangladesh <input type="radio"/> • Other _____

In your understanding, what is the definition of a specialty nurse or clinical nurse specialist

Current work setting questionnaire

- In which specialty/department area are you currently working?
- Aged care nursing
 - Mental health nursing
 - Public health nursing
 - Maternal and childcare nursing
 - Perioperative nursing
 - Critical care nursing (Emergency and ICU)
 - Rehab nursing
 - Renal nursing
 - Respiratory nursing
 - Cardiac nursing
 - Fertility clinic nursing
 - Cosmetic therapy nursing
 - Oncology nursing
 - Palliative nursing
 - Medical nursing
 - Surgical nursing
 - Education
 - Management
 - Research
 - Other _____
-
- Do you have IQNs working in your specialty area?
- Yes
 - No
 - Unsure
-
- In your understanding, do you try to employ IQNs in the area of their previous specialty skills from their home country?
- Strongly Agree
 - Agree
 - Neither agree and disagree
 - Disagree
 - Strongly disagree

Pre-employment checks

- Does your hospital have systems in place to obtain references from IQN's overseas referees (translations etc.)
- Yes
 - No
 - Unsure
-
- Did you face any challenges in understanding the IQNs' overseas attained specialty skills?
- Yes
 - No
 - Unsure
-
- Do you have a process to understand the skill level of IQNs? e.g., Portfolio (A file of evidences of completed works/trainings), skill assessment (An evaluation of an individual's ability to perform a specific skill or set of skill) •
- Yes
 - No
 - Unsure
-
- Do you believe your IQNs have received appropriate specialty nurse training and education matchable to the Australian specialty level for your area
- To a Great extent
 - Somewhat
 - Unsure
 - Very little
 - Not at all
-
- What difference do you think exists between IQN's nursing training and that of registered nurses educated in Australia?
- _____
-
- Do you believe your IQNs need further training to be able to transition their specialty skills into the new context
- Yes
 - No
 - Unsure

Current workplace

Do you have an IQN transition plan used in the hospital for all new employees? • Yes
 • No
 • Unsure

Explain the specialty skill transfer model used in the hospital

How many months the support is offered • 0-3months
 • 3-6months
 • 6-12Months
 • More than 12 months

Did you face any issues in retention of your specialty-trained IQNs? To a Great extent
 Somewhat
 Unsure
 Very little
 Not at all

What do you think the reasons could be • Better job opportunity
 • Secured a job in preferred specialty
 • Financial reasons
 • Moving from metro to rural
 • Movig from rural to metro
 • Family reasons
 • Workplace culture
 • Other _____

Do you have any further comments about the retention of specialty trained IQNs

In your opinion, can IQN's specialty skills be safely transferred to the Australian settings?

In your opinion, what factors primarily influenced recruiting managers' ability to utilise IQN's specialty skills appropriately.

	Extremely influential	Very influential	Somewhat influential	Slightly influential	Not at all influential
The confidence (the feeling or belief that one can have faith in or rely on someone or something) to assess and recruit an IQN according to their specialty skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The competence (the ability to do something successfully or efficiently) to assess and recruit an IQN according to their specialty skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate resources to assess the specialty skills of IQNs in the Australian healthcare industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate training provided by the workplace to assess the specialty skills of IQNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate understanding of IQNs' previous nursing training to assess the specialty skills of IQNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well managed transition pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate use of overseas reference checks/translation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence in overseas education among Australian recruiters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your view, are there other facilitators to specialty skill transition among IQNs

Do you have any further comments on the facilitators in skill transition?

There are many barriers to the transition of specialty skills as per literature. Please indicate how important each of these was for you in assessing and utilising your IQNs workforce's specialty skills.

	Extreme barrier	Moderate barrier	Somewhat of a barrier	Slight barrier	Not a barrier
The confidence to assess and recruit an IQN according to their specialty skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The competence to assess and recruit an IQN according to their specialty skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate resources to assess the specialty skills of IQNs in the Australian healthcare industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate training provided by the workplace to assess the specialty skills of IQNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate understanding of IQNs' previous nursing training to assess the specialty skills of IQNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transition pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial constraints (lack of funding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of overseas reference checks/translation services accessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of confidence in overseas education among Australian recruiters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of opportunity for IQNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your view, are there other barriers to specialty skill transition among IQNs

Do you have any further comments on the barriers in skill transition?

This is the end of survey. Clicking 'submit' indicates consent and the inability to withdraw the data due to the anonymous nature of the research.

Focus group contact details collection page Managers

To better understand your experience with Internationally Qualified Nurses transitioning to Australia, we will be conducting a web-based focus group. Would like to share your valuable experience in a focus group.

Yes

No

(The email address and phone number are optional, but even if you choose to provide them, those details cannot be used to identify your response because the survey is anonymous.)

Please provide your email address

.....

Please provide your phone number

.....

Appendix G

Survey 1 Participant's recruitment mail/ advertisement text (FB)

Hi everyone,

Are you an Internationally trained specialty nurse who is now working as part of the Australian health care workforce?

If you would like to share your experience with transitioning your overseas acquired specialty skills to the Australian health industry, please take the time to complete a survey via the link below. ACUniversity (**2022-2524E**) has approved this study. We plan to use the results to recommend pathways for future specialty skill transition.

Before proceeding, please check if you meet these criteria:

1. Age 18 years or above
2. An overseas trained nurse who worked as a specialist prior to arriving in Australia.
3. Have been working in the Australian health sector as a registered nurse for at least one year.

