Internationally Qualified Nurses

Te Waipounamu South Island Regional Orientation Framework

Endorsed by South Island Workforce Development Hub and South Island Nurse Executives Aotearoa
November 2020.

Contents

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1.0 Introduction

1.1 Aim of the Internationally Qualified Nurse (IQN) Orientation Framework

This orientation framework has been developed to support IQN's to successfully transition into Nursing practice in Aotearoa New Zealand. This framework has been formulated to provide consistency and guidance to employers of Internationally Qualified Nurses (IQNs) across Te Waipounamu, South Island region, New Zealand. The aim of this orientation framework is to optimise the opportunity for IQNs to be integrated into the culture of Aotearoa, NZ, its health system processes, and develop a connection with the people who live here.

1.2 Background

In New Zealand, IQNs account for around 27% (n = 15,216) of the national nursing workforce. At present, the number of IQNs registered to practise continues to increase. For example, in 2018, the single largest group of IQNs registered in New Zealand (45% n = 975) were from the Philippines (NCNZ, 2019).

Almost half of the nursing workforce in the Aged Residential Care (ARC) sector are IQNs (NCNZ, 2018a). With the anticipated nursing shortage, growth of IQN employment will become integral in maintaining a sufficient future nursing workforce in New Zealand.

Recommendations from literature both nationally and internationally highlights the need to develop specifically designed orientation programmes which include content related to adjustment to the new context of transitioning to practice within another country for IQNs (Alexis & Shillingford, 2011; Javanmard et al., 2017; Jose, 2011; Kawi & Xu, 2009; Lin, 2014). In the New Zealand context, the need for a customised orientation programme for IQNs also includes an emphasis on the different model of nursing care (Hogan, 2013; Walker, 2008). Furthermore, both IQNs and NZQNs need to understand the importance of the acculturation process, including why IQNs are recruited and employed and what challenges they experience.

