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Mentoring overseas nurses: Barriers to effective and non-discriminatory mentoring practices

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Abstract
In this article it is argued that there are barriers to effective and non-discriminatory practice when mentoring overseas nurses within the National Health Service (NHS) and the care home sector. These include a lack of awareness about how cultural differences affect mentoring and learning for overseas nurses during their period of supervised practice prior to registration with the UK Nursing and Midwifery Council. These barriers may demonstrate a lack of effective teaching of ethical practice in the context of cultural diversity in health care. This argument is supported by empirical data from a national study. Interviews were undertaken with 93 overseas nurses and 24 national and 13 local managers and mentors from six research sites involving UK health care employers in the NHS and independent sectors in different regions of the UK. The data collected showed that overseas nurses are discriminated against in their learning by poor mentoring practices; equally, from these data, it appears that mentors are ill-equipped by existing mentor preparation programmes to mentor overseas-trained nurses from culturally diverse backgrounds. Recommendations are made for improving mentoring programmes to address mentors' ability to facilitate learning in a culturally diverse workplace and thereby improve overseas nurses' experiences of their supervised practice.

Keywords
cultural diversity, discrimination, learning, mentoring, overseas-trained nurses, teaching ethical practice

Introduction

Teaching ethical practice has been a feature of both practical nursing[1] and nurse education[2] for some time. However, teaching ethics in the curriculum does not always result in ethical practice.[3,4] In this article I discuss an aspect of teaching and learning that requires some ethical attention. I discuss barriers to effective and non-discriminatory mentoring in clinical placements for overseas nurses in the National Health Service (NHS) and the care home sector in the UK. Some discriminatory practices are described to argue that these are unfair and therefore unethical in the sense that teachers of ethics need to consider how mentor preparation programmes engage meaningfully with the facilitation of learning in a culturally diverse workforce in ways that are non-discriminatory.[5–7] In conclusion, some recommendations to stop discrimination and improve overseas nurses' experiences of mentoring are suggested.

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The article is based on the study 'Researching equal opportunities for overseas-trained nurses and other healthcare workers' (REOH), which explored the experiences of overseas-trained nurses and other health professionals in both the NHS and the private sector across the UK.[8] The broad focus of the research was on the experiences of employment mobility and career progression of overseas-trained health care professionals currently working in the UK and their perceptions of equal or unequal opportunities compared with locally trained staff.

Background

The REOH study was undertaken between January 2004 and June 2006, when the employment of overseas nurses was one of the key strategies to meet nurse shortages in the UK during a period of NHS expansion. In 2002–2003 more than half of the nurses newly registered with the Nursing and Midwifery Council had trained outside the UK.[9] From 2004 to 2008, while the number of European Economic Area nurses joining the UK register rose from 1033 to 1872, for other countries the total fell from 14,122 to 2309.[10] This was due to a ruling by the Home Office that removed general nursing from the occupation shortage list. Although the data reported here were collected from nurses mainly outside the European Economic Area, the findings are relevant for those currently being recruited from within it. This is because difference based solely on skin colour is not the only cause of discrimination in the health services;[11,12] foreignness and accent also affect integration into host workforces.

Despite the evidence of discrimination, government policy, framed by a commitment to ethical recruitment of overseas staff in its code of conduct,[13] emphasizes the importance of full protection under UK employment law for all overseas-trained staff, including full information and appropriate support and induction.[14] It is clear from other authors in the field[15–18] that, despite international regulation of the recruitment of overseas nurses, their conditions of employment and their access to career progression once they are employed in the host country are subject to racism and discrimination.[19–21] There is a tendency internationally to employ overseas nurses on a lower grade than their skills and experience may otherwise suggest.[11,17,20]

In the UK, overseas nurses recruited from outside the European Economic Area have to complete a period of supervised practice, successfully undertake the Overseas Nurses Programme run by an approved educational provider and pass an international English language test. There are few references to mentoring overseas nurses in the literature[18] and their needs as adult learners with experience in other practical settings have not been commented upon.

Mentoring overseas-trained nurses

Mentoring is an important feature of professional learning in clinical practice.[1,2] Mentors are instrumental in socializing students into professional behaviours and practice in their roles as practice teachers and role models.[22–27] In the UK, a mentor is a trained nurse with additional training who has responsibility for assessment and supervision as well as organizing learning opportunities and either signing off or providing evidence so that students can be signed off by a qualified sign-off mentor.[28]

The mentor's contribution to student nurse learning may not always be beneficial and many students learn from negative experiences of being mentored.[29] Brammer[27] suggests that trained nurses may act as 'gatekeepers' (in a positive or negative sense) to learning and the integration of theory.

