



Experiences of overseas nurse educators teaching in New Zealand

Reen Skaria^{a,*}, Dean Whitehead^b, Linda Leach^c, Margaret Walshaw^c

^a Department of Health and Humanities, Southern Institute of Technology, Invercargill, New Zealand

^b College of Nursing and Health Sciences, Sturt Campus, Flinders University, Sturt Road, Bedford Park, South Australia, 5042, GPO Box 2100, Adelaide, SA 5001, Australia

^c Institute of Education, Massey University, Manawatu Campus, Palmerston North, New Zealand

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ABSTRACT

Background: Globalisation and a shortage of registered nurses in New Zealand have caused an increase in the number of overseas qualified registered nurses and nurse educators migrating to New Zealand. This reflects the overall international context. If overseas qualified nurse educators are to work optimally, providing the maximum benefit for students, their experiences need to be examined in order to identify potential issues and provide support.

Objectives: To investigate the experiences of overseas qualified nurse educators teaching in New Zealand nursing schools and relate this to the international context.

Design: A qualitative study using van Manen's hermeneutic approach to phenomenology.

Methods: The lived experiences of 17 overseas qualified nurse educators were explored through in-depth, semi-structured individual interviews.

Results: The study revealed that overseas qualified nurse educators initially experienced a sense of non-belonging in New Zealand, while their separation from their homeland and migration to a new country resulted in a sense of disorientation. Integration was the preferred method of adaptation to New Zealand among the study participants. However, they wanted to choose which aspects of the new culture they would adopt and to what extent they would adapt.

Conclusion: The initial phase of adaptation was a difficult process for the majority of participants, however, it was found that the adaptation process was easier for the participants who were actively engaging in New Zealand society. Understanding and improving the experiences of overseas qualified nurse educators will enable nursing students to receive maximum educational benefits wherever they train in the world.

1. Introduction

Globalisation is a universal phenomenon, which has contributed to a huge increase in the migration of skilled workers. Over the past few years, as New Zealand has welcomed professionals from all over the world, there has been a significant rise in overseas qualified nurses, with 1134 overseas qualified nurses being added to the register in 2015 (Nursing Council of New Zealand [NCNZ], 2016). Like other developed countries, New Zealand is increasingly reliant on health professionals from overseas (Kingma, 2007; Walker, 2008). The reasons for acute nurse shortages in New Zealand are numerous, but include the ever-growing exodus of New Zealand qualified nurses overseas (Hawthorne, 2011; Zurn and Dumont, 2008), the steady increase in the population (Statistics NZ, 2015), and an ageing workforce (NCNZ, 2013). The demands far exceed the available resources in New Zealand (North,

2010). As nurse shortages in developed countries such as New Zealand have worsened, the complexity of issues surrounding migration and the need for multi-faceted solutions have increased (Walker, 2008). Accordingly, in addition to other measures, a solution is to train more nurses in New Zealand. But that, in turn, requires more nurse educators to implement the training, resulting in a demand for overseas qualified nurse educators. The overall aim of this research was to investigate the experiences of overseas qualified nurse educators teaching in New Zealand nursing schools. The findings of this study will contribute to the body of knowledge regarding the adaptation of overseas qualified nurse educators in New Zealand and worldwide.

2. Background literature

The health workforce in New Zealand is among the most mobile in

* Corresponding author at: Southern Institute of Technology, Private Bag 90114, Invercargill 9840, New Zealand.

E-mail addresses: reenskaria@sit.ac.nz (R. Skaria), dean.whitehead@flinders.edu.au (D. Whitehead), M.A.Walshaw@massey.ac.nz (M. Walshaw).

the developed world. It has one of the highest proportions of migrant nurses of all the OECD countries, combined with a high emigration rate of New Zealand-qualified nurses to other OECD countries (Aiken et al., 2004; Zurn and Dumont, 2008). The migration to a new country and the move from a familiar culture to an unfamiliar one is a stressful experience for many overseas qualified registered nurses (Matiti and Taylor, 2005). Various authors have argued that the experiences of most overseas qualified nurse educators are similar. They experience stress related to the differences in the nursing practices from one country to another and to the need to adapt to different professional expectations for their role in their new country (Enskär et al., 2011; Furuta et al., 2003). According to Jones and Sherwood (2014), less attention has been paid to the culturally diverse educational needs of migrating nurses.