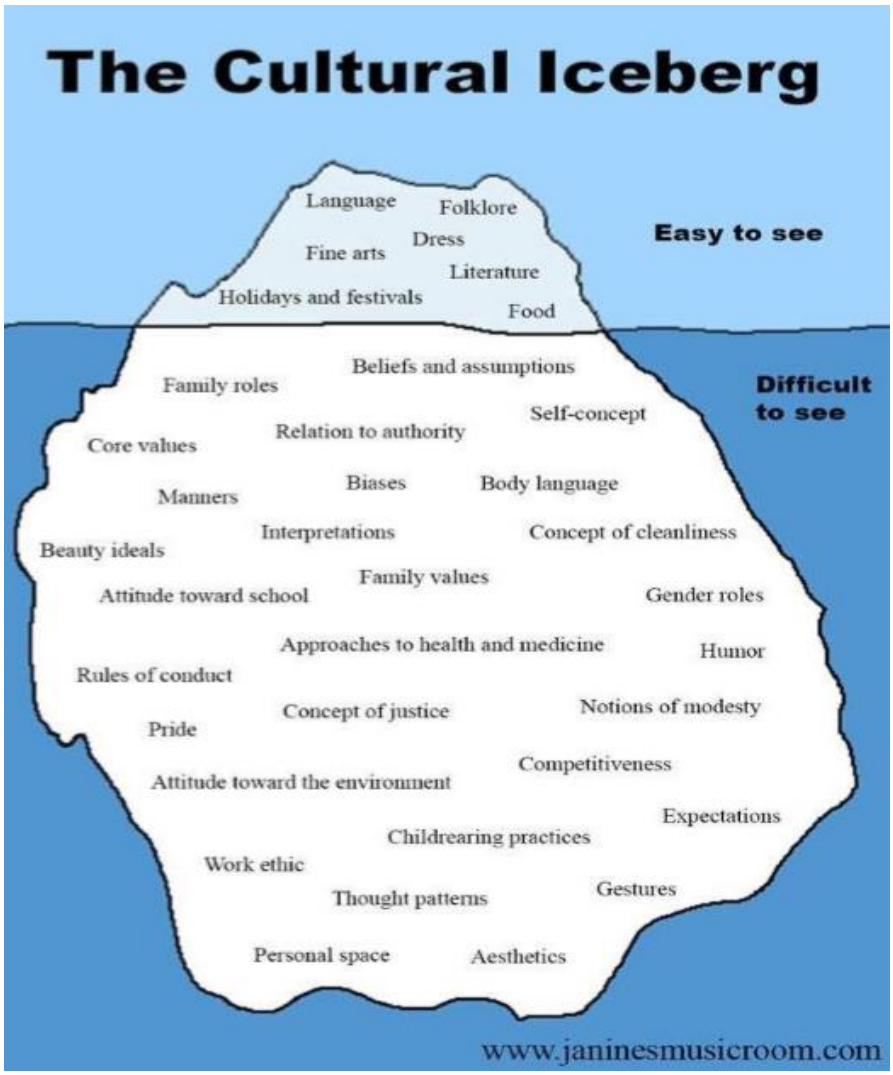
1.3 IQN Transitioning Challenges

IQNs encounter many challenges upon transition to practice in New Zealand.

Common transition challenges are summarised in the table below:

Language and communication	• Difficultly understanding accents, speed of communication, use of colloquialisms, slang and words with multiple meanings abbreviations. Language nuances and social-cultural context (Hernandez, 2019, Hogan, 2013; Walker & Clendon, 2012; Walter, 2017; Woodbridge & Bland, 2010).
Cultural displacement and adjustment	• Cultural uprooting and perception of "not belonging" and interpersonal conflicts due to differences in culture-based values, norms & expectations i.e. care of the elderly and sending remittances home to family (Hernandez, King, 2019.)
Professional	• Sociocultural differences in healthcare environment, role & expectations, scope of practice, legal environment, deskilling, accountability, professional autonomy, health care technology & organisational structure (Hernandez, 2019). • Care of the elderly within Aged Residential Care (ARC) facilities. The role of the family when caring for elderly relatives differs from what is customary within many countries such as the Philippines (Jenkins & Huntington, 2016; Okougha & Tilki, 2010). • The provision of palliative care rather than active interventions to prolong life (Jenkins & Huntington, 2016; King, 2019; Walter, 2017). • Hierarchical structures existing within the NZ health system have differences to many IQNs countries of origin. Often IQNs are not accustomed to questioning physicians' orders or contributing to decisions in influencing patient care, as this is solely seen as the role of the doctor (Hogan, 2013; King, 2019; Lin, 2014; Walter, 2017). • The hierarchical dominance of medicine within health systems in many overseas countries often results in nurses having less autonomy, therefore reducing the need for critical thinking that is an imperative skill for nurses (Xu, 2009) • Differences in health care related technology (Daniel et al. (2001); King, 2019.)

Discrimination and Racism	• Racism and discrimination, from nursing colleagues, but more frequently from patients (Jenkins & Huntington, 2016; Tregunno et al., 2009; Walker & Clendon, 2012; Walter, 2017). • Skills and experience not being recognised by nursing colleagues and qualifications considered to be substandard; (Alexis & Shillingford, 2011; Brunton & Cook, 2018; Jenkins & Huntington, 2016; Montayre et al., 2018; Walker & Clendon, 2012).
Physical	• Separation from family and friends, homesickness, isolation, loneliness and challenges understanding New Zealand beliefs and values (Hernandez, 2019, Brunero et al., 2008; Javanmard et al., 2017; Jenkins & Huntington, 2016; Jose, 2011). • Adaption to physical environment and climate (Hernandez, 2019).



1.4 Objective

During the first year of clinical practice the IQN will be provided with a supported orientation programme to adjust to the new context of transitioning to practice as a nurse within New Zealand. Individual employers/areas are expected to develop their own resources in response to this orientation framework. This framework has been developed to inform and support individual organisation processes.

2.0 Recommended Requirements

2.1 Orientation Package

All IQNs will be provided with an organisational specific orientation package to support them in integrating into their new work environment. Suggested orientation programme content can be located in Appendix 1.

