Learning experiences of Taiwanese conversion course students in Australia

Li-Chiu Lin

University of Wollongong
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Learning experiences of Taiwanese conversion course students in Australia

A thesis submitted in partial fulfillment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

from

University of Wollongong

by

Li-Chiu Lin

B.N. (UWS), M.S.N (UOW)

School of Nursing, Midwifery & Indigenous Health

2011
Thesis Certification

I, Li-Chiu Lin, declare that this thesis, submitted in partial fulfillment of the requirements for the award of Doctor of Philosophy, in the School of Nursing, Midwifery & Indigenous Health, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Li-Chiu Lin
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List of definition of terms and Abbreviations

This thesis illustrates diverse disciplines including nursing and nursing education, communication, culture, psychology and sociology. Issues of terminology arise when words are utilised that deviate from general usage and have specific meanings in the context of the disciplines. The following list of terms and definitions are provided in order to address any haziness that arises from the usage of these terms and to indicate their preferred meanings. In addition, the abbreviations that are presented in this thesis are also listed in this section.

Definition of terms

Bachelor of Nursing (BN) conversion course: an academic nursing course developed to upgrade qualifications from a diploma to a bachelor of nursing (BN) degree

Burn out: is a psychological term for the experience of long term exhaustion and decreased interest (Duquette, Sandgum & Dbeaudet 1994).

Di Zi Gui 抟子經 is an ancient Chinese book written by Chinese saints and sages.

Emigration: to leave one place of residence or country to live elsewhere.

Exploratory qualitative research: is an approach to exploring a life event, which was shared by a group of individuals (Parse 2001 p 105)

Higher education: education at degree level or above.

Push factors: reasons that drive people from one location to another (Datta 2008).

Pull factors: reasons that people are drawn to a new place (Datta 2008).

Technological and vocational education system: technological and vocational education covers a wide range of disciplines from technical and handicraft courses in junior high schools, vocational schools and junior colleges to technological institutes and sciences
and technology-oriented universities. The fields of the technological and vocational education systems contain science and technology, training, employment and business.

_Tzau Niou Tzuo Ma_ (做牛做馬): is the mandarin term for describing someone who works extremely hard (教育部國語推行委員會 1997).

_Ren You Duan Cie Mo Jie_ (人有短切莫揭): a mandarin expression meaning “do not expose other people’s shortcoming” (教育部國語推行委員會 1997).
Abbreviations

**AAP**: Australian Associate Press

**ACMNWP**: Advisory Committee to the Multicultural Nursing Workforce Project (In Australia)

**AIN**: Assistants in nursing

**AUD**: Australian dollar

**BN**: Bachelor of Nursing

**CGFNS test**: Commission on Graduates of Foreign Nursing School test (a test for overseas-qualified nurse in USA)

**CVS ward**: Cardiovascular Surgery ward

**EAP**: English for Academic Purpose

**EN**: Enrolled Nurse (EN in Australia = Registered Nurse in Taiwan)

**ER**: Emergency Room (in Taiwan)

**ESL**: English as a second language

**ESOL**: English for Speakers of Other Language

**GBP**: Great British Pound

**ICALD** student: International Culturally and Linguistically Different student

**ICU**: Intensive Care Unit

**IDP** education Australia: International Development Program Education Australia

**IELTS**: International English Language Testing System
**JCAHO**: The Joint Commission on Accreditation Healthcare Organizations

**KMT**: Kuo Min Tang

**MICU**: Medical Intensive Care Unit

**NESB**: non-English Speaking Background

**NICU**: Neurosurgery Intensive Care Unit

**NP**: Nurse Practitioner

**NTD**: New Taiwanese Dollar

**OR**: Operation Room

**PICU**: Pediatric Intensive Care Unit

**PR**: Permanent Residency

**QLD**: Queensland (A state in Australia)

**OQN**: Overseas qualified nurse

**RCU**: Respiratory Care Unit

**RN**: Registered Nurse (RN in Australia = RPN in Taiwan)

**RPN**: Registered Professional Nurse (RPN in Taiwan = RN in Australia)

**UK**: United Kingdom

**USA**: the United States of America

**USD**: United States Dollars
Presentations from this thesis


Abstract

For overseas qualified nurses (OQNs), a Bachelor of Nursing (BN) conversion course appears to be the best means of ensuring registration in Australia. However, the experience of the BN conversion course is not just that of becoming registered. Literature related to international nursing students and learning experiences emphasizes the major academic adjustment English as a second language (ESL) students have to make when studying. This thesis attempts to move beyond this narrow focus and broadens the debate by looking at the inter-relational factors of language, culture, learning and working perspectives in order to discover a better understanding of the most important aspects of OQNs (Taiwanese nurses) studying in Australia.

This thesis applied a exploratory qualitative descriptive design (Parse, Coyne & Smith 1985). The researcher individually interviewed a total of twenty-six Taiwanese OQNs by using a semi-structured interview method. A qualitative approach was undertaken using snowball and purposive sampling techniques to access participants. Taiwanese participants living in Sydney, Brisbane, Melbourne and Taiwan were selected. All participants had completed a RN-BN conversion course and were eligible for registration in Australia. Face to face semi-structured interviews of forty-five to sixty minutes in length were conducted. All interviews were transcribed verbatim, with participants allowed to speak Mandarin during the interview. The transcriptions were translated to English by the researcher and verified by competent bilingual people.

Three sections emerged and are discussed in this thesis including: Escaping and Dream Seeking, Frustration and Compromising and Evaluating. According to these three stages, the overarching theme is - understanding the disparity: expectations of
Taiwanese registered nurses about studying a BN conversion course in Australia compared with what the course actually offered.

The findings of this thesis are very compatible to previous study findings associated with the experiences of overseas qualified RNs. All participants expressed similar opinions about their perspective on the courses and the outcomes of their learning experiences in Australian universities and clinical practicum, as well as how these nurses established relationships with local students. In addition, participants in this thesis also contributed their suggestions to what they need from the courses. In conclusion, recommendations for considering an appropriate course for those Taiwanese nurse students and even other OQNs are necessary.
Acknowledgements

Many many thanks to many, many people, without their help I would not have had chance to finish this thesis. Thank you, Professor Patrick Crookes and Associate Professor Janette Curtis. I have to say thank you very much to Dr. Kumiyo Inoue, you always offer your help to me. (ありがとうございます). Thank you very much. As an overseas student, English is my second language, I really have to say thank you to Christie and Danielle. Thank you very much for offering your help in one of my weakest parts, especially in the last stage.

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Chapter 1
Introduction

In the past half century, higher education for international students in Australia has gone through significant change and development. The history of Australian universities hosting international students during this period documents an important shift from hosting exchange students to taking full fee-paying international students (Auletta 2000). An increasing number of international students from Asia have been attracted to Australian higher education institutions, with Taiwanese registered nurses being no exception to this trend.

This thesis seeks to understand and explore Taiwanese registered nurses’ experiences during a Bachelor of Nursing (BN) conversion course offered by Australian universities. In doing so, any results may benefit future Taiwanese registered nursing students who want to study in Australia and help Australian universities to improve their nursing education programs which lead to registration in Australia.

Background of this thesis

Whilst Australia draws international students from different countries, in the 2004 academic year Asian countries provided about 86% of all overseas students with about 56% of Asian students originating from North-East Asia including China, Hong Kong, Japan, Korea and Taiwan (Australian Government Department of Immigration and Multicultural Affairs 2005, p.50). There were also a significant number of international nursing students seeking to study overseas (Department of Employment Education Training and Youth Affairs 1996). One possible reason that overseas qualified nurses (OQNs) see Australia as a desirable destination for study is that they may have the opportunity to live permanently in the country, because of the nursing shortages facing many western countries.
Since international students are a big group in Australia, many researchers and scholars have investigated the issues of international students’ experiences in Australia. However, there are few studies that focus on OQNs. In particular, there is not any literature regarding OQNs’ experiences of doing a BN conversion course leading to registration in Australia. Consequently, this researcher seeks to understand the various facets of the studying experiences of OQNs’ studying a BN conversion course and make a significant contribution to this area.

The aim of this thesis
The aim of this study is to explore the motivations and experiences of Taiwanese nurses who attended a BN conversion course leading to registration in Australia.

The organisation of this thesis
This introduction seeks to define the context of this study by introducing the reader to the background of the study and to provide a justification of its importance.

Chapter two is dedicated to reviewing relevant literature, and identifies relevant articles related to the experiences of Taiwanese nurses studying a BN conversion course leading to registration in Australia.

Chapter three, the methodology section, outlines the procedures and strategies used in the data collection and analysis of data. This chapter begins with an explanation of the application of the qualitative method followed by ethical considerations, data collection, data analysis, data management and presentation.
Chapter four details the results and discussion of the study, and begins by providing demographical data on the participants’ study experiences both in Australia and Taiwan, profiling their age, acknowledgement of previous work experiences in Taiwan, the duration of the selected course in Australia and their employment status at the time of the interview. The second section encompasses the experiences of Taiwanese nurses that led them to select a BN conversion course leading to registration as a nurse in Australia. The third section contains an evaluation of the BN conversion courses participants undertook. In addition, the overarching theme is discussed in the end of this chapter.

Chapter five contains a brief conclusion, as well as recommendations and limitations.
Chapter 2

Literature review

The purpose of this literature review is to identify relevant literatures related to the experiences of Taiwanese nurses studying a Bachelor of Nursing (BN) conversion course leading to registration in Australia. Based on the available literature, three themes were extracted, these are: a) social and cultural adjustment, b) life experience as a nurse in an unfamiliar environment, and c) policies and practices related to immigrant/overseas qualified nurses’ (OQNs) programs.

Aspects of searching relevant literature

Literature was searched with consideration to the following subject areas: ‘overseas qualified nurses’; ‘overseas students’; ‘courses/programs for overseas qualified nurses/students’; and ‘any issues relating to overseas qualified nurses/students.’

Search strategies

The literature search was conducted systematically based on the researcher’s strategies of trying and testing different key words, use of truncation, selection of databases and, applying a limit to the search results. Subsequent to this process a number of articles of literature were extracted. A detailed guide to the search strategies used in this literature review is presented in appendixes I and II.

Keywords

The following English and Mandarin terms were used as keywords: overseas qualified nurs*, RN/BN, registered nurs*, non English background, English as a second language, international nurs* student*, study experiences, Taiwa* nurs* students, Chin* nurse, Australia*, foreign nurs*, and undergraduate nurs* student, 台灣, 護士, 澳洲, 學習經
Databases

A total of five databases were searched, these being: CINAHL, Medline, A+ Education, CPES and Eric to collect information on international education. However, the literature regarding conversion courses was limited. Therefore, a Google search was also conducted to see if there were any articles missed by the researcher.

The limit applied to the searched results

The literature search was initially limited to articles with a publication year from 1996 to 2006, and then subsequently limited to English and Mandarin after the commencement of interviews.

The reason for limiting the search between these years was determined based on the movement of Taiwanese nurses working or studying in Australia. It is evident that there were limited numbers of Taiwanese people studying in Australia before the 1990s (Smart & Ang 1995); therefore, it was suspected that a similar trend could be observed among Taiwanese nurses as well.

The process of searching

An initial search of university library databases was undertaken, followed by an analysis of the text words contained in the title and abstract and the index terms used to describe the article. The key words Taiwa* and Australia* were used. However, the literature regarding these two key words was very limited. Therefore, a second search using all identified keywords and index terms was undertaken across all included databases. Moreover, the reference list of all identified reports and articles was researched for additional studies.
The number of articles of literature yielded

As a result of the searching process detailed above, a total of forty three articles were extracted. All of them were examined but only thirteen were considered to be directly relevant to the study. All of the excluded articles of literature and reasons for exclusion are presented in Appendix III.

Inclusion criteria

Literature that met the following criteria was included:

1. Literature on studies in the area of OQNs who took an undergraduate course leading to registration in Australia was included as it provided information that related to OQN’s experiences on Australian campuses;

2. Literature on any studies that related to work experience, life experience, and studies of OQNs in Australia was included; and

3. Literature on any study that related to a qualification / skill assessment program and policy evaluations were included.

Exclusion criteria

Studies that met the following criteria were excluded:

1. Studies discussing international nursing students who studied postgraduate programs not leading to registration were excluded;

2. Studies involving international nursing students who were enrolled in three/four year undergraduate courses were excluded, because it was not clear whether these students may have had nursing qualifications in their mother country or not; and

3. Publications prior to 1996 were excluded because there was no significant trend for Taiwanese nursing students to study in Australia until the late 1990s (Smart & Ang 1995).
Results

All the thirteen articles selected for inclusion, discussed the topic of OQNs in Australia. In terms of publication style and methodology, there were four theses, eight articles (including a systematic literature review), and a report. One thesis employed both qualitative and quantitative approaches, one used phenomenology, another one was a critical analysis of the assessment of OQNs and the remaining one was an exploratory descriptive survey and interview. Of the eight articles, excluding the systematic literature review, three articles used a qualitative approach, one was a discussion paper, one was a report from a state council and the other three were non-study related descriptive articles.

Most researchers used the term ‘overseas qualified nurses’ generally; thus, it was unclear whether Taiwanese nurses were included in each study or not. No study about BN conversion courses for OQNs has been published. Only one study (Wang 2002) specified that the participants were Taiwanese nurses, as a result, Wang’s (2002) thesis was determined as the most relevant literature extracted from the literature search. Even though there were limited studies available, three themes were found as a result of this literature review. These themes are: social and cultural adjustment, life experience as a nurse in an unfamiliar environment, and a lack of clear policy associated with the assessment of OQNs (shown as Table 2.1). These are now discussed and analysed as follows.

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Table 2.1 The main findings from the literature review
Theme one: Social and cultural adjustment

Social and cultural adjustment is an important part of OQNs’ experiences while they study in Australian universities. Those OQNs face a different learning culture and teaching style and have to interact with classmates who are from different cultural backgrounds. They also have to communicate with others in a different language. Therefore, social and cultural adjustment is a big task for them in addition to the challenge of their studies in Australia.

Three articles were found that indicated the issues relating to international students’ social and cultural adjustment, these being; Wang’s Masters thesis, completed in 2002, Tsukada and McKenna’s journal article, published in 2005, and Cotton’s PhD thesis which was completed in 2000. Wang’s (2002) Masters thesis was especially related to this thesis since her participants were a group of Taiwanese nurse students. A description of the purpose, methods, results and discussion in these three items of literature relevant to theme one – social and cultural adjustment is shown as appendix IV.

Cotton (2000), Wang (2002) and Tsukada and McKenna’s (2005) studies all aimed to explore OQNs’ studying experiences in Australia. A number of relevant points were identified by these authors, there were: 1) study motivation and aim; 2) different learning and teaching styles; 3) language difficulties; 4) issues relating to social and cultural adjustment; and 5) the need for support (both academic and emotional). The key findings of these three articles to support the above points are described below.

Finding 1 - The aim and motivation of overseas nursing students in their studies were focused on a higher standard of nursing education because it was difficult to obtain advanced nursing education in their home countries. They also wanted to experience Australian clinical practicum and to understand the local culture and the health system.
in Australia.

Finding 2 - Different teaching and learning styles as well as unfamiliar academic assessments were new experiences for the overseas nursing students during their studies. For example, participants in Wang’s (2002), and Tsukada and McKenna’s (2005) studies expressed that they felt more freedom studying in Australian universities compared to their home countries because they could organize their time for themselves. However, Cotton’s (2000) participants had expected the teachers to spend more time with them and give them more information for their study.

Finding 3 - Language difficulties were an important issue. Wang (2002), and Tsukada and McKenna (2005) argued that a high score in an English language proficiency test does not necessarily mean adequate English proficiency for some overseas students. In addition, Wang (2002), and Tsukada and McKenna (2005) stated that overseas nursing students revealed that they had experienced difficulty in interacting with local students, and some specific language problems including medical terminology, medical abbreviations and names of medication and anatomical terms.

Finding 4 - Issues related to social and cultural adjustment. Cultural differences, and different values and norms of behaviour can be issues which affect interaction with local students and act as a barrier to completing a course. For example, while doing nursing courses, Wang (2002), and Tsukada and McKenna’s (2005) participants expressed that the differences in the health care system between their home countries and Australia caused them problems within their nursing courses. These differences included: different attitudes to health; different approaches to nursing and the role of nurses; as well as differences between the Australian health system and their home system.
Finding 5 – The need for support indicated by these authors included; English language preparation, information about nursing courses in Australia, and seeking registration in Australia. Divergence was found due to misunderstandings and misconceptions between educators and nursing students. For example, the need for an awareness of understanding of OQNs was discussed including the need for academic and emotional support with regard to their studies, and the need for assistance to improve their language ability (Cotton 2000). Moreover, the need for existing pre-registration educational programs to be improved to meet the special needs of OQNs was also suggested by Cotton (2000).

Discussion of theme one

The result of searches identified three research papers related to the OQNs’ social and cultural adjustment. The findings from studies by Cotton (2000), Wang (2002), and Tsukada and McKenna (2005) presented some general experiences of OQNs while they were studying or working. Those experiences including a different learning style, different teaching styles, issues of language and the need for support can be found amongst international students in other areas of study such as business, marketing, education, or even language schools. Cultural background can be taken into account to explore more deeply why and how overseas nurse students have such difficulty and how they adjust and adapt to the new learning environment.

There is one item of literature that indicated the need for improving the pre-registration educational programs to meet specific needs of OQNs (Cotton 2000). The researcher found no further literature or evidence of the evaluation of program design to suit the needs of OQNs. Therefore, the topic of OQN’s studying experiences needs to be explored more deeply in order to find out why those OQNs studied the program, what they think about the program they undertook and what those OQNs think they really need from the program.
As Cotton (2000) found, misunderstandings and misconceptions could happen between students and universities. As a result, awareness and understanding of the needs of those OQNs is necessary. The further study of OQNs’ experiences of doing a pre-registration program or BN conversion course might provide an insight into how to offer help and support for those OQNs who undertake to take such a program in Australia.

**Theme two: Life experiences as a nurse in an unfamiliar environment**

The second theme found in the literature is life experiences as a nurse in an unfamiliar environment. OQNs face a different culture and a new language when engaging in professional practice as a nurse in Australia. Three articles were found that indicated issues related to OQNs’ life experiences in Australia. These are Konno’s journal article published in 2006, Omeri and Atkins’ study in 2002 and Omeri’s study in 2006. A description of the purpose, methods, results and discussion in these three items of literature relevant to theme two – *social and cultural adjustment* is shown as appendix V.

These studies and papers aimed to explore OQNs’ working experiences in Australia. A number of relevant points were identified by these authors. These are; 1) professional negation (lack of support and direction in the workplace and discrimination), 2) inadequate language skills (issue of communication and language), 3) social and cultural distance (feeling of not belonging, being alone, cultural separateness) and 4) the need for support (need for support and consultation). The key findings of these three articles to support the above points are illustrated below.

Finding 1 - Professional negation related to experiencing a lack of support was identified. Because of a lack of recognition of the skills and previous experience of those OQNs, they (the OQNs) often had a sense of resentment or that the value of their prior professional experiences was disregarded.
Finding 2 - Inadequate language skills was the major issue that was identified. Inadequate language skills affected OQNs’ ability to communicate causing them stress. Language considerations include professional terminology, medications and abbreviations used in Australia.

Finding 3 - Social and cultural distance was also discussed by these three authors (Omeri & Atkins 2002; Konno 2006; Omeri 2006). Cultural and language differences were major factors related to social and cultural distance. Because of cultural and language differences, OQNs expressed feelings of discomfort with the rejection by their Australian nursing peers. In particular, cultural background, prior nurse education and working experiences could lead to miscommunications between local nurses and OQNs; for example, in the different roles expected within Australia nursing practice and the different cultural values (Konno 2006). Studies by Konno (2006), Omeri and Atkin (2002), and Omeri (2006) also indicated that it would be helpful to offer appropriate courses such as a transition program for OQNs. However, studies by Konno (2006), Omeri and Atkin (2002) and Omeri (2006) did not provide adequate information about what kind of program is suitable for OQNs.

Finding 4 – The need for support was identified. The experience of a lack of support in obtaining registration, whilst finding work and during work was also an issue. OQNs have to adapt to different nursing environment and training system, as well as interacting with health workers and patients. Konno (2006), Omeri and Atkin (2002), and Omeri (2006) indicated that OQNs might need direction in finding a way for them to adjust to a new environment. In addition, the need to improve the pre-registration programs to meet the special needs of OQNs was also discussed by Konno (2006), Omeri and Atkin (2002), and Omeri (2006).
Discussion of theme two

The review identified and discussed three journal articles related to *Life experiences as a nurse in an unfamiliar environment*. Konno (2006), Omeri and Atkin (2002), and Omeri (2006) claimed the issues that OQNs had confronted while they worked in Australia included a need for support, the issue of language and adjusting to the Australian culture. Conno (2006), Omeri and Atkin (2002) and Omeri (2006) discussed overseas nurses’ life experiences in working in Australia and Cotton (2000), Wang (2002), and Tsukada and McKenna (2005) focused on exploring OQNs’ studying experiences. There are some similarities between these two groups including the issue of language, differences between the Australian culture and the culture from their home country, interaction with other people in Australia, and a search for support.

There is a clear need to evaluate existing programs and to develop appropriate programs for overseas nurses in the university sector; however, as mentioned by Konno (2006), there are very few existing studies in to this area.

Theme three: *A lack of clear policy associated with the assessment of OQNs*

The third theme found in the literature was a lack of clear policy relating to assessment programs for OQNs. Seven studies were classified under this theme. Two were PhD theses (Hawthorne 2000; Wickett 2006), one was a program evaluation by a group of South East Asian nursing students (Cecchin 1998), three were evaluations of policies relating to OQNs (Hawthorne 2001; 2002; Wickett & McCutcheon 2002), and the remaining paper was a report published by the Queensland Nursing Council (Young 1999) on the development of a valid, reliable and integrated mechanism for the registration, enrolment and endorsement of returning and OQNs. A description of the purpose, methods, results and discussion in these three items of literature relevant to theme three – *a lack of clear policy associated with the assessment of OQNs* is shown as appendix VI.
Overall, the main aim of these studies was to evaluate policy and practices related to immigrant / overseas qualified nurses’ assessment programs. A number of relevant points were identified by these authors including; 1) that programs for OQNs (transition courses or re-entry programs require evaluation, and 2) that evidence based policies are necessary, particularly for OQNs. Two key findings of the literature support the above points. Firstly, Young (1999) indicated that there is a lack of research into OQN assessment programs in Australia. Therefore, it is questionable whether the programs offered to OQNs in Australia meet the actual training needs of their students (Hawthorne 2000; 2001; 2002). Secondly, evidence based evaluation of immigration policy in Australia is scarce and more research into this area is suggested. In order to evaluate current policies, the need for international cooperation has been emphasised (Hawthorne 2001; 2002; Wickett & McCutcheon 2002). A standard method for evaluating OQNs is still needed to establish a equivalence or comparability standard for OQNs (Wickett 2006) A consideration of this would aid the establishment of future policies regarding the required competencies of nurses wishing to work overseas.

Discussion of theme three

The literature search yielded three research papers related to qualification/skill assessment programs and policy evaluations. There were no common terminologies used to address OQN assessment programs in the literature, indicating that some researchers considered OQN assessment programs to be transition or bridging programs, while others defined them as re-entry programs. Although the terms ‘transition’ or ‘bridging’ may have similar connotations, the term re-entry communicates a slightly different impression. Clearly, Australian institutions have diverse views about the provision of assessment programs for OQNs.

A further issue raised in the literature was that these assessment programs have to assess not only the qualifications but also the actual skills of the OQNs. Thus, the assessment is not straight forward and it seems that this complexity may be one reason why there has been a lack of clarity regarding assessment programs. International collaboration, as suggested by Wickett (2006) and Hawthorne (2000; 2001; 2002) is therefore a
reasonable consideration. Such a strategy may solve the complex problems of obtaining accurate information about OQNs’ qualifications, and the compatibility of these to the Australian context. Acknowledging that researchers are aware of the inconsistencies in conversion courses offered in Australia, the findings of research into OQNs who have attended BN conversion courses leading to registration in Australia, will be valuable not only to the nurses themselves, but also to programs providers (Cecchin 1998; Young 1999; Hawthorne 2000; Hawthorne 2001; Hawthorne 2002; Wickett & McCutcheon 2002; Wickett 2006).

**Conclusion of chapter two**

This chapter has reviewed the literature related to the study and work experiences of OQNs in Australia, as well as the issues associated with the evaluation of programs for OQNs and qualification/skills assessment for OQNs. The three major themes of; social and cultural adjustment, life experience as a nurse in an unfamiliar environment, and lack of clarity in existing policy associated with assessment programs for OQNs were identified. In summary, the literature reviewed has provided information about the issues faced by OQNs as they adjust socially and culturally to a new environment. Some of the studies had a particular focus on the experiences that were unfamiliar to OQNs. There were significant gaps in the literature relating to the lack of clear assessment programs for OQNs, and it is therefore, reasonable to assume that their experiences would differ depending on the program they attend. Only one study explored the experiences of Taiwanese nurses undertaking a bachelor or masters degree in Australia, as opposed to a BN conversion course. In order to establish clear policy relating to assessment programs it is necessary to understand the needs and issues faced by OQNs undertaking BN conversion courses.
Chapter 3
Methodology

The literature review identified that there is a limited amount of literature that addresses the experiences of Overseas Qualified Nurses (OQN) studying in Australia. There is even less literature that is specifically related to Taiwanese registered nurses’ experiences in a Bachelor of Nursing (BN) conversion course leading to registration in an Australian institution. An exploratory qualitative approach was selected in order to build up new knowledge about why people did what they did and to answer the research question regarding Taiwanese nurses’ experiences of studying a BN conversion course. This is the most suitable methodology to explore this topic as there is little or no literature related to this topic.

This chapter begins with an explanation of the application of the exploratory qualitative approach followed by a discussion of the method. The discussion of the method details information about participants including the process of selecting participants, justification for the selection criteria, and the procedures for recruitment. Although some facets of ethical considerations are found throughout the chapter, there is a section focused on ethical considerations at the end of the chapter.

