

The experiences of overseas trained physiotherapists working in the United Kingdom National Health Service

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Abstract

Objectives To develop a greater understanding of the personal experiences of overseas trained physiotherapists working in the NHS.

Design Qualitative research design using Phenomenological research approach.

Method Semi-structured individual interviews were conducted which were voice recorded, transcribed verbatim and analysed using thematic analysis.

Setting Physiotherapy services across two NHS Trusts.

Participants Ten overseas trained physiotherapists who were employed in the NHS on a permanent contract for a minimum of 1 year.

Results Three themes were developed: feeling superior, adapting to NHS physiotherapy practice and gaining identity.

Conclusion Participants had mostly had a positive experience of working in the NHS. Owing to the heterogeneous nature of these participants' education in their home countries and experiences in the NHS, a tailored approach to induction and training may be required to support overseas trained physiotherapists adaptation to the NHS.

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Introduction

The World Confederation of Physical Therapists (WCPT) recognise that the education of physiotherapists takes place in diverse social, economic and political environments throughout the world [1]. According to the WCPT education programmes should reflect the health and social needs of the physiotherapists' country's jurisdictions but should also qualify them to practice as an independent autonomous professional [1]. However, the WCPT reports that not all countries have well-established, recognised and regulated professions to ensure quality assurance of the undergraduate degree [1]. All physiotherapists working in the United Kingdom have to be registered with the Health Professions Council (HPC) and have to comply with UK standards for practice, which limits the diversity of physiotherapy practice.

The UK National Health Service (NHS) is the public sector organisation providing state-funded healthcare in the United Kingdom. The NHS has experienced significant workforce growth, owing to the Department of Health NHS modernisation plan published in 2000 [2]. In the 10-year period covered by this plan the workforce grew from 1999 to 2009 by nearly a third or 303,509 full-time equivalents (FTEs). Allied Health Care Professionals (AHP) FTEs increased during this period from 43,281 to 61,865 an increase of 43% [3]. Much of this growth was initially achieved through migration of healthcare professionals [4,5].

Physiotherapy was placed on the Home Office Shortage Occupation List and foreign physiotherapists were issued work permits to reduce the number of vacancies [5]. According to the HPC, as cited by Young *et al.* [5], 3000 international physiotherapists were added to the HPC register during the period 2000 to 2006. Subsequent increase in student numbers, followed by an oversupply of newly qualified staff led to physiotherapy being entirely removed from the Shortage Occupation List on 29 May 2007 [6].

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In addition to diverse health care policies and systems worldwide, there is a considerable variation in the education of physiotherapists. It could therefore be hypothesised that overseas physiotherapists may find it difficult to adapt into the NHS. This paper seeks to explore overseas physiotherapists' experiences of working in the UK NHS.

Literature review

Although most healthcare professionals migrate to improve their personal, social and professional lives, these benefits do not come without the risk of exploitation and discrimination [7]. Kingma [7] states, that effective integration provides for optimal social and psychological well-being in the work place, which is proposed to manifest in improved patient outcomes [8,9].

Once working in the UK, overseas nursing staff (ONS) had mixed experiences and for many the reality did not match their expectations. A study of the experiences of Filipino nurses in the NHS reported that they had experienced high workloads, lack of professional development, discrimination and poor financial remuneration [10]. Numerous studies have also reported experiences of racism and bullying of ONS and doctors [9,11–17].

Overseas nurses also experienced discrimination with regards to a perceived lack of equal opportunities, career progression and training [16,18–24]. The lack of training that was reported is in contrast to the survey of AHPs by Moran *et al.* [25] which indicated that overseas AHPs considered the availability of educational and career opportunities to be attractive benefits of the UK.

Further difficulties experienced by ONS and doctors were communicating in English and in understanding regional accents [18,26,27]. With regards to status and undergraduate training, Moran *et al.* [25] found that New Zealand (NZ) AHPs perceived the undergraduate training of the UK to be inferior to theirs and that their professions were considered less prestigious in the UK than in NZ. However this finding may be owing to the difference in length of study between the UK's 3-year undergraduate degree compared to the 4-year degree course in NZ. ONS and doctors also reported difficulties in adapting to the more holistic and multi-disciplinary approach to healthcare practiced in the UK [5,12,26,28–30]. Individualised induction programmes for overseas doctors have been reported to be constructive and associated with good retention [5,31]. A previous study of overseas physiotherapists enrolled in a UK adaptation programme, highlighted the need for a flexible individualistic approach within educational, social and professional contexts [32].

Some studies reported positive working experiences of ONS in the UK. These experiences included a friendly and supportive working environment and an appreciation of the opportunity to experience a different culture [10,15,33]. However these findings were rare.

The body of evidence for ONS and doctors suggests that experiences in the UK are mixed. There are many challenges with regards communication, adapting to a different health-care system as well as the unpleasant experiences of racism. There is a paucity of research regarding overseas physiotherapists' NHS experiences and the findings of ONS and doctors may not necessarily apply to AHPs, partly because of different history and status of the physiotherapy profession around the world. Therefore the current paper presents the findings from a study, which examined the experiences of overseas trained physiotherapists working in the NHS.

Methodology

Research approach

A qualitative research design was adopted to explore overseas physiotherapists' experiences of working in the NHS. Phenomenology seeks to explore meanings through investigating and analysing lived examples of the phenomena within the context of participant's lives [34]. Therefore phenomenological research approach was employed to explore in depth the experiences of these overseas physiotherapists in the NHS, for which semi-structured individual interviews were used [34].

Participants

Using convenience sampling, participants who were employed in a NHS trust were initially sent a recruitment email. Thereafter, physiotherapy managers at an adjacent NHS trust were contacted and asked to forward a recruitment email to their overseas trained physiotherapists. Twelve physiotherapists volunteered to participate, but two were excluded owing to not meeting the inclusion criteria. Two pilot interviews, which helped to refine the questions were conducted; however, these participants were not part of the study's sample population.

Inclusion and exclusion criteria

Participants had to have been born, lived and trained as a physiotherapist in a country other than the United Kingdom. They must have worked for a minimum of one year in their home country and must have worked a minimum of one continuous year in the NHS as Physiotherapists on a substantial contract.

Data collection

Individual face to face interviews were conducted in a quiet room at each participant's place of employment and at a time convenient to the participant. These interviews took place across two multi-site NHS Trusts in eight different locations.

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