The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019

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Abstract

PURPOSE

In recent years there has been an increase in international nurses and midwives (trained outside of the European Economic Area) recruited to work in the UK. The aim of this review was to synthesise the most recent qualitative research exploring the experiences of international nurses and midwives as they transition and adapt to living and working in the UK.

FINDINGS

A systematic literature search using the databases psycINFO, CINAHL, MEDline, Web of Science, as well as Google Scholar, resulted in six studies meeting the criteria of primary qualitative research published since 2010 and focussing on the UK as the host country. A lack of research into the experiences of midwives meant that the participants in each of these six studies were international nurses. The findings of these six studies were synthesised into 4 analytical themes: 1) CULTURAL INTEGRATION; 2) INDIVIDUAL CHALLENGES; 3) SUPPORT NETWORKS, and; 4) COMMUNICATION ISSUES. Participants reported difficulties adapting to their new life in the UK, including within their role as a nurse, but also in finding and building positive relationships that would help to ease their transition. Instances of discrimination, an undervaluing of international nurses' skillset, and problems around communication were all detrimental to this process.

SUMMARY

These studies are in line with earlier findings that suggest international nurses face a challenging integration process when recruited to work in the UK, indicating no improvement in international nurse experience. With an increasing number of international nurses being recruited to work in the UK, this review raises concerns based on the need to effectively support these nurses to successfully integrate into work and the wider society.

Keywords

International nurses/midwives, overseas nurses/midwives, transition, adaptation, OSCE, UK, recruitment

WHAT IS ALREADY KNOWN ABOUT THE TOPIC

- Since the Brexit vote in 2016 there has been an increase in the number of international nurses and midwives recruited to work in UK healthcare.
- These new recruits must complete tests of competence and prove English language proficiency in order to register for practice in the UK.
- It is unclear how recruits are prepared to complete these registration tests and supported more generally to transition to the UK.

WHAT THIS PAPER ADDS

- There is a lack of rich qualitative data examining the recent experiences of new international nurses and midwives being recruited to work in the UK.
- The limited data suggests few changes in the past nine years, despite big impact changes politically, to recruitment patterns, and to the process of registration.
- To enable successful integration, recruitment organisations should support international recruits to be fully prepared to pass registration tests and begin work in the UK. Further, colleagues in the UK should be ready to welcome their international colleagues.

Introduction

International nurses and midwives, trained outside of the European Economic Area (EEA) and recruited to work in the UK, make vital contributions to the healthcare services and constitute a large part of the workforce. For example, in March 2017, 2.2% of midwives and 10.3% of nurses (including health visitors) working for England's National Health Service (NHS) were from outside of the EEA (data taken from Table 18, National Institute of Economic and Social Research, 2018). Further, recruitment of international healthcare staff is on the rise, and European healthcare staff on the decline, linked largely to the impact of Brexit following the UK European Union membership referendum in 2016. Between 2016 and 2017 non-EEA midwives joining the NHS increased by 5.6% compared to a decrease of -13.1% for their EEA counterparts; a pattern mapped for nurses and health visitors, with a non-EEA increase of 3.1% and an EEA decrease of -37.4% (National Institute of Economic and Social Research, 2018). Nursing has remained on the UK government's 'Shortage Occupation List' since 2015 (GOV.UK, 2019), with the respective professional organisations estimating a current shortfall in the UK of 2,500 midwives (The Royal College of Midwives, 2019) and 40,000 nurses (The Royal College of Nursing, 2019). This situation is predicted to worsen over the next five years (Beech et al., 2019).

This shortfall has resulted in organisations actively adopting recruitment strategies to bring internationally trained healthcare staff to the UK, in order to meet vacancy shortages. These international nurse and midwife recruits are required to follow a formal pathway in order to translate the knowledge and experience they have gained overseas, and examine their ability to practice in the UK. More specifically, international recruits are required to gain professional registration with the UK's Nursing and Midwifery Council (NMC). This process involves passing a two-stage test of competence and showing an adequate level of English language proficiency, usually via the International English Language Testing System (IELTS) (NHS Health Careers, 2019). The first stage of competence testing comprises a Computer Based Test (CBT), a multiple-choice

exam often completed in the applicant's country of training, and the second stage the Objective Structured Clinical Examination (OSCE), to be completed in a designated UK test centre.

