



Exploring Career Capital of International Qualified Nurses Following an Adaptation Program in Malta

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[Doi: 10.19044/esipreprint.3.2024.p271](https://doi.org/10.19044/esipreprint.3.2024.p271)

Approved: 09 March 2024
Posted: 11 March 2024

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Cite As:

Schembri N. (2024). *Exploring Career Capital of International Qualified Nurses Following an Adaptation Program in Malta*. ESI Preprints.

<https://doi.org/10.19044/esipreprint.3.2024.p271>

Abstract

Aim: The aim of the research was to explore the individual human, social and motivational capital of international qualified nurses seeking work opportunities as qualified nurses in Malta.

Design: Qualitative research using a phenomenological approach.

Methods: This study conducted adopting a qualitative methodology using semi structured focus group interviews with sixteen participants following a pre-registration nurse adaptation program delivered at Institute of Applied Sciences within Malta College of Arts, Science and Technology. Data analysis was conducted using Thematic Analysis.

Results: From analysis of the data four main themes emerged, these were: importance of past experiences; training and education; decisions to leave home country and support from community or colleagues.

Conclusion: The findings show that these nurses already possess a considerable degree of career capital. This need be taken into consideration when it comes to deployment and work opportunities to preserve skills and enhance job satisfaction and retention.

Keywords: Career Capital, International Qualified Nurses, Nurse education, Retention

1. Introduction

In recent years many countries are experiencing the effects of nurse shortages and as a result resort to recruitment of nurses International Qualified Nurses (IQNs) (Buchan & Calman, 2005). Studies conducted so far contribute towards a growing body of literature on the phenomenon of nurse migration; and confirm that international nurses who successfully acculturate and integrate, contribute more to the workplace and are more willing to stay in the host country (Moyce, Lash, & de Leon Siantz, 2015). Major themes identified in the literature include reasons for migration, experiences and challenges of international nurses once they migrate, problems faced with regulatory barriers to licensing, language or communication problems, racism, discrimination and skill underutilization.

Experiences of International Qualified Nurses

Often, many IQNs come from highly skilled nursing positions with years of experiences; however, when they arrive in the host country, certain skills are not recognised and used (Alexis & Vydelingum, 2009). Skill underutilization and discrimination often leads to IQNs being offered entry-level job opportunities (Batnitzky, & McDowell, 2011) and a number of them end up working in elderly nursing homes (Larsen, 2007). In an international study by Bruyneel et al. (2013) involving hospitals in 12 different countries, over 90% of IQNs were tasked with performing clerical work and non-nursing duties. Such issues could lead to reduced job satisfaction and as most of the IQNs aim to be successful in the host country, these issues might significantly impact on their quality of life. Adjusting to a new culture and environment with the lack of a familiar social support system has also been identified as a personal challenge (Chandra, & Willis, 2005).

Career capital

Literature pertaining to career development and management emphasizes the importance of individual knowledge and learning as a valuable resource for an organization's competitive advantage (Van den Hooff & Huysman, 2009). Contemporary career literature suggests that individual knowledge and learning is reflected in the development of personal career capital - the non-financial assets embodied in the skills, expertise and relationship networks that employees acquire as their careers unfold (Inkson & Arthur, 2001). Migrant's career capital is made up of the motivation, expertise and network connections is accumulated throughout the career.

International Qualified Nurses (IQNs) bring with them a range of career capital from their home country, however much of this career capital

may be lessened in the move to the host country. This may be by way of non-accreditation of education or work skills. The result being that “much of the struggle to re-establish their careers in the local labor market stems from the lack of recognition they receive for their foreign capital” (Zikic, Bonache, & Cerdin, 2010; p.670). Career capital is a resource-based perspective (Inkson & Arthur, 2001) and normally seen to consist of three forms of knowledge, or knowing, namely:

1. **Knowing why**, concerns understanding one’s motivation, values, sense of purpose, energy and evaluation of a certain career path (motivational capital).
2. **Knowing whom** are the relationships, networks and attachments a person builds up during their career (social capital).
3. **Knowing how** a person’s technical, conceptual and personal skills and expertise is (human capital).

