

The transition and integration journey of foreign-trained nurses into a challenging trauma care environment

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Background



Saudi Arabia has one of the highest rates of traumatic injuries in the world, the majority of which are caused by road accidents and falls.

Such traumatic conditions are classified as being leading causes of death.



The Saudi trauma care system is facing a significant reform by:

1. developing specialised trauma care centres.
2. expanding trauma services and funding.
3. employing more healthcare providers, including foreign-trained health professionals.



The nursing workforce in Saudi Arabia is one of the most diverse nursing populations in the world.

Around 70% of nurses in Saudi Arabia are expatriates from countries such as India, the Philippines, Jordan, and other western countries such as the United States, the United Kingdom, Canada, and Australia

Background



Most foreign-trained nurses practice in different or new nursing fields once they move to Saudi Arabia.

Foreign-trained nurses need to adapt to the Saudi's unique culture and the magnitude of traumatic conditions in the country.



Nurses at emergency and trauma departments are at higher risk of being exposed to traumatic events (TE), which may lead to Post Traumatic Stress Disorder (PTSD).

Foreign-trained nurses who changed their area of practice to trauma care face more challenges on the ground.



Consequently, practicing trauma nursing in Saudi Arabia is associated with more challenges to all healthcare providers and foreign-trained nurses in particular.

Objectives

Nurses from different parts of the world move to Saudi Arabia to join a long-term job or step through it to other developed countries. Part of this move, nurses change their area of practice to other specialties, such as emergency and trauma care.

1

To explore the journey of foreign-trained nurses in transitioning to a new country and area of nursing practice.

2

To explore the foreign-trained nurses' integration experience in delivering trauma care at a major trauma hotspot.

3

To formulate recommendations for practice development and future research.

Methods



Design

- The lived experiences of foreign-trained registered nurses were explored, structured and described using a descriptive phenomenological approach underpinned by Edmund Husserl's (1859-1938) phenomenology.



Setting

- Level-I major trauma centre in Saudi Arabia.



Data collection

- In-depth, unstructured, one-to-one interviews were utilised to gather data about the participants' journey of transition through real-life examples and stories from their own experience.