This is an expensive and time consuming process for the applicant and recruiting organisation. The test of competence alone can be costly, consisting of £140 to assess application eligibility, an £83 CBT fee, a £794 OSCE fee, and £153 to register with the NMC (correct at time of writing, NMC, October, 2019). On top of this £1,170 are visa charges incurred, as well as travel, accommodation and living costs in the UK, training or placement expenses, and any language test fees. This could amount to an estimated £10,000 recruitment cost per nurse or midwife; a substantial figure considering the NMC received 6,157 new applicants in 2018 (NMC, July, 2019), and need at least 5,000 new international recruits each year (Buchan et al., 2019). This is a considerable cost even when assuming an applicant can move through the process without any problems along the way, however this is not always the case. Many of the costs occur after CBT completion, and leading up to the OSCE when the applicant is required to be in the UK. With the NMC reporting the latest OSCE pass rates at 80% (listed on the NMC website for January-March, 2020), an average of 1 in 5 international nurses or midwives are not successful at OSCE stage. Candidates may have to wait before retaking the OSCE, spending more time in the UK without being registered to practice; and it is a further £794 for a full resit (£394 for a partial resit).

Perhaps a factor contributing to organisations incurring higher costs when recruiting international nurses and midwives is that there is no standardised practice when preparing individuals to take the OSCE. Anecdotal evidence suggests that organisations adopt different approaches with varying resource implications. For example, one recruiter might place greater emphasis on the need for supervised clinical practice to prepare for the OSCE; another may focus on intensive classroom teaching. This could result in a difference in organisational cost per applicant, in the support provided to the applicant, and in an organisation's success rate at getting individuals through the OSCE. The varying experiences felt by international recruits also extends to their employment post-registration (Nichols & Campbell, 2010), which again is not subject to standardised guidelines. This recent approach to integrate and manage international recruits replaced adaptation programs (Gerrish & Griffith, 2003), which often provided a more formalised support structure. With, between April 2014 and March 2019, an average 1,900 international nurses and midwives leaving the NMC register each year (NMC, March, 2019), retention, as well as recruitment, needs to be a focus. Due to the predicted increase in international nurses and midwives recruited to work in the UK, the potential high cost impact for recruiting organisations and applicants, and the apparent lack of agreement in how best to support applicants, it is pertinent to explore the most recent literature on the topic.

Therefore the aim of this qualitative review was to answer the question: How are international nurses and midwives' prepared and supported to undertake the OSCE and transition to working as registered healthcare professionals in the UK?

Method

A qualitative synthesis was conducted with the aim of exploring how international nurses and midwives transitioned to working in the UK, and experienced the Objective Structured Clinical Examination (OSCE). The focus was on applying the principles of thematic analysis to explore primary qualitative data (Thomas & Harden, 2008).

Literature Review

The literature review conducted searches on the online journal databases psycINFO, CINAHL, MEDline and Web of Science; as well as exploratory searches on the broader search engine GoogleScholar. Boolean search terms were used to identify relevant articles. Initially the key phrases ['Transition Nurses' OR 'International Nurses' OR 'Overseas Nurses' OR 'Transition Midwives' OR 'International Midwives' OR 'Overseas Midwives'] identified articles addressing nurses and midwives travelling abroad to work. These were combined using the AND term to show articles that further contained the following keywords ['Mentoring' OR 'Adaptation' OR 'Recruitment' OR 'OSCE']. This allowed the search to focus in on papers, for example, addressing 'International Nurses' AND 'Recruitment'. This resulted in 85 articles from the academic databases (psychINFO = 10; CINAHL = 18; MEDline = 20, and; Web of Science = 37) and a further six from GoogleScholar. The full search details are shown in Table 1.