Mentoring is therefore linked to learning through observing role models, and good mentoring is heavily dependent on the successful relationship between mentor and mentee. For students, this relationship extends to the clinical team and a feeling of belonging to the clinical team is understood to be a facilitator for learning.[26,30–32]

Not much has been written about how overseas nurses may best be mentored. There are reports on how students from other cultures learn in the British health context[33,34] and how overseas nurses may be integrated into the British workforce by learning about British culture.[35–39] This integration occurs within the context of a history of repeated discrimination against ethnic minority workers in the NHS.[30] Kingma[40] has argued that the mentoring of overseas health care staff is unfair simply because they are registered nurses and that global educational regulation of nurses[41,42] needs to be addressed if overseas nurses are not to be discriminated against. This history of discrimination is, of course, unethical, and has occurred despite the inclusion of cultural diversity and ethics teaching within nursing curricula since the 1990s.[43–47]

Feeling different or feeling a stranger is an important feature of student nurses' integration into clinical learning environments, as Levett-Jones et al.[48] have shown. They argue that belongingness is an important feature of students' experiences of ward teams; students need to be welcomed into the clinical team and feel that they belong before effective learning can take place. The consequences of not feeling as though they belong are distress, detachment and disengagement. As outsiders in both cultural and professional terms, this could be an important step in overseas nurses' learning in clinical areas. A lack of belongingness may result in reliance on peer mentoring,[49] which is intended to provide a transitional aid to learning in practice for student nurses. It is noted in the migration literature that migrants 'stick together'[50,51] and complaints have been voiced that overseas nurses do not integrate into the host UK workforce.[42] Both peer mentoring and failure to integrate may be reactions to a lack of belongingness and a failure in mentoring systems to welcome overseas nurses.

Overseas nurses are trained and bring their own learning experiences into the British setting. Evans et al.'s work[52] on the tacit skills brought by adult learners to new environments of workplace learning is helpful in understanding the differences between student nurses and overseas nurses (although of course, each learner brings their own experience). They argue that these tacit skills need to be identified and used in order for adult learners to learn effectively. In more recent work[53] they suggest that knowledge gained in one workplace is made sense of in another, and that this making sense in the new setting facilitates the transfer of knowledge between workplaces. This contextualization and recontextualization of knowledge in the workplace suggests ways in which existing knowledge may be used to learn new knowledge in different learning environments and workplaces.

Study design

Ethical and research governance approvals were obtained from each NHS trust as well as from the National Patient Safety Agency. The research design, an ethnographic interpretative study,[54] used mixed data collection methods, two of which are reported in this article:

- Individual and in-depth semi-structured interviews with 93 overseas-trained nurses with different backgrounds and in different circumstances across the UK;
- Interviews with 24 national and 13 local managers and mentors from six research sites involving UK health care employers in the NHS and independent sectors in different regions of the UK.

Details of the design can be found in other publications.[21,55–57]

Data analysis was an iterative part of the data collection. Interviews were transcribed verbatim and then coded using the data analysis software NVivo, version 2.0. While coding, each researcher made interview notes to capture the in-depth insight emerging from the data. Codes were negotiated and agreed in a collaborative effort by the researchers in order to facilitate analysis. These methods ensured trustworthiness and credibility of the interpretation. The findings were presented at a data analysis workshop attended by academic overseas nurses, which provided further insights on the analysis.

Findings

The main barrier to effective and non-discriminatory mentoring was the lack of preparation within both the NHS and the care home sector around how cultural differences affect mentoring and learning for overseas nurses and their mentors, which is exemplified in this extract from an interview with an NHS manager responsible for workforce planning and overseas recruitment:

> *Interviewer:* I just wondered, you mentioned cultural awareness. I just wondered if you'd thought about mentor preparation?
>
> *Interviewee:* Mentor preparation, well mentorship is already within the organization because we have pre-registration students, so as a part of fitness for practice, which is the programme all pre-reg students are following currently, they have mentorship preparation. At the end of the day, we cannot wrap them up in cotton wool, they are qualified nurses in their own right, from their own country, but we need to assess and they will be provided with effective support (mixed race, British, NHS manager, UK trained).

In other words, this manager's organization had not prepared either the mentors for mentoring overseas nurses or thought about whether overseas nurses might have different learning needs to pre-registration students. Instead, they treated them both as trained nurses, expecting the overseas nurses to survive and learn without special treatment, at the same time as pre-registration students. Both approaches had the same effect: no preparation for overseas nurses' potential learning needs.