International Qualified nurses in Malta

IQNs from non-EU countries are required to undergo additional preparation before being registered and allowed to practice by the Council of Nurses and Midwives in Malta (CNM). In addition, an International English Language Testing System (IELTS) certificate, with an average score of 5.5 is also required. The Malta College of Arts Science and Technology offers a six-month part-time program entitled ‘Undergraduate Certificate in Nursing (Bridging Course)’ intended for non-EU citizens who are already in possession of a bachelor’s degree in nursing but lack particular components in accordance with EU Directive 2005-36-EC. The course allows participants to apply for registration with the CNM. Participants on the program often come from India (mostly from the Southern state of Kerala) and Pakistan.

Following successful completion of the program, these nurses eventually are employed within the local public or private healthcare system and help in alleviating current nursing shortage whilst also contribute to the diversity on the workplace. Most importantly, they become an integral member of the local nursing community and their input is becoming increasingly important for the sustainability of the healthcare system.

Against this backdrop, further knowledge and a better understanding of the knowledge, experiences, motivations and connections these nurses bring with them is necessary to better understand how to utilise their potential. Findings could assist management and future employers to enhance the IQNs job satisfaction by offering them positions that commensurate with their past experiences, enhance retention and subsequently improve sustainability of the services provided.

Aim of the study

To explore the individual human, social and motivational capital of International Qualified Nurses seeking work opportunities as qualified nurses in Malta.

Methods

Design

A qualitative design using phenomenological approach was used.

Participants

Sixteen IQNs following a pre-registration nurse adaptation program delivered at Malta College of Arts, Science and Technology (MCAST) participated in the study. All participants enrolled on the program received an invite for participation in the form of a letter via email detailing:

- Information related to the nature and purpose of the study
- Anticipated duration of interview and procedures
- Statement ensuring participants are free to withdraw at any stage without penalties or consequence.
- Statements ensuring that all information attained will be confidential, data presented will not be identifiable and a participant coded identification system will be used that is known only to the researcher.

Completion and return of the invitation were taken as interest to participate in the research and for the potential participants to be contacted again to arrange for the interview. On the day of the interview all participants were reminded of their rights and each individual participant agreeing to take part in the interview was provided with a study participation consent form. Baseline socio-demographic information (Table 1) was individually collected from the participants via email.

Table 1. Socio-demographic characteristics of the participants (n=16)

<i>Country of origin</i>	India	14
	Pakistan	2
<i>Gender</i>	Female/ Male	14/2
<i>Age (in years)</i>	Mean (Range)	28 (25 – 44)
<i>Nursing experience (in years)</i>	Mean (Range)	9 (5 – 15)
<i>Marital/ family status</i>	Single	5
	Married	7
	Married with children	4

Data collection

Data was collected through three semi structured focus group interview sessions that lasted between 50 to 70 minutes each. All interviews have been conducted in English with the number of participants for each session being as follows; Focus Group 1 (5 participants), Focus Group 2 (6 participants), Focus Group 3 (5 participants).

All focus groups were conducted online using Microsoft Teams, and within a period of five days transcribed ad verbatim for analysis.

Ethical considerations

Prior to the start of the data collection process, permission to undertaking the project was obtained from the Research and Ethics Committee of the Malta College of Arts Science and Technology.

Data analysis

The data analysis in this study utilised Braun and Clarke's (2006) thematic analysis method. Thematic analysis was selected for its efficacy in identifying significant patterns within the dataset, aligning with the objectives of this descriptive qualitative inquiry.

In adhering to Lincoln and Guba guidelines for rigor, this study employed strategies to establish credibility, confirmability, and dependability Guba (1981). Credibility and confirmability were upheld using a validated semi-structured interview guide. Dependability was maintained during the interviews by having the researcher summarise the key points articulated, enabling clarification of any potential misinterpretations.