Duplicates were removed and the articles were screened and tested for eligibility through analysis of titles, abstracts and, in 25 instances, the full articles. Articles were excluded if they failed to meet the criteria of full-text academic articles, detailing primary qualitative research focussed on the experiences of international recruits, written in English and post-2010. To ensure data specifically focussed on the issues of international nurses and midwives working in the UK, articles targeting other host countries were also excluded. In total, six articles were then selected for quality appraisal. Figure 1 shows the search strategy in full.

Quality Appraisal

The selected studies were then quality appraised separately by two authors (SB and CM) using the Joanna Briggs Institute Checklist for Qualitative Research (Lockwood et al., 2015). This checklist asks the reviewer to mark articles on ten criteria points, designed to assess the quality of qualitative research. These points are based around, for example, ethical approval, and the theoretical standpoint of the author. The checklist also assesses congruence between methodological approach and data collection or analysis. Using this checklist ensured thorough appraisal of the research involved in the qualitative synthesis. All studies were deemed to meet an adequate level of quality; fulfilling at least six criteria points.

This process resulted in six articles in total being selected for analysis. The key characteristics of these articles, including methods of data collection and analysis, together with research aims and participant details were extracted by author SB and checked for accuracy by author CM. Two studies used analytical framework analysis, one of interview data (Alexis & Shillingford, 2012), another combined with focus group data (Likupe, 2015). Two studies used thematic analysis, of interview (Stubbs, 2017), and focus group (Allan & Westwood, 2016), data. Of the two remaining studies, one used content analysis of interview data (Al-Hamdan et al., 2015) and, finally, contrast comparative analysis using focus groups (Okougha & Tilki, 2010). These characteristics are summarised in Table 2.

Thematic Analysis

The six studies were analysed using thematic synthesis analysis, an approach adapted for using thematic analysis principles to combine the findings of multiple sources of primary qualitative research (Thomas & Harden, 2008). Author SB extracted the results section from each article, reviewed and coded them 'line-by-line' into over 60 descriptive themes across the six studies. These themes were grouped by similarity and then viewed and considered together, using the computer software NVivo (NVivo version 12, 2008). This was to enable the researcher to 'go beyond' the reported data, synthesise the results, and determine the underlying analytical themes (Thomas & Harden, 2008). These were then reviewed and agreed by authors HW and CM.

Results

The experiences of 108 international nurses (72 female), trained outside of the EEA, were documented across the six studies. One study also included the views of 10 managers. No studies were found documenting the transition or OSCE experiences of midwives who had trained outside of the EEA. Study sample size and location varied, including: 16 nurses trained in India, 13 Jamaica and the Philippines, and 11 Nepal and the Philippines, all working in London; 25 Jordanian, and 13 Ghanaian and Filipino nurses, working across the UK; and 30 nurses from Sub-Saharan Africa, working in North East England. This included individuals at the start of their journey in the UK, pre-registration, and those with over 10 years' experience working in UK healthcare.

Thematic qualitative synthesis of the six studies resulted in 4 broad analytical themes: 1) CULTURAL INTEGRATION; 2) INDIVIDUAL CHALLENGES; 3) COMMUNICATION ISSUES, and; 4) SUPPORT NETWORKS. The analytical themes are detailed in Table 3.