Exploratory qualitative descriptive methods

A variety of qualitative, creative methods, such as ethnography, grounded theory and phenomenology (Sandelowski 2000), can be applied to explore the meanings of human experiences (Denzin & Lincoln 2003). It is not the aim of this study to obtain a thick description (ethnography), develop theory (grounded theory) or interpret the meaning of an experience of participants (phenomenology) (Neergaard et al. 2009). Its aim is simply to explore ‘why Taiwanese nurses decided to come to Australia?’ and ‘what their study experiences in Australia were like’. Thus, it is appropriate to assert that this study aims to
obtain a rich, informative description of an experience or an event which is in line with a qualitative descriptive approach (Sandelowski 2000).

Sandelowski (2000) suggests that researchers do not need to resort to ‘methodological acrobatics’ in using this approach. This view has been welcomed by other professionals and some researchers have used the approach but termed it slightly differently. In medicine, Neergaard et al. (2009) acknowledge Sandelowski’s assertion and utilised the term qualitative description in their paper (Neergarrd et al. 2009). However, in this thesis, the nursing scholar Sandelowski’s term ‘qualitative descriptive approach’ has been used.

Sandelowski (2000) stresses that interview questions in a qualitative descriptive approach allow the researcher to explore the concerns of participants as well as their feelings and/or the attitudes imbedded in their responses. In other words, as participants describe and reflect on events (Sandelowski 2000), the researcher is able to explore perceptions, values and attitudes (Rhun, Deccache & Lombrail. 2009 ). For example, in the health care service, it is useful to explore patients’ reasons for using or not using a service and the factors that facilitate and hinder recovery from an event (Sandelowski 2000, p.336). In order to do so, a qualitative descriptive approach involves the identification of a common pattern from a number of subjects who have participated in a similar event or experience (Sandelowski 2000; Sullivan-Bolyai, Bova & Harper 2005).

A qualitative descriptive approach is underpinned by a pragmatic perspective (Sandelowski 2000). Its design, as described by Sandelowski (2000), includes the use of purposive sampling, applied minimally to moderately structured, open-ended interviews with individuals or focus groups; followed by a content analysis of the data. Neergaard et al. (2009) discuss further characteristics of the qualitative descriptive approach noting that: the interview guide can be slightly more structured than in other qualitative methods; the discussion of the data tends to contain a low level of interpretation; and the outcomes of the study can be described using a straight description of the data. Furthermore, the
data can be organised chronologically by topic or by relevance (Neergarrd et al. 2009).

Given that the literature review identified no research relating to Taiwanese nurses’ study experiences in BN conversion courses in Australia, it was deemed reasonable to conduct this current study at an exploratory level. The term ‘exploratory’ can be used for both a quantitative and a qualitative study and describes research into a topic that is relatively new and under-researched, and therefore the background knowledge is limited (Churchill 1995). Clearly, this thesis is both a qualitative descriptive study and an exploratory study. The methodology of this study has therefore been termed an ‘exploratory qualitative descriptive approach’.

Methods

Research methods are the techniques used to collect data for analysis and are informed by the research methodology (Grbich 1999). The methods include the selection of data sources; such as, participants, laboratory material, selection criteria; and data collection instruments; such as, questionnaires, interviews, observations, record analysis and so on (Grbich 1999; Silverman 2001).

This section provides an overview of the determination of the research setting, recruitment of participants, tools and techniques for data collection and the processes for data analysis, followed by a discussion of the rigor of the study, ethical considerations and data management. All of the above are now discussed in the following sections.
Sampling

The most essential considerations in qualitative sampling determination are establishing the research setting (where), providing a suitable time for data collection (when) and deciding who will be the research participants (who) (McReynolds, Koch & Rumrill 2001).

Settings

For participants’ confidentiality, the interviews were conducted in private areas such as a meeting room in a public library, hospital library or hospital meeting room.

Times

Participants were interviewed at a time that was convenient for them in order to minimise interruption to their daily routine.

The process of selecting participants

Inclusion criteria

Taiwanese nurses who have studied a BN conversion course leading to registration in Australia were eligible. The BN conversion course in this study refers to an academic nursing course developed to upgrade qualifications from diploma to a BN degree which also led to registration in Australia.

Exclusion criteria

Taiwanese nurses who had left nursing for more than three years before coming to Australia were excluded. The reason for setting up the three year limitation is that some Taiwanese nurses changed to other jobs, such as nutritionist or insurance consultant for
more than five years before coming to Australia. Moreover, participants had to have completed a BN conversion course within the three years prior to the time of interviews. Therefore, when the researcher interviewed those Taiwanese nurses, their memory of their experience of the BN conversion course was relatively fresh.

A snowball sampling technique was used in this study as this technique is useful when the researcher needs participants with very specific experiences (Ingleton 2004). When the interviews started, the researcher made contact with one or two people in the field and when trust and rapport had been established, the first respondents nominated or introduced them to another person to interview (Ingleton 2004 p 121). In this study, the researcher utilized a social network of Taiwanese nurses who had studied BN conversion courses. The researcher believed that using social networks was the most suitable way to locate eligible participants for this study. Since the researcher used to be a nurse in Taiwan and had been working as a lecturer in a nursing college for a couple of years, the researcher used her social network as a first contact resource to search for Taiwanese nurses in Australia and Taiwan to gather volunteers. All contacted resources were given a brief description of this study and helped the researcher to find possible voluntary participants without making anyone feel pressured to participate.

A total of twenty-nine Taiwanese nurses were approached to participate in this study. Twenty-six participants were eligible to participate. For inclusion in this study, participants must have completed their Bachelor Degree in Australia. In addition, they had to have graduated from a course in Taiwan and not have had a break from nursing in Taiwan for more than three years before coming to Australia.

The other three Taiwanese nurses were excluded due to insufficient experience in Taiwan or a long absence from working in the nursing field in Taiwan. As mentioned previously, a snowball sampling technique was used in this study to find any participants with suitable experiences. Colleagues of the researcher referred any
Taiwanese nurses who they believed met the inclusion criteria. The researcher contacted those possible participants she thought were eligible and made an appointment with them. However, when the researcher started the interviews, it was found that three of the possible participants were not suitable, but the interviews continued. Although these three possible participants did a BN conversion course leading to registration in Australia, two of them completed the BN conversion course more than three years prior (one completed the program in 1999 and another in 2001). The third one had not worked as a nurse for more than 8 years in Taiwan before coming to Australia. The reason for continuing interviews with these three possible participants was that in Taiwanese culture, it is impolite to refuse any participants before or during interviews, particularly as those Taiwanese nurses had set aside a period of time for the researcher. To spare their feelings, the researcher did not mention to these three Taiwanese nurses that they were not eligible to participate and their data was not included in data analysis.

The remaining twenty-six participants’ interview transcriptions were included in data analysis. Even though there were seven participants who did not have work experience before coming to Australia, their reports were still included in data analysis. The reason for including these seven participants was because they had similar points of view in reporting their experiences in Taiwan compared to the other nineteen experienced participants. These seven participants’ reflections were based on their clinical practicum from the nurse training program in Taiwan. At the time of the interviews, three participants resided in Taipei (Taiwan), another four were in Brisbane (Australia), two were in Sydney (Australia) and the remaining seventeen participants lived in Melbourne (Australia). Seven of these twenty-six participants completed their BN conversion course in Queensland (QLD), four studied in New South Wales (NSW) and the remaining fifteen participants completed their BN conversion course in Victoria.

Sample size

The procedure for determining sample size in a qualitative study is different from the procedure often found in a quantitative study (Bellini & Rumrill 1999). In a qualitative
study, the actual number of participants is difficult to predetermine. Some argued (Morse 1991; Corbin & Strauss 2008) that in order to avoid premature sample collection and concluding a study too early, it is wise to overestimate the required sample size than to underestimate; for example, when focusing on group or family interviews more participants might be needed, but if the data from each participant is usable a lower number of participants can be accepted (Morse 1995).

In this thesis, once fifteen interviews had been analysed, central themes began to appear, but it was still unclear. Therefore, eleven more interviews were conducted and the findings became clear. A total of twenty-six interviews were conducted; therefore, the sample size of this study was twenty-six and was determined through grouping data as reflected in repeated themes (Morse 1995; Bishop, Yardley & Lewith 2008).

**Data collection**

Interviews were the major technique used for data collection in this thesis.

Interviews

Semi-structured interviews containing open-ended questions were chosen as the main data collection approach. These were based on three major concerns including; why and how the nurses selected the BN conversion course; their experiences of studying the course including life on campus and clinical practicum; and their assessment of the course.
Sandelowski (2000) suggests the interview questions might address participants’ concerns, their responses (such as feelings or attitudes), the reasons that participants have for using/not using a service and/or the factors that facilitate and hinder their recovery from an event. Participants were asked a series of open-ended questions about their experiences of studying a BN conversion course leading to registration in Australia. The interview guide provided a simple framework direction that allowed the researcher and participants to access and identify major areas for discussion (Grbich 1999). At the beginning of each interview, each participant was asked a form of the question ‘would you please tell me why you elected to do a BN conversion course leading to registration in Australia?

An interview guide was compiled and is presented here (Table 3.1). Prompts based on the literature were utilised during interviews when necessary. Before the interviews, the researcher also told all participants that if they felt uncomfortable about some information, they could choose not to answer, or they could ask me any question to clear their uncertainty. One example of this is Lily, who asked me to stop the recording in the middle of interview because she did not think that she was an appropriate candidate. As a result, we stopped the recording for about five minutes to discuss her considerations and then started the interview again after agreeing that she was an eligible participant.
Table 3.1 Interview Guide

1. Why did you want to study a conversion course?
   a. Why this particular one?
   b. Why Australia?

2. Course structure
   a. What course did you do and where? How did the program work?
   b. Did you feel part of the student group as a whole?
   c. How did you find the experience of classes and practicum?
   d. Would you recommend it to others? Why and why not?

3. Satisfactions
   a. What did you expect to get from the course?
   b. Do you feel satisfied with the course you took?
   c. Did you achieve what you wanted (experience and qualification or other)?

4. After study, do you want to stay or go back to Taiwan, why?

This table contains interview questions, including the reason for selecting the course, course contents and the point of view of the course (expectation and satisfactions and recommendations).

At the time of the interviews, the researcher sought to follow the participants’ lead and only introduced another question when the flow of the interview permitted. When participants stated some points that the researcher was interested in, questions to gain more clarity or a deeper understanding were posed; such as, ‘please say more about that’, ‘would you please give me more details’, ‘can you please give me an example’ or ‘what do you mean by that’.

Participants’ demographic information was collected at the beginning of the interview including age; marital status; educational background in Taiwan; working experiences in Taiwan; duration of the BN conversion course; and employment status after completing the BN conversion course. This demographic information was intended to give the researcher an understanding of each participant’s background. In addition, this demographic data was seen as a possible useful resource during data analysis.

Participants decided the location of interviews and their preferred language for the
interview (English or Mandarin). Participants typically chose Mandarin as their preferred language. The possibility of a follow-up interview was addressed at the time of the initial interview. Three participants had follow-up interviews of about 30 minutes duration in order to clarify information obtained during initial interviews. With these follow-up interviews, webcams were used due to the participants’ location. All interviews were carried out between April 2007 and March 2009. Each interview took approximately 60 minutes and was tape recorded.

Transcription

Audio taped interviews (in Mandarin) were carefully listened to and transcribed by the researcher. In order to manage data, manual transcription processes were used instead of a computer program. Interviews were listened to multiple times. Eventually, transcriptions were translated into English by the researcher and verified by two competent bilingual people, both of whom were from Taiwan. One had a Master of Arts degree with a Diploma in Computer Sciences and a Certificate in Business from a university in Brisbane and now works in Brisbane; the other was a registered nurse in Australia with Masters degree in Health Science majoring in Nursing Education from a university in Sydney. The process that followed was that the researcher gave them about five minutes of recording and the corresponding part of the transcription to confirm the translation. The procedure was similar to Myungsun and Jezewski’s (2000) experiences when they investigated Korean nurses’ adjustment to hospitals in the United States. In their study, both authors were fluent in the language used for their study. Therefore, the principal author translated interviews into English and asked the second author to view the transcripts to see whether the second author could get a feeling for and make sense of the data. Since the researcher’s supervisors’ first language was not Mandarin, it was necessary to find other bilingual people to view the transcripts and thus ensure the reliability of the translation.
Data analysis

Content analysis was applied in the processes of data analysis. Content analysis is a technique that can be used with either qualitative or quantitative data (Harwood & Garry 2003) and a method for describing the content of communication in an objective and systematic manner (Polit-O'Hara & Hungler 1997). Weber (1990), and Waltz, Strickland and Lenz (1991) indicate that content analysis involves defining the study content, measuring the concepts, creating a sampling plan, analysing the components and grouping the elements. Elo and Kyngas (2007) maintain that content analysis is used for text analysis and has been applied to transcribed verbal reports and interviews for the purpose of understanding human behaviour within different contexts. Furthermore, Weber (1990), Waltz, Strickland and Lenz (1991), and Elo and Kyngas (2007) assert that content analysis should be individualised and guided by the purpose of the study and the research question. In line with this view, the content analysis in this study was informed by the purpose of the thesis and guided by the question of what Taiwanese nurses’ experiences were of studying a BN conversion course. To this end an exploration was undertaken into participants’ decision making experiences, study experiences and their level of satisfaction during their study processes.

During the data analysis stage, data was analysed by the researcher and discussed with supervisors. The text was read word-by-word to derive similarities and differences. The researcher started from reading each interview transcription while listening to the audiotape interviews. The coding at this stage was to conceptualize phenomena in order to be able to group, compare, and examine data (shows as Table 3.2).
When the researcher finished this early stage of coding for each interview, the researcher drafted lists of the codes generated to enable comparison between participants. The concepts within a theme had similar characteristics. The examples of the initial grouping process and the processes of concepts clustered within the theme procedure of selecting a course are shown in table 3.3 and 3.4 and 3.5.
Table 3.3: The example of initial grouping process

<table>
<thead>
<tr>
<th>Times</th>
<th>One year (4), shorter (2) USA longer (1) AUS quicker (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Job (1), registration (3), degree (2)</td>
</tr>
<tr>
<td>Country</td>
<td>USA (4), UK (2), AUS (4)</td>
</tr>
<tr>
<td>Money</td>
<td>AUS cheaper (3)</td>
</tr>
<tr>
<td>Concern</td>
<td>Course duration (2) Tuition fee (1) Exchange (2) Financial (3)</td>
</tr>
</tbody>
</table>

Table 3.4: The example of concepts clustered within a hierarchy processes (i)

| Australia | Money        | Australia was cheaper  
|           |             | Financial concern 
|           |             | Money exchange 
|           |             | Tuition fees 
|           |             | Could not offer big money 
|           | Course      | One year course  
|           |             | Course duration 
|           |             | Need a shorter course 
|           |             | Australia only one year 
|           |             | Australia was quicker 
| USA       | People say  USA…. | USA was first priority 
|           |             | Taiwanese students used to go to USA 
|           |             | Many people go USA |

As a result, this coding stage contained two levels of analysis including using the exact words or phrases that appeared in the data and the second contained the researcher’s conceptualization of these data. In addition, the data was sorted into main themes and subthemes (shows as Table 3.6). Patterns were identified and segments were grouped into similar groups and labelled with themes and subthemes using a procedure indicated by Lincoln and Guba in 1985. The analysis also focused on relationships between themes.

Table 3.5: The example of concepts clustered within a hierarchy processes (ii)

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Duration and cost (16)</th>
<th>Duration of the course - only one year save time (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Australia is cheaper (8)</td>
</tr>
</tbody>
</table>
Table 3.6: The example of theme and subthemes

<table>
<thead>
<tr>
<th>Section</th>
<th>Theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambitions</td>
<td>Wanting to work overseas – exploring options in other countries</td>
<td>Duration and tuition fees</td>
</tr>
</tbody>
</table>

In the final data analysis stage, the central themes helped the researcher to describe how the Taiwanese nurses felt about and experienced the BN conversion course leading to registration in Australia. The overarching theme for this study, identified via this process is - understanding the disparity: expectations of Taiwanese registered nurses about studying a BN conversion course in Australia compared with what the course actually offered. The next chapter identifies all of the themes and sub-themes that describe the participants’ decision making, learning experience and satisfaction.

**Rigor of this thesis**

Rigor refers to the correct use of research method and is an important aspect of the quality of the research processes and outcomes (Denzin & Lincoln 1994). Researchers are challenged with presenting research results that are reliable and valid, thereby showing the trustworthiness of the researcher and methods (Denzin & Lincoln 1994). Techniques to ensure rigor have been discussed extensively in relation to research in general (Guba 1981; Sandelowski 2000; Denzin & Lincoln 2003; Denzin & Lincoln 2008). Credibility, dependability, transferability and conformability are the main tests for establishing rigor in a qualitative study (Morse 1991; Denzin & Lincoln 1994; Mathers & Huang 2004). An explanation of these areas as they apply to this study is presented below. Each section starts with a definition and is followed by the description of each strategy.
Credibility

Credibility relates to ensuring that the data is accurate, and the researcher and readers can have confidence in their truth (Denzin & Lincoln 1994). Different strategies have been employed to demonstrate this in this study. Firstly, as a researcher, it was important to be mindful of personal beliefs, values, interests, and biases which ‘may colour the observations and interpretations of the behaviours of others’ (Schneider et al 2003 p 187). Therefore, keeping a journal and noting thoughts, ideas and feelings during this study helped to bring honesty and openness to the inquiry. Secondly, adopting the sample snowballing technique strengthens validity (Rao & Perry 2003; Ingleton 2004) and supports preliminary and insightful data in this study (Hair et al. 2000). In addition, quotations from transcripts were used to support the credibility and illustrate the categories, core problems and procedures.

In addition, audio-taping participants’ interviews as a data collection tool has been used by many researchers (Bucknall 2000; Backstrom & Sundin 2009). Different literatures argue that audio-taped interviews provide a guarantee of at least verbal accuracy which supported the rigor of their studies. In this thesis, the participants were audio-taped using a cassette recorder for all interviews. Quotations from transcripts were used to support the credibility and illustrate the categories, core problems and procedures.

Dependability

Dependability relates to how stable the data is over time and in different conditions (Denzin & Lincoln 1994). The interview, verbatim transcripts and maintenance of the operational journal provided a review of consistency in the data collection and analysis (Sinkovics et al. 2005). These techniques helped the researcher to examine and follow the sequence of events. Comparisons were made between recent literature and research findings from other studies and international nursing students learning experiences as well as OQNs working in other countries.
Moreover, ongoing valuable support from supervisors provided direction throughout this study by prodding the researcher’s thinking processes when broader or specific lines of inquiry could have been made. As Keats (2000) suggests, consulting experts such as supervisors to confirm and receive advice can strengthen the reliability of the study.

**Transferability**

Transferability relates to the extent to which findings from one study can be applied to other groups or settings which are contextually similar to the original research (Denzin & Lincoln 1994). It is not intended that the findings of this study will be generalised to all other studies that relates to OQNs’ experiences in either the working or study environments. Action has been taken to ensure sufficient information is provided for readers of the study to make appropriate judgments in relation to contextual similarity (Denzin & Lincoln 1994).

In addition, the researcher provides adequate information about the participants and settings so that the reader can make a judgment about the applicability of the study to another context. Moreover, the collection and analysis of the data has been clearly described and the findings are discussed in relation to the research question and the literature review.

**Conformability**

Conformability of a qualitative study is established by being able to attest the product, that is the “findings, interpretations, and recommendations...[are] supported by data and ...[are] internally coherent so that the bottom line” may be accepted (Denzin & Lincoln 1994). An audit trail was maintained throughout the study, which kept a record of which data related to a particular category during analysis and how different links emerged. Moreover, the research supervisors provided a critical review of data and their
collection and analysis during the process of the thesis. The researcher believes that there is a conceptual consistency that links the conceptual, methodological and empirical component of this thesis.

**Ethical considerations**

Ethical approval was obtained from the human research ethics committee at University of Wollongong prior to the commencement of data collection. Participants were made aware that their involvement was voluntary and they received a detailed explanation of the study. The process is shown in figure 3.1 with details of the steps of the ethical consideration processes. All processes followed the principles of autonomy, right to fair treatment, right to self-determination, right to privacy and right to confidentiality which were indicated by Burns and Grove (1997) and Matthews and Grant (2004) as the major concerns. The details of the ethical considerations are presented in the following sections.

**Step 1 - Ethical approval**

Ethical approval (HE07/109) was granted by the human research ethics committee at University of Wollongong (Appendix VII-1 & VII-2). Since this study was to collect and explore personal experiences, careful consideration of ethical issues was necessary in order to protect participants’ private information. It was seen as important that interactions between all participants and the researcher take place within an ethical context. It was also seen as a way of ensuring that all participants were protected from harm during the study.

Throughout step 2, 3, and 4, voluntary participation was practiced. The ethical principle of autonomy ensured that participants joined this study voluntarily and were not coerced by the researcher. Step 4, also considers all participants’ right to fair treatment as well as their right to receive an explanation of procedures.
Step 2 – Utilising social networks to find possible participants and get permission and contact details from the possible participant

The researcher utilised a social network of Taiwanese nurses who studied BN conversion courses. The participants started searching from Taiwanese nurses, education agencies (contact resources) in Brisbane, Melbourne, Sydney and Taiwan to gather volunteers.

These colleagues contacted possible participants for the researcher to seek their agreement to join this study. If the possible participant agreed to join the study and gave her contact details to the intermediary including mobile number and e-mail address, the intermediary transferred the contact details to the researcher.

Step 3 - The researcher contacted the possible participants

Once the researcher got the possible participants’ contact details, the researcher contacted them to make sure they were willing to join the study. If anyone changed her/his mind, the researcher ceased contact with that person. If they agreed to join the study, the researcher sent the person the information letter (Appendix VIII-1 & VIII-2).

The researcher offered both Chinese and English versions of the information letters to participants to define the purpose and details of this study. Moreover, in the information letter, participants were told that the data collected from them was to be used primarily for a PhD thesis, and was also to be used in summary form for journal publications and academic presentations. The letter also contained information about participants’ confidentiality and rights.
Step 4 – Rejection or agreement from possible participant

This stage is the step of self determination. Each participant had their right to determine whether they wanted to join this study or not. After the person read the information letter, if anyone indicated they did not want to join the study, the researcher stopped contact with them. During the whole process of contacting possible participants, there were two possible participants who expressed that they were not interested in the researcher’s study. Thus, the researcher stopped contact with them. If the participant still wanted to join the study, the researcher made an appointment with the participant to do an interview. Before starting interviews, a consent form (Appendix IX-1 and IX-2) was signed by participants before they were interviewed. As Patton (1991) indicated, an information letter should advise participants of the aims and importance of the study, inform them of the length of the interview and that their participation in the study is voluntary and they can withdraw at any time if they do not feel comfortable. Participants, in this study, were offered ongoing opportunities to know and clarify any issues of concern relating to this study and their participation.

Step 5 - Interviews

Non-maleficence is important in this step. Participants had the option to withdraw at this stage without any effects.

Face to face interviews with each participant were conducted by the researcher. Before starting an interview, the researcher gave participants a period of time to ask any questions or reconsider their participation, generally, the researcher spent about five to ten minutes on this pre-interview stage. Before starting interviews, the researcher asked the participant’s permission to do the tape-recording. With the intention of increasing participants’ awareness of the reciprocal nature of the interview process they were informed that they could control some situations during the interview in different ways. For example, if participants felt uncomfortable about any question, they could choose not to answer, or they could ask the researcher to stop recording. When the participant asked the researcher to stop the interview the tape-recording was paused. During interviews, three of those twenty-six participants asked the researcher stop recording to
clarify their considerations. If participants still had any concerns, this person could withdraw from the interview. There were no participants that withdrew from the study during the interview process.

Because of Taiwanese culture, participants who joined this study were offered a small gift in the form of a crystal necklace or Chinese Knot costing about AUD $10 –15 after the interview to compensate for their time given and in appreciation of their participation. Since, the researcher did not mention that participants would be given a gift while contacting participants, participants were all surprised and happy with the small gift.

**Step 6 – Data analysis - use of pseudonyms (Privacy)**

This step relates to participants’ privacy. Participants in this study were informed at the beginning of the study that their privacy and the confidentiality of their information would be preserved by exclusion of their name and identifying details from the transcripts, instead making use of a pseudonym. None of the participants withdrew from this study.

In order to protect participants’ anonymity, the identity of participants was hidden with the use of naming practices together with cloaking any contextual or identifying characteristics. Public computers were never used in order to protect participants’ interview data.
Figure 3.1: Detailed steps of ethical consideration processes

**Step 7 – After data analysis - keeping recorded tapes (Confidentiality)**

Participants’ confidentiality was protected at all stages of the study including this step. The working computer-based research files and backups were stored externally on two password protected memory devices, with any hard copy and other written material also...
kept under lock and key. Draft and final copies of the research were stored on the same two external memory devices, with hardcopy materials also stored under lock and key.

The audio tapes were then digitised for use on a computer to assist with the transcription. Upon the completion of the transcription the original audio tapes will be held securely for a maximum of 5 years and then erased with the digitised copies stored in the same two password-protected external memory devices as all of the researcher’s work.

**Data management**

Data management began with the beginning of the interviews, followed by coded files. Codes were created to identify the study settings and the participants. Each file represents an interview and its transcripts, as well as the note taking before, during and after interviews. For example, one of those twenty-six participants – Rose, is the second Taiwanese nurse whom the researcher interviewed. She has a file named Rose. The file contains transcripts, codes and categories and demographic data specific to Rose. The remaining twenty-five Taiwanese nurses also had their own file in the researcher’s computer.

In addition, quotations from transcripts were used to support the credibility and illustrate the categories, core problem and procedure. All quotations have been presented in “*italics*”, “[ ]” had been used to identify the researcher’s additional explanation to transcripts and “……” was to identify when words had been absent. As a result, some longer quotations have been selected to give reality and familiarity to the research analysis. Participants’ reactions such as silence or laughing were also included in quotations.
Data presentation

The data that has been identified is from the volumes of experiences that the Taiwanese nurses have shared with the researcher to give a deeper understanding of their experiences of studying the BN conversion. Three stages were experienced by the majority of those twenty-six Taiwanese nurses during the processes of studying a BN conversion course leading to registration in Australia. These stages are dream seeking, adapting and adjusting, and evaluation. Excerpts from the transcriptions have been included in the results and discussion chapter to verify this interpretation.

The next chapter relates to the categories identified from interpretation of the texts during the data analysis process.

