

Strangers in a strange land: work experiences of foreign nurses in Parma's territory

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Abstract. *Purpose.* The purpose of this research is to explore, investigate and describe experiences and points of view of foreign nurses working in the area of Parma. We focalize particularly on two areas of interest: negativities and positivities in experiences related to the process of integration into the new working environment. *Background.* The literature search has revealed that the phenomenon of “nursing immigration” is numerically significant in Italy and more particularly in Emilia Romagna. From studies conducted in other countries (UK, USA, Canada, Australia and Iceland) there are two categories of factors which influence the process of integration of foreign nurses in the new working environment, facilitators and barriers. *Method.* For this study we followed the phenomenological method. A total of twelve foreign nurses were interviewed in the months of October and November 2013 in the territory of Parma working in various professional fields (medicine, critical care and surgery). We did not impose any structure to interviews so that respondents were free to express their lived experiences spontaneously. All interviews were recorded, transcribed verbatim and analyzed by the method of Giorgi (1970). *Results.* Results obtained from the analysis of interviews revealed seven themes, divided in positivities and negativities. Positivities are psycho-social support (Italian colleagues, fellow countrymen, patients), opportunities of cultural enrichment, positive work ethic. negativities are difficulty of language and communication, and inequalities racial prejudice, differences in care practices and inadequate opportunities for professional growth related to the Italian working environment. *Conclusions.* The study concludes by pointing out the importance of the role that foreign nurses can play in our health care system and how the results of this search can help all professionals in the health sector to have a greater understanding of their experiences. This knowledge can make a contribution to the development of new quantitative research in the same area and then to the formation of new strategies for hospitality and support.

Key words: foreign nurses, experience, transcultural nursing, immigration, international recruitment.

Introduction

The study conducted by Fortunato (2012) points out how the phenomenon of “immigration nursing” is numerically significant in Italy and more particularly in Emilia Romagna. To our knowledge, no qualitative studies have been conducted about this phenomenon in Italy. As reported in the literature review conducted by Kawi and Xu (2009), most of qualitative research related to this topic was conducted in the United Kingdom

(41%), the US (31%), Canada (14%), Australia (10 %) and Iceland (3%). From these studies the integration process emerges as a complex phenomenon, full of pitfalls and cultural barriers that prevent its success, with negative consequences on the quality of care and the teamwork. In a society with increasingly diverse cultural characteristics, integration and intercultural skills are crucial to respond to needs of the patients. Nurses have to make a considerable effort to show their professionalism: they must understand needs of the patient to be

able to make him sympathetic to the care process. As reported in the model of nursing practice described by Engebreston and Littleton (2001), the nursing process is expressed in a relationship between nurse/patient/family influenced and determined by the socio-cultural context of reference. Therefore the presence of foreign nurses, if well placed in context, helps Italian fellows in identifying fundamental cultural aspects to consider in assistance. Based on these considerations, we consider necessary to explore experiences of foreign nurses regarding their integration into our working environment. Indeed, the purpose of this research is to investigate and describe experiences and viewpoints of foreign nurses working in the territory of Parma, focusing on two areas of interest: positivities and negativities.

Methods and instruments

Methodology. A phenomenological approach was adopted to achieve a better understanding of experiences related to the areas explored. As described by Fain (2004), the phenomenological interpretation derives its entire contents, without mediation and steadily, from human experience.

Participants in the study. A sample of convenience, small and purposeful, was adopted to conduct the survey. The sample consists of twelve foreign nurses hired and employed in the Parma area, with at least one year of work in their country of origin. The socio-demographic data of the sample are given in Table 1.

Instrument and method of data analysis. The phenomenological method prescribes interviews to be conducted in an adaptive way: the researcher should formulate new original questions depending on previous answers, of course within a loose script. For this reason, the instrument chosen for the survey was the "open and in-depth" interview for each participant.

The method used for interviews was to Van Manen (1990), through a single application for reference:

"Tell me about your integration and your professional experience since you transferred in this work environment."

Interviews were conducted in places at the discretion of respondents and were heard, recorded and transcribed verbatim.

Table 1. Socio-demographic data of the sample

Variable	N°	%
<i>Gender</i>		
<i>Male</i>	2	16,6
<i>Female</i>	10	83,3
<i>Provenance</i>		
<i>Africa:</i>		
Morocco	1	8,3
Rhuanda	1	8,3
<i>Western Europe:</i>		
Spain	1	8,3
<i>Eastern Europe:</i>		
Lithuania	1	8,3
Poland	1	8,3
Romania	3	25
<i>South America:</i>		
Paraguay	3	25
Venezuela	1	8,3
<i>Professional environment</i>		
Critical Area	3	25
Surgery	3	25
Medicine	6	50

The development and classification of recurring themes extracted from interviews were implemented in five stages according to the method of Giorgi (1970).

- Read complete description of the experience with the goal of getting a sense of the whole.
- Review descriptions to discover the essence of the experience.
- Review units of meaning for redundancy, clarification or elaboration. To relate meaning units with each other and with the sense of the whole.
- Reflect on units of meaning and extract the essence of the experience for each participant.
- Develop a consistent description of structures of meanings of the experience for all participants.