CULTURAL INTEGRATION

International nurses experienced a different professional culture in the UK to their country of training. Hierarchies within a team structure were viewed as less rigid - or less formal - in the UK, for example nurses referring to senior colleagues by their first name (Okougha & Tilki, 2010). Doctors and nurses both played important roles in a patient's care team in the UK (Al-Hamdan et al. 2015), resulting in nurses having more responsibility and autonomy in decision making (Stubbs, 2017). Due to nursing shortages (Al-Hamdan et al., 2015) and understaffing (Alexis & Shillingford, 2012), extra shifts were often available and nurses felt that they had more control and flexibility in choosing their work patterns (Al-Hamdan et al., 2015). This added control and responsibility had a cost, however, with nurses expected to provide holistic care in the UK (such as emotional support), focus on evidence based practice, adhere to stricter policies, and complete more paperwork (Al-Hamdan et al., 2015). This, taken alongside nursing shortages, resulted in a greater likelihood that nurses become overstretched and stressed (Alexis & Shillingford, 2012). Overall, nurses felt a greater

emphasis on accountability when working in the UK (Al-Hamdan et al., 2015; Stubbs, 2017), with both positive and negative implications.

As well as a professional culture change, international nurses had to adapt to living abroad. For many international nurses, the UK represents a move to a more developed country (Al-Hamdan et al., 2015) ('developed' as categorised by the United Nations, 2019). This could constitute in a shift in general political attitudes, for example, an increase in liberalism, or a change in the structure of the local community, such as greater multiculturalism (Al-Hamdan et al., 2015). Further, in most cases, the individual is moving from living within a majority to a minority group. Therefore it is important for nurses to develop social connections in the UK, however many reported that building supportive relationships was challenging (Alexis & Shillingford, 2012), particularly when trying to connect with UK nationals (Al-Hamdan et al., 2015). This feeling of disconnect may be the result of different social norms, for example the UK's drinking culture (Al-Hamdan et al., 2015), or cultural values, like a different emphasis placed on religion or the family (Okougha & Tilki, 2010). When nurses were able to integrate into the local community, the opportunity to learn about different cultures - and teach others about their own - was an enriching experience (Al-Hamdan et al., 2015). As well as socialising, nurses discussed other practical challenges around moving to the UK, including finding local places to eat and the cost of living (Al-Hamdan et al., 2015). Finally, a serious problem for international nurses integrating into the local community was the discrimination they experienced living in the UK (Likupe, 2015). Discrimination is an example of the substantial personal barriers facing international recruits. These individual challenges are discussed in the next analytical theme, below.

INDIVIDUAL CHALLENGES

To increase the challenge of integrating into a new community in the UK, international nurses often also had to cope with moving away from their close friends and family back in their country of training. The transition of moving away and settling in the UK commonly resulted in feelings of loneliness (Al-Hamdan et al., 2015), and was portrayed as a test of the individual's strength, resilience and motivation (Alexis & Shillingford, 2012). International nurses experienced other tests of character, too, such as the frustration (Stubbs, 2017), injustice (Allan & Westwood, 2016), and dissatisfaction (Al-Hamdan et al., 2015) resulting from the widely reported deskilling in the workplace. For example, specialist experience or qualifications gained abroad were not recognised in the UK, meaning skilled international nurses were no longer able to complete tasks like taking blood (Al-Hamdan et al., 2015) or administering medication (Allan & Westwood, 2016). Further, international nurses felt their nursing status undermined, for example, being treated as a student nurse (Alexis & Shillingford, 2012) or, before meeting the necessary adaptation requirements, working as a lower skilled healthcare assistant (Allan & Westwood, 2016). In its worst form, deskilling was the consequence of people making assumptions about the competence level of individuals *because* they were international nurses (Alexis & Shillingford, 2012; Likupe, 2015); an example of discrimination.

International nurses described feeling distressed and confused (Likupe, 2015) and humiliated (Alexis & Shillingford, 2012) because of the covert and overt discrimination they experienced whilst working

in the UK. The incidents of discrimination reported by participants included: patients who exhibited racist behaviours (Likupe, 2015), refusing care from international or black nurses (Alexis & Shillingford, 2012; Likupe, 2015); staff who would undermine the work of their international colleagues (Alexis & Shillingford, 2012), or draw unfair conclusions about work ethic, motivation or character (Likupe, 2015); managers who were seen to apply more scrutiny to black international nurses working in their team (Likupe, 2015); and even from other international nurses from a different country of origin (Likupe, 2015). There was also frustration directed at perceived systemic injustices, for example, international nurses needing to pass an English language exam as part of their adaptation – but non-EEA nurses not – regardless of competency (Allan & Westwood, 2016), or the belief that it is harder for black international nurses to achieve promotions, or enrol in training opportunities (Likupe, 2015). These frequent and varied experiences of discrimination, alongside living in a new community and working in a new country, mean it is vital international nurses can develop and rely on a strong network of support in the UK.