Nurse educators from diverse cultures face several challenges, which can prevent them from working efficiently (Enskär et al., 2011; Furuta et al., 2003). Some of the challenges identified during the global summit on nurse faculty migration were differences in health care delivery models, cultural, linguistic and legal differences, and differences in education delivery models (ICN, 2015). Overseas qualified registered nurses have to overcome many cultural barriers to ensure they are proficient and effective in their host country. Although both Matiti and Taylor (2005) and Marrone (1999) focused on the importance of cultural knowledge, Matiti and Taylor stressed the need for migrating nurses to have knowledge of other cultures and to understand the effect of cultural diversity on patient care, whereas Marrone focused on the challenges that cultural diversity poses for nurse educators. According to Marrone (1999), the cultural diversity of health consumers, nurses, and other health care professionals requires nurse educators to facilitate the development of culturally competent learning environments in order to ensure that standards of care are met. Matiti and Taylor (2005) contend that, for an overseas qualified nurse to function effectively in his or her host country, cultural adaptation is necessary. Furthermore, they argued that issues related to cultural adaptation could be resolved if migrating nurses were better educated about the culture of their host country.

The term *cultural adaptation* has been used by a number of authors (e.g., Berry, 2005; Black and Gregersen, 1991; Kim, 2001) to describe how people adapt to a different cultural setting. In the literature, the terms *cultural adaptation*, *cultural adjustment*, *cultural competence* and *acculturation*, are often used interchangeably. Kim (2001, p. 31) defines cultural adaptation as the “dynamic process by which individuals, upon relocating to new, unfamiliar, or changed cultural environments, establish (or re-establish) and maintain relatively stable, reciprocal, and functional relationships with those environments.”

According to Berry (2005), integration is immigrants' preferred method of cultural adaptation, and all individuals face a number of common challenges as they adapt to a new environment. Usually, individuals only become aware of their own culture when confronted by another. Immigrants undergo cultural and psychological changes that involve various forms of mutual accommodation between the immigrants and the host group leading to the psychological and socio-cultural adaptation of both groups in the long term (Berry, 2005). This act of transition is called acculturation. Adaptation is a process involving change, unlearning of one's home culture, and assimilation (Kim, 2001).

Hall (2005) defines acculturation as “the process of becoming communicatively competent in a culture we have not been raised in” (p. 270). On the other hand, Berry (2005) argues that “acculturation is the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (p. 698). Another form of adaptation is *cultural pluralism*, meaning “the ability to shift into two or more rather complete cultural world views” (Bennett, 1986, p. 185). The traditional view of cross-cultural adaptation is that adaptation is a natural phenomenon, and successful adaptation is the desirable goal (Kim, 2001). In contrast,

the pluralist (Berry, 1990) view suggests that adaptation is a conscious choice made by the individual. Berry (2005) created a model to explain acculturation. He concluded that acculturation depends on the individual's degree of participation in the cultural life of the new environment and the degree to which the individual maintains his/her own cultural identity. In line with this, he suggested four different acculturation strategies. According to Berry (1990, 2005), an individual can take one of several routes in a non-dominant group: assimilation, separation, integration, or marginalisation. Assimilation occurs when an individual renounces his/her own cultural heritage and identifies with the culture of the new society. Separation occurs when an individual identifies with his/her own ethnic group and avoids contact with individuals from the new society. Integration occurs when an individual identifies with both groups, and marginalisation occurs when an individual loses contact with both his/her own culture and the host culture and does not identify with either group.

