2010

Adaptation processes of Japanese nurses in Australia

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Adaptation processes of Japanese Nurses in Australia

*A thesis submitted in (partial) fulfilment of the requirements for the award of the degree

Master of Nursing by Research

from

UNIVERSITY OF WOLLONGONG

by

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School of Nursing, Midwifery & Indigenous Health
Faculty of Health & Behavioural Sciences

2010

* Where the thesis is in partial fulfilment of the requirement for the award of the degree the word “partial” must be inserted immediately before the word “fulfilment”.

CERTIFICATION

I, Yuka Kishi, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Master of Nursing - Research, in the School of Nursing, Midwifery and 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.

Yuka Kishi
15 October 2010

TABLE OF CONTENTS

LIST OF TABLES 3

LIST OF FIGURES 3

ABBREVIATIONS 4

ABSTRACT 5

ACKNOWLEDGEMENTS 6

CHAPTER ONE INTRODUCTION 7

1. 1 Background 7

1.2 Purpose of the Study 10

1.3 Structure of Thesis 10

1.4 Summary 11

CHAPTER TWO LITERATURE REVIEW 12

2.1 Aim 12

2.2 Search Strategy 12

2.3 Results 17

CHAPTER THREE RESEARCH METHODS 30

3.1 The purpose, aim and significance of the study, domain of inquiry and the Research Question 30

3.2 Research Design 31

3.3 Ethical considerations 32

3.4 Data collection 33

3.4.1 Selection criteria for informants 33

3.4.2 Data collection technique 34

3.4.3 Sample size 35

3.4.4 Semi-structured interviews 35

3.5 Data analysis 37

CHAPTER FOUR FINDINGS AND DISCUSSION 42

4.1 Introduction 42

4.2 Demographic data 42

4.3 The overarching theme and the three themes 51

4.4 Seeking 52
4.4.1 New/Different experiences 53
4.4.2 Education 65
4.4.3 Aspiration 70
4.4.4 Overview of 'Seeking' 73

4.5 Acclimatizing 74
4.5.1 Struggle with/due to 75
4.5.2 Strategies 97
4.5.3 Aligning 110
4.5.4 Overview of 'Acclimatizing' 125

4.6 Settling 126
4.6.1 Aspects subject to change 127
4.6.2 Reaffirmation of sense of self-worth 138
4.6.3 Overview of 'Settling' 151

CHAPTER FIVE CONCLUSION AND RECOMMENDATION 154

5.1 Conclusion 154

5.2 Recommendations 158

5.3 Summary 162

REFERENCES 164

APPENDIX A ETHICAL APPROVAL 177

APPENDIX B 178

APPENDIX C 180

APPENDIX D 183

APPENDIX E 185

APPENDIX F RECRUITMENT LETTER ENGLISH VERSION 187

APPENDIX G RECRUITMENT LETTER JAPANESE VERSION 189

APPENDIX H BIOGRAPHICAL DATA 191

APPENDIX I 193

List of Tables

Table 1 Inclusion criteria 15
Table 2 Selected studies 18
Table 3 Phases of thematic analysis (Braun & Clarke 2006, p. 87) 38
Table 4 Study participants by gender 43
Table 5 Study participants age cohort 44
Table 6 Study participants by years of nursing experience in Japan 45
Table 7 Years of nursing experience in Australia by cohort 46
Table 8 Study of residency in Australia by cohort 47
Table 9 Study participants by speciality cohort 48
Table 10 Study participants by academic background cohort 48
Table 11 Study participants by the programme or course for obtaining RN qualification cohort 49
Table 12 Study participants by clinical area of nursing in Japan and Australia cohort 50
Table 13 Theme one - Seeking 53
Table 14 Theme two - Acclimatizing 75
Table 15 Theme three - Settling 127

List of Figures

Figure 1 The S.A.S model-adaptation processes of 14 Japanese nurses coming to Australia 52

ABBREVIATIONS

ABS	Australian Bureau of Statistics
AIN	Assistant in Nursing
AIHW	Australian Institute of Health and Welfare
ANMC	Australian Nursing and Midwifery Council
CNE	Clinical Nurse Educator
DON	Director of Nursing
EN	Enrolled Nurse
ICN	International Council of Nurses
IDP	International Development Program
IELTS	International English Language Testing System
ILO	International Labour Organization
JASSO	Japan Student Service Organization
IOM	International Organization for Migration
JNA	Japanese Nursing Association
NESB	Non English Speaking Background
NMB	Nurses and Midwives Board New South Wales
NSW	New South Wales
NUM	Nursing Unit Manager
OET	Occupational English Test
OQN	Overseas Qualified Nurse
PR	Permanent Residency
RN	Registered Nurse
WHO	World Health Organization
WMA	World Medical Association

ABSTRACT

In past decades, nurse migration has increasingly become a worldwide phenomena. Throughout published literature exploring the experiences of overseas qualified nurses, it has been found that most studies are undertaken in the UK and USA. These studies focused on nurses from Africa and Asia. In the majority of this research, Japanese nurses are categorised into a group of Eastern Asian registered nurses. Moreover, no literature was available focusing specifically on Japanese nurses who work overseas. Though the concept of nursing itself should not differ to a great degree, cultural differences may affect Japanese nurses when they practice overseas. This is the first study exploring the experiences of Japanese registered nurses who are working in Australia.

This qualitative study recruited 14 Japanese registered nurses who transferred their Japanese registration to the Australian registration in NSW. A snowball sampling technique was used. Interviews were conducted using six open-ended questions. Tape recorded interviews were transcribed and analysed. Coding and categorisation derived the main themes which describes and supports the adaptation process of these nurses to Australia.

There were three stages identified from the data regarding the adaptation process, which consisted of eight potential themes. The three derived phases are called; 'Seeking', 'Acclimatising' and 'Settling', collectively named the 'S.A.S model'. Since the only participants in this study were Japanese nurses, the emerging data clearly demonstrated that during the adaptation process nurses tended to reflect their own culture in their nursing practice. It will be interesting to further investigate whether this model can also be applied to Overseas Qualified Nurses (OQNs) in other environments. For instance, in Japan, where the government has recently agreed to accept Indonesian and Philippine nurses as part of their workforce. Increasing our understanding of the experience of OQNs may be utilised in the development of education programs.

ACKNOWLEDGEMENTS

Firstly, I would like to recognise my principle supervisor, Professor Patrick Crookes, for providing valuable contributions to the completion of this research. With his suggestions in research directions and guidance, I was able to carry out this thesis.

Furthermore, I would like to acknowledge my associate supervisors Dr. Allison Shorten and Dr. Kumiyo Inoue Walsh, who offered their expertise and facilitated the expression of my thoughts. Their guidance stimulated me to generate the research questions and structure for this thesis. Both Dr. Allison Shorten and Dr. Kumiyo Inoue Walsh's encouragement and inspiration maintained my motivation to complete this research.

As this research interviewed participants in Japanese and related strongly to the issue of cross culture, Dr Kumiyo Inoue Walsh, Japanese associate supervisor contributed greatly to this thesis through her teachings on the qualitative research process, including the data analysis.

A special thanks goes to Mr. Aden Steinke, Ms. Christie Wilson and Mr. Arthur Kent for their great help with my English. Since English is not my first language, writing a thesis in English was a challenge for me. All were very helpful whenever I asked for any checking of grammatical errors and unclear expressions. Ms. Naomi Cox, who is one of my best friends, also helped me greatly with the checking of my English. Naomi always offered to help and she maintained my motivation to complete this thesis through providing a friendship that I strongly value. ,

My deep gratitude goes to the fourteen Japanese nurses who willingly agreed to consent to participate in interviews. It was impossible to conduct this research without their contribution.

I am also grateful to my Japanese friends who always encouraged me to keep writing. Because of their great psychological support, I was able to present this complete thesis without any major distractions.

I would like to acknowledge my parents. They were always concerned for me and provided me with great psychological and financial support. Furthermore, I would like to show my appreciation to my family, my husband, my two daughters and my parents-in-law in Japan. I could not have come to Australia to conduct my research without their understanding and cooperation. Their endless love and complete emotional support was always my safe harbour to overcome any situation. I always felt for my lovely daughters for not being with them whenever they needed me. To my dearest husband, Mr. Hisato Kishi, who was always my best emotional consultant to support me, especially when I was weak and frustrated, thank you.

CHAPTER ONE
INTRODUCTION

This chapter introduces the core issues within the study. It describes the background of the study, the purpose of the study and the structure of the study.

1. 1 Background

Nursing workforce shortages are a global concern with the potential to have a negative impact on the quality and safety of healthcare (Buchan & Calman 2004). The recent shortage problem is linked to an insufficiency of nurses to meet the increasing demand of aging societies, ever-expanding medical technology, and a greater number of people living with serious illness and chronic disease (Unruh & Fottler 2005). To address the nursing shortage, overseas nurses have been recruited to fill vacant positions, especially in developed countries, such as Australia, Canada, United Kingdom, and the United States. According to the Australian Institute of Health and Welfare (AIHW 2008), there were approximately 4% of migrant nurses who obtained initial qualifications in Asia, working in NSW in 2005.

This movement of nurses has created severe workforce imbalances throughout the world and caused inadequacies within the health care systems of donor countries (Kline 2003; Kingma 2001, 2007, 2008). Buchan (2008) reported in the policy brief that the outflow of nurses is linked to negative effects on remaining staff of reductions in their morale and quality of services in donor countries. Donor countries, however, are not comprised of only developed or developing countries as both lose nurses to migration. Australia, for example, is a destination country as well as a donor country of migrants. It has become increasingly dependent on foreign nurses to compensate for the Australian-born nurses who migrate overseas (Hawthorne 2000, 2001).

Buchan, Parkin and Sochalski (2003), in reporting International Organization for Migration (IOM) (2000), highlights the number of migrating persons has doubled from 75 million in 1965 to an estimated 150 million in 2000 The International Labour Organization (ILO) (2001), highlights between 80- 97 million of these migrants were

skilled and qualified workers and members of their families. In a joint study by WHO, the International Council of Nurses (ICN) and the Royal College of Nursing, UK (Buchan, Parkin & Sochalski 2003) trends and policy issues in international recruitment and migration of nurses are examined, by using case studies from five developed and four developing countries: including Australia, Ireland, Norway, United Kingdom, USA, the Caribbean, Ghana, Philippines and South Africa. These studies showed 'push and pull' factors encouraging the mobility of nurses. 'Push' factors include 'low pay (absolute and/or relative), poor working conditions, lack of resources to work effectively, limited career opportunities, limited educational opportunities, impact of HIV/AIDS, Economic instability, and unstable/dangerous work environment' (Buchan, Parkin & Sochalski 2003). On the other hand, 'pull' factors included 'higher pay, better working conditions, better resourced health systems, career opportunities provision of post-basic education, political stability, travel opportunities and aid work' (Buchan, Parkin & Sochalski 2003). Kingma (2001) categorized 'push and pull' factors into three categories in search of 'professional development', which may be achieved through an opportunity of learning and practice, 'quality of life' which includes better pay, working conditions and 'personal safety'. The ICN (Baumann 2007) report, however, claimed the flow would not be a big issue without the 'pull' incentive from countries experiencing shortage. Also, offering better pay and prospects, even with the existence of 'push' factors influences nurses to migrate from their countries. Many migrants move to other countries to seek money or opportunities which their countries do not provide them. Some researchers (Buchan & Sochalski 2004; Kingma 2007) state that most nurses unwillingly leave their countries and would be willing to stay if offered a competitive wage or improved conditions.

On the other hand, there were no Japanese statistics concerning nurses' migration. The literature on Japanese nurses' migration could not be reviewed as no literature has been located by the search strategy. Migration does not seem to be a big issue for Japan so far. However, Japan is also faced with a nursing shortage problem. Quite a number of Japanese nurses resign from their jobs and travel abroad to study or work as nurses every year, and Japan has become one of the main donor countries for the United States (Kline 2003). In addition, Japan has just started accepting overseas qualified nurses from Indonesia and the Philippines. Therefore this migration issue should not be discarded as it is a concern affecting a number of countries.

A report stated that Japan is able to solve the nursing shortage problem without OQNs (Japanese Nursing Association (JNA) 2006b, 2007). Japanese nurses' turnover rate has been increasing, and the reasons for turnover were reported as being; 1.Studying higher academic course for career development; 2. Childbirth and child care; 3. Unsatisfactory working conditions, such as working overtime and heavy workload. In Japan, there is a certain number of registered nurses who do not /cannot go back to work due to the reasons above (average age was 38.7 and almost half were in their thirties). Eighty two percent of these nurses were currently not in the workforce. For example they were raising their children and the rest of them studied for career development. The report stated that if these nurses go back to work, Japanese nursing shortage problem would be relieved (JNA 2006b, 2007).

This study started from the question 'Why did Japanese nurses leave Japan and work as a RN in Australia instead of working in Japan?' Statistics demonstrate many Japanese nurses left their work places due to dissatisfaction with working conditions or their working environment (JNA 2006b, 2007). If those nurses leave Japan, travel overseas and start working as RNs in other countries, such as Australia, this implies there must be some attraction to retain Japanese nurses in Australian health care settings. An exploration of Japanese nurses' work experience in Australia will reveal the answer to the questions above.

Published research exploring experiences of overseas qualified nurses has mostly come from studies in the UK and the USA, and focused on nurses from Africa and Asia. In the majority of this research, Japanese nurses are categorised into a group of the Eastern Asian registered nurses. Moreover, no literature was available focusing exclusively on Japanese nurses who work overseas. Though the concept of nursing itself should not differ to a great degree, cultural differences may affect Japanese nurses when they practice overseas. This is the first study exploring the experiences of Japanese registered nurses who are working in Australia.

1.2 Purpose of the Study

The purpose of the study is to explore the experiences of Japanese registered nurses, who have experience working in Japan, and in NSW, Australia.

1.3 Structure of Thesis

This thesis consists of five chapters and is structured in the following way:

Chapter 1 presents an overview of the study including the background, purpose and structure of the study.

Chapter 2 reviews the relevant literature associated with this study. This involves reviewing the current situation of overseas nurses in Australia and outlining and reviewing relevant problems/themes which are considered comparable to this study's aims and outcomes.

Chapter 3 outlines the research methods, including ethical considerations, data collection and data analysis methods used.

Chapter 4 presents the findings from the data collection. This chapter also includes a discussion comparing the findings to the literature reviewed and other related literature. Verbatim quote was utilised to demonstrate the data. This chapter describes the results and how they focus on Japanese nurses and their experience of Australia. The model that represents the adaptation process of the participants in this study is also demonstrated in this chapter.

Chapter 5 concludes the thesis and study. It reinforces the significance of the results from this study and highlights this study's contribution to the health care system in Australia and Japan, and also Japanese nurses who study or work in Australia. Furthermore, this chapter discusses the limitations and recommendations of the study which are potential focuses of future research.

1.4 Summary

This chapter presented the background, purpose and outlined the structure of this study. The background on the nursing shortage and nurse migration provided the direction of this study. The identified need formed the purpose of this study. In this chapter, the significance of this study was also indicated. The structure of this study provided the blueprint how this study proceeds in the next chapter. The related literature will be reviewed in order to identify the gap between the previous literature and the study question.

CHAPTER TWO
LITERATURE REVIEW

This chapter will present a literature review which summarises the existing knowledge on Japanese nurses' experiences in Australia or other non-English-speaking countries where English is the official language. This chapter also discusses the experiences of Asian Overseas qualified nurses from a non-English-speaking background in Australia and in countries where English is the first language. The aim and search strategy will also be discussed in this chapter.

2.1 Aim

The aim of this literature review is to explore Japanese nurses' working experiences in Australia in order to identify the reason why they chose Australia to work as RNs instead of working in Japan.

The main question explored in this literature review is;
What characterises the work experience of Japanese nurses in Australia?

2.2 Search Strategy

Types of studies
In the document search, English language and Japanese language research papers, both qualitative and quantitative were sought provided that they addressed Japanese nurses' work experience in Australia. Expert opinions or reports that addressed the experiences of overseas qualified nurses in Australia were not included.

Databases, keywords and applied limits

The review was conducted using the following electronic databases: CINAHL, Medline, Proquest Central, Australian Public Affairs, Science Direct, Australian Digital Thesis Program and CiNii. To obtain more research papers concerning Japanese nurses' work experience in Australia, Australian Public Affairs and CiNii were searched respectively. The search was restricted to the years 1997 – 2007 in order to select recent published work that may hold more relevance for Japanese nurses and other overseas qualified nurses' experience today. Keywords were 'nurs*' (* stands for truncation, for example, nurse, nurses, nursing), 'experience', 'Japanese' and 'Australia'. Only five research articles (including duplicate articles) were found using the keywords above and only one article was considered to be relevant to the research question.

Since there was only one research paper identified, the search range was broadened to include research papers regarding Japanese nurses' experience in other foreign countries. A search using the keywords; nurs* AND experience AND Japanese AND (overseas OR foreign OR the U.S. OR the U.K. OR Canada OR New Zealand) was made in order to obtain articles regarding Japanese nurses' experiences overseas. The reason for selecting the four countries above was that these countries and Australia are the five most popular English-speaking background countries for Japanese nationals to study abroad (Japan Student Service Organization JASSO 2005, p. 20). Although 79 articles were found, only 1 article was considered to be relevant to review question after omitting duplicate articles.

As only two articles had been found regarding Japanese nurses' experiences in Australia and other foreign English-speaking countries, the search range of types of participants was expanded to overseas qualified nurses. The keywords nurs* AND experience AND Australia AND (overseas OR foreign OR immigra* OR migra* OR emigra*) were used to search, which returned 76 articles, two of which were considered to be relevant to review question.

Therefore, as a result of the three methods of search strategy, four articles relevant to the literature review question were identified. Three out of four articles focused on the academic study experiences of OQNs including Japanese nurses. Hence, the search range was expanded to include the experiences of overseas qualified nurses in foreign

countries to obtain more research articles regarding their work experiences. The keywords nurs* AND experience AND (overseas OR foreign OR immigra* OR migra* OR emigra*) were used, which extracted 585 papers. Twenty four out of those 585 papers were identified as relevant to the research question regarding overseas nurses' experience in foreign countries. By conducting the search methods discussed above, 745 papers in total were found, which included duplicate articles. By reading the titles and abstracts that potentially met the review question and were seemingly relevant to review question, 28 articles were selected. Moreover, 13 additional studies were found by screening journals, citation tracking and hand searching in order to find articles more relevant to the research question, giving a total of 41 papers. These forty one papers included any overseas nurses' experiences in any foreign countries.

Inclusion and exclusion criteria

The inclusion criteria were applied to the above-mentioned 41 articles in order to scrutinize literature for relevance (See Table 1).

The articles were each assigned a number between one and twenty four based on their relevance, this is indicated in Table 1. For example, articles which focus on 'work experience' of 'only Japanese' nurses, who obtained their nursing qualification and have worked as a nurse in Japan, in 'Australia' are the highest priority research articles and the most relevant articles to the review question, which is number one in Table 1. The second priority, which is number two in Table 1, is that 'work experiences' of 'only Japanese' nurses in 'other countries where English is the first language'.

Table 1 Inclusion criteria

		Work experience	Study experience (including clinical placement)	Australia	Other countries where English is the first language	Number of articles
1	Only Japanese	X		X		0
2	Only Japanese	X			X	0
3	NESB Asian, Japanese included	X		X		0
4	NESB Asian, Japanese included	X			X	0
5	ESB & NESB Asian, Japanese included	X		X		0
6	ESB & NESB Asian, Japanese included	X			X	0
7	NESB Asian not Japanese included or not specified Japanese inclusion	X		X		0
8	NESB Asian not Japanese included or not specified Japanese inclusion	X			X	1
9	ESB & NESB Asian not Japanese included or not specified Japanese inclusion	X		X		0
10	ESB & NESB Asian not Japanese included or not specified Japanese inclusion	X			X	0
11	Overseas qualified nurse including NESB Asian	X		X		2
12	Overseas qualified nurse including NESB Asian	X			X	0
13	Only Japanese		X	X		0
14	Only Japanese		X		X	0
15	NESB Asian, Japanese included		X	X		0
16	NESB Asian, Japanese included		X		X	0
17	ESB & NESB Asian, Japanese included		X	X		1
18	ESB & NESB Asian, Japanese included		X		X	0
19	NESB Asian not Japanese included or not specified Japanese inclusion		X	X		0
20	NESB Asian not Japanese included or not specified Japanese inclusion		X		X	0
21	ESB & NESB Asian not Japanese included or not specified Japanese inclusion		X	X		0
22	ESB & NESB Asian not Japanese included or not specified Japanese inclusion		X		X	0
23	Overseas qualified nurse including NESB Asian		X	X		0
24	Overseas qualified nurse including NESB Asian		X		X	0

Furthermore, in order to identify as the most relevant articles to Japanese nurses experience in Australia, the following inclusion criteria was applied. The study sample consisted of non-English-speaking background (NESB) Asian nurses in English speaking countries (number three and four in Table 1). Asian nurses from a Non-English speaking background were considered to have similar features, such as having a similar cultural background and not being native English-speakers. Hence, it was assumed that they would tend to have similar experiences to Japanese nurses.

Some studies which included not only NESB Asian nurses but also some English-speaking background (ESB) Asian nurses were included (number five, six, nine and ten in Table 1). Articles which included OQNs in regions other than Asia were also included (number 11 and 12 in Table 1). In terms of the length of experience both in their home countries and host countries, any length of experience was included.