SUPPORT NETWORKS

Participants migrated to the UK for their profession, so it is reasonable to expect an important part of their support network would be found in the workplace. However, international nurses reported mixed experiences of the support provided by their UK colleagues and managers. In one instance, nurses spoke of the importance of having a mentor at work who understood the challenges of working and integrating into a different country (Stubbs, 2017), but, in another, felt that the wider staff team were unprepared for their arrival and did not help their transition, for example, failing to advocate against discrimination on the international nurses' behalf (Alexis & Shillingford, 2012), or further, as described previously, contributing to that discrimination (Likupe, 2015).

Varying experiences with their UK colleagues and challenges integrating into the local community meant that perhaps the most important form of support came from their peers; fellow international nurses. This meant peers could 'stick together' and provide guidance to one another (Alexis & Shillingford, 2012), form positive relationships and share interests (Al-Hamdan et al., 2015), and generally help to reduce one another's stresses and anxieties (Stubbs, 2017). Due to the impact of discrimination and the potential barriers of progressing to managerial positions (Likupe, 2015), it follows that it could be uncommon for international nurses to see their peers in supervisory or managerial positions. Having fellow international nurses in senior positions may make newer recruits feel more supported, and provide an example of international nurses overcoming and adapting to the problems they face when working in the UK (Stubbs, 2017). A possible negative consequence of relying heavily on fellow international nurses to socialise and offer support is communication will likely be in their native language, and therefore could slow progress improving English (Al-Hamdan et al., 2015). Feeling confident communicating in English could open the door to supportive relationships being built outside of international nurse peer groups. However, participants reported difficulties with daily language use in the UK, including communicating with colleagues and the public. These communication issues, the final of the four analytical themes, is discussed below.

COMMUNICATION ISSUES

Perhaps the main reason that communication is seen as an issue for international nurses is because it is mandatory for new recruits trained outside of the EEA to pass English language tests as part of the adaptation process. Often participants viewed this adaptation requirement as a barrier to integration, and the tests unnecessarily difficult (Allan & Westwood, 2016). Further, many participants questioned the relevance of these tests to the everyday language actually needed whilst working as a nurse in the UK (Allan & Westwood, 2016; Stubbs, 2017). In work, international nurses reported difficulties with verbal communication, for example, hearing different English accents and adjusting to the speed that people speak (Okougha & Tilki, 2010; Stubbs, 2017), or learning slang words and colloquialisms (Okougha & Tilki, 2010). Acclimatising to everyday language was made even more essential for nurses in the UK because they were expected to communicate regularly with patients' families and loved ones (Alexis & Shillingford, 2012) and people from multiple cultural backgrounds (Al-Hamdan et al., 2015). This raised difficulties such as learning when it was appropriate to refer to someone on a first name basis, and not by title, or knowing what conversation topics may be considered inappropriate, such as religion (Okougha & Tilki, 2010).

This suggests that international nurses faced more varied challenges in communication other than competency with the language itself. Cultural habits needed to be acquired, too, to enable appropriate non-verbal communication. This could relate to practices in how to show respect that are different from an international nurses' country of origin, for example, the common use of *please* and *thank you* in the UK, or maintaining eye contact to show active listening (Okougha & Tilki, 2010). This links back to professional culture and the need for nurses in the UK to show empathy and understanding in the role, including for patients' families (Stubbs, 2016), but actions regarded as compassionate may be cultural, like offering a cup of tea (Okougha & Tilki, 2010). Learning these conventions help nurses to appear polite in their role (or prevent them from appearing impolite without meaning to).