Conclusion of chapter three

This chapter has summarised the methodology of the study reported in this thesis. The objective of this thesis was to explore the experiences of Taiwanese nurses studying a BN conversion course. Since there is a need to offer more evidence regarding this group, an understanding of OQNs’ experiences of taking a BN conversion course leading to registration might help to understand those OQNs’ special needs. As a result, in focusing the research on Taiwanese nurses’ experiences, this study utilized qualitative methods of data gathering as the foundation for the data analysis. The process for ethical consideration was also explained in this section. Distinct themes that emerged from the data analysis that reflect the participants’ experiences of studying the BN conversion course are discussed in the next chapter.
Chapter 4

Results and Discussion

This chapter aims to represent the experiences of twenty-six Taiwanese nurses who pursued their decision to study a Bachelor of Nursing (BN) conversion course leading to registration as a nurse in Australia. Participants’ personal reflections and interpretations of the course are discussed in this chapter, which encompasses both the results and discussion sections. Participants’ characteristics are addressed first, followed by the results and an analysis/interpretation of interview transcriptions. Although seven of the twenty-six participants had not worked as a Registered Professional Nurse (RPN: equivalent to a RN in Australia) in Taiwan before commencing the BN conversion course in Australia, the remaining nineteen participants had at least one year of work experience as a RPN.

The findings are addressed in three sections representing the participants’ experience of studying the BN conversion course. These sections are labelled: Escaping and Dream Seeking, Frustration and Compromising, and Evaluating. The three sections are described in more detail below.

Section one - ‘Escaping and Dream Seeking’ discusses the reasons why these nurses sought the fulfilment of their dreams overseas. Although the motives of participants varied, some overlap was evident.

Section two - ‘Frustration and Compromising’ refers to Taiwanese nurses’ actual experiences in Australia. The findings addressed in this section are compatible with previous study findings associated with the experiences of overseas qualified nurses (OQNs). All twenty-six participants share similar views of the courses they studied and relate their experiences to academic components of the course, clinical components of
the course and social interactions with local students.

Section three - *Evaluating* contains two main themes, ‘*everything was fine*’ and ‘*sharing openly*’. This section contains an evaluation of the BN conversion courses participants undertook. Even though the majority of participants made positive comments, they were also able to articulate their needs and their suggestions as to how these might have been better met. The majority of participants initially expressed satisfaction with their course, using words such as ‘*everything was fine*…’, however as each interview progressed and participants began to feel more comfortable with the researcher, many gradually started to address issues which had arisen during their BN conversion course. The diagram 4.1 represents the above three sections and their categories. Each section is represented by a theme which contains two or three subthemes.

The findings in the three sections outlined above explain participants' expectations and actual experiences. The results indicate that while cultural and linguistic differences explain some of the unique needs of these Taiwanese nurses there may also be a fundamental mis-match between what they believed they needed, and were therefore buying and what they actually experienced. Therefore, the overarching theme constructed for this study is - *understanding the disparity: the expectations of Taiwanese registered nurses about studying a BN conversion course in Australia compared with what the course actually offered*. The overarching theme was derived throughout data analysis. This will be outlined at the end of this chapter.
Participants’ characteristics

In order to understand the background of the participants, their characteristics are now described. Data on each participant’s age, educational background, previous work experience in Taiwan, conversion course duration in Australia and employment status at the time of the interview are all detailed (shows as Table 4.1).

Even though nursing schools in Taiwan do accept male students, all of the participants in this thesis were females. There were no Taiwanese male nurses working in Australia at the time of the interviews.

Before coming to Australia, three participants held a bachelor degree from a university, four participants received their bachelor degree from the technological and vocational education system, eleven participants had completed five years at nursing college and
eight participants had trained for two years at a nursing college after attending a nursing high school.

At the time of the interviews, four participants reported having selected a BN conversion course at the recommendation of family who had lived in or immigrated to Australia (Michelle, Apple, Eva and Amy), because they too wanted to migrate to Australia. Consequently they now have Permanent Residency (PR) in Australia. The other twenty-one participants did not report that they wanted to migrate to Australia, but eight of them (Lillian, Lily, Romy, Alyssa, Zoy, Ann, Ava, Kay and Joy) had already obtained their PR and had at least one year work experience in Australia at the time of the interviews.
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marriage status</th>
<th>Education background in Taiwan</th>
<th>Work experience in Taiwan</th>
<th>Status after study</th>
<th>Course duration</th>
</tr>
</thead>
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<tr>
<td>Daisy</td>
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<td>One year</td>
</tr>
<tr>
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<td>Romy</td>
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<td>Jasmine</td>
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<td>2 years in Neurosurgery Intensive Care Unit</td>
<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Lily</td>
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<td>Single</td>
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<td>5 years in Operation Room</td>
<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Viola</td>
<td>30</td>
<td>Single</td>
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<td>5 years as a midwife</td>
<td>Study in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Violet</td>
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<td>Single</td>
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<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
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<td>Clinical preceptor in Taiwan</td>
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</tr>
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<td>One year</td>
</tr>
<tr>
<td>Alyssa</td>
<td>34</td>
<td>Single</td>
<td>2 year nursing college</td>
<td>3 years in Operation room and general ward</td>
<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Status</td>
<td>Education</td>
<td>Experience</td>
<td>Profession</td>
<td>Duration</td>
</tr>
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<td>One year</td>
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<tr>
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<td>One year</td>
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<tr>
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<td>Two year</td>
</tr>
<tr>
<td>Eva</td>
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<td>2 years in a Medical Intensive Care Unit</td>
<td>Nurse in Australia</td>
<td>One year</td>
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<tr>
<td>May</td>
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<td>5 year nursing college</td>
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<td>Nurse in Australia</td>
<td>Two year</td>
</tr>
<tr>
<td>Eve</td>
<td>31</td>
<td>Single</td>
<td>Bachelor degree</td>
<td>5 years in an Oncology ward, Pediatric ward</td>
<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Zoy</td>
<td>31</td>
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<td>2 year nursing college</td>
<td>4 years in Pediatric ward</td>
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<td>One year</td>
</tr>
<tr>
<td>Amy</td>
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<td>Married</td>
<td>Bachelor degree</td>
<td>5 years in community health care and Pediatric ward</td>
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<td>One year</td>
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<tr>
<td>Ann</td>
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<td>5 year nursing college</td>
<td>2 years in a medical ward</td>
<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Status</td>
<td>Education</td>
<td>Experience</td>
<td>Current Position</td>
<td>Years in Job</td>
</tr>
<tr>
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<td>---------</td>
<td>-----------</td>
<td>------------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Ava</td>
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<td>Single</td>
<td>5 year nursing college</td>
<td>1 year in mental health</td>
<td>Nurse in Australia</td>
<td>One year</td>
</tr>
<tr>
<td>Gil</td>
<td>31</td>
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<td>2 year nursing college</td>
<td>6 years in ER</td>
<td>Nurse in Australia</td>
<td>Two year</td>
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<td>Kay</td>
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<td>None</td>
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<tr>
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</tbody>
</table>
Results and Discussion

This section encompasses the experiences of Taiwanese nurses that lead them to undertake a BN conversion course leading to registration as a nurse in Australia. The findings revealed in this report are based on the statements of these twenty-six Taiwanese nurses. Three stages represent the participants’ experience in studying the BN conversion course: Escaping and Dream Seeking, Frustration and Compromising and Evaluating. The details are now discussed.

Section One: Escaping and Dream Seeking

Escaping and dream seeking describes the first section in the stories of the Taiwanese nurses who participated in this study. All of the participants described factors that triggered their decision to study overseas and the considerations that were made in reaching a final decision. There was no single trigger or motivation for the final decision of the participants; however, twenty out of the twenty-six had experienced some degree of work dissatisfaction, which triggered their resignation and eventually their decision to travel overseas for study. The other significant factor influencing the participants’ decision to resign has been termed ambitions. Table 4.2 below illustrates the two themes of work dissatisfaction and ambitions within the first section of Escaping and Dream seeking.

Table 4.2: Themes and subthemes within section one: Escaping and Dream Seeking

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
</table>
| Work dissatisfaction | Unpleasant working environment  
|                   | Perception of being undervalued by others                                 |
| Ambitions         | Wanting to work overseas - exploring options in other countries  
|                   | Recommendations from family  
|                   | Seeking to improve English language skills  
|                   | A desire to emigrate to Australia                                         |
The first theme of work dissatisfaction is composed of the subthemes: unpleasant working environment and the perception of being undervalued by others. The second theme of ambitions is composed of the subthemes: wanting to work overseas, recommendations from family, seeking to improve English language skills and a desire to emigrate to Australia. These are discussed in more detail in the following section. The majority of participants reported both work dissatisfaction and a degree of ambition; however, not all of them experienced all of the subthemes listed above.

**Theme one: Work dissatisfaction**

For decades, researchers have studied the impact of work dissatisfaction (Rosse & Saturay 2004; Kanai-Pak et al 2008) on nurses. Rosse and Saturay (2004) cautioned that work dissatisfaction can negatively affect both nurses and clients. Chang and Chang (2007) also indicated that individuals confronted with a dissatisfying work situation, show signs of change in their attitudes and behaviour at work. For example, they may arrive late to work or be increasingly absent from their work. The obvious extreme sign of their dissatisfaction is of course their resignation (Rosse & Saturay 2004). Work dissatisfaction is strongly associated with poor retention in nursing which is a problem globally (International Council of Nurses 2002).

Work dissatisfaction was experienced by twenty out of the twenty-six participants. Some participants expressed work dissatisfaction without clear reasons whereas others specified clear reasons. The following section addresses the two main reasons for work dissatisfaction amongst the participants of this study, namely an unpleasant working environment and the perception of being undervalued by others.

Unpleasant working environment

More than two thirds of the twenty participants reported encountering unpleasant experiences at work. As a result, feelings of exhaustion and stress, relating to their work, had led them to resign and consider planning for a better future with the option of
Michelle recalled heavy workload as one of strongest triggers for her resignation. Nursing is perceived to be an occupation involving heavy work which is quite often very draining (Li et al 2009). Michelle perceived that regardless of one’s position (as a Registered Professional Nurse (RPN) or a Nurse Practitioner (NP)\(^1\), the workload was extremely heavy in Taiwan. It is possible that working as a NP may have been even more stressful at the time when Michelle practiced, because when this particular qualification of NP was introduced in Taiwanese hospitals, there were no clear boundaries between RPNs and NPs in terms of clinical duties. Although NP qualification is more advanced and specialty oriented than the general RPN qualification, the NP’s clinical duties were strongly governed by medical practitioners. Therefore, without the supervision of medical practitioners, NPs’ practices were very similar to RPNs. Their duty involved looking after patients, as well as sharing some duties with doctors such as changing patients’ dressings, prescribing medications and so on.

Another participant, Amy, described how hard she worked as a nurse. Although it is

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difficult to translate Amy’s actual expression, her quote depicts a typical way of expressing the excessive busyness of Chinese culture.

...in Taiwan, we had to tzuo niou tzuo ma (做牛做馬) everyday... in particular, we often had to work overtime,...I felt that I had no quality in my life....yah...this was why I resigned from my work....

(Amy, P 1, L 25)

Amy indicated that her working conditions were difficult in Taiwan and included frequent overtime. She used the term tzuo niou tzuo ma (做牛做馬) which is the Mandarin term for describing someone who works extremely hard. In old Chinese society, 牛 (niou = cow) and 馬 (ma = horse) were animals often used to help people with heavy duty farming or transporting work. As a result, tzuo niou tzuo ma (做牛做馬) is usually used to describe a heavy workload (教育部國語推行委員會 1997). Amy’s use of this expression implies that she was being worked very hard, to the point of exhaustion. The extremely heavy workload not only affected Amy physically but also psychologically. She had started to question the quality of her life because she could not maintain a good balance between her work and her private life. This situation placed her under significant pressure. In Taiwan, recent literature (Chang & Chang 2007) suggests that nurses are often exposed to significant pressure in their work. Common stressors are the high expectations held by patients and patients’ families relating to the provision of quality care (Chang et al. 2008). When an additional stressor, such as heavy workload, is placed on these nurses who are already under pressure, then the decision to resign is understandable (Yin 2005).

It is difficult to define what constitutes a heavy workload because people’s perceptions and capabilities vary. However, some participants used the term ‘burnout’ to describe their situation. It is unclear whether these participants were actually ‘burned out’; however, their strong language is an indication of how hard they perceived their situations to be.
The concept of burnout is complex. It has been described as a psychological term for the experience of long term exhaustion and decreased intellectual and emotional interest (Duquette, Sandgum & Dbeaudet 1994). Duquette, Sandgum and Dbeaudet (1994) assert that people who are in a state of burnout often display emotional exhaustion, depersonalisation and a sense of diminished personal accomplishment. Emotional exhaustion is indicated by a lack of energy and the consumption of a person’s emotional resources. Depersonalisation can be identified by the display of detachment and cynicism toward co-workers, clients and the organization. Diminished personal accomplishment can be characterised by a tendency to evaluate oneself negatively (Maslach & Jackson 1981; Pines & Kanner 1982). Burnout is not triggered by a single factor, but in nursing, the five factors which are commonly thought to trigger burnout is: heavy workload, an excessive number of patients, lack of job satisfaction, lack of respect and a lack of constructive feedback and/or support from supervisors and colleagues (Aiken et al. 2001).

Interestingly, all of the above triggers were mentioned by the participants of this study. Although only a few participants experienced all of the factors, most experienced a combination of some of them. It would therefore seem reasonable for them to describe themselves as experiencing burnout.

Burnout is known to be a leading cause of a shortage of nurses in the USA. The Joint Commission on Accreditation Health Care Organizations (JCAHO) (2010) found that work burnout, poor work environment, and high pressure, combined with minimal support in the workplace are the main reasons that nurses leave their profession. Poor retention of nurses is also an issue in Taiwan and thus, it may be assumed that burnout might be a leading cause with the contributing factors being similar to those presented above. In Taiwan however, the strategy for tackling poor retention has been to supply more new nurses (Chen 2007) rather than improve the welfare of the existing nursing workforce (Chauang et al 2008; Wang, Lnug & Liu 2009). This strategy has not been successful in Taiwan or anywhere else around the world.
Chen et al. (2003) claim that, due to the increasing number of new graduate nurse resignations (in Taiwan), the balance between demand and supply has never been met, despite the fact that the number of new graduates has increased. The impact of new graduate resignation cannot be underestimated. Without a constant and adequate supply of new graduates, the nursing workforce cannot adequately grow or mature. This creates further problems relating to the quality of nursing, the work load of experienced nurses and the training budget (Wang, Lng & Liu 2009).

In 2008 in Taiwan, nearly 14,000 new graduates qualified to enter the workforce (Ministry of Education 2008); however, only approximately 6,000 of them chose to work as a RPN (Sen 2006; Committee on Medical Science Education 2008). This reluctance to work as a RPN is not unique to new graduates. It is evident in the nursing workforce in general. According to the National Union of Nurses’ Associations ROC in Taiwan (2010), in April 2010 there were 218,672 people registered as RPNs but only 129,414 (59.18%) were working in this capacity. Not surprisingly, the shortage of nurses and the heavy workload, still remain serious problems in Taiwan.

Reasons for Taiwanese nurses’ reluctance to remain in the nursing profession have been found to be diverse in the different studies conducted in Taiwan. Gender specific issues are often discussed such as marriage and the number of children, followed by the age of the youngest child and child care issues (Chen et al 2000). In addition, work environment and salary are also suggested as reasons in the Taiwanese literature (Chen et al 2000). There are no statistical data available to identify where designated new graduates go, how many nurses change their careers, or how many nurses continue their study or pursue further study (in Taiwan or overseas).

Since there is only limited literature about new graduates’ intention after graduation available in Taiwan, it is useful to review overseas studies. Rosse and Saturay (2004) aimed to investigate people’s reactions to different degrees of job satisfaction in the
USA. They found that regardless of the intensity, people who experienced dissatisfaction with work tended to resign eventually. On the whole, the degree of the work dissatisfaction correlated with the period of time an employee remained in a given position before resigning. People experiencing extreme work dissatisfaction were more likely to reject the expectations placed on them, relinquish their loyalty and consider resignation quicker. People experiencing a lesser degree of dissatisfaction were found to remain in their position for a longer period of time, waiting for a change or attempting to adjust to the expectations placed on them. However, they did eventually resign. Levels of dissatisfaction are difficult to define because the degree of dissatisfaction experienced can be quite subjective, depending on the individual and their expectations and personal situation.

In addition to the literature from Taiwan and the USA, the Australian literature also highlights similar concerns, particularly relating to OQNs. Two Australian studies have also suggested reasons why OQNs choose to travel abroad. Omeri and Atkins (2002) identified that low salaries and long and stressful working hours in home countries can lead nurses to seek a better working environment overseas.

In response to worldwide nursing workforce shortages, Aiken et al. (2001) collected data from 43,000 nurses in more than 700 hospitals in the United States, Canada, England, Scotland, and Germany between 1998 and 1999. The data revealed that low morale, job dissatisfaction and burnout were the three main reasons why nurses considered resignation. Work dissatisfaction was linked to: workload, the requirement to perform non-nursing tasks, cost saving factors that impacted directly on the quality of care, reductions in nursing staff and higher patient to nurse ratios with a caseload consisting of a greater number of acute patients (Aiken et al 2001).

The above factors associated with the resignation by nurses were also identified by the participants of this current study. In particular they addressed high patient to nurse
Rose expressed a specific reason for her work dissatisfaction. She specified that, in Taiwan, working patterns and case loads caused her to consider resignation and contemplate working overseas in what she thought would be a better environment:

...I heard that work overseas was much easier, and the salary was better than Taiwan...we [nurses] would only need to look after 4-5 patients and the AIN would share our work...what a beautiful dream...

(Rose, P 12, L 15)

Rose and Viola were attracted to what they perceived would be a smaller caseload overseas:

I felt that the workload was quite heavy compared to other countries...

Li: can you please give me an example?

For example...... the number of patients...I heard nurses working overseas only look after 4-5 patients...in Taiwan it's double...I thought that it was a good chance for me to get better work environment...

(Viola, P12, L 38)

The number of patients that Taiwanese nurses have to look after is an issue of concern in the Taiwanese nursing society. For example, Taiwanese academic, Yin (2005) claimed that the patient to nurse ratio is much higher in Taiwan than in other countries. Yin (2005) reported that in Taiwan, each nurse has to look after 7-11 patients on a day shift (8am-4pm) and 12-27 patients on a night shift (4pm-midnight and midnight-8am). Not only does the number of patients affect the quality and safety of nursing care, but the severity and condition of the patients also impacts on nurses’ workloads (Yin 2005; Lin 2010). For example, before coming to Australia, Rose worked in an emergency department where she nursed patients with acute conditions. In this environment, a large caseload impacted negatively on her ability to offer quality care to her patients.
In addition to a high workload, there is a perception that nurses in Taiwan are not sufficiently financially rewarded for their work. An average nurse’s salary in Taiwan, is 35000 NTD (about 1287AUD) per month (Lin 2010) and nurses often feel that their work is not properly rewarded. It is easy for Taiwanese nurses to compare this salary to that of other countries without considering other important factors such as living expenses:

...my salary did not increase, but the workload was increasing year by year ...I knew that many countries were short of nurses. I thought that it was a good opportunity for me to see a different world...

(Lily, P 4, L 14)

Lily decided to go overseas because she felt that nursing was not financially rewarding in Taiwan and she also hoped for the opportunity to experience a different world. The issue of nurses’ salary in Taiwan has been widely discussed. Yi, the former president of The National Union of Nurses’ Associations, R.O.C. (Taiwan) asserted that the introduction of the Taiwanese National Health Insurance Scheme in 1995 impacted negatively on nurses’ salaries.

The National Health Insurance Scheme was introduced in Taiwan in an effort to improve the accessibility to health care for all people (Bureau of National Health Insurance 2008). It now applies to all of the Taiwanese population, whereas before 1995 it only applied to specific groups such as labourers, government employees and farmers, but overlooked children under 14 and the elderly. Although the new scheme was well intentioned for clients, it introduced new financial policies and payment regulations, which resulted in the termination of supplementary government funding to hospitals (Bureau of National Health Insurance 2008). As a result, hospitals were forced to re-consider their financial management.

Consequently, most health care settings applied two cost saving strategies, these were to
reduce both the nursing workforce and their salaries (Yin 2005; Wei 2006). Fixed term contract positions for nurses, paying between 11,000 and 19,000 NTD per month (about 500AUD – 900AUD) increased (Yin 2005). This salary is far lower than a normal long term nursing contract salary (Fan & Chen 2009). According to the Department of Labour (2010) in Taiwan, the average monthly earnings of employees on the human health & social work services’ payroll are higher than the majority of other industry groups. Nurses belong to this group of employees; however, their salary is lower than that of their peers (Yin 2005; Fan & Chen 2009). This issue has been a topic of concern for some researchers (Wang & Chen 2006; Fan & Chen 2009; Yin 2010). For example, Fan and Chen’s study (2009) depicts the financial situation of employees in a Medical Centre2 in Taiwan. They found that although nurses represented the largest employee group in the Medical Centre (44% of all employees were nurses), their salaries only accounted for 9.9% of this Medical Centre’s financial budget allocated to wages (Fan & Chen 2009). Low wages discourage nurse retention, and therefore create increased workloads for nurses ‘left behind’. Clearly, the new government scheme increased the burden on nurses and it became a push factor to those Taiwanese nurses deciding to work overseas.

Push and pull factors has been used as a theory in the area of migration for many years. Kline (2003) indicated that push factors usually present in donor countries, and pull factors pertain to receiving countries. Both factors have to be operating for migration to occur (Kline 2003). Push-pull factors are often found in migrant studies (Buchan, Parkin & Sochalski 2003) and clearly work dissatisfaction was a strong push factor for the participants in this study. It is not clear in this section whether an unpleasant work environment alone, lead to their dissatisfaction. The following section explores another factor raised by many participants – the ‘perception of being undervalued by others’.

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2 Any medical Centre in Taiwan has to fulfil the following criteria in order to reach the standard of a ‘medical centre’: 1) provide 500 beds for acute stage patients (including general acute condition and psychiatric patients). 2) encompass 22 areas of care including general practitioners (family medicine), obstetrics and gynaecology, paediatrics, orthopaedics, neurosurgical, plastic surgical, urology etc.
Perception of being undervalued by others

Apart from an unpleasant work environment, the perception of being undervalued by others also seems strongly associated with work dissatisfaction, for the participants of this study. Participants articulated clearly how they expected to be treated in the context of their work and they were confident in their abilities as health care professionals. They therefore felt that they were entitled to a reasonable level of responsibility and the opportunity to offer patients their knowledge and a high quality of care. However, they thought they had not been valued and treated as they deserved, and thus they expressed disappointment. Eighteen of the twenty-six participants reported feeling that they were not respected and had little power in their interactions with patients, doctors and even other senior nurses in Taiwan.

Lack of respect from patients

Sixteen of the twenty-six participants in this study perceived a lack of respect from patients and their families. For example, Eve expressed that a lack of respect was a factor in her work dissatisfaction. She believed her five years of work experience as a nurse qualified her to educate patients and their families. However, patients and their families generally preferred to listen to the suggestions made by doctors or even junior residents with only one or two years experience:

I could not get respect from patients and their families. As I told you, before coming to Australia, I had more than five years work experience but patients and their families would rather believe a junior resident’s instruction than mine even when the instruction was exactly the same. I had to tell the resident ‘would you please tell your patient such and such’...

(Eve, P7, L26)

Denise also observed patients and their families undervaluing nurses during her clinical practicum. She was a student nurse at the time:

...I really felt that patients in Taiwan did not respect nurses...even when you [nurse] had done a lot for them [patients], they [patients] did not appreciate what you [nurse] did for them [patients]...
Li: why do you say this?

...because...sometimes I felt patients would rather believe a young doctor than a senior nurse ...I have to say that our professional knowledge was not respected by patients

(Denise, P 5, L 11)

Even though Denise had never worked as a RPN in Taiwan, her clinical practicum experiences gave her an insight into the powerlessness of nurses. Denise assumed that nurses’ professional knowledge was not respected by patients at all.

There are several factors which may contribute to the lack of respect for nurses in Taiwan, including gender discrimination, lack of support from peers and the public. Researchers (Wang, et al 2004; Xiau et al 2005) have found that Taiwanese public perceptions toward nurses can be problematic. People in Taiwan often think that nurses are less academically accomplished and therefore less capable than any other health care provider (Wang, et al 2004; Xiau et al 2005). Some patients and their families even believe that nurses are subordinate to doctors (Chang et al. 2005; Xiau et al 2005; Wang, et al. 2006; Chiou et al. 2007). Furthermore, a strong gender stereotype exists in Taiwan (Buchan et al 2003). The above reasons create a stigma against nurses, and a strong belief that doctors hold a prestigious position further polarizes the images of nurses and doctors. One Taiwanese doctor (Lai 2010) asserts that in Taiwanese culture, not only nurses, but women in general are undervalued. He further claims that despite the feminist movement in Taiwan in the 1970s, nursing remains a female dominated occupations in Taiwan (Huang & Kuo 2009), and nurses are still not respected by patients and their families. The low status and lack of autonomy of nurses has been a topic of discussion for many years (Chang, Chou & Cheng 2005; Xiau et al 2005; Wang, Chang & Chu 2006; Chiou, Lee & Yen 2007).

In order to eliminate existing stigma, some nursing scholars have encouraged nurses to improve their professional knowledge (Chang, Chou & Cheng 2005; Chang et al.
For example, Chang et al. (2005) indicated that within the first two years of a new position, nurses may need to evaluate their practice. To this end they may benefit from new graduate or other continuing education training programs (Chang et al. 2005). Chang et al. (2005) further suggested that after approximately 5-10 years nurses may need to consider upgrading their knowledge in order to accomplish their personal goals. However, according to Taiwanese nurses, professional knowledge does not necessarily correlate with the perceptions of patients and their families. This is supported in studies conducted by Chang et al. (2007) and Chang et al. (2008). Chang et al. (2007) found that good nursing practice includes a combination of professionalism and humanity. Although their study was relatively small, based on interviewing 83 nurses from 18 hospitals in Taiwan, they identified that a good nurse possesses high-quality professional decision making skills, adequate assessment skills, accurate nursing assessment skills which help to provide comfort and safety to patients, the ability to work in a team and maintain positive relationships with patients, and the desire for self development (Chang, et al 2007).

