

Internationally qualified nurses' perspectives on transitioning specialty skills within Australia: A content analysis

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Abstract

Aim: To explore internationally qualified nurses' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia.

Design: The study utilised a descriptive research design with a cross-sectional survey. Data were collected from July to September 2022.

Methods: A self-designed survey was distributed through social media, snowballing and nursing professional organisations. The survey included six open-ended questions which were analysed using thematic content analysis.

Results: Sixty-three participants completed the open-ended questions in the survey. The findings identified a range of facilitators (support, previous experience, self-agency) and barriers (systems barriers, bias/discrimination, being undervalued, lack of trust) to skill transition.

Conclusion: Recognising and addressing facilitators and barriers, coupled with creating customised pathways for specialty skill integration, are essential for optimising the utilisation of specialised skills in internationally qualified nurses.

Impact: This study aims to explore the barriers and facilitators involved in maximising skill utilisation among internationally qualified nurses in Australia. Identifying these barriers and facilitators is essential for improving patient care, as it will guide the development of strategies for safe nursing service delivery and the optimisation of skill usage. These findings hold significant implications for policymakers, health-care organisations and nurses, providing valuable insights into how to address these obstacles and capitalise on the factors that make skill transfer smoother and more effective.

Patient or Public Contribution: Sixty-three internationally qualified nurses shared their experiences and opinions.

KEYWORDS

nurse specialty, nursing expertise, nursing practice, nursing workforce, public policy, skill utilisation, specialisation

The authors have checked to make sure that our submission conforms as applicable to the Journal's statistical guidelines.

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1 | INTRODUCTION

Healthcare systems around the world are facing escalating difficulties in recruiting nurses to meet their demands. Approximately 77% of developed nations are grappling with shortages of nurses, (Smith et al., 2022). To achieve the United Nations' health-related sustainable development goals by 2030, an extra 9 million nurses and midwives are needed (United Nations, 2022). The gap between nurse supply and demand has led to a recruitment shortage. This is linked to factors like an ageing population, retiring experienced nurses, rising demand due to the ongoing COVID-19 pandemic, and workforce attrition (Doleman et al., 2022). In Australia, for instance, the pandemic has prompted approximately 20% of essential workers, including nurses, to contemplate leaving their positions (Smith et al., 2022). Additionally, despite the growing number of available nursing positions, there has been a 26% decline in Australian nursing graduates accepting roles within 6 months of completing their education (Doleman et al., 2022).

In developed countries, the role of internationally qualified nurses (IQNs) is of great significance within the healthcare workforce. These countries increasingly rely on recruiting nurses from developing nations to meet their nursing needs, resulting in a substantial dependence on immigration (Kurup et al., 2022). As a result, IQNs play a significant role in the healthcare workforce, particularly in major English-speaking countries (Kurup et al., 2022). In Australia, an IQN is defined as a registered nurse who obtained their nursing qualification from a country outside Australia and subsequently immigrated, (Australian Nurses and Midwifery Accreditation Council, 2016). In 2019, IQNs comprised 35.3% of the total Registered Nurses (RN) workforce in Australia. This pattern of employing IQNs was also evident in other nations like Singapore, Switzerland, Ireland, Canada and the United Kingdom (UK) (Organization for Economic Cooperation and Development, 2019).

2 | BACKGROUND

The shortage of nurses possessing specialised skills has significant repercussions within healthcare systems. These consequences encompass delayed diagnoses, postponed surgical procedures, and challenges in managing care demands, especially in specialised settings like paediatric emergency departments (Royal Children's Hospital, 2022). Developed countries have increasingly relied on foreign recruitment to address the scarcity of specialised nurses. Many IQNs bring with them valuable specialised nursing expertise and knowledge (Carter, 2010). These skills are particularly in demand in specialised areas such as intensive care units, cardiology, respiratory care and renal care (Ressia et al., 2017).

Specialisation in nursing has been established for nearly four decades and is practised in more than 70 countries, both developed and developing (Carter, 2010). A specialist nurse is defined as a nurse holding a current generalist nursing licence and having

completed an educational program meeting the criteria for specialised nursing practice (World Health Organization, 2020). These specialist nurses possess unique critical thinking abilities and skills specific to their area of expertise (Carter, 2010). The path to becoming a specialised nurse typically involves additional education and training beyond the general nursing licence in developed countries. This includes completing a postgraduate degree or certification in a specific area of nursing, gaining extensive clinical experience, and sometimes passing a specialty certification exam (Japanese Nursing Association, 2023). In developing countries, specialist nursing is often associated with years of experience in a particular department and hospital-based training and may not necessarily require a postgraduate degree (Kerala Public Service Commission, 2021; Stephen & Vijay, 2019). Either way, specialist nurses are characterised by their advanced clinical knowledge, critical thinking skills, ability to manage complex patient care situations, and proficiency in using specialised medical equipment and techniques (National Association of Clinical Nurse Specialists, 2023).

Effectively transitioning and utilising the specialty skills possessed by IQNs in the host country is a complex process. Challenges arise in identifying their specialty qualifications and skills and in recognising their initial qualifications. This can result in the underutilisation of their specialised skills, working below their proficiency level, and a potential loss of skills among IQNs (Kurup et al., 2022). This underutilisation of specialised skills among IQNs can lead to adverse patient outcomes, decreased efficiency (Ressia et al., 2017) and further shortages of skilled professionals in specific nursing fields.

Despite the ongoing trend of nurses migrating from developing to developed countries, there remains insufficient recognition of how to leverage their specialised skills effectively. With the increasing global demand for nurses and the growing need for specialty nurses, especially in the aftermath of the COVID-19 pandemic, appropriately recognising the capabilities of IQNs becomes even more crucial to meeting patient needs. This study aims to explore IQNs' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia.

3 | THE STUDY

3.1 | Aim(s)

To explore IQNs' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia.

3.2 | Objective

To gather the perspectives of IQN on the process of transferring IQN's specialty skills to Australia after immigration.

3.3 | Research question

How can IQN's specialty skills be transferred to developed countries' health systems after immigration?

4 | METHODS

4.1 | Design

A descriptive cross-sectional online survey of an explanatory nature was employed to provide an understanding of the challenges and facilitators linked to the transfer of IQN's specialised skills into the Australian healthcare system following their immigration.

4.2 | Study setting and sampling

Participants in this study were recruited using a purposive sampling method. The setting for this study encompassed all of Australia. The survey was distributed through various channels, including social media groups, snowballing, and discussion forum posts within the Australian College of Nursing community. To reach potential participants, recruitment advertisements were posted in relevant Facebook groups such as 'migrants in Australia,' 'skilled migrants in Australia,' 'nurses Australia,' and 'new humans of Australia.' These advertisements provided information about the research and the criteria for inclusion. Interested individuals who wished to participate were directed to the survey through a link provided in the advertisements. To ensure that participants met the eligibility criteria, they were required to confirm their qualifications after reading the standardised introduction on the survey website.

The survey was active from July to September 2022. During this time, the recruitment advertisement text was renewed every 2 weeks on both social media platforms and the discussion forum of professional organisations. Participation in the study was entirely voluntary. Given the exploratory and qualitative nature of this study, a specific sample size calculation was not required.

