



Acculturation, quality of life and work environment of international nurses in a multi-cultural society: A cross-sectional, correlational study



Yong-Shian Goh, MN, BHSN^{*}, Violeta Lopez, RN, PhD

Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, 117597
Alice Lee Centre for Nursing Studies, National University Health System, Singapore, 117597

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ABSTRACT

Aim: The aim is to examine the acculturation level of international nurses working in a multi-cultural society. The relationship between acculturation, working environment and quality of life of international nurses was also explored. **Methods:** A cross-sectional, correlational study using self-report questionnaire was conducted on 814 international nurses using stratified random sampling based on the nationality distribution of international nurses registered with the Singapore Nursing Board. Outcome measures included World Health Organisation Quality of Life-BREF (WHOQOL-BREF) and Practice Environment Scale of the Nursing Work Index-Revised (PES-NWI-R). Data were collected from June to December 2012.

Results: There were variations in the acculturation level among different nationality groups of international nurses. Acculturation levels were the lowest among Mainland Chinese international nurses ($M = 27.47$, $SD 5.23$). A positive correlation was found between acculturation and quality of life whereas a lower perception of work environment was associated with lower acculturation level.

Conclusion: Data obtained from this study can be utilized to develop interventions targeted at the unique needs of the international nurses as they migrate.

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Migration is described as an 'uprooting experience' and one of the most significant, stressful life events when a person leaves his/her hometown to live and work in another country (Shin, Han, & Kim, 2007). Today migration of highly skilled workers is an inevitable part of globalization bringing about positive and negative impacts to both donor and recipient countries (Pittman, Aiken, & Buchan, 2007). Nursing today is an example of a profession undergoing internationalization, where nurses seek to maximize investment in their education by moving to place in search for the highest pay and/or most rewarding employment (Iredale, 2001). With the global competition for nursing manpower, it is not surprising that nurses from developing nations would want to migrate to developed nations such as Australia, Canada, the US and the UK, where the developed nation employs international nurses to address their shortages through the recruitment of international nurses (Allan & Larsen, 2003; Buchan, 2004). As nursing shortage continues to grow worldwide and the increasing number of international nurses working in many nursing population (Organisation for Economic Co-operation and Development, 2007), it has now become an important issue for health administrators to have a better understanding of the positive or negative experiences international nurses face during migration (Alexis, Vydellingum, & Robbins, 2007; Allan & Larsen, 2003; Omeri & Atkins, 2002).

The term, *acculturation* was first used to describe the concepts characterized by migrants having to go through an interactive, developmental and multi-factorial processes where the language used, ethnicity, and cultural maintenance in social situations and private life affect how the individual adapts to a new culture (Cabassa, 2003; Fons, de Vijver, & Phalet, 2004; Magnusdottir, 2005). It has been postulated that with successful acculturation, international nurses can develop a better sense of belongingness and personal and work satisfaction (Ea, Itzhaki, Ehrenfeld, & Fitzpatrick, 2010; Magnusdottir, 2005).

Many studies reported the psychological stressors ranging from confusion and frustration to fear and depression leading to rejection and isolation affecting the international nurses' quality of life in establishing a new life in their host country (Jose, 2011; Jose, Griffin, Click, & Fitzpatrick, 2008; Ma, Griffin, Capitulo, & Fitzpatrick, 2010; Magnusdottir, 2005). Other stressors include communication-related issues at work, issues related to work environment, relationships with fellow colleagues and its impact on their quality of life (Ea et al., 2010; Kingma, 2008; Liou & Cheng, 2011; Matiti & Taylor, 2005; Newton, Pillay, & Higginbottom, 2012; Okougha & Tilki, 2010).

According to Kima, Larocheb, and Tomiuk (2001), linguistic dimensions within acculturation have always been an important aspect of the acculturation process of a migrant. In the study by Wheeler, Foster, and Hapburn (2013), it was found that language difficulty is the most challenging part of acculturation many Asian international nurses face. The language ability of international nurses not only affects their communication during work, it also brings about misunderstandings and anxiety to both patients and other nurses (Jose, 2011; Ma et al., 2010).

^{*} Corresponding author at: Alice Lee Centre for Nursing Studies, National University of Singapore, Singapore, Clinical Research Centre (MD 11), 10 Medical Drive, Singapore, 117597.

E-mail addresses: shawn_goh@nuhs.edu.sg, nurgys@nus.edu.sg (Y.-S. Goh).

As identified in many studies, in order to have a better workplace integration and successful acculturation, international nurses need to learn the host country's language which include the local idioms and jargon together with their host cultural-specific verbal and non-verbal communication styles (Blythe, Baumann, Rheume, & McIntosh, 2008; Ea et al., 2010; Liou & Cheng, 2011; Liou, Tsai, & Cheng, 2013; Zhou, Windsor, Coyer, & Theobald, 2010) as communication is considered as an important issue for any individual (Kima et al., 2001; Okougha & Tilki, 2010; Smith, Allen, Henry, Larsen, & Mackintosh, 2006).

With language limitations, international nurses often reported feeling incompetent during work (Beaton & Walsh, 2010). This finding was supported by studies where Korean and Chinese international nurses reported feeling stressed and frustrated due to communication difficulty as it hinders their ability to provide care (Ma et al., 2010; Xu, 2005; Yi & Jezewski, 2000). According to Liou et al. (2013), majority of the Asian international nurses expressed their preference to use the host language to connect to their job and use their mother tongue in their private life (Liou et al., 2013). This perspective was further affirmed by Filipino international nurses, who stated that in order for them to be accepted by the American culture, it is important for them to be proficient with the English language (Berg, Rodriguez, Kading, & DeGuzman, 2004; Ea et al., 2010).