If you agree to participate in this study, you will be asked to complete a short anonymous online survey. It will take less than 10-15 minutes for you to complete. There will be no consequences for non-participation. Consent will be obtained electronically on the survey. However, once responses are submitted, it will not be possible to withdraw due to the anonymous nature of the survey.

[Click here](#) to participate. Thank you for considering contributing to this survey.

If you have any questions about the study, please contact

Prof Elisabeth Jacob 03 9230 8218

Email: elisabeth.jacob@acu.edu.au

Or Chanchal Kurup (07) 4930 9172

Email: chanchal.kurup@myacu.edu.au

Twitter text (280 characters limit) 278 characters below

Are you an Internationally Qualified Specialty Nurse working in Australia? We need your help with a concise survey about transitioning overseas acquired specialty skills to the Australian context. To learn more and to participate, [click here](#). ACUniversity (**2022-2524E**) has approved this study



PARTICIPANT INFORMATION LETTER- Survey 1

PROJECT TITLE: Can Internationally Qualified Nurses' (IQNs) specialty skills be transferred safely to developed countries' health systems after immigration?

APPLICATION NUMBER: (2022-2524E)

PRINCIPAL INVESTIGATOR: Professor Elisabeth Jacob, Associate Professor Dr Vasiliki Betihavas, and Dr Adam Burston

STUDENT RESEARCHER: Chanchal Kurup

STUDENT'S DEGREE: Doctor of Philosophy

Dear participant,
You are invited to participate in the research project described below.

What is the project about?

The purpose of this research project is to explore the views of Internationally Qualified Nurses (IQNs) on their specialty skill transfer to Australian healthcare. Currently, the Australian health care workforce is an exceptionally culturally diverse environment, with almost one-third of the workforce made up of IQNs. Many IQNs possess years of specialty expertise prior to coming to Australia. Utilising previous skills strengthens the host country's health system by having the right skilled nurses in appropriate specialities. This study aims to explore the views of IQNs on the facilitators and barriers in transitioning their overseas acquired specialty skills to Australia after immigration. The survey questions intend to capture your experience, giving a direction for raising awareness of the challenges of utilising specialty skills in a new country, defining areas for further research, and providing information for reporting to governing bodies like NMBA and AHPRA. The results from this study may also assist in developing a proposed skill transition model for future IQNs.

Who is eligible to participate?

Internationally trained nurses aged 18 years or above, who worked as a specialist prior to arriving in Australia and have been working in the Australian health sector as a registered nurse for at least one year.

Who is undertaking the project?

This project is being conducted by Chanchal Kurup, a doctoral student at the Australian catholic university. It will form the basis for the degree of Doctor of Philosophy degree at Australian Catholic University under the supervision of Professor Dr Elisabeth Jacob, Associate Professor Dr Vasiliki Betihavas and Dr Adam Burston.

Chanchal Kurup holds a master's in clinical education with a research major. Being an IQN herself means she is passionate about overseas nurses and assisting them in their skill utilisation to benefit the Australian health sector and individual migrant nurses' journey. Chanchal is currently working as an Associate Lecturer in nursing at Central Queensland University's Rockhampton campus.

Professor Dr Elisabeth Jacob is a Head, School of Nursing, Midwifery & Paramedicine, at Australian Catholic University's Melbourne campus. She is an experienced clinical nurse, educationalist, and researcher. The interested research areas include evidence-based practice, nurse education and the nursing workforce. Methodology of expertise is mixed methods. She has been responsible for the leadership of curriculum design, development, and delivery for large programs across multiple campuses.

Associate Professor Dr Vasiliki Betihavas, Head of Discipline – Nursing, and Deputy Head of School NSW (New South Wales) campus. Vasiliki is internationally recognised as an expert in risk prediction

of adverse events, focusing on identifying social determinants of health that contribute to adverse outcomes. The interested research areas include predicting the readmission risk, social determinants of health, critical care, and coronary care. Methodology of expertise is mixed methods and Systematic reviews.

Dr Adam Burston (RN, MHSM, PhD, MACN) is a Lecturer and Course Co-ordinator Master of Health Administration, at the Australian Catholic University (Australia), School of Nursing, Midwifery & Paramedicine. Adam has an extensive and varied background in clinical nursing, with an interest in nursing education, specifically transition to university (commencing students), the transition to clinical practice (completing students), healthcare ethics and inter-professional practice.

Are there any risks associated with participating in this project?

In this survey, the risks are considered minimal. These risks include feeling concerned when recalling and sharing individual experiences. If participation in this survey causes concerns or distress, you can withdraw from the research by closing the survey page. If you experience distress from survey participation, there are counselling services available:

- <https://www.lifeline.org.au/>
- <https://www.beyondblue.org.au/get-support/get-immediate-support>
- <https://www.counsellingonline.org.au/how-we-can-help/chat-to-a-counsellor>
- Workplace EAP (Employee Assistance Program) is a great way to support difficult situations.

What will I be asked to do?

This research involves completing an online survey. The survey is designed to collect both demographic data and information about the transition of specialty skills developed overseas into the Australian health care settings. Some examples of questions are

1. In your view, are there other facilitators to specialty skill transition among IQNs
2. Do you have any further comments on the facilitators in skill transition?

The survey is anonymous, you will not be required to provide your name and no individual nurses will be identifiable. In open-ended responses, no identifiable data is required to be provided, but if it was provided by the participants (e.g. workplace or name) a deductive disclosure, also known as internal confidentiality will be applied to the information and only non-identifiable data will be used in all reporting.

Collated results will be published in a thesis and contemporary health-specific journal. At the end of the survey, you will be asked to leave your email address if you are interested in taking part in a Focus Group. A new screen will open where your email address details will remain separate from the survey results to retain your anonymity.