4.2.1 | Inclusion and exclusion criteria

The study included participants who were IQNs with firsthand experience in transferring their specialised skills within the Australian healthcare system. Inclusion criteria mandated that participants were registered IQNs with the Australian Health Practitioner Regulation Agency (Ahpra), had been employed in an Australian healthcare setting for a minimum duration of 1 year, and possessed specialty skills acquired in their home country. Conversely, individuals failing to meet these criteria were excluded from the study, which entailed IQNs without current Australian nurses' registration, those lacking specialty experience from their home country, or those without a minimum of 1 year of experience working within the Australian healthcare system.

4.2.2 | Instrument development

This study represents Phase One of a broader investigation into the transfer of specialty skills among IQNs. The research is structured in two phases: Phase One utilises online surveys for preliminary data collection, while Phase Two will involve focus groups to delve deeper into the survey findings and address any ambiguities.

A self-designed survey was developed to collect the necessary data to address the research question. The formulation of survey questions was guided by insights gained from a comprehensive literature review on the utilisation of specialty skills among IQNs (Kurup et al., 2023). The final survey included 62 items divided into 6 segments: demographics (6 items), previous qualification questionnaire (8), current work setting (15), transferability of skills (3), facilitators to specialist skill use (15), and barriers to specialist skill use (15). Likert, open-ended, and multiple-choice questions were included in the survey.

The survey consisted of six open-ended questions designed to elicit detailed responses from the participants. Participants defined specialty nursing and compared their training to Australian-educated registered nurses, shedding light on differences in skill acquisition. Additionally, they identified facilitators and barriers to skill transition, providing insights into IQNs' integration into specialty roles (Table 1).

4.2.3 | Data collection

The survey was created and disseminated through the REDCap™ platform, and it remained open for responses for 2 months, specifically from July to September 2022.

It is crucial to determine the sample size for research data collection before conducting a survey to ensure accuracy, effectiveness and unbiased representation of results (Gentles et al., 2015; Low, 2019). A statistician was consulted to estimate the sample size for the survey, which was found to be 270 with a 90% confidence interval, based on approximately 107,019 constituting 35.3% of the total 303,000 registered nurses in Australia (Australian Government Department of Health and Aged Care, 2022; Kurup, Burston, et al., 2023) utilising Qualtrics Sample Size Calculator. Even though several recruitment strategies were employed to complement and address any shortcomings, practical limitations, such as inadequate

TABLE 1 Survey questions.

In your understanding, what is the definition of a specialty nurse or clinical nurse specialist?

What difference do you think exists between your nursing training and that of registered nurses educated in Australia?

In your view, are there other facilitators for specialty skill transition among IQNs?

Do you have any further comments on the facilitators in the skill transition?

In your view, are there other barriers to speciality skill transition among IQNs?

Do you have any further comments on the barriers to skill transition?

access to all potential participants, resulted in an adjustable sample size for the study. The study placed emphasis on obtaining high-quality responses rather than a specific number of responses, taking into account the availability and accessibility of the participants (Malterud et al., 2015; Polit & Beck, 2017).

4.2.4 | Data analysis

The study used content analysis, as explained by Jacob et al. (2021), to examine the open-ended questions. Responses were transferred to an Excel spreadsheet, where they were divided into meaning units or smaller sections, condensed and colour-coded. Two members of the research team independently coded each comment before comparing them to ensure consistency; a third investigator then reviewed this.

The high number of incomplete surveys may be related to this requirement and a perceived lack of direct benefit to the participants. To ensure data quality and completeness, participants were required to provide identifying details and answer at least half of the six questions.

Disagreements were raised and resolved through consensus-building conversations. Codes were then divided into categories and subcategories, which were further sorted and quantified by the category with the highest frequency to indicate the emphasis the participants gave to each category. In order to discover the patterns arising from the data, common themes among the categories were determined and reported.

4.2.5 | Ethical considerations

Permission from the university's Human Research Ethics Committee was obtained (REDACTED) prior to the research. The survey included a Participant Information Letter (PIL) that was provided via a link on the survey landing page. Participants were informed that their involvement was entirely voluntary and that they could withdraw at any time without penalty. Consent was obtained electronically through the survey platform, which was secure and ensured participant confidentiality.

To ensure the credibility, trustworthiness and rigour of the study, a comprehensive approach was undertaken. A rigorous pilot study was conducted, involving expert review and feedback from IQNs and academics, whose insights helped identify and rectify technical errors, establishing both face and content validity for the survey instrument. The pilot test also identified that completing the survey in full required at least 20min if participants filled out all columns with a minimum of two sentences each. An extensive literature (Kurup et al., 2023) and policy review (Kurup et al., 2024), informed the development of survey questions, ensuring their relevance and accuracy. The survey was pilot-tested with a representative sample to refine the questions further. No financial remuneration was offered to participants, reducing potential bias and enhancing the credibility of their responses. These measures collectively ensured the reliability and validity of the data collected, demonstrating a commitment to ethical research practices and high-quality, credible findings.

TABLE 2 Country of origin.

Country	n (%)
India	34 (54%)
United Kingdom	6 (10%)
The Philippines	4 (6%)
Nepal	4 (6%)
Pakistan	2 (3%)
Vietnam	2 (3%)
Canada	2 (3%)
Singapore	1 (3%)
South Africa	1 (3%)
Ireland	1 (3%)
USA	1 (2%)
Sri Lanka	1 (2%)
Denmark	1 (2%)
Germany	1 (2%)
New Zealand	1 (2%)
Nigeria	1 (2%)

5 | RESULTS

5.1 | Characteristics of the sample

One hundred and twelve unique attempts of the survey were commenced, of which 63 participants completed the open-ended questions in the survey. These 63 were selected because they completed the initial identification section and provided responses to at least three of the open-ended questions. A majority of the participants were female ($n=48$; 76%), with ages ranging from 18 to 64 years and an average age of 39.8 years. All states and territories in Australia were represented, with a quarter of participants from Queensland ($n=16$; 25%). Immigration to Australia occurred between 2011 and 2020, with 48% ($n=30$) of participants arriving in Australia between 2010 and 2020. Participants hailed from 16 different countries, as indicated in Table 2.

5.2 | The meaning of the term specialty nurses

Participants were asked to describe their understanding of the term 'specialist nurse'. IQN's understanding of the term revealed three prominent themes: Experience and expertise, Education and training, and Advanced Knowledge, Skills, and Scope (Table 3).

5.2.1 | Experience and expertise

Participants overwhelmingly associated the term 'specialist nurse' with both experience and expertise, reflecting a strong consensus that these roles are defined by extensive specialised knowledge and superior proficiency. They viewed specialist nurses as individuals

TABLE 3 Defining the term 'specialty nurses'.

Category	Code count (n = 60)/percentage of code count (%)	Theme
Experience and expertise	39 (65)	Experience and expertise
Training/tertiary qualifications	21 (35)	Education and training
Knowledge/skills	10 (17)	Advanced knowledge, skill and scope
Specialised	5 (8)	Advanced knowledge, skill and scope
Advanced practitioner	4 (7)	Advanced knowledge, skill and scope

who have accumulated their expertise through active practice in specific areas of nursing.

One participant clarified this view, stating, '... A registered nurse who is qualified and experienced in a particular specialty area' (IQN 2). This highlights that the designation of a specialist nurse is closely tied to their qualifications and hands-on experience in a focused field.