Boski (2008) offer a different explanation, using the notion of biculturalism and argued that human life is split into private and public arenas where the rules of conduct are different. Boski (2008) adds that while biculturalism can be seen in some areas, such as language proficiency, the two cultures (the culture of origin and the host culture) are not necessarily evenly adopted into the private and public lives of immigrants. They also posit that assimilation dominates in the workplace as it is needed for survival, whereas separation dominates at home, as it helps to maintain psychological stability. Boski (2008) further adds that it is easier to allow one culture to dominate in one sphere and the other culture to dominate in the other sphere, than it is to have absolute biculturalism. Consistent with Boski's (2008) view, Diccico-Bloom (2004) argued that overseas qualified nurses in the United States expressed feelings of being in two places at the same time and articulated their experiences of swinging back and forth between the values and norms of their host country and country of origin. However, Kadianaki (2009) has a different view. According to Kadianaki (2009), individuals are not always clearly integrated or assimilated in, or separated or marginalised from, cultural contexts. Kadianaki (2009) explained that individuals could be all of these at different times and in the different contexts of their migration transition. This is consistent with the view of Rudmin (2003) and Schwartz et al. (2010) that not all of Berry's categories necessarily exist in a given sample or population. The categories were also not well differentiated as some contained multiple subtypes that were not explained in Berry's model. Leong and Ward (2000) argued that individuals who feel strongly pressurised into both remaining loyal to their culture of origin and to their host country's culture may encounter a sense of conflict. They argued that the level of identity conflict is a clear indicator of an individual's cognitive adjustment (lower identity conflict indicates better cognitive adaptation). Ward (2008) posited that integration includes both psychological and socio-cultural aspects.

This review of background literature provides an overview of the term cultural adaptation. It explains the concept of acculturation and highlights the changes that may occur during the different stages of the cultural adaptation process. John Berry's work on acculturation is prominent among the adaptation theories discussed. A synthesis of the research examined demonstrates that cultural adaptation is a difficult and complex process. Furthermore, a review of the evidence from national and international studies reinforces the view that nurse educators from diverse cultures face a number of challenges that can prevent them from working effectively.

3. Methods

3.1. Research design

A qualitative study using van Manen's hermeneutic approach to phenomenology was utilised to investigate the lived experiences of overseas qualified nurse educators teaching in New Zealand. van

Manen's (1997) hermeneutical phenomenological approach provided a pragmatic process that has applicability to the profession of nursing and a methodology that enhanced the understanding of the experiences of overseas qualified nurse educators teaching in New Zealand. Todres and Wheeler (2001) stated, "Hermeneutics without phenomenology can become excessively relativistic. Phenomenology without hermeneutics can become shallow. Yet both without existentialism can become too captivated with thought and language" (p. 6). van Manen's approach makes the tradition of hermeneutic phenomenological human science more accessible, through language that openly reveals its meaning. It was therefore useful in analysing and interpreting the descriptions of personal meanings as experienced by overseas qualified nurse educators. According to van Manen (2014), phenomenological writing explores the meaning of a phenomenon and tries to find the expressive meaning of the experience as it occurred. Experiential descriptions were used in this study to enrich the readers understanding of the phenomenon under study.

3.2. Participants

Participants were purposively selected by invitation from eight nursing schools in New Zealand. A total of 17 overseas qualified nurse educators participated in the semi-structured individual interviews.

3.3. Data collection

According to van Manen (2014), the aim of phenomenological interview is to gain rich and detailed experiential materials. In this study, this was achieved through conducting semi-structured, face-to-face interviews with overseas qualified nurse educators teaching in New Zealand. To explore the experiences of overseas qualified nurse educators in New Zealand and to understand the deeper meaning of their experiences, open-ended questions were asked to stimulate the participants to talk about their experiences. Each interview lasted between 45 and 60 min. The interviews were digitally audio recorded for analysis and reflection. Member checks of data collected were conducted by returning the interview transcripts to the participants for verification, and any alterations were made as requested.

3.4. Ethical consideration

Ethical approval was obtained from the Massey University Human Ethics Committee (MUHEC) prior to the research being conducted. The principle of informed and voluntary consent was observed, and all participants signed a consent form that informed them of their right to withdraw from the research at any time up to the point of the data analysis. The confidentiality of the participants and their institution was protected as far as possible by not including information that could identify them. The participants were referred to by pseudonyms.

