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Abstract: Objective:This study aimed to review and synthesise existing literature that investigated the experience of overseas-trained health professionals (OTHPs) in rural and remote areas of destination countries.Design:A systematic literature review was conducted using electronic databases and manual search of studies published from January 2004 to February 2011. Data were analysed from the final 17 original report articles that met the inclusion criteria.Results:The reviewed research studies were cond ...

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Abstract

Objective:

This study aimed to review and synthesise existing literature that investigated the experience of overseas-trained health professionals (OTHPs) in rural and remote areas of destination countries.

Design:

A systematic literature review was conducted using electronic databases and manual search of studies published from January 2004 to February 2011. Data were analysed from the final 17 original report articles that met the inclusion criteria.

Results:

The reviewed research studies were conducted in Australia, Canada, New Zealand, the UK and the USA. Overseas-trained medical practitioners were the most frequently researched (n=14); two studies involved nurses and one study included several health professionals. Three main themes emerged from the review and these were: (i) expectations, (ii) cultural diversity, and (iii) orientation and integration to rural and remote health work environment. The OTHPs were expected to possess the appropriate professional and cultural skills while they themselves expected recognition of their previous experiences and adequate organisational orientation and support. A welcoming and accepting community coupled with a relaxed rural lifestyle and the joy of continued patient care resulted in successful integration and contributed to increased staff retention rates.

Conclusions:

Recognition of expectations and cultural diversity by all parties and comprehensive orientation with sufficient organisational support are important elements in the integration of OTHPs and subsequent delivery of quality health care to people living in rural and remote areas.

KEY WORDS:

Overseas-trained, expectations, cultural diversity, orientation, integration

What is already known on this subject:

- There is a critical global health workforce crisis especially in rural and remote areas.
- Developed countries largely depend on overseas-trained health professionals for the provision of healthcare in rural and remote areas.

What this study adds to the subject:

- There are differences between the expectations of the OTHPs and their actual experiences.
- Organisational support with effective orientation is an important element in the integration process.
- There is a need to negotiate cultural differences with rural communities in order to reach an understanding that is acceptable to all.
- There is limited original research on overseas-trained health professionals other than medical practitioners.

Introduction

The critical global shortage of health professionals affects both developed and developing countries. The shortage of health professionals is more evident in rural and remote areas than in urban areas and has become a significant problem for health care delivery.^{1,2}

Approximately half the global population live in rural areas, yet only 38% of the total nursing workforce and 24% of the medical practitioners' workforce serve these areas.¹ The Organisation for Economic Cooperation and Development (OECD) countries have shown a dependence on health professionals from other countries especially medical practitioners and nurses.³ This has been widely reported in the USA,⁴⁻⁶ the UK,⁷ Canada,^{8,9} Australia^{10,11} and New Zealand.^{12,13} The overseas-trained health professionals (OTHPs) working in rural and remote areas of these countries include doctors,^{4,14} nurses,^{15,16} dentists/dental therapists¹⁷⁻¹⁹ and pharmacists.^{7,20}

There is growing literature on OTHPs concerning migration trends and reasons why they migrate,^{21,22} including the experiences of those working in metropolitan centres.^{23,24} Given the continuation of the recruitment and presence of OTHPs in rural and remote areas in many countries, this literature review sought to explore what is known about the experience of OTHPs in these areas and what research gaps exist concerning the OTHPs in rural and remote areas. It is important to understand these factors as they may impact on the performance and retention of health care professionals and continuity of care.²⁵

In this paper health professionals working in a country other than the one in which they were trained are collectively referred to as OTHPs and the individual professions are specified accordingly.