Another participant elaborated, '...Nurses who have experience in specialty wards like oncology and cardiology and more' (IQN 39). This comment emphasises that specialist nurses often possess extensive experience in particular clinical settings, further solidifying their role as experts within their specialty areas.

Overall, the consensus underscores that the essence of being a specialist nurse lies in their depth of experience and high level of expertise in their chosen fields.

5.2.2 | Advanced knowledge, skill and scope

The theme of advanced knowledge, skills and scope emerged prominently, illustrating the significant capabilities of specialist nurses. Participants emphasised that these nurses possess advanced practice capabilities, reflecting their depth of expertise and elevated responsibilities.

One participant described the role of an advanced practice nurse, highlighting their increased responsibility: 'An advanced practice nurse who assumes increased responsibility' (IQN 47). This statement underscores the advanced skills and expanded scope associated with specialist roles, which go beyond the general responsibilities of a registered nurse.

Another participant added, 'The ability to perform advanced practice nursing functions within a specialty area, with skills beyond that of just a registered nurse' (IQN 35). This comment illustrates how specialist nurses engage in complex and high-level tasks, showcasing their advanced practice capabilities.

Throughout the discussion, various terms such as 'specialised,' 'advanced practitioner,' 'scope of practice,' 'research,' and 'able to teach' were mentioned. These terms collectively depict the broad

and sophisticated nature of advanced nursing roles, emphasising the high level of expertise and comprehensive skills that specialist nurses bring to their practice.

5.2.3 | Education and training

Education and training were recognised as pivotal for clinical specialisation, underscoring their crucial role in developing specialist nurses. This theme highlighted the importance of structured education and training programs in preparing nurses for specialised roles.

Participants emphasised the need for comprehensive qualifications and expertise, as demonstrated by their comments. One participant stated, 'A post-graduate university qualification in the area of specialty is essential' (IQN 40). This reflects the importance of advanced education in gaining specialised knowledge and skills.

Another participant noted, 'A nurse who is well-trained and capable of teaching in their specialty brings invaluable expertise' (IQN 49). This underscores not only the need for specialised training but also the value of experienced nurses who can mentor and educate others in their field.

Overall, these insights affirm that robust education and training are fundamental in cultivating effective specialist nurses capable of meeting the demands of their roles.

5.3 | Difference in nursing training

IQNs were also asked to describe perceived differences in nursing training between their home countries and Australia, identifying four themes: Clinical Experience, Content and Duration, Educational Standards, and Scope of Practice (Table 4).

5.3.1 | Content and duration

Participants observed notable differences in the content and duration of nursing programs between their home countries and Australia. While some found similarities between their home curricula and Western curricula, others highlighted significant differences.

TABLE 4 Difference in nurse training.

Category	Code count (n = 52)/percentage of code count (%)	Theme
Educational content and length of degree	29 (56)	Content and Duration
Clinical placement/hours	24 (46)	Clinical experience
Education standards	9 (17)	Education standards
Scope of practice	8 (15)	Scope of practice

One participant remarked on the difference in program length, saying, 'The Australian nursing course is only three years, whereas ours is four years and includes both Registered Nurse (RN) and Registered Midwife (RM) components' (IQN 9). This comment highlights a fundamental difference in the structure and duration of nursing education between the two regions.

Another participant expressed concerns about the structure of Australian programs, noting, 'In my home country, the midwifery component includes delivering 25 babies in the third year. The Australian degree seems fragmented, with students able to leave and return at various times, which impacts the overall quality of nursing education' (IQN 52). This statement underscores the perceived fragmentation and flexibility of the Australian nursing program compared to the more integrated and rigorous training in their home country.

Additionally, a participant from the Philippines observed, 'In the Philippines, nursing education includes numerous units like pediatric, ophthalmic, medical, and fundamentals of nursing in a continuous and demanding process. Here, nursing education is often just one part of students' lives, which seems to affect their passion and, consequently, the quality of bedside care' (IQN 24). This comment reflects the intensive and comprehensive nature of nursing education in the Philippines compared to the perceived lesser emphasis on nursing in Australia.

These reflections highlight how variations in the content and duration of nursing programs can influence the preparation and effectiveness of nurses in different regions.

5.3.2 | Clinical experience

Participants highlighted a significant difference in clinical experience between their home countries and Australia. Many felt that the clinical training they received in their home countries was more extensive and hands-on compared to the perceived minimal clinical hours in Australia.

One participant noted, 'In my home country, nurses are trained with substantial clinical hours. Our nursing college was part of a hospital, and accreditation depended on having a hospital-based training program. We learned while working shifts, with clinical placements aligned with our academic subjects, such as cardiology placements during the cardiology course. To me, an online nursing degree with minimal clinical hours is like learning to swim online' (IQN 36). This comment emphasises the hands-on approach to training in their home country, which contrasts sharply with the shorter and less integrated clinical hours observed in Australia.

Another participant added, 'The clinical experience in my home country provided far more varied exposure to different wards, specialties, hospitals, methods, and approaches to nursing. It was much less parochial and offered better preparation for being a registered nurse' (IQN 19). This observation reflects a broader and more diverse clinical experience that was seen as more beneficial for overall nursing practice.

These comments underscore the perception that the clinical training in their home countries offered a more comprehensive and practical foundation compared to the training received in Australia.

5.3.3 | Education standards

When discussing education standards, many participants felt that the standards in their home countries were higher than those in Australia. This sentiment was reflected in their comments, which highlighted their perceptions of superior educational quality in their countries of origin.

One participant from Nepal noted, 'In Nepal, there is a 4th-year component focused on teaching young nurses and developing leadership and communication skills for managers. The Australian Bachelor of Nursing is only 3 years and includes fewer components' (IQN 26). This observation suggests a belief that the comprehensive training provided in their home country offered a more robust preparation for nursing practice.

Another participant emphasised their confidence in their home country's training system, saying, 'I strongly believe that the training in [home country] is better organised. Nurses are prepared for practice with a uniform curriculum and a state exam that includes practical, oral, and written components. From what I have seen in Australia over the past 8 years, I am very glad I had my education in [home country]' (IQN 21). This comment underscores a perception that the educational rigour and examination process in their home country was more thorough and effective.

A third participant simply stated, 'The education standards in [home country] are higher' (IQN 1), reflecting a strong belief in the superiority of their previous training.

However, it is important to note that a few participants did recognise the high standards of education in Australia. Some reported difficulties with having their nursing degrees recognised, while others mentioned that their home country maintained a specialised register for nursing, which might have influenced their perspective on educational standards.

5.3.4 | Scope of practice

The scope of practice for IQNs in Australia revealed notable disparities compared to their home countries, particularly regarding authorised duties and responsibilities. Participants observed that the limitations in their scope of practice were significant and often restrictive.

One participant pointed out the constraints by saying, 'There were major limitations to the scope of practice. For example, despite 25 years of experience regularly inserting both male and female catheters, I was told I was not qualified' (IQN 21). This comment highlights how extensive experience in certain procedures

did not necessarily translate to recognition in the Australian context.

Another participant noted differences in educational standards, stating, 'The Australian course is only 3 years, whereas ours was 4 years and included both RN and RM components' (IQN 19). This discrepancy in educational duration and content underscores the challenges faced by IQNs in having their qualifications and experiences fully recognised.

Further emphasising the disparity, another participant remarked, 'Our degrees were double degrees covering both RN and RM, but here, RM is either a specialty, a post-graduate degree, or a completely different degree' (IQN 38). This comment illustrates the differences in how nursing roles and qualifications are structured and recognised in Australia compared to other countries.