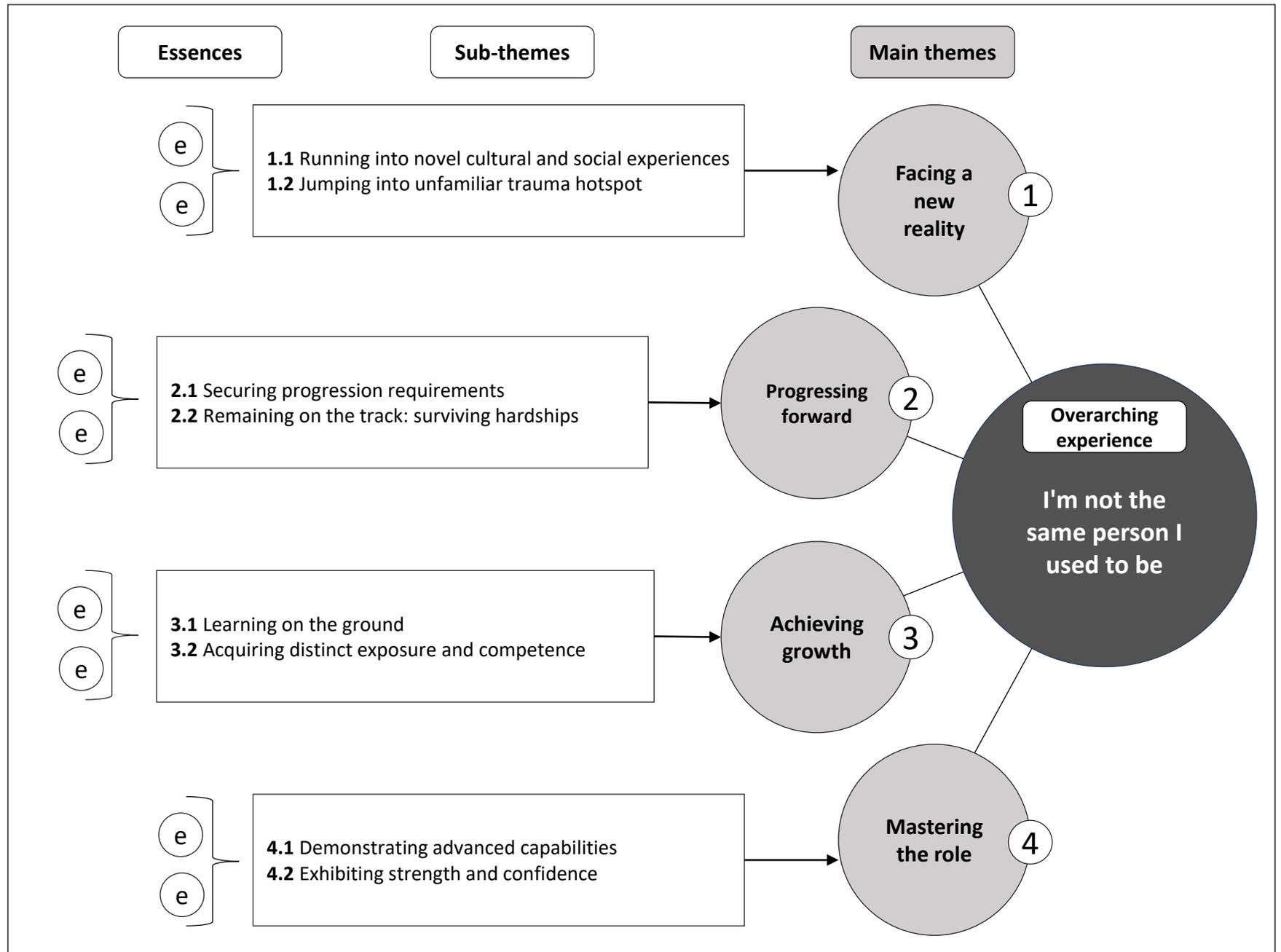


Data analysis

- Data were analysed using Colaizzi's (1978) descriptive phenomenological method.



Findings



Findings



Burdensome beginning



Concise agreement on progression
and growth requirements



Sequential steps



Impact on the personal, knowledge,
skills, and attitude levels



Chronological order



leveraging acquired competencies
on the ground



Acquiring competence with time
and experience



Turning into a proficient version of
self

Discussion



The study was one of the first to explore the experience of foreign-trained nurses in relocating to an extreme trauma hotspot, in which the nurses had to adapt to a new country and a novel field of practice.

The unique Saudi culture and the magnitude of traumatic conditions in the country made the journey more challenging.



The study showed how the nurses acquired competence and strength throughout the journey by consistent exposure on ground.

The key to being an expert lies in the exposure to experiences that enable the nurse to develop an intuitive grasp of the situation (Benner,1984)



Experience was the key for moving forward and mastering the new role.

Exposure was found to be a powerful element, which helped the nurses to build knowledge and skills from the field.

Implications

Foreign nurses face various challenges that require further attention to provide them with proper preparations and education in prior to their arrival and throughout their journey.



Practice Development

The outcome of this study is important for enhancing policies related to foreign-trained nurses' recruitment and retainment .

Employers in countries with large number of foreign nurses need to invest in improving the journey of those nurse by focusing on pre and post arrival experiences.

The smooth integration of the foreign-trained nurses within existing care systems can lead to higher standards of care.



Future Research

The study focused on the experiences of foreign-trained nurses in relocating to a new country and practicing in an extreme area of practice for the first time.

Further research in other areas such as critical care would provide in-depth exploration and testing of the transition steps presented in this study.

Acknowledgment

I would like to express my appreciation to my academic supervisors **Dr Jane Ruddy** and **Professor Kay De Vries** for their ongoing support, guidance and encouragement throughout this research at **De Montfort University**.

To the nurses who took part in this study, I am extremely grateful for your contributions, which without it this research would not have been possible.