How much time will the project take?

The survey will take less than 10-15 minutes to complete.

What are the benefits of the research project?

The survey questions intend to capture participants' experiences and suggestions for improving current skill transfer/ skill utilisation pathways. This knowledge will guide further research and help better understand the specialty skill transition process. Even though there is no direct benefit to the participants, the survey responses will enhance IQNs' specialty skill transition-related awareness and may assist in developing a specialty skill transition model for future IQNs.

Can I withdraw from the study?

Participation in this study is entirely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time prior to submitting your survey

without adverse consequences. As the survey is anonymous, you cannot withdraw your survey after submission.

Will anyone else know the results of the project?

All data gathered will be de-identified. Collated study results will be published in a peer-reviewed journal relevant to nursing and a doctoral thesis. A link to the journal will be posted on the social media site from which recruitment occurred. Survey responses are anonymous in the online survey program, i.e., the researcher will not know which survey belongs to which respondent. Electronic data files will be stored in the ACU cloud and on a password-protected computer.

Will I be able to find out the results of the project?

A link to the published journal article will be posted in the groups used for recruitment. As no identifiers are used in the survey, the researcher will not have access to participant mail or email addresses. If you wish to receive results personally after the completion of the survey, please contact the researcher Chanchal Kurup at chanchal.kurup@myacu.edu.au

Whom do I contact if I have questions about the project?

For questions, contact
Prof Elisabeth Jacob 03 9230 8218
Email: elisabeth.jacob@acu.edu.au
Or Chanchal Kurup (07) 4930 9172
Email: chanchal.kurup@myacu.edu.au

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2022-2524E). If you have any complaints or concerns about the conduct of the project, you may write to the

Manager, Ethics, and Integrity
c/o Office of the Deputy Vice-Chancellor (Research)
Australian Catholic University
North Sydney Campus
PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and thoroughly investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

If you wish to participate, please click on the [link](#).

Thank you for considering participating in this study.

Yours sincerely,

RESEARCHER Name: Chanchal Kurup

SIGNATURE



Appendix I

Survey 2 Participant's recruitment mail/ advertisement text (FB)

Hi everyone,

Are you an Australian Nurse in a leadership capacity responsible for recruiting nurses?
Have you recruited internationally Qualified Nurses (IQNs) to your workplace?

If you would like to share your knowledge and experiences about the specialty skills transfer of your IQN workforce, please take the time to complete a survey via the link below. ACUniversity (**2022-2524E**) has approved this study. We plan to use the results to modify future specialty skill transition models for IQNs.

Before proceeding, please check if you meet these criteria:

1. Age 18 years or above
2. An Australian nurse in a leadership role responsible for recruiting nurses.

If you wish to participate, simply click the link below, and you will be directed to a survey page. The survey will take less than 10-15 minutes to complete and includes questions about the IQN specialty skill transition knowledge and experience you earned through the recruitment and observing the transition of your IQN workforce. You can withdraw at any time if you do not feel comfortable answering any questions.

[Click here](#) to participate. Thank you for considering contributing to this survey.

If you have any questions about the study, please contact

Prof Elisabeth Jacob 03 9230 8218

Email: elisabeth.jacob@acu.edu.au

Or Chanchal Kurup (07) 4930 9172

Email: chanchal.kurup@myacu.edu.au

Twitter text (280 characters limit) 278 characters below

Are you an Australian Nurse in a leadership capacity responsible for recruiting nurses?
We need your help with a concise survey about transitioning overseas acquired specialty skills to the Australian context. To learn more and to participate, [click here](#). ACUniversity (**2022-2524E**) has approved this study

Appendix J



PARTICIPANT INFORMATION LETTER- Survey 2

PROJECT TITLE: Can Internationally Qualified Nurses' (IQNs) specialty skills be transferred safely to developed countries' health systems after immigration?

APPLICATION NUMBER: (2022-2524E)

PRINCIPAL INVESTIGATOR: Professor Dr Elisabeth Jacob, Associate Professor Dr Vasiliki Betihavas, and Dr Adam Burston

STUDENT RESEARCHER: Chanchal Kurup

STUDENT'S DEGREE: Doctor of Philosophy

Dear participant,

You are invited to participate in the research project described below.

What is the project about?

The purpose of this research project is to explore the view of Australian nurse managers on the specialty skill utilisation of their Internationally Qualified Nurses (IQNs) workforce. Currently, the Australian health care workforce is an exceptionally culturally diverse environment, with almost one-third of IQNs contributing to it. Many IQNs possess years of specialty expertise. Utilising previous skills strengthens the host country's health system by having the right skilled nurses in appropriate specialities. This study intends to understand the views of Australian nurse managers on the facilitators and preventers in transitioning the specialty skill utilisation of their IQN workforce. The expected outcome measure is that the nurse managers will have first-hand knowledge about the skills IQNs brought to the country and their early days of skill transfer, what helped and what did not help. The survey questions intend to capture your suggestions and experience, giving a direction for further research and reporting to governing bodies like NMBA and AHPRA. The researcher can also contribute results from this study to enhance IQN-related awareness and suggest a skill transition model for future IQNs.

Who is eligible to participate?

An Australian nurse aged 18 years or above, in a leadership role who is responsible for recruiting nurses.

Who is undertaking the project?

This project is being conducted by Chanchal Kurup, a doctoral student at the Australian Catholic University. It will form the basis for the degree of Doctor of Philosophy degree at Australian Catholic University under the supervision of Professor Dr Elisabeth Jacob, Associate Professor Dr Vasiliki Betihavas and Dr Adam Burston.