Chan et al.’s (2007) study, which focused on the perspectives of patients and their family in regard to good nursing, found that patients and families tend to view nurses as guardian angels, who should possess humanity and patience. Moreover, patients and their family wanted to be treated as if they were the nurses’ family. Their findings suggest that the concepts of nursing and caring are seen as synonymous by the general public. Furthermore, Chan et al. (2008) found that patients and families tended to have strong stereotypical views and expectations, indicated by their language (i.e. nurses should). It can be concluded, that on the whole, the image of nurses in Taiwan is still conservative.

It is possible that the undervaluing of nurses by the Taiwanese public influences their own perception of themselves and diminishes their confidence (Laschinger, Finegan & Shamian 2001). Clearly it would be a positive step to raise the public image of nurses. However, participants also reported that they were not respected by doctors.
Lack of respect from doctors

Violet shared her experience of working with doctors in Taiwan and in particular the lack of respect she felt was evident in their attitude to nurses:

...I felt...doctors in Taiwan did not respect nurses and never listened to nurses...they [doctors in Taiwan] treated us [nurse] just like a servant in a hospital...sometimes doctors scolded us [nurses] without any reason...

(Violet, P 1, L 27)

Researchers have discussed possible reasons for the undervaluing of nurses by doctors. Nursing has been described as an oppressed discipline that remains subordinate to medicine (Poroch & Mcletosh 1995; Castledine 1997; Farrell 2001). Many people believe that everyone in health care, including the nurse should follow the doctor’s orders (Chang & Chang 2007). Participants’ experiences in this study appear to reflect the perspectives of Poroch and Mcletosh (1995) and other researchers’ (Castledine 1997; Farrell 2001; Chang & Chang 2007) perspectives. Lai (2010) a Taiwanese doctor has a similar point of view, he suggests that nurses must develop their confidence and knowledge in order to gain the respect of doctors, but also that doctors, in their training program, must learn how to respect nurses. Lai (2010) recognises that looking after patients involves team work and no single team member, nurses included, should be ignored. Since today’s health care values team work, it follows that every team member, including nurses should be treated respectfully (Chang et al 2007; Huang & Kuo 2009). Kanai-Pak et al (2008) claim that communication is one of the most important mediums for improving the doctor/nurse relationship, and better relationships between doctors and nurses directly affect the job satisfaction of nurses.
Surprisingly a recent survey of Taiwanese medical students, scored them highly in the area of teamwork (Chiu et al 2010). It is unclear however whether nurses are considered to be part of their team, because the instrument used in the study did not define teamwork (Chang et al 2007). Furthermore, doctors in Taiwan generally have extremely high esteem as leaders (Chiu et al 2010), which may hinder their ability to view nurses as their co-workers.

Interaction with team workers can be challenging, especially for those nurses who are considered to be in a lower position compared to other members of the medical team such as doctors (Huang et al. 2003). The Taiwanese nurses in this current study reported that they needed support from their head nurses; however, they described a lack of respect from them.

*Lack of respect from head nurses*

Fifteen participants in this study linked job dissatisfaction to a poor relationship with their nurse managers/supervisors. Ann shared her experiences:

"...because of the head nurse...she made me feel that I could not work with her...she never respected her staff members we could not even have a chance to express what we thought..."

*(Ann, P 1, L 20)*

Because Ann did not feel respected by her head nurse, she did not feel able to express her feelings. Violet volunteered specific details about her similar experience:

"... I do not think our managers or directors ever respected us...new graduates were assigned to intensive units. If we could not stand the unit and wanted to change to other places, the director told us ‘if you cannot stay, you have to go! There are many people that want to work in this hospital’...I felt that I had no future...I decided to go overseas to pursue my dream of working overseas..."

*(Violet, P 1, L 26)*
Violet perceived that she was treated as easily replaceable by the managers/directors of nursing whereas Lashinger and Wong’s (1999) study asserts that a leader’s attitude is extremely important for lowering tension and stress levels in the workplace. Furthermore, Toofany (2007) claimed that a supportive atmosphere, created by managers/leaders, increases the motivations and job satisfaction of nurses (Toofany 2007).

Regardless of whom they were being undervalued by, the sentiments expressed by the participants in this study can be summarised as a feeling of powerlessness. Rafael (1996) indicated that historically nurses have had difficulty realising their own power, and have therefore felt powerless. This affects their ability to organise their work (Rafael 1996). Social, cultural and educational factors all influence perceptions of nurses, and many of the negative perceptions have their roots in the view that nursing is women’s work (Manojlovich 2007 p 1). In the West, even years after the feminist movement, many nurses do not feel empowered (Fletcher 2006). This might be the case in Taiwan as well. It has been generally said that the feminist movement that occurred in the 1970s has brought impressive changes in the Taiwanese society (Liu 1996). However, Huang and Kau (2009) claimed that nurses in Taiwan constantly experience feelings of powerlessness in their work environment. A feeling of empowerment is important to nurses, because without this, their influence upon patients, colleagues, doctors and other health workers can be limited (Manojlovich 2007; Lai 2010).

It is true that respect between members of a group indicates that individuals perceive themselves to be equal to one another (Simon, Lucken & Sturmer 2006). Respect also conveys communications and thereafter enhances a sense of belonging (Cremer & Laetitia 2008). Economists assert that people not only work for monetary compensation but also expect respect from others (Ellingsen & Johannesson 2007), and this explains the feelings of dissatisfaction reported by the participants of this study. As noted previously, a nurse’s salary in Taiwan is not necessarily lower than other female occupations; however, participants of this study perceived them as underpaid. A possible
reason for this is that they felt undervalued and therefore dissatisfied.

In this section a further reason contributing to work dissatisfaction has been explored. It is important to note however that although work dissatisfaction may have lead to participants resigning from their work, it was not the only reason they sought work opportunities overseas. The following section explores the pull factors which influenced the participants of this study in their decision to attend a BN conversion course in Australia.

**Theme two: Ambitions**

The first section of escaping and dream seeking cannot be explained wholly by the single theme of *work dissatisfaction*. A parallel theme, termed *ambition* also played a significant role in the final decision of these Taiwanese nurses to study a BN conversion course in Australia. *Ambition* has been termed a parallel theme because it includes pull factors which work together with the push factors (work dissatisfaction) to draw people overseas.

The theme of *ambitions* encompasses four subthemes: wanting to work overseas – exploring options in other countries, recommendations from family, seeking to improve English language skills, and the desire to emigrate to Australia. Exploring these subthemes gives a more precise insight into the decisions made by these Taiwanese nurses to attend a BN conversion course in Australia.

Wanting to work overseas – exploring options in other countries

The specific focus for these Taiwanese nurses was English speaking countries, and in particular the three major English speaking countries of the United States of America, England and Australia. The USA was generally targeted first, followed by the UK.
Apart from four participants who had family already living in Australia, and therefore considered Australia as their initial focus country, eighteen of the remaining twenty-two participants reported that they initially planned to go to the USA or the UK. However, after considering factors such as tuition fees and the duration of the course, they selected Australia as their target country:

*Actually, I did not think that I would come here [Australia], America was my first choice*

*(Alyssa, P 1, L 31)*

Historically speaking, it is understandable that Taiwanese people seek educational opportunities in the USA. After the Mainland Chinese Civil War, the Kuo Min Tang (KMT) government developed close political and economic relations with the American government. Since then, the Taiwanese education system has followed the American education system much more closely than others (Xing 2002). According to the Taiwanese Ministry of Education (2008) the majority of Taiwanese students who study overseas, do so in the USA. In 2008, approximately 33,339 Taiwanese people applied for a student visa to undertake higher education overseas and about 47% of them sought this opportunity in the USA (Ministry of Education 2008). Eve offers an explanation for this:

...without any reason, everyone wants to go to the USA. When I was at uni, there was only one teacher who had graduated from an Australian university. All of the other teachers received their degree in the USA...so... in the beginning, I never thought about selecting any Australian university...

*(Eve, P 3, L 16)*

Alyssa and Eve’s reports are typical of the decision making process followed by most Taiwanese students seeking to study overseas, and reflect the views of the eighteen Taiwanese nurses who admit that Australia was not their preliminary target country. However, factors such as the duration of the course, the tuition fees, recommendations from family, as well as practical issues influenced participants’ choice. In particular, all twenty-six participants reported that duration and tuition fees were their first concern.
**Duration and tuition fees**

During interviews, eighteen of the twenty-six participants reported that they considered the comparative cost of study in the USA, UK and Australia before finally settling on Australia. They carefully calculated the total cost which might be incurred during the course and sought the maximum gain for the minimum outlay. Based on information they obtained, it was clear to participants that the longer they took, the more money they needed to spend. Thus, the duration of the course and the semester fees were very important in their decision making.

Amy and Rose provided examples of this reasoning. Both of them had investigated the duration and the cost of courses in the USA. On the whole, the duration of courses offered in the USA and the UK is three or four years, whereas courses offered in Australian universities only required one year of study for the completion of a BN degree and registration. Amy said:

> ...I had thought of going to the USA but when I considered the financial issues, Australia was cheaper and shorter!... I found that a conversion course could give me a chance to get my license [registration in Australia] in a short time....only one year!...

*(Amy, P 3, L 10)*

Rose also had a similar viewpoint. A one year program was attractive to her.

> ...a one year education program was my main concern in looking for schools, because of financial issues. I found that Australia offered a one year program. This was what I wanted...

*(Rose, P 2, L 9)*

The issues of the duration and tuition fees cannot be separated and were also reported by Back, Davis and Olsen in 1997, as well as the International Development Programme (IDP) Education Pty Ltd Resources (International Development Programme, IDP) in 2002. These reports compared the cost of higher education courses in Australia with other key destination countries including Canada, New Zealand, the UK and the USA, for
international students seeking higher education in English speaking countries. The data was drawn from IDP, government agencies, university websites and published guides and directories from each country. According to Back et al. (1997) and IDP’s (2002) reports, the course duration was a significant issue for international students because it affects the total cost of their study. International students are motivated to complete courses within a short period of time because an extra year at an overseas university adds another year of tuition fees, living costs, health insurance etc. (Back et al. 1997; IDP 2002). Furthermore, study, addressing factors associated with success or failure in nursing courses, clearly indicated that financial constraints are one of the biggest factors associated with the failure of nursing students. Clearly, the cost of tuition and the course duration impacts on both the marketing of international education and students’ course selection (Back et al. 1997; IDP 2002), participants also indicated that the influence of family recommendations was strong.

Recommendations from family
Family reasons were reported by twelve of the twenty-six participants to have influenced their decision making processes. Family reasons encompass recommendations from family members and having family that live in Australia. Nine participants listed recommendations from family members as the main reason they chose Australia as their target country. Lily and Apple were two typical examples:

...my brother-in-law used to work in Melbourne. He told me Australia was not so bad. Actually, most of my classmates studied in the USA but because of my brother-in-law’s suggestion, I selected Australia...

(Apple, P 1; L 30)

Even though, most of Apple’s classmates selected the USA as their target country, Apple followed her brother-in-law’s suggestion to choose Australia. Lily also listened to her mother’s suggestion because of her cousin studying in Australia:

...why did I select Australia...because my cousin studied in Australia... At the time when I selected a country, my mum told me that she would be accompanying me...
Lily and Apple report that they were influenced by the experience of family members living in Australia. Michelle reported a similar situation. She chose Australia as her target country because her family had moved to Australia and she wanted to be with them.

...all of my family immigrated to Australia... only my older sister and I were not citizens in Australia...my mum asked me to come to Australia to live with them....

(Michelle, P 22; L 19)

Throughout history, Chinese culture and in particular Confucian ideology has strongly influenced the Taiwanese culture, education system and family relationships (Shu 1996; Cooper 1999; Hsieh et al 2000). Of all the Chinese relationships, family relationships are the most important (Hou & He 2008). Although, Taiwanese families have become more flexible and westernised, Taiwanese people still have very strong family ties (Smith 1992). A strong tradition of filial piety means that even to this day in Chinese culture (including Taiwan), parents use their influence to modify the behaviour of their children (Hou & He 2008). Taiwanese parents have generally played a significant role in the education of their children, and contributed their personal opinions to the educational decision making process (Cooper 1999). According to Apple, Michelle and Lily’s reports, it is clear that they took their family’s suggestion into consideration when selecting a target country.

Family considerations are usually the major reason why women move away from their country. In the initial sections of immigration during the early 1900s, women followed their family or husband (Oishi 2002). Today women not only follow their fathers or husbands, but they may also leave their countries to pursue their own capacity as workers. Foner (2002) pointed out that there are many reasons causing women to emmigrate to other countries including following their spouses and family and the demand for certain categories of workers (such as nurses). The network of relatives,
friends and family are particularly significant for Asian women (Oishi 2002). Comments made by the Taiwanese participants in this study, indicating that their family networks influenced their decision making, reflect Foner (2002) and Oishi’s (2002) findings. In addition to family recommendations, participants also indicated that a major concern was English language ability. According to the data, participants believed that selecting a BN conversion course in an Australian university would improve their English ability.

Seeking to improving English language skills
Twenty-six participants reported having considered language courses as a pathway to registration in Australia and a way of avoiding an English test (IELTS; the international English Language Testing System). Essentially, the details can be grouped under the headings of *Inadequate language ability* and *Practical considerations*.

*Inadequate language ability*
English language ability was an important step in the realisation of participants’ dreams and it was a core issue of concern for the twenty-six participants. Twenty-three of the twenty-six participants reported directly that they did not think that their level of English was adequate to meet the standard for registration in Australia (IELTS 7.0). As a result, they selected the BN conversion course because it would give them the opportunity to achieve their goal without taking a formal English test. Denise, Michelle and Amy are three examples, reflecting participants’ concerns. Denise stated:

...English is my second language; I think...my problem was my language...if I selected a language test, I did not think that I could get registration in Australia...

*(Denise, P 10, L 32)*

Michelle also had similar concern. She did not think that she could pass the English language test:
...my English was not very good, I did not think that I could pass the IELTS [7]; therefore I selected the course...my agent told me after studying the course, I could get registration in Australia...

(Michelle, P 1, L 31)

Amy had similar considerations and she saw the BN conversion course as a good alternative.

...I could only reach IELTS 6.5...it was too difficult to reach 7. Especially as English is not our first language...too difficult. I'd rather study a BN conversion course. It's another option for us and we could have the opportunity to go to hospital before starting a job in Australia....

(Amy, P 3, L 25)

IELTS is the test used to assess the English language skills of international students (University of Cambridge ESOL Examinations 2010). A score of IELTS 7 in academic courses is a basic requirement for anyone wanting to work as a nurse in Australia (Australian Nursing and Midwifery Council A 2008). A score of IELTS 7 indicates that the person can use English with occasional mistakes and may experience some misunderstandings in unfamiliar situations (IDP Education Australia 2002). However, in a survey of 125 Chinese international postgraduate students in their second semester in an Australian university, Phakiti (2008) found that IELTS test scores do not guarantee that students are equipped with the ability to cope with study in higher education. Green (2006) stressed that there are fundamental differences between the IELTS course and the English for Academic Purposes (EAP) course, in terms of their aims. The latter course is considered to be more suitable as a preparation for university study, whereas the IELTS course does not teach all of the elements normally offered in the EAP course (Green 2006). Moore and Morton’s (2005). Australian study also suggests that even though there is a writing module in the IELTS test, it is not necessarily relevant to the writing required for university students. Clearly there is a great diversity in the type of writing required by students in university coursework (Moore & Morton, 2005, p. 63). Chalhoub-Deville and Turner’s (2000) paper, comparing different types of English language tests, concluded that there is no single test available, and that a language test alone cannot measure the ability of a student. It seems then that the decision made by
the participants of this study to select an alternative to taking the IELTS, was possibly a good one.

The weakness of the English language skills of Taiwanese nursing students has been discussed by Taiwanese nursing scholars (Lee et al. 2004). They acknowledge the need for an adequate level of English for Taiwanese nurses, and express concern about current nursing students’ English ability (Lee 2004; Lee et al. 2004; Chen 2007; Su 2007). Liou (2006) stressed that students from the technological and vocational education system are expected to be well developed in their nursing knowledge and skills but demonstrate less care in their English language ability. Furthermore, Lu et al. (2009) advised that nurses, especially from outpatient departments, need to improve their English skills. Based on interviewing foreign patients, Lu et al. (2009) found that even though nurses in outpatient departments have more opportunities to encounter foreign patients, the English ability of those nurses is not necessarily good. Only 32% of foreign patients scored the nurses’ English as being at a satisfactory level. Although this is the only study to focus on foreign patients’ perceptions of Taiwanese nurses’ English ability, the result is convincing.

It is true that more attention has been paid to the development of professional knowledge and training in the Taiwanese nursing arena; however, English skills are becoming a desirable proficiency for Taiwanese nurses. Participants’ reports suggest that they recognised their own weakness in this area, and therefore, even though there was a shorter, more economical pathway to registration in Australia (for example, obtaining an IELTS of 7 and taking an assessment), this was considered to be risky. Consequently, Taiwanese nurses in this study selected the BN conversion course because they acknowledged their inadequate English language skills.
Practical considerations and recommendation from agencies

Although most participants selected a BN conversion course instead of taking a language test, in order to receive registration in Australia, participants indicated different reasons to explain why and how they selected the course. Apple, for example, sat the English test for registration while studying at a language school in Australia. She received an IELTS of 6.5. Her results did not reach the required standard for registration but were enough to allow her to study a BN conversion course:

...I needed IELTS 7 to get registration from the nursing board, I only had 6.5 ... My IELTS was 6.5 at that time...my agency told me if I studied at University B, I did not need to study in a language school again, neither did I have to reach IELTS 7...

(Apple, P 1, L 13)

The English language proficiency test was a key issue that Apple had to contend with if she wanted registration in Australia. At the suggestion of her agency, she decided to study a BN conversion course to meet the nursing board’s criteria for registration. However, Apple was not the only participant who selected the BN conversion course instead of the English language test. All twenty-six participants heeded the advice of agencies in Australia or Taiwan. Clearly, agencies play a strong part in the decision making of people who want to pursue study overseas.

Jasmine had a similar point of view to Apple, but she added that she had selected a BN conversion course over an English test because she believed that a BN conversion course would better equip her to adjust from a Chinese speaking background to an English (Australian) work environment.

...the reason why I did not select the English test but this [BN conversion course]...initially, I did a postgraduate program but this program could not give me registration. I think that I needed a period of time to feel familiar with the Australian work environment. Yes! In my view, it [studying a BN conversion course] was better than passing a language test and suddenly jumping from a Chinese speaking environment to an English speaking environment without any time to adjust to the new environment...
Violet, had similar perspective.

...I heard...there were many people who passed the Commission on Graduates of Foreign Nursing School (CGFNS) test, but how many of them could work without any problems? I heard there were many people who came back to Taiwan because they could not fit into the American working environment, especially, language..... even though you pass the RN test in Taiwan, so what? Could you go to work in the States directly? Not at all! There is no chance to adapt to their work environment, their culture and English... [in the BN conversion course] You could have time to adjust to the language and culture. In addition, clinical practice gave you a chance to be familiar with the medications used in Australia, some medical terminologies etc.....

After considering the experiences of others, Violet assumed that the English test was not useful for her future career. She believed that her work performance, including her language skills would be enhanced through a BN conversion course. It also emerged in Apple, Jasmine and Violet’s reports that they did not think that completing a language program and passing a language test would help them to perform well at work or to adjust to the Australian work environment and language.

In actual fact, there is not much literature available, comparing the performance of OQNs (Taiwanese) who gained registration via the language tests with those who have undertaken a BN conversion course. Similarly, there is not much literature discussing the differences in performance between overseas students who sit the IELTS and those who sit the inter language English test. Nevertheless, language is a particularly important skill in nursing. It was clearly stated by the Australian Associated Press (AAP 2008) that if nursing students from overseas have inadequate English skills, they place patients at risk, and therefore course designers need to consider communication skills and professional English skills.
Some universities in Australia did offer language skills courses for non-English speaking background (NESB) nursing students. Although theirs was relatively small study, Rogan et al. (2006) found that NESB students experience of attending a course called ‘clinically speaking’ in an Australian university, was positive. Qualitative data were collected using focus groups combined with questionnaires. The focus groups were audio tape recorded and transcribed. Data were collected before and after the program ran. Students in this study indicated that language and cultural adjustment were the most difficult aspects for them because they required them to change their ways of communicating and thinking. They were not aware of any coping strategies available to other students to make the transition quicker (Rogan et al. 2006). The study showed that students perceived the language program gave them a better understanding of their clinical practice and their interactions with other. Apart from the inadequate ability in the English language, participants also expressed that they would like to emigrating to Australia. With the ambition of dreaming of emigrate to Australia, they selected the BN conversion course. The details are discussed as the following section.

A desire to emigrate to Australia
Twenty-five of the participants had either received or were applying for PR at the time of the interviews and twenty of these twenty-five participants were working in Australia at the time. Of the twenty-six participants only Daisy did not apply for PR after the completion of her study and went directly back to Taiwan to work in a medical centre, as her original plan was simply to obtain a bachelor degree.

Alternatively other participants, such as Apple and Michelle reported that they had always hoped to emigrate to Australia:

...in my family, only my older sister and I did not have Australian citizenship, consequently, I thought if I get registration in Australia, I could get permanent residency for myself too...selecting a BN conversion course was an easy way for me....

(Michelle, P 1, L 27)
**Apple**: ... why did I select a BN conversion course ...because I planned to emigrate to Australia.

**Li**: Your aim was only to gain registration and emigrate to Australia?

**Apple**: That [emigrating to Australia] was the main plan.

(Apple, P 1, L 2)

Both of them received PR in 2007 which was soon after their completion of the course. The other twenty-four participants did not report that they planned to emigrate to Australia when they were selecting their course or destination country. The decision to emigrate to Australia for the majority of participants was secondary to the desire to work overseas:

...I planned to work overseas and dreamed to see a different world...besides this... I could have a chance to apply for PR [in Australia]...(if) you can say it would be an extra benefit....

(Lily, P 8, L 13)

...PR is an extra benefit... at the time, it was easy to get PR, but now it is more difficult, however being a nurse it is still easy to apply for PR...

(Iris, P 11, L 37)

According to Lily and Iris, obtaining registration in Australia improved their likelihood of receiving PR in Australia. Nurses are in high demand in the general skilled migration category in Australia (Australian Government Department of Immigration and Citizenship 2010), and participants who were registered nurses and worked in Australia, could have the benefit of PR. From Apple and Michelle’s perspective, the BN conversion course could provide them with a stepping stone to gaining registration in Australia and this would in-turn fast track their emigration to Australia.
Summary of section one

Participants revealed how they reached the decision to go overseas and what factors influenced their course selection in this first section. Generally, participants in this thesis experienced difficult working conditions in Taiwan, including a perception of being undervalued and these circumstances pushed them to seek opportunities overseas. Based on a combination of different factors, participants of this thesis decided to attend the BN conversion course in Australia. The process of reflecting on and comparing their previous work experience in Taiwan with information gained throughout their decision making process lead to the formation of only positive expectations about working overseas. Thus, it could be described as dream seeking. In the next section, the nurses encounter reality.

Section two: Frustration and Compromising

This section represents particularly significant findings of the current study, because the responses of the majority of participants support the derived categories. In order to understand this section, further insight into the specific situation of participants is necessary. As stated in the participants’ demographic information, all twenty-six participants were qualified as Registered Professional Nurses (a RPN is equivalent to a Registered Nurse in Australia) and the majority of them had worked as a RPN in Taiwan. As participants of a BN conversion course in Australia, they were both conversion course students and international students. For this reason, other studies on international students generally (Bochner 1972; Bradley & Bradley 1984; Keane 1993; Flinn 2004) relate to some of the experiences of the Taiwanese nurses in this study. However, the fact that these Taiwanese nursing students had already received an equivalent qualification to become a registered nurse in Taiwan and that some of them had had professional work experience, adds an extra dimension to their expectations of study and subsequent experience in Australia.

In addition to the academic course components, the clinical practicum is an important component of nursing education and therefore, it was considered reasonable to
differentiate, within the data, between participants’ experiences of the academic components and the clinical components of their study at an Australian university. Each theme consists of a number of stories relating to frustrations and compromises, as well as strategies for adapting to a new environment. The theme social interaction was created as it relates to their experiences in Australian universities. The grouping of the frustrations experienced and the compromises undertaken by participants is outlined below in table 4.3.

Table 4.3: Themes and subthemes within section two: Frustration and Compromising

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
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| Experiencing the academic components of study in an Australian university | ● Differences in teaching and learning styles and adapting to a new learning style  
● We had already learned this: Taiwanese nurses’ hidden expectations |
| Experiencing the clinical components of study in an Australian university | ● Frustration with the scope of nursing care in Australia.  
● Focusing on ultimate goals |
| Social interaction | ● Difficulties integrating with local students |

The first theme, experiencing the academic components of study in an Australian university describes how participants faced the difficulties and differences they experienced in the teaching and learning styles of the Australian universities in which they studied. They also shared their experiences of undertaking the pre-registration program as postgraduate students, trained originally in Taiwan. Within this theme, two subthemes were constructed from participants’ reports: differences in teaching and learning styles and adapting to a new learning style and ‘we had already learned this: Taiwanese nurses’ hidden expectations’.

The second theme, experiencing the clinical components of study in an Australian university, incorporates participants’ experiences of frustration with the scope of nursing care in Australia and focusing on ultimate goals. Participants shared their experiences of being a nursing student in Australian hospitals. They expressed their experiences of frustration in a different environment and nursing role and their need to make
compromises in order to adapt to the Australian nursing environment.

The final theme, *Social interaction* presents the experiences of participants as they interacted with local students.

**Theme one: Experiencing the academic components of study in an Australian university**

This theme is composed of the subthemes: *differences in teaching and learning styles and adapting to a new learning style,* and the assertion that *we had already learned this:* *Taiwanese nurses hidden expectations,* is discussed below.

Differences in teaching and learning styles and adapting to a new learning style

All twenty-six participants referred to major difference in teachers and students between Australia and Taiwan. Australian teachers were said to require a greater degree of self-directed learning from students, whereas Taiwanese teachers were more directive, providing students with more formal direction and input.