Key References

Alghnam S, Alkelya M, Al-Bedah K, Al-Enazi S. Burden of traumatic injuries in Saudi Arabia: lessons from a major trauma registry in Riyadh, Saudi Arabia. *Annals of Saudi medicine* 2014 Jul;34(4):291-296.

World Health Organisation. *Global status report on road safety 2018*. Geneva, Switzerland: World Health Organization; 2018.

Saudi Commission For Health Specialties. Documents Library, Registration . Available at: <https://www.scfhs.org.sa/en/elibrary/DocsLibrary/Pages/default.aspx>, 2021.

De Boer J, Lok A, van der Verlaat E, Duivenvoorden HJ, Bakker AB, Smit BJ. Work-related critical incidents in hospital-based health care providers and the risk of post-traumatic stress symptoms, anxiety, and depression: A meta-analysis. *Soc Sci Med* 2011;73(2):316-326

Benner, P. *From Novice to Expert. Excellence and Power in Clinical Nursing*. Menlo Park, CA: Addison –Wesley 1984.

Thank You



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Exploring how parents of children with life-limiting conditions seek and access support for themselves.

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RESEARCH



Exploring how parents of children with life-limiting conditions seek and access support for themselves: parental and organisational perspectives

- Aim: To explore parents experience in seeking support for their own wellbeing.
- How are parents experiencing support? What works well for them? How can we plan services to more effectively promote parental wellbeing? How do professionals experience supporting parental wellbeing?



