The lived experience of Nigerian nurses on integrating into British nursing: Implications for the health care workforce

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Background

- Barker (2018) described the UK National Health Service as "One NHS, many Nationalities'.

- There were 27,982 (52.96%) British Minority Ethnic (BME) nurses compared to 24,847 white nurses and 88,631 (43.9%) BME staff in London NHS as at May 2018.However, staff from ethnic minorities in the NHS are represented more at the lower grades than at the senior grades (NHS Digital, 2019).

- International educated nurses (IEN) face myriads of challenges such as poor progression rate, communication and organisational challenges in UK healthcare service (Allan, 2015) and a number of research has shown that large numbers of ethnic minority nurses suffer different types of discrimination and other barriers or challenges in the National Health Service (Archibong & Darr, 2010, Kline, 2014). Despite BME nurses representing 52.96% of London nurses, BME nurses in London region experienced the highest level of discrimination in the country (RCN, 2019).

- Although there are a good number of ethnic minority nurses for example ethnic minorities of Nigerian descent that have been successful in the UK healthcare in gaining promotion to senior grades or position, there is very little known about their lived experiences and interpretation of integration into the UK healthcare..

- This study uses the Ager and Strang (2008) framework to inform interpretation of the lived experiences of nurses perceived to have navigated the challenges and integrated into the UK; to understand 'the 'how' of workforce race equality' (WRES, 2019:5).

Aim:

To elicit the lived experiences of NMC registered Nigerian nurses who are perceived to have successfully integrated into the UK healthcare workforce
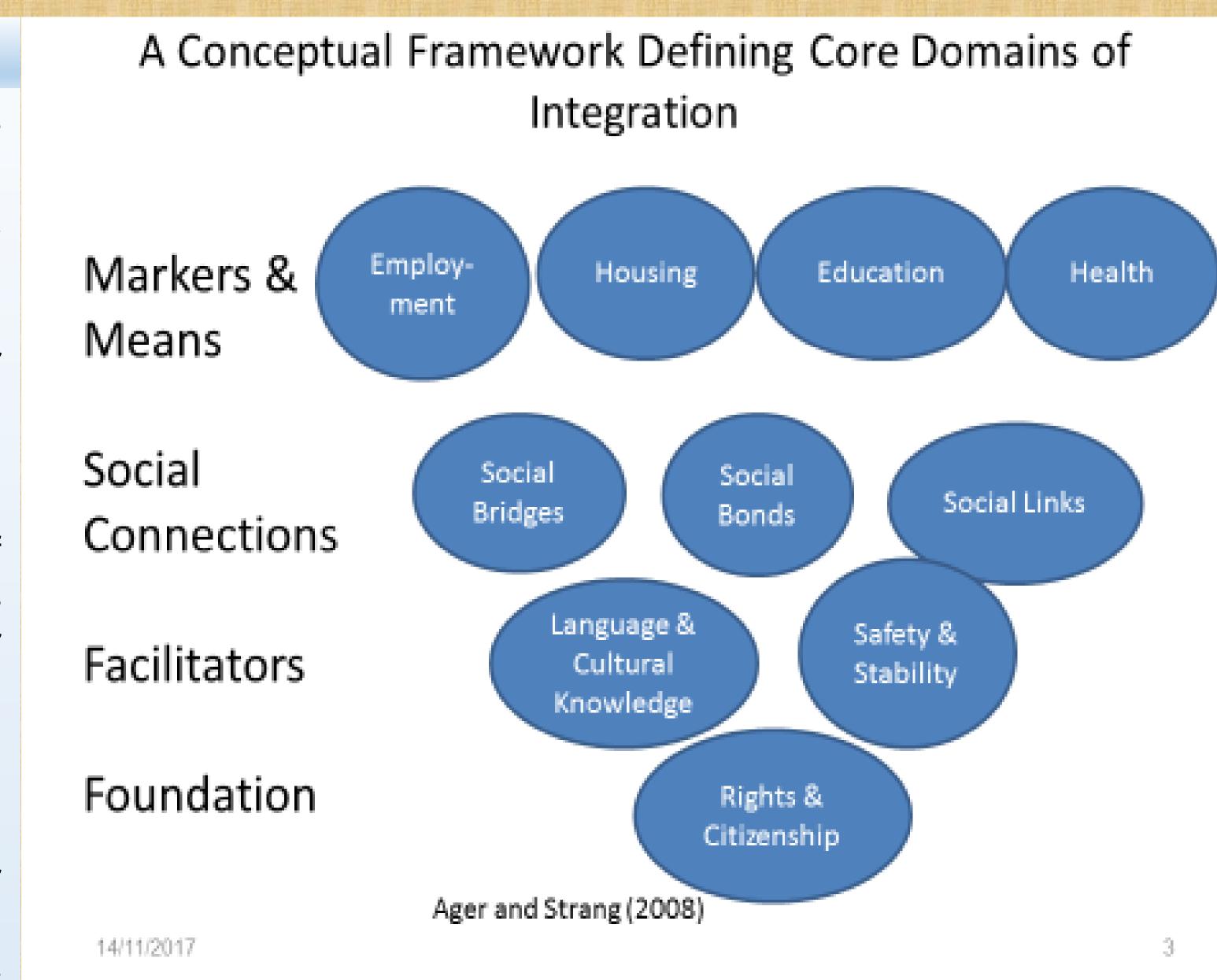
Purpose of the study

- To promote an understanding of the lived experience of IEN to enhance retention of the nurses in the system.

- To understand how the nurses have been able to navigate the pathway of their career successfully.

- To inform theory and practice in promoting knowledge and contribute to development of best practice in training, managerial and continuous professional development framework for integrating non –EU trained nurses into the UK healthcare post NMC registration.

- To influence the professional understanding in policy formulation regarding recruitment and retention of international nurses into the UK healthcare

Methods:

This qualitative study uses the Interpretative Phenomenological Analysis (IPA) research approach. Ten (10) UK registered nurses of Nigerian heritage were recruited by purposive sampling using networking and snowballing technique. Nurses recruited for the study included nurses who had attained the NHS agenda for change band 7 or higher. The nurses recruited were from different specialism across education, primary care, mental health, and acute care and consisted of 3 male nurses and 7 female nurses.

Results

This study uses the conceptual framework on integration proposed by Ager and Strang (2008). The framework identifies ten key discrete domains for considering and establishing what constitute the key components of 'successful' integration' and serves as a 'middle-range theory' to promote understanding of the key components of integration. The degree of achievement and access to the domains proposed are helpful in judging integration as 'successful' or not 'successful'.

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A Conceptual Framework Defining Core Domains of Integration

Markers & Means — Employment, Housing, Education, Health

Social Connections — Social Bridges, Social Bonds, Social Links

Facilitators — Language & Cultural Knowledge, Safety & Stability

Foundation — Rights & Citizenship

Ager and Strang (2008)

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There are major themes in data that may serve as facilitators and barriers to integration in the NHS which are shaped by immigration processes, employers' practices, environment, social capital, developments in original home country and personal characteristics such as education, resilience, motivation and personal values. There are essential markers, means and themes in data collected central to feeling integrated into the UK and participants' interpretation of integration into the UK healthcare are discussed.

Conclusion

Effective integration of overseas trained nurses could be used to resolve the shortage of nurses in the NHS and could improve staffing and patient care. Findings are discussed in relation to global nursing shortages and racism towards migrant nurses worldwide.

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