In some respects students in Taiwan were treated more like passive consumers of information. In contrast, students in Australia were expected to be self-directed learners, and therefore appeared to work harder and more independently than is expected in Taiwan. Amy indicated the differences between Australian and Taiwanese teachers:

...for example, [in Australia] the teacher only selected the most important part in her class. In each system, she might only pick up two or three diseases, and then this chapter is finished. She did not introduce all diseases...but Taiwan was different. The teacher [in Taiwan] gave you everything even teaching materials...

*(Amy, P 7, L 41)*
Compared to teachers in Australia, Taiwanese teachers offered students everything they felt they needed to know about their topic, without expecting them to undertake much research or analysis for themselves. Amy’s observations can be explained by Ballard and Clanchy’s (1991) study, in that they found that Asian students tend to face difficulty during their education in Australia because the lecturers cover a lot of ground very quickly and often the questions raised do not have answers (Ballard & Clanchy 1991). Another participant, Lillian, also expressed differences in teaching styles between Australia and Taiwan and described what she thought about the learning style in Australia:

...teachers in Australia were more relaxed. You had to study by yourself and you had to find your own answers...to be honest, I did not think it was a good idea if students always learned by themselves without any direction, how much could they learn...?

(Lillian, P 2, L 15)

Lillian’s sentiments support Ballard and Clanchy’s (1991) finding. She specifically discusses teaching styles and expresses the opinion that a teacher’s teaching style impacts on how much a student learns. Much like Amy, Lillian refers to the lack of direction from teachers in Australia and the requirement to undertake self-directed learning during her BN conversion course. Lillian perceived this style of learning to be problematic; however, it is questionable whether nurses who have merely learnt whatever the ‘teacher told them’, will ever acquire the creative, scientific, analytical or decision making skills required in contemporary nursing practice. One of the strengths of university level education in Australia is that it helps students to develop and improve their skills in these areas.

It has been more than two decade since the term ‘internationalisation’ has emerged as an agenda in the policies of Australian tertiary education (Australian Government 2008). Additionally it has been nearly 10 years since Trevaskers, Eisenchallas and Liddicoat (2003) pointed out that:

although the policies and rhetoric of internationalisation used in Australian
universities covers all aspects of internationalisation which are: 1. the student body; 2. the curriculum; and 3. students’ experiences (p.4), in practice Australian universities have only focused on one aspect of internationalisation, the student body - recruiting international students (Trevaskers et al. p.10)

It might be naively assumed that Australian universities have by now adopted the other two aspects of internationalisation; however, based on my participants’ experiences, the existence of true internationalisation, at least in the BN conversion courses they attended, is questionable. The need to pursue the latter two aspects of internationalisation should not be underestimated, because internationalisation not only involves the movement of students (Leask 2004) but also nurturing the global perspective of local students and academics (Leask 2001). Carroll (2005) asserts that teachers can best help international students by becoming more knowledgeable about their own academic culture (p.27). Following this, the provision of explicit help by teachers to international students is an effective strategy (Carroll 2005, p.27). The Australian Learning and Teaching Council’s (2008) report called ‘Finding Common Ground’ asserts that interactions between international and domestic students require the creation of an interactive environment because they do not generally occur naturally. Thus, Australian nursing academics have a significant role in educating OQNs.

Nevertheless, participants believed that they were well trained under the Taiwanese nursing education system. Many participants (such as Romy, Dausy, Lillian, Michelle, Kay, Eva, Gil, Zoy and Eve) felt that by learning as much as they could before starting their work as a nurse, they were well equipped to deal with patients’ conditions. Furthermore, as a result of their prior study and work experiences, participants believed that they knew what they needed to help them recognise patients’ problems. They believed that they had learned more in Taiwan, albeit in a passive and teacher centred learning environment.

Having experienced both the Australian and Taiwanese education systems, Michelle shared her opinion that Australian undergraduates are generally not provided with
enough lectures and therefore do not receive enough information:

...how many lectures will you have in a semester? How much can a teacher give you? I didn’t think it was enough for undergraduate students...The course compared to my previous learning experience was not good at all....

(Michelle, P 8, L 16)

Michelle’s perception is likely to have been based on her simple comparison between the number of lecturers per semester in Australian and Taiwanese institutions. It was her impression that Australian undergraduate nurses are not taught enough content compared to nurses in her home country, but in Australia, the tertiary education system leans towards acquiring knowledge through an analytical and critical approach (Ballard & Clanchy 1991; Cadman 2000). Ballard and Clanchy (1991) further assert that Australian teachers aim to both pass on a certain body of content and establish in students an attitude of critical enquiry towards the material contained in the course. In order to do so, the material is usually extended beyond the content of the lectures (Ballard & Clanchy 1991).

Indeed, there has been some discussion about the learning style of Asian students in their home countries and its impact on their ability to study successfully overseas. It can often lead to frustration for Asian students who have previously been exposed to structured directive teaching styles in their home countries (Sameulowicz 1987). Asian students in particular, are generally educated through teacher-centred, rote learning styles (Sameulowicz 1987), and this experience hinders their ability to adapt to a different, more learner-centred style (Ballard & Clanchy 1991). Mak and Chen (1995) argued that many western education systems tend to be concerned not with students’ results per se, but with the way in which they are attained. This is compatible with the Australian university experience of the participants in this study. They experienced a very different approach to what they had previously been used to in Taiwan, where results were the most important measure of a student’s ability. It is therefore not surprising that they faced difficulties and frustrations. McGee et al. (2008) assert that if
students’ prior experiences or existing knowledge conflict with the new ideas they are being taught, then they may experience frustration and even reject them.

Although the Taiwanese nurses were more positive about their prior learning and work experiences than those they were exposed to in Australian, their experiences in Taiwan did not equip them to pass everything during their BN conversion course. The requirements of assignments in Australia were different to what participants were used to and they acknowledged that misunderstanding the requirements of assignments contributed to their difficulties. Eighteen of the twenty-six participants expressed the belief that their previous experiences led to misunderstandings. These were sometimes problematic as they lead to confusion about what was required of them and at times, led them to be ‘criticised’ for plagiarising. For participants however, it was a process of adjustment, through a growing awareness of their misunderstandings and a necessary adaptation to the new learning style.

Romy provides an example of the above. She had more than five years work experience in an Intensive Care Unit and believed that her knowledge and understanding were adequate for completing an assignment; however, when she received her marks she realised that she had misunderstood the requirements of the assignment. She recalls her experience.

…I was puzzled by the assignment... The Australian thinking perspective was different compared to the Taiwanese one. We had a different way of presenting a key point. Sometimes, I thought that something was a key point in my assignment, but my key point was not their [Australian] key point. Sometimes, I thought my assignment had included everything, but the teacher requested more details…something like that…for us, we may say oh…check the patient’s blood pressure in the early morning and then give the key points of the problem of high blood pressure…but the teacher wanted us to give all the details of the procedure of taking blood pressure. For us, blood pressure taking was a basic nursing skill. It’s unbelievable that there was anyone who did not know how to obtain blood pressure...

(Romy P15, L24)
Romy’s report shows how the expectations of the pre-registration program she attended differed from her own. She seemed disappointed at being told that her assignment answer was inadequate. She soon realised the different expectations of teachers when it came to answering questions in assignments. With five years work experience she was confident in her knowledge of basic nursing skills and she thought that she had applied her knowledge and experience adequately to meet the requirements; however, she did not take into account that she was undertaking a pre-registration program designed as a preparation for new nurses. Even though her answers may have been correct, she learnt that she was required to give more details about the nursing skills she described.

Romy was not the only participant who spoke of misunderstanding or confusion regarding the requirements of assignments. Susie, for example, expressed her experience of assignments:

…..assignments were a big headache. I was sure that I had covered everything in enough depth because usually I could get a good mark in Taiwan…..I was surprised …I did not get a good mark but…when I discussed this with other students…I found that what the teachers expected was very basic…

(Susie, P 13 L 22)

Similar to Romy, but without prior experience in Taiwan, Susie believed that her assignment had more than adequately responded to the questions but she could not obtain the good mark that she expected. Including Romy and Susie, eighteen of these twenty-six nurses shared their experiences, illustrating the different assignment requirements between Australia and Taiwan. It is possible that some confusion occurred because these Taiwanese nurses did not really understand the meaning of their assignment questions in English. In addition, both Romy and Susie indicated that they thought the answers teachers expected were very basic in Australia. As qualified and experienced nurses they seem to have forgotten how elementary the requirements of a pre-registration program are.
A second issue that arose in relation to assignments was one of academic integrity. In Australian universities, searching literature and using it as supporting evidence was required. This process, which included citing references accurately, proved to be a difficult task for the Taiwanese nurses. The literature suggests that, Asian students are used to summarising information from textbooks in their assignments and in particular, they are not familiar with referencing throughout their assignments (Ballard & Clanchy 1991). Participants did in fact report that assignments in Taiwan required them to transfer information from textbooks with less emphasis on literature from journal articles.

According to participants’ reports, difficulties were faced regardless of their work experience. Daisy, who had more than five years work experience and Susie, who did not have any work experience before coming to Australia, reflected on their experiences, which are typical of the twenty-six Taiwanese nurses.

_I was required to research lots of references in order to prove what I was going to do. However, I could not find enough useful information ... Sometimes, I knew the answers, and I knew which textbook I could get the answer from but I still had to find lots of references in order to prove what I was going to do. I didn’t understand why I could not just follow the textbook which indicates all nursing care standards instead of spending time researching articles._

_(Daisy, P 13, L 25)_

Daisy complained that she was expected to undertake a lot of research in Australia in order to collect references for her assignments, and that this was different to what she had been used to in Taiwan. As mentioned previously, Taiwanese students usually received everything from their teacher and this information was then transferred into their assignments. Textbooks were the primary information source and students were not required to undertake a lot of self-directed learning or research. Daisy was not familiar with researching information and she did not know how to find evidence to support her arguments. This reflects the inadequate research and self-directed learning skills of Taiwanese nursing students. It may also bring into question, the merits of
expecting nursing students to repeatedly research the practicalities of fundamental nursing care, when it has been reviewed and summarised by experienced nurse authors. Daisy was not the only participant who claimed to have this experience when doing assignments. Susie shared her experiences and indicated the fundamental differences in expectations between Australia and Taiwan, as she saw them:

...when I was doing my assignment? Oh! I read books and...followed the teacher’s question...found the answer in the textbook and then copied it into my assignment...certainly I would change some words...hohoho... at that time, I had no idea about study [in Australia]... when I was in Taiwan, I got good marks...However, when I came to Australia, I got ...only a pass....

(Susie P5, L3)

Susie’s comments are representative of the views of the majority of participants, who in turn found assignments in Australia to be confusing. Susie faced the reality that if she maintained the methods she followed in Taiwan, she would not obtain good marks in Australia.

Both Daisy and Susie emphasised their difficulty applying the new learning style and their confusion about the amount of references required in assignments, as well as noting the differences between the two countries in the use of textbooks. Study in Australia involved a process of adjustment for participants. Many of them recognised their need to adapt and had to spend a lot of time mastering the new techniques of analysing, acknowledging and referencing literature. In the process of adjustment, Daisy, Susie and others began to establish different approaches throughout their assignments. Daisy said:

...I changed my attitude. The teacher wanted us to think more in depth...sometimes I had to criticise something...so...I started to use my brain to think...and I spent more time in reading criteria in order to understand what the teachers’ expected me to do. ...Anyway, it was a new learning style...

(Daisy, P 14, L 3)
Susie also shared her experiences and recalled that her experiences in the BN conversion course helped her a lot when she progressed to her masters program.

...after that... ok! I had a general idea how to do my next assignment. If I wanted to get a good mark, what I had to do! ...actually the teacher did not want you to copy the textbook. The teacher preferred you to do research. You had to tell her what was new....and according to someone...maybe someone had different point of view. What this person said or your own opinion...you could not only summarise what a text book said...this experience also helped me when I was doing my masters degree....

(Susie, P 5, L 10)

It was difficult for participants to realise their misunderstandings and make changes so that their work met with Australian academic standards. However, what they did gain was academic integrity. These are skills that researchers (Watkins et al. 1991; Arkoudis 2006; Chiu 2006) have said that Asian students usually lack. It is possible that these skills are especially lacking in those whose educational backgrounds are vocational.

Overall, participants expressed that the methods they had used to gain good marks in Taiwan did not work in Australia. Their previously successful technique of merely following the textbook prevented them from accepting the new learning style in Australia. When they attempted to use the same strategy that was successful in Taiwan they received unexpectedly poor results. This was caused by a misunderstanding resulting from participants’ naiveté.

We had learned this content already: Taiwanese nurses’ hidden expectations

These twenty-six Taiwanese nurses found that, despite their difficulty with the teaching style, the content of the BN conversion course was repetitive of the pre-registration program they had completed in Taiwan and they claimed that there was nothing new for them in terms of nursing specific information. During interviews, all participants shared their experiences. Rose, Lillian and Susie provided representative view-points.
...very basic, just like contemporary basic nursing we learnt in college (in Taiwan) or some very basic course such as medical and surgical nursing. Given my many years of work experience in nursing, I think I could learn (something) a bit more advanced...

(Rose, P 2 L 27)

...everyone had many years of work experiences. [We] certainly wanted something practical ...but...the course was too easy...

(Lillian, P 2 L 4)

It is interesting to compare the expectations of these Taiwanese nurses before the BN conversion course with their actual experience. Not one of the participants expressed the expectation that they would obtain advanced knowledge; however, they expressed disappointment that they had not, in reality, done so. Rose and Lillian, in particular, had many years of work experience as RPNs in Taiwan before coming to Australia and they were therefore clinically experienced nurses. For this reason, they may have hoped to obtain some further knowledge from the BN conversion course in Australia, even though they had not articulated this during their interviews. However, this hidden expectation was also addressed by other participants who had less or no work experiences prior to coming to Australia.

...I had the feeling...I felt I was paying money but getting nothing... maybe...because we had learned everything already...but we wanted to learn something more...however, the BN conversion course was a kind of pre-registration course...

(Susie, P 8 L 8)

Susie perceived that the expense of tuition in the BN conversion course did not provide her with any new nursing knowledge. She realised after commencing the course, that this was the reality of undertaking a pre-registration program. Rose, Susie and Lillian’s opinion that the BN conversion course content was a repetition of what they had already learned in Taiwan reflects the opinions of all twenty-six participants who asserted that they had expected to learn new knowledge or more advanced practice.
Traditionally, BN conversion courses provide hospital trained nurses with the opportunity to upgrade their qualifications to degree level, allowing access to further academic study (Allan & McLafferty 2001). It is articulated in some of the course descriptions that some BN conversion courses primarily aim to enhance the registered nurse’s theoretical foundational knowledge, expand their academic and practical skills and develop their critical analysis and evaluation competencies. The course aims do not necessarily state that BN conversion course attendees can expect to obtain new nursing knowledge. Considering the limited English ability of these Taiwanese nurses before coming to Australia, it is possible that they could have misunderstood the course aims and therefore had unrealistic or incorrect expectations of the BN conversion course. However, this is unlikely because all twenty-six participants were referred to the BN conversion courses by either Taiwanese or Australian education agencies, as a pathway to registration in Australia. The course content was explained by the agents and participants were also aware that the BN conversion course was a pre-registration program which allowed them to avoid attaining an IELTS 7 in order to obtain registration. They also understood that they might have to undertake a program involving more than one year of study.

Nowadays, Australian universities are attracting increasing numbers of OQNs (Dickson, Lock & Carey. 2007). The need to provide suitable education programs for OQNs is not new and discussion on this topic was found in an article by Beeman published in 1990 (Beeman 1990). Considering Australia’s health and safety policies, program providers clearly have to be concerned with the quality of the nursing students they train. In particular, they might have to consider the need to provide suitable education programs to OQNs, which help them to understand the different teaching and learning styles in Australia, and especially the skill of establishing self-directed learning and analytical thinking processes. In addition, as mentioned previously, the Taiwanese nurses selected the BN conversion course as a way to deal with an English language test requirement they feared they could not meet. The repetition of the course content might not teach them new nursing information, but they could in fact focus on learning the communication skills, English abbreviations and terminology in the areas they felt they needed.
In this section, participants shared their experiences of attending BN conversion courses at Australian universities. Their previous study and work experiences clearly impacted on their experiences. Different teaching and learning styles were reported by all twenty-six Taiwanese nurses, who also stated that the different requirements of assignments in Australia compared with Taiwan caused them to feel frustrated. Participants, all of whom were Taiwanese nurses, already trained in Taiwan also claimed that they were familiar with the nursing content in the majority of their subjects. Through a process of acknowledging their frustration with the differences and compromising in order to adapt to a different learning culture, the majority of them achieved their goal. Their previous experiences also affected their experience of clinical practicum in Australia. The details are discussed in next section.

**Theme two: Experiences the clinical components of study in an Australian university**

The Taiwanese nurses in this study had expected to face some differences relating to different health systems, work environments and nursing roles. It could therefore be assumed that participants would have been satisfied to have learned about such differences through their clinical practicum. An analysis of the data indicates that they actually experienced frustration as a result of the differences they faced and therefore needed to embrace a perspective which would enable them to cope with these frustrations. This was expressed as ‘frustration with the scope of nursing care in Australia’ and ‘focusing on ultimate purposes’. After a level of frustration, they revisited their ultimate purpose, to ‘simply attain registration in Australia’, and in doing so began to deal with their frustrations by compromising and changing their focus.
Frustration with the scope of nursing care in Australia

Twenty-four of the twenty-six participants reported that their exposure to the clinical environment was an eye opening experience in both positive and negative ways. On the positive side the experiences gained from the clinical practicum made Australian nursing more real and exciting. On the negative side, some experiences during clinical practicum were frustrating for participants due to unexpected differences in nursing roles between Australia and Taiwan. Rose is a significant example of one who was frustrated by the clinical practicum experience. She said:

...yeah it actually had an impact on me ...in my first clinical practicum...Working in an Australian hospital, I realised what nurses do (in Australia) is to attend to all the needs of their patients... it made me feel like I was doing an assistant nurse's job ... 7.30am I had to look after their eating, followed by showering them...lunch time, cut their steak or pork chops (laugh) ...(laugh)... then wait until the person on the next shift came in. Yeah...(silence)...So I personally think, I don’t know, sometimes I though I was doing an assistant nurse’s job...

(Rose, P14, L 13)

Rose was one of the three participants who the researcher interviewed twice. Her responses during the first interview were characterised by silence and uncertainty and therefore the researcher contacted her again to ask if she was willing to be interviewed a second time and she agreed. In the second interview, she talked more openly and confided that the first clinical practicum had not been a positive experience. Rose expressed her impression that Australian nurses were undervalued. Even during the second interview, Rose’s regular laughter served to mask her nervousness, and sometimes she was silent. Even though Rose tried to appear easy going as she described her first clinical practicum, it was clear from her comments that she was frustrated by the many differences between the Australian and Taiwanese working environments. One example she gave was the showering and feeding of patients as a registered nurse’s role in Australia. In Taiwan, feeding and personal hygiene of patients are often taken care by family members. When family are unable to provide this sort of care, hiring an assistant is an option. There are nurse assistants who are trained in hospitals in Taiwan, thus, usually nurses in Taiwan do not help with patients’ feeding and personal hygiene. Even though there are AINs in Australia, who assist registered nurses and enrolled nurses in the provision of nursing care, the personal care offered to patients is still undertaken by
registered nurses as part of the team (The NSW Nurses' Association 2008). Australian nurses are responsible for the overall care of patients (ANMC 2008). For Rose, the personal care of patients was an unexpected registered nursing role, which she believed was below her.

Literature exists, which discusses the performance of international nursing students in their clinical practicum (Astin et al 2005; Dickson, Lock & Carey 2007) and the adjustment issues they face due to differences between countries in the scope of the nursing role (Hawthorne 2001; Omeri & Atkins 2002; Gerrish & Griffith 2004; Jeon & Chenoweth 2007). In Dickson, Lock and Carey’s (2007) study, students indicated the differences in nursing duties between their home country and Australia, with comments such as, ‘in my country...nurses don’t wash people’ or ‘in my country nurses don’t need to think...’ (Dickson, Lock & Carey 2007 pp 4-5). Dickson, Lock and Carey (2007) argue that some issues may be associated with strong cultural values and beliefs and cannot be exclusively linked to differences in nurses’ duties. Although the experience of differences certainly has some positive aspects in that it can facilitate the adaptation to a new environment, the initial reaction of the participants in this study was frustration.

Many participants perceived a clear demarcation between nursing and other disciplines in Australia, which was unclear in Taiwan. This inclined them to the view that Taiwanese nurses are more capable than Australian nurses, due to the fact that they are required to undertake the work of other disciplines as well as nursing. Flora and Denise shared their opinions:

...their (Australian) nursing profession description was very clearly delineated. Nursing was nursing, pathology was pathology. You didn’t need to know too many things about pathology, except some common knowledge. In Taiwan, we were asked to know as much as we could...

(Flora, P 5, L 26)
nurses in Taiwan are talented. Taiwanese nurses had to know everything...sometimes Taiwanese nurses have to do a doctor’s job. But in Australia it is very clear what job belongs to a doctor and what belongs to a nurse...

(Denise, P 9, L 22)

Even though neither Flora nor Denise had worked in Taiwan before coming to Australia to undertake a BN conversion course, they still perceived differences between Australian and Taiwanese nursing. They compared their Australian experience with their clinical practicum in Taiwan and concluded that Taiwanese nurses sometimes undertook additional duties compared to Australian nurses. These duties, however, did not include feeding and showering patients. Overseas nurses, from China, the Philippines, India, and sub-Saharan Africa, were targeted in Gerrish and Griffith’s (2004) study, conducted in the UK, which also found differences between countries in the organisation of nursing care. Gerrish and Griffith (2004) indicated the need for appropriate support to enable overseas nurses to adapt to working in different health care systems, social and cultural contexts.

The Taiwanese nurses in this study also perceived that there were only minimal opportunities for practical experience during their clinical practicum in Australia. Gil shared her point of view:

...I did not know how those nursing students could survive when they finish their study. Students did not have many chances to practice their nursing skills. Do you know, during clinical practicum, I was the only nursing student who had the opportunity to insert a patients’ foley. I remember there was a nurse with two years work experience, who asked me to give her the opportunity to insert a patients’ foley because she had never had the chance to do it....can you believe it? ..... (Gil, P 7, L 20)

Due to its strong foundation in the technological and vocational education system, Taiwanese nursing education, even as it has evolved over time, emphasises clinical
skills over theoretical knowledge. Furthermore, the Taiwanese technological and vocational education system has been closely connected to the development of the Taiwanese economy (Chu 2007). One of the strengths of this education system was its ability to produce ‘immediate usable skilled workers’. In order to promote the Taiwanese economy the technological and vocational education system was expected to train workers with ‘immediately usable skills’ and as such was expected to offer students specific skills in the subjects they selected (Chung, Lai & Chu 2005). Mainly, nursing is placed in the category of technological and vocational education and thus nursing students are expected to possess a high level of technique and knowledge when they commence their career in the hospital setting (Chou et al 2010). Thus, clinical practicum can be quite intense and practical in order to ensure the readiness of nursing students for work placement.

All twenty-six Taiwanese nurses found that there were very few new practical nursing experiences for them in Australia. Participants perceived many limitations in nursing care in Australia. Many expressed this by saying that ‘in Taiwan we could do this…’. Denise said:

...in the beginning of my clinical practicum, I was not accustomed to the situation, because you would feel...Taiwanese nurses would not do it in this way...I could do this [in Taiwan]...in Taiwan, nursing students could insert an IV cannula but here [Australia] you had to pass a training course. Therefore, at that time, I felt very strange. It felt a little bit ridiculous. How come Australian nurses did not know how to insert an intravenous cannula. Inserting an IV cannula was a very fundamental thing in Taiwan...

(Denise, P 6, L 35)

As mentioned previously, Australia and Taiwan have different working climates and cultures, and in Australia some technical procedures, such as IV cannula insertion, may require a qualification which Taiwanese nurses do not need.
Unexpected restrictions were also a common experience for OQNs who participated in adaptation programs in the UK. For the purpose of evaluating an OQN’s adaptation program, Gerrish and Griffith (2004) undertook focus groups and individual in-depth interviews with overseas nurses, senior nurse managers, ward managers, mentors and educators in the UK over a one year period. They then analysed the data drawing on the principles of dimensional analysis. Overseas nurses in their study reported that there were restrictions placed on their practice in hospitals in the UK and that some nursing practices in the UK require a special qualification, which was not necessary in their mother countries (Gerrish & Griffith 2004).

The Taiwanese nurses in this study believed that they were already well equipped to perform fundamental nursing tasks and this was evident in their repeated use of word such as ‘basic’, ‘very fundamental’ and ‘too easy’. Rose commented:

...the clinical practicum was...very basic, just like contemporary basic nursing we learnt in college [in Taiwan] or some very fundamental skills such as medical and surgical nursing skills. Given my many years of work experience in nursing, I think I could do [something] a bit more advanced...

(Rose, P 2, L 27)

Foley insertion and IV cannula insertion are fundamental skills in Taiwan, taught to students during their undergraduate nursing course. The subject; ‘fundamental nursing’, not only teaches students basic knowledge of nursing but also trains them in some basic nursing skills including administering medication, checking vital signs, enemas, foley (catheter) insertion, blood-drawing, IV cannula insertion etc. After completing the course and passing a written examination and skills assessment, students can practice all of these nursing skills during their clinical practicum under the preceptor’s supervision. After passing the national examination for registration, RNs can practice all of these nursing skills without supervision. Lillian indicated that her previous nursing experience equipped her to express concern to another nurse about the care of a patient taking digoxin:
With the knowledge that abnormal electrolyte data might relate to intoxication, Rose suggested that the nurse she was working with should monitor the electrolyte levels of her patient who was taking digoxin. She was surprised that this qualified nurse was not concerned about this.

Rose and Lillian described their clinical practicum experiences as ‘easy’. Notably, Rose had five years work experience in an Emergency room and Lillian had five years work experience in mental health; however, this desire for something advanced was not only expressed by the experienced participants. The reports of Rose and Lillian reflect the opinions of all of the twenty-six participants, who believed that their needs as students were more advanced than those of general undergraduate nursing students. This perception is not new and Kramer (1970) indicated that OQNs are often more skilled than general undergraduate nursing students. She (Kramer 1970) argued that they tend to be familiar with diseases and related nursing care and most of them have work and life experience. Given the concerns detailed in various pieces of literature regarding the education of RN students it is questionable whether the standards, educational processes and concept development for general undergraduate nursing students are appropriate for overseas qualified RN groups such as the participants in this study.

