
The way forward

This book contributes to existing knowledge by its exploration of the impact of migration and ethnicity on workplace integration, based on individual perceptions of work-related identities, relationships at work, intrinsic and extrinsic motivation, emotional well-being at work, organisational effectiveness and the management of diversity. These employment characteristics are assessed within existing conceptual frameworks.

Contrary to some popular opinions which view migrants as a burden to the country, the findings presented in this book show that migrant nurses are in fact making valuable contributions to British health care organisations. The analysis of the migrants' journey towards integration exposes the importance of relational aspects of organisational capacity and the impact of work-related relationships on social exclusion and intrinsic work-related motivation.

The empirical study underpinning some sections of this book set out to explore the integration of migrant nurses, as one sub-group of international migrants, into employment in the British healthcare sector and their contribution to organisational capacity. The interpretation of their stories exposes characteristics of migrants' integration into employment as part of their resettlement into a developed, Western country, thereby not only contributing to the documented range of migrant experiences, but also pointing the way to better manage the processes of integration.

Before outlining the way forward, this chapter presents a summary of the three elements discussed in this book, namely:

- a) migrant nurses' motivation
- b) their integration and
- c) the contribution they make and implications for diversity management

Motivation

International migration and particularly forced migration directly affects the migrants' integration into work in this instance in Britain, but the same would be the case for any other Western country. The refugee nurses, as one sub-group of migrant nurses, depend on the co-operation of their employers and the Home Office in order to obtain a valid work permit and resolve their legal status to reside in Britain. Unlike voluntary migrants, such as directly recruited internationally qualified nurses, many of the refugee nurses were not prepared to come to Britain and often have nothing to return to. For some of them the lengthy process to decide on their residence status in Britain causes great uncertainty and distress, making it difficult to establish long-term career plans.

Due to personal problems and having to overcome barriers to employment most nurses who migrate to Britain independently of recruitment agencies do not access work until some years following their arrival. Particularly for refugee nurses it is not uncommon to take several years to regain sufficient security as regards their personal situation, immigration status, work permit and understanding of the employment process for nurses in Britain to be able

to access employment. As a result many of them experience low levels of self-esteem and are lacking self-confidence.

Employers' uncertainty about the asylum process and the documentation involved further hinders migrants' integration with some employers shying away from employing asylum seekers and refugees. Instead of contributing their skills, some asylum seekers are left to work illegally in unskilled employment for less than the national minimum wage and in unregulated working conditions. Being allowed access to worthwhile employment clearly is an important stepping-stone on their journey to be self-sufficient and rebuild their lives.

While some newcomers receive support and understanding, others are met by prejudices and discrimination. Prejudices hindering integration are focussed on ethnicity or race and perceptions about the quality of nursing qualifications from other countries, rather than on individuals' immigration status. Often colleagues do not understand the wider issues related to being a migrant and indeed few migrants feel comfortable sharing details of their personal stories at work. Consequently, as colleagues do often not know the latter, interactions with and reactions to the migrants' 'otherness' are normally based on physical appearance. This can lead to feelings of isolation, not being understood and thus being excluded. Many facets of prejudice can impinge negatively on equality and hinder migrant nurses' integration in the day-to-day work environment.

As a result of forced migration, it is common for women from Eastern and Central African countries to leave with just their children, not their male partner who may follow later. Many of these women have to resort to coping strategies which are not reliant on the support of relatives or familiar social structures, but on individual initiative¹. Acceptable norms for women migrants vary in different regions and also influence subsequent adaptation to life in Britain. While some female nurses migrate independently this is unacceptable in the eyes of others.

Jobs in the British health care system still reflect firstly a gender division with women filling the 'caring' posts and men the 'status' ones²; furthermore there is still a division based on ethnicity with even fewer minority ethnic and Black women in senior positions. Besides, the fluidity of the terms 'ethnicity' and 'race' is too often not reflected in the statistics on employment and residency of individuals from minority ethnic groups in Britain, which aim to categorise individual ethnic identity. Even though insufficient in themselves, legislation and policies are a step in the right direction.

A strong association between integration, constructive relationships and positive work-related feelings form part of the intrinsic motivation to work. Perceived lack of support from supervisors has a similarly far-reaching impact on the individuals' integration and well-being, it causes work-related stress and makes individuals doubt their abilities. Motivation to work has to be a balance between intrinsic motivators (regaining confidence and self-worth),

and extrinsic motivators, such as pay, which a minority of the directly recruited nurses found inadequate.

- Motivation for migration affects individuals' motivation to work as part of their wider attempt to resettle
- Motivation for and mode of migration affect integration into employment due to complex policy issues related to work permits, professional standards and available support networks
- Cultural differences in gender norms further complicate integration
- Colleagues' prejudices towards Black and minority ethnic members of the team are mainly based on physical appearance, not on migration status
- Additional personal commitments, such as caring for dependants or financial responsibilities seem to have a positive effect on career and organisational commitment and a negative one on stress

Migration positively affects:

- Individuals' motivation to work as part of wider resettlement and attempts to regain independence
- The migrants' desire to develop professionally
- The migrants' appreciation of supportive and respectful relationships at work

Some migrant nurses face exclusion when accessing employment in Britain and the following issues are apparent:

- Employers' unfamiliarity with immigration and work permit processes
- Differences in professional nursing qualifications compared to other countries
- Differences in practical day-to-day nursing duties and professional status compared to other countries
- Colleagues' prejudices or racist attitudes which were primarily based on ethnicity, not migration status
- Lack of English language ability which stressed exclusion by marking out different sub-groups of migrant nurses
- Differences in culture and gender norms complicating integration
- The experience of negative work-related feelings during early stages of the integration process, such as feelings of isolation, despair, loss of self-worth
- Relationships with their supervisors or mentors with some showing respect towards the stranger while others passed judgment on the migrants' past experience based on them being 'different'
- Entering work leads to a process of transition and re-definition of behavioural and contextual norms for the individual

Even though all sub-groups of migrants lose familiar points of reference and have to adjust to their host country's cultural norms, for refugees the psychological process seems more complex with no opportunity to return should integration fail.