Discussion.

This paper explored the experiences of international nurses completing their registration and transitioning to work in the UK. This follows on from the integrative review of Nichols and Campbell (2010) but focuses on more recent experiences of international recruits, particularly in light of recent political mood shifts and the UK's 2016 vote to leave the European Union. Since 2016 there has been a greater number of nurses trained outside of the EEA registering to work in the UK, and at the same time fewer registrations from their EEA counterparts. This change in the pattern of recruitment could have implications for healthcare provision in the UK. The period of time covered in this review also coincides with a change to recruitment guidelines in the UK from 2014, when previous structured adaptation programmes were replaced by a two-stage examination based system.

The current review, focusing on qualitative research post 2010, examined the experiences of 108 international nurses originally trained in countries outside of the EEA. Overall the findings were similar to those of Nichols and Campbell (2010), with both reviews identifying personal challenges in

moving to the UK, such as facing discrimination and deskilling. For example, international nurses still felt both the weight of added responsibility, like advocating on a patient's behalf (Withers & Snowball, 2003) or having a more active role in a patient's care team (Al-Hamdan et al., 2015), tied up with, and contrasting, the feeling of being underappreciated or held back (Allan & Westwood, 2016; Nichols & Campbell, 2010). The similarity between international recruits' accounts over the past 20 years again raises an immediate concern, in that it appears that the environment in which international nurses are entering has not altered greatly following the research of Nichols and Campbell (2010). The number of international recruits is increasing and recruiting procedures have changed, yet international nurses are still reporting instances of racism, feeling undervalued, and are still trapped in positions that do not fully utilise their skills, such as healthcare assistant roles.

Similar findings were also reported in a separate systematic review and meta-synthesis conducted by Davda et al. (2018), focussing on the migrating motives and integration experiences of international doctors, dentists and nurses working in the UK. In this review, nurses were found to experience more discrimination in comparison to the other two professional groups, suggesting this was due to two main reasons. Firstly, doctors and dentists had more direct control over their working environment, meaning that they were able to leave an area or situation if they felt uncomfortable. Nurses, on the other hand, have a restricted amount of control over their working situation, with often an increased 'frontline' exposure to patients. The second reason was related to the idea that doctors and dentists experienced a standardised examination of skills and knowledge by overseeing regulatory bodies, creating a more consistent level of practice. This is directly related to the findings here, because recruitment procedures changed in 2014 in order to moderate nurses in a similar, examination based system. In the current review, international nurses still experienced numerous instances of overt and covert discrimination. It is possible, then, that increased discrimination towards nurses may not be the result of standardised assessment measures. It is also possible that 2014 changes to international nurse examinations have yet to have an observed effect. There were only three papers post-2014, none of which mentioned or discussed whether the standardised tests of competence aided their transition to the UK. This suggests the impact of the recent changes to registering in the UK has not been explored. Therefore, future research should explore the experiences of new recruits completing the CBT and OSCE, and the effects of these tests to integration into the UK workforce.

The other key themes found in this literature review, cultural transition, support networks, and communication barriers, are interlinked. The fact that these themes are so closely related highlights the complex and multifaceted nature of recruiting international nurses to work in the UK, and indicates that recruitment is not simply about ensuring recruits meet the required criteria for knowledge, skills and professional values (as set by the NMC). It is also about helping international nurses more widely, supporting their transition to the UK, both in the workplace and outside of it. This wider help could be around communication, clearly a barrier for international recruits at work and in everyday life, or in building appropriate support networks.