Overall, these observations reflect the significant challenges that IQNs face in adapting to the Australian scope of practice, highlighting the need for greater alignment and recognition of international qualifications.

5.4 | Facilitators

IQNs were asked to describe facilitators in using their specialist nursing skills acquired overseas after immigration. Among the 61 responses, 16 participants provided their views on the facilitators for utilising IQNs' specialty skills, which included four themes: Support, Previous Experience, Moving Forward, and Self-Agency (Table 5). Interestingly, many barriers were also raised in this facilitator segment but for coherent flow and ensuring convenient reporting, these barriers will be addressed in the following segment dedicated specifically to discussing them.

5.4.1 | Support

Support emerged as a vital element in the successful transition of IQNs into their specialty roles within the Australian healthcare system. This support came from various sources, including colleagues, managers, and the broader social environment, each playing a crucial role in facilitating the transition process.

TABLE 5 Facilitators.

Category	Code count (n = 29)/percentage of code count (%)	Theme
Support	14 (48)	Support
Getting their specialty skills recognised is IQN's personal responsibility.	5 (17)	Self-Agency
Having developed country experience helped	4 (14)	Previous Experience
Moving forward	4 (14)	Moving Forward

One participant underscored the importance of colleague support, stating, 'Nurses who were eager to help and had a global perspective were invaluable in understanding Australian practices and expectations' (IQN 24). This highlights how the willingness of peers to assist and share their insights significantly contributed to the adaptation of IQNs to local standards.

Another participant emphasised the role of managerial support in overcoming challenges related to unrecognised skill sets, noting, 'Managers were instrumental in exploring alternative pathways when my skill set was not initially acknowledged' (IQN 15). This comment reflects the critical role that supportive management plays in helping IQNs navigate and leverage their expertise despite initial recognition issues.

Additionally, the support from international nurses who had prior immigration experience was highly valued. One participant shared, 'The socio-cultural adjustment was greatly facilitated by international nurses who offered informal support. Australian nurses were essential in guiding me through the scope, limitations, and context of Australian nursing practices' (IQN 35). This illustrates the crucial role that peers with similar backgrounds play in easing the transition by providing valuable guidance and support.

Together, these experiences highlight the diverse and essential forms of support that significantly aid IQNs in successfully integrating into their new professional environment.

5.4.2 | Self-agency

Self-agency, the ability of IQNs to take proactive control over their careers, emerged as a crucial factor in their successful transition to the Australian healthcare system. Participants emphasised the importance of actively seeking out opportunities and continuously honing their skills.

One participant shared their approach, advising, 'Sometimes nurses need to strategise. If you're aiming for a particular specialty, earn certificates that demonstrate both experience and training in that area' (IQN 55). This highlights the need for IQNs to actively pursue relevant qualifications to advance in their desired field.

Another participant stressed the importance of staying motivated and proactive, noting, 'Some nurses settle for the jobs they get and lose hope. Instead, you should reskill yourself and stay prepared for the right opportunity' (IQN 63). This underscores the need for ongoing professional development and readiness to capitalise on future opportunities.

Additionally, a participant illustrated their own experience, saying, 'No one is going to come and offer you a job in your desired specialty. It's up to you to work hard for it. Keep your skills active— for example, even though I was working in aged care, I did casual shifts in an emergency, which was my specialty in Vietnam. When the right opportunity came along, I was ready to seize it' (IQN 50). This comment reflects the proactive approach required to maintain and apply one's expertise effectively, even while working outside one's specialty.

Together, these insights highlight how self-agency plays a pivotal role in navigating career transitions and achieving success within a new healthcare environment.

5.4.3 | Previous experience

Prior work experience in developed countries proved to be a significant asset for IQNs transitioning to the Australian healthcare system. This experience not only provided familiarity with modern technology but also with health systems similar to those in Australia, thereby easing their adaptation process.

One participant highlighted the benefit of their previous experience, saying, 'Working in the UAE has actually helped me to know the modern technology associated with nursing' (IQN 38). This familiarity with advanced technology was instrumental in easing their transition.

Other participants echoed the advantages of their prior experiences. One noted, 'Working in a similar health system in Canada and having a Canadian badge helped me break a lot of prejudices' (IQN 33), illustrating how previous international experience helped overcome biases and facilitated acceptance in the new context. Another participant shared, 'UK experience has helped me to land in my desired job' (IQN 55), emphasising how their background enabled them to secure a role aligned with their career goals.

These experiences collectively underscore how prior work in developed countries provided a solid foundation for adapting their skills and integrating effectively into the Australian healthcare environment.

5.4.4 | Moving forward

'Moving forward' represents the journey from the present toward future opportunities and growth. In the context of enhancing the utilisation of nurses' specialty skills in Australia, several participants offered valuable suggestions.

One participant emphasised the importance of maintaining professional connections, stating, 'If you keep ties with managers, you are more likely to be informed about various vacancies' (IQN 30). This advice highlights how networking can open doors to new opportunities that align with one's skills and career goals.

Another participant shared their pragmatic approach to navigating the system: 'My strategy was to accept any nursing position initially to address financial concerns, and then gradually transition to my preferred acute setting where I would ultimately find satisfaction' (IQN 38). This strategy underscores the value of starting where one can secure immediate employment while planning for a more suitable role in the future.

By combining these insights into Self-Agency and Moving Forward, transitional strategies have been developed to help IQNs better navigate their career paths and leverage their specialised skills. These strategies are outlined in Table 6, offering a roadmap for IQNs seeking to align their expertise with the opportunities available in the Australian healthcare system.

5.5 | Barriers

IQNs were asked to describe barriers to the use of their pre-existing specialist skills after immigration. Comments from the 'facilitators'

Personal transition suggestions by IQNs	Proposed strategies
Open Mind	Embracing an open-minded approach as part of their personal strategy empowers individuals to readily welcome career prospects, engage in self-improvement through reskilling, and exercise patience while waiting for an entry into the right specialty
Gaining Additional Education	Pursuing additional education in Australia has proven beneficial in terms of skill enhancement and the expansion of career opportunities has helped some IQNs
Networking and Building Relationships	The value of networking with colleagues and peers in the nursing field, which eventually led to opportunities in their desired specialties was highlighted by IQNs
Keeping Skills Active	Working in other nursing roles, such as aged care or emergency, to keep the skills active while waiting for opportunities in their desired specialties was another tip mentioned by participants
Staying Committed	Many participants emphasised the significance of dedication and diligent effort as essential factors in attaining their career objectives
Having an Alternative Plans	Some nurses maintained an alternative career plan and were willing to accept any nursing job initially, then gradually move toward their desired specialties

TABLE 6 Specialty skill utilisation strategies.

TABLE 7 Barriers.

Category	Code count (n = 119)/ percentage of code count (%)	Theme
System issues	47 (39)	Systems issues
Deskilling	17 (14)	Deskilling
Discrimination/racism/nepotism lack of equal employment opportunity by colleagues	14 (12)	Discrimination
Lack of recognition of specialty skills	11 (9)	Lack of recognition of specialty skills
Financial challenges	6 (5)	Financial challenges
Lack of trust in educational preparation	5 (4)	Lack of trust in educational preparation
Not knowing the rights and limitations	4 (3)	Scope of practice
No facilitators	4 (3)	No facilitators
No barriers	4 (3)	No barriers

question that highlighted barriers are also included here. A total of 63 participants provided their views on the barriers to utilising IQNs' specialty skills. Following interpretation nine themes were identified: System issues, Deskilling, Discrimination/racism/nepotism lack of equal employment opportunity by colleagues, Lack of recognition of specialty skills, financial challenges, Lack of trust in educational preparation, Not knowing the rights and limitations, No facilitators and No barriers (Table 7).