Integration

The first stepping-stone in the progression towards integration relates to migrant nurses gaining access to a supervision placement. With a shortfall in places, many internationally qualified nurses, particularly those who come to Britain independently of recruitment agencies, have to accept a place in any nursing discipline regardless of their previous speciality or future ambitions. To achieve registration with the Nursing and Midwifery Council as a nurse in Britain is an important milestone on the road to integration. Accomplishing this gives migrant nurses a boost which affects their personal as well as their work-related identity. This is particularly significant among refugee nurses who have limited alternatives.

This summary of migrants' integration focuses largely on relationships at work which not only form important milestones along the journey of integration, they also act as a mediating factor between the individual newcomer and the organisation. For migrant nurses key relationships are with:

- a) their colleagues
- b) their mentor and
- c) other supervisors and managers

Interpersonal relationships at work are one of the most important motivating or de-motivating factors during the migrants' integration process and therefore relationships form an important component in achieving organisational capacity which relies on individual contributions. Relationships at work present one important aspect of intrinsic motivation, as they convey support,

acceptance, respect, dignity, but also unfairness or prejudice, thus encouraging or blocking integration into British employment.

Relationships with colleagues show distinctions depending on the status of colleagues, such as the level of their nursing qualification. While many fully registered nurses are reported to be understanding and supportive of migrant nurses, some of the agency nurses may feel, unjustifiably so, more threatened in their job security. Being ignored, bullied or approached with sarcasm by colleagues leads to feelings of isolation and exclusion among the migrants. This is enhanced by verbal cross-cultural communication problems which can exacerbate existing prejudices.

Relationships with mentors seem to indicate that these are either very positive or quite negative. On the whole there are few balanced reports about this important relationship, which is key to the integration process, as the mentor recommends internationally qualified nurses to be registered with the Nursing and Midwifery Council. Negative reports about mentors include inadequate one-to-one interaction and insufficient time spent with the mentor, with some nurses not having met their mentor at all. Shift patterns and too much pressure on the mentors' time, as well as some not being prepared to work with minority ethnic nurses, complicate this relationship. In some cases where migrants have a demoralising relationship with their mentor, other staff members take on a mentoring role, introducing the nurse to unfamiliar aspects of work. On a positive note some migrant nurses compliment their mentors for

being supportive, putting themselves into their situation and facilitating access to documents and personal development.

Relationships with other supervisors show similar polarities with relationships either being encouraging, supportive and empowering or distressing and demoralising. Supportive relationships with at least one other member of staff, mostly a senior colleague, ease the migrant nurse's integration and therefore foster identification with and commitment to the organisation, thus also enhancing feelings of job satisfaction and general well-being at work.

Relationships can convey support, acceptance, respect and dignity, but they also produce negative images, such as lack of cross-cultural sensitivity or prejudice. Work-related emotions extend into the personal sphere with positive experiences at work enhancing self-worth with associated feelings of 'happiness', of 'being accepted', 'liked' and 'trusted', all contributing to self-identity. Part of workgroup and organisational identity rests on 'being liked' or being part of an 'in-group'.

The way migrants are met by colleagues either reinforces their strangeness and otherness, leading to exclusion or encourages their integration as an appreciated equal, despite being different.

- The individual journey of migrant nurses, including refugee nurses, needs to be regarded with respect and trust, so that motivation can result from relationships as well as the tasks themselves, ensuring integration and personal well-being

- For refugee nurses the integration into work is a fundamental step in rebuilding their lives
- Relationships at work and in particular the migrant nurses' relationship with the assigned mentor or another supervisor are an important factor in assisting integration by making the newcomer feel welcomed or a burden to others
- Relationships present a bridge between the 'stranger' and the institution
- Poor relationships convey feelings of inferiority and insecurity
- Positive relationships convey value and respect
- The initial introduction of the newcomer to existing team members is important as positive introductions are associated with positive socialisation

A range of emotions, influenced by relationships at work, marks the journey towards professional integration. Work-related feelings symbolise a progressive journey towards integration with negative feelings frequently expressed during the early stages of employment in Britain and positive ones following professional recognition. In the early stages of employment migrant nurses can feel: *'bad', 'hurt', 'suffering', 'discouraged', 'met with hostility or prejudice'* and *'excluded as result of language problems'*. Following registration with the Nursing and Midwifery Council migrant nurses commonly experience more positive work-related emotions, such as feeling *'confident', 'happier', 'liked' and 'trusted'*.

- Work-related emotions can act as an indicator of successful integration
- Intrinsic motivation is linked to individual and work-related identities and encouraged by supportive relationships at work
- Perceptions of fairness or support are aspects of intrinsic motivation and a range of human needs were met through successful employment experiences

Generally where individuals' commitment to the profession is more important to them than commitment to the organisation, employees may choose to change employers in order to advance their career. At the same time as being committed to career development, migrant nurses who have come to Britain independently also express great loyalty to the organisation that supports their supervision. This is partly due to the fact that they are already settled.