Chanchal Kurup holds a master's in clinical education with a research major. Being an IQN herself means she is passionate about overseas nurses and assisting them in their skill utilisation to benefit the Australian health sector and individual migrant nurses' journey. Chanchal is currently working as an Associate Lecturer in nursing at Central Queensland University's Rockhampton campus.

Professor Dr Elisabeth Jacob is a Head, School of Nursing, Midwifery & Paramedicine, at Australian Catholic University's Melbourne campus. She is an experienced clinical nurse, educationalist, and researcher. The interested research areas include evidence-based practice, nurse education and the nursing workforce. Methodology of expertise is mixed methods. She has been responsible for the leadership of curriculum design, development, and delivery for large programs across multiple campuses.

Associate Professor Dr Vasiliki Betihavas, Head of Discipline – Nursing, and Deputy Head of School NSW (New South Wales) campus. Vasiliki is internationally recognised as an expert in risk prediction

of adverse events, focusing on identifying social determinants of health that contribute to adverse outcomes. The interested research areas include predicting the readmission risk, social determinants of health, critical care, and coronary care. Methodology of expertise is mixed methods and Systematic reviews.

Dr Adam Burston (RN, MHSM, PhD, MACN) is a Lecturer and Course Co-ordinator Master of Health Administration, at the Australian Catholic University (Australia), School of Nursing, Midwifery & Paramedicine. Adam has an extensive and varied background in clinical nursing, with an interest in nursing education, specifically transition to university (commencing students), the transition to clinical practice (completing students), healthcare ethics and inter-professional practice.

Are there any risks associated with participating in this project?

Every project contains various degrees of risk. In this survey, the risks are considered minimal. These risks include feeling concerned or distressed when recalling and sharing individual experiences. If participation in this survey causes concerns or distress, you can withdraw from the research by closing the survey page. If you experience distress from survey participation, there are counselling services available:

- <https://www.lifeline.org.au/>
- <https://www.beyondblue.org.au/get-support/get-immediate-support>
- <https://www.counsellingonline.org.au/how-we-can-help/chat-to-a-counsellor>
- Workplace EAP (Employee Assistance Program) is a great way to support difficult situations.

What will I be asked to do?

This research involves completing an online survey. The survey is designed to collect both demographic data and information about the transition of specialty skills developed overseas into the Australian health care settings. Some examples of questions are

1. How do you think the recruiting managers can be prepared to assess the specialty skills of IQNs?
2. Do you have any further comments on the facilitators in skill transition?

No part of the survey will require you to provide your name. The location of the study is online, which can be completed with the ease of being in your personal space. In open-ended responses, no identifiable data is required to be provided, but if it was provided by the participants (e.g. workplace or name) a deductive disclosure, also known as internal confidentiality will be applied to the information and only non-identifiable data will be used in all reporting.

Collated results will be published in a contemporary health-specific journal, and no individual nurses will be identifiable. At the end of the survey, you will be asked to leave your email address if you are interested in taking part in a Focus Group. A new screen will open where your email address details will remain separate from the survey results to retain your anonymity.

How much time will the project take?

The survey will take less than 10-15 minutes to complete.

What are the benefits of the research project?

The survey questions intend to capture participants' experiences and suggestions for improving current skill transfer/ skill utilisation pathways. This knowledge will guide further research and help better understand the specialty skill transition process. Even though there is no direct benefit to the participants, the survey responses will enhance IQNs' specialty skill transition-related awareness and may assist in developing a specialty skill transition model for future IQNs.

Can I withdraw from the study?

Participation in this study is entirely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time prior to submitting your survey without adverse consequences. As the survey is anonymous, you cannot withdraw your survey after submission.

Will anyone else know the results of the project?

All data gathered will be de-identified. Collated study results will be published in a peer-reviewed journal relevant to nursing and a doctoral thesis. A link to the journal will be posted on the social media site from which recruitment occurred. Survey responses are anonymous in the online survey program, i.e., the researcher will not know which survey belongs to which respondent. Electronic data files will be stored in the ACU cloud and on a password-protected computer.

Will I be able to find out the results of the project?

A link to the published journal article will be posted in the groups used for recruitment. As no identifiers are used in the survey, the researcher will not have access to participant mail or email addresses. If you wish to receive results personally after the completion of the survey, please contact the researcher Chanchal Kurup at chanchal.kurup@myacu.edu.au

Whom do I contact if I have questions about the project?

For questions and concerns, contact
Dr Elisabeth Jacob 03 9230 8218 (Melbourne)
Email: elisabeth.jacob@acu.edu.au
Or Chanchal Kurup (07) 4930 9172 (Queensland)
Email: chanchal.kurup@myacu.edu.au

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2022-2524E). If you have any complaints or concerns about the conduct of the project, you may write to the

Manager, Ethics, and Integrity
c/o Office of the Deputy Vice-Chancellor (Research)
Australian Catholic University
North Sydney Campus
PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: resethics.manager@acu.edu.au


Any complaint or concern will be treated in confidence and thoroughly investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

If you wish to participate, please click on the [link](#).

Thank you for considering participating in this study.

Yours sincerely,
RESEARCHER Name: Chanchal Kurup

SIGNATURE 

Appendix K

Focus group questions- Group 1

1. What was it like to use the specialty skills you learned from another country in an Australian health setting? [if need be, use follow up – Can you give me a specific example of this?]
2. In your opinion, what else could have prepared you to better, to transition your specialty skills into the Australian context [watch they stay on target ‘specialty skills prep’ not general]
3. How do you think IQNs can build confidence to better use their specialty skills in Australia?
4. How do you think IQNs can build competence to better use their specialty skills in Australia?
5. How do you think IQNs can build contextual knowledge to better use their specialty skills in Australia?
6. Have you changed employers since getting your first registered nurse job in Australia Explain why?
7. For those that haven’t changed employers, have considered changing employers? Explain why?
8. How can IQN’s Speciality skills can be used effectively in Australia after immigration?
9. What can be done build confidence to better use their specialty skills in Australia?