Study experience was also included when the course included clinical placement. This is indicated between number 13 and 24 in Table 1. One of the reasons was that only four papers were identified when focusing on only work experience. Since some conversion courses included clinical placement, the experience of studying those courses was considered to be quasi-experience of work experience.

The articles focusing on only specific areas of interest, such as racism and discrimination issues and motivation to migrate were excluded.

Outcome of search and final article selection

Two reviewers carefully checked 41 articles based on the above inclusion and exclusion criteria.

No published research focusing on only Japanese nurses work experience in foreign countries was identified. Only one research paper focusing on the experience of Japanese nurses in Australia was available, however, their experience was in study, and not work. Additionally, these Japanese participants predominantly spent their time in Japan while studying because the course was a corresponding course offered by an Australian university in Japan (Stockhausen & Kawashima 2003).

In terms of experience of Japanese nurses, only brief and non academic reports were available from the Japan Overseas Cooperation Volunteers program and overseas study tour. The number of published research articles focusing on NESB Asian nurses experience overseas was also limited. Within those, the majority of OQNs were African and Philippine nurses.

As a result of the search, four papers in total were derived. This includes one article which explored the work experiences of NESB Asian nurses in the US, but did not include Japanese nurses. Two articles explored the work experiences of OQNs, including NESB Asians in Australia. The final article explored study experiences (including clinical placement) of ESB and NESB Asian including Japanese nurses.

2.3 Results

The four research papers included in the review were qualitative studies. They are listed in Table 2. Three studies used a phenomenological approach and another study employed a grounded theory approach.

The purposes of phenomenology and grounded theory are different. Phenomenology is used to describe experiences whereas grounded theory tries to develop theory (Burns & Grove 2005, pp. 55-58). Hence, in this literature review, studies identified as using phenomenology are chronologically presented followed by the grounded theory study, and discussion follows thereafter.

Table 2 Selected studies

Authors	Purpose	Participants	Methods and Analysis	Findings
Jackson (1996)	To generate a clearer understanding of the lived experiences of nurses from culturally diverse backgrounds as they enter and become part of the nursing workplace in Australia.	9 overseas qualified nurses from non-English-speaking backgrounds who completed their preparatory nurse education in countries in which English was not the dominant language. Scandinavian countries, Central and Eastern Europe, the Asia-Pacific region, South America	Conversation-style interviews. Phenomenological approach (informed by feminist theory) Thematic analysis	1.Being a woman - differences in gender roles 2.Being a stranger - language, different culturally derived behaviour 3.Being stressed - communication problems 4.Being lonely - language difficulties 5.Being a nurse - inhibited career promotion because of poor English 6.Being a colleague - negative and unhelpful colleagues' behaviour 7.Finding comfort - seeking support and social networks to overwhelm difficulties 8.Finding a place – a sense of belonging, being more supportive towards new comers This study raises issues concerning cultural safety and wellbeing in the nursing workplace. The author claimed hostile behaviours of dominant nurses and other medical staff was work-related harassment and violence.

Omeri & Atkins (2002)	To explore, describe and analyse the lived experiences of overseas qualified nurses.	5 overseas qualified nurses from five different countries and regions of the world. 4 out of this 5 were from non English-speaking backgrounds. 4 had immigrated for political reasons (2 as political refugee), 1 for marriage 10-16 years of nursing experience in their countries	Naturalistic, open-ended interview/conversation Heideggerian phenomenological hermeneutic approach.	The experience focused on the process of migration, seeking employment as a graduate nurse following immigration and gaining registration as a nurse in NSW. Three categories of meaning emerged from the analysis; 1.Professional negation-experienced as lack of support, lack of direction, lack of recognition of skills and previous nursing experience. 2.Otherness- experienced in cultural separateness and loneliness. 3.Silencing- experienced in language and communication difficulties. Participants experienced continuing marginalisation. Their experience is mostly unhappy, isolating and negative.
Tsukada & McKenna (2005)	To use interviews to explore, and better understand, the experiences of international nurses when studying nursing in Australia	6 female overseas qualified nurses who had completed their Australian pre-registration nursing courses (baccalaureate level) in Universities in Victoria, had graduated within the past 5 years and were nurses in their country of origin. Participants included 1	Semi-structured in-depth interviews in English. van Manen's phenomenological hermeneutic holistic approach.	Six themes emerged from the investigation; 1.Motivation and aim 2.Struggles and challenge with language 3.Standing with cultural boundaries 4.Feeling isolation and loneliness 5.Studying in a different educational environment 6.Desiring academic support Four principal suggestions regarding support; 1.English support

		Japanese , (2 from Taiwan, 1 from Hongkong, 1 from Philippines, 1 from South Korea)		2.Information about nursing courses in Australia 3.Financial support 4.Support for seeking nursing registration
Yi & Jezewski (2000)	To investigate how Korean nurses adjust to USA hospitals. To explain how the cultural background of Korean nurses affects their adjustment process.	A purposive sample of 12 Korean female nurses; middle-aged (25-57), married, Christian, working for a long time (more than 10 years) in the USA	Semi-structured in-depth formal interviews. Grounded theory method Interviews were conducted in Korean. Free translation Selective coding	Five categories of adjustment to USA hospitals' as the basic social psychological process; 1.Relieving psychological stress by social support 2.Overcoming the language barrier. 3.Accepting USA nursing practice. 4.Adapting the styles of USA problem-solving strategies. 5.Adapting the styles of USA interpersonal relationships. 1-3; Greatly influenced their adjustment in the initial stage (it lasts 2 to 3 years). 4 and 5; Principal components of the later stage (it takes an additional 5 to 10 years to complete this stage).

Phenomenological papers

One of the phenomenological papers (Jackson 1996) was underpinned by feminist theory, to generate an understanding of the experiences of nurses from culturally diverse backgrounds as they enter and become part of the nursing workforce in Australia. Conversation-style interviews were conducted on a purposive sample of nine nurses from non-English-speaking background overseas qualified nurses who completed their preparatory nurse education in countries in which English was not the dominant language. They were from Scandinavian countries, Central and Eastern Europe, the Asia-Pacific region and South America. All participants had between three and a half and twelve years nursing experience in their home countries and they were working as nurses in acute clinical areas for one to 13 years in NSW at the time of the interview.

There were eight themes identified to demonstrate the experiences of the nine nurses in Australia. The first theme, 'being a woman', described the difference in gender roles between their country of origin and Australia. Participants had to cope with the situation where they needed to perform tasks in their workplace that were not accepted at home, and this made some participants feel dissociation or separation from other women. Secondly, participants always had the feeling of 'being a stranger' because of language difficulties and different culturally derived behaviour. They could not escape the feeling of being stranger even though they became accustomed to using English and to cultural differences. They felt loneliness when they perceived others did not understand them or ignore them. Language difficulties caused the nurses in Jackson's (1996) study much stress. 'Being stressed' was the third theme which stemmed from communication problems which occurred in the workplace. Although all participants had wide English vocabulary knowledge and used words appropriately, all of them talked about negative and unfriendly incidents when they communicated with other nurses. Language difficulties also caused the nurses to feel '(being) lonely', which is the forth theme. They had to deal with the jargon, the slang, abbreviations and new equipment and technology associated with nursing in their new environment. They felt like they were alone when they found difficulties in finding someone to ask.

The fifth theme, 'being a nurse', describes they perceived they were inhibited from career promotion because of a lack of English proficiency. Unable to progress in their career damaged participants' professional identity. Difficulties associated with

initiating and maintaining collegial relationships was derived as the sixth theme, i.e. 'being a colleague'. All participants mentioned negative and unhelpful colleagues' behaviour, even though some of them had positive experience of supportive colleagues. The researcher pointed out these negative workplace experiences included 'work-related harassment and violence'. In spite of experiencing difficulties mentioned above, participants actively tried to 'find (ing) comfort', which was the seventh theme, by seeking support and building a social network. They tried to seek or forge a supportive informal network where they could share their experiences. Having communication with others as well as receiving appropriate support was a significant strategy for overcoming difficulties. This experience was mentioned as the first positive experience for participants in this study. Participants in this study finally 'found a place', which is the last theme. They had a supportive informal network which gave them a sense of belonging in Australia. One participant mentioned she felt a sense of belonging when her colleagues were laughing at her joke in the work place.

Eight themes were identified in this study. For participants in this study, it was a really stressful, negative and uncomfortable experience to adapt to their new environment. Language difficulties mainly contributed to the difficulties. The author focused on intolerant, obstructive and hostile colleagues' behaviours in the work place and claimed as 'violence'. Even though participants had language problems, if participants could receive more empathy and support in the work place, their experiences would be more positive. It was essential for them to have good support to overcome the difficulties. When they perceived they received sufficient support from their colleagues, they would feel being accepted in their work place. They felt a sense of belonging when being accepted. This study revealed language difficulties were the main obstacle to the nurses' adaptation and a supportive environment was essential for migrant nurses to adapt to their new environment.

The next phenomenological study (Omeri & Atkins 2002) was conducted to develop a greater understanding of what it means to be an immigrant nurse by exploring and describing the experience as lived by immigrant nurses entering a new country, and being exposed to a new language and culture, to engage in professional practice as nurses. The sample was collected purposively, and conveniently. Five nurses from five different countries and regions of the world participated. All participants were born

outside Australia in non-English speaking countries, and held work experience as nurses in their country of origin. Four participants had migrated for political reasons, and two were political refugees. They had nursing experience in their home countries for 10-16 years. Naturalistic, open-ended interviews/conversations were conducted in English. The hermeneutic, phenomenological analysis method was used.

Three categories of meaning were identified; 'professional negation: experienced in lack of support', 'otherness: experienced in cultural separateness and loneliness' and 'silencing: experienced in language and communication difficulties'. The first category, 'professional negation: experienced in lack of support' was identified especially when participants in this study sought employment. They experienced a lack of support when they tried to find a way to become a registered nurse. They needed to find informal networks by themselves or use word of mouth information to understand the registration process. No participants could receive any detailed information concerning the nursing registration process from formal sites. They spent a long time until they obtained an RN qualification. There was no information and no direction, they expressed that the process of getting registered as a nurse was a 'lonely path'. The author pointed out that participants in this study also faced a lack of recognition of their nursing skills and previous nursing experience. The long and difficult path to obtain an RN qualification and non-recognition of their professional capabilities devalued their sense of professional worth.

The second category, 'otherness: experienced in cultural separateness and loneliness', describes their experience of being 'other' on the basis of identity and ethnicity and feeling of loneliness. They felt they were 'other' especially when they were treated unfairly because they were migrants. The author also used the term 'marginalised' synonymously with otherness. Loneliness was a constant theme for participants since they arrived in the country and began to seek employment. They still felt loneliness even after becoming RNs due to the feeling of being 'other'.

The third theme, 'silencing: experienced in language and communication difficulties', was a major issue for participants in this study. They knew they needed to improve their English as soon as possible, however, some of them faced further difficulties in finding appropriate courses and accessing them. They could not be employed because

they could not have sufficient communication with others. They ended up feeling 'silenced' if they were not able to find any support. Some participants mentioned they had difficulties in writing essays. Difficulties in communicating with others properly as well as difficulties in sufficient report writing skills and correct grammar usage were highlighted as important issues hindering employment and progression in work places.

Participants in this study experienced continuing marginalisation. Most of their experiences were unhappy, isolating and negative. The author suggested changing the perception and utilisation of immigrant nurses and recognising them as valuable resources in contributing to the improvement of nursing care for Australian populations.

This study revealed the issue of lack of support, feeling of being 'other' and language barriers. A lack of support and being 'other' made the participants feel lonely. All of these factors hindered participants from adapting to their new environment. This study focused primarily on the experience of migrant nurses entering a new country and seeking employment. Even though the participants talked about their initial experiences, the findings were similar to Jackson's study. Language and support are considered to be major issues for nurses living in host countries.

Another phenomenological study conducted by Tsukada and McKenna (2005) explored the experiences of international nurses when studying nursing in Australia. It consisted of a snowballing sample of 6 overseas qualified nurses who had completed their Australian pre-registration nursing courses (bachelorette level) in Universities in Victoria, had graduated within the past five years and were nurses in their country of origin. They were from Japan, Taiwan, Hong Kong, the Philippines and South Korea. Semi-structured in-depth interviews were conducted in English. A phenomenological hermeneutic holistic approach was used for analysing the data.

Six themes were identified from the investigation; 'motivation and aim', 'struggles and challenge with language', 'standing within cultural boundaries', 'feeling isolation and loneliness', 'studying in a different educational environment' and 'desired academic support'. The first theme, 'studying with motivation and aim', was demonstrated as a description of the reason why they came to Australia. Participants believed that Australian nursing education, such as research subjects, ethics and legal issues in

nursing, were more developed compared to their home countries. They also mentioned that Australian nursing degrees are well-recognised in Asian countries. They came to Australia to obtain higher nursing knowledge. In addition, to be able to perform nursing and converse in English are highly valued skills in Asian countries. Some participants were also interested in clinical nursing placement in Australia. After coming to Australia, the difficulties in language were the centre of their experience, which was described in theme 2, 'struggles and challenge with language'. They had to struggle with difficulties related to conversations in classrooms and during clinical placements due to difficulties in understanding the Australian accent, fast talking speed, use of slang and abbreviated words. Writing essays, performing oral presentations and taking examinations were also challenges. These were the stressful events for them. Theme 3, 'standing within cultural boundaries', was shown to describe the kind of cultural differences they experienced. This issue affected their ability to make Australian friends and their approaches to classroom activities and clinical placements. On the other hand, some participants perceived cultural issues positively since Australia was a multicultural society where they could come in contact with many different ethnic cultures in nursing.

However, these cultural differences and language difficulties often caused 'feeling(s) of isolation and loneliness', which was pointed out in theme 4. They felt difficulties in forming close relationships with local students due to cultural differences and language difficulties. Theme 5, 'studying in a different educational environment', was also mentioned, however, this revealed both positive and negative experiences. Some participants mentioned difficulties in adjusting to an Australian educational environment and academic assessment system. On the other hand, other participants enjoyed the free atmosphere and new experiences that could not be found in their home countries. From these experiences above, participants in this study expressed that they 'desired academic support', which is the sixth and last theme. The support they required included language support, acquisition of information support, financial support and support for obtaining nursing registration.

This study also revealed that language difficulties were the most prominent factor for overseas nurses. Having communication with others was one of the challenges for them and the failure of communication led to isolation and loneliness. Cultural differences

were also mentioned, however, it had both positive and negative aspects. Participants in this study also required particular support to overcome difficulties. Research papers concerning study experience which did not include clinical placement were not included at this time. Participants in this study demonstrated similar experiences regarding language and cultural differences in the classrooms and in clinical placements. Hence, it will be necessary to include research papers of study experiences (not including clinical placement) for the next review in order to see any differences from work experience papers.

In summary, three phenomenological papers were examined. Language difficulties, support and loneliness were identified as common themes of all three. The language barrier was the main issue in the experiences of Asian NESB migrant nurses and international students. Participants in studies above often felt loneliness due to the experience of language difficulties and cultural differences. They overcame or tried to overcome difficulties with social support. These findings were supported by Omeri et al. (2003) who conducted a systematic literature review examining both research and descriptive papers of university experiences of indigenous students, local students from non-English speaking background and international students. Omeri et.al (2003) extracted three themes from 34 research studies. One of these themes was concerned with students' social support. Omeri et.al (2003) also found that students in the study experienced language difficulties and cultural differences. This often undermined students' psychological and physical health. When both Asian NESB migrant nurses in the three phenomenological papers regarding Asian NESB nurses and in a systematic literature review of university students by Omeri et.al (2003) received sufficient support, their experiences became positive. It is no exaggeration to say that they could not overcome difficulties without social support. These findings will be discussed again after presenting the research paper using a grounded theory approach in the following.

Grounded theory paper

Yi and Jezewski (2000) conducted this study to understand how Korean nurses adjust to USA hospital settings in order to explain how the cultural background of Korean nurses affects their adjustment process. Grounded theory was used for the sampling procedure, data collection and analysis of data. Semi-structured, in-depth formal interviews were conducted in Korean on a purposive sample of 12 Korean female nurses. Their years of

residency ranged from one to 23 years, averaging 15 years, and nine participants had resided in the USA for more than 10 years. Since the interviews were conducted in Korean, the transcripts were translated to English. The accuracy of the translated version was confirmed as being equivalent to the original text. On the basis of selective coding, the core category/ basic social process emerged, which was 'adjustment to USA hospitals'.

The basic social psychological adjustment process to USA hospitals was divided into five categories these were 'Relieving psychological stress', 'Overcoming the language barrier', 'Accepting USA nursing practice', 'Adapting to the USA styles of problem-solving strategies' and 'Adapting to the styles of USA interpersonal relationships'. The first three categories greatly influenced their adjustment in the initial stage, lasting 2 to 3years. The latter two categories were principle components of the later stage, and this takes an additional 5 to 10 years to complete. These categories are not mutually exclusive and the process is not necessarily uniformly linear.

All participants in this study had severe psychological stress due to facing cultural differences when they began to work in the USA. Some of them felt rejection and alienation from American nurses. All of them sought support from other Korean nurses in order to relieve stress. Talking with other Korean nurses to share their experiences was the best way for them to relieve their psychological stress. American colleagues also provided important support when they had difficulties in communication. The support these nurses found was based on empathy, and the authors stated that showing empathy was important when Korean nurses needed support. The language barrier was identified as the main issue for Korean nurses in this study. Participants knew that a lack of communication skills hindered them from good performance in their work. They tried to work hard to improve their communication skills, however it was still difficult for them to talk on the phone because they were trained to focus a lot on non verbal communication and had the difficulty in non face-to-face communication. The difference in nursing practice was also identified. At first, participants were confused by some aspects of nursing practice that differed between the USA and Korea, such as the role of family members and nurse aids and the focus of nursing practice. Participants tried to accept the differences, and most participants perceived that they accomplished nursing tasks adequately like other USA nurses by the end of initial stage.

In the later stage, participants demonstrated their adaptation to the USA style of problem-solving strategies and the USA style of building interpersonal relationships. These two categories were pointed out as important features for their adaptation. They found they would never fit into the American nursing environment unless they adapted to the USA style. They became assertive when they needed to discuss something and they became accustomed to individualism.

Language difficulties and struggling with cultural behaviours and attitudes were identified as important issues especially in the initial stage. Participants in this study demonstrated that they tried to accept and adapt to the USA style for overcoming these challenges to adjust to the new environment. Psychological issues were also identified in this study. It was found that empathy and support were essential to relieve stress. Authors stated that all participants progressed through the process of 'adjustment to USA hospitals' and they felt greater satisfaction with their success of adjustment to the USA style. From the acculturation strategy point of view, participants in this study seemed to assimilate themselves into the USA health environments. 'Assimilation' is one of the acculturation strategies and defined when 'individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures' (Berry, 1997, 2001, 2005; Berry, Kim & Boski 1988, pp. 65-66; Berry et al. 2002, p. 354). In order to adopt the USA style, participants in this study seemed to discard their Korean behaviour. Participants seemed to consider that mastering the skills of assertive behaviour was a key measure of their adjustment level. They mentioned that a high standard of communication skills were necessary in order to defend themselves when they got blamed for the negative events that surround them. When they could argue with someone, they seemed to feel that they were successful in adopting the USA style. The authors stated that this process of 'adjustment to USA hospitals' could apply to OQNs in other countries. However, there is no evidence whether the findings were unique to Korean nurses or not. It is possible that different cultural features can be extracted when OQNs from another country, such as Japan, is applied as a sample, because cultural background affects the adaptation process in host countries (Aldwin 1994, p. 215). Further research will be necessary to determine whether other OQNs also perform in a similar way.

The result of four papers

Three phenomenological studies and one grounded approach study were identified and subsequently reviewed. Language issues, psychological issues including loneliness and support were found as common features in spite of using a different approach. When NESB Asian nurses migrated/came to study in English speaking countries, it was impossible for them to avoid facing language issues and psychological issues. Appropriate support would help to overcome these difficulties. In other words, lack of support would degrade their psychological health. Social support was essential for those nurses and all papers suggested providing social support, especially for language improvement.

This literature review identified the same main feature of NESB Asian nurses work experiences in foreign countries. However, there were only four articles relevant to the research question. In order to find out more, more research will be necessary regarding Asian NESB nurses work experience in foreign countries. Even though Japanese nurses are included in Asian NESBs, the research will need to focus specifically on Japanese nurses work experience in foreign countries. In the grounded theory conducted by Yi and Jezewski (2000), the sample focussed on only Korean nurses, which revealed some cultural features from their comments when they mentioned their ideas of adaptation. As mentioned above, culture influences adaptation strategies as well as the adaptation process (Aldwin 1994, p. 215). To focus on one specific culture would extract the specific features peculiar to the nationality. No research papers were found focusing on only Japanese nurses' work experience in foreign countries. It will be likely to extract some features peculiar to Japanese culture when the qualitative research is conducted to explore the work experiences of Japanese nurses in Australia. Thus, the proposed project is significant as it will be the first undertaken to study the work experiences of Japanese nurses, in Australia and other countries.

CHAPTER THREE
RESEARCH METHODS

Chapter 3 describes the methodology used in conducting this study. The purpose of the study, the study's research questions, research design; ethical considerations affecting the research, the selection of informants for the semi-structured interviews, the methods used to collect the data and process adopted for analysing data are all presented and discussed in this chapter.