Personal identities, such as caring responsibilities for dependants or financial responsibilities outside Britain, seem to be positively relate to the migrant nurses' commitment to the organisation and to their overall well-being at work. Even though these types of commitment may be based on a continued need to be employed in order to meet financial burdens, there is no indication that these nurses were unhappy at work or exercised less effort.

Contribution and diversity management

For some of the migrant nurses unfamiliar rules seem to undermine their professional confidence, making it difficult to contribute, sometimes out of fear of litigation. But with gradual integration, feelings of confidence return

accompanied by feelings of being trusted by patients and colleagues. Examples of individual contributions include covering for colleagues, sharing past experience, being supportive and caring towards team members, contributing cultural and language knowledge to help patients and being engaged in organisational citizenship behaviour. The experiences of the day-to-day working lives of migrant nurses show that the managers' attitude towards them and a general willingness to explore new ways of working are key precursors to the contribution of capabilities towards organisational capacity.

Some managers compliment migrant nurses on their maturity, strong motivation and emotional strength, but they also indicate that direct international recruitment is only a short-term answer to capacity problems whereas the integration of migrant nurses already living in Britain are a favourable alternative. Yet, some managers may still be apprehensive to proactively support internationally qualified nurses who had come to Britain independently of recruitment agencies.

With varying concepts of organisational effectiveness, which may incorporate 'in-role' or 'extra-role' performance, such as organisational citizenship behaviour, the causality of work-related commitment having a direct positive affect on overall organisational performance is so far not empirically clear. Moreover, a 'sense of belonging' and 'of identification' can affect job satisfaction which is positively related to extra-role performance. However, claims that 'happy workers' work harder overall seem misconceived, as they

over-simplify the argument³. Thus a 'happy worker' can make a positive contribution to the capacity of the workgroup by contributing to the creation of a positive, productive atmosphere. Yet job satisfaction is viewed as the fit between expectations and actual experiences at work and employees who are motivated seem more prepared to contribute to the organisation and make suggestions for improvement⁴.

Policy implementation, such as equal opportunities together with the experiences of working relationships with supervisors, managers and the work-team contribute to a working atmosphere in which newcomers feel able to identify with British nursing approaches and gain confidence to contribute skills and knowledge. Work-related identities fostered through constructive management support, viewing diversity as an asset, can translate into individual nurses committing to the workgroup and/or the organisation and experiencing positive work-related feelings.

To address inequalities in the way Black and minority ethnic employees are treated at work, equal opportunities policies, even though an important step in the right direction, are insufficient in themselves as in some cases day-to-day practices indicate exclusion. Like many British-trained nurses, few migrant nurses would resort to the official complaints procedures or consult members of the human resource teams when they encounter difficulties. Thus the implementation of such policies requires the thoughtfulness and willingness of individuals in managerial positions to be fair and overcome their own prejudices. Even though racism is not always explicit, it can still be inherent in

the way some individuals exclude others on the basis of ethnicity in everyday working life. Demographic variables, such as organisational statistics on diversity, cannot replace the psychological processes that individuals have to go through in order to integrate⁵. It takes time and effort to establish new identities on levels that go deeper than skin colour.

It also has to be recognised that some approaches to equal opportunities implementation can lead to tensions with existing organisational culture and individual attitudes if nurses are promoted not on the basis of tenure, as was done in the past, but on the basis of an individual's capabilities; regardless of his or her ethnicity or migration status. Morris⁶ refers to such considerations which are based on a view of integration as a two-way process, in which strangers are appreciated for who they are, despite being different. While agreeing with this view, this book asserts the complications related to implement such values in practice:

- There are crossing points between personal identities, skills and ambitions and aspects of workplace identity, opportunities and management style
- Processes such as team building and work-related communication are influenced by management style and policies and can be improved
- Migrant nurses appreciate managers trying to put themselves into their shoes, offering individual support if required, expressing respect and empathy towards the individuality of migrant nurses, making them feel appreciated and valued

- Because of their dedication to the organisation that supports their access to employment and because of their strong professional identity a high proportion of migrant nurses are determined to develop their careers
- Differing cultural patterns are reflected in explicit and implicit norms as well as the behaviours and values within organisations. For some the procedures in the NHS can seem inflexible and bureaucratic in stark contrast to their past experience, making it difficult to contribute effectively at the beginning of their integration period
- This can be minimised through diversity training for staff or attention being paid to diversity issues during the induction process
- Benefits of successful integration are job satisfaction for the individual and their intention to stay with the organisation, thereby addressing the retention problem in the NHS
- There is evidence to substantiate the positive effect of job satisfaction and positive work-related emotions on individuals' willingness to make a contribution to the wider organisational objectives

Migrant nurses are adding insightfulness and maturity to existing work teams through:

- Their personal stories
- Their past clinical experience
- Their ability to speak languages shared by some Black and minority ethnic patients
- Their understanding of non-British cultures

- Their personal strengths, including maturity, emotional strength, resilience to cope under pressure and leadership abilities

The previous chapters make clear that the employment of minority ethnic nurses and particularly migrant nurses needs to be carefully managed in order to achieve successful integration. Management practices that consider and value diversity among individuals and encourage the individual migrant nurse, not only benefit them through experienced job satisfaction, but also the organisation, as nurses are inclined to stay with the organisation or profession. The following are some of the management issues:

- The employment of migrant nurses who migrate independently to Britain add considerable diversity to work teams and managers need to be aware of the impact on group relationships
- To motivate members of a diverse work team quality time needs to be invested in communication structures in order to avoid misunderstandings and increase feelings of mutual acceptance
- Sensitive and respectful one-to-one communication is a key area of concern to the nurses

Successful diversity management goes beyond equal opportunities policies and reflects in day-to-day relationships and procedural fairness in the way migrant nurses are treated in comparison to British-trained nurses. Once the management of individuals who are different, is addressed, the successful management of diversity contributes to address the following economic issues which are currently of concern to health care providers in Britain:

- The employment of Black and minority ethnic nurses makes NHS Trusts in London more reflective of the community they are serving
- The employment of migrant nurses who migrated independently contribute to address recruitment issues and save on agency costs
- The employment of this sub-group of migrant nurses contributes to address retention issues in the NHS as many independent migrants firstly, show a desire to stay with the organisation that supports their integration and secondly, have few plans to leave Britain

The book contributes to existing knowledge by showing that positive socialisation during the early stages of the employment relationship and open, respectful communication structures can break down barriers and prejudices among demographically different individuals. Within a supportive environment, one-to-one encounters between ethnically and culturally different individuals highlight deeper-level commonalities, which are often not explored as most people spontaneously act upon surface-level differences, such as age, skin colour or dress code.

Thus people-centred management is fundamental to capacity building. Where human interactions are managed with consideration for individual needs, individual newcomers can feel empowered and experience greater motivation to contribute at work. In turn the organisation benefits through nurses positively interacting with other members of the work team, showing engagement with work and a desire for professional development.

Table 10.1 summarises the findings on features of workplace integration as seen from the perspectives of the individual migrant nurse and then the organisational managers. This provides an overview in relation to sub-groups of internationally qualified nurses.

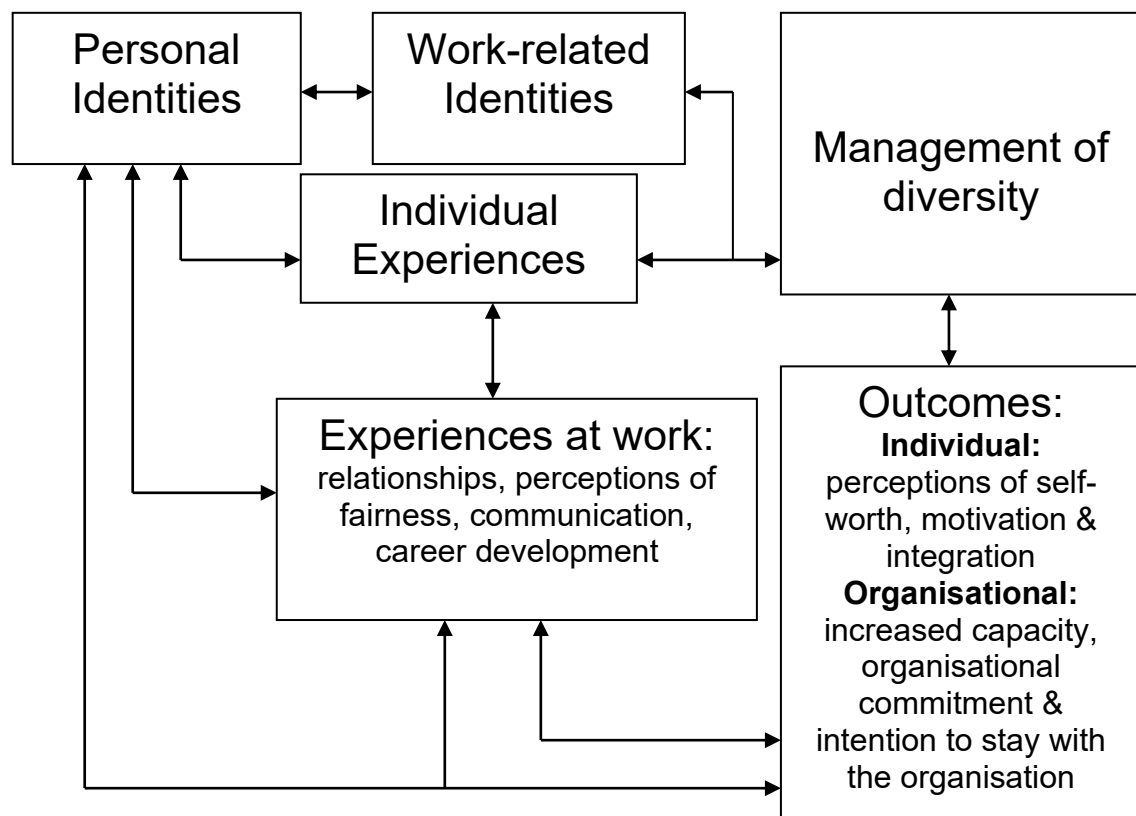
Table 10.1 Stages and measures of integration into employment