5.5.1 | Systems issues

Structural and procedural issues within organisations posed significant challenges for IQNs, often leaving them feeling undervalued and misaligned with their professional goals. Many participants reported that recruitment managers frequently lacked a deep understanding of their qualifications and were more focused on filling immediate vacancies rather than leveraging the rich expertise these nurses brought with them.

One participant voiced their frustration, reflecting on their experience, 'Their lack of education and knowledge about qualifications is extremely frustrating. I was highly qualified and held a senior management position in critical care in my home country' (IQN 39). This comment underscores a common theme: the disconnect between the advanced skills of IQNs and the limited recognition they receive from local recruitment processes.

Another participant pointed out a systemic issue within hospitals, saying, 'Hospitals are primarily concerned with filling vacancies and do not utilise the extensive knowledge that overseas nurses bring' (IQN 58). This observation highlights how the immediate needs of staffing can overshadow the potential benefits of incorporating the diverse expertise that IQNs offer.

Additionally, the lack of support for career advancement further compounded these challenges. One participant shared their struggle to pursue further education, stating, 'Many barriers exist; recruiters

are reluctant to thoroughly assess your qualifications and place you in a role that matches your skills and goals. I faced significant resistance when I tried to pursue a renal post-graduate degree while working in the medical ward. The Nurse Unit Manager completely refused to support the clinical learning component' (IQN 43). This account illustrates the obstacles IQNs face not only in utilising their current skills but also in advancing their careers within the Australian healthcare system.

These comments collectively paint a picture of the difficulties IQNs encounter, revealing a system that often fails to fully recognise or support their professional capabilities and aspirations.

5.5.2 | Deskilling

Deskilling is a challenging reality for many IQNs who find themselves in roles that fail to fully utilise their specialised skills. For these nurses, the shift to roles outside their area of expertise can lead to a sense of lost proficiency and diminished confidence.

Consider the experience of one nurse who expressed the frustration of having their specialty skills underutilised. 'My specialty skills have been wasted in aged care for years now,' they said. 'The longer I am away from my surgical ICU skills, the less confident I become' (IQN 16). This sentiment reflects a broader issue faced by many IQNs.

Another nurse shared a similar struggle, feeling stuck in a role that didn't align with their passions or skills. 'After years of working in a specialty different from what I was skilled in and loved, I now feel neither here nor there' (IQN 41). This sense of disconnection highlights the emotional toll of deskilling.

For some, the impact is tangible in their daily work. One participant noted, 'I have lost the skills I gained from oncology nursing. Yes, we still have oncology patients in aged care, but they are not undergoing active treatments. I might have performed only one canula in the past year. Do I enjoy aged care nursing? It pays the bills, so I have no complaints' (IQN 6). Here, the nurse's skills in oncology

are diminished by the nature of their current role, revealing the gap between their training and their current responsibilities.

Collectively these comments underscore the broader issue of deskilling within the Australian healthcare system, where IQNs' specialised expertise is often not fully recognised or utilised, leading to a sense of professional and personal dislocation.

5.5.3 | Discrimination

Discrimination in the workplace, encompassing unequal treatment based on characteristics such as race, gender, or disability, was a significant concern for some IQNs in Australia. Several participants reported experiencing discrimination, racism, or nepotism from colleagues, which hindered their ability to utilise their specialty skills effectively.

One participant highlighted the impact of systemic biases, noting, 'There is a belief among Australian nurses that the UK, US, and Canada are much more advanced in their healthcare and services. Whether or not this is true, it affects the judgment during initial job applications and subsequent promotions. Similarly, there is a negative prejudice against nurses from third-world countries, regardless of their competence' (IQN 52).

Another participant shared a troubling personal experience: 'Racism, discrimination, and supremacy are still embedded in the system. I was once told by a patient, "I don't want a black Chinese nurse to look after me." Neither my Nurse Unit Manager nor anyone else took action. Anti-discrimination laws look good on paper but fall short in practice' (IQN 65).

A further participant reflected on the racial barriers faced: 'Racism plays a significant role. Many people are denied opportunities due to their skin colour or because they are not considered "AUSSIE" enough. Some areas do treat you with respect and acknowledge you as a person, but this is not universal' (IQN 12).

Despite these challenges, participants noted that such occurrences were not reflective of all workplaces. While discrimination and prejudice were present in some settings, other environments offered respect and fair treatment, demonstrating that experiences varied across different workplaces.

5.5.4 | Lack of recognition of specialty skills

Lack of recognition of specialty skills reflects the challenges faced when individuals or groups are not acknowledged for their abilities or qualifications. For many IQNs, this lack of recognition extended to doubts about their educational preparation and the transferability of their specialised skills to the Australian healthcare system.

One participant expressed frustration with this barrier, stating, 'The trust in overseas education is a big obstacle. It's challenging to prove what you can and can't do, especially since the scope of practice can vary depending on where you work' (IQN 32). This highlights

the difficulty in having one's international qualifications and experience fully recognised.

Another participant shared their experience with inadequate transitional support: 'There was no transition pathway at all. If I had received certificates for all the in-service training I completed while overseas, it would have been easier to use them for Recognition of Prior Learning (RPL) or to secure a post-graduate degree. But immigration was never in my plans' (IQN 59). This comment underscores the challenges faced when transitioning without appropriate support structures.

Additionally, a participant recounted a discouraging response when applying for a role: 'When I applied for an ANUM position, the initial response was, "Why don't you wait a bit longer and learn a bit more nursing?" I have spent 20 years as a critical care nurse and could manage mass casualties' (IQN 57). This response reflects the difficulty of having extensive international experience valued appropriately in the Australian context.

These experiences reveal a significant gap in recognising and valuing the specialised skills and qualifications that IQNs bring with them, impacting their ability to effectively integrate and advance within the Australian healthcare system.

5.5.5 | Financial challenges

Financial challenges posed significant difficulties for IQNs working in Australia, impacting their ability to manage their money and meet their financial needs. These challenges were frequently mentioned by participants, highlighting how financial constraints influenced their professional decisions.

One participant detailed the financial burden they faced, explaining, 'Finance was the biggest barrier I encountered. I spent \$50,000 on a three-month bridging program and associated expenses. With a temporary visa that prevented me from working, relying on parental support from overseas was unsustainable. That's nearly 2 million pesos. Securing any job became crucial, so I accepted a position in aged care' (IQN 46). This comment illustrates the severe financial strain of transitioning to a new country and the necessity of finding employment quickly.

Another participant shared their experience with financial constraints limiting their career advancement: 'My competence or confidence was not the issue. However, a cardiology job requires a post-graduate qualification in cardiology. Spending more money after already investing in a bridging course was simply impossible' (IQN 61). This highlights how financial limitations can prevent IQNs from pursuing further qualifications necessary for their desired roles.