None of the mentors, clinical or trust managers or care home managers interviewed had considered that overseas-trained nurses might have different learning styles and needs compared with British nurses. A senior staff member in the NHS described a trust's approach to mentoring overseas nurses as:

> *Interviewee:* We basically treat them as newly qualified members of staff with no experience until we find out what their experience is ... (White, British, NHS).

This lack of preparation, which served as a barrier to effective and non-discriminatory mentoring, was shown to be caused by:

- Lack of awareness of cultural differences in learning among mentors;
- Concern about skills learnt overseas not being up to British standards;
- The need to nurse the 'British' way;
- Bullying and discriminatory practices in the workplace.

Lack of awareness of cultural differences in learning

During supervised practice, mentors expressed frustration at overseas nurses' learning styles, which did not meet their expectations. The expected learning approach was based on reflection and adult learning, which was different to that with which the overseas nurses were familiar. In the following quote from a mentor about an overseas nurse, she commented on the nurse's learning style and in particular the student's failure to produce the 'work' (written assignments) rather than her practical skills:

> *Interviewer:* What do you like about your involvement with them and what do you find challenging?
>
> *Interviewee:* I find [it] challenging [that] some students who just don't have the ... they need a push. At the moment we don't know how hard we have to push them in terms of producing the work. We're doing all the teaching, but she's not producing the work. I said to her: 'This is the beginning, you're a month and a half into

> it. You've got six months to do it; if you don't get this work done, it's going to be so backlogged that you won't get through.' She still hasn't produced the written work. When we're doing assistance and teaching her, she's managing to do it [the practical work]. It's just that she's not giving us the work so we can say yes she can do it. I said to her: 'If we don't sign you off, you can't do it' (White, Irish mentor, community hospital, NHS).

This mentor was happy that the overseas nurse could do the practical work ('she's managing to do it') but was frustrated that she did not appear to be learning in the way the mentor expected. The mentor did not address this difficulty with the nurse concerned, apart from threatening her as she describes in the quote: 'If we don't sign you off, you can't do it.'

The following quote shows that overseas nurses themselves were aware that a different learning style was expected in the UK:

> *Interviewee:* Because this ward is very busy as well, the teaching here is not spoon fed as in the Philippines. But it's OK because I realize that the UK and the Philippines are two different countries. So they have to go on with their own ways of teaching people (female, age 39, Filipina, D grade, employer: NHS, arrived in UK: 2002).
>
> *Interviewer:* As a mentor you need a completely different set of skills?
>
> *Interviewee:* Definitely, a different set of skills. What I'm saying, maybe not the preparation and all the ... the language barrier and things like that, because I used to go on ... the mentors, the English mentors that mentored us, mentored the Filipinos ... I think it's not prepared enough. They're prepared for students rather than for the overseas nurses (female, age 49, South African, Black African, D grade, nursing home, arrived in UK: 2002).

Concern about skills learnt overseas not being up to British standards

Some national stakeholders, local mentors and managers expressed concerns about standards of training overseas and whether overseas nurses had the skills needed in the UK workforce. They also questioned whether the adaptation courses (now the Overseas Nursing Programme) met the needs of overseas nurses and those of the NHS for competent nurses:

> *Interviewee:* Then there are concerns regarding the basic [training in the home country] – how the adaptation programme would need to bridge some of the gaps between what you recognize as an educational study in their programme and what was in ours. X did bring back concerns with regard to people [who] may be registered nurses in some countries and what that means is different to other countries. Our adaptation programmes are supposed to be tailored towards people and it's not totally consistent (White, British, trust manager).

On the other hand, others treated overseas nurses as fully trained and viewed them on a par with UK trained nurses:

> *Interviewee:* You are dealing with competent nurses and that's that (White, British, mentor).

However, in general this latter view was not dominant in the interviews and overseas nurses perceived that skills gained in another country were not required in the NHS and their experience may indeed prove 'difficult' for less experienced British nurses. Their perception led some of them to downgrade their experiences and skills so as not to appear arrogant and to allow them to get on better with UK colleagues, who (the overseas nurses felt) placed overseas-trained nurses at the bottom of ward hierarchy and did not expect much from them.

> *Interviewer*: Do you think they realize how much experience you have?