3.1 The purpose, aim and significance of the study, domain of inquiry and the Research Question

The purpose of the study

As a result of the initial literature review as discussed in the previous chapter, there were no published articles located that focussed specifically on Japanese nurses leaving their jobs in Japan for a new experience. This study seeks to explore the experiences of Japanese nurses who chosen to work/study in NSW. This study also attempts to uncover the reasons and motivations for these nurses leaving their jobs in Japan to come to Australia to work as RNs. Therefore, the purpose of this qualitative research study was to investigate the experiences of Japanese nurses as told and lived by 14 Japanese informants who have practiced nursing in Japan and sought registration and practiced as registered nurse in Australia.

Aim of the study

The aim of the study was to discover, describe and analyse the experiences of 14 Japanese nurse informants as told and experienced by them. The study used open-ended questions guiding naturalistic interviews. Analysis of qualitative findings using verbatim descriptors by the informants was utilized in the study findings. The purpose was to develop transcultural nursing knowledge and/or culture-specific knowledge. This was in relation to the experiences of Japanese nurses working in Australia, in order to inform the community of nurses in Australia and other countries.

Significance of the study

The study has significance for professional nurses worldwide and Japanese nurses registered in Australia. Knowledge of shared experiences of Japanese nurses as told by Japanese informants is significant. It is important that nurses possess transcultural knowledge in order to be respected by colleagues. The findings of the study will pave the way for shared understanding of cultural values, beliefs and practices. Also, this is the first research study reporting discoveries relating to Japanese nurse registered and working in Australia.

Domain of inquiry

The domain of inquiry for this study was the experiences of Japanese nurses in Japan and their journey to become registered and working as nurses in a diverse practice setting within Australia. The following research question was used to guide the study through new discoveries of the experiences as described in verbatim statements by 14 Japanese nurse informants.

In line with the purpose of the study, one major area of questioning was pursued in order to investigate their experiences. It is;

What are the studying and working experiences of Japanese registered nurses in NSW, Australia?

3.2 Research Design

This study attempted to assess participants' understanding and perception of their reality and explored these by interpreting the data elicited from the research question. A qualitative research approach was considered suitable for this study, as all qualitative research aims to understand some part of the human experience (Donalek 2005; Giacomini & Cook 2000, 2004). It is an area where 'little is known about a topic' (Closs & Cheater 1999; Rusinová et al. 2009) and the research question is 'attempting to generate exploratory or descriptive knowledge' (Draper 2004, p. 77; Sandelowski 2004). Qualitative research assumes that the understanding of individuals based on

their previous experiences and personal beliefs influences the meaning of their current experiences. Hence those who have the experiences are the most informed about the experience, as opposed to positivism which is based on the assumption that the truth can only be established objectively (Ellis & Crookes 2004, pp. 53-54). This study explores human experiences and individuals' interpretations of these through the collecting of data from the perspective of several Japanese registered nurses in NSW, Australia.

3.3 Ethical considerations

Prior to commencing data collection for this study, ethical approval was required from the University of Wollongong. An application to undertake research involving human participants was completed, and this was approved on the 10th of April 2008. The application included information relating to the aim, purpose, method, a chief researcher and perceived ethical considerations of the study. The approval letter is attached (see Appendix A).

Participation in the interview was totally voluntary and there was no coercion or incentives given for people to participate. The chief researcher contacted the prospective participants who volunteered their participation after being recruited informally through social Japanese networks. The chief researcher explained in individual meetings with the participants about the purpose of the study, expectations of the potential participants and provided ethical information regarding the interview using a participation information sheet (see Appendices B & C). Participants also had the process explained in written form, in particular that they were freely able to withdraw their participation at any point and in that case their data would not be retained.

The prompted questions were carefully planned to avoid interviewee embarrassment and emotional disturbance. Participants were made aware that they were free to provide as much or as little information as they wished. It was clearly explained that all interviews would be recorded and that participants could ask for the tape-recorder to be turned off at any time during the interview. The audiotapes were used only for analysing the data. Since interviews were conducted in Japanese, translation from

Japanese to English was needed. To prove the validity of the translation, one Japanese translator with an academic background spot checked some parts of the transcription where no personal information was identified whilst listening to the relevant tape(s). To protect interviewee's anonymity, names and places that were likely to reveal a person's actual identity were changed. All of the measures covered above were intended to protect participants' privacy and rights were written on the information sheet which was handed to all participants. Voluntary, informed consent was obtained by a written form after explanation to all participants (see Appendices D & E).

All data, materials and written notes related to this study were stored on a password-protected computer and in a locked filing cabinet in the researcher's office at the University of Wollongong. Thus confidentiality and anonymity was assured.
All tapes and materials related to the research will be held in confidence in the locked cabinet within the researcher's office. The data will be destroyed after five years.

3.4 Data collection

This section describes how the data in this study was collected. Selection criteria were used to determine the target population. The data collection process, selection of informants methods, the appropriateness of number of informants and usage of semi-structured interview are also discussed.

3.4.1 Selection criteria for informants

This study is interested specifically in the experiences of Japanese registered nurses in NSW, Australia. Therefore, being a Japanese registered nurse practicing in NSW is the essential criteria for inclusion in the study. Selection criteria define an eligible target population that will be likely to provide information in response to research questions (Burns & Grove 2005, p. 342). The following inclusion criteria were used to recruit participants in this study:

Japanese nurses with work experience as a registered nurse in Japan (the length of

nursing experience was not a criteria); and
Japanese nurses with study experiences in Australia; and
Japanese nurses previously or currently employed in the NSW health sector (the length of nursing experience was not a criteria); and
Being able to speak English; and
Willing to participate in the study.

Following the completion of the recruitment process which considered all of the inclusion criteria above, 15 Japanese registered nurses agreed to participate in the interview process.

3.4.2 Data collection technique

As mentioned above, the purpose of this study was to explore the experiences of Japanese nurses who have chosen to study and/or work in NSW, Australia, hence, a purposive sampling frame (Burns & Grove 2005, p. 352; Polit & Beck 2004, p. 306) was used for data collection. In purposive sampling, researchers select subjects who are likely to provide information about their experiences in the area being studied (Burns & Grove 2005, p. 352; Polit & Beck 2004, p. 306; Russell & Gregory 2003). In this study, the targeted sample was Japanese registered nurses who met the above inclusion criteria. Volunteers were recruited informally through social networks within the Japanese community, a Japanese migrant nurses group in Sydney and informal networks of Japanese migrant nurses in Wollongong. A recruitment letter (see Appendices F & G) distributed throughout social networks was the initial form of contact for possible participants. Further information about the research was provided to the group using emails and orally through social networks.

In this study, some prospective participants also introduced their Japanese nurse friends, thus a snowball sampling technique (Burns & Grove 2005, p. 353; Russell & Gregory 2003) can be seen to have been used for recruitment. Snowball sampling is used when it is difficult or impossible to find an appropriate sample in other ways and it has the advantage that it allows the collection of a sample that have common characteristics (Burns & Grove 2005, p. 353). By using a network sampling methodology, the sample

size was expanded in this study.

3.4.3 Sample size

In qualitative studies, adequate sample size is determined on the basis of informational needs (Corbin & Strauss 2008, p. 143). This is called 'saturation' (Corbin & Strauss 2008, p. 143), or 'saturation of data' (Burns & Grove 2005, p. 358). The sample size is deemed sufficient when saturation of information is achieved in the study area. At the point of data saturation, no new additional information is provided and redundancy of previous collected data is obtained (Corbin & Strauss 2008, p. 143; Burns & Grove 2005, p. 358; Giacomini & Cook 2004; Russell & Gregory 2003). In this case, collection of members of the sample population continued until no new data was being obtained. A total of 14 Japanese registered nurses were interviewed from the 15 Japanese registered nurses who originally agreed to participate in the interview process. The researcher contacted each of the participants individually and arranged the interview time, date and place. Because the content of the interview is likely to be affected by the setting the interview time; date and place was flexible (Britten 1995). One participant who had originally agreed to participate in the interview in the event could not participate due to changes in her personal situation.

3.4.4 Semi-structured interviews

The research was conducted through individual semi-structured interviews with Japanese registered nurses in NSW, Australia from April to June in 2008. Interviews are a commonly used method of data collection in qualitative research (Donalek 2005; Mathers & Huang 2004, p. 87; Burns & Grove 2005, p. 396; DiCicco-Bloom & Crabtree 2006). This study utilised individual interviews, rather than group interviews, in order to allow participants to express more personal experiences and perspectives, particularly on private topics (Giacomini & Cook 2004). Interviews were conducted at a time and place that was mutually suitable to the participants and interviewer (a chief researcher). Prior to conducting interviews, demographic data was collected by the use of a written questionnaire in order to document the range and variety of participants' backgrounds. It consisted of age, gender, years of nursing experience in Japan and

Australia, years of residency in Australia, the clinical areas of wards they were involved in previously or were involved in at the time of interview, the type of hospital (private or public) employed at in Australia and Japan, the number of beds in those hospitals in Australia and Japan and working shift patterns in Australia (see Appendix H).

Interviews of approximately one hour duration were conducted to seek information about Japanese nurses' experiences. To avoid imposing the interviewer's assumptions and to explore the interviewee's own framework of meanings, semi-structured interviews were considered to be suitable for this study as they allow the participants to more freely provide their answers (Britten 1995; Giacomini & Cook 2004). There were seven lead questions that formed the common core of the basis of this study's semi-structured interview process. All interviews began with the question, 'Could you please tell me why you left Japan?' Interviews were carried out with open-ended style to collect the subject data covering seven questions below. Further questions were then added throughout the interview relevant to the focus and progress of the individual interview process (DiCicco-Bloom & Crabtree 2006). The questions were developed in order to broadly cover the topic of the working and studying experience of Japanese registered nurses. The seven common questions asked were;

Could you please tell me why you left Japan?
Could you please tell me why you came to Australia?
Please tell me your experiences as a nurse in Japan.
Please tell me your experiences as a nurse in Australia.
What were the differences between your work experience in Australia and Japan?
Is there any gap between your expectation and your experiences as a nurse in Australia? Please discuss.
Please tell me your plans for the future.

All interviews were conducted in Japanese. One reason is that both the interviewer and interviewees were Japanese. Providing an atmosphere that enables participants to speak in their native language is considered to give the interviewee the opportunity to clearly explain their feelings, which they might only be able to express in their native language. Being interactive and sensitive to the language and concepts used by the interviewee is essential for qualitative researchers since they aim to explore what is being discussed

(Britten 1995). Using Japanese in the interview assured the Meaning in Context was conveyed. This 'data that has become understandable with different referents for meanings to the informants or people studied in different or similar environments' (Leininger & McFarland 2006, p. 77).

Each interview was audio-tape recorded under the agreement from participants on an AIWA V.O.R cassette recorder. Audio taping is important for evaluation of qualitative research since it records the data without missing out on some of the details (Mathers & Huang 2004, p. 88; Britten 1995). Giacomini & Cook (2004) also recommended in a guideline paper regarding qualitative research in health care, that taping and transcribing interviews is desirable because nonverbal behaviours such as 'breathing, pauses and changes in volume can provide valuable data that helps to elaborate the meaning of the spoken words'. Verbatim transcriptions were transcribed in Japanese with de-identification to ensure the confidentiality of participants.

3.5 Data analysis

This section describes how the data was analysed in this study.

Thematic analysis was used in order to find themes within data. Thematic analysis is a method for 'identifying, analysing and reporting patterns (themes) within data' (Braun & Clarke 2006, p. 79). The table 3 shows an outline guide through the phases of thematic analysis offered by Braun and Clarke (2006). Data analysis was conducted followed with the phases.

Table 3 Phases of thematic analysis (Braun & Clarke 2006, p. 87)

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

As mentioned previously, all interviews were conducted in Japanese. Tape recorded interviews were transcribed verbatim into Japanese by the chief investigator. Transcribing into written form is necessary in order to conduct a thematic analysis (Braun & Clarke 2006). Conduct of the transcription was carefully performed as listening to tone, inflexion, pauses and emotional expression, such as laughing, that might indicate the topic is emotional or important, as well as the content needs to be part of the transcription process (Burns & Grove 2005, p. 547). Tone, inflexion, pauses and emotional expression were described using symbols or words in the transcription. After careful reading, this Japanese transcription was translated into English by the chief investigator. After translating by the chief investigator, in order to test the validity of the translation, a Japanese translator with an academic background spot checked parts of the transcription where no personal information was provided. As a further check the Japanese translator of an academic background separately translated parts of the transcription into English. These two translations, by the chief investigator and the independent translator were then compared by two native English speaking supervisors. There were few differences identified between the two translations. The reliability of the interview translation was maintained through these procedures.

When translating from Japanese to English, the chief researcher found some Japanese

words and expressions that were peculiar to Japanese culture to be difficult to translate. Hence, those sentences were translated by context.

Then, the chief investigator read and re-read the translated data until they familiarized themselves with the data (Braun & Clarke 2006). An initial list of ideas about what is in the data and what is interesting about it was generated by reading and re-reading the data (Braun & Clarke 2006). Because of the free translation, coding, which is 'extracting concepts from raw data and developing them in terms of their properties and dimensions' (Corbin & Strauss 2008, p. 159), was conducted content by content, rather than word by word.

To organize the data, computer software, NVivo was utilized. NVivo is a data management tool that assists qualitative researchers in undertaking an analysis of qualitative data by offering efficient methods for storing, organizing, and retrieving qualitative data (Bazeley 2007, p. 2; Giacomini & Cook 2004).

Although, initial coding the entire data set was conducted by the chief researcher to ensure possible coding consistency over the interviews, each coding and the coding process were checked by three supervisors, one of whom was a Japanese speaker. This evaluated and ensured inter coder reliability (Polit & Beck 2004, p. 575).

All data was initially coded and collated. Each code that was considered to be important and have interesting features was extracted and sorted. Sorted codes formed groups by linking similar meanings. Using mind–maps and writing the name of each code on separate piece of papers was conducted in order to organize them into theme-piles (Braun & Clarke 2006). Two researchers (one was the lead researcher of this project) were involved in this process, examining the eligibility of the relationships between groups.

Several potential themes were extracted by repetition of the forming groups procedure. These potential themes were examined for relationships, and then nine sub-themes, three themes and a main overarching theme, adaptation processes of Japanese registered nurses coming to Australia, were extracted.

After this process, reviewing and refining themes and sub-themes was attempted. All the collated extracts for each theme were re-read in order to check forming a coherent pattern (Braun & Clarke 2006).

Despite use of content by content method, because of culture-specific Japanese expressions, it was necessary to return to Japanese transcription to assess the real meaning of the participants' expressions. In qualitative research, analysis of the collected data requires multiple reconstructing procedures of existence among sets of data (Shin, Kim & Chung 2009). In turn, checking the original Japanese transcription was attempted in order to examine a coherent pattern. As a result, one sub-theme was discarded, leaving eight sub-themes. Modification of the overarching theme and three themes was not produced by re-examination. Then, a 'thematic map' of analysis was generated in order to consider the validity of individual themes and sub-themes in relation to the data (Braun & Clarke 2006). It also helped considering 'whether the thematic map accurately reflects the meanings evident in the data set' (Braun & Clarke 2006, p. 91). The final thematic map showed an overarching theme, three themes and eight sub-themes.

Analysis was ongoing by defining and refining in order to identify the essence of each theme and also determine the aspect of the data in each theme (Braun & Clarke 2006). Each individual theme was carefully re-examined whether it fit into the broader overall story about the data, and in relation to the research question (Braun & Clarke 2006). The relationship between each theme and sub-themes was also refined. Through the process of the analysis, overarching theme which is the adaptation processes of Japanese nurses coming to Australia, three themes; Seeking, Acclimatizing, Settling, (collectively named the 'S.A.S model'), were generated. Within each theme, eight sub-themes were identified: for Seeking the sub-themes were 'New/Different Experiences', 'Education', and 'Aspiration'; for Acclimatizing the sub-themes were 'Struggle', 'Strategies' and 'Aligning'; for Settling the subthemes were 'Aspects subject to change' and 'Reaffirmation of sense of self-worth'.

The findings and interpretations of the data were reviewed by supervisors including a Japanese mentor who has a doctorate and is involved in qualitative research. This established credibility refers to 'confidence in the truth of the data and interpretations of

them' (Polit & Beck 2004, p. 430).

The findings of this qualitative study can be transferable to other OQNs in other countries preserving particularized meanings, interpretations and inferences of the completed study (Leininger & McFarland 2006, p. 77).

In summary, this chapter presents the purpose of this study and a research question used in order to explore the experiences of Japanese registered nurses. Then the research design, which is based on a qualitative research approach, and the ethical considerations of the research were presented. In the data collection section, the screening criteria which defined the target population and the methods of selection of the subjects were demonstrated. The appropriateness regarding number of informants was also discussed. The data in this study was collected using semi-structured, open-ended interviews. Then, the thematic analysis was used to analyse the data. The data collected was transcribed first in Japanese and then translated into English. In data analysis section, the necessity of multiple attempts at coding was presented. This procedure developed coding potential themes and identified the overarching theme, three themes and eight sub-themes. These themes and sub-themes provide a full description of the participants' experiences and will be formulated in the following findings and discussion chapter.

CHAPTER FOUR
FINDINGS AND DISCUSSION

4.1 Introduction

This chapter describes the demographic data of the 14 participants in this study, and the theme and three sub-themes elicited from the data. It also demonstrates the findings from data analysis and discusses these findings in reference to previous literature. Firstly, in part 4.2. 'Demographic' section, the demographic data describes the characteristics of participants, showing how the respondents were varied, allowing a range of responses to be obtained from the sample despite a small sample number. Secondly, the main overarching theme and three themes that emerged from the data are presented in 4.3. 'The overarching theme and three themes' section. Lastly, the findings of the three themes and sub-themes in each theme are supported by direct verbatim descript of participants, and discussed in terms of previous literature in sections 4.4. 'Seeking', 4.5. 'Acclimatizing', and 4.6. 'Settling', which reveals features of Japanese nurses adaptation processes. In section 4.7., 'Conclusion' a summary is presented.

4.2 Demographic data

Fourteen overseas qualified Japanese nurses who have experience in studying nursing and/or working as a RN in NSW, Australia were interviewed. All participants had an RN qualification and working experiences as an RN (Registered Nurse) in health facilities at the time of the interview. Tables 4 to 12 show the demographic data of all participants in this study. Due to the small sample number, the demographic data demonstrates only the number of participants in each category. This is to protect the participants in this study from being identified. Similarly, pseudonyms are used in all quotations. Due to the small sample size, this study qualitative study does not seek to make claims based on representativeness.

Gender and Age

Table 4 shows the gender and age of participants in this study. Thirteen participants were female and one participant was a male. Since it was the aim of this qualitative study to explore the experiences of Japanese nurses who have study and/or work experiences in NSW, participants' gender was not considered a major issue. A snowballing sampling technique was used. As a result, only one male participated in the interview. The proportion of male employed Registered Nurses (RNs) was 9.8% in NSW and 8.0% overall in Australia according to the 2005 Australian Institute of Health and Welfare (AIHW) Nursing and Midwifery Labour Force Census (AIHW 2008). Similarly, a proportion of male RNs who were employed in the labour force as of the end of 2008 was 5.1% in Japan (Japanese Ministry of Health, Labour and Welfare 2009b). Given there is only one male participant in this study there is no real inference that can be drawn, but at 7.1% in this study it can be said that this percentage is slightly lower than the Australian and NSW rate, but slightly higher than Japanese rate. This study demonstrated the similar tendency within both Australian and Japanese statistics that the nursing is still a female-dominated profession. In fact, examination of the interview data showed no significant differences in their experiences between the 13 females and the one male, hence, the number of male and female did not apparently affect the result of this study. Pseudo-names which do not identify gender were allocated and all extracts from the male participant are indicated as 'she' so as not to specify this person by gender and thus possibly identify them.

Table 4 Study participants by gender

Gender by cohort	
Female	13
Male	1

The age of participants in this study ranged from 31 to 58 years, with a mean age of 39 years. Table 5 shows each number of participants in each 5 year age bracket. As shown in the Table 5, the age band for participants peaks in the late thirties (35-39 years old) with seven participants, which is half of the number of all participants, falling into this age band. The 30-34 year old age bracket is the second most common and three participants belonged to this band. Two participants were in their early forties (40-44 years old), one participant was in her late forties and another participant was in her late

fifties. From this, it can be said that the data covered a broad range of ages, although the number was skewed to one age group. In Australia, the average age of RNs was 45.1 years of age in 2005, slightly lower at 43.6 years old in NSW (AIHW 2008). On the other hand, the average age of Japanese RNs is younger than in Australia, at 35.9 years of age, although this was based on a sample survey by Ministry of Health, Labour and Welfare (2009a) in Japan rather than a census. In terms of age band categories in quinquennial groups, as of 2005 the peak age band in NSW was 45-49 years old (17.5%), the second highest was 50-54 years old (14.9%), then the 40-44 years old (12.7%) category (NSW health 2006). The number of the RNs decreases as the age bands lower in NSW (NSW health 2006).

Table 5 Study participants age cohort

Age by cohort	
30-34 years old	3
35-39 years old	7
40-44 years old	2
45-49 years old	1
55-59 years old	1

In Japan, the highest percentage of RN labour force age band is younger than in Australia, being the 30-34 years old band (17.2%), and the second most common age band is 25-29 years old age band (16.6%), then this is followed by 14.9% in the 35-39 age band, 13.4% in the 40-44 age band, and 11.3% for the 45-49 age band in 2008 (Ministry of Health, Labour and Welfare 2009b). These surveys show that more Australian RNs aged from 40 years old to 54 years are employed in the health labour force, on the other hand, more Japanese RNs who are from 25 years to 39years work in health environment than other age bands. The average age of participants in this study is slightly higher than the average of Japanese nurses and younger than the average of Australian nurses. Most participants in this study worked as RNs in Japan for several years, then came to Australia. They went to school in order to learn English and to obtain an Australian RN qualification for several years and then became RNs in Australia. Hence, it is natural for their average age to be older than Japanese average.