Groups of migrant nurses	Access to health care employment in Britain	The employment of migrant nurses		
		<i>MOTIVATION</i>	<i>INTEGRATION</i>	<i>CONTRIBUTION</i>
All migrant nurses who have migrated to Britain independently	<ul style="list-style-type: none"> <input type="checkbox"/> English language requirement (IELTS test) <input type="checkbox"/> Learning about the British health care system, regulatory bodies (NMC), government policies (DOH) <input type="checkbox"/> Lack of information about the procedures and process of applying for registration with the NMC <input type="checkbox"/> Personal issues, family commitments, housing, especially in London <input type="checkbox"/> Cultural and psychological issues <input type="checkbox"/> Danger of abuse by unregulated health care employers <input type="checkbox"/> Lack of awareness of rights in Britain <input type="checkbox"/> Delays in applications for registration being processed <input type="checkbox"/> Lack of supervision placements 	<p>Exclusion due to differences</p> <ul style="list-style-type: none"> <input type="checkbox"/> Differences in qualifications <input type="checkbox"/> Differences in nursing ethic <input type="checkbox"/> Differences in gender norms <input type="checkbox"/> Lack of language proficiency <p>Exclusion due to experience of relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prejudices among lesser qualified colleagues, based on ethnicity <input type="checkbox"/> Racism expressed by a few colleagues and supervisors <p>Additional pressures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caring responsibilities, especially female migrants <input type="checkbox"/> Isolation from family and support network 	<p>Relationships at work as motivating factor – positive emotions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mentor or supervisor very helpful <input type="checkbox"/> Offer of individual support <input type="checkbox"/> Expression of interest in the personal story <input type="checkbox"/> Offer of career development, promotion <input type="checkbox"/> Job satisfaction, feeling happy <p>Relationships at work as demotivating – negative emotions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Break down of the relationship with the mentor <input type="checkbox"/> Lack of support or respect <input type="checkbox"/> Lack of cross-cultural management experience <input type="checkbox"/> Miscommunication <input type="checkbox"/> Feelings of gloom and stress 	<p>Management of diversity - barriers or encouragements to integration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of understanding of diversity management <input type="checkbox"/> Lack of attention paid to workgroup socialisation <input type="checkbox"/> Prejudices based on surface-level diversity <input type="checkbox"/> Perceived unfairness regarding length of supervision period <input type="checkbox"/> Procedural fairness in the way equal opportunities are implemented <input type="checkbox"/> Value and respect of previous professional experience <p>Contributions to capacity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Language ability <input type="checkbox"/> Understanding of non-British cultures improving patient care
Directly internationally recruited migrant nurses	<ul style="list-style-type: none"> <input type="checkbox"/> Involvement of recruitment agency <input type="checkbox"/> Some type of employment guaranteed 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish independent roots, if a group of migrant nurses was recruited together to work in the same organisation 	<ul style="list-style-type: none"> <input type="checkbox"/> Supervision period pre-determined <input type="checkbox"/> Mutual support, as most arrive in groups of colleagues, recruited simultaneously 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduction and supervision period pre-planned <input type="checkbox"/> Lack of consideration of nurses' desires as to career development
Additional issues faced by refugee nurses	<ul style="list-style-type: none"> <input type="checkbox"/> Uncertainty related to immigration status <input type="checkbox"/> Lack of documents to prove 	<ul style="list-style-type: none"> <input type="checkbox"/> Personal problems related to migration identity <input type="checkbox"/> Need for additional support, 	<ul style="list-style-type: none"> <input type="checkbox"/> Due to experienced loss, particular to forced migration, the range of experienced 	<ul style="list-style-type: none"> <input type="checkbox"/> Refugee nurses personal adaptability to stress at work reported by a few managers

	<p>past training, qualifications and work experience – affecting supervision placement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty in obtaining references <input type="checkbox"/> Issues related to pre- and in flight experiences <input type="checkbox"/> Permanence of integration 	<p>flight interrupted employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employers' unfamiliarity with immigration procedures and documentation <input type="checkbox"/> Prejudices based on wrong understanding of asylum seekers 	<p>feelings can potentially be more far-reaching, reflecting loss</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Gratitude towards employing organisations as work expressed important stepping-stone within wider integration, expressed by some refugee nurses
Measures of successful integration related to research objectives				
<p>Individual measures of successful integration through personal identity & personal aspects of organisational effectiveness</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A work environment that values women, employees from minority ethnic groups and migrants, treating them fairly with respect regards recruitment, management and promotion <input type="checkbox"/> Appreciation of migration experience <input type="checkbox"/> Individual support from supervisors <input type="checkbox"/> Positive efforts to enhance communication among colleagues through careful teambuilding and socialisation 	<ul style="list-style-type: none"> <input type="checkbox"/> High commitment to the organisation as result of positive organisational identification <input type="checkbox"/> More positive (happiness) than negative (stress and gloom) work-related feelings, related to well-being at work <input type="checkbox"/> Increased self confidence and self worth <input type="checkbox"/> Relationships at work which convey acceptance, support, respect and dignity <input type="checkbox"/> Balance of extrinsic and intrinsic motivational factors 	<ul style="list-style-type: none"> <input type="checkbox"/> Personal job satisfaction which contributes to overall well-being, providing the basis from which to contribute <input type="checkbox"/> Promotion opportunities and support for career development <input type="checkbox"/> Constructive management of diverse teams <input type="checkbox"/> Implementation of equal opportunities reflected in procedural fairness <input type="checkbox"/> Supportive supervisor taking personal circumstances into account <input type="checkbox"/> Feeling equal and accepted, thus integrated 	
<p>Organisational measures of successful integration through organisational capacity building</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cohesion among diverse workgroups <input type="checkbox"/> Appreciation of individual capabilities <input type="checkbox"/> Diversity reflecting the local community, enhancing credibility among the public and patients <input type="checkbox"/> Cultural understanding by nurses improve patient well-being 	<ul style="list-style-type: none"> <input type="checkbox"/> High levels of affective commitment to the workgroup and organisation <input type="checkbox"/> Staff exercising organisational citizenship behaviour <input type="checkbox"/> Staff feeling motivated to work reflecting in work effectiveness <input type="checkbox"/> Effective communication among diverse team members 	<ul style="list-style-type: none"> <input type="checkbox"/> Capacity reflected in the retention of nurses who gain registration in Britain <input type="checkbox"/> Nurses making positive contribution to the organisation, contributing to organisational objectives <input type="checkbox"/> Intention to stay with the organisation <input type="checkbox"/> Intention to apply past experience on behalf of the organisation <input type="checkbox"/> Being able to exercise innovation <input type="checkbox"/> Valuing and integration of past professional experience 	

The influence of personal identities on experiences of the workplace, which are central to individual contributions to organisational capacity, is summarised in figure 10.1. Aspects of personal identities affect how managers' act and how the working environment is experienced and evaluated. Mediated by relationships and emotions at work, this has implications for the individual as well as for the organisation.