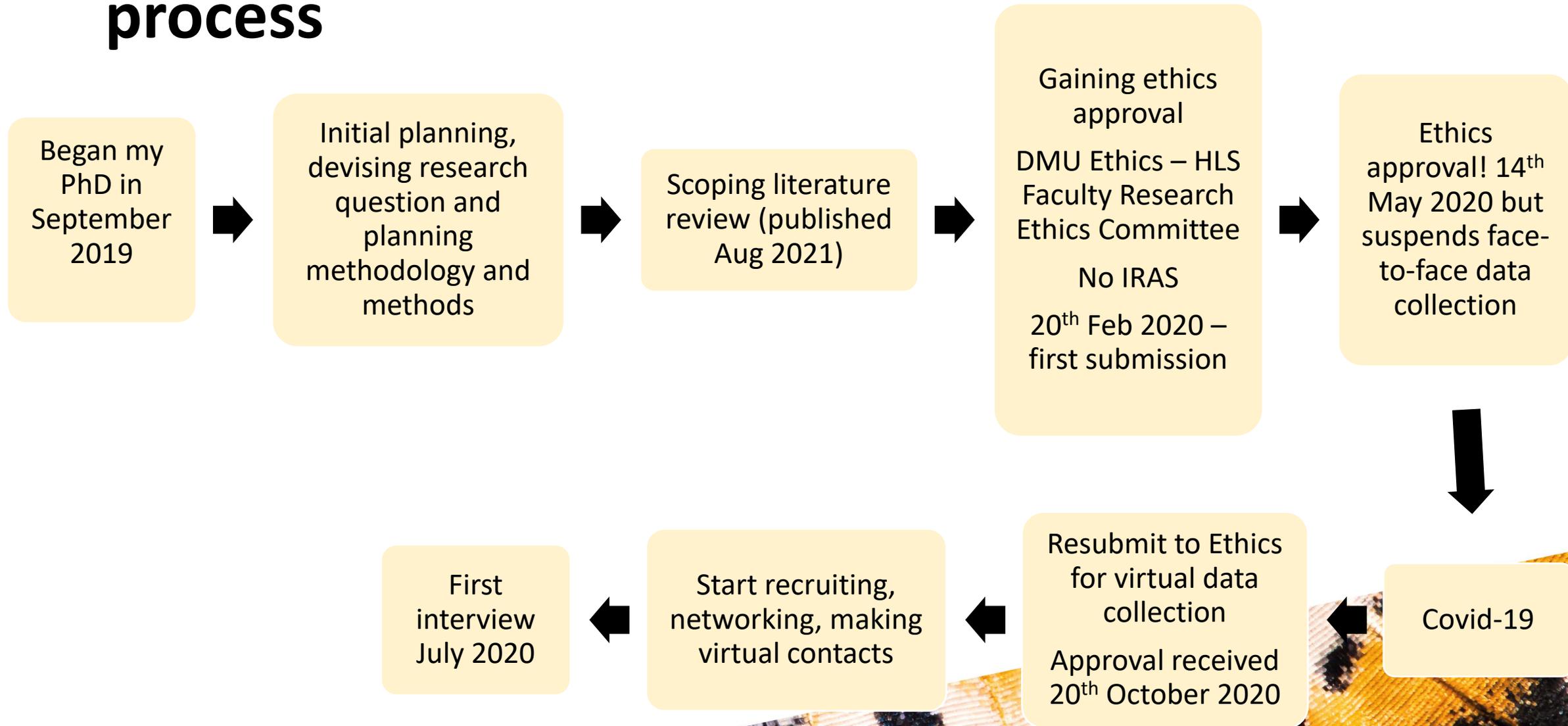
Methodology and Methods

- Constructivist Grounded Theory
- Kathy Charmaz
- Constructing a theory to explain what is happening within the substantive area

- Semi structured interviews
- Parents and palliative care staff
- Telephone or Zoom
- 50 minutes – 3 hours per interview

- Transcribed by hand onto MS Word
- Initial line by line coding then focussed and theoretical coding
- Theory development
- Write up
- Dissemination of findings

Ethics and recruitment process



Publication

Oakley, Dunbar and De Vries (2021) Parent-led strategies supporting personal well-being when caring for a child with a life-limiting condition: A scoping review. *Journal of Child Health Care*.

<https://doi.org/10.1177/13674935211026122>

Systematic review



Parent-led strategies supporting personal well-being when caring for a child with a life-limiting condition: A scoping review

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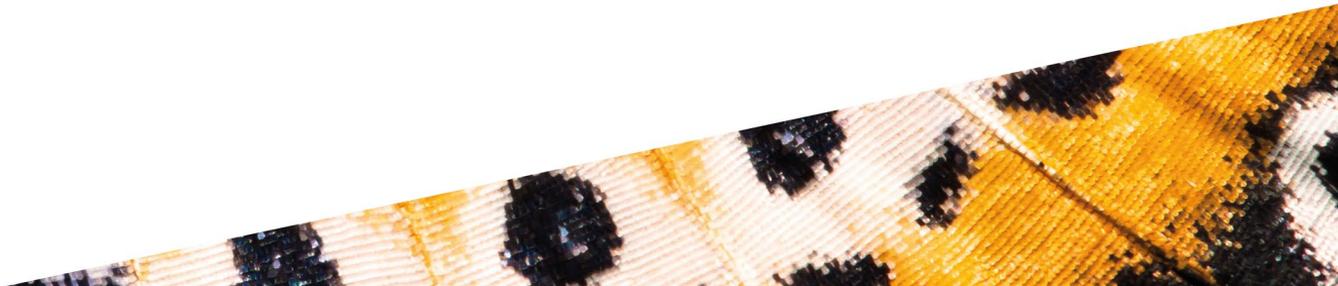
Sarah Oakley¹, Helena Dunbar¹, and Kay de Vries¹