It can be said that most participants in this study are relatively young in terms of the Australian RN labour force and given the age of that workforce they have to capacity to be part of the workforce for a relatively long time helping to address the nursing shortage problem in Australia.

Years of nursing experience in Japan and Australia and years of residency in Australia

Table 6, 7, and 8 demonstrates the characteristics of participants in this study in terms of their years of nursing experience in Japan and Australia and years of residency in Australia. Their time spent as RNs in Japan ranged from 2 to 14 years, with an average of 5.57 years. Half of the fourteen participants had from 5 to 9 years of work experience, five participants had less than 5 years of work experience while two participants worked as RNs more than 10 years in Japan (See table 5). According to a report concerning the intentions to return to nursing professions of inactive nurses (nurses who do not work) conducted by Japanese Nursing Association (JNA 2007), the average working years of inactive nurses is 10.8 years. However, almost a third of inactive nurses left their jobs after working 5 to 10 years. Almost a fifth of inactive nurses had work experience as nurses for less than 5 years and a fifteenth part of inactive nurses left after 10 to 15 working experience. Since participants in this study also left their nursing jobs in Japan, it is reasonable that they demonstrated similar tendencies to the report by the JNA (2007) regarding working experience in Japan.

Table 6 Study participants by years of nursing experience in Japan

Years of nursing experience in Japan by cohort	
less than 5 years	5
5-9 years	7
10-14 years	2

Table 7 below demonstrates the participants in this study's years of nursing experiences in Australia. At the time of the interview participants had been working as RNs, Midwives or Clinical Nurse Educators (CNEs) in Australia for periods ranging from 0.3 to 10 years, with an average of 4.14 years. Eight participants had less than 5 years of working experience in Australia, in particular five within these eight participants had less than three years of working experience in Australia. Other participants had been

working more than 5years in Australia at the time of the interview. In the NSW Health sector, the length of service in years of RNs is much longer. About 31% of RNs had 20-29 years of working experience, about 28% of RNs had 10-19 years of working experience and almost a fifth of RNs had more than 30 years of working experience as RNs (NSW health 2006). This relates to the issue of nurse aging, about 45% of RNs are over 40 years old in NSW as indicated above (Gender and age). The length of service, in years, of participants in this study in Australia is much shorter compared to the average of the survey by NSW Health (2006). However, when combining their length of service in years both in Australia and Japan, all participants had more than 5 years working experience and half of them had more than 10 years of working experience as RNs. It can be said that they have experience corresponding with their age. In addition, they spent time out of the workforce for the purposes of learning English and for obtaining RN qualifications, it is therefore natural for their working experience to be shorter than the average for Australian labour force RNs who are in the same generation as them.

Table 7 Years of nursing experience in Australia by cohort

Years of nursing experience in Australia by cohort	
less than 5 years	8
5-9 years	5
10-14 years	1

Compared to their length of service in Australia, their time residing in Australia was much longer. It ranged from 3 to 14 years, with an average of 8.59 years. Six participants had lived in Australia more than 10 years and five participants had lived in Australia more than 6 years at the time of the interview (See table 8). Almost half of the participants had more than a 5 year gap between their years of nursing experience in Australia and years of residency in Australia. Since most participants, (except one who came to Australia to become a RN as a way of migration from the beginning), came to Australia for studying English or taking academic courses, enjoying working holiday programme or family business, it seems quite probable that they spent their time with activities other than nursing.

Table 8 Study of residency in Australia by cohort

Years of residency in Australia by cohort	
less than 5 years	3
5-9 years	5
10-14 years	6

Several studies (Sonderegger & Barreet 2004; Alati et al. 2003) point out that length of stay in the host culture influences patterns of cultural adjustment or behavioural problem of children; the longer they would stay, the better they would adapt to their new environments. It is possible that their length of years of nursing experience in Australia and Japan and their years of residency in Australia may influence their experience in studying and working in Australia. However, this study focuses on Japanese OQNs' experiences rather than the relationships between the length of their working experience or residency and other experiences such as study. Hence, the difference in the length of years of nursing experience in Australia and of residency in Australia was not considered in this study. In fact, similar tendencies were extracted from the data of all participants regardless of differences in their length of working experience and residency in Australia.

These characteristics were documented to demonstrate that participants in this study have enough nursing life experiences to enable them to describe their experiences in Australia and Japan.

Academic background and the programme or course for obtaining RN qualification
All fourteen participants in the study were RN qualified. At the time of interview 10 of the study participants were working as RN's, one participant was a midwife and another participant was a CNE (Clinical Nurse Educator) (See table 9). The midwife and CNE participants had also worked as RNs previously and the other two participants who had RN qualifications did not work as an RN at the time of the interview. Inclusion criteria of participants in this study was that they were Japanese nurses who had nursing experience both in NSW Australia and Japan, hence, current occupation was not a criteria as long as they had working experience as RNs both in Australia and Japan.

Table 9 Study participants by speciality cohort

Speciality in Australia by cohort	
RN	12
Midwife	1
CNE	1

Three participants had Australian master's degrees and two had Australian post graduate diplomas. Seven participants had bachelor's degrees, six out of seven obtained bachelor's degrees in Australia through a conversion course at one of five Australian universities, and one had a Japanese bachelor's degree. As will be discussed in 'Seeking' section, obtaining academic degrees was one of the purposes motivating several participants in this study to come to Australia as they had difficulties obtaining academic qualification in Japan.

Table 10 Study participants by academic background cohort

Academic background by cohort	
Master degree	3
Post graduate diploma	2
Bachelor degree	7
Diploma of Nursing	2

Table 11 shows the programme or course undertaken to obtain RN qualification of participants in this study. Ten participants obtained their RN qualification by taking an Overseas Qualified Nurses and Midwives Assessment Programme held in the College of Nursing in NSW. Three participants entered a 1-year conversion course to obtain both bachelor degree and RN qualification at a university in NSW. Each of these three participants enrolled into a different university in NSW. One participant took a one-year conversion course, which was extended to two years after recommendation from her lecturer. This participant obtained both a bachelor degree and RN qualification at a university in QLD. Most participants chose an Overseas Qualified Nurses and Midwives Assessment Programme held in the College of Nursing because the duration of the course was much shorter, 7 weeks (some participants took the programme when it

was provided over 12 weeks), compared to a conversion course (1 year at the time participants enrolled) in universities. However, the conversion course attracted some participants because overseas qualified nurses (OQNs) obtained a bachelor degree as well as a RN qualification after finishing the course.

Table 11 Study participants by the programme or course for obtaining RN qualification cohort

The programme or course for obtaining RN qualification by cohort	
Overseas Qualified Nurses & Midwives Assessment Programme held in the College of Nursing in NSW	10
1-year conversion course for bachelor degree at a university in NSW	3*
2-year conversion course for bachelor degree at a university in QLD	1**

* Each participant went to the different university.

** The course was originally provided by one-year conversion course.

Clinical area of nursing in Japan and Australia

The number of participants in each clinical area is demonstrated in table 11. The clinical areas where participants in this study worked in Japan were medical, surgical, mixed medical and surgical, aged care, community health, critical care/emergency, family and child health, mental health, perioperative and other (outpatient, ophthalmology, teacher). In Australia, they worked in the following clinical areas; medical, surgical, mixed medical and surgical, aged care, critical care/emergency, mental health, midwifery, perioperative, rehabilitation/disability and other (educator) in Australia. These categories of clinical area follow the clinical categories introduced in the 2005 questionnaire of AIHW Nursing and Midwifery Labour Force Census, 2005 (AIHW 2008). It could be said that participants in this study have worked in variety of clinical areas. Within these clinical areas, medical and surgical areas are the most popular areas for participants in this study both in Australia and Japan. Table 11 displays a tendency; five participants had working experience in the critical care/emergency area and only one was involved in aged care in Japan, but in Australia, more participants (five) had worked in aged care area and less participants (two) worked in critical care/emergency area. Hawthorne (2001) found out in her survey that OQNs who are from a non-English speaking background (NESB) are likely to be employed in an aged care area rather than critical care/emergency area in Australia. This is because a quite high level of English ability is required for working in the critical care/emergency area, which can be one of the barriers for OQNs whose first language is

not English to work in those areas with colleagues equally in Australia (Hawthorne 2001). Another reason for OQNs with non-English speaking background within aged care may be due to a public health service preference for domestic (non international) staff.

Table 12 Study participants by clinical area of nursing in Japan and Australia cohort

12a: Clinical area* of nursing in Japan by cohort****		**12b: Clinical area*** of nursing in Australia by cohort****	
Medical	5	**Medical**	4
Surgical	6	**Surgical**	5
Mixed medical and surgical	2	**Mixed medical and surgical**	2
Aged care	1	**Aged care**	5
Community health	2	**Critical care/emergency**	2
Critical care/emergency	5	**Mental health**	2
Family and child care	2	**Midwifery**	1
Mental health	1	**Perioperative**	1
Perioperative	2	**Rehabilitation/disability**	3
Other (outpatient, ophthalmology, teacher)	4	**Other (educator)**	1

***These categories of clinical area follow the clinical categories introduced in the 2005 questionnaire of AIHW Nursing and Midwifery Labour Force Census, 2005 (AIHW 2008).

**** All participants have working experience in more than 1 clinical area.

As for the types of health facilities they have belonged to (this is not indicated in the table), fourteen public and private hospitals and nursing homes were mentioned as health facilities where participants in this study had work experience at in Australia. Four participants in this study had worked together at the same hospital as RNs. At the time the interview was conducted, three of them still worked together, although in different wards. Two worked at a public geriatric hospital at the time of the interview. Other participants worked at different hospitals at the time of the interview and one had worked at a nursing home as an RN. Several participants had worked at more than two health facilities.

The demographic data demonstrates some characteristics of the14 participants in this

study. As a whole, even though only 14 Japanese nurses participated in the interview, the demographic data shows the wide variety of participants' background. For example, it covered a broad range of age groups and varying lengths of work experience or residency in Australia. They had studied at a number of different colleges and universities. They also had worked at various health facilities and clinical areas. This study does not imply that it represents all Japanese nurses who have working experience as RNs both in NSW, Australia and in Japan. However, it can be claimed that their remarks are not confined to a narrow range of nurses in regards age, length of working experience and residency in Australia. Moreover, studying and working experiences described by informants were related to a variety of nursing schools and health facilities in NSW.

4.3 The overarching theme and the three themes

Thematic analysis identified the adaptation processes of 14 Japanese nurses coming to Australia, which is the overarching theme in this study. The three themes; 'Seeking', 'Acclimatizing' and 'Settling' will be expanded on in relation to the adaptation processes of participants in this study - fourteen overseas qualified Japanese nurses who obtained Australian RN qualifications who have experience working as nurses, in NSW, Australia. These represent the adaptation process of participants in this study through the periods before coming to Australia until the present. The adaptation process, 'Seeking', 'Acclimatizing' and 'Settling', describes how participants in this study adapted to the new and different environment.

These three themes are practically the phases of the adaptation processes, which are not mutually exclusive, and the process is not necessarily uniformly linear. Three phases were collectively named the S.A.S model. The S.A.S model is a conceptual model for describing the adaptation processes of 14 Japanese nurses coming to Australia. Figure 1 presents the concept of the S.A.S. model. Fourteen Japanese nurses were adapting into their new environment in Australia and passing through this model.

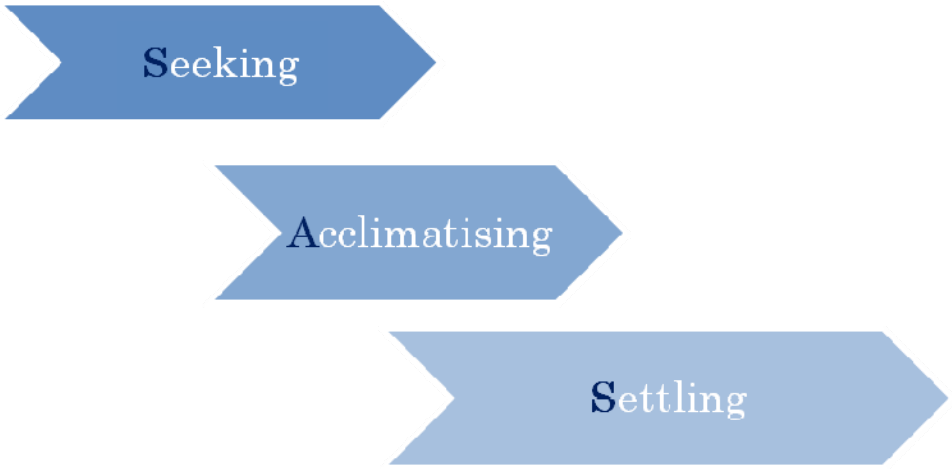

Figure 1. The S.A.S model-adaptation processes of 14 Japanese nurses coming to Australia

Each theme (phase) has several sub-themes. They are discussed with direct verbatim quotations from participants' interviews and is compared to previous literature in the next section.

4.4 Seeking

Three components of the first theme (phase), 'Seeking', were revealed through the examination of the data of all participants in this study in relation to their 'Seeking' behaviours. In the 'Seeking' phase, most participants had experienced difficulty in continuing work as nurses in Japan for several reasons. They described several push factors explaining why they decided to move out from Japan, which can be categorised as 'New/Different experiences', 'Education' and 'Aspiration' that together compose the sub-theme, 'Seeking'. Each sub-theme has components which are demonstrated in Table 13. All participants mentioned more than one reason for deciding to go abroad.

Table 13 Theme one - Seeking

Theme (phase)	Sub-themes
Seeking	New/Different Experiences Stressful working environment Unsatisfactory working conditions Unhappy relationships in the work place Personal renewal
	Education Better education opportunities for career development Studying English
	Aspiration Longing to experience overseas life

4.4.1 New/Different experiences

Twelve out of fourteen participants left Japan to seek new or different experiences. The first sub-theme under Seeking, New/Different experiences, is concerned with a coping strategy in which participants made up their mind (in this case to go to Australia) as a result of stressful situations. The stressful situations that participants experienced included being in a 'stressful working environment', experiencing 'unsatisfactory working conditions', an 'unhappy relationship in the work place' and the desire for a 'personal renewal'. These describe the factors which prevented participants from the fulfilment of their needs/ambitions in their previous environment and also lead them to seek new and different experiences.

Stressful working environment

Six out of fourteen participants mentioned that a stressful working environment was one of the factors that led them to their decision to resign from their job and move abroad. Three out of these six participants recalled their stressful working experience at NICU (Neonatal Intensive Care Unit) or at ICU (Intensive Care Unit) in Japan. The following two extracts, which are also representative of another participant's comments, describe how participants felt stress in those environments and that made them tired.

> *Well, I was exhausted with my work [so I left my job and left Japan]….I worked for NICU (Neonatal Intensive Care Unit), which provides intensive care. It was a very stressful atmosphere. All staff in NICU worked in a big room, surrounded by electric medical gadgets, which gives you a sense of being cramped in. Yes, it was a kind of isolation ward (Momoko, p. 1 line 17-18, p. 3 line 33-36).*

> *[I left my job] because I was exhausted with my nursing job…..[I was exhausted] because I was so busy at work. I worked at ICU for three or four years, it was really busy.....I think I worked at ICU, but I could hear the beeping sound even after I went back home. So I think I always felt tension in my work place (Aoi, p. 1 line 17, 47-49, p. 13 line 15-16).*

Momoko and Aoi mentioned they left their jobs and decided to go overseas because of the stressful work environment in emergency units. Momoko was severely stressed by the atmosphere created by having many medical monitoring devices surrounding her as well as the hardness of the work itself. Aoi mentioned that persistent sounds of monitors beeping in the background made her continually experience auditory hallucinations of heart beat monitors even when she went home. A phenomenological study conducted by Hass, Coyer and Theobald which observed eight London ICU nurses found three common themes shared among the participants, these are; 'lack of confidence', 'deskilling' and 'feeling of isolation' (Hass, Coyer & Theobald 2006). Nurses who work in these units are expected to possess high levels of knowledge and skill to treat patients in serious condition. In addition, these units are usually closed, not open as other wards are, which possibly makes staff feel isolated. It appears quite likely that a stressful working environment in ICU has led nurses to feeling stressed and exhausted.

A stressful working environment is not restricted to working in an ICU or NICU. Two participants who were working in general wards felt frustration and stress because of the chaotic atmosphere, as shown in the following example. Kaede's extract is also representative of another participant's comment.

> *...And what I felt the most [frustrated about] was, I really wanted to provide as much care as I could to patients, but I could not give any because I was too busy. After all, I was disappointed [in] myself because I could not provide any sufficient care. I became depressed thinking things like, 'I am not suited for nursing' (Kaede, p.2 line 9-13).*

Kaede felt she could not provide sufficient care to patients, which made her feel frustrated. She felt not only frustration but also felt disappointment with herself which led to loss of her confidence as an efficient care provider. This situation is not limited to Kaede's opinions. According to a study conducted by the Picker Employee Questionnaire amongst many nurses (N=2,880) in 20 London hospitals (19 acute general hospitals and 1 specialist hospital) it was reported that the standard of care nurses provided was perceived as unacceptably poor by those nurses, which influenced their decision to leave their current employer (Reeves, West & Barron 2005). A stressful working environment, especially one in which nurses perceive they can only provide sub-standard care to the patients, is likely to urge nurses to leave their jobs.

A busy stressful working environment makes participants start having doubts about their working life as Aoi mentions below.

> *A high workload made me very busy, and moreover I felt like I was always pushed for time. I think I could reduce my stress by going for drinks or karaoke after work, but it didn't satisfy me. Or, I thought, "What am I doing?"…..So [it's] not that I had any problems at work, I found that I had nothing but [my] job in my life. (Aoi, p. 2 line 1-3, 7-9).*

Aoi mentioned that even though she enjoyed her 'after-work' life, she never had a sense of fulfilment in her life in Japan. She always felt time pressures that reduced her feeling of enjoyment in her life and this led her to question the issue of life's meaning.

Coomber and Barriball (2007) reviewed research literature concerning job satisfaction, intent to leave and turnover of hospital-based nurses. They concluded dissatisfaction with the work environment was the most important factor relating to nurses' turnover intentions. The ICU or NICU environment where it is closed and surrounded by medical gadgets, or a busy working environment causes much stress. In this study, the busy, stressful working environment made some participants tired or anxious about their working life, so they found it difficult to continue working as nurses in Japanese hospitals and hence they decided to change their circumstances by leaving Japan.

Unsatisfactory working conditions

Four participants responded that dissatisfaction with working conditions or management was the trigger for making the decision to resign from their job. Working conditions included wages, shift work, workload, nurse-patients ratio, nurse staffing, or welfare, such as annual paid holiday (Japan Nursing Association (JNA) 2007). Unsatisfactory working conditions that participants in this study mentioned were inflexible shift work, overtime work between day shift and night shift, and bad management. Three extracts in the following represent another participant's remark.

> *I think I had some dissatisfaction [with my working conditions]. You can find a nursing job as a part timer easily here in Australia, while there was only full time work in Japan. I also had to work three shifts. I think I was constantly tired (Momoko, p. 3 line 44-45, p. 4 line 1-2).*

Momoko complained about the inflexible working style in Japan, in which only full time work was offered. In fact, part time work is also available in Japan, however graduates are usually employed as full time workers. This is mainly because there is a big difference in the treatment of wages or guarantees between part time and full time nurses in Japan. In addition, as Momoko mentioned above, there were few public hospitals which hired nurses who wished to work only two or three days of the week at the time that Momoko worked in Japan. Hence, many registered nurses had to manage their private lives after they had babies and many of them decided not to return to work as nurses again (JNA 2007). Inflexible working style is now identified by the Japanese Nursing Association (JNA 2007) as one of the factors that prevent many non-working nurses from coming back to work. The JNA has started to work with hospitals on changes to offer more a flexible working style since 2007 (JNA Website 2007-2009).

Momoko also mentioned above that she was discontented with the three shift work pattern. JNA (JNA website 2007-2009) also began suggesting from 2007 that Japanese hospitals should introduce a variety of shift patterns which suit the working system in each ward. As for job stress and job satisfaction, Hoffman and Scott (2003) concluded that there was no significant variation in stress and satisfaction by shift length (8 hours and 12 hours) among 208 hospital-based registered nurses in the U.S.A. analysed using a descriptive cross-sectional research design. However, if another factor coincides with

the shift pattern issues, as Kaede reveals in the following extract, shift pattern possibly affects nurses' job satisfaction.

> *Well, new graduates never finish work on time, do they? [I always went home] around seven or eight o'clock [at night], and then came to hospital for night shift work. I used to go to hospital earlier for night shift because I had worries [about my work]. So I went to hospital earlier and prepared for intravenous drip, nebulizer or everything that junior nurses were required to do. [When I worked for both day shift and night shift], it was like I had two hours for rest at home and went to work again. Physically, it was really tough (Kaede, p. 2 line 20-24).*

As Kaede mentioned above, since the intermediate time between day shift and night shift was short, if she could not finish her day shift work on time, she had to work overtime and that reduced her rest time at home, which made her more tired. The issue of work overtime was addressed by most participants in this study as one of the serious issues for many Japanese hospitals. In fact, only two out of fourteen participants had no experiences of having to carry out overtime work constantly when they worked as nurses in Japan; one worked in the operation room where she did not have to work overtime and another said no overtime work was required when she worked about thirty years ago in Japan.

