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Allan, Helen T. and Westwood, Sue (2016) Non-European nurses' perceived barriers to UK nurse registration. *Nursing Standard*, 30 (37). pp. 45-51. ISSN 0029-6570

Final accepted version (with author's formatting)

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Internationally Educated Nurses Working as Healthcare Assistants in the UK: Perceived barriers to UK nurse registration among non EU/EEA nurses.

Helen Allan and Sue Westwood

Abstract

Aim: To conduct a scoping project to identify perceived barriers to UK nurse registration as understood by internationally educated nurses working as Healthcare Assistants in the UK.

Method: Qualitative thematic analysis was used to analyse data. Eleven internationally educated nurses working as healthcare assistants in two London hospitals attended two facilitated focus groups. Participants articulated frustration with UK English language testing requirements, and a sense of **injustice and unfairness** relating to: a) dual standards for nurses educated within and outside of the European Union and European Economic Area and b) what was perceived, by some, as arbitrary testing with unnecessarily high standards. Differences among focus group attendees related to issues of **competency and accountability** regarding English language skills and passing English language skills tests, with many feeling they were playing 'a game' where the rules keep changing.

Conclusion: Language testing barriers are impeding UK nurse registration for some internationally educated nurses from outside of the European Union and European Economic Area who, as a result, are working as Healthcare Assistants. The provision of English language training by employers would improve their prospects of achieving nurse registration in the UK.

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Keywords: International; nurses; language barriers; registration; IELTS.

Background

There is increasing demand for internationally educated nurses to work in a range of countries, including the UK (Xiao, Willis and Jeffers 2014), in the context of increasing qualified nurse shortages (NHS Employers 2014). Yet there is also evidence to suggest that increasingly internationally educated nurses are working instead as Healthcare Assistants (also described as Care Assistants, Care Aides, Health Aides, Nursing Assistants, Nursing Auxiliaries, and Support Workers) on their arrival in the UK (Salami and Nelson 2014; Allan and Westwood 2015). This may be due to language difficulties, which can serve as barriers to UK registration for some internationally educated nurses (Allan and Larsen 2003; O'Brien and Ackroyd 2012), particularly those educated in non-European Union/non-European Economic Areas ('non-EU/non EEA'). This is not only an under-utilisation of much needed nursing skills as has been noted before (Smith et al 2008). It is also of particular concern because nurses from Black, Asian and minority ethnic (BAME) backgrounds are disproportionately affected (Alexis, Vydelingum & Robbins 2007). This might be construed as a form of discrimination (MacGregor 2009), in the context of ongoing challenges associated with institutionalised racism (Allan et al 2004; Allan, Cowie and Smith 2009;

Batnitzky and McDowell 2011; Likupe 2014) in the NHS. There is an urgent need to understand what barriers and facilitators exist to prevent or enhance registration with the NMC and more effective use can be made of internationally educated nurses' skills in the UK.

Literature review

Appropriate English language skills are essential for internationally educated nurses working in the UK, in order to ensure safe, effective communication and positive patient outcomes (Allan, Cowie and Smith 2009; Kawi 2009; Crawford & Candlin 2012). Countries employing internationally trained nurses deploy various testing mechanisms to ensure incoming nurses' eligibility to practice (RCN 2014a), and this includes language skills. In the UK, there is a growing emphasis on supporting appropriate English language skills development among internationally educated nurses undergoing UK pre-registration conversion courses for non EU/EEA nurses (Glasper 2014) although some nurses have expressed uncertainty about whether they are being equipped with the 'right' language skills (Stephenson 2014). However, little work has been done so far to address the needs of those nurses who are struggling to pass the pre-course mandatory English language testing, known as IELTS (NMC 2014a and 2014b). Without achieving a satisfactory IELTS score, non EU/EEA internationally educated nurses are ineligible for these conversion courses. By contrast, EU/EEA nurses are not required to undergo IELTS testing (because of 'Freedom of Movement' principles under EU legislation) (NMC 2011).