Additionally, financial pressures often force nurses to accept jobs outside their specialty. As one participant noted, 'Financial issues push nurses to take up different nursing jobs. The hospital also lacks the funding to support these nurses' (IQN 4). This comment underscores how financial challenges not only impact individual career choices but also highlight systemic issues within healthcare funding.

These experiences collectively demonstrate the substantial financial obstacles IQNs face, affecting their ability to manage expenses, pursue additional qualifications, and secure roles aligned with their specialised skills.

5.5.6 | Scope of practice

Fear and uncertainty about their scope of practice in a new country were significant sources of stress for many IQNs. Participants often expressed concerns about their rights, limitations, and the potential for making mistakes, which heavily influenced their experiences in the Australian healthcare system.

One participant shared their anxiety, saying, 'The fear associated with "Will I get in trouble?" and "Is this within an RN's scope in Australia?" was my greatest concern' (IQN 7). This comment highlights how the uncertainty about professional boundaries and regulatory requirements can create significant stress for IQNs.

Another participant echoed this worry, noting, 'The main barrier for me was the constant fear of "What if I do something wrong?"' (IQN 29). Such fears reflect the intense pressure to conform to unfamiliar standards and practices while ensuring compliance with local regulations.

Additionally, a participant observed that this fear can hinder job applications in their previous specialty, stating, 'The mental block for international nurses is that it's a new country and context, and they're scared to apply for jobs in their previous specialty. However, the best way to understand the context and culture is by working in the same department' (IQN 30). This comment underscores how overcoming fear and gaining experience in the local context can be a crucial step in adapting to a new professional environment.

These experiences collectively illustrate how fear and worry about the scope of practice and potential errors significantly impact the transition and integration of IQNs into the Australian healthcare system.

5.5.7 | No facilitator

For some IQNs, the absence of facilitators significantly impacted their ability to transfer and utilise their specialised skills in Australia. Many participants expressed frustration at not having access to support that could have helped them integrate their expertise into the local healthcare system.

One participant succinctly captured this experience, stating, 'No facilitators as nobody bothers' (IQN 50). This comment reflects a sense of abandonment and a lack of structured support to help IQNs leverage their skills.

Another participant shared their struggle with the lack of assistance, saying, 'I am not working in my specialty area. I tried for the first three years of being in Australia, so I cannot comment on what helped me. Nothing did' (IQN 3). This comment highlights the difficulties faced when transitioning into roles that do not align with

previous expertise, underscoring the absence of effective support mechanisms during this period.

These remarks collectively illustrate the significant challenge faced by some IQNs who were unable to find any facilitators to assist with their skill transfer, leading to a sense of disconnection from their professional specialty and the support needed for successful integration into the Australian healthcare system.

5.5.8 | No barriers

In contrast to the many challenges faced by IQNs, some participants reported a smooth transition with no significant barriers when using their specialised skills in Australia. These participants indicated that they did not encounter obstacles affecting their ability to practice in their field.

One participant simply stated, 'None' (IQN 18), reflecting an absence of perceived difficulties. Another echoed this sentiment with 'Nil' (IQN 56), and yet another remarked, 'No' (IQN 61).

Although these comments suggest that some IQNs experienced a seamless integration of their specialised skills into the Australian healthcare system, the lack of further details means we have limited insight into the factors that contributed to their positive experiences.

6 | DISCUSSION

The study aimed to explore IQNs' perceptions regarding the facilitators and barriers to specialty skill transfer in Australia. The respondents in this study came from 16 source countries, highlighting the diverse composition of the Australian nursing workforce. Notably, the majority of participants were immigrants from India, aligning with the reported population growth of the Indian community in Australia (Australian Bureau of Statistics, 2021). This study's sample of IQNs had a higher average age than other studies (Organization for Economic Cooperation and Development, 2019), possibly due to the unique selection requirements of this research.

The participants expressed a range of viewpoints on the traits and training required for specialised nursing roles. Despite the prevalence of advanced nursing roles for over four decades, there remains a lack of consistency and clarity in the terminologies and competencies used within the nursing field (Gordon et al., 2012). These differing views can lead to confusion regarding competencies and job descriptions, and challenges in transferring skills between different healthcare settings (Gordon et al., 2012). For example, in the United States, the Clinical Nurse Specialist assumes a more advanced role in diagnosing, prescribing, and treatment (Gordon et al., 2012). In Australia, different states use various terms like Clinical Nurse Consultant, Clinical Nurse Specialist, and Advanced Practice Nurse to refer to advanced clinical nursing roles (New South Wales Ministry of Health, 2021). The educational requirements for a Clinical Nurse Specialist role in the USA typically include a master's

degree (Gordon et al., 2012), which aligns with the standards in some developed countries like Australia (Australian Nurses and Midwifery Federation, 2020). However, it is crucial to note that there is variability in the educational prerequisites for specialist nurses in Australia. For instance, in some states like New South Wales (NSW), specialist nurses may not necessarily require a post-graduate qualification (New South Wales Ministry of Health, 2021), while in other states like Victoria, a post-graduate degree in a specialty area is the minimum requirement (Australian Nurses and Midwifery Federation, 2020).

In developing countries, a specialist nurse is not often connected with a post-graduate qualification, and RNs are promoted to higher positions based on years of service and internal hospital-based tests and training (Kerala Public Service Commission, 2021). Collectively, the participants in this study contributed to a definition of a specialty nurse or clinical nurse specialist as a registered nurse with advanced experience and training in a specific area of nursing who possessed specialised skills and qualifications in that area. Post-graduate education, work experience, and expertise in the field are considered essential for this role. The key characteristics of a specialty nurse are specialised knowledge and skills in a particular area of nursing gained through education and experience, enabling them to provide expert care and guidance in that area (Ketefian et al., 2001).

The participants highlighted a range of perceptions on the differences between nursing training in Australia and other countries. While some believe that the Australian approach is patient-centred and evidence-based, others expressed that it does not adequately prepare nurses for clinical work. Practical training is another area of variance, with some suggesting that Australia falls short in the number of clinical hours required compared to other countries. Furthermore, differences in curriculum, the level of respect for nurses, and limitations to the scope of practice were also mentioned as factors that contributed to these disparities. Despite these varying perceptions, there is no clear consensus on the differences between nursing training in Australia and other countries. However, it is essential to note that nursing education is taught and managed differently across the world, not just between developed and developing countries but also between countries with comparable healthcare systems (Deng, 2015). For example, nurses from the UK and Canada have struggled to transfer their specialty skills to Australia due to differences in registration requirements due to professional preparation and scope of practice (Vafeas, 2013).

It is perplexing to witness highly skilled nurses landing in aged care roles, especially considering that aged care is a relatively novel concept in many developing countries, where care for older individuals typically falls to family members (Angus et al., 2021). Despite this, a significant proportion of IQNs find themselves employed in Australian aged-care facilities (Kurup, Burston, et al., 2023), often experiencing a sixfold increase in aged-care positions compared to their specialised roles in their home country. This shift can be attributed to various factors such as job availability, potential benefits for visa status (Australian Immigration Law Services, 2022, 13 May), and relieving financial hardship (Covell et al., 2022). However, it starkly contrasts with the limited number of nurses who claim to

have specialised in aged care prior to immigrating. Specialist skill assessment in Australia, conducted by the Australian Nursing and Midwifery Accreditation Council (ANMAC), primarily serves visa applications (ANMAC, 2016). The absence of specialised nursing registration (NMBA, 2022) and a lack of coordination between assessing bodies and employers may present hurdles for IQNs in securing roles commensurate with their capabilities. While professional nursing organisations acknowledge specialty areas, these are often tailored toward domestic nurses and tied to specific continuing education and training mandates within the country's healthcare system (Coalition of National Nursing and Midwifery Organisations, 2022). This poses a significant challenge for IQNs seeking to validate their specialised expertise. Overcoming these barriers is imperative to empower IQNs to effectively utilise their specialised skills and seamlessly integrate into their new professional environment.