Figure 10.1 Workplace experiences as bridge or barrier to contribution



Exclusion or inclusion in employment

Since the influx of migrants from Commonwealth countries after World War II, barriers to their integration, such as prejudices and racism have become more

explicit in management frameworks. Such policies however are not always effective in addressing individual attitudes.

This book makes a key contribution to the concept of social exclusion by showing that exclusion, based on personal characteristics, more commonly results from ethnic characteristics than from the individual migration journey. While individuals' motivations to migrate can be unclear, there are boundaries between migration, ethnicity and culture. Ethnicity is commonly defined by physical features and relates to surface-level diversity while the migration experience is a personal story, often withheld within the employment context. Yet, the journey of integration into employment forms a key aspect of resettlement.

Therefore being different and perceived as a 'stranger' by the majority culture is primarily based on external characteristics of individuals and can lead to prejudices. Such prejudices are based on preconceived ideas related to cultural stereotyping and set ideas of ethnicities. On the part of the migrant, feeling excluded in such a way prohibits any further interpersonal contact and sharing of 'self' with others. Social exclusion at work substantiates a 'them' and 'us' approach which disagrees with constructive management processes aiming at group cohesion, inclusion, equality and effectiveness.

Through sharing personal stories, meaningful one-to-one encounters emerge and the stranger becomes a person who becomes included as shared personal experiences bridge differences created by surface-level diversity.

Labelling individuals has social consequences at work, yet as a result of person-to-person contact between the newcomer, the migrant and colleagues or supervisors preconceived ideas of people take on a new significance, stressing the positive impact of constructive work-related relationships on social inclusion. Through supportive relationships at work the newcomer's face becomes a person, an individual with feelings and identities, able to integrate and contribute as a result of being welcomed.

Existing studies confirm only parts of this linkage with Perryman and Robinson⁷ showing that a supportive relationship with the line manager is a principal agent in achieving job satisfaction. Arnold *et al.*⁸ state that perceived lack of consideration by the boss towards employees caused job pressure and work-related stress. Due to the amount of time spend at work, work-related relationships and the social support network at work contribute to individual well-being and ease job strain.

With relational, interpersonal factors shaping team effectiveness, friction among some groups of colleagues raises concerns about the effectiveness of multi-cultural work teams. Staff can generally feel de-motivated if their workgroup is not cohesive, with colleagues being hostile or unsupportive towards each other, including newcomers. This stresses the role of managers have to play in pro-actively shaping the integration process of diverse work teams. A challenge to organisational managers is to sustain congruence between different individuals' personal identities and organisational aspects in order for employees to experience job satisfaction and motivation and for the

organisation to achieve its objectives. The individual nurse's relationship with the supervisor is key in this process, as supervisors are able to identify individual strengths and are also able to ease integration of the newcomer.

In occupations relying on interpersonal contact, such as nursing, effectiveness cannot be measured solely in numerical terms, it needs to take intrinsic work-related motivation into account by noting the contribution of relationships at work to create a positive atmosphere, valuing diversity among individuals. Therefore recruitment strategies should aim not just at increasing nursing numbers but also at increasing diversity with its related responsibilities for managers. Thus it appears essential to identify some of the motivating factors that are important to keep migrant nurses not only engaged in their profession but also assist their integration to progress from being a stranger to becoming part of an in-group. If such a concept applies to nurses, the same principles could also be applicable to other occupations.

Existing *gender norms* in Britain contrast with those with which migrants are familiar and affect their integration into the workplace. Even though worldwide the majority of nurses are female, it is documented in existing studies that the number of Black and minority ethnic females in leadership positions is comparatively small. This confirms Davies⁹ who said that nursing is viewed commonly as an extension of women's caring role at home, one that is undervalued. However, there are concerns that existing gender differences in British employment may make it doubly difficult for female nurses from Black and minority ethnic backgrounds to progress in their careers, as for them

gender discrimination can be compounded by racial discrimination. Existing empirical studies show evidence that female employees are disadvantaged with regard to promotion into more prestigious and better-paid positions compared to males ones¹⁰. A limitation on promotion opportunities would have serious consequences for the intrinsic motivation of migrant nurses, reinforcing existing retention and effectiveness problems for NHS organisations.

Refugees as one sub-group of international migrants get categorised together with other groups of independent migrants who came to Britain for economic, career or family related reasons. Since the Geneva Convention is difficult to implement and does not define the term 'persecution' clearly, what constitutes a refugee needs to be revisited. The European Union produced a joint position 96/196/JHA on the harmonised definition of the term 'refugee' in Article 1 of the Geneva Convention of 28 July 1951 relating to the status of refugees¹¹. The distinction between 'forced migration' and other motives to come to Britain offers only a crude differentiation, but one with far-reaching practical consequences. Closer co-operation between employers and the Home Office is required to review the existing process. Regulations for applications for asylum are contained in the Immigration and Asylum Act 1999 and the Nationality, Immigration and Asylum Act 2002. Should an asylum seeker be refused asylum there is a right to appeal. In addition to a right to appeal for asylum, it may be possible for immigrants to be granted 'humanitarian protection' (previously known as exceptional Leave to Remain) and to remain in the country for a limited period.