Interview questions- Group 2

1. What was your experience around IQNs with specialty skills from overseas?
2. What knowledge, training, and support you had to assist the IQNs in transitioning their specialty skills to Australian nursing, expand your viewpoints?
3. In your opinion, what else could have prepared you better to assist the specialty skill transition of IQNs into the Australian context?
4. What challenges Did you face in the retention of specialty trained IQNs, expand your viewpoints?
5. How do you think recruiting managers can assist IQNs in utilising their specialty skills in Australia?
6. How does your hospital support the IQN workforce in identifying and utilising their specialised skills?
7. How do you think hospitals can assist IQNs to utilise their specialty skills in Australia?
8. how can IQN's Speciality skills can be used effectively in Australia after immigration?

Appendix L

Ethical modification

From: [Leanne Stirling](#) on behalf of [Res Ethics](#)
To: [Elisabeth Jacob](#); [Res Ethics](#)
Cc: [Chanchal Kurup](#)
Subject: RE: Ammendment to data collection method for project 2022-2524E
Date: Monday, 14 November 2022 2:34:06 PM
Attachments: [image001.png](#)

Dear Beth,

Thanks for the modification request.

Can you please provide the updated Participant Information letter with the changes outlined. In addition:

- Outline how the consent process will take place if phone interviews
- Will there be changes to the recruitment eg. Asking for a phone number as well as an email address after the survey?
- With the withdrawal process, what will happen to the data if they withdraw? This needs to be in the PIL and Consent
- If the phone interviews will be recorded, will the participant have the opportunity to read the transcript and redact any information?

Kind regards,

Leanne

From: Elisabeth Jacob <Elisabeth.Jacob@acu.edu.au>
Sent: Thursday, 10 November 2022 5:13 PM
To: Res Ethics <Res.Ethics@acu.edu.au>
Cc: Chanchal Kurup <chanchal.kurup@myacu.edu.au>
Subject: Ammendment to data collection method for project 2022-2524E

Hi

We are requesting a change to the data collection method for the above project to enable the incorporation of individual interviews. The original data collection was via focus group. An updated consent form has been provided for interested participants which changes the wording from focus group to interview.

Thank you for considering this request.

Regards

Beth

Elisabeth Jacob
Head of School (Vic)
School of Nursing, Midwifery and Paramedicine (VIC)
Faculty of Health Sciences
Australian Catholic University



Appendix M

Welcome to our session

Thanks for taking the next 60 minutes to join us to share your experiences on the Internationally qualified nurses' (IQNs) specialty skill transition journey to Australia.

Acknowledgement of country

My name is Chanchal Kurup- I am a Doctor of Philosophy student at Australian Catholic University; I will be taking the role of a focus group moderator today. Assisting me today I have xxx, who is my supervisor for Doctor of Philosophy Student at Australian Catholic University

You were invited because you participated in the survey attached to this research program and have expressed interest in contributing to this study.

There are no right or wrong answers, only differing points of view.

- Please feel free to share your point of view, even if it differs from what others have said.
- We need to hear all the perspectives.
- Remember that we're just as interested in negative comments as positive ones.
- The interview will be recorded, which is for transparency purposes as well and we do not want to miss any of your comments.
- If you feel uncomfortable being on a camera, you can either enable or disable the incoming video by clicking the team's video button. You can

also change the displayed name on the screen if you do not want to be identified.

- No participant names will be used for any reporting, and the recordings will be kept confidential, access is only permitted according to the ACU research data management policy. The recorded video will be kept safe in a password-protected computer for 5 years and electronically deleted after 5 years as per NHMRC (National Health and Medical Research Council) guidelines. We ask that you also maintain the confidentiality of our conversation by not sharing with your friends what specific individuals have said.

If everything is well, let's begin. We want to make this session as relaxed as possible; feel free to grab a coffee or drink if you wish. Let's find out some more about each other by going around the screen; you can use your screen name to introduce yourself to each other.

Appendix N

Ethics confirmation

From: Leanne Stirling <Leanne.Stirling@acu.edu.au> on behalf of Res Ethics <Res.Ethics@acu.edu.au>
Sent: Friday, July 1, 2022 4:30:33 PM
To: Elisabeth Jacob <Elisabeth.Jacob@acu.edu.au>
Cc: Res Ethics <Res.Ethics@acu.edu.au>; S00194693@myacu.edu.au <S00194693@myacu.edu.au>; Vasiliki Betihavas <Vasiliki.Betihavas@acu.edu.au>; Adam Burston <Adam.Burston@acu.edu.au>
Subject: : [2022-2524E] - Ethics application approved!

Dear Applicant,

Chief Investigator: Professor Beth Jacob
Dr Adam Burston, Assoc. Prof. Vasiliki Betihavas
Student Researcher: Mrs Chanchal Vijayan Kurup,
Ethics Register Number: 2022-2524E
Project Title: The use of specialty skills among internationally qualified nurses in Australia: A mixed-methods study.
Date Approved: 01/07/2022
End Date: 04/10/2024

This is to certify that the above human ethics [application](#) has been reviewed by the Australian Catholic University Human Research Ethics Committee (ACU HREC). The application has been approved for the period given above.