2.2 Cultural Safety and the Treaty of Waitangi

Cultural safety, Te Tiriti o Waitangi and Māori health are aspects of nursing practice that are reflected in the Council's standards and competencies.

As part of the continued process to provide culturally safe practice, nurses are required to reflect on their own cultural identity, and then understand the impact this has on their professional practice (NCNZ, 2011).

At a minimum it is recommended that the IQN complete the Ministry of Health online cultural competence module MOH Cultural Competence Module (unless they have previously completed this within their CAP or other competency assessment process) through LearnOnline (users will need to create an account) within the first 3 months. Colleagues within the work area of the IQN should also complete this to enhance their acceptance and understanding of the IQN.

The Treaty of Waitangi and its principles of Self-Determination / Tino Rangatiratanga, Partnership / Pātuitanga, Equity / Mana Taurite, Active Protection / Whakamarumarutia and Options / Kōwhiringa provide the foundation for interactions between Maori health consumers and nurses (NCNZ, 2020). Education regarding the Treaty of Waitangi should therefore be provided as part of IQN orientation, with emphasis placed on the Tikanga best practice guidelines relevant to the IQNs area of practice. It is recommended that guidance on how this occurs is given by local Māori advisors.

In addition, understanding unconscious/implicit biases and how these may be affecting care is important. It is recommended that the IQN and clinical teams complete education in this area, such as Understanding bias in healthcare module available through the MoH online learning platform LearnOnline.

2.3 Social Inclusion

All employers of IQNs should be mindful of incorporating activities and resources which encourage positive interaction within the workplace as this promotes intercultural understanding across the entire nursing workforce. Such activities and resources should ideally occur or be available on a regular basis within the work environment, for example, during ward meetings, study days and ward communication. In addition, information pertaining to cultural awareness should be provided to all existing staff to provide education and understanding about the IQNs knowledge and experience, as well as cultural differences that may exist, highlighting the benefits these differences will bring to the clinical team.

In recognition that IQNs are a potentially vulnerable group that may experience racism or discrimination in the workplace, employers must ensure a positive culture in their respective areas with proactive management of any bullying that occurs and have zero tolerance for this, including having the means for safe, confidential reporting and escalation with clear policies and procedures in place around this (NZNO, 2012).

Immigration New Zealand emphasises the importance of integrating migrant staff into not only the new workplace but also the community. They have a number of online resources related to supporting and integrating migrant staff for both employers and IQNs (Immigration New Zealand, 2020).

2.4 Preceptorship

It is recommended that all IQNs have a designated preceptor(s) within their workplace/organisation. Preceptorship is a clinical educational strategy where both the preceptor and preceptee (IQN) work together for a specified period of time.

The process of preceptorship involves teaching, learning and orientation to the clinical area. The preceptorship experience is an educational relationship that provides role modelling, clinical support, clinical teaching and learning as well as socialisation into the workforce. It is expected that preceptors will help build on the application and use of knowledge in clinical situations and also support IQNs during acculturation process.

The preceptor role is pivotal to the successful transition of the IQN into their new responsibilities, and therefore, if possible they should have regular and consistent time together throughout the first year of practice. This is especially important during the formal orientation which occurs during the clinical load sharing period.

Should a preceptor be unavailable, consideration needs to be given as to how best support the IQN utilising available resources.

For recommended preceptor criteria see Appendix 2.

2.5 Clinical Load Sharing

Clinical load sharing days are spent with your assigned preceptor where the IQN **is not** counted in the area staffing numbers. Clinical load sharing time does not include any orientation study days.

Clinical load sharing is recommended for a minimum of two weeks (ten days) once the IQN has commenced their clinical practice. The clinical preceptor(s) and the IQN should share a clinical load of **gradually increasing** complexity for these **first two weeks** (10 days) of their employment.

Preceptors should continue to support and guide the IQN learning and development throughout their first year of practice in New Zealand. It is recommended both the IQN and the preceptor(s) be rostered together as often as possible to provide mentoring in the practicalities and nuances of practice to enable smooth transition to the NZ context.

2.6 Learning Agreement and Goal Setting

A learning agreement between the IQN, the assigned preceptor and manager may be utilised in some areas to formalise the roles of each (Appendix 4).