3.5. Data analysis

In this study van Manen's approach (1997, 2014) was used for data analysis because it makes the tradition of hermeneutic phenomenological human science more accessible, through language that openly reveals its meaning. It was therefore useful in analysing and interpreting the descriptions of personal meanings as experienced by overseas qualified nurse educators. van Manen (2014), stated that existential methods could be used for phenomenological reflection. To reveal a phenomenon's essential themes of meaning, van Manen (1997) described a lifeworld as consisting of four overarching thematic strands: spatiality of the lived space, embodiment or corporeality of the lived body, temporality of the lived time, and the relationality of the lived other. The four strands of existentials were used to guide the researcher's questioning, reflecting, thematising, and writing of the findings.

van Manen (1997) suggested three approaches for isolating themes: (a) the wholistic or sententious approach in which the fundamental meaning of the text as a whole is examined; (b) the selective or highlighting approach which includes listening to a description or reading a text several times to identify the phrases that are particularly revealing about the studied phenomenon; and (c) the detailed or line-by-line approach which involves examining each line for its significance in revealing the phenomenological meaning of the experience. All these approaches were used during reflection on the essential themes. The process was blended with the reading of transcripts and listening to the recorded interviews. After completing the line-by-line approach for a particular excerpt, the researcher used the selective approach where the text was read several times and asked the question: "What phrases in the text reveal information about the experiences of overseas qualified nurse educators?". Finally, the meaning of the text as a whole was reflected and the interpretation was recorded. van Manen (1997) advocated consulting the phenomenological literature to reflect more deeply on the way people tend to interpret lived experience. Consulting phenomenological literature helped the researcher to reflect more deeply on the themes and interpretations of the lived experiences of the overseas qualified nurse educators. It also helped to relate the lived experiences and the emerging themes to the existentials. In order to interpret the data, it was necessary to switch back and forth between examining the parts and the whole. Data analysis was conducted independently by the researcher. To ensure rigor and trustworthiness, frequent debriefing sessions were organised with supervisors to consider alternative approaches, redefine methodology, and recognise any biases and preferences.

4. Findings and discussion

The findings of the study were identified based on analysis using van Manen's hermeneutic phenomenological approach (van Manen, 1997). Findings and discussion are incorporated together in this section. Findings are interpreted through a phenomenological lens that aims to understand the lived experiences of overseas qualified nurse educators. The discussion will focus on two major propositions that have emerged from the findings: (a) overseas qualified nurse educators initially experienced a sense of non-belonging in New Zealand; (b) cultural adaptation was easier when overseas qualified nurse educators started integrating and removing barriers to adaptation.

4.1. Overseas qualified nurse educators initially experienced a sense of non-belonging in New Zealand

Belongingness is a deep personal feeling experienced by individuals when they are accepted, respected, valued, and included in a defined group (Levett-Jones and Lathlean, 2008). When individuals are not recognised within a defined group, they experience a feeling of non-belonging. Overseas qualified nurse educators were confronted by the strangeness of the new place, while at the same time feeling a sense of detachment from their home country. Travelling to an unfamiliar place also created a sense of temporary disconnection with their surroundings. The study participants interviewed did not have any association with the new country and, thus, did not understand the geographical locations of New Zealand. Therefore, they did not initially experience any connection to the new territory. In turn, this lack of connection created a sense of non-belonging. As Carol and Linley explained:

It is very different in New Zealand. And I think just the geographical layout of the places. I don't think anybody told me anything about how to get around here. I was so lost.

[Carol]

In the beginning, I felt that I was taken away from my comfort zone and placed somewhere.

[Linley]

Previous studies have shown that immigrants have found it challenging to live in the new country, and it was distressing for them to experience isolation, helplessness, and vulnerability (Beaton and Walsh, 2010; Hill, 2006; Jose, 2011). The current study suggests that travelling to a new country may, in fact, induce a sense of lack of orientation to the new place and separation from their homeland. Such experiences have also been described in other studies that explored the sense of belonging and meaning of places (Hill, 2006; Vandemark, 2007).