Literature by several authors reported that overtime work was an important factor in increased burnout and job dissatisfaction (Bratt, Broome & Lostocco 2000; McNeese-Smith 1999; Davidson et al. 1997). Bratt, Broome & Lostocco (2000) conducted a cross-sectional survey in a sample of 1973 staff nurses working in paediatric critical care units in 65 institutions in the U.S.A. and Canada to explore the influential variables in job satisfaction. They found several factors including overtime had influence on nurses' job satisfaction (Bratt, Broome & Lostocco 2000). McNeese- Smith (1999) conducted semi-structured, taped interviews with 30 staff nurses and analysed these by content analysis. She identified that feeling overloaded was one of the greatest influential factors in job dissatisfaction (McNeese-Smith 1999). Davidson et al. (1997) also pointed out that too great a workload was the most important determinant of low job satisfaction in their longitudinal survey of 736 hospital nurses in one United States' hospital using Hinshaw and Atwood's and Price and Mueller's scales (Davidson et al. 1997). Working overtime is also a big issue in Japanese hospitals. A 2005 survey by

the Japanese Nursing Association (JNA) showed that more than eighty percent of full time nursing personnel reported working an average of 14 hours 44 minutes of overtime each month (JNA News Release 2006a). Overtime work is one of the strong factors causing job dissatisfaction which spur nurses to leave their jobs, or even leave their nursing careers. Participants in this study also demonstrated that overtime work causes tiredness which can lead to job dissatisfaction and lead them to leave their nursing job in Japan.

Another unsatisfactory working condition in Japan pointed out is bad management, as Kasumi mentions below.

> *We were forced to conduct research....in our private time, not in our working time.....but there was no atmosphere to make use of the effective results, even though I suggested it. So I began doubting the meaning of conducting research in my private time. I thought if we were forced to conduct research just for establishing a hospital reputation, it was completely meaningless. I worked fulltime job, which was eight hours and I had to work overtime everyday, but nothing changed, in spite of having no private time. I was stuck with this unchangeable situation (Kasumi, p. 1 line 22-33).*

Kasumi began doubting managers' reasons behind pushing staff to conduct research in their private time. She also mentioned that she worked overtime everyday and had to conduct research that was never rewarded in her private time. She seemed to lose her dedication to work which made her decide to leave her job in the hospital. A qualitative study conducted by Newman, Maylor & Chansarkar (2002), based on 130 nurses and midwives interviewed in four London Trust hospitals, revealed that poor management was ranked as one of the four most important sources of job dissatisfaction in all four Trusts. Dissatisfaction with management style also inspired nurses to leave their jobs and to change their circumstances.

Arduous working conditions, such as inflexible working style and overtime work, or bad management causing excessive workload and tiredness led participants in this study to experience job dissatisfaction and leave their nursing jobs in Japan.

Unhappy relationships in the work place

Unfavourable relationships in the work place prompted three nurses to resign from their jobs. Their extracts in the following represent another participant's comment.

> *[I wanted to leave the hospital because] I was displeased with the head nurse in my ward (Sakura, p. 1 line 20).*

> *It was a painful experience for me, especially [my] relationship with other staff when I worked in Japan (Momoko, p. 2 line 8-10).*

Sakura and another participant indicated that they had conflicts with their boss. Momoko could not establish good relationships with other staff members. Both participants did not mention the details of what caused their unhappy relationships in the work places. For them, unhappy relationships in their work places was the main factor in their decision to leave their jobs. Some studies also found that unfavourable relationships led nurses to leave a hospital or even the speciality. More nurses expressed that an unhappy relationship with their boss, colleagues or doctors was one of the reasons for their decision to leave, rather than dissatisfaction with long shifts or overtime work according to a 2006 survey by the JNA (2007). In Australia, a self-administered questionnaire study using three study instrument scales (Job Satisfaction Scale, Burnout Scale and Intent to Leave scale) and open-ended questions was conducted on a sample of 243 oncology/haematology nurses in 11 Queensland health care facilities. The respondents who were thinking of leaving answered that 'Conflict with the supervisor or the staff' was the most frequently given reason for them to intend to leave their speciality when they were asked their reason for leaving (Barrett & Yates 2002). For some participants in this study, unfavourable relationships in the work place also made them decide to leave their jobs and change their circumstances.

Personal renewal

These stressful work experiences that participants mentioned above led some participants in this study to feel like attempting a refreshing change to their circumstances. Five participants said they went abroad to change their circumstances as Sakura and Aoi mentioned below.

> *I chose to study abroad [rather than going to a masters program in Japan] because I wanted to change my circumstances immensely (Sakura, p. 1 line 27-28).*
>
> *I thought I would go abroad in a holiday mood…..combined with studying English for about half a year. I was going to do something else rather than nursing. I wanted to take an occasional rest from work and life as well (Aoi, p. 1 line 17-18, 21-23).*

Sakura and Aoi mentioned they chose a trip abroad, which was a new experience for them, as the best way to change their circumstances immensely.

When they thought they needed to refresh themselves, the working holiday programme[1] was one of the practicable choices to provide them with opportunities to change their circumstances. Five out of fourteen participants left Japan with working holiday visas. As Tsubaki and Yukari mention below, the working holiday programme drove them to decide to go abroad and also offered them good opportunities to refresh themselves.

> *The length of a working holiday was one year, so I thought I could come back and work as a nurse again one year later. I did not take it so seriously. If the length of a working holiday was three years or five years, I am sure I would have never thought about working holiday. But I felt one year was short term for a 25 year old, I could work in a year, I did not take it seriously (Tsubaki, p. 1 line 52-53, p. 2 line 1-3).*
>
> *My husband and I found the working holiday system, so we agreed to go abroad together. …I didn't have [any dissatisfaction with my work] at all. ... I came here [to Australia] to do other things (Yukari, p. 1 line 17-18, p.4 line 12, 16).*

The working holiday programme is an incentive to attract people to a particular country for people who wish to experience staying overseas. It started between Australia and Japan in 1980, between New Zealand and Japan in 1985 and between Canada and Japan in 1986. The working holiday program is currently still in place (The Ministry of Foreign Affairs of Japan 2008). When participants in this study thought about a

[1] Working holiday programme; The Working Holiday and Work and Holiday programs encourage cultural exchange and closer ties between arrangement countries by allowing young people to have an extended holiday supplemented by short-term employment. Japan started this programme with Australia in 1980 (Australian government Department of Immigration and citizenship and Ministry of Foreign Affairs of Japan).

working holiday, these three countries were only the option. The Working holiday programme gives people an opportunity to travel abroad easily, and people tend to choose the countries which provide a working holiday visa.

As has been noted, people usually have a feeling of wanting to change their life when they are dissatisfied or have doubt about their present life. Half of the participants in this study left their jobs and Japan in order to change their life. This occurred when they were dissatisfied with their working environments, working conditions or relationships in the workplaces. The Japan Nursing Association (1994, cited in Kudo et al. 2006) revealed that the main reason for Japanese nurses' resignation is job dissatisfaction. The greater the degree of job dissatisfaction, the larger the turnover of nurses becomes or intention to leave increases. Several studies have been conducted on the relationship between job dissatisfaction and turnover, and identified contributing factors (Castle, Engberg & Anserson 2007; Cowin 2002; Gardulf et al. 2005; Nakayama & Noshima 2001; Ohara et al. 2004; Shader et al. 2001; Strachota et al. 2003). Shader et al. (2001) conducted a cross-sectional survey research using questionnaires aimed at examining the relationship between work satisfaction, stress, age, cohesion, work schedule, and anticipated turnover in 12 units in a 908-bed academic medical centre (N=241). They found an association with more job stress, lower work satisfaction and higher anticipated turnover (Shader et al. 2001). A study about association of job satisfaction and turnover of nursing home administrators (N=696) in New York and Pennsylvania in the U.S.A, by Castle, Engberg & Anserson (2007) identified job satisfaction as being strongly associated with actual turnover by conducting a questionnaire survey using six job satisfaction subscales. A longitudinal study using a questionnaire survey of two groups of nurses (experienced nurses, N=528, and new graduated nurses, N=506) in NSW, Australia, highlighted the idea that job dissatisfaction was associated with the problem of nursing shortage (Cowin 2002). In a study of 833 nurses, Gardulf et al. (2005) revealed the reasons of 604 nurses for intending to leave their jobs at a university hospital in Stockholm in Sweden. According to their survey, using two work-environment questionnaires (Quality Work Competence and Huddinge University hospital Model Questionnaire), most nurses (97%) who were going to leave revealed some dissatisfaction with their working conditions, such as salary and stressful work (Gardulf et al. 2005). Strachota et al. (2003) uncovered reasons that led both novice and experienced registered nurses from a

variety of nursing units to leave their jobs or change their employment status in three Midwestern health system in the United States by interviewing with open-ended questions (N=84). It was found that half of the interviewees left or changed their jobs regardless of year of nursing experience because of dissatisfaction with working conditions (long work hours, no flexibility working style).

In Japan, Ohara et al. (2004) used a questionnaire survey to reveal that the nursing staff in a certain hospital who intended to leave, had significantly more dissatisfaction with the management system, autonomy, or their career status than those who intended to remain in the hospital. Ohara et al.'s study employed Stamp's Measurement of Working Satisfaction and other original scales (Biographical questionnaire, Retention Possibility Scale and Career Awareness Scale) (N=256). In their job satisfaction study of four hospitals in two urban areas and two rural areas, Nakayama and Noshima (2001) also found that nurses who intended to leave their jobs had less job satisfaction than those who intended to remain in their employment. They conducted a questionnaire survey consisting of six original scales (Biographical questionnaire, Management System Scale, Relationship in work place Scale, Speciality Scale, Self-Fulfilment Scale and Job Satisfaction Scale) which were modified after a pre-survey test to explore nurses' intention to retain their jobs and job satisfaction and to develop measuring scales (N=1,046). Since most studies were conducted within a limited geographic area using few hospitals, or small sample sizes, this may have skewed the results which were slightly different between each study. However, similar factors including management style, lack of autonomy, low salary, job stress due to heavy workloads or long work hours, difficult relations in the workplace and low professional status were found to affect job satisfaction in each study. The factors of job dissatisfaction that correlated with turnover, as demonstrated by participants' experiences in this study are job stress due to heavy workloads or long work hours, difficult relations in the workplace and management style, which show a similar tendency with previous studies.

From the literature above, since job satisfaction is strongly associated with job turnover, it is possible to make assumptions that the percentage of turnover rate could increase when the percentage of job dissatisfaction rate increases. The following two surveys demonstrate the percentage of job dissatisfaction rate of six countries. The questionnaire survey conducted by the International Hospital Outcomes Research

Consortium reports the percentage of job dissatisfaction rate of registered nurses who worked in 711 hospitals in five countries; 41% in Pennsylvania (N=13,471), U.S., 32.9% in Canada (N=17,450), 36.1% in England (N=5,006), 37.7% in Scotland (N=4,721) and 17.4% in Germany (N=2,681) (Aiken et al. 2001). In Japan, according to an international comparative study conducted by Professor Kanai-Pak's research team collaborating with the University of Pennsylvania Research team, using the questionnaire of the 'Pennsylvania Registered Nurse Survey' made by Aiken et al. (2001), the rate of nurses who are dissatisfied with their present job in Japan was 59.6% (N=5,956) (Izukami 2007), which showed Japanese nurses have higher job dissatisfaction than other countries.

Every country faces a nurses' shortage problem and the struggle with the questions of how to retain and recruit nurses is a pressing matter (ICN 2004; Zurn, Dolea & Stilwell 2005; Baumann 2007). Improving nurses' job satisfaction would help to solve a nurse's shortage. To improve nurse's job satisfaction, taking the idea of 'Magnet hospital' will be necessary for each facility. The term 'Magnet hospital' derives from an American Academy of Nursing (AAN) study that examined forty one facilities that were distinguished by high nurse satisfaction, low job turnover, low job nurse vacancy rate and a good reputation for providing high-quality care (Trossman 2002; Havens & Aiken 1999). Since then, it used to refer to 'a facility that is able to attract and retain a staff of well qualified nurses and consistently provide quality care' (Baumann 2007). Australia also tries to utilise this idea and apply the American criteria of a 'Magnet hospital' to Australian health facilities. This is conducted through some modification to fit the context of Australian heath facilities (Joyce & Crookes 2007; Middleton et al 2008). The facilities that were recognized as a 'Magnet hospital' provide organizational support that gives empowerment to nurses to utilise their professional knowledge and skills for the patients. It also provides the employees with good working conditions including a flexible working style. A magnet hospital offers good compensation, autonomy, the involvement of nurses in defining their work environment, and basic and continuing education (Havens & Aiken 1999). If participants in this study worked in Japanese hospitals which provided some features that a 'magnet hospital' have, it is possible that they may not leave their nursing job in Japan because of job dissatisfaction.

It also can be stated that participants in this study were stressed with their work situation

in Japan. Chang et al. (2007) explored nurses' stress or burnout by a postal survey consisting of a demographic questionnaire and other scales (the Nursing Stress Scale, the WAYS of Coping Questionnaire and the SF-36 Health Survey Version 2). Chang et al. (2007) concluded more stress in work places increases mental health problems and negatively impacts on physical health. Stress and burnout are an ongoing problem, which causes shortages of nurses all over the world. Dissatisfaction with their work, job stress or doubts about their life result in a life crisis prevent nurses from remaining in the nursing profession. When a person encounters a life crisis, most of them try to 'adapt, defend, master or cope' (White 1976, p. 17), if they fail to do this they end up becoming sick mentally or physically. Life crisis is 'a transitional period' or 'turning point' for individual growth as well as increasing danger of mental disorder (Moos 1976, p. 13). The data demonstrated participants in this study tried to cope with their life crisis. During their transitional period or turning point, they attempted to overcome the problem by going abroad.

Coleman (1979 p. 135) stated that there are three types of psychological stress reactions, one of which is 'learned task-oriented stress reactions' aiming at coping directly with the stressor, which is composed of 'attack, withdrawal and compromise'. 'Withdrawal' consists of 'escape' and 'avoidance' which is sometimes the best or only way to deal with frustrating situations (Coleman 1979, p. 141). Coleman (1979, p. 143) delineated three characteristics of 'withdrawal'; 'admitting defeat' in which the individual admits the situation is too difficult to achieve his/her goal so he/she does not wish to pursue it, 'leaving the field' which refers to physical or psychological withdrawal from the stressor, and 'establishing a new direction' which involves changing the goals to more appropriate ones. For some nurses, seeking new or different experiences can be identified by 'withdrawal', 'establishing a new direction' and in particular 'leaving the field'. These are a result of a reaction to a stress or life crisis.

From another point of view, Lazarus (1993) identifies two responses of coping style; 'Problem-focused coping' and 'Emotion-focused coping'. 'Problem-focused coping' aims at reducing or eliminating the stressor to solve the problem of the surrounding environment or oneself by modifying person-environment realities, such as defining problems, collecting information, planning solutions and execution. 'Emotion-focused coping', on the other hand, is usually used when the situation is uncontrollable and aims

at reducing stress with emotional distress by distancing and denial instead of changing it (Lazarus 1993). With regards to participants in this study it is possible to say that they tried to change their environment by going abroad, hence it can be said they used 'Problem-focused coping' and left their previous environment for a new or different environment.

Seeking a new and different environment because of an unsatisfactory working environment (including working conditions and relationship in work places) is one of the strong factors contributing to participants in this study making the decision to leave their nursing jobs. In order to refresh themselves, these nurses in turn moved out of Japan. Education is another important factor in assisting the participants' decision to leave their jobs, and this will be discussed in next section: 'Education'.

4.4.2 Education

Secondly, studying abroad attracted several participants who aimed at improving their career. Some participants in this study sought a 'Better education opportunity for career development' and others went overseas with the intention of 'Studying English'.

Better education opportunities for career development

Eight out of fourteen participants travelled overseas with a student visa. Four out of these eight aimed at obtaining a degree from the beginning, and three out of the four decided to go abroad owing to the structure of the Japanese nursing education system presenting problems as Kikyo and Azami demonstrate below. Some Japanese nurses felt that they needed to study further in a field or explore themes of particular interest to them or get a bachelor degree with a view to further study. They faced the reality that they could not take conversion courses to get a bachelor degree or to undertake master courses due to the nature of the Japanese education system in the 1980's and 1990's.

> *The reason I decided to study abroad is that I found I could not enter the university postgraduate school in Japan at the time. I graduated from three-year nursing school and became a nurse. I found that I could not enrol into postgraduate school directly even if I wanted to study more about nursing or another field of study. Now nurses who graduated three-year nursing school*

> *can transfer to the third grade in university, however there was no such transfer system in 1986. Students like us who graduated nursing school could not go on to university because the first section of school education law did not allow it. Those who wanted to develop their career had no choice but to enter university from the beginning (Kikyo, p. 1 line 22-30).*

> *Nursing schools come under Ministry of Health, Labour and Welfare, and Universities come under Ministry of Education, Culture, Sports, Science and Technology. I don't know whether there is conversion course or not in Japan now, but I had to enter university from the beginning at that time, so I decided to go abroad to get a bachelor degree (Azami, p. 1 line 39-42).*

As Kikyo and Azami mentioned above, several participants encountered difficulties in developing their career smoothly when they decided to enter university. In Japan, students could choose a four- year bachelor degree, three-year advanced diploma or three-year technical college diploma to become a registered nurse (RN) (Primomo 2000; Smith et.al 2001). Nurses who did not have a bachelor degree and hoped to take a master course had to enter university from the first grade (equivalent to starting in first year in an Australian bachelors degree) to obtain a bachelor degree first until 1998, when part of the education law changed and nurses who had a diploma could transfer into third grade in university (The Japanese Association of Nursing Programs in University n.d.).

Even then, after one participant obtained a bachelor degree, Kikyo met with further problems and difficulties in entering a master course in Japan.

> *There were only eleven 4-year nursing colleges or nursing faculties in universities, a few graduate schools and few PhD schools at the time I was going to take a master course... Hence they tended to enrol their own graduates not people like me who were seen as an outsider. I found this out because even though I passed the first entrance examination every time, I failed in the following interview. I could not understand why I was refused every time. I heard that the university put their graduates before other university's graduates. They already decided who was going to pass in the interview...So, I decided to study abroad (Kikyo, p. 1 line 43-46, p. 2 line 1-8).*

Kikyo decided to study abroad to obtain her master degree because she was faced with difficulties in being accepted into a master course in Japan. There is no evidence that the university chose its own graduates, however, it can be expected to be difficult entering a master course if the number of places in master programs is smaller than the

number of applicants. The number of master's and doctoral programs increased after 1996, when major curriculum reforms took place, from 8 masters programs nationally in 1996 to 72 masters program in 2004 and from 5 doctoral programs to 25 doctoral programs in 2004 respectively (Thobaben et al. 2005; Ministry of Education, Culture, Sports, Science and Technology 2003).

Some universities in Australia provided six month or one year conversion courses that allowed Overseas Qualified Nurses (OQNs) to obtain a degree in a short time. In Japan, diploma students have to transfer to a third grade at university, hence, the choice of studying abroad was necessary for those who desired to develop their career in a short period of time. Two participants chose to take a half year bachelor degree program in Australia as Sumire comments below.

> *We had few opportunities to go to university [to get a bachelor degree] for nurses who have technical college diploma at that time. I got information that I could get a bachelor degree for half year course in Australia from an 'agency for studying abroad', so I decided to come to Australia to study nursing (Sumire, p. 1 line 22-27).*

Sumire chose to come to Australia because she found she could obtain a bachelor degree in a short period of time, which was impossible for her in Japan. In addition, some universities in Australia provided a course through which OQNs could obtain RN qualification at the same time. Three participants in this study took a conversion course by which they obtained both RN qualification and a bachelor degree. Ayame, whose remarks follow, who went overseas as a working holiday at first, mentioned why she chose Australia to get a degree.

> *Since I was an RN in Japan, I could take a 1 year conversion course which provides me a bachelor degree and Australian RN qualification. I had another choice to take a conversion course in Japan but it took 2 years to finish. Tuition fee in Australia was double the Japanese course, but I chose the Australian course which duration was half Japanese one, that allowed me to take the next step easier and earlier (Ayame, p. 2 line 11-17).*

The short length of time for obtaining an academic degree is an incentive for participants in this study to study abroad because they are able to make faster development in their career.

For some participants in this study, lack of opportunity for their career development in Japan was a strong incentive for going overseas. As a World Health Organization (WHO) survey report conducted by Buchan, Parkin & Sochalski (2003) states, limited educational opportunities are one of the push factors driving nurse migration. Although the focus group on this WHO survey did not include Japan or other developed countries, a similar situation applies to Japanese nurses who faced an inadequate system for entry into degree program before 1998 and we cannot deny that it influenced their decision to go abroad. An International Council of Nurses (ICN) and World Medical Association (WMA) survey, supported by WHO, revealed that 'learning opportunity' and 'pay' were the greatest incentive factors for migrant nurses in both high-income countries and middle/low income countries (Kingma 2001). Although the response rate was low, it reveals the tendencies of present migration patterns (Kingma 2001). As ICN (2002) stated in the document regarding career moves and migration, nurses are encouraged to seek career or personal development through their school period and working period. Providing sufficient opportunities for their continuing and further education is essential in each country, however such opportunities often require 'career moves - to a new unit, care setting, institution, cultural context and/or country' (ICN 2002).

Studying English

Four out of fourteen participants in this study mentioned that they were interested in English and hoped to improve their English ability by staying overseas as indicated in the following two participants' extracts.