Several key facilitators greatly assist IQNs in successfully navigating this transition identified in this study. First and foremost, a supportive work environment is essential for IQNs to adapt, and management plays a pivotal role in creating this environment. Within such workplaces, colleagues become a source of emotional support, mentorship, and guidance (Kurup et al., 2022). Peer support, mentorship programs and supportive managers who genuinely cared about IQN career integration and career growth significantly contribute to the integration of IQNs into healthcare teams and their utilisation of specialty skills, fostering a sense of belonging and enhancing their confidence (Ronaldson et al., 2017). Another facilitator highlighted by IQNs is their previous experience. IQNs with prior experience in developed countries often possess a deeper understanding of international best practices and enhanced cultural competence (Angus et al., 2021). This experience can be a significant asset in facilitating their adaptation to the Australian healthcare system (Kurup et al., 2022).

Beyond these factors, maintaining a forward-looking perspective and self-agency, along with engaging in supportive social activities, emerges as a significant facilitator for IQNs during their specialty skill transition. IQNs who take charge of their own integration process tend to achieve better outcomes (Kurup et al., 2022). Demonstrating self-agency, IQNs can actively seek out mentors, expand their networks by connecting with other healthcare professionals, and pursue ongoing education courses. Participating in social activities outside of work is equally important. These activities foster cross-cultural friendships and mitigate feelings of isolation, ultimately improving IQNs' overall well-being and sense of belonging (Kurup et al., 2022). Engaging in supportive social activities offers significant advantages to IQNs.

Equally important is their ability to uphold a positive attitude and resilience during the transition to a new healthcare system (Angus et al., 2021). Optimism and adaptability emerge as critical attributes for IQNs, directly impacting their job satisfaction and facilitating a smoother skill utilisation as per this study. Participants in the study noted that one of the most effective ways to adapt to the Australian context and culture is by working in the same department. The success of programs like the NHS recruitment scheme, which allows

IQNs to work as Assistants in Nursing (AIN) or carers while working toward complete registration, illustrates this approach (NHS Employers, 2023). A similar program, 'the Temporary Employment for Registration' offered by the Danish Patient Safety Authority, provides IQNs with opportunities for employment and training to adapt to the healthcare system (Danish Patient Safety Authority, 2021).

IQNs in Australia encounter several barriers to successfully transferring their specialty skills across the border. These challenges encompass systemic issues, deskilling, discrimination, lack of recognition of specialty skills, financial pressures and unclear scope of practice. Healthcare organisations in Australia were seen prioritising the recruitment of IQNs to fill immediate vacancies, neglecting considerations of internal growth, skill utilisation and career development. This approach appeared to reduce IQNs to mere 'employee numbers' within hospitals. Recruiters in Australia generally assess applicants' suitability for specific roles.

Despite their extensive experience and expertise, IQNs often find themselves in roles that underutilise their specialised nursing skills, leading to frustration and dissatisfaction (Tregunno et al., 2009). Extended periods away from their specialties erode their confidence and skills in applying for roles in those areas. This loss of confidence can be a significant barrier for IQNs aiming to re-enter their specialised fields (Adhikari, 2011). It is important to note that this phenomenon is not limited to IQNs' specialty skills alone; even procedural competencies such as venous cannulation proficiency can degrade over time, posing concerns for both IQNs and the healthcare system.

Discrimination is a significant hurdle for IQNs attempting to apply their specialised nursing skills in Australia. Previous studies have also highlighted these concerns during the early settlement period for the IQN. About half of the participants in a study by O'Callaghan et al. (2018) reported experiencing discrimination on multiple occasions. Similarly, passive exclusion by Australian colleagues was identified in a study by Zhou (2014), which is often attributed to factors like physical appearance and shared interests. There appears to be a widespread underreporting of discrimination experiences among IQNs. This underreporting is attributed to their apprehension of facing negative repercussions on their employment and a general lack of awareness regarding their rights (Kishi et al., 2014).

The lack of recognition of specialty skills is another barrier faced by IQNs. Frequently, their prior achievements and extensive nursing experience go unnoticed, causing a decline in their career aspirations (Zhou, 2014). This recurring theme of deskilling and unequal opportunities for career advancement is evident across multiple studies (Kishi et al., 2014; O'Callaghan et al., 2018; Zhou, 2014). Compounding the problem, hiring managers often harbour doubts regarding the legitimacy of international nursing credentials, instilling self-doubt and hesitancy among IQNs (Lee & Lee, 2021). This scepticism is further exacerbated by the perception that nursing qualifications from developing countries are inferior (Xiao et al., 2014). While transition pathways are typically recognised as essential for graduate nurses (Bakon et al., 2018), they are often lacking for IQNs. This absence of a clear transition pathway places the entire burden of transitioning into specialised roles squarely on IQNs themselves

(Kurup et al., 2022). Personal fears of making mistakes due to the lack of knowledge about the scope of practice also act as a significant barrier for IQNs from pursuing roles in their specialised fields. As a result, many IQNs become less ambitious and accept the underutilisation of their specialty skills as an unintended consequence of their immigration decision (Zhou, 2014).

6.1 | Recommendations for utilisation of specialty skills

By identifying the facilitators and barriers to utilising specialist skills among IQNs after they immigrate to Australia, this study offers an opportunity to develop enhanced support pathways. These pathways can enable IQNs to transition smoothly into their respective specialty areas of practice. The implementation of support strategies has the potential to boost IQNs' confidence and effectiveness as they integrate into the healthcare system. Consequently, this can result in a more significant positive impact on patient care, heightened job satisfaction, and improved career prospects. To realise this goal, a collaborative effort between IQNs, healthcare organisations and registering bodies is essential.

6.1.1 | IQN self

IQNs are encouraged to actively participate in networking and professional development as valuable opportunities for optimising the use of their specialised skills following immigration. By engaging with professional nursing organisations and accessing the resources they offer, IQNs can create informal support systems that are instrumental for their smooth transition and integration into the new healthcare environment. Exploring further education, networking and diverse nursing roles not only fosters their professional growth but also enhances their ability to effectively utilise their specialised skills within the Australian healthcare workforce (Angus et al., 2021). Highlighting the importance of resilience and adaptability underscores the opportunities available for IQNs to advance in their preferred specialties and make significant contributions to the healthcare setting, reflecting their proactive approach to their professional journey.

6.1.2 | Healthcare organisations

In healthcare organisations, creating a supportive work environment is paramount for maximising the specialty skill utilisation of IQNs post-immigration. Encouraging IQNs to pursue opportunities aligned with their specialised skills is crucial, while providing support through mentorship programs is essential for their adjustment and confidence (Lai et al., 2017). These programs pair IQNs with experienced Australian nurses, offering guidance on navigating the healthcare system and building professional networks, facilitating seamless

integration into specialty areas (Smith et al., 2006). Additionally, orientation programs bridging knowledge gaps between IQNs' prior experience and Australian healthcare practices enhance their skills and align their practices with local standards (Xiao et al., 2014), thereby enabling IQNs to enhance their skills and conform to Australian standards.