To support the analysis MAQDA2020 was used to assist with the organization of data.

Results

Importance of past experiences

All interviews started with an introduction of the personal journey into entering the nursing profession and an overview of their general nurse training experience. A considerable amount of knowledge gained through working for several years in various healthcare settings has been noted following each participants' recollection of stories and narratives of individual nursing practice. The majority of IQNs used to work in critical care and emergency, however, there have been others that spent time in operating theatre and maternity suites.

A limited number of the interviewees had previous experience outside their home country mainly in England and Dubai which brought about some contrasting differences in the way facilities are organised and equipped. Due to the fact that some of the facilities at their country of origin

were situated in remote areas outside the village core, it was noted that working in certain specialist clinical areas was more challenging when compared to other countries. In the word of one participant, *“the place was not well kept, every time missing items and things to work with..... sometimes it is difficult to get supply of basics”* (Indian Female).

These challenges faced during routine work could even be seen as a strongpoint in their way of dealing with practical everyday work issues and it could have made them more innovative in order to deal with the task at hand.

It was also quite evident that some of the participants had passed through very hard times and witnessed severe loss and grief from members of their communities. *“To see a lot of suffering, death and when it comes to babies....it's a little more harder”* (Indian Female).

Training and education

All the participants had a tertiary level of education within their native country whereby they have gained their undergraduate nursing degree. Their level of comprehension and understanding of human anatomy, physiology and common associated ailments and diseases was very good. However, it could be noted that knowledge that when it comes to understanding of mainstream western nursing theories and paradigms some lack of understanding could be noted.

As part of this, an understanding of the care and concepts associated with the needs of the elderly and mental health sufferers were particularly lacking. As explained by the participants themselves such subjects and conditions are not generally included within their curricula and the matter might be due to cultural differences regarding the way ageing and mental health is perceived within their home country.

“For me it is difficult to understand why the children have to send their parent at the old people home. For us this is an obligation to take care of them” (Indian Male).

“We understand that when people become old they start forget..... to study now on dementia is very interesting as now we understand it more” (Indian Female).

This element shows that whilst they already possess very good caring qualities and attitudes towards elderly patients and those suffering from conditions such as dementia, it is important that during their adaptation period into the host country such subjects are emphasised into the training. This is important to be able to cater for the particular needs of the patients and also helps in understanding the different viewpoints of service users and fellow co-workers on care expectations.

During the interviews some other factors on education have been highlighted by participants who spent some time in other countries prior to

arriving to Malta. It was apparent that for the few of them who had the opportunity to work in the United Kingdom the notion of continuous professional education was not a new concept and they recounted further training experiences during their previous work engagements.

“When I was nurse in England I had to attend for training every month... Small training not long but very interesting and help increase my knowledge on work.....” (Indian Female).

Decisions to leave home country

An interesting discussion during all interviews was related to how the participants came about to evaluate the idea of leaving their home country and what form of support they found to help them come to the decision. The majority of participants left their spouses and other children behind however the fact that they know that their family is being well cared for gave them the courage to take the step and leave for a new venture overseas.

“I am very luck as my family and husband is looking after children in India..... I will see them after a year maybe but I know they are good” (Indian Female).

“My parents tell me that I must go because it is good for my future and for my family... when I will be back home after some years I can say that I have experience in Europe” (Pakistani Male).

Although few in number, some of the interviewees noted that for them it was even easier due to the fact that they managed to bring their children with them. This element also helped them in settling down easier as the transition felt more of an adventure for the whole family.

“My husband and my daughter also here in Malta...This make me happy, and I now find it easy to come to study and work together” (Indian Female).

“My husband and my daughter is here. My family is hereI am like home so I have the husband to help me in the home” (Indian Female).

Support from community or colleagues

A number of participants had children of a considerable young age that they left behind at their home country. These children were mostly being taken care of by the relatives and spouses who stayed behind.