Continued approval of this research project is contingent upon the submission of an annual progress report which is due on/before each anniversary of the project approval. A final report is due upon completion of the project. A report proforma can be downloaded from the ACU Research Ethics website.

Researchers are responsible for ensuring that all conditions of approval are adhered to and that any modifications to the protocol, including changes to personnel, are approved prior to implementation. In addition, the ACU HREC must be notified of any reportable matters including, but not limited to, incidents, complaints and unexpected issues.

Researchers are also responsible for ensuring that they adhere to the requirements of the National Statement on Ethical Conduct in Human Research, the Australian Code for the Responsible Conduct of Research and the University's Research Code of Conduct.

Any queries relating to this application should be directed to the Ethics Secretariat (res.ethics@acu.edu.au). Please quote your ethics approval number in all communications with us.

We wish you every success with your research.

Kind regards,

Leanne Stirling
on behalf of ACU HREC Chair, Assoc Prof. Michael Baker

Research Ethics Officer | Research Services | Office of the Deputy Vice-Chancellor (Research)
Australian Catholic University
T: +61 2 9739 2646 E: res.ethics@acu.edu.au
THIS IS AN AUTOMATICALLY GENERATED RESEARCHMASTER EMAIL

Appendix O



PARTICIPANT INFORMATION LETTER- Focus group 1

PROJECT TITLE: Can Internationally Qualified Nurses' (IQNs) specialty skills be transferred safely to developed countries' health systems after immigration?

APPLICATION NUMBER: (2022-2524E)

PRINCIPAL INVESTIGATOR: Professor Elisabeth Jacob, Associate Professor Dr Vasiliki Betihavas, and Dr Adam Burston

STUDENT RESEARCHER: Chanchal Kurup

STUDENT'S DEGREE: Doctor of Philosophy

Dear participant,
You are invited to participate in the research project described below.

What is the project about?

The purpose of this research project is to explore the views of Internationally Qualified Nurses (IQNs) on their specialty skill transfer to Australian healthcare. Currently, the Australian health care workforce is an exceptionally culturally diverse environment, with almost one-third of the workforce made up of IQNs. Many IQNs possess years of specialty expertise prior to coming to Australia. Utilising previous skills strengthens the host country's health system by having the right skilled nurses in appropriate specialities. This study aims to explore the views of IQNs on the facilitators and barriers in transitioning their overseas acquired specialty skills to Australia after immigration. The focus group questions intend to capture your experience, giving a direction for raising awareness of the challenges of utilising specialty skills in a new country, defining areas for further research, and providing information for reporting to governing bodies like NMBA and AHPRA. The results from this study may also assist in developing a proposed skill transition model for future IQNs.

Who is eligible to participate?

Internationally trained nurses aged 18 years or above, who worked as a specialist prior to arriving in Australia and have been working in the Australian health sector as a registered nurse for at least one year.

Who is undertaking the project?

This project is being conducted by Chanchal Kurup, a doctoral student at the Australian catholic university. It will form the basis for the degree of Doctor of Philosophy degree at Australian Catholic University under the supervision of Professor Dr Elisabeth Jacob, Associate Professor Dr Vasiliki Betihavas and Dr Adam Burston.

Chanchal Kurup holds a master's in clinical education with a research major. Being an IQN herself means she is passionate about overseas nurses and assisting them in their skill utilisation to benefit the Australian health sector and individual migrant nurses' journey. Chanchal is currently working as an Associate Lecturer in nursing at Central Queensland University's Rockhampton campus.

Professor Dr Elisabeth Jacob is a Head, School of Nursing, Midwifery & Paramedicine, at Australian Catholic University's Melbourne campus. She is an experienced clinical nurse, educationalist, and researcher. The interested research areas include evidence-based practice, nurse education and the nursing workforce. Methodology of expertise is mixed methods. She has been responsible for the leadership of curriculum design, development, and delivery for large programs across multiple campuses.

Associate Professor Dr Vasiliki Betihavas, Head of Discipline – Nursing, and Deputy Head of School NSW (New South Wales) campus. Vasiliki is internationally recognised as an expert in risk prediction of adverse events, focusing on identifying social determinants of health that contribute to adverse

outcomes. The interested research areas include predicting the readmission risk, social determinants of health, critical care, and coronary care. Methodology of expertise is mixed methods and Systematic reviews.

Dr Adam Burston (RN, MHSM, PhD, MACN) is a Lecturer and Course Co-ordinator Master of Health Administration, at the Australian Catholic University (Australia), School of Nursing, Midwifery & Paramedicine. Adam has an extensive and varied background in clinical nursing, with an interest in nursing education, specifically transition to university (commencing students), the transition to clinical practice (completing students), healthcare ethics and inter-professional practice.

Are there any risks associated with participating in this project?

In this focus group, the risks are considered minimal. These risks include feeling concerned when recalling and sharing individual experiences. If participation in this focus group's questions causes concerns or distress, you can withdraw from the research by letting the moderator and simply exit the online meeting. If you experience distress from focus group participation, there are counselling services available and there will be an additional person (observer) to assist you in case of concern:

- <https://www.lifeline.org.au/>
- <https://www.beyondblue.org.au/get-support/get-immediate-support>
- <https://www.counsellingonline.org.au/how-we-can-help/chat-to-a-counsellor>
- Workplace EAP (Employee Assistance Program) is a great way to support difficult situations.

What will I be asked to do?

This research involves completing an online focus group. After providing your email on the anonymous survey page and indicating your desire to participate in the focus group, you will receive an email with the focus group timeslots and a consent form that must be filled out before participating in the focus groups.

