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EDITORIAL

The need to capture the unharnessed expertise of overseas educated nurses working as care support workers in their host country

Scarcity of nursing workforce is not a new information; authorities have documented the shortage of nurses globally. The World Health Organization (WHO) is predicting a global shortage of nine million nurses and midwives by 2030 (WHO, 2020). As the world faces a potentially catastrophic shortage of nurses, concerns were raised about the implications of raiding other countries and 'poaching' their nurses at the time of a global pandemic. The International Council of Nurses (ICN) published a position statement on international career mobility and ethical nurse recruitment (ICN, 2019). It iterates the need for all countries to train and retain more of their own nurses and implement ethical recruitment practices when they employ nurses from overseas.

The purpose of this editorial is not to highlight the already known strategies to address the nursing workforce shortage but to bring to the forefront that many internationally educated nurses are working as unqualified health care assistants in their host countries where they were recruited to at the first instance. For instance, more than 3000 overseas nurses educated to professional registration levels overseas find it difficult to register at the appropriate level. This is both potentially discriminatory and inefficient use of human resources.

To date, there has been no clear evidence of this unharnessed group of international nurses working as unregistered care workers, and regulatory bodies across the countries have maintained a profound silence regarding the needs of this group of international nurses. We undertook a questionnaire survey to capture the unmet needs of this group of nurses. Ethical approval was sought from institutional review board (Ref. No. 1979). An online questionnaire was distributed on platforms such as closed Facebook groups and WhatsApp groups after identifying the key gatekeepers to these groups. Data were preliminarily analysed to present before the council of deans (Davis & Pradeep, 2021). This preliminary analysis signposts to the potential number, years of residence and work status of such nurses working as unqualified grades of staff for a decreased wage without scope for professional advance. Most of these nurses are working as health care assistants, and they play a vital role in patient care, but they are unable to perform a role of a registered nurse in spite of them being equipped with the skills and knowledge to perform quality patient care.

Like its other contemporaries such as Australia, the United States and Canada, the United Kingdom has a range of language, practice,

registration and education regulatory requirements for internationally educated applicants (Leslie et al., 2021; Nursing & Midwifery Council [NMC], 2018). Time has lapsed with costly retakes of these tests, and now these internationally qualified nurses have attained citizenship in their host countries, working as unqualified grades of staff. The analysis shows that out of the 854 responses, 16 of them are qualified at MSc level and 19% of them are educated to degree level in nursing. Despite being qualified to a masters/degree level, but working as unqualified health workers leads to feelings of incompetence, a perceived lack of respect, fears of become deskilled and decreased job satisfaction (Bond et al., 2020). This downward spiral (occupational) of internationally educated nurses highlighted by Allan and Westwood (2016) signposts to the paradoxical pedagogical rendering of Benner's (1984) transition theory as these nurses are forced to revert from expert to novice.

The registration requirements such language tests and competence tests pose unnecessary barriers to registration at a time of great need for qualified nurses. The pandemic has showcased the scarcity of trained intensive care nurses directly impacting the nation. The analysis of the survey shows that 48 of these nurses have critical care experience, 314 experiences in medicine, 148 in ICU and 48 in A&E where nursing shortest is acute (Davis & Pradeep, 2021). Against the current outcry of institutionalized discrimination and racism, this could be cited as a perfect example—that is, structurally disadvantaging nurses who are also more likely to stem from Black and minority ethnic backgrounds.

This is only a tip of the iceberg. There is a need to harness this 'unseen' and 'unheard' workforce. We propose that these nurses can be effective, safe and a major contribution to the current nursing shortages with minimal investment. There is an urgent need to enable them to gain their registration by acknowledging their proficiency and expertise gained during their overseas education. There is a requirement for a better ethical and moral consideration for the use of skills and expertise of these internationally educated Indian nurses in order to capture their expertise to mitigate the shortfall of nurses. Regulatory frameworks need to be made nimbler and more responsive to meet the needs of these nurses to enable them to function at their proper level.

Having spent more than 5 years, they may have adapted to the communication style to that of the host country to understand all the

cultural nuances needed for safe professional practice. This would go beyond language proficiency, with good knowledge of the set of implicit social and professional rules regarding roles and responsibilities that must be incorporated into communicative approaches in the clinical and social context.

Therefore, it would be wise and prudent to capitalize on this group's expertise and wealth of knowledge and ease their registration with regulatory bodies. As there is an urgency to assimilate these nurses to their host workforce culture more holistically and effectively, due to the current pandemic situation, it would be common sense to ease their entry into the register. Individuals who have passed their citizenship exam and proven their language skills through their work experience should be enabled by a different approach from regulatory bodies to obtain their registration, along the lines of accreditation of prior experience and learning.

OUR RECOMMENDATIONS

Use those who have completed nurse education overseas and their previous scores, but in addition, take account of the supporting evidence from the hospital authorities who know these staff well and their ability to communicate (speaking and writing) in English.

Remove the language test requirements for overseas nurses who have three or more years of work experience in the health care sector in their host countries or have undertaken a substantial period of study at graduate or postgraduate level in their host countries.


Organisations need to work in partnership with universities to provide an enabling programme for these nurses to help them to get their registration—for example, a portfolio of evidence of communication/key competencies.

ETHICS STATEMENT

Ethical approval was sought from Salford University Ethical Approval Board (Ref. No. 1979).

DATA AVAILABILITY STATEMENT

We do not wish to share the data.

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