There are growing concerns that IELTS might make it more difficult for some internationally educated nurses to achieve UK registration (Nursing Standard 2005; Buchan and Seccombe 2006; Buchan 2007) and that this could disproportionately affect non EU/EEA nurses because of the higher testing requirements imposed upon them. If unable to achieve UK registration, internationally trained nurses, particularly non EU/EEA nurses, might seek employment in unqualified low-paid care roles, such as that of Healthcare Assistants, for which there is no mandatory English language testing (RCN 2014b). At a time of a shortage in qualified nurses in the UK (NHS Employers 2014) this is a waste of their much-needed skills. It could also mean that safety might be compromised: if there is a good reason to test English language skills in nursing, it begs the question as to why they are also not being tested in Healthcare Assistants. This could also be construed as inadvertently discriminating against BAME nurses and women, both of whom are disproportionality represented in this group (Ehrenreich & Hochschild 2004; MacGregor 2007). Little is known as yet about how many internationally educated nurses are working as Healthcare Assistants in the UK, nor how they perceive and make sense of barriers to achieving UK registration. The project reported here aimed to conduct some preliminary scoping to address this gap in knowledge.

Aim

The aim of the scoping project described here was to identify perceived barriers to UK nurse registration as understood by internationally educated nurses currently working as Healthcare Assistants in the UK.

Methods

A preliminary scoping project was undertaken, approaching fourteen London NHS trusts for statistics on internationally educated nurses currently working as Healthcare Assistants in

their organisations. Two hospitals identified a database of such individuals, from which focus group participants were recruited.

Setting and sample The study was conducted with staff working in two London NHS acute trusts . The total number of the sample comprised 11 participants. Participants were recruited via convenience sampling (Bowling 1997): previously identified overseas trained nurses working as Healthcare Assistants were invited to participate. See Table 1 for a breakdown of participant profiles. All participants were non-EU/EEA educated nurses.

Data collection The focus groups were conducted by the researchers, in venues away from the main hospital sites, to ensure participants confidentiality. They were audio-recorded and field notes taken. The audio recordings were transcribed by an administrative assistant and then cross-checked and verified by the researchers.

Data analysis Thematic analysis (Guest, MacQueen and Namey, 2012) was deployed to analyse the data, involving the staged process as described by Braun and Clarke (2006). Themes were identified independently by the two researchers, then cross-compared, then the data were re-visited to verify and (re-)codify according to themes.

<Insert Table 1 here>

Ethical issues Approval for the evaluation was granted by Middlesex University's research ethics committee. Requirements regarding confidentiality, anonymity and the right of withdrawal at any time were met. Participants' informed consent was obtained before the focus groups. Consent included agreement for anonymised study results to be disseminated. The study was conducted in 2014.

Findings

One of the key findings identified early on in the study was the under-recognition of the scale of internationally educated nurses working in London NHS trusts. Of fourteen London trusts approached for their data: four did not respond (despite multiple requests); six reported that they did not keep records of whether their Healthcare Assistants were qualified nurses, nor where they had completed their education; and two had partial statistics. The two trusts with partial statistics had asked their Healthcare Assistants to identify themselves if they were internationally educated nurses. Each had a database of self-identified individuals, with no way of knowing to what extent this represented the total number of internationally educated nurses working as Healthcare Assistants in their respective organisations.

In terms of the thematic analysis, issues of **frustration** are present throughout the participants' stories:

It's really frustrating. (RGHCA106)

I am really frustrated (RGHCA103)

Frustrating, isn't it? (RGHCA107)

I mean in my case I'm really frustrated. (RGHCA102)

This is in the context, for many participants, of repeated unsuccessful attempts by many at passing IELTS, as illustrated in Case Study 1 (Box 1).