There is an underlying point here: the responsibility of successful integration to the UK does not solely rest with the international recruit. Instead, it is essential that recruiting organisations plus the wider team of UK colleagues enable adaptation. In the workplace, that obviously means fellow staff not making things worse (such as instances of discrimination from colleagues and managers), but also being trained to see the benefit of helping international nurses to acclimatise quickly. Indeed, in the current review, nurses reporting positive adaptation experiences often cited an empathetic manager, or an understanding colleague. Changes could be made at a procedural level, too, to

facilitate the transition of international nurses (e.g., currently, although every international nurse or midwife has to undergo assessment at an NMC Test Centre, no centre is required to offer support, either prior to or following successful NMC registration). Clearly, alongside ensuring international recruits feel ready to transition to the UK, there needs to be a focus on making sure the UK is prepared to welcome them.

Further research needs to examine the support required for international nurses to successfully register in the UK, including completing the OSCE, and explore the experiences of international nurses entering a new culture and environment of professional practice. Furthermore, this review has highlighted the need for research to examine the support required for nurses to feel integrated within the workplace, the profession and wider society.

Finally, a point on recent recruitment patterns. The publication of the NHS Long Term Plan (2019) highlights a need for the UK to recruit more international nurses from the global market. This recruitment is essential, addressing vacancy gaps and the resulting potential threat to health care delivery in the UK. With this, a coherent work strategy addressing nurse recruitment nationally and internally is needed (The Health Foundation, Kings Fund & Nuffield Trust, 2018). However, it could be argued, on the evidence reported here, that some nurses are being recruited into environments that appear to be lacking in support, and that are potentially deskilling and discriminative. UK recruitment strategies must have long-term benefits (Humphries et al., 2012), for both the NHS and its workforce, and needs to involve an efficient, supportive, adaptation process. Without adequate support, it may be harder to retain international recruits in the future. Recruitment strategies can ensure long-term success by appropriately preparing international nurses to register and work in the UK, and by making the UK a supportive and welcoming environment.

Limitations of the Study:

The findings presented in this review should be considered within the limitations of the scope of the study. Only six papers were found in the database search which addressed the review question. Of these six papers the views of 108 international nurses are presented. No papers were found to illustrate views or experiences of midwives. Additionally, no studies examined the experiences of nurses since 2014 which specifically relate to the OSCE and the process of examination only to achieve registration on the professional register.

Conclusion.

This review has built on the review of Nichols and Campbell (2010), finding that, even though international nurse recruitment has continued to grow, only six qualitative studies have reported their experiences of working in the NHS. It is concerning that this review found key findings similar to Nichols and Campbell (2010), suggesting little improvement in the last decade on the experiences of new recruits, despite changes to the political landscape and new adaptation procedures. International nurses face challenges in integrating professionally and culturally in the UK, including issues around communication, discrimination, deskilling, and a lack of consistent support networks. With the NHS identifying international recruitment as a key strategic goal in the NHS Long Term Plan

(2019), it is essential that these issues are addressed alongside exploration of how integration into both work and society can be optimised further.

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Nothing to declare.

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Table 1. Full details of database searches, conducted on 23.09.2019.

psychINFO (10)	(TX "Transition Nurses" OR TX "International Nurses" OR TX "Overseas Nurses" OR TX "Transition Midwives" OR TX "International Midwives" OR TX "Overseas Midwives") AND (TX "Mentoring" OR TX "Adaptation" OR TX "OSCE" OR TX "Recruitment") Filter: Language (English); Year (post-2010); Full text articles
CINAHL (18)	TX (TX "Transition Nurses" OR TX "International Nurses" OR TX "Overseas Nurses" OR TX "Transition Midwives" OR TX "International Midwives" OR TX "Overseas Midwives") AND TX (TX "Mentoring" OR TX "Adaptation" OR TX "OSCE" OR TX "Recruitment") Filter: Language (English); Year (post-2010); Full text articles
MEDline (20)	TX (TX "International Nurses" OR TX "Overseas Nurses" OR TX "Transition Nurses" OR TX "International Midwives" OR TX "Overseas Midwives" OR TX "Transition Midwives") AND TX (TX "Mentoring" OR TX "Adaptation" OR TX "Recruitment" OR TX "OSCE") Filter: Language (English); Year (post-2010); Full text articles
Web of Science (37)	ALL FIELDS: ("International Nurses" OR "Transition Nurses" OR "Overseas Nurses" OR "International Midwives" OR "Transition Midwives" OR "Overseas Midwives") AND ALL FIELDS: ("Mentoring" OR "Adaptation" OR "OSCE" OR "Recruitment"). Refined by: DOCUMENT TYPES: (ARTICLE OR REVIEW OR EARLY ACCESS) AND PUBLICATION YEARS: (2019 OR 2014 OR 2018 OR 2013 OR 2017 OR 2012 OR 2016 OR 2011 OR 2015 OR 2010)