Abstract

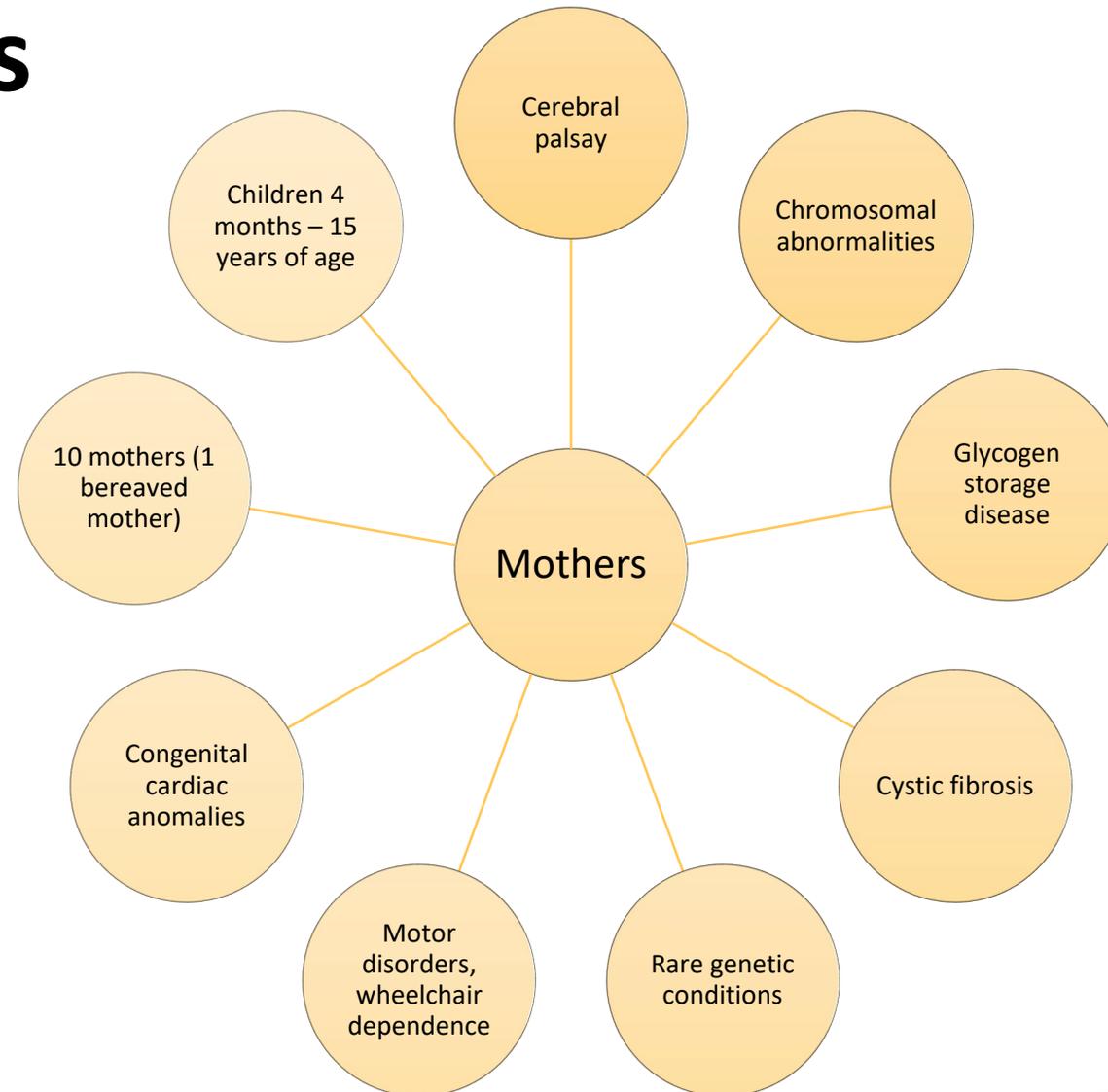
The objectives of this review were to identify strategies initiated by parents of children with life-limiting conditions to support their own well-being at home and to describe the impact of these strategies on parental well-being. A systematic scoping review was performed using PRISMA-ScR guidelines, identifying 15 relevant studies that fit the inclusion and exclusion criteria. There were no studies that specifically assessed how parents support their own well-being; however, the 15 identified studies did provide pertinent data secondary to the primary aims of each study. This resulted in the identification of 14 parent-initiated strategies which were grouped thematically into 4 categories: (i) social experience and peer support, (ii) information and management techniques, (iii) reframed perspectives and (iv) prioritising own needs. Overall, there was some evidence of parents initiating specific, individualised and useful strategies to supporting their well-being. Notably lacking was any empirical evaluation as to the effectiveness of these strategies and the wider factors associated with them. Further research is required to assess how parents support their personal well-being in daily life and how these strategies can be implemented alongside service-initiated support to ensure full parental well-being.