Interviewee: They do; maybe that's why they don't like us and avoid us. When I was in ICU [intensive care unit] they told me: 'Oh you're a senior nurse.' I was very careful in my work, like every time I do things I was very careful. They might look and say something bad. They might criticize. I have to do carefully. Not perfect, but I've learnt to be humble for them. It's like they are the superiors (female, age 36, Filipina, D grade, NHS, arrived in UK 2003).

From the overseas nurses' perspective, the lack of recognition of their skills gained in their own country led to the feeling of becoming de-skilled and useless as these overseas nurses described:

Interviewee: You de-learn everything you learned in South Africa (female, age 48, South African, D grade, NHS, arrived in UK 2002).

Interviewer: How would you describe not being able to scrub and being an adaptation nurse?

Interviewee: We feel like useless, you know just observing and not doing anything. We can scrub but we can't touch. So it's a bit boring, because we are used to working (male, age 28, Filipino, D grade, NHS, arrived in UK 2003).

The need to nurse the 'British' way

Linked to the perceived difference in skills was the expectation among mentors and managers that overseas nurses would adapt to British nursing culture and that skills gained overseas were not transferable. This was clearly expressed in interviews with experienced mentors as illustrated in the following quote:

Interviewee: You have to treat them as newly qualified staff. They're trained general nurses but aren't theatre nurses to British standards. Because theatre nursing [in the Philippines] is very different, they often say they're trained theatre nurses, but they aren't because they haven't scrubbed, just observed. They are suitable for recovery or anaesthetics (White, British mentor).

There appeared to be insufficient diversity awareness and a lack of recognition of non-British health care practices alongside a tendency for British health care staff and managers to perceive current British nursing practice as the only correct nursing practice, reflecting an ethnocentric outlook. The findings demonstrated how this perception is materialized in a tendency to misperceive overseas-acquired nursing practice as a 'clinical mistake'. A Ghanaian nurse gave an example:

Interviewee: ... a student [overseas-trained nurse doing adaptation] forgot to put stockings on a resident; it becomes a very big issue whether the student is really capable of being a nurse and I am like ... 'in Africa we don't put on stockings, it's a cultural thing', so people should understand this has nothing to do with nursing skills, and that is what I mean, that is an example, because I remember that very well and it was even a gentleman from Mauritius, and it was later when I talked [to the nurse]. I like to understand why people behave [as they do], so I remember when I was talking with him: 'Why do you keep forgetting to put on Mrs X's stockings when you are helping to dress her?' And he said, 'Do you know what, in my country men do not dress women, so even as a nurse in my country I wouldn't nurse a woman. I would nurse a [man] and then we don't wear these stockings, so I don't even know how. I have been taught by other carers and student nurses [inaudible/strong accent].' But the way it was handled!

Interviewer: How was it handled?

Interviewee: They made him feel that he wasn't adequate, he wasn't competent to be a nurse; that is what I didn't like, and it wasn't a nursing issue, it was to do with culture and not knowing (female, age 48, Ghanaian, Black African, home manager, nursing home, arrived in UK 2000).

Bullying and discriminatory practices in the workplace

As well as constantly being questioned during their period of supervised practice, reports of bullying and discrimination were revealed in the interviews. The overseas nurses developed strategies to ensure they survived these negative experiences during supervised practice in order to register with the Nursing and Midwifery Council. One described this experience as having to remain silent and not complain. At its worst, being an overseas nurse undergoing supervised practice could mean being bullied and feeling the lowest in the hierarchy, as this quote reveals:

> *Interviewee:* You are being questioned and after doing something, instead of a person criticizing you in an obeying manner, she criticizes you in a destructive manner (female, age 49, South African, Black African, D grade, nursing home, arrived in UK 2002).

Other overseas nurses described direct discriminatory remarks made to them by UK-trained colleagues:

> *Interviewee:* I was also asked on numerous occasions: 'Why are you here?' 'Why do you work here?' 'How long do you want to stay?' 'Why should you stay when your family is not here?' They say that, you know, sometimes they say, 'We are not happy because you come here and take all the money, take all the benefits and make us lose our benefits.' So what, I am also paying all the taxes! (female, age 54, Indian, D grade, private hospital, arrived in UK: 2000).

These attitudes towards this overseas nurse also reveal negative attitudes towards otherness, which are based on culturally biased judgements about others, in other words, an ethnocentrism.