“I have two children at home. My mother take care of them. If it was not for them I would not have come here” (Indian Female).

Some participants recalled how colleagues at work and other persons who live in their neighbourhood help them with adjusting to the local customs and also with matters related to daily needs.

“I am living in with my friends one of the apartments but in locality we are going to purchase things from the local shop and they are helping us to find anything. If we have a problem we are facing we ask to them” (Indian Female).

“During the night shift I ask my Malta friend to help me in the shopping of some things for the house and when she started talking it was very helpful. I was very happy I can now understand from where to buy things in different places and also where to get good price” (Indian Female).

Out of work activities such as party and social outings with the work colleagues have also been outlined as important elements in strengthening the feeling of acceptance and integrating with the local community.

“I work as a carer before I get the permit for nurse in elderly home and when the managers organise some party for summer I really enjoy the friends from work as they make me feel welcome and happy” (Indian Male).

Discussion

The results of the study show that IQNs seeking registration and eventual employment as registered nurses in Malta possess a considerable degree of Career Capital. An important phenomenon emerging from the interviews is related to the element of level of relationship established between the IQNs coming to Malta and persons living in their locality (form of social capital). Integration and assistance from the local community has been highlighted as an important factor which helps them in the transition to a new country which is often considered to be a personally challenging experience (Chandra & Willis, 2005). It need be noted that nobody mentioned participation or membership into a local group or association of expatriates coming from their country of origin. Such associations are available in Malta and affiliation with such groups might help in enhancing IQNs social capital when they are settling in Malta

The study also clearly points out the high level of training and experiences many of these nurses gained at their country of origin which is mainly related to professional exposure to critical care settings. This is relevant especially when it comes to their deployment within local healthcare settings. The experiences gained (human capital) can prove to be vital into settling down and integrating with the local workforce as they will not feel at a disadvantage when it comes to level of knowledge and skills into dealing with situations on the workplace.

Limitations

Since the number of study participants is relatively small and conducted on a single site, further investigation on the phenomenon with

more nurse coming from different educational and cultural backgrounds is required to infer transferability.

As the researcher is himself a nurse educator on the pre-registration nurse bridging program that the interviewed participants are following could have served as an advantage and/or disadvantage. The fact that the students knew the researcher might have also potentially influenced the study. It is to be recognised that an enquirer with a different background may have explored and interpreted findings differently.

Conclusion and Recommendations

In conclusion, the findings of this study underscore the importance of recognising and leveraging the valuable qualities and experiences of nursing professionals in the employment process. The participants, with their years of experience and inherent caring qualities, represent a valuable asset to healthcare organizations. However, it is crucial for employers to consider the implications of placing these individuals in roles that may not fully utilise their technical skills and knowledge, particularly if they have extensive experience in critical care settings. Failure to recognize and address this mismatch between skills and job requirements may lead to skill underutilization and demotivation among nursing professionals.

Moreover, these findings have broader implications within an international context. As healthcare systems around the world grapple with workforce challenges, including shortages and retention issues, understanding the nuances of skill utilization and job satisfaction among nursing professionals is paramount. By recognising and valuing the unique skills and experiences of nurses, organizations can optimize workforce deployment, enhance job satisfaction, and ultimately improve patient care outcomes. Therefore, it is imperative for healthcare organizations to adopt strategic approaches to talent management that prioritise the alignment of individual skills and competencies with job roles. This may involve tailored training and development programs, job crafting initiatives, and regular performance assessments to ensure that nursing professionals are effectively utilised and supported in their roles. Additionally, fostering a culture of recognition and appreciation for the contributions of nursing staff can contribute to greater job satisfaction and retention rates.

Conflict of Interest: The author reported no conflict of interest.

Funding Statement: The author did not obtain any funding for this research.

Data Availability Statement: The data presented in this study is available on request from the corresponding author.

Declaration for Human Participants: This study has been approved by Research and Ethics Committee of the Malta College of Arts Science and Technology and the principles of the Helsinki Declaration were followed.

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