<Insert Box 1 around here>

This article focuses on two main themes that illuminated participants' experience of working as Healthcare Assistants. The first relates to issues of **injustice and unfairness**: participants perceived the language testing requirements as having double and/or arbitrary standards with little relevance for working effectively as a nurse. The second theme relates to **competency and accountability**: participants differed in their actual English language skills and the level of skill perceived as necessary to work effectively as a nurse; they also differed in terms of the locus of accountability for improving their English language skills. i.e. whose responsibility it is (individuals nurse vs NHS employing organisation).

A sense of injustice and unfairness was consistently reported by participants. This related to two main areas: double standards in the UK for EU/EEA and non-EU/EEA qualified nurses; the IELTS testing requirements, which were perceived by some as being arbitrary and unfair.

Double standards

Participants objected to different English language requirements for EU/EEA and non-EU/EEA educated nurses:

They (EU nurses) don't need IELTS do they? (RG1HCA6)

They don't take IELTS. (RG1HCA1)

Really, that's not fair! (RG1HCA7)

Not fair! (RG1HCA2)

Like EU they don't have to take IELTS but I don't think all of them have good English like we do. (RGHCA201)

The EU they don't need to take IELTS. But I have a colleague she is from EU, from Spain and she doesn't speak English... And we are speaking English from birth and we can't apply for registration... They need to balance the rules. (RG1HCA3)

IELTS testing requirements

IELTS, not English language skills per se, were seen by those who were unsuccessful in passing IELTS as a major stumbling block to UK registration:

I mean I know my capabilities and skills and here I am doing a healthcare job. It's just only really the IELTS that's really stopping me. (RG1HCA5)

I was the good student in back home but because of my English and because of my IELTS I'm working as a HCA so of course that is frustrating me. (RGHCA201)

Many participants thought that IELTS requirements were too high:

I think not only that it's just the um, the scores that they are requiring. (RG1HCA1)

It's too much. (RG1HCA7)

Because for EU you see if they get 4 that's fine, but how about a 7, it's so difficult. (RG1HCA8)

Some participants thought that IELTS scores were problematic, in several ways. This participant, for example, distinguished between spoken and written English language competencies:

No because you come here and you know that the language is English, so you can practice it as well, so while you are talking to them, you can practice your English more and so I'm expecting that really, really hard compared to Philippines because sometimes you know the interviewee is Filipino. Sometimes it's really hard, they are really strict on the grammar and the word that you didn't say. In here I thought like you know if you're talking, you can express yourself. The thing is I don't know how they score it, that's the problem. Sometimes you are confident enough that you know you answer everything, but when you receive the scores, like you don't know how they score this one, how you manage to. Because you really just talk to them continuously even if you're fluent in English but you don't know how they score here. (RG1HCA4)

This participant has highlighted how, to a certain extent, some level of spoken English, however imprecise, can be acquired with practice. However the testing of written skills requires a greater degree of precision (e.g. use of grammar and exact words). The testing thus picks up on the difference between spoken English which, perhaps, is good enough to 'get by' and written English, which requires greater accuracy. In addition there is confusion about scoring standards, having to score across different sections, and not being able to carry over a previous score. It seemed nebulous to the participants, and difficult to get a handle on, slippery even, something which was impossible to fully grasp. This was a repeatedly expressed view:

I sat IELTS in the Philippines. I also got 7 but the problem is you need to do all 7 or the whole part, some for example, I get 8 on listening, but I get 6 on writing, I get 7, even though you've got 9 if you've got a 6 somewhere else, you fail. (RG1HCA3)

Unsurprisingly, participants who had previously succeeded at IELTS did not perceive them to be a barrier:

I'm fine with IELTS, maybe I can take it without reviewing because I learned English at the age of 3 or 4 in school. Yeah I'm not bothered about IELTS. (RGHCA202)

This is also exemplified in Case Study 2 (Box 2).