These negative attitudes, bullying and discriminatory behaviours[58] could have lasting effects, as the following quote from a Filipino nurse shows. She had experienced bullying many years prior to the interview and described the effect this had on her and how she now tries to assist overseas nurses to manage any negative attitudes they may encounter in the NHS:

> *Interviewer:* Do you think now that is tackled any better within the Trust?
>
> *Interviewee*: Yes, I mean the bullying. You see, I was scared and nervous I suppose because you have that feeling of paranoia and you become ... I started questioning myself. I started questioning my competencies because people make you feel like that, make you feel incapable, make you feel incompetent. You know you become paranoid, you felt isolated and I felt like that. When I talk to the overseas nurses when they come to me, I recognize all these issues, and when they come to me there [are] issues; maybe because of appearances they don't recognize them ... nobody supported me before, nobody guided me, nobody directed me (British, Filipina, mentor).

These ethnocentric attitudes led to difficult relationships between mentors and overseas nurses, and a reluctance by UK staff to address what they perceived as culturally sensitive issues. An example of this reluctance is revealed in the following quote from a mentor:

> *Interviewee:* It's the same with some of them speaking on the 'phone. That's another issue because whatever's being said, they don't always understand what's being said to them. Incidents have happened where a 'phone call has been taken and I would say, 'Who's that?' [They would reply:] 'Oh I don't know.' They'd put the telephone down. Well of course, you're thinking: What's happened? Who was that? Was it important?
>
> *Interviewer*: How have you addressed that?
>
> *Interviewee:* Well, there's nothing you can do. You just have to hope the person rings back (White, British, mentor).

This example demonstrates a lack of genuine care, and a lack of support and guidance for the overseas-trained nurse who remained incompetent in the eyes of her British-trained colleagues.

Discussion: the need to improve teaching ethical practice

The empirical data presented have shown that overseas nurses are subject to unfair treatment during periods of supervised practice because of a lack of preparation in providing mentoring that recognizes that overseas nurses have been trained in a different system and have different learning styles. These practices are bullying and discriminatory and therefore unethical. It is clear that despite robust guidelines around racism and non-discriminatory work practices[59–62] discrimination, bullying and racism continue to exist. It is also clear that, as in other areas of the curriculum, even though ethical practice is taught in college, unethical practice continues to persist. At the very least, this contravenes the code of conduct for registered nurses and goes largely unreported by overseas nurses.

These discriminatory attitudes towards overseas nurses and their poor experiences of mentoring were also shaped by the nature of nursing work in the UK, which is divided into highly skilled technical work and lower status caring work.[55] This restricts the performance of skills and competencies that an individual brings to the role over and above those required.[18,58]

Improving the experiences of mentoring for overseas nurses has to be tackled both at the system level in mentoring programmes, and at individual level through tackling poor performance in relation to bullying and discriminatory practices. I have suggested elsewhere how such bullying and workplace discrimination could be tackled.[58] The following specific recommendations are made for improving mentoring programmes:

- Mentoring preparation and update programmes need to make the training and learning needs of overseas-trained nurses visible and valued;
- Teaching ethical practice needs to be prominent in mentor preparation and update programmes underpinned by relevant theories of ethics;
- The transfer of ethical practice knowledge from the classroom to the clinical areas in mentoring practice needs to be evaluated;
- Overseas-trained nurses in supervised practice need to be recognized as trained nurses and be called 'overseas-trained nurses' rather than 'students' or 'learners';
- Reviews of mentor update courses should include diversity training/issues, language differences/support and the emotional effects of migration;
- Mentoring systems should include support for mentors who mentor overseas-trained nurses.

These recommendations effectively operationalize the theory of the contextualization and recontextualization of knowledge in the workplace[33] by allowing the recognition of overseas nurses' prior knowledge and experience, using their existing knowledge to make sense of new clinical situations, and treating them respectfully as trained nurses rather than as student nurses. This approach treats the individual overseas nurse as a person and acknowledges the importance of interpersonal relationships and cultural diversity in learning.

Conclusions

In this article it has been argued that there is a lack of preparation within the NHS and home care sector in relation to how cultural differences affect mentoring and learning for both overseas nurses and their mentors. This conclusion has been supported with empirical data to show how overseas nurses are discriminated against in their learning during their period of supervised practice and how this puts pressure on mentors. The NHS and care home sector need to prepare mentors for mentoring effectively and to think about both the knowledge overseas nurses bring to learning as well as their specific learning needs in a new culture. The ambiguity and inconsistency of being treated as a pre-nursing student, and at the same time as a trained nurse left to get on with the work, was over-demanding for overseas nurses and confusing for their mentors.

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Conflict of interest statement

The author declares that there is no conflict of interest.

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