Table 2. Key characteristics of the six analysed studies.

Author (date)	Journal	Study Design or Methodological Approach	Research Aim	Method of Data Collection and Analysis	Participant Details
Al-Hamdan et al. (2015)	Journal of Clinical Nursing	Primary Qualitative with individual interviews	…exploring Jordanian nurse's experience transitioning to the UK…	+ Semi-structured interviews (13 face to face and 12 telephone). + Content analysis	+ 25 Jordanian nurses (5F) working in the UK + mode age range 31-40; + mode registration time in the UK 6+ years
Alexis and Shillingford (2012)	Journal of Clinical Nursing	Primary Qualitative phenomenological approach	…exploring Jamaican / Filipino neonatal nurse's perceptions and experiences working in the UK…	+ Semi-structured interviews. + Analytical Framework analysis	+ 13 Jamaican / Filipino neonatal nurses (13F) + age range 24-5 years + working in London for a range of 1-10 years;
Allan and Westwood (2016)	Nursing Standard	Primary Qualitative	…identifying perceived barriers to nurse registration for international nurses working in the UK…	+ Focus groups. + Thematic analysis	+ 11 Filipino / Nepalese nurses (9F) + working in London for a range of 1.5-10.5 years
Likupe (2015)	Journal of Nursing Management	Primary Qualitative	…exploring the discrimination faced by black African nurses in the NHS… …exploring their manager's perspectives to discrimination …	+ Focus groups (15 / 2 managers) and semi-structured interviews (15 / 8 managers) + Analytical Framework analysis	+ 10 managers (9F), 1 black Caribbean, 9 white + Manager experience from 1-6 years + 30 nurses (26F) from Sub-Saharan Africa + working in 4 NHS hospitals in the North East of England + all registered in the UK, residents for 2-5 years

					+ age range 25-48 years
Okougha and Tilki (2010)	British Journal of Nursing	Primary Qualitative grounded theory approach	…exploring the experiences of Ghanaian and Filipino nurses working in the UK…	+ Focus groups (7 Ghana / 6 the Philippines) + Contrast comparative method	+ 13 overseas nurses (8F) originating from Ghana and the Philippines + UK residents for at least 5 years
Stubbs F (2017)	Nursing in Critical Care	Primary Qualitative descriptive approach	…exploring the experience of Indian nurses recruited to work in the UK…	+ Semi-structured interviews + Thematic analysis	+ 16 nurses (11F) originating from India + working in one of three London hospitals + age range 25-33 years

Table 3. Analytical themes and references following thematic synthesis analysis.

THEME	**REFERENCES**
CULTURAL INTEGRATION	Al-Hamdan et al. (2015); Alexis and Shillingford (2012); Likupe (2015); Okougha and Tilki (2010); Stubbs (2017)
INDIVIDUAL CHALLENGES	Al-Hamdan et al. (2015) Alexis and Shillingford (2012) Allan and Westwood (2016) Likupe (2015) Stubbs (2017)
SUPPORT NETWORKS	Al-Hamdan et al. (2015) Alexis and Shillingford (2012) Likupe (2015) Stubbs (2017)
COMMUNICATION ISSUES	Al-Hamdan et al. (2015) Alexis and Shillingford (2012) Allan and Westwood (2016) Okougha and Tilki (2010) Stubbs (2017)

Figure 1. PRISMA flowchart detailing qualitative synthesis process.