The purpose of a learning agreement is to ensure the preceptor and the IQN are aware of the responsibilities and commitment (both personal and professional) associated with this teaching and learning relationship. If utilised, the learning agreement **should be completed at the start of employment**.

Practice development and learning needs should be discussed between the IQN and their preceptor and/or manager in light of the NCNZ competencies with measurable goals then developed from this. The goal setting process is also an opportunity to review the progress of the IQN. It is encouraged for the review of goals and further goal setting to occur at regular intervals (such as at 3, 6 and 12 months) in conjunction with the IQNs preceptor and/or manager.

2.7 Reflection Sessions

Preceptors/Senior Nurses are encouraged to facilitate reflective practice within the workplace. Reflection involves looking at a situation and critically reviewing events that took place. Reflection may involve identifying positive and negative aspects of an event. Reflection on practice and the development of exemplars are ways to provide examples of practice for portfolios. It is acknowledged that reflection will occur informally in the work area, however effort should be given to provide formal opportunities for reflection either through 1:1 or group IQN reflection.

It may be that an individual IQN would benefit from clinical supervision. If this is the case consideration should be given by the employer as to how this can be provided. Accessing usual welfare supports such as EAP or other welfare providers may assist with this.

2.8 Performance Review

It is recommended that a performance review against the NCNZ competencies should be undertaken at the end of the first year, submitted as part of a PDRP portfolio. The performance review process will also provide the opportunity to review the IQNs progress towards their goals and to support them to develop new or updated goals in accordance with their learning needs.

2.9 Submission of PDRP Portfolio

The IQN is encouraged to submit a professional nursing portfolio for assessment near the end of their first year of nursing practice. This will include a performance review demonstrating self-awareness, evidence-based practice and health assessment skills assessed against the Nursing Council of New Zealand RN/EN scope of practice and reflections on professional development.

Appendix One

Recommended area-specific orientation package content

Organisational core competency requirements

- Introduction to organisational policies and procedures (including Lippincott Procedures)
- Introduction to team members and role definitions
- Nursing Care delivery models within the New Zealand context, particularly those that have relevance to the IQNs area of employment
- Professional role adaptation
    - Direction and Delegation
- Differences in role autonomy within the healthcare team
    - Speak up/assertiveness training
    - Decision making
- Communication
- Social inclusion
- Racism and Discrimination
- Incorporating Te Tiriti o Waitangi/Treaty of Waitangi into nursing practice

Appendix Two

Recommended Preceptor Criteria

- Hold a current practicing certificate
- Be registered with the Nursing Council of New Zealand 'in good standing' i.e. with no restrictions on that registration that would negatively impact on their ability to perform as a clinical preceptor
- Have a desire to be a preceptor and either have completed or be in the process of completing a preceptorship training programme or equivalent education, learning; and have demonstrated leadership skills
- Function as a role model and demonstrate consistently a positive proactive attitude within the clinical area. Have clinical experience within the area of practice and show well established time management and decision-making skills
- Have a willingness and ability to teach in a one to one situation, utilising the principles of adult learning
- Be active in extending own professional growth and encouraging others
- Be able to communicate clearly and give constructive feedback and assist others to meet identified needs whilst being open to feedback on their role
- Contribute to the IQN appraisals, goal setting and assessments
- Demonstrate commitment and willingness to support and encourage the IQN
- Completed 16 hours of preceptor education o
- Have appropriate experience within the clinical service area where they are providing preceptorship
- Completion of the Ministry of Health online cultural competence module. MOH Cultural Competence Module