> *Well, I thought that I wanted to speak English more (Tsubaki, p. 1 line 51-52).*

> *I always liked English.....so I was thinking that I was going to join a working holiday program or to study English…(Kaede, p. 1 line 19-20).*

As Tsubaki and Kaede mentioned above, many Japanese wish to speak English fluently because high English ability gives them advantages in career development in Japan. According to an internet survey involving Japanese nationals (N=1,543) who have studied abroad in the last 15 years (Japan Student Service Organization JASSO 2005), about sixty percent of respondents answered that they studied abroad to learn the native

language in that country, making that their top reason studying abroad. Similarly, a survey about studying abroad in the U.S.A. conducted among users (N=1,134) of a studying abroad information service in 2008 and 2009 (Japan-U.S. Educational Commission) revealed improving English ability was the second top motivation for studying abroad among students who undertook a bachelor degree and the students who undertook a master degree. Learning languages is one of the biggest incentives for Japanese people to study abroad.

According to an interview survey about the experiences of six Asian overseas qualified nurses (OQN), acquiring higher knowledge was their main motivation to study abroad (Tsukada & McKenna 2005). The sample of this study consisted of various Asian nationalities including Japanese, where English is the second language. Tsukada and McKenna (2005) suggest English proficiency as well as advanced nursing knowledge is regarded as highly valued skills in those Asian Countries. Some participants in Konno's study (2008) also mentioned that further studying opportunities as well as learning English is a major motivating factor for them to come to Australia.

In Japan, there were 158 colleges or universities which have four year curriculum programs in 2007 (Ministry of Education, Culture, Sports, Science and Technology 2008). The Ministry of Health, Labour and Welfare has made proposals (Ministry of Health, Labour and Welfare 2008) that all nursing education programs should have a four year curriculum at the insistence of the Japanese Nursing Association (Japanese Nursing Association 2008). Hence, it is expected that more and more Japanese nurses will attempt further study, as more is expected of nurses' educational background. In addition, sufficient English ability is required for nurses who work in the academic area in Japan. It is likely that some nurses prefer studying abroad to studying the academic program in Japan. Although it was impossible to obtain the data for the number of Japanese nurses who study abroad, it is known that a significant number of Japanese nurses go abroad to study academic fields.

Overall, participants in this study decided to leave their hospitals and homes and study abroad in order to receive a better opportunity to develop their careers by obtaining an academic degree and improving their English ability. On the basis of the idea that human beings innately attempt to gain competence, personality theorists emphasized

that fulfilment and growth are the stimulation which drive people to actualize or develop their capacities to maintain or enhance their life (Moos & Tsu 1976, pp. 6-8) and also that further studying of their speciality, studying English and enhancing their career by getting a degree are behaviours toward self-actualization. Especially for some participants in this study, who were faced with difficulties in enhancing career opportunities in Japan, it can be said to be a life crisis for them. As has been discussed in the previous section, 'New/Different experiences', people tend to 'leave the field' when they wish to withdraw from the stressor and 'establish a new direction' when they alter their goals to more suitable and achievable goals (Coleman 1979, p. 143). Scott & Scott (1989, p. 21) also state that seeking new environments is one of the likely paths when people try to solve problems during the adaptation process.

It was natural for participants to have 'left the field' of studying in Japan, and 'established a new direction' of studying abroad when it was very frustrating to be denied the opportunity to pursue their career development in Japan.

Seeking education opportunities was another important factor for participants in this study to make a decision to leave their nursing jobs in Japan and study abroad. However, it would not have happened if they were not interested in overseas life, which will be discussed in next 'Aspiration' section.

4.4.3 Aspiration

'Aspiration' is a facilitating factor regarding selecting to go abroad. Some Japanese nurses had been longing to study or stay abroad, and they already made plans to go abroad before becoming nurses. It would be possible that they would not leave their jobs and leave Japan if they had no aspiration to go overseas. 'Longing for overseas life' made them decide to leave their jobs and go abroad rather than choosing other possibilities as a coping strategy when faced with difficulties.

Longing for overseas life

Seven out of fourteen participants mentioned that they had a dream of staying overseas,

and they had already decided before beginning their nursing career that they would eventually work abroad. The following extracts reflect the comments of several participants.

> *It was not like I have particularly thought that I was going to quit my job and go abroad and work. I had a dream of living in foreign countries once…I had no particular dissatisfaction with my life in Japan, I have just liked being overseas since I was a child, or I can say I like foreigners and English. Well, going overseas was my dream (Ran, p. 1 line 18-19, 29-31).*

> *Another trigger was that, well, I had been thinking of going abroad for long time, so job [dissatisfaction] was one of the triggers [to decide to go abroad], but I was like I had been longing for living in foreign countries where [it was] different from Japan (Kasumi, p. 1 line 40-42).*

Ran and Kasumi mentioned they had been longing for overseas life. For these participants, other factors, such as a stressful working environment or job dissatisfaction, are just a trigger for their decision to leave their jobs. The choice taken when a person encounters a stressful situation depends on each person, the participants in this study were interested in overseas life, which made them choose to travel abroad instead of choosing other options.

In the case of two participants in the following, they had a strong determination to go overseas, hence the nursing job is just the means for achieving their dreams.

> *I was longing for working holiday before working as a nurse, so I was going to quit my job after working for three or five years from the beginning. And I saved money and I was exhausted because of my hard work, I decided to quit my job after working for three years. Then I applied visa to Australia, and came here on a working holiday, that was my first visit in Australia (Ayame, p. 1 line 18-22).*

> *…when I was around 21 years old, I had already decided to move out from Japan. But for the time being I had no skills to make a living in other countries even if I moved out. I almost graduated from a nursing college and contracted employment in a hospital at the time, [but at the time] I had no money and I didn't know what to do, so I decided to work as a nurse for three years and save money for the time being, and then if I still hated being a nurse, I thought I would quit my job and go abroad for long periods. And after working for three years, I didn't think I wanted to continue a nursing job and quit…(Nanako, p. 1 line 18-25).*

Working as a nurse in Japan for Ayame and Nanako was the source of income for travelling overseas as well as a means of gaining nursing experience. Even though they had been longing for overseas life, only one participant, Nanako, decided to migrate to another country from the beginning. Other participants in this study were planning to leave Japan temporarily at first. They said that they were going to go back to Japan after having overseas experiences for several months or years.

Aspiration drives people to move forward, which is essential for reaching self-actualization that refers to man's desire for fulfilment (Goodstein 1979, p. 11). According to Rogers's assumption, 'self- actualization' is the core propensity of a human being, and attempting to actualize or develop their capacity maintains or enhances their quality of life (Moos & Tsu 1976, p. 7). Although human beings try to avoid excessive tension, they don't like a lack of excitement, stimuli or interest as well, and they are motivated to master and control their environment (Moos & Tsu 1976, p. 6). Without the aspiration to go abroad, it is possible that they might not cope with the difficulties or challenges of being far from home. Aspirations, as it were, are necessary for human beings to maintain or improve their psychological health. Despite their dissatisfaction, and decision to leave their nursing jobs, if participants in this study had no aspiration they would have no future plan. They could not have achieved 'self-actualization' if they did not find what made them happy. For participants in this study, aspiration was the incentive factor in selecting to travel abroad, as well as the important factor in maintaining or improving their mental health.

4.4.4 Overview of 'Seeking'

Three features, 'New/Different Experiences', 'Education' and 'Aspiration' are grouped as the 'Seeking' process of participants in this study from the data. Participants started looking for new or different experiences when they encountered difficulties, such as a stressful working environment, bad working conditions or unhappy relationships with others, which led them to feel some doubt about their working life and start feeling the need for a refreshing change from the past. When participants sought ways to cope with their challenges or difficulties, they tried to collect information and tried to find the best way for successful adaptation. The Working holiday programme was one of the choices that made it easy to decide to travel abroad when they sought new or different experiences. 'Education' was also a major factor which motivated participants to seek a different life. Owing to the limited or unattractive education programmes in Japan, they sought an experience overseas to achieve their goals. Some participants were enticed to learn English in foreign countries as a high English ability would contribute to career development. However, without 'Aspiration' toward overseas life, they might choose different options. 'Aspiration' drives people to move forward to achieve their fulfilment and develop their capacity.

The first sub-theme, 'Seeking', elicited from the data in this study, describes the adaptation phase of selecting the 'right behaviour' which Fullen and Loubser (1972) elucidate in their research. Participants in this study tried to obtain appropriate information about the environment or situation they faced, which is one of the tasks for succeeding in adaptation (White 1976, p. 25). It is suggested 'Seeking' is one of the coping strategies for participants in this study in order to achieve their self-actualization, and it is the first stage of seeking the most appropriate way, or 'right behaviour', to adjust to challenges, changes or frustrations in the environment which prevent them from achieving their self-actualization.

The features of 'Seeking' phase can be applied to nurses who had similar experiences with participants in this study; who came and stayed in Australia for several years. This study did not include nurses who came to Australia and had gone back to Japan. It is likely to reveal different aspects of the 'Seeking' phase when the background of

participants differs, which is one of the limitations of this research.

The ‘Seeking’ phase is just the beginning of the adaptation process and is the first coping strategy when faced with difficulties or moving toward self-actualization and all participants went through this phase. Seeking the right way is essential for a smooth transition to the next phase, ‘Acclimatizing’. As a result of the seeking process, all participants chose to go abroad where new or different environments have to be faced to solve their problems or achieve their goals. Hence they need to continue using their strategy to cope with new settings. In the next section ‘Acclimatizing’ phase, it will be discussed how participants in this study cope with difficulties in their new environment.

4.5 Acclimatizing

All participants in this study decided to come to Australia during their ‘Seeking’ phase. They entered the next phase, ‘Acclimatizing’ when they started their new life in Australia. In Australia, they faced several challenges due to differences between the life in Australia and their previous life in Japan and they needed to adapt to their new and different environment during this phase.

As was mentioned in the previous ‘Seeking’ section, only one participant had intended to work as a RN to emigrate to Australia from the beginning. Although another participant also emigrated to Australia from the beginning, she came here owing to family reasons. Other participants temporarily visited Australia and they intended to go back to Japan after several months or years. Furthermore, all participants, except the one who had intention to work as a RN to emigrate to Australia from the beginning, had no intention to work as RNs when they first arrived in Australia. These participants altered their first plan to have some experiences in overseas life or to study as they stay longer in Australia; some of them married Australian nationals and decided to live in Australia, others found themselves feeling more comfortable living in Australia than in Japan and decided to stay longer in Australia. The participants found that nursing would be the best job for them in Australia. These alternations occurred in the ‘Acclimatizing’ phase and their process of acclimatization continued until they had

settled in to their new environments.

The participants' 'Acclimatizing' phase consists of three sub-themes; 'Struggle with/due to Languages and unfairness', 'Strategies' and 'Aligning' which are shown in Table 14. They demonstrate these dimensions regardless of the length of their stay and their intention to stay during their 'Acclimatizing' phase.

Table 14 Theme two - Acclimatizing

Theme (Phase)	Sub-themes
Acclimatizing	Struggle with/due to Languages Unfairness
	Strategies Active approaches Passive approaches
	Aligning Social support

4.5.1 Struggle with/due to

None of the participants could completely avoid difficulties and challenges, and many struggled when they arrived in Australia and started a new and different life. The data shows some trends in what participants in this study felt as difficulties and challenges. Participants mainly struggled with two difficulties and challenges; 'Language' and 'Unfairness'.

Languages

All participants in this study mentioned their difficult experiences with languages both at school and at work. Nobody thought that their English ability was competitive when they were studying nursing or studying for RN qualifications. Even after becoming a nurse in Australia, they felt English was still difficult and they were struggling to communicate with other staff in their work places.

What bothered participants most in this study was having communication problems with others. Insufficient listening and speaking ability and poor understanding of medical terms all contributed to this difficulty.

Having communication with others

Twelve out of fourteen participants talked about their difficult experience and concern about having communication with others at school or at work because of poor listening comprehension or insufficient speaking level. Two participants describe below how difficult they found it to understand English spoken by their lecturers and classmates. The other ten participants expressed their feelings regarding communication with others in a similar ways.

> *The character of students was different from other courses. When I took a graduate diploma course, they already had working experiences. As for me, I was Japanese [and my] English comprehension was not so good. I could understand less than half of the lecture which was often provided by guest speaker…..I thought I was in a wrong place in the first class, felt a lot of stress, and went home weeping* (Momoko, p. 8 line 1-6, 8-10).

> *Anyway, I was really disappointed with myself and my poor English comprehension. It was awful. It was ok when I could guess what everyone was talking about, but it was painful when I totally couldn't understand what everyone was talking about*….(Sakura, p. 2 line 39-44).

Momoko and Sakura mentioned they were unable to understand what lecturers or classmates were talking about at school when they took the graduate program. They were going to improve their English comprehension as they became accustomed to their lecturers' and classmates' spoken English. However, quite understandably they felt disappointed when they found their English comprehension level was not sufficient to gain entry into academic courses when they started their studies. The course Momoko and Sakura entered required high English competency, which is a score of 6.5[2] or more

[2] A score of 6.5 is considered the middle-level between the level of 7.0 and the level of 6.0.
The criteria of IELTS score;
Level of 7.0; 'Good user, Has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning'
Level of 6.0; 'Competent user, Has generally effective command of the language despite some inaccuracies, inappropriacies and misunderstandings. Can use and understand fairly complex language, particularly in familiar situations.' By International English Language Testing System (IELTS) website

on the overall score (also at least 6.0[2] on the individual bands of listening, reading, writing and speaking) in IELTS (International English Language Testing System) academic modules. Overseas students who could not reach the required level had the option to attend a language school that was affiliated with the university and pass a final examination before entering academic courses in the university. Students are regarded as having a satisfactory level of English competency for entering academic courses when they pass the final examination in the affiliated language school. Momoko and Sakura were most disappointed that they could not understand English in class in spite of passing an English competency test.

The participants continued to struggle with English even after obtaining RN qualifications and beginning work. Poor English comprehension or lack of knowledge of English expression affected their job execution and having a casual relationship with other staff at work places.

Two participants indicated that listening to orders from doctors or during a shift handover is not an easy job and this caused them a lot of stress, as exemplified in the following extract from Ran, whose comments are typical of both the aforementioned participants.

> *For example, when I couldn't listen to orders from doctors or handover correctly, I asked them to say it again. But it is impossible when it's an emergency, especially in ICU. I felt big pressure and disappointment at the same time. It endangers patients' life, it is not a safety situation at all, isn't it? So I always felt great pressure in those situations. Of course, I never give any treatment to patients if I don't understand orders from doctors. But, you know, it is hard and impossible in an emergency to ask [doctors to repeat] orders again and again (Ran, p. 12 line 24-32).*

Ran's informant described how difficult her situation was as a nurse during handover in ICU. Similar to the experience of other participants in this study who studied academic course, understanding orders or handover is difficult for overseas nurses. This is because participants' colleagues speak very fast, especially in an emergency situation, they also speak with various accents and use a lot of terminology. This issue is not limited to this study. Several overseas qualified nurses (OQNs) with non-English speaking background who participated in phenomenology study (N=24) which used in

individual semi-structured interview also said shift handover and listening to orders from physicians or other nurses was difficult due to the use of many abbreviations or colloquial English (Konno 2008). Since there is a certain pattern in orders from doctors and shift handover, participants in this study became accustomed to listening to orders or shift handover by studying very hard or asking their colleagues later and learning from them. However, it was a very stressful experience for Ran and she was depressed that she could not understand doctors' orders and nurses' during shift handover.

Listening in English has been identified as a challenge, however speaking in English is another hurdle as shown in the following extract from Tsubaki's comments.

> *It was very difficult for me to work in an English speaking environment when I started my job as an RN. I think I am the first overseas nurse who is from a non English speaking background in my ward. So, my colleagues did not understand my English … I couldn't speak English very well at the time, so I often had been told by some patients that they could not understand my English. I thought it couldn't be helped…(Tsubaki, p. 9 line 36, 47-49, p. 12 line 51-52).*

Tsubaki started working as an RN in a place where no other non-English speaking background nurses work and that could have made her situation worse. She tried to maintain a positive frame of mind, however, it is easy to assume that it was a painful experience for her English not to be understood by others.

The above mentioned situations are more likely to occur at the beginning of a career, specifically in the place where nobody was accustomed to listening to people from non-English speaking backgrounds. They were gradually becoming used to listening and speaking English in the work place with great effort at the same time experiencing difficulties with the English language. However, even though participants became accustomed to their English speaking environments, having communication would be more difficult when patients are not lucid. Two participants, Kasumi and Ran in the following speak about the difficulty they had communicating with patients who are not in stable conditions.

> *I sometimes don't understand what patients talk about. I still feel big language barrier in front of me, so I sometimes wonder whether they talk [about] something abnormal because of being confused or I understand differently*

> *because of my poor comprehension. If I talked with them in Japanese, I could tell easily…(Kasumi, p. 21 line 12-14).*
>
> *…We take care of patients with tracheotomy tube who usually have been in hospital for a long time. They are conscious and try to tell us what they want us to do ….We have to lip-read those patients who are tracheotomized and use a respirator. I can't lip-read them, while native speakers can. So I was upset when I had to take care of them. I had many hard experiences about English…..I often have to talk with patients in my work place now. In addition, since all patients [have just woken up] from anesthesia, they talk about something strange. So it is difficult to tell whether they talk about normal things or not. Well, there were some patients like that, such as patients in mental disorder or dementia, I could not tell whether they were speaking normal things or not in ICU. Do you say 'ICU syndrome' in Japan?….I was not good at dealing with them and I still feel difficulty in having communication with them now (Ran, p. 13 line12-21, p. 14 line 24-34).*

Kasumi experienced the language barrier when she could not tell patients' conditions by talking to them, but she could have easily understood in a Japanese-speaking environment. Ran also mentioned her painful experience that she could not understand what patients spoke about when she took care of patients with tracheotomy and patients with a mental disorder. She also faced a language barrier when she found her colleagues who were English native speakers had no problem in communicating with those patients. Kasumi and Ran often had to ask other native English speaking nurses to listen to the patients, who confirmed that the patients with whom they had communication difficulties often were in unstable condition. However, they still had no confidence in their understanding of those patients' words. It is possible to say that lack of self confidence in their English competency made them waiver in their judgment. Even though having communication with patients in unstable conditions is difficult, the experience of failing to communicate with patients lowered participants' confidence as working RNs in Australia.

This data can also tell us that it is not enough to only have high listening and speaking skills, but nurses also do need to have comprehension ability of both verbal and nonverbal signals, implied social and cultural matters (Kim 2001, p. 72, 99). The nurses could not provide appropriate care to meet the patients' needs if they do not have sufficient verbal and nonverbal communication skills. As discussed in the literature review chapter, the support from nurses who are native English speakers is essential when non-English-speaking background (NESB) nurses have trouble communicating

with patients (Tsukada & McKenna 2005; Jackson 1996; Omeri & Atkins 2002; Yi & Jezewski 2000). The literature also revealed that this support mitigated NESB nurses stress regarding language (Jackson 1996; Omeri & Atkins 2002; Yi & Jezewski 2000). Language support needless to say, helps to improve NESB nurses' communication ability that is essential for providing appropriate care to patients. The issue regarding language support in this study will be revisited later in the 'Aligning' section.

Medical terms

It was not only having conversation with others that distressed participants in this study, they also struggled with medical jargon at school and in their work place. Eight out of fourteen participants in this study said they were confused with medical terms, such as the name of medicine, medical gadgets and abbreviation as represented in the following extract.

> *[In the clinical placement], I didn't know how to say the name of each medicine, or syringe in English. Well, we also call 'syringe' in Japanese but we pronounce it differently, so I could not understand [what it was], and I was in big trouble. I think most Japanese nurses had similar problems, [with not understanding] medical terms at all (Ran, p. 7 line34-36).*

Ran struggled with many medical terms which deprived her of confidence in working competently as an RN. Participants in this study had to learn many new or unfamiliar words in the process of taking an RN qualification because of their educational background in Japan. The descriptor by informants below represents another participant's comment.

> *Everybody around us at school learned medical terms in English in their home countries, so [I was the only one who had] learned them in Japanese in Japan... I couldn't [keep up in a] discussion with them, well, yes I almost could understand what they were talking about, 'Are they talking about heart?', 'Are they talking about brain?' But I could not understand detailed things...I didn't know much about medical word...(Yukari, p. 6 line 45-50).*

Yukari and another participant pointed out why Japanese nurses were not good at English medical terms. Japanese students learn nursing and medical terms, such as the name of a part of the body, organs, disease, and medicine in Japanese at nursing colleges/universities in Japan. Even though many medical terms are imported from

western countries, Japanese people pronounce them and describe them in Japanese, hence, when Japanese speakers hear those words in English, it is possible that most of those words sound new to them. In addition, some medical terms, medication administration or documentation abbreviation are different even in those countries where English is the first language or the official language, that made it difficult even for those overseas nurses who are from other English speaking countries to adapt in new environment (Ward & Styles 2005; Sparacio 2005; Hardill & Macdonald 2000).