This situation is made worse when practice expectations differ. A cross-sectional study conducted on 168 Mainland Chinese nurses in Hong Kong found that nursing ward issues, interpersonal relationships and hospital environment were the main occupational stressors faced by nurses (Callaghan, Shiu, & Wyatt, 2000). With migration, international nurses working in a new environment had increased work stress when faced with workplace realities such as higher patient acuity, demanding patients and expanded nursing roles (Jose et al., 2008) and were expected to be more knowledgeable and participate in care decisions (Magnusdottir, 2005; Tregunno, Peters, Campbell, & Gordon, 2009). Several studies suggested that the acculturation process into the work environment can be made less challenging if international nurses have better social support from colleagues, physicians and ward managers in the work environment (Withers & Snowball, 2003). A recent study by Hayne, Gerhardt, and Davis (2009) further demonstrated that Filipino international nurses viewed the professional autonomy, organizational support and positive work relationships with physicians as important indicators toward a positive work environment.

With the trend of nurses' migration around the world, the interest in exploring the quality of life among them is increasing in the recent years (Benish-Weisman & Shye, 2010). Although the notion on "quality of life" (QOL) is gaining increasingly more attention, no consensus has been reached for its definition (Bayram, Thornburn, Demirhan, & Bilgel, 2007; Chan, Chiu, Chien, Thompson, & Lam, 2006). Nevertheless, most researchers (Bayram et al., 2007; Chan et al., 2006; van Servellen, Chang, & Lombardi, 2002) agreed that quality of life is a multi-dimensional concept including physical, psychological and social well-being for the individual (World Health Organisation, 2003; World Health Organization Quality of Life Group, 1998). As migration can be an extremely complex and stressful process (Benish-Weisman & Shye, 2010), the reasons for most immigrants' to migrate stem around improving their quality of life (Wong, Chou, & Chow, 2012).

With the life changes associated with migration through acculturation, it is therefore important to know that this can impact migrants' psychological well-being and quality of life (Ward, Bochner, & Furnham, 2001). Often quality of life among international nurses can be affected by job-related relocation due to the inability to communicate in local language, differences in problem-solving methods, professional role expectations, adaptation to different nursing practices and mistrust leading to a sense of helplessness (Larsen, 2007; Smith et al., 2006). Allan and Larsen (2003) further reported that international nurses in the UK experienced pressurizing demands due to a radical drop from being a senior nursing position in their homeland to working under the supervision of untrained care assistants. Korean nurses further

reported experiencing severe psychological stress ranging from confusion and frustration to fear and depression when they began to work in the US. This psychological stress leads to an impact on the individual's quality of life eventually causing rejection and isolation (Kingma, 2007; Thomas & Choi, 2006).

With nurses being the largest number within the workforce in the healthcare industry, it is therefore important for health administrators to understand the unique needs of international nurses in order to remain competitive in the recruitment of potential workers (Sherwood & Shaffer, 2014). In this study, majority of the international nurses are from neighboring countries such as Malaysia, Philippines, Myanmar and the People's Republic of China (PRC), which largely have homogeneous population. Such continuous migration trend will eventually impact the healthcare delivery systems. On an individual level, the process of acculturating into a new country will significantly impact international nurses' quality of life. With several studies reporting that international nurses who successfully acculturate, they are more willing to stay on in their host country and contribute better to the workplace (Daniel, Chamberlain, & Gordon, 2001; DiCicco-Bloom, 2004; Ea, Griffin, L'Eplattenier, & Fitzpatrick, 2008; Magnusdottir, 2005). Based on the preceding studies, this study aimed to examine the acculturation level of international nurses working in a multi-cultural society. The relationship between acculturation, working environment and quality of life of international nurses was also examined.

1. Methods

1.1. Study design and sample

A cross-sectional, correlational design was used in this study. The data were collected from two major public tertiary institutions in Singapore where comprehensive medical, surgical and psychiatric care was provided. Both institutions employed a diverse population of approximately 800 international nurses in each of them during the study period. The inclusion criteria for the samples include: 1) full-time registered nurses with the Singapore Nursing Board as of 2012; 2) non-Singaporean; 3) originates from the Philippines, Mainland China, Myanmar, India and other groups of international nurses who were not mentioned; and 4) having worked at least 1 year in the current institution.

As the primary interest was to determine the acculturation level of international nurses working in Singapore, the researcher decided to use the range of acculturation level suggested by the instrument (range 12 to 60) selected in this study to calculate the sample size. In order to achieve a 95% confidence interval of at most ± 1 point on the mean of the acculturation level obtained from the study (with a conservative standard deviation of $12 = \text{range of acculturation } [60-12]/4$), a minimum of 800 participants was required in this study. As the study needs to have adequate representation of different nationality groups, the researcher used the stratified random sampling technique based on the nationality distribution of international nurses registered with the Singapore Nursing Board (Singapore Nursing Board, 2012). In order to have adequate representation of the different nationality groups, the smallest group under 'Others' category was set at 5% with approximate to be $n = 40$ (of the 800 to be sampled). To have the 'worst' 95% CI of ± 5 points on the mean acculturation level obtained, $n = 25$ will be required (Polit, 2010; Polit & Beck, 2011).

1.2. Procedure

The researcher visited each participating ward and briefed all participants during the changing of shift. An envelope containing the self-report questionnaires, participant information sheet and informed consent and a self-adhesive envelope was given to all consenting participants. The study objectives and the participants' rights and confidentiality were assured in the Participant Information Sheet. All the participants were given 2 weeks to return the questionnaire using a

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