<Insert Box 2 around here>

However, other participants, who were finding IELTS more challenging, questioned their relevance for effective nursing:

Why they are focusing only on the IELTS, because IELTS is not everything? IELTS is one thing like yeah you should have you know the amount like, the level of knowledge in English, you should have the good communication but that doesn't mean that IELTS is everything. (RGHCA201)

... but the only problem with that is if they give you a scenario that you don't have really idea [sic], like I have experienced about nuclear [power] and I don't know, I just can't say something. It's um I have no idea so I lost it. So even though you get high score in the other category, but if you get like lower score, like 7 it has to be in all components and if you get 6 or 6.5, you are lost. (RG1HCA9)

This participant could not see the relevance of being able to discuss nuclear power to being able to work as an effective nurse. She did not appreciate that she might face nursing

situations where she might need to be able to communicate in a broader vocabulary than simply one specific to clinical issues.

Issues of competency and accountability: Participants distinguished between English language (testing) and nursing competencies among colleagues, and the locus of accountability for improving their English language skills. Participants perceived themselves as having comparatively better English language and nursing skills than some other Healthcare Assistants and UK registered internationally educated nurses. Many of the participants reported being required to use their nursing expertise in their roles as Healthcare Assistants, with administering medication being the only distinction between many of their roles and that of the UK registered nurses:

... I'm doing already like cannulation and venepuncture and I'm spinning the bloods and then all of a sudden we are short of nurses and they are actually calling someone to come back from their break to count the medicine and then the medicine will be sent to the patient. You know I'm actually in there but I'm not allowed so you know sometimes it's quite frustrating. (RGHCA202)

Some participants felt Wards benefited from having staff with their skills working as (comparatively low-cost) Healthcare Assistants, as evident in this group exchange:

[It's] an advantage for them...(RG1HCA1)

Actually it's very advantage [sic] to them...(RG1HCA2) [laughter]

....Because basically they can send us to any patient except for medication and also they over-use us sometimes... (RG1HCA1)

...If they know that you know the cannulation they always call you, please can you do this for us... (RG1HCA2)

...And they probably also, some nurses don't have the skills or the expertise. (RG1HCA5)

Several participants perceived themselves as having more nursing skills than some UK registered nurses:

Yes sometimes like you know if you've got a qualification and something is preventing from you to work, HCA nurse is quite boring and sometimes it's frustrating as well. Yeah obviously and you wonder sometimes you can notice even, sorry to say, but some people they don't have confident [sic] like you, but they are working as a nurse. (RGHCA201)

There is one agency nurse that um I mean I was working with him and um, he was asked by a doctor to put a syringe [sic] in. I mean for like 20 minutes he was trying to insert the syringe [sic] but he couldn't. Although it's not, I mean it's not my, I'm not registered here, but he just asked me if I could, because he knew that I was a registered nurse, so it's like 'Can you do it for me?' And 2 minutes later it's in. (RG1HCA4)

Some said they had even asked to support/supervise trainee nurses:

Then my manager asked me 'Do you mind to take whether a student or the banking staff do they do it properly and then I have taken and I found that the student nurse she was doing you know incorrectly and I told like you did this here... RGHCA201

Seeing students then to go on and qualify was also deeply troublesome:

And sometimes when you see the students you know, they are already hired and you are still there as a Healthcare [Assistant], which is so frustrating. (RGHCA105)

This sense of being used at work for their nurses skills while not being formally recognised or remunerated as qualified nurses informed the sense of injustice shared by participants. It also informed, for many, their understanding of what needs to change. One participant concluded:

It's a game... it's not because you have not good English, not because you have good English, so I don't know it's because of that. (RGHCA201)

While some participants expressed a willingness to play the 'game' and win (i.e. pass IELTS) others expressed a sense of hopelessness and despair and doubted that they would ever succeed. A few participants spoke of 'playing the game' by improving their English language skills and/or their IELTS test-passing skills,

I worked as a healthcare assistant because that's my path in going forward in nursing. So it's a good training for me because I work hand in hand with the nurses as well and the senior ones and so yeah that's my, my future plan ... so I'm thinking from the very start I will process my papers and that will be the very time when I take my IELTSs. RGHCA201

However, others expressed the view that the system should change, specifically in relation to IELTS:

Yeah the score, can't they just lessen it? (RG1HCA9)