Language difficulties affected all participants in this study throughout living in Australia. The International Council of Nurses (ICN) survey on nurse migration supported by the World Health Organization (WHO) indicates language is the major disincentive factor to migrate to other countries especially for nurses from 'high-income countries' (Kingma, 2001). Several studies concerning the experiences of OQNs also revealed that English is one of the greatest barriers for adapting to host countries (Tsukada & McKenna 2005; Yi & Jezewski 2000; Omeri & Atkins 2002; Jackson 1996; Henry 2007; Palese et al. 2007; Konno 2008; Doutrich 2001). Tsukada and Mckenna (2005) explored 'struggles and challenges with language' through semi-structured in-depth interviews with six OQNs (all from Asian countries, including one Japanese nurse). Participants in this study revealed that they had a hard time in having conversations with others in classrooms and in clinical placements. Tsukada and Mckenna (2005) revealed some influencing factors on six OQNs when studying nursing in Australia. This included difficulties in 'understanding the Australian accent, fast speech, use of slang and abbreviated words' and additionally difficulties in writing essays were experienced (Tsukada & Mckenna 2005). Participants in this study also mentioned the same statements as Tsukada's participants, thus it is quite likely that the participants in Tsukada's study are also Asian including one Japanese nurse. Other studies (Yi & Jezewski 2000; Omeri & Atkins 2002; Jackson 1996) referred to in the literature review also revealed that migrant nurses were struggling with English. However, it was not only Asian nurses that reported having had a hard time regarding second language difficulties. Ghanaian nurses and midwives in the U.K. reported in Henry's (2007) study that they struggled with 'professional discourses and current buzzwords to express themselves', even though their English was fluent (Henry 2007). Seventeen Romanian nurses in Italy mentioned when they were interviewed with both open and closed questions that they faced language difficulties, particularly in

communication by telephone, understanding some dialect and abbreviations of medical terms (Palese et al. 2007). As previous studies pointed out, no OQNs can avoid struggling with communication in their second language.

All participants in this study required high English ability to obtain RN qualification. Although they had met the requirement for English, all participants felt they lacked competence to conduct nursing work at school and at their work places, and moreover they sometimes encountered difficulty holding proper conversations with others. As several participants in Konno's study (2008) insisted that there was a big gap between English for IELTS proficiency test and English in a clinical setting, it is disputable whether the language score requirement adequately represents sufficient language competency for academic classes or for a clinical environment.

From 2009 the Nurses and Midwives Board New South Wales has required OQNs to provide the results of an English language test for their applications for registration as sufficient language competency is an essential component of safe practice for the protection of the public[3] (Nurses and Midwives Board New South Wales 2009, p. 11). There were various ways for participants in this study to obtain an RN qualification before 2009. Some participants finished overseas-qualified assessment programs held at the College of Nursing, the participants who have a Masters degree in Australia were exempt from showing an IELTS or OET (Occupational English Test) score to take the program. Others entered the Australian education institution to take a one year conversion course. The OQNs who achieved this requirement were recognized as having competency for working in medical environments. However, there was a discrepancy concerning their English competency between each way to obtain a qualification (Wickett &McCutcheon 2002). It remains to be seen how the imposition of the Nurses and Midwives Board New South Wales (NMB 2009) will affect communication in the clinical setting, and further research on this subject is necessary. However, Konno (2008) claimed that the IELTS proficiency test is insufficient for the

[3]The level OQNs are required from 2009;
Score of 7 or more on the overall score (also at least 6.5 on the individual bands of listening and reading, and at least 7.0 on the individual bands of writing and speaking) on IELTS(International English Language Testing System) academic modules, within the two year period prior to application.
or
Pass at 'B' level in each of the four components (reading, writing, listening and speaking) of the Occupational English Test (OET) for nurses, within the two year period prior to application.
Source by Nurses and Midwives Board New South Wales 2009

clinical setting. This was borne out in this study as although participants in this study became used to using English while working at hospital, devoted linguistic support for OQNs, including improving their English comprehension as well as reinforcing medical distinctive expression is necessary for smooth adaption to the medical scene, or it is likely to affect patient safety (Konno 2006; Bischoff et al. 2003).

Difficulty in communication was revealed in the data from participants in this study. As has been mentioned above, communication with others in a second language was stressful not only for participants in this study but also other OQNs. It presumably also caused stress for patients and relatives. It is true that language education support, to improve their English to a competent level for clinical work places, is essential for OQNs to conduct work, however, there still remains a great deal to be discussed regarding difficulty in language.

Participants in this study demonstrated their disappointment at their English proficiency when they described their difficult experiences in communication with others in English. The initial difficult experiences could potentially lower their confidence in speaking English. Three participants mentioned that they need energy and concentration to be able to speak English, including Azami, whose comments below is representative of the three.

> *I am Japanese and Japanese is my first language, so it sounds like everyone speaks English very fast to me. I felt relaxed [in a] multinational atmosphere. But all staff I worked with before in another hospital spoke English very well and very fast, so I tried very hard to keep up with their conversation. But I sometimes[felt] ashamed [of speaking English], so I hesitated to speak when, say, having lunch together (Azami, p. 10 line 45-48,p. 11 line 1).*

Azami mentioned she had to make a big effort to keep talking with native speakers, which sometimes made her hesitate to speak out. Azami and another two participants were too exhausted to even have a small talk with colleagues in English because they needed such high levels of concentration when they were speaking English.

Their experiences of difficulties in English reduced participants' motivation to speak out in English. In addition, to think that their own speaking ability was insufficient made three participants think that they would be better not to talk with native speakers,

as demonstrated in the following extract.

> *I am afraid of not telling [my thinking or opinion] properly because of my poor English. If so, if others couldn't understand what I want to tell perfectly and because of that they would misunderstand me, I sometimes think it is better to keep quiet (Yukari, p. 9 line 29-32).*

Yukari above was afraid of being misunderstood by her colleagues owing to her lack of English proficiency.

> *Well, I think it is due to a traditional characteristic of Japanese, but Japanese is modesty, or rather I can say Japanese have no self-confidence. In that way [since I am a Japanese], I am usually, especially when I came to Australia the first time, I was ashamed to talk with Australians. I mean, as I think if they don't understand my accent, I was more afraid of talking to them (Kaede, p. 14 line 1-4).*

Kaede above was afraid that she would not be understood by native speakers because of her accent.

> *Japanese [people have] a tendency, well maybe especially me, but I felt like I spoke [poorly in] English, so I was becoming unable to speak out in English (Kasumi, p. 5 line 4-5).*

Kasumi above was concerned that her English was not perfect, which made her reluctant to talk to anyone. In fact, none of the above recounted having been misunderstood or teased by anyone because of their English. However, their feeling of inferiority about their English, caused them to avoid interaction with others. They believed that their behaviour was attributed to characteristics of Japanese culture. Using ethnographic interviews involving both patients and health care providers, Anderson (2001) pointed out about typical Japanese character in her qualitative research paper. Anderson (2001) conducted research to explore the cultural attitudes of Japanese, Korean and Indian patients in the United States when they used the health care system. Generally, many Japanese patients in the U.S. felt much frustration when they were not able to explain their symptoms well in English. Even the Japanese who were generally excellent English speakers often showed the same frustrated attitude when they failed to explain perfectly (Anderson 2001). It could be true that the behaviour of participants above might be attributed to Japanese cultural characteristics since some Japanese

participants in Anderson's (2001) study also demonstrated similar behaviour.

However, this frustration is more likely linked to their diminished self-worth because of their failure to establish effective communication with others in English. Even though Japanese people generally have a tendency to try to speak perfect English, disappointing experiences regarding their communication in English lower their confidence as English speakers. Maydell-Stevens, Masgoret and Ward (2007) found that migrants are likely to be isolated from the host society when they have language difficulties, in her qualitative study of interviewing six Russian-speaking immigrants in New Zealand. Language is not only enunciation of words, but also includes social meanings, cultural values and norms. Hence, if migrants fail to acquire the language ability of their host country, it means they have a social and economic handicap (Nann 1982, p. 3; DeVeer, DenOuden & Francke 2004; Norton 2000, p. 5). Identity maintenance as well as the bodily self-image is strongly related to fluency in a second language (DeVos 1995, p. 23; Konno 2008). Language learners' self-perception is vulnerable to distortion because they often find themselves as being at a disparity with themselves when they speak in their first language and how they represent themselves in the second language which is frustrating for them (Foster 1997). Participants in this study must have felt frustration when they could not demonstrate their 'real' selves using the English language. The self- perception of participants in this study could be also distorted as they have gone through difficult experiences in having communication with others.

Participants in this study stated that they still did not have confidence in their English in their work places at the time of the interview even though some of them had lived in Australia more than ten years. Lack of confidence in communicating with others in English could jeopardize their sense of self-worth. Foster (1997) discusses factors impacting upon the process of learning in second language in her paper. She gave some examples of adult migrants who enrolled in language courses. The immigrants from non-English speaking background often tend to lose their identity during their second language learning process, and then they gradually established their new identity with the new language. Second language communications are always associated with a risk of undermining the self-concept as a competent communicator because the practitioner finds their limited range of expression often hinders them from communicating what they really wish to deliver (Foster 1997). Norton (2000, p. 8) refers to identity as

‘desire-the desire for recognition, the desire for affiliation and desire for security and safety’. In the health environment, medical professionals are required to have a high level of communication skills in various medical scenes. If people are not able to join the communication sufficiently, it would be natural for them not to achieve any desire that Norton (2000, p. 8) refers to. Participants in this study sometimes fell into the situation in which they felt disappointed with their communication skills in their work places, which could make them lose their sense of self-worth. Hsieh (2006) conducted multiple in-depth interviews with five East Asian higher education students (1 doctoral, 2 master, 2 undergraduate) in the U.S. to investigate how these five international students developed their identities in a second language environment. She used narrative analysis of the data, which demonstrated all participants in her study needed to negotiate their identity in order to be ‘more desirable or acceptable to individuals’ (Hsieh 2006).

The literature review in chapter 2 revealed that language difficulties often caused psychological stress, such as feeling isolated and depressed. It was found that appropriate language support mitigated this stress (Tsukada & McKenna 2005; Jackson 1996; Omeri & Atkins 2002; Yi & Jezewski 2000). Participants in this study also demonstrated loss of self-confidence in communicating with others in English, which led to undermine their self-worth. Research papers referred above (Tsukada & McKenna 2005; Jackson 1996; Omeri & Atkins 2002; Yi & Jezewski 2000; Konno 2008; Henry 2007; Palese et al. 2007) suggested providing support was necessary for those NESB nurses in order to facilitate their adaptation to their new environments. Language support is essential specifically focusing on helping their communication in work places. Both factors mitigate their stress and improve their communication skills. To mitigate the participants stress, it would be helpful for nurses from an English-speaking background (ESB) to provide NESB nurses with some assistance when communicating with others. It is also recommended to speak using easily comprehensible language where possible to NESB nurses. To improve NESB nurses’ communication skills, it will be necessary to provide an opportunity to learn medical terms and expressions that are peculiar to the medical scene. This study suggests in order to mitigate the stress of nurses from NESB and facilitate adaptation to their new environments, providing language support is necessary, which also leads to providing patients with quality care.

It is inevitable to have difficult experiences in language as long as people move to a country where another language is spoken. They came to Australia to achieve their self-actualization, however, they had to confront language difficulties that distort their self-image and keep them away from achieving self-actualization. In addition, participants in this study also had to struggle with another difficulty, unfairness due to being OQNs with non-English speaking background, which will be discussed in the next section.

Unfairness

All participants in this study said they had had to struggle with unfairness because of their being an overseas qualified nurse. Mainly, they experienced two types of unfairness, 'Racial discrimination including being from a non-English speaking background' and 'Unfairness concerning employment'.

Racial discrimination including being from a non-English speaking background
Eight participants in this study mentioned they had experiences in discrimination by patients, verbally or physically. They mainly felt they were discriminated against because they were Japanese or Asian and/or because of their English lack of proficiency. Firstly, five out of these eight participants mentioned their negative experiences in being Japanese nurses or Asian nurses in the following extracts. Aoi and Sakura's extract represents a number of other participants' comments.

> *Some patients told me about World War Ⅱ several times, it was not 'negative' story, though….But it is tough for me to hear about war or whaling, that what Japan had done or what Japan has been doing. I said I could not do anything for it. Although I don't feel any discrimination, my heart ached whenever they talked about Second World War memories (Aoi, p. 15 line 35-41).*

Although the story of Aoi and another participant did not indicate serious discrimination, they felt uncomfortable when they were told about negative international issues between Australia and Japan.

Sakura and another participant describe their perception of being discriminated against because they were Asian nurses.

> *Well, I didn't say I got hurt, but I was told that I should go back to my country or I was from another Asian country by some patients who have racial discrimination. I can say it is negative experience for me (Sakura, p. 8 line 22-28).*

There were some patients who made discriminatory remarks owing to being of a different race. Although Sakura mentioned she did not get hurt by discriminatory remarks, she perceived this experience as a negative experience.

One participant below was assaulted physically by patients. She was the only participant in this study who experienced physical harassment.

> *I had some hard experiences with patients when I worked in a nursing home. Most patients in the nursing home had a world war II experience. I was often kicked or harassed by some of them because I am Japanese …..Whenever I visited them in their rooms to exchange their position or doing other things, they punched at my chest and kicked at my legs. They swore at me, 'What are you doing here all the way from other countries. Get out!' I often was told by another patient, 'Go back to your own country.' Many residents said these things to me…..Another patient who sat on a wheel chair tried to kicked at me saying, 'Bloody Jap' (Tsubaki, p. 13 line10-14, 17-22, 27-28).*

Tsubaki had an extreme experience compared to other participants. Fortunately, her colleagues were supportive and tried to help her to avoid contact with those residents. She mentioned that she tried to remind herself that they could not help it and tried not to blame those residents. However, it is easy to imagine how her experience hurt her feelings and her self-worth.

Although most participants in this study commented that most nurses in their work place were friendly and supportive, two participants in this study experienced bullying by their co-workers. The extract below represents another participant's comment.

> *I could not get along with [my colleagues]. Especially one senior RN who was very old and mean to me, although the other nurses were nice. I thought I was discriminated or prejudiced against [being Japanese], she was always so hard on only me (Momoko, p. 13 line15-18).*

Momoko and another participant faced bullying in their work places. Although, they

actually did not ask their colleagues why they were nasty, they perceived the bullying derived from racial discrimination. It was not known if any action against bullying was taken, since participants were not asked about it, this is a limitation of this study. For further understanding of participants experiences further research is needed. This stressful event was one of the main causes that discouraged Momoko to continue working as an RN.

Secondly, some participants felt they were looked down upon because of their English proficiency. Even though Japanese nurses came to speak English fluently, it is inevitable for them to speak English with a Japanese accent. Two participants mentioned their unhappy experience on account of their accent. The verbatim descriptor below represents another participant's comment.

> *The thing that bothers me is answering the telephone. I am not bothered whether I understand their English or not. What I hate was once the [person on the] other end of the line found that I was not a native speaker, they started offending me, saying "I don't understand what you are talking about. I don't understand your English, bla, bla, bla.", when they could not get any answer because of privacy. It is not discrimination though. I had this experience a couple of times during five years (Sumire, p. 11 line 32-40).*

Sumire was offended by several people saying that they could not understand her English on the phone. There was no evidence whether the person on the end of the line actually understood Sumire's English or not. However, she perceived some English native speakers took advantage of her Japanese-English accent in order to push their claims. Sumire mentioned her experience was not discrimination. Since further questions were not asked, it remains to be seen why she did not consider this event as discrimination. This is a limitation of this study to understand her experience more deeply. This study did uncover that Sumire disliked answering the phone on account of this experience.

Ayame also mentions a terrible episode a school officer made insulting remarks because she had complained about the disorganization of school management.

> *The management in the university I enrolled at was not organized at all, I found fifty international students out of sixty including me were not on the entrance list on the first day of the school. We went to the office to complain*

> *about it….but things had not been solved yet on the next Friday. I went to the office again and asked what we were going to do from next week. The office answered, 'We don't know.' So, I insisted that the office should take responsibility, because we paid tuition fee, and we were going to be in trouble with this situation because we would have to submit assignment soon. Then the office replied, 'Can you speak English? I said I don't know. I said I cannot solve the problem now.' I was almost crying, I passed the English examination and entered this university, but I was told, 'Can you speak English? Can you understand English?' It was the most terrible school I've ever seen (Ayame, p. 3 line 14-31).*

Ayame was deeply wounded by the university's officer's remarks to treat overseas students with contempt. She never forgot this experience which hurt her self-confidence as an English speaker.

The verbatim descriptor below indicates some people directly make fools of those of non-English speaking background because of their language ability.

> *Well, some people pointed out my poor English or made a fool of me. It all depends on individuals, just some of them made a vicious remark, intentionally…....But I got hurt when I was told [my English was not good]. I always have an inferiority complex about my poor English. I guess that is why their words cut me to the core (Yukari, p. 16 line 33-34, 42-44).*

Yukari had experience in being insulted because of her English. Even if she was not actually insulted, she felt that she might take it more seriously because she had little confidence in her English. Lack of confidence in her English made her more vulnerable to a sense of discrimination.

The next case indicates that an inferiority complex about English can easily lead someone to the misinterpretation that they are being discriminated against.

> *I sometimes wonder whether some patients might tell the NUM (Nursing Unit Manager) or other staff that they don't understand my English.……But actually nobody has told me directly. But I still wonder about some patients who don't respond to me quickly might think my English is poor (Kasumi, p. 21 line 4-6, 10-11).*

It is possible that lack of confidence produces an inferiority complex which produces the idea that they might be discriminated against.

All in all, more than half of the participants in this study experienced some form of discrimination regarding their nationality and English proficiency. It may be inevitable for OQNs and immigrants to receive some sort of discrimination in host countries. As several articles of literature revealed, many overseas qualified nurses experienced racial discrimination in host countries and that became a significant barrier for adaptation (Alexis, Vydelingum & Robbins 2006; Alexis, Vydelingum & Robbins 2007; Dicicco-Bloom 2004; Larsen 2007; Hagey et al. 2001; Henry 2007; Hawthorne 2001; O'Brien-Pallas & Wang 2006; Shields & Price 2002; Lemos & Crane 2001). Five studies (Alexis et al. 2006); Alexis et al. 2007; Dicicco-Bloom 2004 Hagey et al. 2001; Henry 2007) out of these nine papers were conducted using semi-structured interviews on coloured and minority ethnic OQNs to explore their experiences in western host countries. Participants in their studies revealed that they felt they were being discriminated against when they were not given any opportunities in career promotion due to their nationalities or English proficiency. Four large-scale surveys (Hawthorne 2000, 2001; Shields & Price 2002; O'Brien-Pallas & Wang 2006; Lemos & Crane 2001) also show that many OQNs experienced racial discrimination. Hawthorne (2000, 2001) used four databases provided by government and institutions to analyse the barriers for OQNs in Australia to overcome. It revealed that most Asian nurses except Commonwealth Asians tend to be attached to geriatric wards and very few of them get promoted (Hawthorne 2000, 2001). According to Shields and Price (2002) forty percent of ethnic minority nurses reported they had experienced racial harassment from their colleagues in their work places, 65 % of them reported having experienced racial harassment from patients according to their research and 20 % of them reported they faced discrimination regarding career promotion and access to training opportunities. They examined the determinants of perceived racial harassment in the workplace and how this impacted on their job satisfaction and turnover by using data from a large scale national survey of British nurses. They also found that racial harassment significantly led to significantly reduced job satisfaction and increased nurse turnover (Shields & Price 2002). A significant difference in work position and practice environment between Canadian nurses and internationally born nurses (N=13,620) was found in a large survey analysed by O'Brien-Pallas and Wang (2006). Internationally born nurses in Canada also experienced physical and verbal abuse in work places, and because of this unfairness, their self-rated health status was worse than Canadian nurses (O'Brien-Pallas & Wang 2006). Black-colour nurses and nurses from minority ethnic groups

working in the U.K. (N=494) responded to a questionnaire survey conducted by Lemos and Crane (2001). Half of them reported experiences of racial harassment by patients, colleagues, or managers. Common harassment by managers was being passed over for training and development or promotion and unfair work allocation. Harassment eventually moved nurses to another job or department (Lemos & Crane 2001). Larsen (2007) also pointed out racial discrimination had an influence on overseas qualified nurses' chances for career progression and seriously impacted on their physical and mental wellbeing. Larsen's study adopted a phenomenological analysis of in-depth interviews with two overseas nurses who were purposively selected from ninety three semi-structured interviews.

The majority of the sample of studies above consisted of nurses from African, South Asian, South-east Asian and Caribbean backgrounds. Japanese might be included in large-scale survey indicated as 'all non-whites', however, the number is insignificant. Hence, although some participants in this study experienced racial discrimination, the feature of the discrimination demonstrated differed slightly from these studies, regarding career promotion and access to training opportunities. When participants in this study were asked about their future plan, nobody answered that they wished to promote their career status to become a head nurse or manager. Some even said they did not want to become a head nurse. Since further questions were not asked to investigate their intention of promotion, it is unknown whether Japanese nurses refused promotion despite their chance or lack of chance because of discrimination. This is one of the limitations of this study that is necessary for exploring in further study.

Some studies above (Shields & Price 2002; O'Brien-Pallas & Wang 2006; Larsen 2007) stated that racial discrimination influenced the health of overseas qualified nurses and also impacted on their job satisfaction. No participants in this study mentioned the strong impact of discrimination on their health and only one participant indicated its impact on her job satisfaction and prevented her from continuing working as an RN. This might be because participants in this study considered discrimination inevitable in a host country and tried not to take it seriously. Further exploration into how discrimination experiences affected participants is required, as this was not explored in this study, and thus is a limitation of this study. A variety of factors, such as individual personality, their ability to deal with problems including language competence, a

supportive environment and cultural distance all influenced the adaptation process (Berry 1997; Ward, Bochner & Furnham 2001, p. 44). Hence it is difficult to discuss how discrimination directly impacted upon adaptation to Australia for participants in this study. However, as the data demonstrated that they recalled their experiences of discrimination as negative, it seemed that their discriminative experience had an effect on their mind and they needed to cope with discriminative experiences in order to adapt to their new environment.