Focusing on ultimate purposes
During interviews, participants expressed their frustration with, and adaptation to, study in Australian universities. Participants’ reports indicate that their concerns were more focused on their clinical practicum, which they hoped would help them to feel familiar with Australian work environments. Differences between their clinical experiences in
Australia and Taiwan caused them to re-focus on their ultimate purposes. At some point, in order to deal with their frustrations, the majority of participants revisited their ultimate reasons for attending the BN conversion course, which were to obtain registration in Australia, improve their English skills, familiarise themselves with the Australian nursing work environment and obtain permanent residency.

Despite reporting that they had not learnt anything new from the BN conversion course, participants did acknowledge that the course had helped them to improve their English. For example, Denise recalled that because the nursing content of the BN conversion course was similar to what she had learnt in Taiwan, the similarities gave her an opportunity to learn the language and terminology. Apple reported that she had learnt some communication skills from the course:

...I felt the basic...fundamental nursing gave me more...because when I went to clinical practicum [in Australia], that was the most basic...patients' blood pressure, vital signs...I would communicate with patients everyday. I began learning language, what I had to say to take patients' history. I was learning English...in a repetitive course...

(Apple, P 9, L 7)

...repeating it in English made it easier for me to learn in a different language...I had learned all of it in Taiwan already. Therefore, it was easy for me to catch up in English... my main purpose was to learn language and some terminology ...

(Denise, P 10, L 23)

Denise’s main goal was to improve her English language skills and understanding of terminology; consequently, revisiting subjects that she was already familiar with through her previous training helped her develop these skills. Fifteen other participants, held a similar viewpoint.
All participants admitted that they eventually viewed the BN conversion course as a language-learning program. Despite their differences and difficulties, misunderstandings and frustrations, participants became aware that they were not aiming to gain new knowledge in nursing practice but that they needed to understand the Australian health care system and familiarise themselves with the Australian health care environment. Perhaps, even more importantly, they wanted to build their confidence to start working as registered nurses in a foreign country. For these reasons participants tried not to expect too much from the course, in terms of content. The majority of participants persevered with the course by reminding themselves that they were learning about differences in the clinical environment, gaining confidence to work in Australia, improving their English skills, and most importantly obtaining registration.

The overall purposes of these Taiwanese nurses studying a BN conversion course were to obtain registration in Australia, improve their English skills and familiarise themselves with the Australian nursing work environment. Revisiting this focus represents a coping strategy aimed at reducing the frustrations caused by the differences and difficulties. In outlining the coping process, Mantzicopoulos (1990) points out that coping is a procedure by which individuals manage demands. The process of coping begins as soon as the individual appraises an event (Mantzicopoulos 1990). Different coping strategies might also be applied by different individuals.

Traditionally, psychologists have identified two types of coping strategies used when individuals are faced with difficult or stressful situations: problem-focused coping and emotion-focused coping (Lazarus 1993). Problem-focused coping strategies aim to eliminate the problem whereas emotion-focused strategies attempt to change one’s perspective on the problem. Folkman and Lazarus (Folkman & Lazarus 1980; Folkman 1984; Folkman & Lazarus 1985) add to this, by saying that coping has two major functions: the regulation of distressing emotions and the initiation of action to deal with the problem causing the distress. Both types of coping may use behavioural and cognitive reaction modalities (Folkman & Lazarus 1980; Folkman 1984; Folkman &
Lazarus 1985). Reflecting on Folkman et al.’s (Folkman & Lazarus 1980; Folkman 1984; Folkman & Lazarus 1985) studies, it seems that the Taiwanese nurses in this present study may have utilised an emotion-focused strategy and adjusted their thinking. It is unclear whether the level of frustration they felt can be deemed as ‘stress’; however, the existing literature relating to acculturation suggests that the feelings of frustration experienced by migrants or international students can be stressful. Fritz, Chin and Marinis’ (2008) recent study focused on international students’ acculturation stress and provides a specific insight into Asian international students in the US. Fritz, Chin and Marinis (2008) categorised international students under two different groups (Asian and European) and compared their stress levels to those of local American students. They found that Asian students were the most susceptible to stress during their adaptation to their new environment.

In addition to the academic and the clinical components of a BN conversion course in Australia, as discussed in categories one and two, participants also articulated difficulties with social interactions. In fact, difficulties integrating with local students were reported by all participants. The details are discussed below.

**Theme three: Difficulties integrating with local students**

During interviews, participants also shared their experiences of interacting with local students. According to participants’ reports, their preference was to socialise with Asian students. They often reported finding it difficult to interact with local students and many observed a segregation of international and local students. Theme three addresses the difficulties participants experienced in their interactions with local students.

It is commonly thought that interactions with local students can help overseas students to adjust to their new culture, environment, and language (Sodowsky & Plake 1992; Ti 1997). The Taiwanese nurses in this study, however, did not experience positive and helpful interactions of this nature. Flora disclosed her own experience as well as making some generalisations about the nature of Asian students compared to local students:
... usually, I stayed with Asian or Taiwanese students. I did not have much connection with local students. (Li: Did you ever try?) Yes! I did, but it was not easy to bridge the gap ... very difficult (Li: why?) because you did not know their culture. For example, Asian students only focused on studying. They did not know much about socialising... to them [local students], they preferred to start relationships by socialising and then study ....

(Flora, P 5, L 14)

Flora indicated that differences in culture and thinking processes, and in particular, the focus of Asian students on study made it difficult for them to interact with local students. All twenty-six participants acknowledged that they only had connections with Taiwanese students and other international students who had similar backgrounds, and they admitted that building friendships with local students was difficult. Seven of these twenty-six participants attempted to form friendships with local students but all of them failed to make Australian friends.

Various authors have acknowledged that international students often have problems interacting with local students. Influencing factors highlighted in previous studies are language, culture and the tendency for international students to socialise with students of a similar background (Bochner, Huntnik & Furnham 2001). Some authors (Sodowsky & Plake 1992; Ti 1997) stressed that differences in culture and language are the major causes of the segregation of international students and local students, and also that the willingness of international students to interact with local students can be easily hindered. Some researchers have termed this phenomenon cultural distance (Ward & Kennedy 1993). Cultural distance occurs when people, aware of differences between the home and host culture, segregate themselves into groups according to nationality. Ward and Kennedy (1993) stressed that socio-cultural adjustment is an important process for international students if they are to adapt to the new culture with little or no experience of cultural distance. It is difficult, however, to identify how this socio-cultural adjustment occurs for each individual person. Iris provides specific reasons for her difficulty interacting socially with local students:
...I think that it is impossible... (Li: why?) different thinking processes, different culture....(Li: can you give me an example?) ...such as...local students like to have a drink but as an international student, how much time and money do we have for that? We needed more time to study, we needed to work harder...and....they [local students] enjoy their jokes, but I didn’t think the jokes were funny...not at all! I really can’t see what was funny...but...maybe it’s a language issue... or maybe it’s the different culture but we couldn’t pick up the meaning immediately and had to have it explained ...why it was funny...I think...I guess.....

(Iris, P 4, L 12)

Iris observed that as part of their socialising ‘local students like to have a drink’, something which she felt was not only unaffordable but was a waste of her time. Iris also found that there was a gap in understanding between local students and international students, especially relating to humour. Ten other participants also expressed difficulty understanding the jokes of local students and as a result they chose to socialise with international students of a similar background.

Iris also commented on attitudes towards study, which can be very different for local students and international students. This relates in part to issues of time and money, which are very real for many international students:

...we were international students; our tuition fees were much higher than local students...we had financial concerns...sometimes we had to find a part time job to cover our living and other expenses...we couldn’t spend too much money having a drink in order to establish relationships with local students...

(Iris, P4, L 21)

As previously mentioned, many participants selected an Australian BN conversion course because it was more affordable than courses in the UK and the USA. Thus, managing their finances wisely was clearly an important issue for them. They were concerned about their budget and Iris provides insight into the financial constraints they faced, indicating that financial issues were a major barrier for her in her interactions
with local students. There is no literature exploring the impact of financial constraints on interactions between international students and local students, such as the experiences reported by the Taiwanese nurses in this study.

Nevertheless, cross-cultural studies do demonstrate that most international students socialise primarily with people from a similar background. One of the earliest findings was documented by Bochner, Mcleod and Lin (1977). Bochner, Mcleod and Lin (1977) asked thirty-six students from Japan, Korea, Taiwan, Thailand and the Philippines to indicate their five best friends on campus. Students reported a preference for same culture friends, with 43% of their friends being co-nationals (with a similar background), 29% host nationals and 27% members of other cultural groups (Bochner, McLeod & Lin 1977). More than thirty years on, the tendency of international students to socialise with similar background students does not appear to have changed – at least for these nursing students.

A more recent study conducted by Volet and Ang (1998) which examined the factors affecting the formation of mixed groups for the completion of academic tasks, found that Asian students preferred to connect with peers from a similar background. The focus of this study was primarily on completing academic tasks, which is different to socializing; however, it is probable that if Asian international students prefer to work with students from similar backgrounds, then this tendency might also be evident in their patterns of socialisation. Bochner, Mcleod and Lin’s (2001) research on patterns of socialisation addressed the perspectives of local students and found that, like international students, they preferred to have relationships with students of a similar age, with similar academic concerns and interests.

Clearly, culture and language, as well as academic concerns and interests affect the interactions between local and international students. The above studies simply suggest that universities review their practices with regard to teaching international students,
and Asian students in particular (Volet & Ang 1998; Campbell & Li 2010).

Apart from cultural differences, course duration was another issue raised by participants. Twenty of the twenty-six participants highlighted the relatively short duration of the BN conversion course (one or two years) as a reason why they had not engaged in friendships with local students. Susie shared their experience. She:

...just did not have much time to get in touch with them [local students]...our interaction was only when we had group discussions. We joined class in the middle of the course. They had known each other for at least 2 years. They had their own group. (Li: did you ever try?) No! Because... at the beginning of the course, I had to adjust to a new environment, and we said goodbye to each other in second semester.

(Susie, P 8, L 12)

Susie completed a one year BN conversion course and she perceived that the course duration and the fact that she joined the course half way through, were key issues in her experience of difficulties interacting with local students. As an international student, the first semester was consumed with adjusting to a new environment, and the second semester was the last one for her on campus. She felt that she did not have the time to make friendships with local students. The literature does not document the experiences of students who joined a class in the middle of a program, such as the Taiwanese nurses discussed in this thesis. Due to the program design, the experienced, qualified and mature age Taiwanese nurses in this study joined the program in its second or third year and at the same time were adapting to a different learning and teaching style in a new learning environment. Even Liz, who completed a two year course indicated that she still had to spend a lot of time studying and therefore had little time or inclination to socialise:

...I had almost no interactions with local students especially in the first year. (Li: why?) New start, I had to adjust and I was busy studying. (Li: you did a two year course, how about your second year?) almost the same ...mm....probably because of culture...(Li: why?)...they [Local students] like to have a drink, enjoy parties, but we didn’t, we spent more time studying ...

(Liz, P 6, L 15)
Bigg (1994) indicated that the majority of Asian students are more concerned with their academic success than other experiences which they could gain during their studies, and this is reflected in the attitudes of Liz, Susie and other participants. In contrast, in Rambututh and McCormick’s (2001) study, the aim of western students tended to be to satisfy the assessment requirements and avoid failure. With such different learning attitudes and expectations regarding results, it is not surprising that there was some degree of distance between the local students and the participants of this study. Furthermore, as English was the second language for participants, they needed to put even more effort into their study, in order to achieve the results they desired. Iris’ comment illustrates this:

...English is my second language; I have to spend more time in my study. For example, local students only need one day to prepare for their examination; I need at least one week. I have to understand what the meaning is? .....I need more time...

(Iris, P 6 L 20)

In sharing her thoughts about the difference between local students and herself, Iris indicated the weakness of her English language ability. Students from non-English speaking countries coming to Australia to study must attain a minimum score in the international English test; however, Volet and Ang (1998) assert that even though this might be a reasonably good test of English listening, speaking, reading and writing skills, it might not accurately measure oral comprehension skills and the ability to express oneself clearly. Volet and Ang’s (1998) Australian study indicated that limited English language ability may explain many of the issues that arise for international students throughout their study, such as their reservedness in class, particularly at the beginning of their study, their communication with other students and their teachers, and ultimately their results (Volet & Ang 1998). Iris’s experience illustrates Volet and Ang’s (1998) perspective.

Apart from cultural differences and language considerations, the Taiwanese nurses were generally older, more qualified and more experienced than most of the local students. In
fact, some participants, such as Michelle, described the local students as ‘kids’:

...local students... hohoho they were kids... I did not spend much time with, them...they were younger than me. I was too old to interact with them [local students]....

(Michelle, P 14, L 12)

Michelle saw herself as an older person compared with the local students and for this reason she did not interact much with them. Clearly the age gap is a significant factor for some participants in their social interactions. There is no literature indicating whether experience, qualifications or age affect nursing students’ interactions with younger classmates. However, Leask (2009) argues that the interactions between international and local students depend very much on how teachers use both the formal and the informal curricula to encourage and reward intercultural engagement (pp.206-207). Leask (2009, p.207) defines the formal curricula as the sequenced programme of teaching and learning activities and experiences organised around defined content areas, topics, and resources, the objectives of which are assessed in various ways including examinations and various types of assignments, laboratory session, and other practical activities. The informal curricula include optional activities that take place on campus. Thus, Leask’s (2009) suggested strategy requires the engagement of a range of people across institutions and a variety of activities and services. It might be difficult to organise so many activities within the limited time frame of a conversion course; however, the important underlying philosophy of this engagement is built on the premise that ‘international students are valuable contributors of diverse cultural perspectives and experiences, who have the potential to transform the campus and the classroom into a vibrant microcosm of the world (p.206)’. If OQNs are treated as ‘valuable contributors’, then difficulties encountered by OQNs can become rewarding experiences. In fact, Leask (2009) explained that both positive and negative experiences need to be understood as the informal curricula.

In this section, participants indicated the different factors that impacted on their ability to form friendships with local students during the BN conversion course. These
included language issues, cultural differences, financial concerns, time restraints, program design and age. Furthermore, they believed that conscientious study was more important than forming friendships with local students and thus they invested most of their time in study.

**Summary of section two**

Section two has outlined the frustrations participants experienced during their course in Australia, and the compromises they made in order to adapt to a different environment. Different teaching and learning styles were reported by all twenty-six Taiwanese nurses, the majority of whom also stated that the different requirements of assignments in Australia compared with Taiwan caused them to feel frustrated. In addition, their previous experiences affected their opinion of clinical practicum in Australia. Participants also shared their experiences of interacting with local students. Factors including language and communication issues, cultural differences, financial concerns, program design and time restraints all hindered the participants’ ability to establish relationships with local students. Through a process of acknowledging their frustration with the differences, compromising in order to adapt to a different environment and revisiting their initial aspirations these Taiwanese nurses achieved their goal of obtaining registration in Australia.

**Section three: Evaluating**

**Theme: Evaluating**

All the participants reviewed their experiences after at least one year’s study of a BN conversion course. For various reasons, it was assumed that their expectations would have been different to those of Australian undergraduate nursing degree students who were not yet registered. The majority of the participants were educated in Taiwan and had already worked as a RPN in Taiwan, and the majority of them began their nursing studies at the age of 15 with a Technological and Vocational Education training course.
This section of evaluating can be represented by two common expressions occurring in the interviews – ‘everything was fine’ and ‘if I am allowed to say…’. The initial response from the majority of Taiwanese nurses to the interviewer’s question; ‘in retrospect what do you think about the BN conversion course?’ was that ‘everything was fine’. The first theme in this section was therefore termed satisfaction. However, as the interview progressed and participants began to feel more comfortable with the researcher, many gradually started to address issues which had arisen during their period of studying the BN conversion course.

On the whole, the majority of participants were positive about their decision to undertake a BN conversion course, because their main aims had been obtained through their studies. It is interesting to note that the majority of participants concluded that ‘at least I got registration and PR which allowed me to work… (so) I am happy…’. It appears that their main aims were to obtain registration, PR and employment, with less emphasis being placed on English ability and nursing practice itself, when describing their overall impression of attending the BN conversion courses.

Eventually participants articulated what they had hoped for from the course, in terms of content and the elements that were missing, that would have been helpful for them. However, these were not mentioned until rapport was developed during interviewing. The majority of participants spoke in a reserved manner using expressions such as ‘if I am allowed to say…’, or ‘I would say…’, communicating consideration for the institutions they attended. Thus, this second theme was termed sharing openly.

The issues raised by all of the twenty-six participants were congruent. They addressed issues such as: the improvement of communication skills (in English), refreshing medical/surgical terminologies (in English), obtaining knowledge of the Australian Health Care system, the role of Australian nurses, medications and multiculturalism in
nursing (including patient care and team work). All of the above points are discussed from a Taiwanese perspective in the following section. It is hoped that the experiences of the participants of this study can be shared with Australian institutions and prospective Taiwanese students who intend to study a BN conversion course leading to registration in Australia, with the expectation/hope that Australian universities could offer useful program as they expected for them. After the preparation and understanding of what they assume that they did not feel familiar, they could have good performance while they were working in Australia hospitals.

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Satisfaction

As stated above, the initial response of participants to the questions of how they felt about the BN conversion course and did they have any suggestions, was that ‘everything was fine’. For example:

..... (thinking for a while)...it's fine...nothing to say.... I felt satisfied with the course...I got what I wanted...yes...,

(Jasmine, P 10, L 22)

Jasmine, who completed a one year BN conversion course, reported that she was satisfied with the course, emphasising that she obtained registration, which was what she wanted. Regardless of the length of the conversion course that participants attended, their responses were the same. Denise responded:

... mm....I felt...in many respects it was fine...I refreshed [my] knowledge,
Jasmine obtained her initial nursing qualification from a technological institution, whereas Denise completed five years at a nursing college. Despite their different educational backgrounds, their comments represent the first reactions and overall impressions of all of the participants of this study:

...what I thought about the program?!....mm....I got a good mark and got registration ...and ....have work now because of the course...nothing to say about it...everything was fine.....

(Lily, P 7, L 14)

Lily communicated satisfaction and referred to her good academic achievement and receipt of registration in Australia. She is now legitimately able to work in Australia as a RN. More than half of the participants pursued the same clinical areas in Australia as they had been employed in Taiwan. Lily, for example, was able to obtain a position in an operating theatre in a major Australian city and is currently working as a RN in a fulltime capacity. It can be assumed that she felt satisfied because she was able to apply her skills and knowledge to the Australian environment as a result of completing the BN conversion course. She is now fulfilling her dream of working as a nurse overseas.

Participants’ style of responding, with expressions such as ‘everything is fine’ and ‘nothing to speak about…’ can be explained from cultural and psychological perspectives. Taiwan has been greatly influenced by Confucianism, and Taiwanese attitudes cannot be explained without considering this strong philosophical influence (Cooper 1999). For example, the Di Zi Gui, (弟子經) is an ancient Chinese book written by Chinese saints and sages, with its roots in the Analects of Confucius, which has been handed down through generations in Taiwan. It outlines the requirements of a good student and child. The book tells people not to expose other people’s shortcoming (人有短切莫揭 Ren You Duan Cie Mo Jie) (Overseas Compatriot affairs Commission R. O.
C. (Taiwan) 2010), and students in Taiwan have been taught at school according to this doctrine. It is therefore understandable that the initial responses obtained from participants in this study were only positive.

Apart from the cultural perspective, a psychological perspective also provides a more general explanation of human behaviour in responding to questions. Silence is a communicative response in some situations. Tannen (1985 p 97) points out that ‘silence can be a matter of saying nothing and meaning something’. Furthermore, Jones (1999) claimed that silence can carry meaning and can transmit a non-verbal signal. Bonvillain (2008) acknowledges that the meaning of silence can depend very much on culture and circumstances. Silence is also encountered between unequals and a disproportionate use of talk or silence reveals underlying social hierarchies (Bonvillain 2008). In these relationships people might use non-verbal behaviour in response to questions (Bonvillain 2008). Silence might occur in different relationships including employer/employee, teacher/student and adult/child relationships.

The participants of this study were not totally silent however responding with a short sentence such as ‘everything was fine’ leaves almost no room for further discussion and is therefore silencing. The similar initial responses given in the interviews can be explained with reference to the above perspectives. It is likely that these Taiwanese nurses perceived that ‘to speak honestly about the course’ would have been perceived as complaining.

Eventually however, after some rapport was built, the participants did share their honest feelings about the BN conversion courses. Although some of the information may have come across as a criticism of Australian nursing, this was not the intention of the participants or the researcher.
Sharing openly

As the interviews progressed participants began to reflect on what they had hoped would have been included in the course and what would have been helpful for them or other OQNs who want to work in Australia. In this way they indicated their hopes for subsequent BN conversion courses.

All of the participants identified similar areas that they felt Taiwanese nurses needed to become familiar with or improve in order to work as RNs in Australia. These included; the Australian health care system generally, the role of Australian nurses, the multicultural nature of clients, medications used in Australia, medical/surgical terminologies (in English), and the need to improve their English communication skills. These areas are very similar to the findings of previous studies listed in the literature review. Furthermore, all participants stressed that in order to achieve their aims in the above areas; a longer clinical practicum would have been more helpful than additional on campus study:

*I had hoped ...if possible, that the university could have given us more of an idea of the Australian working environment because I wanted to work in Australia... To be honest, given everything I had learned in Taiwan, I did not expect to learn anything new from the course. I was more interested in learning about their working environment...*

(Denise, P 12, L 25)

Denise stressed that, first and foremost, she had hoped to learn about the Australian working environment, and that she had expected much of the course content to be repetitive. Her desire to learn about the Australian working environment was expressed in very general terms. Clearly, the Australian working environment can be understood from variety of perspectives. Other participants addressed this issue more specifically:

*I wanted to know whether there was any difference between the Australian nursing role and the Taiwanese nursing role. I wanted to learn their working style...cultural differences. Different cultures should have different working styles and attitudes...so that I could perform better in my work......*

(Viola, P2, L14)
Viola specified areas such as nursing roles, cultural differences and working styles, and in particular, how knowledge in these areas would help her to perform competently in Australian health care settings. Many studies address the importance of learning the differences between one’s original culture and the culture of a host country. For example, Tukada and McKenna’s (2005) and Wang’s (2002) studies claimed that OQNs have difficulties understanding the health care system in Australia, and that if their understanding was improved, OQNs may perform better. Cotton (2000) suggests that an understanding of the local cultures and health system could impact positively on overseas nursing students’ study experience (Cotton 2000). Furthermore, Deluca (2005) found that international nursing students may experience confusion during the process of learning a different culture. At the same time, she acknowledges that learning the different culture is an important process, because it can even impact on the academic progress of nurses.

It is important to recognise that culture cannot be defined narrowly as merely a clinical setting or health care environment; however, participants tended to specifically refer to it in terms of the clinical environment.

... I think....they should offer...well, in my point of view, there are some differences in nurses’ role and working culture in different countries... You should know what the differences are in Australia...what is the difference for example, when you are undertaking a specific task...the [nursing] care will be different ...before I came to Australia...I thought “it is very easy to work overseas” (USA was the country Rose talked about). Every nurse only had four patients, accompanied by an AIN...the reality was ...no...not at all.....

(Rose, P 13, L 11)

The above three quotes give the impression that these areas were somehow absent from the BN conversion course. However, it is more accurate to say that these areas were not as overt as the participants of this study had hoped. In fact, participants did learn about the Australian work environment and the differences between the Australian and Taiwanese nursing roles; however, they still indicated that they needed more information. This might be due to the different learning styles in Australia and Taiwan.
as discussed in section two. Taiwanese students prefer a learning style which is direct and involves clear guidelines and the provision of information, and participants of this study may not have considered the information they acquired throughout their practical experience and research to be an element of their study. Their perception of learning may still be largely influenced by the Taiwanese style of learning they have been used to. This may explain why very similar findings relating to Cotton (2000), Wang (2002), and Tsukada and McKenna’s (2005) studies in the literature review of this study appear to remain unaddressed in practice, in the Australian educational context.

Dickson, Lock and Carey (2007) claimed that international culturally and linguistically different (ICALD) students do not experience enough of the Australian healthcare system and the Australian approach to nursing, during their clinical practicum. As a result, they argue that learning in the clinical environment might be significantly impeded because of the incompatibility of ICALD students’ own beliefs and values about nursing with the reality of the Australian clinical environment. Dickson, Lock and Carey (2007) point out that differences in perceptions may explain the obvious gap between findings and actual programs provided by Australian universities. In order to ensure success during clinical practicum, providers, including nurse educators and clinical facilitators, have to realise that ICALD students have different needs to local students, and in particular they require adequate preparation for entry into the Australian clinical environment (2007).

In addition to an understanding of the Australian healthcare system and approach to nursing, the issue of Australian multiculturalism in relation to nursing education for OQNs was also raised by different researchers (Advisory Committee to the Multicultural Nursing Workforce Project ACMNWP 1991; Gorman 1995; Cecchin 1998; Young 1999; Hawthorne 2000; 2001). For example, in 1995, Gorman emphasised the need for a specific program for nurses from a non-English speaking background. Based on a project called the Multicultural Nursing Workforce Project (ACMNWP 1991) launched in 1991, ACMNWP suggested that although Australia was a multicultural
society, nursing education was still conservative in this area, and therefore required changes in order to correspond with the contemporary sociological structure. Similar issues are discussed in the literature review section of this paper. Researchers (Cecchin 1998; Young 1999; Hawthorne 2000; 2001) have claimed that international education must provide a unique program for OQNs and that programs for OQNs need to be evaluated. So far, Gorman’s study is the only study to clearly address the need for a specific program for nurses from a non-English speaking background. It has been 15 years since Gorman’s study was published and therefore it would be reasonable to expect some improvement in this area. However, participants in the present study provide clear evidence that there has been little change in the education of OQNs in Australia since then.

The duration of the BN conversion course was addressed by some participants as they reflected on their expectations. Flora suggested that a longer clinical practicum may have been beneficial for Taiwanese nurses:

...We only had one year of time to understand Australian working environment and health system. Compared to the formal undergraduate course, I did not think that one year was enough...those undergraduate students had three years to know everything but we only had one year ...yes.....we had learned everything in Taiwan, I think we have enough knowledge......what we needed was a longer period of clinical practicum. There were many differences between Australian working environment and Taiwanese working environment. Therefore, we might have more understanding of Australian working environment...