I think just lessen a bit. And they had [have] to see how many years I'm here and if we are really able to communicate with our patients. Those who are here, it's like just lessen the score. ... not make it too tough for us, who are already here for 5 years, working in healthcare setting, I think we have given enough experience that we are able, capable to communicate well. (RG1HCA4)

Like in my point of view, people who are already overseas nurses and who is working as a nursing assistant here, I think they should have decreased IELTSs level because you know they do have qualifications and everything. So I think, but I don't know if the NMC could decrease the IELTSs for people ... RGHCA201

So while some participants accepted the need to 'play the game' and pass IELTS, others felt the rules of the 'game' needed to change. Specifically, it was suggested that required IELTS scores should either being lowered across the board, or there should be different scores required for internationally educated nurses who have been working as Healthcare Assistants in UK clinical contexts for some time, and who can prove their communication competencies in situ.

Limitations

The study had some methodological limitations. It involved a small sample size recruited from only two London hospital trusts. It involved a convenience sample, i.e. those internationally educated nurses known to be working as Healthcare Assistants, who put themselves forward to participate in the study. It only included non-EU/EEA nurses (as they

were the only ones who volunteered to participate). It would have been advantageous to have been able to evaluate a larger sample, possibly with a wider range of experiences. It is possible that potential participants who were challenged with spoken English self-selected themselves out of the event, raising the possibility of a sample skewed by those individuals with comparatively higher standards of spoken English. A wider sample, again, possibly with the offer of translation support, might have generated a wider range of perspectives.

Discussion

The findings from this study highlight a previously un-addressed area, namely support for non-EU/EEA internationally educated nurses unable to pass IELTS, and so finding themselves working as Healthcare Assistants. Many of the participants, especially those facing challenges regarding their English language skills, expressed the view that IELTS is arbitrary and unfair, and that the standards are too high. This raises a number of issues. Firstly, is IELTS the best measure of English language skills in clinical contexts? Secondly, if it is, what are the implications of Healthcare Assistants (who are internationally educated nurses) being unable to meet the IELTS criteria, but still working in clinical contexts, often taking on a lot of responsibilities more often associated with the role of a qualified nurse? And thirdly, whose responsibility is it to support internationally educated nurses unable to pass IELTS: the nurses and/or their NHS employers (in desperate need of skilled nurses)? We would suggest the latter and would propose that the NHS offers increased support to internationally educated nurses in improving the relevant and necessary language skills to work effectively in nursing contexts.

The findings also raise the issue of unequal treatment of EU/EEA and non-EU/EEA nurses. The UK government is obliged to treat them differently not because it chooses to impose greater testing on non-EU/EEA nurses, but because it is prohibited from applying similar standards to EU/EEA educated nurses due to EU law. However the end result is that there is a two-tier system for EU/EEA and non-EU/EEA nurses, which non-EU/EEA nurses understandably consider to be unfair. As more non-EU/EEA nurses are likely to be from BAME backgrounds (MacGregor 2009) this also needs to be located within the context of the need to avoid perceived discrimination on the grounds of 'race' and/or ethnicity. This apparent arbitrariness, and questions about the mechanics and standards of IELTS training shifted, for participants, the locus of accountability away from themselves and more on the system. Many do not perceive their English language skills to be a problem, but rather the system with which they are required to comply feels to them as if it is. This is exacerbated by accounts of other internationally educated EU/EEA UK registered nurses, some of whom the participants believe have lesser English language capabilities than themselves. This not only raises further issues of inequality, but also concerns for patient safety and patient outcomes should this actually be the case. Although employers 'have the right to require evidence of English language competence to ensure that they employ nurses and midwives who are able to communicate effectively' (NMC 2011: 6) it is unclear to what extent they are currently doing so in the UK, and we would suggest this area needs further investigation.