You will receive an email with a link to the focus group's online meeting at a later stage, which you can accept or reject. You can access the online space on the day of the focus meeting by simply clicking the focus group meeting link in the email you received.

Throughout the meeting, a moderator and another researcher will be present. The focus group's questions are designed to collect information about the transition of specialty skills developed overseas into the Australian health care settings. Some examples of questions are

1. What was it like to use the specialty skills you learned from another country in an Australian health setting?
2. In your opinion, what else could have prepared you to better transition your specialty skills into the Australian context

The focus group will be recorded, but you will not be required to provide your name and no individual nurses will be identifiable. You will be instructed on how to turn the incoming video off and to change the display name to a number while in the meeting before the recording commences. All narratives will be de-identified and only collated results will be published in a thesis and contemporary health-specific journal. The focus group will be conducted in a confidential manner, so you won't be required to provide any material that violates confidentiality, and you'll also need to keep the discussions that take place within this group confidential.

How much time will the project take?

The focus groups can take up to 2 hours to complete (30minutes-2 hours). Than a set schedule, the depth of the conversation will drive the group.

What are the benefits of the research project?

The focus group intends to capture participants' experiences and suggestions for improving current skill transfer/ skill utilisation pathways. This knowledge will guide further research and help better understand the specialty skill transition process. Even though there is no direct benefit to the participants, the focus group responses will enhance IQNs' specialty skill transition-related awareness and may assist in developing a specialty skill transition model for future IQNs.

Can I withdraw from the study?

Participation in this study is entirely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time prior to the focus group date by letting the researchers know. Even in the focus group meeting if you feel like you want to stop proceeding with the meeting you can do so by letting the moderator know and by simply exiting the online meeting.

Will anyone else know the results of the project?

Collated study results will be published in a peer-reviewed journal relevant to nursing and a doctoral thesis. A link to the journal will be posted on the social media site from which recruitment occurred. All narratives will be de-identified and only collated results will be used for publication. Electronic data files will be stored in the ACU cloud and on a password-protected computer.

Will I be able to find out the results of the project?

A link to the published journal article will be posted in the groups used for recruitment. If you wish to receive results personally after the completion of the focus group, please contact the researcher Chanchal Kurup at chanchal.kurup@myacu.edu.au

Whom do I contact if I have questions about the project?

For questions, contact
Prof Elisabeth Jacob 03 9230 8218
Email: elisabeth.jacob@acu.edu.au
Or Chanchal Kurup (07) 4930 9172
Email: chanchal.kurup@myacu.edu.au

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2022-2524E). If you have any complaints or concerns about the conduct of the project, you may write to the

Manager, Ethics, and Integrity
c/o Office of the Deputy Vice-Chancellor (Research)
Australian Catholic University
North Sydney Campus
PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and thoroughly investigated. You will be informed of the outcome.


I want to participate! How do I sign up?

If you wish to participate, please respond to the email which you will receive within a few days of providing the email address on the final page of the survey.

Thank you for considering participating in this study.

Yours sincerely,

RESEARCHER Name: Chanchal Kurup

SIGNATURE 

PARTICIPANT INFORMATION LETTER- Interview Managers

PROJECT TITLE: Can Internationally Qualified Nurses' (IQNs) specialty skills be transferred safely to developed countries' health systems after immigration?

APPLICATION NUMBER: (2022-2524E)

PRINCIPAL INVESTIGATOR: Professor Elisabeth Jacob, Associate Professor Vasiliki Betihavas, and Dr Adam Burston

STUDENT RESEARCHER: Chanchal Kurup

STUDENT'S DEGREE: Doctor of Philosophy

Dear participant,

You are invited to participate in the research project described below.

What is the project about?

The purpose of this research project is to explore the view of Australian nurse managers on the specialty skill utilisation of their Internationally Qualified Nurses (IQNs) workforce. Currently, the Australian health care workforce is an exceptionally culturally diverse environment, with almost one-third of IQNs contributing to it. Many IQNs possess years of specialty expertise. Utilising previous skills strengthens the host county's health system by having the right skilled nurses in appropriate specialities. This study intends to understand the views of Australian nurse managers on the facilitators and preventers in transitioning the specialty skill utilisation of their IQN workforce. The expected outcome measure is that the nurse managers will have first-hand knowledge about the skills IQNs brought to the country and their early days of skill transfer, what helped and what did not help. The interview questions intend to capture your suggestions and experience, giving a direction for further research and reporting to governing bodies like NMBA and AHPRA. The researcher can also contribute results from this study to enhance IQN-related awareness and suggest a skill transition model for future IQNs.

Who is eligible to participate?

An Australian nurse aged 18 years or above, in a leadership role who is responsible for recruiting nurses.

Who is undertaking the project?

This project is being conducted by Mrs Chanchal Kurup, a doctoral student at the Australian Catholic University under the supervision of Professor Elisabeth Jacob, Associate Professor Vasiliki Betihavas and Dr Adam Burston.

Being an IQN herself means Mrs Kurup is passionate about assisting IQNs with their skill utilisation to benefit the Australian health sector and individual migrant nurses' journey.

Are there any risks associated with participating in this project?

In this interview, the risks are considered minimal. These risks include feeling concerned when recalling and sharing individual experiences. If answering this interview's questions causes concerns or distress, you can withdraw from the research by letting the interviewer know and simply exiting the telephonic meeting. If you withdraw from the interview your data will be not be used for

reporting. If you experience distress from interview participation, there are counselling services available and there will be an additional person (observer) to assist you in case of concern:

- <https://www.lifeline.org.au/>
- <https://www.beyondblue.org.au/get-support/get-immediate-support>
- <https://www.counsellingonline.org.au/how-we-can-help/chat-to-a-counsellor>
- Workplace EAP (Employee Assistance Program) is a great way to support difficult situations.