Methods

A search was conducted of published literature between January 2004 and February 2011 that investigated OTHPs working in rural and remote areas. Electronic databases searched were: EBSCOHost (incorporating CINAHL), Informit (incorporating Rural and Remote Health Database), SAGE Journals online, Scopus, OvidSP (incorporating Medline) and Science Direct. The initial search terms were: *overseas-trained health workforce, overseas-trained health professionals, overseas-trained nurses, international medical graduates and rural/remote areas*. More specific terms like *overseas-trained doctor/physician, nurse, pharmacist, dental therapist and occupational therapist* were added. Key journals that were manually searched included: Australian Journal of Rural Health, Rural and Remote Health, Journal of Health and Social Policy, The Journal of Rural Health, Australian and New Zealand Journal of Public Health, Diversity in Health and Care and British Journal of Community Nursing. The inclusion/exclusion criteria in the selection process are as shown in Table 1.

[Insert Table 1 here]

The titles and abstracts were screened by the first author before the articles were reviewed by the other authors. To strengthen inter-rater reliability the authors performed blinded scrutiny of the articles resulting in the 17 articles that were finally included. Figure 1 shows the selection process. The included articles involved a variety of different research approaches which necessitated a narrative analysis of the results to be undertaken.

[Insert Figure 1 here]

Results

The reviewed articles described research studies that were conducted in Australia, Canada, New Zealand, the UK and the USA. Overseas-trained medical practitioners were the most studied. Of the 17 articles reviewed, 14 were specifically on medical practitioners, two were on nurses, and one included several health professionals (see Appendix A).

The lack of research information on other health professionals readily shows a gap in research. Although most of the studies involved medical practitioners, the findings should, to a certain extent, relate to other overseas-trained health professionals. Table 2 below shows the themes that emerged from the narrative analysis. Whilst each theme has its own focus there is some overlap as issues of culture impact upon expectations as well as integration.

[Insert Table 2 here]

Expectations

A variety of expectations were placed on OTHPs. These came from organisations, colleagues, clients and the OTHPs themselves. The OTHPs were expected by the employing organisations to fill employment gaps¹⁴ and to possess adequate clinical and interpersonal skills;^{5, 26} this was checked through appropriate registration assessment procedures. Some OTHPs in Canada were expected to function beyond their previous cultural limitations, for example, male medical practitioners were now expected to attend to female clients as well.²⁷

In Australia,^{28, 29} work colleagues expected overseas-trained medical practitioners to understand their culture ‘no matter what’ stating that it was up to the overseas-trained

medical practitioners themselves to reduce the cultural divide. An Australian study found that clients were just as satisfied with overseas-trained medical practitioners in comparison to locally trained ones and they saw them as valued members of their society.³⁰ However, they did expect communication and cultural competency^{29, 31} and they perceived language as a barrier to effective communication. OTHPs had their own expectations and these included consideration of their previous experiences by their employer,²⁹ a longer and more comprehensive orientation process,³² their own culture to be recognised and respected²⁸ and support for their spouses and children.^{26, 29}

Cultural diversity

Cultural diversity had implications for the OTHPs, their co-workers and clients. There was reluctance among the rural Indigenous elders in West Virginia to consult overseas trained medical practitioners due to perceived language barriers³³ and this cultural difference was identified as a barrier to health care access. Durey et al²⁸ noted tensions among medical practitioners, the indigenous clients and co-workers due to conflicts of cultural practices and expectations. Again, the differences created misunderstandings that resulted in ineffective communication and poor relationships. A need was identified for the recognition of cultural diversity and the subsequent accommodation by all as this was key to effective communication. Organisational support (e.g. professional and cultural mentoring) was also identified as an important component in the successful professional and community integration into Indigenous communities.²⁹

Orientation and Integration to rural and remote health work environment

Orientation to the health work environment in rural and remote areas was reported as crucial to the integration process. While comprehensive orientation of medical practitioners and nurses was offered by some centres,^{28, 34} in others, newly recruited OTHPs were expected to start work immediately with very little orientation to the local workplace.^{29, 32} For instance, nurses in Newfoundland and Labrador found themselves in charge of wards without a proper handover from previous staff.³² In this same Canadian province the medical practitioners expressed being stressed by the inadequate transition time and support when they entered the new health system.²⁷ Some medical practitioners in Australia reported a lack of resources to assist them to prepare for the Fellowship examinations.³⁵ They could not access preparatory courses which were offered only in metropolitan cities because of distance and staff shortages in rural health centres. Sufficient orientation to the rural practice context was found to be particularly important for the successful integration of OTHPs.