(Flora, P 12, L 22)

A careful analysis of Flora’s quote is interesting. Flora stresses that Taiwanese nurses are competent in terms of their theoretical knowledge, which they learned in their home country. She then goes on to compare the length of the clinical practicum for Taiwanese nurses (who are already registered) with the ‘formal undergraduate course’ undertaken by Australian undergraduate nursing students. Flora asserts that students in conversion courses have only one year to learn about the Australian clinical environment, which is not enough, compared to the three years allocated to Australian undergraduates. In this
comparison she fails to acknowledge that nurses who are eligible to attend the BN conversion course are assumed to have had prior clinical experience, in Flora’s case having already been registered in Taiwan.

Nevertheless, Flora’s assertion that the amount of clinical practicum offered in the one year conversion course did not provide enough time for Taiwanese nurses to observe and learn about the Australian clinical environment, may be valid. The majority of participants experienced 2-3 months of clinical practicum during their conversion course. If a longer clinical practicum could be offered within the one year conversion course, then Flora’s concern is likely to be resolved. However, it is questionable whether providing more clinical practicum within a one year conversion course is feasible, and given that course duration and fees were deciding factors for nurses as they considered which course to attend, it is probable that a longer course may not have been attractive to them.

The clinical practicum hours offered in nursing vary between states and even institutions in Australia (McKenna & Wellard 2004). In fact, there has been no minimum requirement of clinical practicum hours for BN programs in Australia. The ANMC has recently (July 2010) introduced a minimum requirement of 800 hours as BN courses are re-accredited over the next three years (Australian Nursing and Midwifery Council 2009). In addition, some of this study’s participants attended a two year conversion course which offered a longer clinical practicum. It might be expected that these participants had a different experience to Flora; however, Liz, who attended the two year course, wasn’t satisfied with the length of the clinical practicum either:

...I did a two year course, but I only had one month clinical practicum per each semester. I think that the clinical practicum was a kind of knowledge practice. I did a five year course in Taiwan. I had one year clinical practicum in my final year of studying. Compared to Taiwan, I did not think that four months clinical practicum in Australia was enough. I think that the most difficult part in clinical practicum was culture and language...and...you need a period of time to know their working style and environment...
Both Flora and Liz refer to inadequacies with the length of undergraduate clinical practicum in Australia generally, without referring in detail to their own experience in the BN conversion course. Their quotes indicate that although these participants view themselves as knowledgeable, experienced registered nurses from Taiwan, they seem to have confused their identity and therefore make an unfair comparison between the BN conversion course and the undergraduate level education offered in Australian universities, which is designed for inexperienced, unregistered nursing students. Characteristics of this transition from one identity to another can also be found in the quotes of other participants, especially in the third section. Clearly, many of the participants thought that the length of the clinical practicum offered during the BN conversion course which they attended, was not long enough to enable them to familiarise themselves with the Australian health care environment.

Prior to arriving in Australia, the ‘role of nurses’ and the ‘work culture’ were the two broad areas of difference between Australia and Taiwan that the majority of participants expressed a desire to understand; therefore, it could be expected that they would better understand these differences after participating in a conversion course. However, except for noting differences in medication usage and the multicultural nature of the Australian nursing environment compared to Taiwan, participants did not articulate many other areas of difference. The following quote provides insight into the more specific issue of medication usage, addressed by participants. Not surprisingly, prior to attending the BN conversion course, many participants indicated that learning about medication should be an important components of the BN conversion course.

...during the BN conversion course, I found that we did not have pharmacology or something like knowing Australia medication usage. I think that we needed it because even I had learned it in Taiwan. It was very important because different country has their different medication usage consideration

(Kay, P 12, L 18)
Kay stated her concerns regarding her knowledge of Australian medication usage, recognising that usage is different in different countries. For example, in Taiwan, medicines are generally referred to using the product name rather than the generic term. This was clearly addressed by Flora:

_Even in an exactly the same medication, we knew the brand name in Taiwan but we did not know the brand name in Australia. I think that we needed the knowledge before going to clinical. Therefore, we could offer patients good care with certainl knowledge..._

(Flora, P 15, L 25)

Medication administration is an important role of registered nurses and must be understood in order to minimise errors. In Australia, registered nurses and endorsed enrolled nurses are able to administer medication (Hegney et al. 2005; Hoodless & Bourke 2008). In Taiwan, only the Australian equivalent of Registered Nurses are able to administer medication (Department of Health Executive Yuan R. O. C. (Taiwan) 2008).

The different roles in the Australian health care system, impact on the way that health professionals work together. A recent Australian study identified that the lack of communication within a team of professionals (such as nurses and pharmacists) ranked as the second highest cause of medication error, after individual issues such as a physician’s fatigue or multi-tasking (Nichols et al. 2008). Medication errors also impact on the economy, and the cost of medication error in Australia is estimated at AU$350 million annually (Joanna Briggs Institute 2005, p 1). Issues concerning medication are important areas of concern for nurses regardless of where they have been registered or employed. This raises the question of whether nurses who are familiar with brand names, rather than generic names, are competent to administer medications or not. Although there is no literature addressing which medication names are used for educating nurses in different countries, a lack of familiarity with generic medication names may be an area of weakness for Taiwanese nurses, even though they feel they ‘know everything’.
In order to reduce the incidence of medication error, Hodgkinson et al. (2006) states that medication should be checked by two different nurses prior to its administration. This simple procedure should not be overlooked, because an American study (Blank et al. 2009) has shown that a little extra care can minimise medication errors. Their introduction of “Back to Basics” education which consisted of eight basic nursing practices when administering medication, clearly reduced the incidence of medication errors. Furthermore, some researchers (Becker 1999; Paparella 2004; Saufl 2004) clearly caution that some medication error is associated with the use of abbreviations. A practical strategy is suggested by Becker (1999), who discourages nurses from glancing at the label of prescription medication (instead of reading it carefully), relying on memory or images to identify medicines, or searching for medicine according to the colour or shape of the container. Clearly, learning terminologies and abbreviations applicable to the Australian health care environment is necessary. This issue was identified by some Taiwanese nurses:

...what we need...I think that the major problem was language when we went to clinical practicum. Because you did not feel familiar with their [terminology]...because we [Taiwanese] followed the American system and learned from school...terminology was the major problem when I was in my clinical practicum. And then they would say, the terminology of you Taiwanese is terrible. They were wrong; they did not realise that Australian terminology was different to our terminology...but I think that we do have to improve it

(Romy, P10, L 15)

... since we did not feel familiar with some of the medical terminology. If we want to work in Australia, we really need these courses.

(Lillian, P 7, L 27)

It is a standard requirement that Taiwanese nurses learn medical terminology and abbreviations in English, and they are generally taught according to American protocols. This can be problematic, especially for people whose first language is not English, because there might be a misperception that English words hold the same meaning for all people in all countries. Moreover, since the previously mentioned paper stated that the use of abbreviations can be problematic, regardless of which language nurses speak,
then re-clarifying abbreviations is important.

The issue of language remains significant for participants of this study throughout the three sections. In the first section, they were concerned about whether or not their English ability would meet the requirements for registration in Australia. In the second section, they struggled academically and privately due to language barriers. In the third section, in which the reflections of Taiwanese nurses attending a BN conversion course are gathered, the development of effective communication skills was deemed necessary in order that participants be competent to work in the Australian environment:

...as I said, language was a big problem for international students. I think we need to learn how to communicate with patients and nursing staff.

(Daisy, P 14, L 38)

...in my point of view...English is not our first language... certainly, we have no problem how to communicate with people but we still need some program to improve our communication skills....

(Zoy, P 7, L 29)

Although participants tended to focus on the fact that English is not their first language, communication skills are not only about the command of language but also the ability to carry out a conversation. An Australian study (Mullan & Kothe 2010) suggests that students’ perception of their ability for effective communication positively increases after attending a communication course. This was shown by a survey administered to local students in an Australian university. Therefore, it is inadequate to merely focus on a narrow definition of linguistic ability, which is limited to knowledge of vocabulary and grammar.

Recognition of the importance of effective communication skills for nurses is not new (Mullan & Kothe 2010). There are many nursing papers available which address
communication skills. However, many of them tend to be anecdotal or consist of a report based on either a small scale study or a pragmatic perspective. A very small number of studies focus on non-English speaking nurses. Campbell (2008) believes that enhancing the communication skills of English as a second language (ESL) students not only contributes to students’ own merit but also influences the retention of these nurses. Australian researchers, such as Malu and Figlear (1998), Rogan et al. (2006) and Shakya and Horsfall (2000), have also attempted to enhance the communication skills of non-English speaking background (NESB) nurses attending an Australian university. Rogan et al. (2006) reported that providing specific purpose communication classes for NESB students is beneficial. Their evaluation was based on communication classes held for 20 hours duration during a five week clinical placement. Attending these classes enhanced the confidence of students as well as obtaining positive feedback from facilitators.

However, studies associated with communication skills tend to only measure perceptions, and therefore it is unknown whether a positively increased perception would correlate with the actual possession of higher level communication skills. This was addressed in a systematic literature review conducted by physicians Berkhof et al. (2010). This review focused on identifying effective training strategies for physicians (not nurses); however, there was no consensus in the definition of communication skills and no best strategy indicated for training in communication skills. Thus, this is an area for further research, especially in relation to NESB nurses.

Summary of section three
All of the participants of this thesis were satisfied with their decision to attend a BN conversion course. They all perceived it to be a course of preparation for working in an Australian environment. For this reason, they expected it to contain certain areas of study, which they broadly identified and articulated prior to coming to Australia. Before commencing the course they did not articulate their specific needs within these general areas.
It is possible that because the participants’ previous learning experiences were in the organised, teacher directed manner (i.e. rote learning), which is familiar to them, they did not acknowledge or even recognise all that they had learned in the BA conversion course which had a different learning culture. Interestingly, they also articulated that an emphasis on exposure to the clinical environment, rather than consolidating components of theory, would have helped them to observe and better familiarise themselves with the Australian health care system and the role of Australian registered nurses under the current Australian education delivery system.

A higher level of satisfaction with the course may have been reported if these overseas students had been provided with detailed and directive information about specific learning goals, in conjunction with an explanation of how these would be achieved through the different components of their theoretical and clinical learning.

Sections one to three have discussed Taiwanese nurses’ experiences of BN conversion courses. The following section will indicate the overarching theme derived from this study. In so doing, the areas of study necessary for Taiwanese nurses to achieve competency in the Australian environment will be addressed.

**Overarching theme**

Cultural and linguistic differences explain some of the unique needs of the Taiwanese nurses in this thesis however there may also be a fundamental mismatch between what they believed they needed, and were therefore buying, and what they actually experienced. The overarching theme, derived throughout data analysis and constructed from this study is - *understanding the disparity: expectations of Taiwanese registered nurses about studying a BN conversion course in Australia compared with what the course actually offered.*
The Taiwanese nurses in this thesis expressed frustration that they already knew a lot of the nursing information offered in the BN conversion courses they attended. Repeated revision of the categories and subcategories revealed that even though participants initially expressed their satisfaction with the BN conversion courses in Australia, their assertions of their existing abilities (i.e. ‘we are well trained’ or ‘we are better equipped’) are embedded throughout the data and communicate a level of dissatisfaction with the course content in particular. Participants expected that the conversion course they attended would provide them with new nursing content and skills. Instead, they found that the BN conversion course was very similar in nursing content to the courses they had undertaken in Taiwan and that the majority of the subjects in the conversion courses were not written specifically for them and did not cater adequately for what they perceived to be their needs.

In reality, what the ANMC (and state boards) want participants to learn from the BN conversion courses is not necessarily new nursing content and nursing skills, but independent critical thinking and analytical skills (as is clearly addressed in the ANMC competency standards for registered nurses), as well as an appreciation of the differences between nursing in the two countries (Gerrish & Griffith 2004; Dickson, Lock & Carey 2007). It is possible that, because these are not content related goals, the Taiwanese nurses did not recognise them as new aspects of their education. The expectations of participants were content related, primarily as a result of the content driven/teacher directed learning style they were used to. Furthermore, many participants expressed the opinion that their previous training was better because it was taught in a more formal and directive way.

Clearly, the delivery style of the BN conversion course was different to what the Taiwanese nurses expected. If the subjects had been delivered in the teacher centred style participants were familiar with and preferred, and the content delivery had been structured around the areas they had hoped to learn about (medical and surgical terminology, the Australian health care system, the role of Australian nurses and
medications in Australia) then they might have perceived that they had learnt something in these areas. Participants expected the information that they received from the course, to be formally taught to them, in particular through lectures. Instead they were required to think for themselves and acquire and develop skills, knowledge and understanding through all of the aspects of their learning, including lectures, assignments and clinical practicum.

In actual fact the breadth of what they were supposed to learn went beyond their expectations and included analytical skills and critical thinking, and this was reflected in the course delivery style. Participants however believed that their prior training was superior. With this background they saw themselves as qualified, knowledgeable, skilled nurses and many of them also had work experience. Consequently, they expected the structure and content of the academic and clinical components of the BN courses in Australia to recognise and accommodate their previous training and skills, much like a post-graduate course would. The frustrations felt by the Taiwanese nurses in this thesis during their clinical practicum confirm this point. They were not merely frustrated by differences in nursing roles but also because they were restricted from performing tasks that they were allowed to undertake in Taiwan. However, OQNs who choose to obtain Australian registration through a BN conversion course are placed in an undergraduate degree and not given credit for previous experience. Clearly these Taiwanese nurses understood that the BN conversion course was an alternative path to nursing registration in Australia, instead of having their qualifications assessed and achieving a high score in a language test, however their frustrations indicate that they may not have fully understood the specific nature of the BN conversion course. It is essentially a segment of the undergraduate bachelor of nursing course in Australia and hence not specifically designed to meet the unique needs of OQNs.

Conclusion

The above overarching theme: ‘understanding the disparity: expectations of Taiwanese registered nurses about studying a BN conversion course in Australia compared with
what the course actually offered’ not only describes a key finding of this study, but may also contribute to the formulation of useful recommendations, which will be addressed in the next chapter.
Chapter 5

Conclusion, recommendations and limitations

As well as summarising the conclusions of the thesis, this chapter also makes recommendations specific to Taiwanese nurses, Australian institutions and nursing research in both Taiwan and Australia. The limitations of the thesis follow the recommendations.

Conclusion

This thesis aimed to explore the experiences of Taiwanese nurses studying a Bachelor of Nursing (BN) conversion course leading to registration in Australia. The following part of this section draws together the key findings of this thesis as they relate to the main research question.

Even though there was some literature, found in the literature review, relating to the study and work experiences of overseas qualified nurses (OQNs) in Australia, these were only short pieces of literature relating to nursing programs for OQNs. However, it is reasonable to assume that the experiences and needs of OQNs differ from those of local undergraduate nursing students. The Australian Teaching and Learning Council (ALTC) have been striving to find a way to improve international student education, and various research projects have been carried out over the years. The role of OQNs to care for people in the Australian community cannot be underestimated and therefore it is important that specific attention is given to the education of these health care professionals. Good quality education is necessary and this can be obtained by offering appropriate nursing programs. In order to do so, it is necessary to understand the needs and issues faced by OQNs undertaking BN conversion courses.
According to their reports, participants in this thesis experienced difficult working conditions in Taiwan and these circumstances caused them to seek opportunities overseas. Based on a combination of different factors, participants decided to study a BN conversion course leading to registration in Australia. However, during their clinical practicum, participants became frustrated with the differences between the Australian and Taiwanese study and clinical environments.

Participants’ reports indicate the need for an appropriate program for OQNs who desire to work in Australia. As mature, experienced learners, OQNs have different levels of knowledge and skill to undergraduate students. Provision for the unique needs of OQNs, which include knowledge of the Australian health care environment and health system, and familiarity with Australian nursing roles, language, and medical terminology, would enhance BN conversion courses in Australia, which do not currently make these provisions. For this reason, a specific program based on an investigation of the needs, expectations and weaknesses of OQNs would decrease the repetition and increase the benefit to these nurses.

**Recommendations**

**For Taiwanese nurses**

The majority of the participants in this thesis experienced a lack of respect from doctors, patients and their families and even nurse managers in Taiwan. Consequently, an extremely low retention rate of the nursing workforce has been documented in Taiwan. These issues indicate a need for Taiwanese nurses to be empowered, both internally (within themselves) and externally (in terms of public image). A first step in this process should involve promoting self-worth and confidence in Taiwanese nurses through further education and participation in workshops which aim to develop confidence. The provision of career development opportunities might also help to increase the job satisfaction of Taiwanese nurses, and in turn improve their rate of retention. Further career development and educational programs should not be limited to nursing subjects but also provide English language skills, management and leadership skills and cultural
Cultural studies will be especially useful for nurses who decided to pursue further nursing qualifications overseas. These nurses also need clear information about what the BN conversion course provides as a pathway to registration, as well as an accurate understanding of how this pathway differs from one involving an assessment (i.e. by the ANMC). For those Taiwanese nurses who are planning to study a BN conversion course in Australia, an understanding of the complexities of the choice between the two pathways to registration will help them to choose a suitable option. If the differences are not clear to these nurses, then there may be a mismatch that leads to frustration and dissatisfaction.

For Australian educational institutions

While some traditional bachelor programs may struggle to set up different evaluative procedures for OQNs and local students, one of the implications of this thesis is the need for evaluation based on the individual competencies of OQNs. As mature, experienced learners, Taiwanese nurses have different levels of knowledge and skill to undergraduate students. Recognising this and providing for the unique needs of these overseas qualified nurses (OQNs) would take some organisation on the part of course providers and at present BN conversion courses in Australian do not make these provisions; consequently, it is argued that in effect, many programs ‘hold back’ experienced overseas nursing students by repeating course content and limiting their freedom in clinical practicum, treating them as if they were not qualified. A specific program based on an investigation of the needs, expectations and weaknesses of OQNs would decrease the repetition of the course content and increase the benefit to these nurses.

In particular, it seems that Taiwanese nurses would be more satisfied if Australian institutions were prepared to design shorter courses with cheaper tuition fees and
suitable course content. This would include directive course delivery and a clear indication that the course aims to educate OQNs about: the Australian health care system, medical and surgical terminology in English, communication skills and the roles of Australian registered nurses.

Clearly, however, a course which only aims to satisfy Taiwanese nurses’ perceived needs could not adequately qualify and prepare them for work in Australia. Furthermore it is probably not feasible to design a course specifically for Taiwanese nurses. For these reasons a bridging subject might help these nurses to understand the culture shock they are likely to experience, their needs as the ANMC perceive them and the subsequent goals of the BN conversion course. This subject might also aim to teach them explicitly about the concepts of critical and analytical thinking, referencing and academic integrity, and serve to balance what candidates perceive their needs to be with what the ANMC perceives their needs to be.

Indeed, the provision of suitable courses for Taiwanese nurses will promote increased and continued candidature in Australian institutions, because word of mouth is a very important medium for Taiwanese nurses selecting courses overseas. Thus, maintaining a good reputation is an important promotional strategy.

Since the most common way to complete a registered nursing education in Taiwan is still through a diploma course, Taiwanese registered nurses who wish to obtain a Bachelor degree will continue to seek opportunities for upgrading their degree in western countries. This thesis confirmed that expense and location were crucial factors associated with course selection for Taiwanese nurses, even prior to them investigating the actual course content. The expense relates not only to tuition fees, but also to course duration, because the longer candidates stay in Australia, the higher the expense will be.
Due to changes in foreign currency exchange rates, it is uncertain whether Australia will continue to attract Taiwanese nurses, and interestingly, Australia was not the initial target country for the majority of the participants in this study. The current strength of the Australian dollar means that other countries, such as the USA, the UK and Canada, are equal to or even favoured over Australia by overseas students. It is possible that Taiwanese nurses in particular, might choose the USA due to the strong political relationship between the two countries. This is even more likely, if, as the participants of this thesis have shown, Taiwanese nurses are not necessarily satisfied with the content of BN conversion courses in Australia, and are of the opinion that their specific needs are not being met by these courses.

Furthermore, it is important to pursue true internationalisation of nursing in Australian institutions. This will benefit overseas nursing students as well as Australian nurses and academics, encouraging a global perspective and developing aspects of internationalisation which Australian higher institutions currently lack (Australian Government 2008).

**For further research**

Research into the competency of Taiwanese nurses, involving international collaborative studies is necessary. If the competency of Taiwanese nurses is established, then the ANMC assessment of Taiwanese nurses could be based on their competency as measured by international clinical standards.

Comprehensive investigations, not limited to the Taiwanese or Australian nursing arenas, are recommended in order to further consolidate the findings of the current study. These investigations might be in the form of:

- A study outlining Australian nurses’ experiences of working with Taiwanese registered nurses.
• A study in a Taiwanese clinical nursing environment conducted by an Australian nurse.
• A study comparing and contrasting academic and clinical competence of BN students and diploma students in Taiwan.
• A study investigating whether the patterns that emerged from the Taiwanese nurses in this thesis are compatible to the patterns emerging from other OQNs.
• A study comparing the level of competence between undergraduates in Australia and Taiwan.

Limitations
Firstly, since this study was a qualitative study involving only 26 Taiwanese nurses the results cannot be generalized to all Taiwanese nurses.

Secondly, the samples were collected exclusively from Taiwanese nurses who had completed BN conversion courses. If other samples from course providers and/or Australian nurses working with Taiwanese nurses had been included, then the results would have been more comprehensive.

Finally, distance might also be considered a limitation. Data for this thesis was collected in Australia and Taiwan. In order to conduct face to face interviews with participants it was necessary, in some cases, to travel to different cities and countries. For pragmatic reasons, follow up interviews with participants were undertaken using webcam. Since there is no evidence indicating the difference in the quality between face-to-face interviews (with both parties physically present) and webcam interviews, the influence of the webcam on participants’ responses is unknown. As such, the validity of the interviews undertaken using webcam is unknown.
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Appendixes

Appendix I: searched worldwide websites

Australian nurse regulatory authorities

Nurses Board of the Australian Capital Territory (ACT).  http://www.nursesboard.act.gov.au


Northern Territory (NT) Nurses and Midwives. http://www.nt.gov.au


Nurses Board of South Australia (SA). http://www.nursesboard.sa.gov.au

Nurses Board of Tasmania (Tas.). http://www.nursingboardtas.org.au

Nurses Board of Victoria (Vic.). http://www.nbv.org.au

Nurses Board of Western Australia (WA). http://nwa.org.au

Nursing organisations

Australian Nursing and Midwifery Council (AMNC). http://www.anmc.org.au

The Royal College of Nursing Australia. http://www.rcna.org.au

The College of Nursing. http://www.nursing.aust.edu.au
Appendix II: search strategy

CINHAL search strategy

1. Australia / Australia$ / Australia*
2. nurse / nurse$ /nurs *
3. overseas qualified nurse / overseas qualified nurs* / overseas qualified $
4. foreign nurse / foreign nurs* / foreign nurse$
5. Taiwanese /Taiwanese $
6. Taiwan / Taiwa*
7. English as a second language
8. non-English speaking background
9. experience
10. learn*
11. RN-BN
12. 1 and 3
13. 1 and 4
14. 1 and 5
15. 1 and 6
16. 1 and 7
17. 1 and 8
18. 1 and 3 and 9 and 10
19. 1 and 4 and 9 and 10
20. 1 and 5 and 9 and 10
21. 1 and 6 and 9 and 10
22. 1 and 7 and 9 and 10
23. 1 and 8 and 9 and 10
24. 1 and 3 and 9 and 10
25. 1 and 4 and 9 and 10
26. 1 and 5 and 9 and 10
27. 1 and 6 and 9 and 10
28. 1 and 7 and 9 and 10
29. 1 and 8 and 9 and 10
Mdeline search strategy

1. Australia / Australia$ / Australia*
2. nurse / nurse$ / nurs *
3. overseas qualified nurse / overseas qualified nurs* / overseas qualified $
4. foreign nurse / foreign nusr* / foreign nurse$
5. Taiwanese /Taiwanese $
6. Taiwan / Taiwa*
7. English as a second language
8. non-English speaking background
9. experience
10. learn*
11. RN-BN
12. 1 and 3
13. 1 and 4
14. 1 and 5
15. 1 and 6
16. 1 and 7
17. 1 and 8

Eric search strategy

1. Australia / Australia$ / Australia*
2. nurse / nurse$ / nurs *
3. overseas qualified nurse / overseas qualified nurs* / overseas qualified $
4. foreign nurse / foreign nusr* / foreign nurse$
5. Taiwanese /Taiwanese $
6. Taiwan / Taiwa*
7. English as a second language
8. non-English speaking background
9. experience
10. learn*
11. RN-BN
12. 1 and 3
13. 1 and 4
14. 1 and 5
15. 1 and 6
A+ Education

1. Australia / Australia$ / Australia*
2. nurse / nurse$ /nurs *
3. Overseas qualified nurse / overseas qualified nurs* / overseas qualified $
4. foreign nurse / foreign nurs* / foreign nurse$
5. Taiwanese /Taiwanese $
6. Taiwan / Taiwa*
7. English as a second language
8. non-English speaking background
9. experience
10. learn*
11. RN-BN
12. 1 and 3
13. 1 and 4
14. 1 and 5
15. 1 and 6
16. 1 and 7
17. 1 and 8
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25. 1 and 4 and 9 and 10
26. 1 and 5 and 9 and 10
27. 1 and 6 and 9 and 10
28. 1 and 7 and 9 and 10
29. 1 and 8 and 9 and 10
1. Australia / Australia$ / Australia*
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3. overseas qualified nurse / overseas qualified nurs* / overseas qualified $
4. foreign nurse / foreign nurs* / foreign nurse$
5. Taiwanese / Taiwanese $
6. Taiwan / Taiwa*
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13. 1 and 4
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15. 1 and 6
16. 1 and 7
17. 1 and 8
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24. 1 and 3 and 9 and 10
25. 1 and 4 and 9 and 10
26. 1 and 5 and 9 and 10
27. 1 and 6 and 9 and 10
28. 1 and 7 and 9 and 10
29. 1 and 8 and 9 and 10
30. 台灣
31. 護士
32. 澳洲
33. 學習經驗
34. 海外護士
35. 護理學生
36. 留學經驗
37. 30 and 35
38. 30 and 35 and 36
39. 34 and 35 and 36
Appendix III Excluded studies

Studies from Australia


Cecchin, M 1997, International nurses education: more than including overseas students in the student population. HERDSA Annual International Conference, The higher education research and development society of Australia, Adelaide. Reason for exclusion: A paper with similar title with same author has been published in 1998.