Cultural competency within healthcare organisations also plays a vital role in maximising IQNs' specialty skill utilisation (Stanford, 2020). Addressing biases through cultural competency training fosters a supportive environment conducive to effective collaboration and appreciation of IQNs' diverse skills. As healthcare professionals become more culturally competent, they can better recognise and value IQNs' specialised skills, creating more opportunities for them in specialty areas. By promoting a culturally competent environment, healthcare organisations enhance the integration and contribution of IQNs to specialty areas of nursing practice.

6.1.3 | Registering bodies and policymakers

Advocating for awareness among employers and the public about the value of overseas nursing education and experience is crucial for maximising the utilisation of specialty skills among IQNs post-immigration. This recognition helps dispel biases and ensures that IQNs' contributions are appropriately valued and utilised within the healthcare workforce. Implementing a clear and comprehensive plan outlining support and resources available to IQNs would further aid in their transition process, facilitating their integration into specialty areas of practice and maximising their impact within the healthcare system (Smith et al., 2006).

Collaborative efforts between registering bodies and employers play a pivotal role in maximising the utilisation of specialty skills among IQNs post-immigration. Lack of formal training may hinder IQNs from utilising their specialty skills in Australia post-immigration. Drawing on globally recognised nursing competency frameworks, as Cassar (2020) demonstrated, on refugee nurses lacking formal credentials can validate IQNs' expertise, ensuring their skills are appropriately recognised and utilised. However, the existing legal framework in Australia, governed by the National Law, does not accommodate individuals without formal credentials, necessitating legislative amendments for their recognition and inclusion in the healthcare system (Australian Health Practitioner Regulation Agency, 2023). Through collaborative efforts between healthcare organisations and registering bodies, IQNs can utilise their specialty skills and significantly contribute to Australia's health system.

Regulatory bodies can play a critical role in supporting IQNs in their transition to specialty roles by establishing clear guidelines and standards for practice in this sector. This could include developing competency frameworks specific to specialised nursing areas, recognising and accrediting prior learning and experience, and providing pathways for professional development and

advancement within Australian settings. The absence of specialised registration options in Austria, Ireland, Japan and Sweden offers promising models for others to consider. By studying the strategies of these countries, nations lacking clear pathways for IQNs with specialised skills can learn to create more inclusive and recognition-oriented registration processes (City of Vienna, 2022; Japanese Nursing Association, 2019; Ministry of Health Labour and Welfare, 2022; Sosialstyrelsen, 2021). Countries looking to enhance their registration processes can consider implementing integration processes similar to those in Denmark, Finland and Germany, where temporary registration allows IQNs to work under supervision while awaiting complete registration (Danish Patient Safety Authority, 2020; German Organisation of Nursing Professionals, 2021; National Supervisory Authority for Welfare and Health, 2015). Formal bridging programs, as offered in New Zealand, also provide a valuable framework for easing the transition of IQNs into the local healthcare system (Nursing Council of New Zealand, 2021). Regulatory bodies may also consider conducting regular reviews and assessments of facilities to ensure compliance with standards of care and to identify areas for improvement.

For policymakers, recommendations may include developing visa policies and pathways that incentivise IQNs to work in specialty areas post-immigration, such as ICU (intensive care unit) and acute care, as they did around COVID-19 (Department of Health and Aged Care, 2023). This could involve streamlining visa processes for healthcare professionals interested in specialty roles and providing additional support or incentives for those who choose to pursue careers in these sectors. Additionally, policymakers could consider allocating funding for targeted recruitment efforts and training programs aimed at attracting and retaining IQNs in specialty settings, ultimately enhancing specialty skill utilisation and improving patient care outcomes.

6.2 | Strengths and limitations of the work

The study's success in achieving its expected outcomes hinged on gathering and analysing firsthand experiences and perspectives from the community of IQNs. The utilisation of a qualitative method allowed for an in-depth exploration of the perspective of IQNs and the factors that facilitate or hinder their ability to utilise their specialised skills within the Australian healthcare system. The lead researcher, being an IQN, added a valuable dimension to the research process. Data collection encompassed IQNs from all Australian states and territories, with respondents spanning a range of age groups.

However, similar to other online studies, this research had some limitations. While the recruitment method via social media offered convenience, it may have introduced selection bias by inadvertently excluding IQNs who are not active on social media platforms. The assumption that the target population could be effectively reached through social media channels potentially

overlooked IQNs who are not social media users or facing technical barriers such as poor connectivity. Additionally, the study faced low participation, which may limit the generalisability of the findings. Additionally, online surveys can sometimes elicit socially acceptable responses, particularly when participants are asked to recall difficulties encountered during the early stages of skill transition (Larson, 2019). The distribution of the survey as a clickable link in social media advertising posts may have impacted the response rate due to concerns about online financial crimes, data security and cautionary advertisements from the Australian Government against clicking on unauthorised links. Additionally, the study did not inquire whether IQNs chose to transition to other specialties.

6.3 | Implication of policy and practice

The study highlights the urgency and gravity of the imperative of better recognition and utilisation of the specialised skills of IQNs within the Australian healthcare system. Acknowledging and harnessing the expertise of IQNs, along with offering enhanced opportunities in their specialised fields and establishing clear transition pathways, can result in a more diverse and highly skilled healthcare workforce. This, in turn, can lead to improved patient outcomes and a more inclusive healthcare system. Collaborative efforts among policymakers, healthcare organisations, and regulatory bodies are essential in devising strategies for the integration and effective utilisation of IQNs' specialised skills.

7 | CONCLUSION

This study has shed light on the barriers and facilitators experienced by IQNs upon their relocation to Australia. Despite the significant presence of IQNs in Australia's healthcare sector and the potential for increased foreign recruitment, research on the transfer of specialty skills and associated challenges from the perspective of IQNs remains limited. While factors such as support, previous experience, and self-agency facilitate IQNs' specialty skill transfer, systemic issues, deskilling, discrimination, and limited scope of practice pose significant barriers. Moving forward, employers, assessing bodies and registering bodies must play a pivotal role in recognising advanced skills and providing gap training based on nursing curriculum and clinical abilities to ensure the professional integration and career advancement of IQNs in Australia. Future research should explore the perspectives of Australian recruiting managers to develop a supportive specialty skill transition program. Leveraging the specialised skills of IQNs can bolster Australia's inclusive practice strategies and enhance the quality of its healthcare system. By ensuring nurses possess the right skills in the right specialties, the healthcare system can deliver quality patient care, minimise adverse outcomes, and promote equitable access to healthcare services for all.

AUTHOR CONTRIBUTIONS

Chanchal Kurup: Conceptualisation, methodology, formal analysis, investigation, writing—original draft preparation, writing—review and editing. **Adam Scott Burston:** Conceptualisation, methodology, writing—review and editing, supervision. **Vasiliki Betihavas:** Conceptualisation, methodology, writing—review and editing, supervision. **Elisabeth Ruth Jacob:** Conceptualisation, methodology, writing—review and editing, supervision.

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CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the author(s).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Permission from the ACUs HREC (Human Research Ethics Committee) was obtained (2022-2524E) prior to the research.

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