Factors related to personal, family and professional issues determined the level of integration of OTHPs.^{26, 36} A relaxed rural lifestyle and the professional enjoyment of being able to provide continuity of care for patients which continued beyond their practice clinics assisted in retaining medical practitioners in rural areas of New Zealand.³⁷ Overseas-trained nurses in rural Newfoundland and Labrador³² found rural communities welcoming and accepting and this resulted in some staying permanently. The successful integration of medical practitioners in the rural areas of Australia resulted in increased staff retention rates.²⁶

However, feelings of entrapment like physical isolation due to the distance to urban centres,^{32, 35, 37} the absence of cultural activities and entertainment coupled with a lack of employment for their spouses^{27, 37} and inadequate secondary schooling for their children³⁷

were identified as negative factors. Some of those who remained eventually formed their own networks to support each other.³² Specialist nurses who had to work as generalists in the rural setting took longer to integrate as they had to orientate themselves to working differently, for example, nursing both medical and surgical patients.¹⁵

Discussion

This literature review sought to explore what is known about the experience of OTHPs employed in rural and remote areas. The main issues concerned expectations, dealing with cultural differences as well as the orientation and integration of the OTHPs to the work environment and the community.

Differences were identified between the expectations of the OTHPs and their actual experiences. Wanous, Poland, Premack and Davis³⁸ observed that the meeting of expectations for newcomers in an organisation was critical for job satisfaction and commitment to the organisation, and had a potential to improve staff retention. This was echoed by Daniel, Chamberlain and Gordon³⁹ who also identified strategies that would be helpful in addressing the expectations of Filipino nurses in the UK to promote their integration and retention.

Baumann, Blythe and Ross⁴⁰ noted that it was vital to understand the challenges faced by the OTHPs and to identify ways to facilitate their integration into the workforce. Some of these challenges include cultural differences. Cultural diversity in the workplace is a global phenomenon and the growing health workforce diversity can enrich the work environment through multiculturalism.⁴¹ However, it may also bring cross-cultural communication challenges resulting from different worldviews and professional values,^{42, 43} and a sense of 'cultural separateness' and 'otherness'.^{44, 45} Patient safety depends highly on effective communication among health professionals. Healthcare systems have been challenged to

equip their staff, particularly those trained overseas, with skills that are culturally sensitive,⁴⁶ especially for the rural and remote communities that have a strong desire to see their culture respected. Rural orientation programs that have resulted in effective communication include the introduction to local communication protocols, informed consent by key members of the community for rural placements^{47, 48} and the embracing of cultural diversity.

Comprehensive orientation and organisational support also play a significant part in the integration process and especially more so in closely knit communities. Smith⁴⁹ noted that inadequate orientation coupled with limited onsite support and the inability to access further education have been identified as barriers to practising confidently. Inadequate support in a different environment, sometimes with no family or friends to relate to, causes anxiety among some OTHPs. These findings were consistent with those of Alexis and Vydelingum⁵⁰ and Omeri and Atkins⁴⁴ where nurses felt isolated within the communities they worked. Governments have been urged to give greater support for OTHPs in ways such as funding compulsory orientation and ongoing support programs so that they can fully participate within the communities they serve.^{29, 50}

Conclusion

Despite the abundance of literature on overseas-trained medical practitioners there is a lack of research that has correspondingly examined the experiences of other overseas-trained health professionals in rural and remote areas. It is also concluded that effective orientation and communication coupled with organisational support and acceptance of cultural diversity within a community create a good environment for successful integration and adaptation of OTHPs. Recruitment and employment organisations need to identify and respond in a timely manner to people's expectations as these are crucial in the integration process.

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