Appendix Three

IQN Supported Orientation Regional Framework Summary

Initiative	**Description**
Orientation Package	Organisations across Te Waipounamu employing IQNs have an organisational orientation package that supports IQN orientation to the clinical role. This includes operational requirements of the role (See Appendix One)
Cultural Safety and the Treaty of Waitangi	Ministry of Health online cultural competence module MOH Cultural Competence Module Education around Tikanga Best Practice Guidelines relevant to IQNs area of practice Understanding bias in healthcare module available through the MoH online learning platform LearnOnline.
Social Inclusion	Positive interactions within workplaces to be encouraged with a focus on intercultural understanding. Cultural awareness information should be provided to all existing staff to provide education and understanding about the IQNs knowledge and experience, as well as cultural differences that may exist, highlighting the benefits these differences will bring to the clinical team. Employers must ensure a positive culture in their respective areas with proactive management of any bullying that occurs and have zero tolerance for this, including having the means for safe, confidential reporting and escalation with clear policies and procedures in place around this. See Immigration New Zealand website for resources relating to supporting migrant staff
Preceptorship	Recommended for all IQNs to have a designated preceptor(s) Preceptors to be heavily involved with teaching, learning and orientation to the clinical area in conjunction with the clinical team. Preceptor to role model best practice and support IQNs during acculturation process.

	Regular and consistent time for the IQN and preceptor should be arranged the first year of practice. Should a preceptor be unavailable, consideration needs to be given as to how best support the IQN utilising available resources. Support IQNs during the initial orientation/ clinical load sharing period For preceptor criteria see Appendix Two
Clinical Load Sharing	Provided as part of the orientation where the IQN works alongside their assigned preceptor and is not counted in the area staffing numbers. Clinical Load sharing does not include orientation study days The preceptor and IQN should share a clinical load of gradually increasing complexity for a minimum of two weeks (10 days) from the start of their employment.
Learning Agreement / Goal setting	Recommended to be used at the start of employment between the IQN, their preceptor and line manager to aid with understanding of roles and responsibilities. See Appendix Four for a template if this is to be used. Regular goal setting at intervals in the first year to aid in the IQNs professional development and growth. Goals to be developed by the IQN in conjunction with their preceptor/line manager
Reflection	Opportunities for reflection to be facilitated by preceptors/ senior nurses. Recommended that formal opportunities for reflection wither 1:1 or as a group is recommended also. Clinical Supervision should be providing for an IQN if required, any welfare supports in place may be able to assist with this.
Performance Review	This should be completed at the end of the first year and submitted as part of the IQNs PDRP.
Professional Development Recognition Programme (PDRP)	The PDRP process is supported for IQN across Te Waipounamu, to help the IQN orientate and articulate the NZNC competencies for registered nurses related to their individual nursing practice.

Appendix Four

Learning Agreement:

Introduction:

Internationally Qualified Nurses, Preceptors and Nurse Managers/Team Leaders may opt to enter into a learning agreement. If your organisation is utilising this, please read the below and sign that you are willing to enter into this agreement and are aware of the expectations relevant to you and your role.

Preceptorship is a team approach and it is expected that the Nurse Manager/Team Leader will enter into this agreement also.

Learning Agreement:

The Preceptor will:

- Function as a role model and demonstrate consistently a positive proactive attitude within the clinical area. Have clinical experience within the area of practice and show well established time management and decision making skills
- Socialise the IQN to the clinical environment inclusive of the wider Health Care team, paperwork, policies & procedures and ways of working
- Have a willingness and ability to teach in a one to one situation, utilising the principles of adult learning
- Be able to communicate clearly and give constructive feedback and assist others to meet identified needs whilst being open to feedback on their role
- Contribute to the IQN's appraisals and goal setting, inclusive of identifying learning needs
- Demonstrate commitment and willingness to support and encourage an IQN
- Have knowledge of PDRP requirements
- Have an ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice
- Where possible and as required roster them self to coincide with the IQN, or if rostered different shifts, agree and plan to meet regularly to reflect on IQN's progress, learning needs, troubleshooting and programme requirements
- Work with the Nurse Manager/Team Leader to assign a secondary preceptor if leaving the primary preceptor role for longer than two weeks.
- Agree to maintain knowledge of preceptorship and participate in clinical teaching and learning education
- Support the IQN to apply the principles of critical thinking to their practice
- Undertake education around cultural competence and demonstrate a commitment to culturally aware and safe practice

Nurse Manager/ Team Leader will:

- Identify the preceptorship team and primary preceptor who will assist with IQN's goals, appraisals etc.
- Work with Preceptor and IQN to ensure that preceptorship is meeting the needs of all involved, and that there is open communication. Facilitate meetings if applicable.
- Work with preceptor and IQN to organise another preceptor if original preceptor is absent for longer than two weeks
- Ensure preceptors are educated to meet the needs of the IQN and the preceptorship relationship
- Undertake education around cultural competence and demonstrate a commitment to culturally aware and safe practice

The Internationally Qualified Nurse will:

- Inform primary preceptor and Nurse Manager/Team Leader aware of programme requirements, inclusive of study days, self-directed learning and competencies
- Plan dates for assessments such as goals and appraisals
- Set regular dates for general catch ups to discuss progress with primary preceptor
- Agree to plan, discuss and identify ongoing learning opportunities to further develop critical thinking, health assessment and knowledge and agree to identify areas of practice that may need further development.
- Participate in clinical teaching experiences as required for their clinical role.
- Agree to fully commit to the clinical environment, maintaining professionalism
- Participate in the day to day running of the clinical area inclusive of team meetings
- Actively seek and discuss feedback with preceptorship team and peers
- Reflect upon own clinical practice and demonstrate self-awareness
- Continue to develop own clinical expertise and responsibility in the RN role

Clinical Area (printed in full):		
Primary Preceptor: Name (printed in Full):	Signature:	Date:
Other Preceptors: Name (printed in full):	Signature:	Date:
Nurse Manager/Team Leader: Name (printed in full):	Signature:	Date:
Internationally Qualified Nurse: Name (printed in full):	Signature:	Date:

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References

Alexis, O., & Shillingford, A. (2011). Exploring the perceptions and work experiences of internationally recruited neonatal nurses: a qualitative study. *Journal of Clinical Nursing, 21*(9-10), 1435-1442. doi:10.1111/j.1365-2702.2011.03922.x

Bland, M., & Woodbridge, M. (2011). From India to New Zealand - A Challenging but rewarding passage. *Kai Tiaki Nursing New Zealand, 17*(10), 21-23. Retrieved from CINAHL database.

Brunton, M., & Cook, C. (2018). Dis/Integrating cultural difference in practice and communication: A qualitative study of host and migrant Registered Nurse perspectives from New Zealand. *International Journal of Nursing Studies, 83*, 18-24. doi:10.1016/j.ijnurstu.2018.04.005

Brunero, S., Smith, J., & Bates, E. (2008). Expectations and experiences of recently recruited overseas qualified nurses in Australia. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 28*(1-2), 101-110. doi:10.5172/conu.673.28.1-2.101

Daniel, P., Chamberlain, A., & Gordon, F. (2001). Professional issues. Expectations and experiences of newly recruited Filipino nurses. *British Journal of Nursing, 10*(4), 254-265. Retrieved from CINAHL database.

Hernandez, M. (2019). *Internationally Qualified Nurses' Challenges [PowerPoint slides].* Retrieved from https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Duty%20and%20Clinical%20Nurse%20Managers/2019%20Nurse%20Managers/2019-M%20Hermandez-Internationally%20Qualified%20Nurses%20Challenges%20%281%29.pdf

Hogan, D. (2013). *Transitioning difficulties of overseas trained nurses in New Zealand. (Masters Thesis).* Retrieved from https://openrepository.aut.ac.nz/handle/10292/7047.

Immigration New Zealand (2020). *Settle Migrant Staff.* Retrieved November 11, 2020 from https://www.immigration.govt.nz/employ-migrants/settle-migrant-staff

Javanmard, M., Steen, M., Vernon, R., & Newnham, E. (2017). Experiences of internationally qualified midwives and nurses in Australia and other developed nations: a structured literature review. *Evidence Based Midwifery, 15*(3), 95-100. Retrieved from CINAHL database.