Rogan, F, Miguel, CS, Brown, D & Kilstoff, K 2006, ‘You find yourself' perceptions of nursing students from non-English speaking backgrounds of the effect of an intensive language support program on their oral clinical communication skills’, Contemporary nurse, vol. 23, no. 1, pp. 72-86. Reason for exclusion: Not congruent with review objectives. The study’s sample is general undergraduate nursing students.

The relative articles about RN studying a bachelor program from the USA and
Taiwan

- Studies from the USA -- *issues about RN-BSN students – 21 studies*

<table>
<thead>
<tr>
<th>Study type</th>
<th>Total number</th>
<th>Key issue</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative study 5</td>
<td>5</td>
<td>RN students’ decision making /motivation of selecting the RN-BSN course</td>
<td>(Bryant 1997; Cooper 2005; Corbett 1997; Krawczyk 1997; Reilley 2003)</td>
</tr>
<tr>
<td>Quantitative study 1</td>
<td>1</td>
<td>RN students’ satisfaction of the BN-BSN course</td>
<td>(Boylston, Peters &amp; Lacey 2004)</td>
</tr>
<tr>
<td>Quantitative study 3</td>
<td>7</td>
<td>RN students’ perceptions of the RN-BSN course</td>
<td>(Ambrose 2003; Clark 2004; Delaney &amp; Piscopo 2004; Dowell 2000; Trent 1997; Zuzelo 1998; Zuzelo 2001)</td>
</tr>
<tr>
<td>Experts’ opinion 4</td>
<td>5</td>
<td>Course organisation for RN students</td>
<td>(Bittner &amp; Anderson 1998; Davidhizar &amp; Vance 1999; Eshleman &amp; Davidhizar 2006; Jacobs 2006; Phillips et al 2002)</td>
</tr>
<tr>
<td>Qualitative study 2</td>
<td>3</td>
<td>Teaching in a RN-BSN course</td>
<td>(Ambrose 2003; Cangelosi 2004; Worrell et al 1996)</td>
</tr>
</tbody>
</table>

**Reason for exclusion:** 1) those articles discussed program in the USA, 2) Australian universities do not offered RN-BSN course

- Studies from Taiwan – 1 article

<table>
<thead>
<tr>
<th>Study type</th>
<th>Total number</th>
<th>Key issue</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative study 1</td>
<td>1</td>
<td>Teaching in a RN-BSN program</td>
<td>(Ku, et al 2002)</td>
</tr>
</tbody>
</table>

**Reason for exclusion:** 1) those articles discussed program in Taiwan, 2) Australian universities do not offered RN-BSN course
### Appendix IV

**The purpose, methods and result and discussion of theme one - social and cultural adjustment**

<table>
<thead>
<tr>
<th>Authors</th>
<th>Purpose</th>
<th>Methods</th>
<th>Result and Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cotton (2000) – PhD thesis</td>
<td>To seek the meaning of the phenomenon of overseas nursing students and the educators in an Australian university</td>
<td>Hermeneutic phenomenology.</td>
<td><strong>Themes the author found from his study</strong>&lt;br&gt;&lt;br&gt;<em>Themes and subthemes from Overseas nurse students’ dialogues-</em>&lt;br&gt;<strong>Being not at home</strong> (leaving home, feeling uncomfortable &amp; anxious, orientating to a new place, longing for home, being far from home, being different than at home, making a temporary haven and returning home), <strong>being an outsider</strong> (being self conscious, being excluded, being grouped together, trying to belong &amp; be accepted), <strong>striving to understand &amp; be understood</strong> (seeking to understand, trying to be understood and finding and using one’s voice), <strong>seeking and finding help &amp; support</strong> (being afraid to ask for help, having to ask for help &amp; support, finding helpful insiders and gaining help and support), <strong>expending current effort &amp; costs for future gains</strong> (having a limited study engagement, paying for and over time, putting in the time, investing in the future and hoping for future possible gains) and <strong>experiencing personal growth &amp; achievement</strong> (striving to get the academic award and being on a voyage of self discovery &amp; transformation)&lt;br&gt;&lt;br&gt;<em>Themes and subthemes from educators’ dialogues-</em>&lt;br&gt;<strong>maintain adequate standards</strong> (maintaining academic standards, maintaining nursing standards), <strong>to make appropriate allowances &amp; provide opportunities</strong> (making appropriate allowances for language problems, making allowances &amp; providing opportunities for cultural differences), <strong>to provide help and support</strong> (feeling vulnerable, going beyond the call of duty and needing help &amp; support from others), and</td>
</tr>
</tbody>
</table>
develop educative relationships (caring for the person, empathizing, developing trust, seeing and treating all students the same, facilitating independence and autonomy and being a guide)

**Results and Discussion**
Cotton pointed out that the student and educator perspectives on the meaning of the phenomenon were found to be divergent and convergent. The differences were caused by misunderstandings and misperceptions.

The experiences of overseas nursing students were different from local students. Overseas nursing students emphasized their need for support as they faced cultural adjustments.

Educators also wanted acceptance and optimal, caring educative relationships with their students.

| Wang (2002) – Master thesis | To explore and describe Taiwanese post-graduate and post-registration nursing students learning experiences in Australia | Exploratory and descriptive survey and interviews. A semi-structured, one to one interview was undertaken. Net work / Snowball sampling was used. The target population consisted of Taiwanese post-registration and post-graduate nursing students who were studying in Australia between 1999 and 2000 and who previously completed their basic nursing education in Taiwan. A total of twenty-one students | Themes the author found from her study  
**learning experiences** (new perspectives on learning, a more personal approach to learning and conducive learning environment)  
**obstacles to learning** (language barrier, background gap-social and cultural differences, unfamiliar teaching style / strategy, unfamiliar academic assessment, social isolation and insufficient clinical experience)  
**coping strategies** (active learning attitude, extend social circle, seeking assistance and immersion in English)  
**desire for academic assistance** (language and learning skills support, counselling service / student adviser, accessibility to learning resources and student organization)  
**Result and Discussion** Cultural adjustment was a consideration point for these Taiwanese nurses. In addition, the unfamiliar health care setting in Australia, as well as, learning and teaching styles, and language were issues that concerned Wang’s participants. |
participated, including nine Taiwanese nurses with a bachelor degree (post-registration) and twelve post-graduate program Taiwanese nursing students from six Australian universities. All participants in her study indicated that during their study in Australia, they encountered a wide range of learning difficulties and problems. Those difficulties were identified because of the language barrier, cultural and social differences, different teaching style, academic assessment, clinical nursing experiences, and social isolation.

**Tsukada and McKenna (2005) - Journal article**

To explore factors influencing international nurses when studying nursing in Australia

Phenomenological study with semi-structured in-depth interviews was undertaken

Snowball sampling was used to recruit participants. Participants were required to have:
- completed nursing courses in Australian universities in Victoria,
- graduated within the past five years
- been nurses in their home countries.

Six international nursing students from Japan, Hong Kong, Korea, the Philippines and Taiwan met the selection criteria and were selected.

Themes the author found from their study

studying with motivation and aim, struggles and challenge with language, standing within cultural boundaries, feeling of isolation and loneliness, studying in different educational environments and desire for academic support

**Result and discussion**

Tsukada and McKenna found that their participants aimed to seek higher education and more advanced nursing education in Australia.

Cultural differences were also important experiences indicated by these international nurses.

Participants in this study also indicated that they had difficulties in understanding health care issues and systems in Australia.

Improving student support systems and increasing awareness of cultural differences among the nursing faculty and registered nurses are necessary.
## Appendix V

The purpose, methods and result and discussion of theme two – *life experiences as a nurse in an unfamiliar environment*

<table>
<thead>
<tr>
<th>Authors</th>
<th>Purpose</th>
<th>Methods</th>
<th>Result and Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omeri and Atkins (2002) - Journal article</td>
<td>To explore, describe, and analyse the live experiences of immigrant nurses</td>
<td>Phenomenological study. Five immigrant nurses from non-English speaking backgrounds. Open-ended interviews were applied in English in this study.</td>
<td>Themes the authors found from their study&lt;br&gt;&lt;em&gt;professional negation&lt;/em&gt; (experienced as lack of support, lack of direction)&lt;br&gt;&lt;em&gt;Otherness&lt;/em&gt; (experienced in cultural separateness and loneliness)&lt;br&gt;&lt;em&gt;Silencing&lt;/em&gt; (experienced in language and communication difficulties)&lt;br&gt;&lt;strong&gt;Result and discussion&lt;/strong&gt;&lt;br&gt;This study indicated the issue of social and cultural distance between nurses of the dominant culture and nurses from culturally and linguistically diverse backgrounds.</td>
</tr>
<tr>
<td>Omeri (2006) – Journal article</td>
<td>To discover the impact of aggression and discrimination in nursing practice</td>
<td>Discussion paper</td>
<td>Result and discussion&lt;br&gt;This discussion paper addresses discrimination issues such as discrimination in employment, and the impacts of settling in a new environment as well as racism as forces threatening the nursing workforce have to be considered. The protocols of dealing with bullying and abuse of power and education preparation are necessary.</td>
</tr>
<tr>
<td>Konno (2006) – Journal article</td>
<td>To examine Overseas qualified nurses’ experiences with an emphasis on how to adjust from a mother culture and</td>
<td>Systematic literature review considered qualitative and quantitative papers that addressed the issues of OQNs’ adjustment of coming and working</td>
<td>Categorization and synthesis of this study&lt;br&gt;&lt;em&gt;Synthesis one – overseas nurses found it was difficult to enter Australian culture&lt;/em&gt;&lt;br&gt;&lt;em&gt;Synthesis two – overseas nurses’ feelings of loneliness, isolation or of being outsiders, and experiences of difficulty in settling into nursing in Australia&lt;/em&gt;&lt;br&gt;Categories&lt;br&gt;&lt;em&gt;Dislocation from family and friends&lt;/em&gt; (participants were feeling lonely in the workplace),</td>
</tr>
</tbody>
</table>
applying previous experiences to a new culture.

in Australia
A total of twelve papers in the period from 1985 to 2003 were included in the review these being three qualitative studies, three program evaluation reports, two descriptive studies and four expert opinions

*Oral and written communication* (communication problems in the workplace were a major cause of stress and language problems are a major issue)

*The need to establish formal and informal support networks* (informal networks with nurses who can share their experience, provide consolation and some redress to the feeling of not belonging)

**Result and discussion**
The lack of previous studies was acknowledged.
Two needs of OQNs were identified by the researcher these being
1) a transition program for overseas nurses to provide support by program providers and
2) provision of formal networks for OQNs’ pre-registration educational programs need to be improved to meet special needs of OQNs
Appendix VI

The purpose, methods and result and discussion of theme three – a lack of clear policy associated with the assessment of OQNs

<table>
<thead>
<tr>
<th>Authors</th>
<th>Purpose</th>
<th>Methods</th>
<th>Results and Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecchin (1998) – Journal article</td>
<td>An exploratory study describing the profiles, roles and preparation of twelve South Australian registered nurses involved in the provision of education for nurses from South East Asia</td>
<td>A self-administered questionnaire designed in the style of a structured interview using both open and closed questions.</td>
<td>The findings of this study recommended that international education requires a unique program addressing the special needs of OQNs’ before starting their career in Australia. The provision of career planning and the development of knowledge and skills, that are relevant to OQNs, were suggested by Cecchin (1998)</td>
</tr>
<tr>
<td>Young (1999) - Report</td>
<td>Program evaluation - re-entry program</td>
<td>The study involved multiple methods combined with two phases of data collection. Telephone interviews were conducted with a Nursing Regulatory Authority representative from each state and territory. All Nurse ReEntry Program providers were invited to join a focus group discussion. The second phase of data collection consisted of the administration of three surveys. The initial survey was developed from the findings of the focus groups. The remaining two surveys were designed for the participants of supervised practice centres and nurse re-entry programs, including Australian nurses and OQNs. Document reviews also formed part of</td>
<td>The educational requirements of individual OQNs seeking registration are not compatible with the existing accredited nursing re-entry program for local registered nurses. An extended program of theoretical and clinical education for OQNs does not recognize prior learning. It is necessary to establish a competency standard in order to assess an individual’s current ability level.</td>
</tr>
<tr>
<td>Reference</td>
<td>Description</td>
<td>Findings</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Hawthorne (2000) – part of a PhD thesis</td>
<td>Discussed a transition program for overseas OQNs and the issues related to the assessment of OQNs applying to work in and immigrate to Australia.</td>
<td>A survey questionnaire was conducted, including demographic data and open-ended questions. 712 OQNs were surveyed and interviews were conducted with 33 OQNs. NESB nurses believed that they did not receive appropriate support during their registration process. NESB nurses have a higher failure rate in the Occupational English Test (OET) than other professionals. This may be because many of them arrive on secondary visas, accompanying a spouse or fiancée, or as part of family reunion or refugee program.</td>
<td></td>
</tr>
<tr>
<td>Hawthorne (2001) – Journal article – part of author’s thesis</td>
<td>Skills assessment and evaluation for OQNs programs</td>
<td>Discussion paper The adjustment issues of OQNs have received insufficient policy attention, despite the potentially profound impact on workforce cohesion and supply that OQNs have. OQNs did not have sufficient understanding of the Australian health care system and policies and therefore may be inclined to apply their prior experiences to Australian nursing practices.</td>
<td></td>
</tr>
<tr>
<td>Wickett &amp; McCutcheon (2002) – Journal article</td>
<td>Examined Australian assessment programs for OQNs</td>
<td>Discussion paper Policies used to assess OQNs were not developed from evidence-based perspectives. It is necessary to undertake internationally collaborative research on the evaluation of current policies, in order to establish better policies and determine the competence of overseas nurses. Because of the barriers including a lack of counseling, lack of preparatory support for the examination processes and a lack of access to essential professional or trade placements, OQNs saw themselves as outsiders.</td>
<td></td>
</tr>
<tr>
<td>Hawthorne (2002) – Journal</td>
<td>Discussed the issues relating to the assessments of OQNs</td>
<td>Discussion paper An international investigation and evaluation for OQNs qualification assessment is necessary in order to establish what methods other countries use and why.</td>
<td></td>
</tr>
</tbody>
</table>

the data collection.
| **article – part of author’s thesis** | applying to immigrate/work in Australia. | Assessment in Australia, of the equivalence or comparability of qualifications, requires additional analysis. The possibility of covert discrimination during the assessment process may need to be considered. |
| **Wickett (2006) – PhD thesis** | Analysis of policy development and policies relating to the assessment of overseas qualified nurses | Critical analysis of policies and processes using Bridgman and Davis’ policy cycle as the fundamental tool. The data was obtained from interviews, organizational websites, analysis reports and nurses associations | Policies used to assess OQNs have not been developed from evidence-based perspectives. Cooperative international research into current evaluation policies is necessary in order to establish future policies relating to the competence of nurses wishing to work overseas. |
Appendix VII (1) Ethical approval

INITIAL APPLICATION APPROVAL
In reply please quote: HRE/07/109
Further Enquiries Phone: 132145

7 May 2007
Ms Li-Chin Lin
School of Nursing, Midwifery & Indigenous Health
Faculty of Health
University of Wollongong

Dear Ms Li,

Thank you for your support received on 2 May 2007 to the HREC review of the application detailed below. I am pleased to advise that the application has been approved.

Ethics Number: HRE/07/109
Project Title: Learning experiences of Taiwanese conversion course students in Australia

Researchers: Ms Li-Chin Lin, Prof Dariel Crockett, A/Prof Lachlan Cunis

Approval Date: 3 May 2007
expiry Date: 2 May 2008

The University of Wollongong/HREC Health and Medical HREC is constituted and functions in accordance with the NHMRC National Statement on the Ethical Conduct in Research Involving Human Subjects. The HREC has reviewed the research proposal for compliance with the National Statement and approval of this project is conditional upon your continuing compliance with this document. As evidence of continuing compliance, the Human Research Ethics Committee requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- untoward events that might affect continued ethical acceptability of the project.

You are also required to complete monitoring reports annually and at the end of your project. These reports are sent out approximately 6 weeks prior to the date your ethics approval expires. The reports must be completed, signed by the appropriate Head of School, and returned to the Research Services Office prior to the expiry date.

[Signature]
Chairperson
Human Research Ethics Committee

cor. supervisor

Research Services Office, University of Wollongong NSW, 2522 Australia
Telephone: +61 2 4221 3380 Facsimile: +61 2 4221 3535
research.services@uow.edu.au www.uow.edu.au/research

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Appendix VII(2) Ethical approval

Renewal Approval
In reply please quote: HE07/109
Further Enquiries Phone: 4221 4457

25 June 2008

Ms Li-Chiu Lin
School of Nursing, Midwifery & Indigenous Health
Faculty of H&BS
University of Wollongong

Dear Ms Lin,

I am pleased to advise that renewal of the following Human Research Ethics application has been approved. This certificate relates to the research protocol submitted in your original application and all approved amendments to date.

Ethics Number: HE07/109
Project Title: Learning experiences of Taiwanese conversion course students in Australia.
Name of Researchers: Ms Li-Chiu Lin, Prof Patrick Crookes, A/Prof Janette Curtis
Approval Date: 3 May 2008
Expiry Date: 2 May 2009

Please remember that in addition to completing an annual report the Human Research Ethics Committee requires that researchers immediately report:
• proposed changes to the protocol including changes to investigators involved
• serious or unexpected adverse effects on participants
• unforeseen events that might affect continued ethical acceptability of the project.

You are also required to complete a monitoring report at the end of your project. This report will be sent out approximately 6 weeks prior to the date your ethics approval expires. The report must be completed, signed by the appropriate Head of School, and returned to the Research Services Office.

Yours sincerely,

Dr Nadia Crittenden
Acting Chairperson
Human Research Ethics Committee

cc: Prof Patrick Crookes, A/Prof Janette Curtis, Faculty of Health & Behavioural Science
Appendix VIII (1) Information letter (English version)

University of Wollongong

Information letter
Learning experiences of Taiwanese conversion course students in Australia

Researcher: Li-Chiu Lin

My name is Li-Chiu Lin. I am currently enrolled in a postgraduate (PhD) program within the Faculty of Faculty of Health & Behavioural Sciences, School of Nursing, Midwifery & Indigenous Health at the University of Wollongong, New South Wales. In this study, I aim to contribute to increasing an understanding of overseas nursing students' study outcomes and expectations by exploring the impact of culture upon students like yourself from Taiwan. The knowledge gained from this study will contribute to the welfare and success of individual students like yourself and to the institutions in the area of international education. This study focuses solely upon Taiwanese nurses who have completed RN to BN (Registered nurse to bachelor degree) and are eligible for registration in Australia.

The method of collecting information for this study will be through audio-recorded face to face interviews of approximately 60 minutes in length, which will be conducted in a time and a public place of mutual convenience and suitability. Sample questions include why did you want to study the conversion course, what did you expect to get from the course and do you feel satisfied about the course you took? In undertaking this interview you may choose between being interviewed in either English or Mandarin depending on your preference. Follow-up interviews (a possible second or third interview) may be required again at a time and public place of convenience to expand or clarify details that were given in the first interview. It is hoped that you will also be able to take part in these interviews if they are necessary. The information collected from you will be used primarily for a PhD thesis, and in summary form for journal publications and academic presentations.

All information provided will be treated in a confidential manner with your identity being protected by changing your name and any clues that may reveal who you are. The ‘word for word’ interview will be typed into a computer and then stored on two passwords protected external memory devices and kept under lock and key. All working documents will also be secured and later destroyed along with the audio recordings at the competition of the research. All copies of interview transcripts will be securely stored for 5 year (according to university policies).

During the interview you are free not to answer questions of your choice, which I will respect and not press you for an answer. Alternatively you have the option of giving an answer to a question off camera, that being that your answer will not be audio recorded, written down or quoted but in giving an off camera answer allowing me some further insight of an issue of concern for you. At the same time you may also volunteer information not directly asked.

Your participation is voluntary, allowing you to withdraw at any time without any penalty. You will not be disadvantaged by declining to participate nor disadvantaged if you decide to withdraw from this study. Likewise, there is no risk related to your participation that I can conceive. If you need any further information please do not hesitate to contact me. My contact number is 02-83540118 (or e-mail -lcl922@uow.edu.au), with my supervisors also a
point of contact if the need arises. If you have any concerns or any complaints regarding the way the research has been designed or has been conducted, you can contact the Ethics Officer, Human Research Ethics Committee, University of Wollongong on (4221-4457).

Professor Patrick Crookes  
Associate Professor Janette Curtis

Yours sincerely

Li-Chiu Lin
台灣學生接受澳洲大學銜接教育之學習經驗計畫說明說書

研究者：林麗秋

您好，
我是澳洲臥龍崗大學，健康及行為科學學院護理系博士候選人林麗秋。我的研究的目在探討，接受過台灣專科以上護理教育並持有台灣護理師執照的學生，之後在澳洲接受護理學士學位銜接課程時，當面對不同的文化衝擊，他們對學習的期待及他們的學習成果。預期此研究結果可提供給澳洲大學，協助他們瞭解國外學生在澳洲的學習成效，並且協助各國瞭解澳洲的健康相關科系的現況。

資料收集的過程為大約 60 分鐘的面對面之錄音對談，受訪者會被詢問的問題包括：您為何要選擇這個課程，對這個課程有何期待? 對本身所選擇的課程的滿意如何？訪談過程中，您可以選擇使用中文或英文。研究過程中，研究者會視研究需要，再度邀請您接受 1-2 次的訪談。您所提供的全部資料，將來只會被應用在研究者的博士論文，或是在其他學術用途。

您的所有的資料將會妥善保存與保密，您的名字將會以匿名的方式呈現在報告中。所有訪談的結果，將會以逐字稿的方式被記載在電腦裡面，所有的訪談資料會以雙重密碼的方式保存。依據澳洲臥龍崗大學的規定，此研究中之訪談的所有資料將會被保存五年後銷毁。

在訪談過程當中，您可以選擇不回答研究者的問題，您也可以決定個人所說的某一段話不要被錄音，或是不要被研究者使用，研究者會尊重您的決定。

此項研究是自願參與的，您有權利可以隨時退出本研究，您不會因爲拒絕參與而受到任何影響。如果您對此研究有任何的問題，請與研究者連絡，我的聯絡電話是 02-83540118 (或 e-mail – lcl922@uow.edu.au)，或者您也可以與研究者的指導教授連絡。此外，如果您對本研究有任何疑義，您亦可與臥龍崗大學研究倫理委員會連絡，電話是 (4221-4772)。

教授 Patrick Crookes
副教授 Janette Curtis

林麗秋
Appendix IX (1) Consent form (English version)

University of Wollongong

Consent Form

Learning experiences of Taiwanese conversion course students in Australia

Researcher: Li-Chiu Lin

I have been given information about “Learning experiences of Taiwanese conversion course students in Australia” and fully understand its intentions and how I may participate in this study. I have discussed this study with Li-Chiu Lin, the research coordinator of the study offered by Wollongong University. I understand this research is part of a PhD degree supervised by Professor Patrick Crookes and Associate Professor Janette Curtis from the Faculty of Faculty of Health & Behavioural Sciences, School of Nursing, Midwifery & Indigenous Health at the University of Wollongong.

I understand that if I consent to participate in this project I will be asked to allow copies of my print and electronic communications in the study, including forum contributions to be used in the study. I also consent to participate in an interview to be conducted by the researcher. I understand that my contribution will be confidential and that there will be no personal identification in the data that I agree to allow to be used in the study. I understand that there are no potential risks or burdens associated with this study.

I have had an opportunity to ask Li-Chiu Lin any questions I may have about the research and my participation. I understand that my participation in this research is voluntary and I am free to refuse to participate and I am free to withdraw from the research at any time. At the same time I may request that portions of my interview may not be recorded but that I may inform Li-Chiu of the contents significance in closed session with these insights not be referenced to me. I may also request that portions of the interview be erased even though I am assured that my identity will be safeguarded. At the same time I may also volunteer information not directly asked of me.

If I have any enquires about the research, I can contact Li-Chiu Lin (02 8354-0118 or by e-mail: lcl922@uow.edu.au). If I have any concerns or any complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, University of Wollongong on (4221-4457).

By signing below I am indicating my consent to participate in the research. I understand that the data collected from my participation will be used primarily for a PhD thesis, and will also be used in summary form for journal publication or academic presentations, and I consent for it to be used in that manner.

Signed Date

................................................................. ....../...../......
Name (please print)

.................................................................
Appendix IX (2) Consent letter (Chinese version)

University of Wollongong

計畫同意書

台灣學生接受澳洲大學銜接教育之學習經驗計畫說明說書

研究者：林麗秋

本人已經了解全部有關「台灣學生接受澳洲大學銜接教育之學習經驗研究」之所有說明，以及本人所要參與的過程，本人已與研究的負責人-臥龍崗大學博士候選人林麗秋討論過全部的過程。本人亦了解此研究是在臥龍崗大學健康及行為科學學院，護理系 Crookes教授及 Curtis 副教授指導下的博士論文。

本人同意參與此項研究接受錄音式訪談。本人亦了解個人所提供的資料不會外洩。在本人同意之下所提供的內容，不會以個人化方式被呈現出來，並且了解參與此項研究時不會有任何風險。

本人已對林麗秋小姐詢問過與此研究相關之所有問題，並了解參與此研究是屬於自願的，且隨時都可以退出研究。同時在被訪談過程中，本人可以隨時要求停止錄音，甚至在研究最後階段，亦可要所有或部份內容不被使用在研究者的論文中。

本人了解，如果有任何問題可以聯絡林麗秋小姐 (028354-0118 或是 e-mail lcl922@uow.edu.au)。若本人對此計畫有任何的疑義，亦可以聯絡臥龍崗大學的研究倫理委員會 (4221-4772)。

本人同意參與此研究並會在下列空白處簽名。本人了解並同意所提供的資料可以被使用在博士論文或其他學術用途上。

簽名................................................................. 日期.......................................

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