Results

Throughout our interviews, we identified the following crucial factors which supported the integration of foreign nurses in the sample, i.e., positivities:

Table 2. Positivity

Variable	N°	%
Psychosocial support	11	91,6
Italian colleagues	8	66,6
Fellow countrymen	5	41,6
Patients	4	33,3
Opportunities for cultural enrichment	6	50
Positive work ethic	7	58,3

psychosocial support (mostly from Italian colleagues, but also from fellow countrymen and patients), opportunities for cultural enrichment and positive work ethic. Conversely, the following factors made their integration more difficult, i.e., negativities: difficulties of language and communication, inequalities and racial prejudices (mostly with patients, but also colleagues), differences in care practices and inadequate opportunities for professional growth. Recurring themes extracted from interviews have been reported, along with the number of participants, in Tables 2 (positivities) and 3 (negativities).

Discussion

We compare our results with the related literature, which exclusively consists of studies conducted in Anglo-Saxon countries. Although largely in line with their findings, we find some crucial differences. Regarding positivities, we find that Italian colleagues and patients are significant sources of psychosocial support, while the literature exclusively highlights the role of fellow countrymen.

Table 3. Criticality

Variable	N°	%
Difficulties of language and communication	12	100
Inequalities and racial prejudices	8	66
Colleagues	3	25
Patients/Parents	5	41,6
Differences in care practices	12	100
Inadequate opportunities for professional growth	5	41,6

Moreover, while the literature finds that opportunities of professional enrichment play a crucial role, we do not find them among our positivities. However, our most significant deviation from the literature is within negativities. We find that the major cause of lack of opportunities of professional enrichment in our sample is a broad discrimination towards the whole nursing profession. This seems to be an Italian peculiarity, as the literature shows that, in Anglo-Saxon countries, the lack of these opportunities is mostly due to racial discrimination. This is in line with our finding regarding positivities which points out high psychosocial support from Italian colleagues, suggesting a certain degree of “class solidarity”, instead of the “racial solidarity” in Anglo-Saxon countries.

Let us discuss our findings in more detail, starting with positivities. Regarding psycho-social support, we found similar results to Davison (1993) and Alexis and Vydelingum (2005): the support from colleagues of same origin is particularly significant. Conversely, while they do not find any psychosocial support from patients, we find it in our sample. The second and third positivities, i.e., the opportunities of cultural enrichment and the positive work ethics, were also found in studies conducted by Whithers and Snowball (2003) and Alexis and Vydelingum (2005). Both studies emphasize a great motivation and a great desire to learn. Moreover they show also that it is not unusual for foreign nurses to work longer hours, take loads of heavier patients and face multiple challenges. Having concluded our discussion of positivities, we turn to negativities. All the studies in the related literature shared with us the crucial role of difficulties concerning communication and language. Especially in studies of Baumann and Blythe et al. (2006) and Magnusdottir (2005) nonverbal behaviors and socio-cultural aspects of communication (jokes, sarcasm, sayings) are highlighted as the major obstacle, as well as the absence of gestures in specific situations such as telephone conversations. In the study by Cooke (1998) there are references to the difference in pronunciation and accent, items listed in this study regarding especially the dialects. In our study there aren't experiences of discord among colleagues about the language, conversely reported by Spangler (1991). The second negativity, inequality and social prejudice is reported in

various studies, such as Alexys and Vydelingum (2005) and Homers and Atkins (2002). Like in our study, Xu (2007) describes situations of denial of care and lack of confidence especially from relatives and older patients, received by foreign nurses as dictated by racial prejudice. In conclusion, the comparison between our study and the related literature demonstrates that the ethnic, skin color and language differences lay basis for discrimination. The theme of care practice differences between the host country and the country of origin is widely described in several studies. Allan and Larsen (2003) describe a greater amount of bureaucratic activities in the host country work environment. Homers and Atkins (2002) and Buchan (2003) report that in the host country certain procedures that held in the country of origin are not legally allowed, leading to a lower quality of professional training and therefore less autonomy in care practices. Other aspects shall be included such as the fragmentation of care work and the massive demand for strictly physical and manual jobs, which were not included among duties in the country of origin. The last issue, the inadequacy concerning opportunities for professional growth, seems to be primarily linked to environmental and structural characteristics peculiar to Italy, unlike other studies conducted in Anglo-Saxon countries. For example, the search conducted by Alexis and Vydelingum (2005) describes how some foreign nurses are excluded from opportunities of promotion and career development for racial prejudice or otherwise for their ethnic identity. Conversely, this study reports from provided experiences that the lack of opportunities for professional growth is a problem not just for foreign nurses but for all Italian nursing job category.

Conclusion

Overall, our findings indicate critical issues related mainly to the lack of professional recognition, a marginal role or "stopgap" and lack of autonomy. Conversely, positive aspects are related to relational and motivational areas.

Limits of this study are related in part to the nature of qualitative research: not using statistical tools does not allow to express quantifiable and genera-

lizable results. This was partly due to limited availability of time and resources that led to the selection of a small sample. However, by comparison with the international literature, results obtained are comparable to other investigations in other countries. Our results make clear that foreign nurses encounter every day some problems and some challenges, which influence their opinion and perception of the local work environment. Foreign nurses, besides being an important presence in terms of numbers in our health care system, should also be considered an additional resource not only in terms of mass employment, but also in recognition of cultural aspects to consider in assistance. So the implementation of an adequate strategy could be very important to ensure a suitable insertion and integration, to exploit in the best possible way the contribution that foreign nurses could give. In this sense, results of this research can help all professionals in the health sector to have a greater understanding of meanings and experiences that foreign nurses live in a new professional environment and culture like ours. This study could be also a contribution to the development of new quantitative research in the same area, helping to create new strategies of welcome and support.

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