Conclusion

The different English language testing requirements for nurses educated within and outside of the European Union and European Economic Area pre- UK nurse registration is a source of

frustration for those nurses disadvantaged by this. Some nurses educated outside of the European Union and European Economic Area are working as Healthcare Assistants in the UK because they are unable to pass the English Language test (IELTS). Employers should monitor how many internationally educated nurses are working as Healthcare Assistants and provide English language support to those struggling to pass IELTS.

Recommendations

Employers should monitor how many internationally educated nurses are working as Healthcare Assistants and provide English language support to those struggling to pass IELTS. In this way, in the times of qualified nurse shortages, this valuable resource will not go wasted. Furthermore, it will serve to offer greater parity for those non-EU/EEA educated international nurses, who have to meet more stringent requirements than their EU/EEA educated counterparts.

Implications for Practice

- **Internationally educated nurses need support by ward teams and managers to build confidence in both written and verbal use of English**
- **NHS employers need to provide support for internationally educated nurses practising as HCAs who require a pass at IELTS in order to register with the NMC**
- **Data is required on how many internationally educated nurses are working as HCAs so support can be offered.**

Acknowledgements

The authors would like to thank the study participants for their generosity in sharing their time and experiences. Thanks also to the NHS trusts and staff who supported the study.

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Table 1	Focus Group Participant Profile				
Participant	Age Group	Gender	Country of Origin	Current Role	Years in UK
Participant (1)	30-39	F	Philippines	Nurse assistant band 3	10.5
Participant (2)	30-39	M	Philippines	Nurse assistant Band 3	9
Participant (3)	40-49	F	Philippines	Nurse assistant Band 3	1.5
Participant (4)	30.- 39	M	Philippines	Nurse assistant Band 3	10
Participant (5)	40-49	F	Philippines	Nurse assistant Band 3	5
Participant (6)	30-39	F	Philippines	Nurse assistant Band 3	4
Participant (7)	30-39	F	Philippines	Nurse assistant Band 3	6
Participant (8)	30-39	F	Philippines	Nurse assistant Band 3	7
Participant (9)	30-39	F	Nepal	Nurse assistant Band 3	6
Participant (10)	30-39	F	Nepal	Nurse Assistant Band 3	4
Participant (11)	30-39	F	Philippines	Nurse Assistant Band 3	4

Table 1 Profiles of focus group participants

Box 1

Case Study Participant RG201

Background: Kalpita (pseudonym) was born and grew up in Nepal. She came to the UK to marry her (Nepalese) husband. She lives with her husband and his family. They have a small child. Kalpita's English before coming to the UK was 'poor' having only learned a little at school. She considers it much improved now. She does not speak English at home, and it remains very much her second language.

Experience

Kalpita has failed IELTS on multiple occasions. She has undertaken two week intensive pre-IELTS courses, but they have been insufficient. She does not have the time to attend regular classes outside of work and feels very frustrated. She feels she has better English and nursing skills than some internationally educated nurses from within the EU and EEA, who are now UK registered, while she remains a Healthcare Assistant. Kalpita considers this to be very unfair.

Perceived Barriers & Solutions

Kalpita feels the testing system is unfair and that the standards should be lowered. She believes that she speaks better English than some EU/EEA educated nurses, and that the problem lies with the testing system, not her English. She believes the system should be changed.

Box 2

Case Study Participant RG202

Background: Miriani (pseudonym) was born and grew up in the Philippines. She came to the UK to work as a nurse. She lives with her husband, also from overseas (not the Philippines). Miriani learned English in school from the age of three and considers herself to be fluent. She and her husband speak English at home: it is their common language. Miriani considers English to now be her primary language.

Experience

Miriani has already passed IELTS in the Philippines and is confident that she will do so again in the UK. She is waiting to get her paperwork in order before taking IELTS again because passing IELTS has time limits and she wants to avoid having to take it a third time.

Perceived Barriers & Solutions

Miriani understands what she needs to do to pass IELTS and achieve nurse registration. She has undertaken additional qualifications since working in the UK. Although she is frustrated by the double standards relating to EU/EEA and non- EU/EEA educated nurses, her attitude is to comply with the system rather than expecting it to change.