Participation is voluntary, and no rewards are offered; hence, you have no disadvantage if you withdraw from the research.

What will I be asked to do?

This research involves completing a telephonic interview. As you have already provided your email and phone number in the previously completed survey, you will receive an email with some interview timeslots, and a consent form that must be filled out before participating in the telephonic interview.

The interview questions are designed to collect information about the transition of specialty skills developed overseas into Australian healthcare settings. The interview will be recorded, but you will not be required to provide your name and no individual nurses will be identifiable in the final reporting. All narratives will be de-identified and only collated results will be published in a thesis and contemporary health-specific journal. The interview will be conducted in a confidential manner, so you won't be required to provide any material that violates confidentiality, and you'll also need to keep the discussions that take place within the interview confidential.

How much time will the project take?

The interview can take up to 30-60 minutes to complete. Rather than a set schedule, the depth of the conversation will drive the interview. A copy of the interview transcript will be sent to you to review.

What are the benefits of the research project?

The interview intends to capture participants' experiences and suggestions for improving current skill transfer/ skill utilisation pathways. This knowledge will guide further research and help better understand the specialty skill transition process. Even though there is no direct benefit to the participants, the interview responses will enhance IQNs' specialty skill transition-related awareness and may assist in developing a specialty skill transition model for future IQNs.

Can I withdraw from the study?

Participation in this study is entirely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time prior to the interview by letting the researchers know. Even in the interview call if you feel like you want to stop proceeding with the meeting you can do so by letting the interviewer know and by simply exiting the call.

Will anyone else know the results of the project?

Collated study results will be published in a peer-reviewed journal relevant to nursing and a doctoral thesis. A link to the journal will be posted on the social media site from which recruitment occurred. All narratives will be de-identified and only collated results will be used for publication. Electronic data files will be stored in the ACU cloud and on a password-protected computer.

Will I be able to find out the results of the project?

A link to the published journal article will be posted in the groups used for recruitment. If you wish to receive results personally after the completion of the interview, please contact the researcher Chanchal Kurup at chanchal.kurup@myacu.edu.au

Whom do I contact if I have questions about the project?

For questions, contact

Prof Elisabeth Jacob 03 9230 8218

Email: elisabeth.jacob@acu.edu.au

Or Chanchal Kurup (07) 4930 9172

Email: chanchal.kurup@myacu.edu.au

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2022-2524E). If you have any complaints or concerns about the conduct of the project, you may write to the

Manager, Ethics, and Integrity
c/o Office of the Deputy Vice-Chancellor (Research)
Australian Catholic University
North Sydney Campus
PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and thoroughly investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

If you wish to participate, please click on the link on the original page.

Thank you for considering participating in this study.

Yours sincerely,

RESEARCHER Name: Chanchal Kurup

SIGNATURE



Appendix Q



FOCUS GROUP CONSENT FORM
Copy for Researcher / Copy for Participant to Keep

TITLE OF PROJECT: The use of specialty skills among internationally qualified nurses in Australia: A mixed methods research

PRINCIPAL INVESTIGATOR/ SUPERVISOR: Professor Elisabeth Jacob

STUDENT RESEARCHER: Mrs Chanchal Kurup

I(name), being over the age of 18 years, hereby consent to participate as requested in the [focus group] for the research project held on (date).

1. Details of the focus group have been explained to my satisfaction.
2. I agree/ do not agree with the video recording of my information and participation (circle appropriate).
3. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - I may ask that the recording be stopped at any time and that I may withdraw at any time from the session or the research without disadvantage.
4. I understand that I can contact the researcher with questions about this research via the contact details below.

NAME OF PARTICIPANT:

SIGNATURE: **DATE:**

SIGNATURE OF SUPERVISOR: **DATE:**

SIGNATURE OF STUDENT RESEARCHER: **DATE:**

For questions and concerns, contact

Prof Elisabeth Jacob 03 9230 8218
Email: elisabeth.jacob@acu.edu.au
Or Chanchal Kurup (07) 4930 9472
Email: chanchal.kurup@myacu.edu.au

INTERVIEW CONSENT FORM

Copy for Researcher / Copy for Participant to Keep

TITLE OF PROJECT: The use of specialty skills among internationally qualified nurses in Australia: A mixed methods research

PRINCIPAL INVESTIGATOR/ SUPERVISOR: Professor Elisabeth Jacob

STUDENT RESEARCHER: Mrs Chanchal Kurup

I(name), being over the age of 18 years, hereby consent to participate as requested in the [telephonic interview] for the research project held on (date).

1. Details of the interview have been explained to my satisfaction.
2. I agree/ do not agree with the voice recording of my information and participation (circle appropriate).
3. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time by letting the interviewer know and am free to decline to answer particular questions.
 - I understand that in case of withdrawing the data will not be used for final reporting.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - I may ask that the recording be stopped at any time and that I may withdraw at any time from the session or the research without disadvantage.
4. I understand that I can contact the researcher with questions about this research via the contact details below.

NAME OF PARTICIPANT:

SIGNATURE: **DATE:**

SIGNATURE OF SUPERVISOR: **DATE:**

SIGNATURE OF STUDENT RESEARCHER: **DATE:**

For questions and concerns, contact

Prof Elisabeth Jacob 03 9230 8218
Email: elisabeth.jacob@acu.edu.au
Or Chanchal Kurup (07) 4930 9472
Email: chanchal.kurup@myacu.edu.au