The process of seeking a permanent immigration status adds to the complications faced by migrants upon arrival in Britain. Most refugees from developing countries usually travel to a neighbouring country, in hope of return to their homes. It is rare for them to move on and then be granted asylum in a Western country. UNHCR-led resettlement programmes may provide an alternative for refugees to illegal migration to Britain. Currently UNHCR has a quota of resettling 100,000 refugees into mainly Western countries, however only a quarter of this is actually being used.

There seems to be conceptual confusion about the term '*integration*' as used by the Home Office as objectives are unclear and it is difficult to measure the success of integration. Structural government-led forces appear to include minority groups into what is viewed as mainstream society. Such approaches are often based on the expectation that the stranger will take on board common customs, traditions and ways of life. Policies on citizenship training and tests are based on such a model of assimilation. Yet for integration to be successful it has to be seen as a two-way process accompanied by mutual learning and openness to change.

Firstly, attention has to be paid to the socialisation period during the early stages of the journey towards integration into employment. Kanter¹² confirms the importance of giving careful consideration to the initial introduction period when newcomers join an existing team. The achievement of workgroup cohesion among diverse teams can strengthen individuals' job satisfaction

and commitment to organisational objectives, which form part of the experiences of employment as the journey progresses.

Secondly, empirical knowledge of diversity in workgroups enhancing innovation, provides a challenge to common organisational practice. Instead of assimilating newcomers into existing practices, mutual sharing of past experiences could contribute to more effective approaches as different ways of achieving objectives are discussed. Individuals feeling valued by supervisors and colleagues strengthens their self-esteem and enables them to have a say. Once the interpersonal relations among diverse team members are managed well, their understanding of each other can contribute to address underlying prejudices and release individual capabilities. More attention to the day-to-day management style could create a work environment in which migrants feel motivated, free to contribute and contented to stay long-term. This then contributes to addressing retention problems as a result of poor job satisfaction.

Thirdly, in relation to the concept of social exclusion, the 'other' takes on different meanings for different individuals and ethnic groups. The experiences of resettlement and integration are results of personal characteristics, calling for each newcomer to be treated as an individual. This should warn managers not to group all their 'minority ethnic' employees together as one seemingly homogenous group. With attitudes of prejudice and racism being detached from skin colour and ethnicity, promoting equality

needs to challenge the concept of viewing individuals from minority ethnic backgrounds as 'victims'.

The extent to which colleagues and supervisors perceive individual diversity as an asset, rather than expecting the stranger to take on board the explicit behaviour of the majority culture, influences integration and subsequent ability to contribute. As a result management focus should be on both, equal opportunities policies and on training and equipping managers to implement these more effectively as part of workgroup socialisation.

Even though organisations are collecting information on their employees' ethnic background, the fluidity of the 'ethnicity' term is not reflected in such statistics. Liff¹³ questions whether diversity initiatives and equal opportunities monitoring can address underlying issues of institutional discrimination based on gender or ethnicity. 'Diversity guidelines' as published by the Royal College of Nursing and Midwifery¹⁴ may therefore not only clash with ongoing practice but also fail to address underlying attitudes. These include the following: making diversity and equality central to strategic business planning, investing in cultural awareness training, understanding the importance of diversity, ensuring compliance with best practice guidelines, monitoring and evaluating the impact of policy and business decisions on equality and diversity.

The effective management of a diverse workforce cannot be monitored through statistical feedback on age, gender, disability, health, sexual orientation, ethnicity and religion. Managers need to look at the relational

aspects of the work environment and at feedback that individual nurses give about their day-to-day working experiences, which can offer a valuable picture of the implementation of human resource policies.

The book shows how migrant nurses struggle to integrate as they face institutional hurdles. Unfamiliar nursing tasks and standards, including patients' rights can be important, but also intimidating to newcomers. Even though the unfamiliarity eased throughout the integration process, NHS organisations could benefit from recognising and valuing the experiences and skills among migrant nurses, even where these differ from what NHS managers view as important. A midwife who has learnt to work safely without electronic monitoring of the baby's heartbeat will benefit from this technology, which is standard practice in British hospitals, but her clinical skills are probably better developed because she learnt to work safely without the technology. The Refugee Council clearly states that refugees' contributions to employment need to be recognised and some should become role models:

*'Positive contributions refugees make in the economic, social and cultural life of Europe must be recognised... in the sphere of employment refugees must be visible as role models.'*¹⁵

In order to develop confidence among new members of the work-team, it is important to acknowledge the scope of their previous experience and to treat them with dignity and respect, thus creating an environment of trust in which the nurses can develop and contribute to the overall organisation and its culture. Consequently, it is argued that managers can actively foster the

process of migrants contributing their skills to the overall organisation through the building up of trust and the appraisal of individual contributions. This requires managers to be open to change and to invest in finding out how to relate to and motivate individual staff members.

Ultimately individually perceived motivation and well-being need to produce outputs that can be assessed against organisational objectives, such as clinical patient care and working effectively alongside other colleagues as stressed by Miller. Focussing on aspects of the journey towards integration, the links between management support, work-related emotions, individual capabilities and organisational capacity are strengthened.