Orientation is one way of reducing the experience of alienation and non-belonging, but most of the overseas qualified nurse educators expressed the view that they did not receive adequate orientation from their employer when they started working in New Zealand. Vicky described the alienation she experienced without getting a full orientation programme.

Nobody oriented me, and when I said this at my exit interview, when the president asked me "Did anyone orient you to the way we do things in education in New Zealand?" I said, "No, never." I was thrown in at the deep end and then burned alive, then thrown out. That is what it felt like.

[Vicky]

Furuta et al. (2003), who studied the experiences of North American nurse educators in Japan reported that simple, everyday tasks in North America became problematic and burdensome in the new environment. These findings reflect the thoughts of the participants in the current research. As indicated in the literature (Matiti and Taylor, 2005), the initial stress experienced due to a lack of support and orientation was shown to be an issue for some overseas qualified nurse educators in the current study also, with several respondents arguing that more could be done to increase the support provided during the initial phase of adaptation.

4.2. Cultural adaptation was easier when overseas qualified nurse educators started integrating and removing barriers to adaptation

The overseas qualified nurse educators considered cultural adaptation as a significant factor for adjusting to the New Zealand setting. However, they did not consider it an easy task. The adaptation process became easier for the participants in the current study when they took initiatives to aid their own adaptation. Sonya explained that she did not have to change who she was, but merely picked up some local habits.

I didn't have to change. But I think I do say "AEY" at the end of sentences sometimes. But apart from that, I think I am quite strong and I retain myself. I am who I am, and I appreciate them for who they are.

[Sonya]

A majority of the respondents thought cultural adaptation was not about changing self, but it is about accepting and understanding the people you live with. Maria said:

It is not about me changing. It is about me learning to live in the society that I live in. It doesn't change me as a white Pakeha English girl. It just means I understand the people I live with.

[Maria]

Annie and Linley agreed that, to become an insider, adaptation was necessary. When the outsider takes the initiative, adaptation seems to accelerate.

If you live and work with people who practice in that manner, it becomes very easy and very safe for you to adapt. Where I work, we sing waiatas [Māori song] all the time. We do it frequently. I am in an environment where they do it all the time, and it is quite enjoyable.

[Annie]

There is a saying, "when in Rome, do as Romans do." This is New Zealand, so you have to do things as kiwis do them.

[Linley, p. 4]

Kim (2001) argues that cross-cultural adaptation is a natural phenomenon: if the environment pressures individuals to conform to new rules, they will have to adjust. However, the current study did not support Kim's (2001) view. On the contrary, participants' experiences often indicated that they had to take the initiative to adapt to New Zealand settings and cultural adaptation was not a naturally occurring phenomenon but one in which they actively participated. Furthermore, even after considerable time, some participants had not adapted to the New Zealand culture. This finding supports Berry's (1990, 2005) view that adaptation is a matter of conscious choice by the individual.

Integration occurs when an individual identifies with both his or her home and host culture (Berry, 2005). However, some overseas nurse educators understood the meaning of integration as taking the good from New Zealand culture and disregarding the elements that conflicted with their own values. As Maria explained:

As soon as I started doing things how Kiwis do, like sing Karakias (prayer) once I started trying to do those things, and I was not being any different. I am just trying to be like the society here, and people let you in. I think that is about pushing your own walls down and saying "I will bring the best of me but I am going to take on the best of you too."

[Maria]

While it is held that overseas qualified nurses generally adopt integration as a cultural adaptation strategy (Goh and Lopez, 2016), the current study suggests that, even though overseas qualified nurse educators were willing to integrate into New Zealand society, they wanted to make their own decisions regarding what they adopted and how far they would adapt. A plausible explanation for this could be that, as Ward et al. (2001) suggest, expatriates hesitate to accept certain aspects of the culture of the host country when it challenges their fundamental values.