Keywords

Child health, nursing, palliative care, parents, social support



Participants

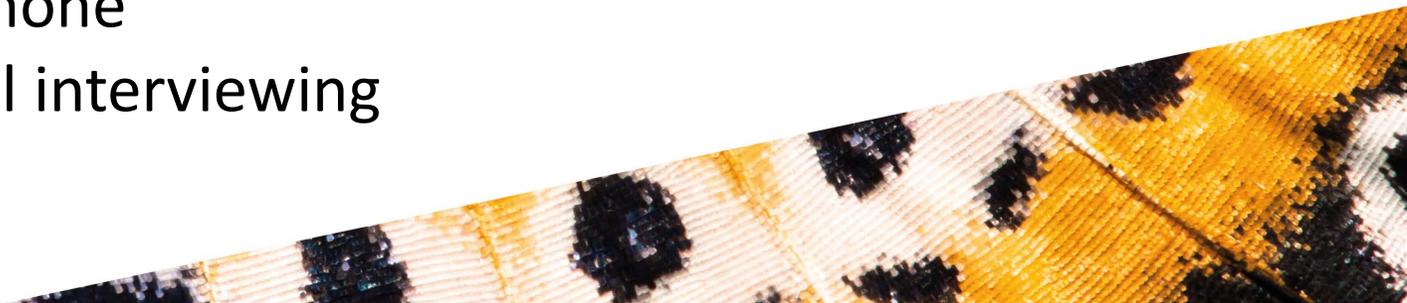


Participants



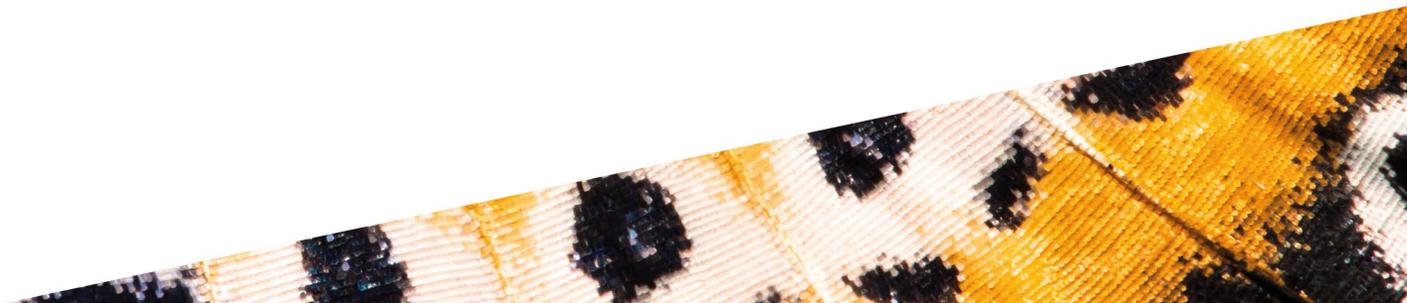
Data collection during a pandemic – personal experience

- Didn't know what to expect to begin with
- Participants very generous with their time
- Couldn't observe their environment
- Asking difficult questions
- Support through emotive conversations
- Therapeutic for participants
- Pragmatics – saved time and money
- Personal safety
- Zoom more effective than telephone
- Would highly recommend virtual interviewing