In order to encourage nurses into employment, additional practical support considered by some NHS Trusts includes initiatives such as flexible working policies, child-care facilities and the provision of family-friendly accommodation. Some of these policies are supported by employment legislation and to implement them can have a positive impact on employee retention¹⁶. For example the Low-Pay Commission sets a national minimum wage and the Employment Bill of 2002¹⁷ gives parents the right to request flexible working arrangements from their employers. Employment Act 2002, which came into effect on the 6th of April 2003. Section 80 sets out conditions under which an employer is allowed to refuse requests for flexible working¹⁸.

Reports from working mothers show that the cost of childcare often barely makes it economically worthwhile to work, drawing attention to extrinsic

motivation, yet the research linked such family responsibilities to increased work-related commitments.

The continued lack of recognition of migrants' contributions to British organisation remains a key issue, highlighting the importance of more research to strengthen the correlation between immigration status and workgroup cohesion. This is something that has not yet been studied, even though studies have looked at the effects of other aspects of diversity on group processes¹⁹. Further assessment of the journey of progression towards integration would benefit from longitudinal research to determine promotion opportunities and career progression.

In conclusion integration should not be a process of assimilation, but one of mutual respect with implications for organisational managers and the individual migrant. The integration of migrant nurses into British employment, therefore, relies on a successful merger of organisational objectives and how they are reflected in day-to-day practice of work-related relationships and individual identities, motivators and capabilities.

Concluding remarks

Tracing the journey of migrant nurses' motivations to come to Britain, their experiences of integrating into health care employment and views on the contribution they are making sheds light on migrant working. The exploration of migrant nurses in Britain contributes to the understanding of the workplace integration, viewed as a two-way process and show that individual motivation

can be fostered by constructive cross-cultural management. Thus successful workplace integration firstly benefits the individual through job satisfaction and individual well-being, something that applied to all groups of employees. Secondly in addition to increasing the number of skilled employees, the organisation gains a range of contributions expressed through a diverse workforce and where migrants come for non-work related reasons, they help address long-term retention problems.

The journey of integration continues to remain a problematic one: while migrants reports contain positive experiences of genuine appreciation of the 'other' they also highlight an urgent need to address underlying attitudes of prejudice which remain, affecting relationships and leading to the exclusion of migrants within the social context of work.

Yasmin Alibhai-Brown, herself a refugee from Uganda, illustrated the difficulties faced by new arrivals in the following comment:

*'The reason so many more asylum-seekers and economic migrants are coming here is not because the country is a 'soft touch' but because people can see what immigrants have accomplished here in spite of racism.'*²⁰

However, any obstacles to integration are not just a consequence of racism, but also a lack of awareness or unwillingness among some to notice the plight of strangers. Even though for centuries migrants have set up their homes in Britain, the contributions they have made and continue to make are not

always noticed or accredited to them. Emotive views of the current immigration debate do not consider the capabilities that migrants contribute to organisational capacity and society in general.

For centuries the successes of migrants' journeys of integration have left their little noticed mark in history and it seems fitting to place the current experiences of migrant nurses within this wider historical context, ending with some stories of accomplishment:

- *1685-1700 The Huguenots – their contribution to British society is still evident today. Seven of the twenty-four founders of the Bank of England were Huguenots. Huguenot midwives and doctors had an impact on healthcare.*
- *1933-1939 Jewish Refugees – Jewish refugee businessmen were successful in developing interests in the depressed North of the country while in London the textile industry expanded due to their input. Thorn Electrical Industries was established by Sir Jules Thorn, an Austrian Jewish refugee. Doctors and (fewer) nurses had a significant impact on healthcare, for instance in the field of mental health care provision.*
- *1939-1950 Refugees from Communism – 250,000 Polish refugees contributed to building houses, filling labour shortages and laying the foundations of British post-war society.*

- *1973-1979 Chileans – Carlos Fortin was among 3000 Chilean refugees and became head of the Institute of Development Studies in Sussex.*²¹

The above examples show that, over the centuries, all of these migrants filled gaps in the labour market and made a contribution to British organisations. Greater awareness of the current and historic examples of such contributions made by migrants should ease people's fears of being swamped by strangers. Contrary to public opinion most migrants, including asylum seekers and refugees are not asking for pity and looking for handouts, but an opportunity to either rebuild or better their lives. The question has to be asked why wealthy countries like Britain which is hosting only 1.98% of the world's refugees²² operate a policy that aims to stem migration if some of the poorest countries are left with the burden of massive refugee inflows²³.

Calls for managed migration, aim to tackle abuse of the immigration system by addressing illegal immigration while opening doors to highly skilled migrants. Such approaches seem short sighted as much of the country's economy depends on migrant labour. However, this view is not shared by the majority of 15-23 year olds' 58% of whom think that migrants are not making a positive contribution²⁴ and such attempts of managing migration exclude refugees who have no way of legally accessing safety in Britain²⁵.

The book ends with this quote from a leading Anglo-Jewish Rabbi which challenges not only hostility but also apathy towards the stranger. Speaking from personal experience, this is his petition:

'How you are with the one to whom you owe nothing, that is the grave test... I always think that the real offenders at the halfway mark of the century were the bystanders, all those people who let things happen because it didn't affect them directly. I believe that the line our society will take in this matter on how you are to people to whom you owe nothing is a signal. It is a critical signal that we give to our young, and I hope and pray it is a test we shall not fail.' (Rabbi Hugo Gryn, Refugee Week, 2002²⁶)

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