A small number of participants in this study reported that they used pretence to demonstrate that they were happy at work, but they reverted to their "real" self when they went back to their home and family. For example, Vicky acted like she was happy at work.

I think, I put on a mask when I come to work. And I behave like I am happy. And when I go away, I go home and I do my American thing, and I am thrilled. I have American friends, I maintain my own culture, I go home to America, and I am happy there.

[Vicky]

This small group did not fit into any of Berry's (2005) four categories of acculturation. Boski (2008) argued that human life is split into private and public arenas, where the rules of conduct are different, and suggested that the culture of origin and the host culture are not evenly adopted into the private and public lives of immigrants. Boski (2008) found that *assimilation* dominated at the workplace, as a matter of survival, whereas *separation* dominated in family circles in order to maintain psychological stability. This point is particularly relevant to this study. It can be surmised that a small group did not integrate fully into New Zealand culture but used pretence in public arenas and the workplace, while continuing to practise their native culture when they were at home with their family. These results support previous research in the field of immigration. Diccico-Bloom (2004) studied the experiences of overseas qualified nurses in the United States and stated that the participants expressed feelings of being in two places at the same time; some of them verbalised the experiences of swinging back and forth between the values and norms of the host country and the country of origin, a view consistent with the current study's findings.

Interestingly, the participants' understanding of effective cultural adaptation was generally self-defined. Many qualified overseas nurse educators felt that they were left to learn about the culture by themselves. Owing to their lack of knowledge of correct cultural practices, some overseas qualified nurse educators found themselves being culturally unsafe on certain occasions. An example of this was reported by

Vicky who explained that she broke a cultural taboo by touching a green stone, since she was not aware of some of the cultural practices in New Zealand. Vicki explained: “*You never touch those green stones. They are sacred.*” Most overseas qualified nurse educators explained that the orientation sessions they attended were not particularly useful in helping them to adapt to New Zealand culture. For example Maria suggested: “*There should be something that offers the overseas person a chance to learn about biculturalism.*” Matiti and Taylor (2005) suggested that this situation could be resolved if migrating nurses were given more cultural education about the host country. Less attention appears to have been paid to the culturally diverse education needs of migrating nurses (Jones and Sherwood, 2014; Jose, 2011; Lin, 2014; Newton et al., 2012).

A study by Furuta et al. (2003) sought to remedy this situation by providing pre-departure training for overseas qualified nurse educators regarding the history of the host country, its socio-cultural values and norms, and the nursing profession in the country. The findings of this study suggest that the lack of preparation and orientation regarding the roles of nurse educators in New Zealand can prolong the adaptation process. As previously explained, lack of orientation instilled a feeling of non-belonging in the new place. Furthermore, there is evidence in the literature suggesting that the overseas qualified nurses who participated in orientation programmes tended to be more adapted culturally (Ma et al., 2010), and had a higher commitment to their organisations, as well as higher retention rates (Cheng and Liou, 2011).

5. Limitations

Although this was a phenomenological study, it is important to acknowledge that the experiences described reflect the experiences of only 17 overseas qualified nurse educators during a defined period. However, contextually, it is possible to conclude that most overseas qualified nurse educators will encounter similar hurdles and require a period of adaptation.

6. Conclusion and recommendations

In conclusion, the findings clearly indicate that the initial phase of adaptation was a difficult process for the majority of participants, and identified the issues, such as the sense of non-belonging, that participants found most challenging to deal with. This study makes a significant contribution to the understanding of the initial phase of adaptation for overseas qualified nurse educators and provides important insights into how overseas qualified nurse educators adapt to working and living in New Zealand and other developed countries. This study has drawn attention to the need to provide support and cultural education for overseas qualified nurse educators in New Zealand and globally. Further international research, which would build on the findings of this study, could include studies to identify the effectiveness of faculty development programmes in supporting the cultural adaptation of overseas qualified nurse educators. Knowledge gained from such studies could be used to develop tailored programmes for overseas nurse educators in a variety of countries.

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Declaration of Competing Interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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