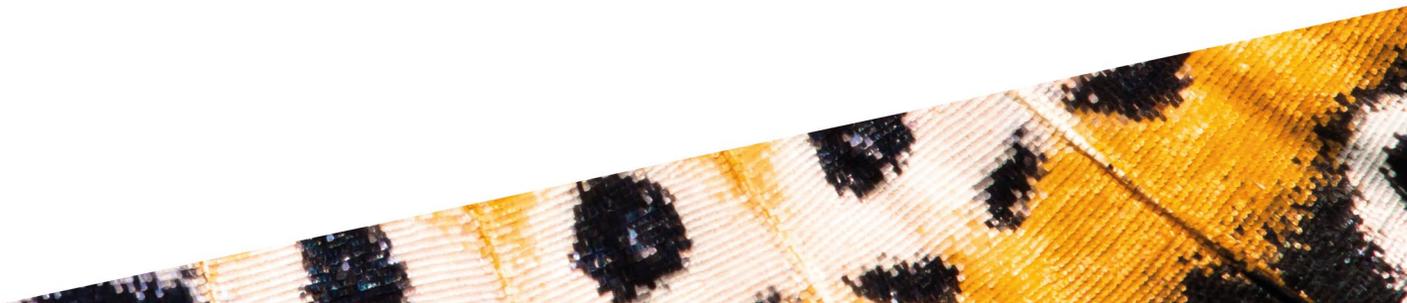
Transcribing

- Microsoft word, by hand.
- Time consuming! 8-10 hours per interview.
- Dictation software can speed things up and slow things down.
- What is the purpose of transcribing?



Data analysis

- The hardest part for me
- Pens, paper, iPad, NVivo.
- Line by line coding - Time consuming and forced.
- Take regular breaks
- 20 interview transcripts each varying from 1-3 hours of interview.
- A 2 hour interview approximately 20,000 words.



Findings: Living through a pandemic and experiencing Covid-19

Parents

- Fear
- Hibernation
- Spending more time as a family
- Less in person appointments
- Cancelled therapies
- Increased burden of care
- Rejecting outside staff
- Parents not attending own health appointments

Staff

- Adapting current roles
- Keeping up to date with guidance
- Changes to discharge from hospital procedures
- Hospices: more end of life and less respite availability
- Staff off shielding
- Emotional toll
- Supporting other staff

Findings: Experiencing judgement

*"There's a lot of gaslighting from professionals to parents. **Making you feel like you're crazy** for wanting something that is a basic need. **Making you feel like that's so unjust and ludicrous. I've had care professionals laugh at me** for asking if things are available, or if things are accessible, or if we can get help or whatnot." (MO03: 335+)*

*"It's expected that you're this super person, superhuman. **But we're not.** We're just like everyone else." (MO06: 940)*

*I mean lots of parents say all the time **you're walking a tightrope** between making sure your child gets the support they need while not **being pushy.**" (MO01: 733+)*

***If your child is disabled and you're fighting for your child it's seen as being a troublemaker... or you're being too pushy or too difficult.**" (MO01: 719+)*

*"**Mums word doesn't really count for anything**... Even in terms of feeding or sending them to school. With a typical child you send them to school with a packed lunch that you choose to give them... with tube feeding kids, you'll have to send them in with the dieticians approval (MO03: 985)*

Findings:

Skewed boundaries

“The second boy I worked with in the team, **he became my life in all honesty**. I worked so many days a week with him. I was probably doing...at one point I know I was doing at least 6 shifts a week in there because I was putting bank shifts on top of my normal working week to cover the respite that was needed for him... And my **attachment to him, I, I could feel it growing**. I knew that this boy was meaning a lot to me and what was going on with him was important to me. His family became important to me. **I never would contact them when it was my days off. But it didn't mean that I wasn't thinking about them on my days off.**” (Nurse 7)