Jenkins, B., & Huntington, A. (2016). "We are the International Nurses": An Exploration of Internationally Qualified Nurses' Experiences of Transiting to New Zealand and Working in Aged Care. *Nursing Praxis in New Zealand, 32*(2), 9-20. Retrieved from http://www.nursingpraxis.org/322-we-are-the-international-nurses-an-exploration-of-internationally-qualified-nurses-experiences-of-transitioning-to-new-zealand-and-working-in-aged-care.html

Jose, M. M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America. *International Nursing Review, 58*(1), 123-129. doi:10.1111/j.1466-7657.2010.00838.x

Kawi, J., & Xu, Y. (2009). Facilitators and barriers to adjustment of international nurses: an integrative review. *International Nursing Review, 56*(2), 174-183. doi:10.1111/j.1466-7657.2008.00705.x

King, J. (2019). *Experiences of Filipino – qualified registered nurses transitioning to acute nursing practice in New Zealand.* (Masters Thesis). Ara Institute of Technology, Christchurch, New Zealand.

Kawi, J., & Xu, Y. (2009). Facilitators and barriers to adjustment of international nurses: an integrative review. *International Nursing Review, 56*(2), 174-183. doi:10.1111/j.1466-7657.2008.00705.x

Lin, L.-C. (2014). Filipina Nurses' Transition into the US Hospital System. *Journal of Immigrant & Minority Health, 16*(4), 682-688. doi:10.1007/s10903-013-9793-9

Montayre, J., Montayre, J., & Holroyd, E. (2018). The global Filipino nurse: An integrative review of Filipino nurses' work experiences. *Journal of Nursing Management, 26*(4), 338-347. doi:10.1111/jonm.12552

New Zealand Nurses Organisation. (2012). *Here to stay: guidance for the safe and effective integration of internationally qualified nurses into the Aotearoa New Zealand workforce* [Employment Guideline]**.** Retrieved November 12, 2020 from https://www.nzno.org.nz/LinkClick.aspx?fileticket=uUFG6EwUvNA%3D&portalid=0

New Zealand Nurses Organisation. (2018). *New Zealand Nurses Organisation Strategy for Nursing*. Retrieved May 5, 2018 from http://www.nurses.org.nz/Portals/1/2018%20Nursing%20Strategy/NZNO%20Strategy%20for%20Nursing%202018-2023.pdf

New Zealand Nurses Organisation. (2019). Internationally Qualified Nurses Challenges. Retrieved January 20, from https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Duty%20and%20Clinical%20Nurse%20Managers/2019%20Nurse%20Managers/2019-M%20Hermandez-Internationally%20Qualified%20Nurses%20Challenges%20%281%29.pdf

Nursing Council of New Zealand. (2019). *2018 Annual Report.* Retrieved April 13, 2019 from http://www.nursingcouncil.org.nz/content/download/1975/8733/file/Annual%20report%202018.pdf

Nursing Council of New Zealand. (2020). Te Tiriti o Waitangi. Retrieved November 27, from https://www.nursingcouncil.org.nz/Public/Treaty_of_Waitangi/NCNZ/About-section/Te_Tiriti_o_Waitangi.aspx?hkey=36e3b0b6-da14-4186-bf0a-720446b56c52

Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry, 16*(3), 182-190. doi:10.1111/j.1440-1800.2009.00448.x

Walker, L. (2008). A mixed picture: the experiences of overseas-trained nurses in New Zealand. *Kai Tiaki Nursing New Zealand*, *14*(11), 18-19. Retrieved from CINAHL database.

Walker, L., & Clendon, J. (2012). A multi-cultural nursing workforce: views of New Zealand and internationally qualified nurses. *Kai Tiaki Nursing Research*, *3*(1), 4-11.

Walter, A. (2017). *What are the experiences of Internationally Qualified Nurses transitioning into aged residential care in the New Zealand health care system?* (Masters Thesis). Eastern Institute of Technology, Napier, New Zealand.

Woodbridge, M., & Bland, M. (2010). Supporting Indian nurses migrating to New Zealand: a literature review. *International Nursing Review, 57*(1), 40-48. doi:10.1111/j.1466-7657.2009.00783.x

Xu, L., 2009. The Labor Migration of Chinese Nurses to the United States: Experiences of Chinese Nurses. The Pennsylvania State University.