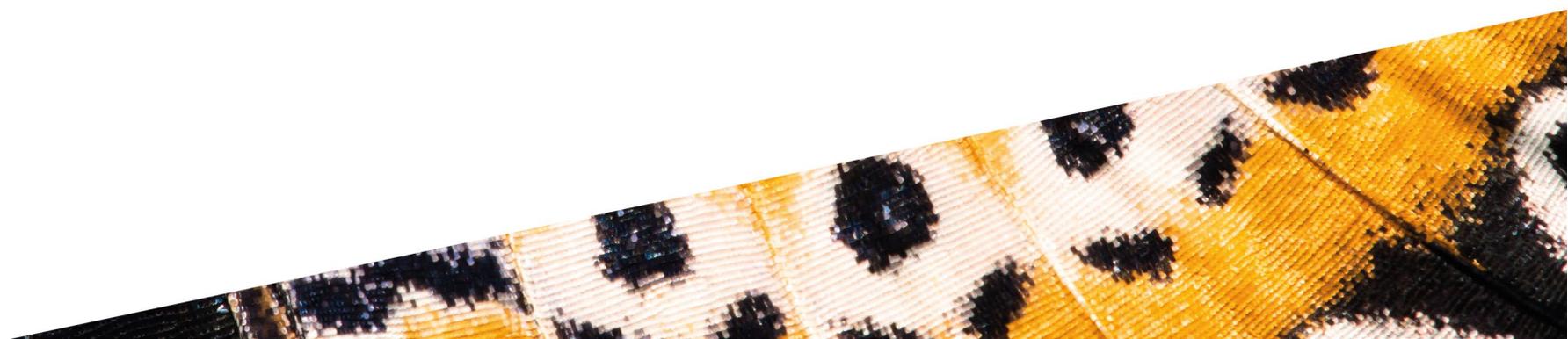
“If you look after a child in their own home with a family for years, which many carers do, **you kind of gradually lose your boundaries**, and it's very very difficult to manage this.” (Nurse 1)

“So I'm quite young and so we naturally, when you're trying to build rapport, what happens is **you end up building this kind of friendship**. It's **kind of really weird boundaries** because they're in your house for 12 hours looking after your child.” (Mother 3)

Findings: Protecting self

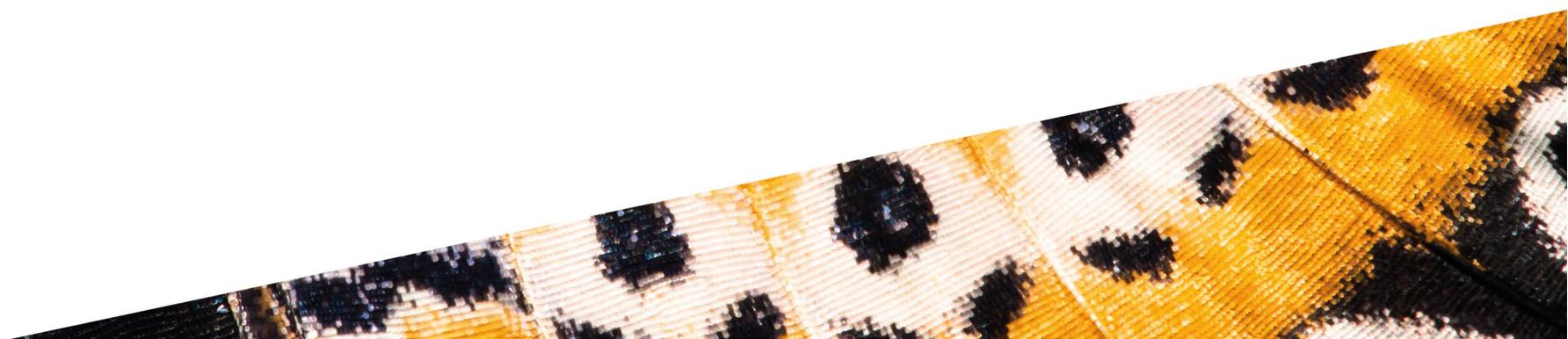
“I feel we’ve kind of **lost that support structure for staff**” (441). “I’ve kind of felt at times when I was on the other side that there wasn’t enough support for the nurses sometimes. And we go through these really challenging changes and **you don’t know who you can speak to**. Or you start to feel overwhelmed...” Nurse 7

“But I think, **maybe it’s a way I protect myself** is that you try not to get overly, I suppose the word is overly friendly. You need to be professionally friendly.” Nurse 8



Summary

- Doing research virtually (and in a pandemic) is doable and fun!
- Creating a culture of non-judgement and validating parents concerns.
- Being proactive in response to concerns.
- Finding ways to recruit and retain staff with appropriate expertise and who feel confident in advanced communication.
- Setting up clear support systems for staff in all areas
- Protecting staff mental health





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RESEARCH