Unfairness concerning employment

Six out of fourteen participants in this study reported having experienced difficulty in obtaining a job. Regulation often prevented them from this. Three out of the six participants experiences are displayed below, each mentions that they faced difficulty when they tried to apply to work at hospitals after they obtained an RN qualification.

> *When I started job hunting, well, I haven't got the right of permanent residence although I got an RN qualification. We usually start job hunting before graduating from a nursing school. In Australia, if one wishes to work in public hospitals, one has to go to the organization, I forgot the name of it, not to the hospital directly to take an interview and apply three public hospitals you wish to be hired, and then you are selected by one of those three. To apply for it, we need to have the right of permanent residence, so I couldn't.... I found a private hospital advertised in the paper that it would be a sponsor for overseas qualified nurses who got RN qualification in Australia. So I contacted with them and I did nursing placement in that hospital....I started my nursing career in Australia from a private hospital because of not having the right of permanent resident. After that I obtained it, but it was hard for me, yes, to get the right of permanent resident and I had had hard time until I was employed in the hospital (Azami, p. 5 line 6-24).*

> *I wanted to work as a new graduate first because I want to have experiences in many wards. So I applied to hospitals, not to ward. But I could not use consortium which organize new graduate recruitment at that time. I don't know whether it closed or not now. They refused me, an international student. They said they didn't give us any service and we should apply by ourselves....If international students want to work in hospital as experienced nurses right after getting RN qualification, they couldn't be employed in public hospitals. You need 'new graduate certificate' which is provided by Australian hospitals you worked for if you want to work as an experienced nurse in a public hospital. Private hospitals did not have any restraints. Immigration did not issue business visa if you want to work as a new graduate. So I needed to get PR as soon as possible because I wanted to work as a new graduate in public hospital (Ayame, p. 7 line 27-33, 43-49).*

> *We couldn't be employed if we didn't have PR (Permanent Residency) when I graduated university in the State I was studying. So overseas students who applied PR after they obtain RN qualification had to wait to be employed until they received PR. But it may take one year, half year or three weeks to get it, nobody knows. So I couldn't wait. After all, every time I had interview with a head nurse, they said, 'Sorry, we can't hire you because you don't have PR'. I was getting angry and I thought I didn't want to wait, I wanted to work right after graduation, [so I came to NSW] (Nanako, p. 6 line 16-26).*

As three participants mentioned above, public hospitals did not accept international students unless they held PR (Permanent Residency) when they lodged their application. Hence, Azami decided to apply to a private hospital and Ayame decided to obtain PR as soon as possible. Nanako obtained RN qualification in another state of Australia where she was not accepted because she did not have PR, hence she decided to come to NSW to apply to the hospital that accepted her. Azami and Ayame also mentioned international students could not access the service to apply for a job that other domestic students could use, which prevented them from accessing some work opportunities.

Aoi talked about her difficult experience in getting a job after marriage.

> *I felt like I was left behind because I was not permitted working [for several years] after marriage. I couldn't work [what I wanted to do] because of my visa condition eleven years ago. I had a temporary visa which didn't allow me to work in hospitals, and moreover they did not admit my Japanese RN qualification to work as a nurse at the time. Anyway I wanted to work something which has to do with nursing such as an Assistant in Nursing, but I couldn't. I was crying everyday literally (Aoi, p. 2 line 49-53, p. 3 line 1-2).*

Aoi could not obtain PR for several years because of regulation, which made her feel that she was unable to work in any health service environment. She also complained above that her Japanese qualification could not be recognised. She felt like she was an outsider from society and that made her more disappointed.

The experiences of the four participants above could not be classed as unfair treatment. Since the Nurses and Midwives Board New South Wales (NMB) recognise qualifications, a person who wishes to work as a nurse needs their qualifications to be recognised when they intend to work as a nurse (Minister for Health 2009). However, participants in this study perceived their experiences regarding recruitment as an unfair experience. A lack of knowledge regarding employment rules and regulations by these

OQNs is quite likely to contribute their perception of being treated unfairly. Participants in Omeri and Atkins study (2002) which was previously referred to in the literature review section, pointed out a lack of information support regarding registration and recruitment made them frustrated and feel lonely. The study revealed there were large differences between their presumption and the reality they faced. Also the study demonstrated the required sufficient information support from formal institutions (Omeri & Atkins 2002). Participants in this study demonstrated a lack of information support contributes to lack of knowledge, which produces misunderstanding and perceptions of being treated unfairly. Thus appropriate information support from formal institutions will be necessary to avoid misunderstanding. Access to appropriate information should at least be provided, which is likely to help with their adaptation to their new environment.

The comments from two participants below seemed to be an actual unfair experience.

> *The salary I got was different [between hospitals and nursing homes]. The nursing home I worked for first in Australia did not approve my nursing experiences in Japan, [so I was paid at a graduate nurse's salary]. I did not join the union at the time, so I did not complain about it. Moreover, I thought nursing experience in a nursing home would be a good experience when I get a job in a hospital (Sumire, p. 7 line 31-34).*

> *I can't tell whether it is discrimination or distinction, I was paid at a first year nurse's salary instead of the full rate. I don't know why, they might think my knowledge was insufficient for RN. So I appealed to a DON (Director of Nursing) that I did not want to work with this condition.…and and paid me full rate (Kikyo, p. 10 line 17-19, 33).*

Two participants mentioned they got paid less because their nursing qualification in Japan was not recognised when they worked as RNs in nursing homes. As Kikyo mentioned, her qualification was recognised after appealing her complaint to a DON. That means Kikyo as well as Sumire were supposed to be paid at the full rate if the nursing homes recognised their previous Japanese nursing qualification. They did not mention/were not asked whether they pursued the cause of unrecognition of their previous nursing qualification or not. Moreover further investigation by the researcher was not attempted, hence it is difficult to have further discussion about this matter here. Likupe (2006) found out in her literature review that some hospitals in the U.K do not

take nursing experience of overseas nurses in their home countries into account. They also do not reflect them in their grading system, as a result they are paid less during training or supervised practice. This lack of recognition resulted in being treated unfairly (Likupe 2006). In addition, a sense of injustice results in less chance of retaining nurses in nursing hospitals. Both Sumire and Kikyo left nursing homes in a short period of time. In Australia, specifically in the aged care area, the shortage of nurses is still serious problem (Australian Institute of health and Welfare AIHW 2008, p. 24). To attract and retain nurses, health care institutions will need to pay more attention to fairness concerning employment for OQNs.

It would be difficult for host countries to recognize nursing experience of overseas qualified nurses in the same way as experience in the host countries, because there is a variety of nursing education, nursing roles, working environments, nursing practices, and even nursing concept in each country and, as such, overseas nursing experience may not prepare OQNs for work in the host country. Australian Nursing and Midwifery Council (ANMC) provides overseas qualified nurses assessment programmes and assesses competence of their skill and knowledge (ANMC n.d., p. 1). Difficulties that participants faced may be caused by government regulations which could potentially impact all other overseas qualified nurses. Overseas qualified nurses may be faced with perceived or actual unfairness of complicated bureaucracy (although it is sometimes necessary) as well as racial discrimination. These may be possible questions for further study.

On the whole, when all participants in this study tried to adapt to Australia, it was inevitable for them to struggle with many difficulties. They mainly faced two difficulties, ‘Languages’ and ‘Unfairness’. Although some features in each difficulty extracted by the data in this study are slightly different from other research papers because the nationality sample is different. These difficulties are commonly mentioned in other research papers mentioned earlier. Particularly difficulty with language is more likely to become a large barrier for migrant nurses to settle into new host countries (Kingma 2001). These two difficulties would be eased by personal support or formal support provided by the institution. Moreover, OQNs themselves who intend to migrate need to recognize that they are not able to avoid difficulties and need to prepare to adapt to their new environment, collecting information to familiarize host countries including

learning the language. Sufficient knowledge of the host culture would reduce uncertainty and anxiety which would help smooth their adaptation to the host country (Berry, Kim & Boski 1988, p. 113).

Difficulties that all participants in this study faced produce much stress. Berry, Kim and Boski (1988, p. 79) called the stress which is identified in the process of adaptation, 'Acculturative Stress'. They have positioned 'Acculturative Stress' as stress that has both positive and negative aspects. Too much stress would discourage effective responses to adaptation. Alternatively, too little stress would prevent migrants from long-term adaptation to new environment. An optimum level of stress is necessary for adaptation because moderate stress changes people behaviour to adapt to a new environment effectively (Berry, Kim & Boski 1988, p. 79).

Australia is a country whose population already consists of a large number or variety of immigrants, hence it is considered to be easier for the newcomers to adapt here than to adapt to some homogeneous countries (Akhtar 1999, p. 23). Since further question were not asked, it remains to be seen whether the difficulties were at a manageable level for the participants in this study. However, participants in this study tried to overcome difficulties by using some coping strategies and obtaining support in any event, which will be discussed in the next section.

4.5.2 Strategies

When people are faced with difficulties or challenges, they generally try to overcome them so as to adapt to new situations, conditions or environments (Goodstein & Lanyon 1979, p. 151). The participants in this study utilized a variety of strategies to cope with difficulties or challenges. The data demonstrated two types of approach, 'Active approaches' and 'Passive approaches'. 'Active approaches' consisted of 'Making an effort to adapt to new environments or to be accepted', using 'Flexible approaches' and 'Selecting comfortable places'. 'Passive approaches' were composed of 'No expectation' and 'When in Australia, do as Australian's do'.

Active approaches

Making an effort to adapt to a new environment/to be accepted

Most participants in this study actively coped with the difficulties or challenges especially regarding language difficulties. Twelve participants in this study mentioned the studious effort they made to overcome the language difficulties they faced. Six out of those twelve participants confessed they had never studied that hard in their lives. They studied very hard particularly when they were studying nursing in an academic environment or studying to obtain RN qualifications. The following comments by Sakura, Kikyo and Yukari represent six participants' remarks.

> *I had never studied that hard in my life…I had studied all day long, just sitting at the desk, reading papers, checking words, and so on…..I didn't want to fail [the examinations], so I worked very hard (Sakura, p. 2 line 22-23, 24-26, 29-30).*

Sakura and other two participants mentioned their studying experiences when they studied at academic courses in the university. They had to study all day long to keep up with the class.

Kikyo and another participant talked about their difficult experiences in studying to obtain RN qualifications.

> *I think I could get over the course by preparing before taking the programme with two Japanese friends. We studied the course materials from other Japanese who previously completed the course for 4 or 5 months before taking the course. I did not think I could pass without this strategy.....I studied very hard before taking the course. We got lots of useful information, such as, 'it would be useful to remember this or that'. We also borrowed some word books they made, and I put one in the bathroom, put another in the toilet (Kikyo, p. 5 line 33-36, 40-42).*

Kikyo and another participant studied very hard for the overseas qualified nurses assessment programme held in the College of Nursing before the class started. Kikyo and another participant prepared by studying for several months before taking the class. They said they could not make it without this preparation. As has mentioned in the previous 'Struggle' section, medical terms were also challenging for participants in this study. Hence, as Kikyo mentioned above and Yukari mentions in the following extract,

they made an effort to memorise medical terms.

> *I thought I needed to be familiar with medical terminology because I could not memorize them….So I asked my daughter to speak out those words and record it. I often listened to it whenever I took a walk. I am sure I have never studied that much in my life (Yukari, p. 7 line 2-4, 6-8).*

Yukari contrived ways to memorise many medical words effectively. She found the best way to memorize them and practiced it.

Participants in this study made their dreams come true by studying hard. However, all of them said that they had a negative perception about their studying experiences and nobody mentioned that they would like to study in the same situation again. Five participants in this study mentioned their feeling when they studied very hard. They did it because they thought they had no other choice but do so. Kasumi's comment in the following extract represents the comments of four other participants.

> *I don't remember whether I had hard time at that time or not. I was just sitting at the desk all day long. And I just studied because I had no choice but do it (Kasumi, p. 3 line 7-8).*

Participants could not avoid or escape reality. The only way they overcame the situations was studying very hard in an academic environment, or they would have failed and could not achieve their goals.

Three nurses mentioned that they tried to demonstrate their nursing abilities to be accepted by other nursing staff and patients in the hospitals.

> *I think we should show patients that we have enough nursing skills and knowledge in spite of being overseas qualified nurses. I feel like that. We are completely refused by patients if we don't speak English very well and we have poor nursing skills and knowledge. But even if we don't speak English fluently, patients would rely on us [if we show our proper nursing ability]. I have experiences some patients relied on me when I explained properly what conditions the patients fell in and why or when nurses would need to provide the certain care. I also try to explain seeing their eyes, which relieved them that they can talk with me easily and properly. They think I am ok in spite of my poor English. I definitely think that I can work as a nurse here because of my nursing skills and knowledge, not because of English ability (Ayame, p. 15 line 5-11).*

> *Most people including patients did not tell me any negative remarks, if I take proper attitudes or manner to them (Nanako, p. 5 line 30-32).*
>
> *You need to be tough at all times. You are always under tension. You are not allowed to make any mistakes, I mean, I did not want anybody to think that I made a mistake because I was an overseas nurse…..So, I never cut corners in working (Momoko, p. 17 line 37-39, 43).*

Ayame and Nanako asserted that showing nursing ability or proper attitudes helped build reliable relationships with patients. On the other hand in Momoko's case, she felt tense about showing her ability and not making any mistakes. Although there is a different idea of how to show their nursing ability between the former two participants, Nanako and Ayame, and a latter participant, Momoko, all made an effort to be accepted by medical staff and patients. The effort by the three participants in this study helped them to be accepted by patients and nursing staff. They felt that they acquired the reliance from the patients or colleagues by showing their proper nursing ability. Asian participants (N=12) in two interview surveys conducted by Yi and Jezewski (2000) and Konno (2008) mentioned that they also worked very hard to cope with the language barrier. They established good relations with colleagues in their host countries by showing their hard working attitude (Yi & Jezewski 2000; Konno 2008).

Some participants in this study said there was no difference in this strategy for having good relationship with patients and colleagues between Australian and Japan. When people face difficult or challenging situations, they will try tested methods that they have used in previous challenging situations to overcome their problems (Aldwin 1994, p. 107). The first strategy that participants in this study chose was making efforts to overcome the difficulties or challenges, which they often used when they were faced with difficulties and challenges in their previous life. This strategy was tough and left them with negative memories, however it successfully helped them to adapt to their new environment.

Flexible approaches

Participants in this study tried to make an effort to overcome the difficulties or challenges. However, they sometimes found it would be better to try additional work or changing the way they tried to achieve their goals. Flexibility was an essential approach for overcoming the difficulties or achieving the goals for some participants in this study.

Eight participants in this study demonstrated their various ways to achieve their goals. Four out of eight participants worked as an AIN (Assistant in Nursing) before or during their nursing study to obtain an RN qualification. The extracts of Kaede and Sakura's comments below represent all of these four participants' comments.

> *I was going to apply for an AIN and tried to cumulate my nursing experience here…..I worked as an AIN at the nursing home for about one year (Kaede, p. 6 line 18, 25-26).*

> *I started working as an AIN a little bit after starting a TAFE course. I was not a good English user so much. It gave me an opportunity to become accustomed to English as well as earning money. I wanted to be in English surroundings, especially related to nursing (Sakura, p. 4 line 7-10).*

Kaede, Sakura and other participants mentioned that having experiences in a clinical area before working as an RN would give them high advantage of nursing skills or knowledge and also would improve their English ability. They considered that the working experience as an AIN was practically useful after working as an RN. As discussed in the previous section, English was one of the barriers for all participants in this study to overcome. Some participants mentioned above worked as an AIN to learn practical English in medical a medical setting before obtaining RN qualifications. Other participants in this study entered a TAFE (Technical and Further Education) institute to learn English relating to nursing before taking an assessment program in the College of Nursing. The extracts by Sumire and Aoi's comment in the following represent four participants' comments.

> *Then I entered TAFE to take English in Nursing and medical terminology course, and then I went to the College of Nursing to take RN qualification (Sumire, p. 3 line 19-20).*

> *I did many kinds of things at that time. I took a language course for migrants at first. I thought I need to study English more, so then I went to TAFE to take Welfare course or something with my friend. I was studying there while I was working for a hotel doctor at that time. And then, I took a medical terminology course at TAFE for about six or fewer months, I think. Then, I went to the College of Nursing to take a course of overseas qualified nurses assessment program (Aoi, p. 3 line 44-52 p. 4 line 2).*

Sumire, Aoi and other participants took a medical terminology course before taking a

OQNs assessment program. This preparation took time, however, it gave OQNs an opportunity to learn Australian medical knowledge and also to become used to an English speaking atmosphere.

Another effective strategy is taking longer time to complete the course. Two participants below decided to extend their courses.

> *I was supposed to take a one-year course. I extended the course to one and half years and also reduced some classes (Kasumi, p. 2 line 34).*

Kasumi above extended her academic course and also reduced some classes so that she could achieve the goal without failing.

> *I was supposed to take one-year course to obtain RN qualification. You needed to go to the nursing placement with their one year students. I had advantages over other students in nursing skills and knowledge, but I was behind them in English. We had to take six levels of clinical practices during three years in my university. Going to nursing placement with third year students meant I had to take fifth level clinical practice from the beginning. Of course, the facilitator expected a high level of responses from us. I understood what nurses were doing, but I could not understand what they were talking about. I didn't know how to say saline in English. I felt difficulties mentally. So I asked my supervisor at the university, and I extended to two years…..and I also took all nursing placement from level one to six……So I had much easier time because I moved forward step by step (Nanako, p. 2 line 29-40, p. 3 line 29).*

Nanako was supposed to take a one year course for obtaining RN qualification in the university. However she found that it would be difficult to keep up with the nursing placement because of her English ability. She asked her supervisor to extend the duration of the course, which helped her to learn Australian nursing more easily and to overcome the challenges she faced in new environment.

In the case below, one participant changes her primary plan to achieve a practical goal.

> *I found that the course was actually for doctors when I took the first class. I thought I could learn medical terminology from the beginning in the class. Several doctors from various countries and two nurses including me took the class. All of them but me had studied medical or nursing field in English in their home countries, so they already knew everything about medical terminology. I could have done well with grammatical things and got good mark in English test, but I didn't know anything about medical terminology. So*

> *I could not follow the class. The OET cost about 500 dollars. I thought I would waste my money because I knew I couldn't pass the test. So I finally gave up the course….[Instead,] I took an English course for OQNs at TAFE…I learned some knowledge that need to know for nursing, such as 'drug schedule' as well as English. I was able to enter the College of Nursing….and then I got a RN qualification (Kaede, p. 5 line 47-49 p. 6 line 1-4, 41-43,45-49, p. 7 line 5-6).*

Kaede had to give up her first attempt at taking the course for OET (Occupational English Test) due to the huge discrepancy between the course level and her English knowledge. She took another course and she obtained an RN qualification. Since Kaede was not familiar with English medical terminology, the course offered by TAFE was helpful for her to obtain medical knowledge as well as improving her English competence level so she could take an assessment program at the College of Nursing.

When individuals desire to achieve their goals, their flexibility to change their strategies depends on the conditions from the point of view of a cognitive approach (Aldwin 1994, p. 104; Lazarus 1993). If the conditions are not suitable for achieving their goal, people would try to find another appropriate way. People continuously struggle with adjusting and readjusting to difficulties, changes and annoyance toward adaptation (Ruben 1983, p. 137).

However, it is natural for participants in this study that they sometimes have a feeling of escaping or leaving difficulties. Five participants in this study always reminded themselves of their goals, which helped them to maintain their motivation. Two extracts, from Yukari and Sumire, in the following represent the other three participants' comments.

> *I really wanted to get an RN qualification anyway. I always imagined my future of being an RN here. I thought that other people also had a hard time. I needed to overcome the difficulties to move forward to get a RN qualification (Yukari, p. 6 line 22-24).*

> *I would be able to get a license after finishing the course…which was a big motivation for me. I had a lot of energy to carry out the course (Sumire, p. 6 line 11, 13-15).*

Five participants in this study mentioned obtaining RN qualification motivated them to

make a great effort to cope with their difficulties. Their goal was to obtain RN qualification at that time. If they failed it, some participants had to enter a 1 year conversion course which cost money and time, others had to find another way to stay in Australia or had to go back to Japan. They desperately endeavored to obtain an RN qualification that gave them energy to cope with it.

Lazarus and Folkman (1984, pp. 55-56) stated 'commitments' are one of the important determinant factors as to whether individuals conduct coping efforts towards desirable goals or not. 'Commitments' indicate 'what is important to the individuals' and 'what has meaning for them' (Lazarus & Folkman 1984, p. 56), hence, it is likely to occur that participants in this study used various strategies to overcome their difficulties or challenges if they have a strong 'commitment' to their goals.

Participants in this study had strong 'commitment' for obtaining RN qualification. The depth of 'commitment' improves people and keeps them to hold their hopes (Lazarus & Folkman 1984, p. 80). Participants actively tried to cope with their difficulties or challenges by making studious effort or using flexible approaches to achieve their goals. According to Berry (1997), adaptation generally refers to changes that occur as a result of individuals responding to environmental demands. They changed the environment around them by altering their attitudes to keep up with the classes or to be accepted by patients and colleagues which led them to adapt themselves to new environment.

Selecting comfortable places

The comment below was mentioned by only one participant. However, her comment is important because finding a work place where people are satisfied is one of the best positive strategies for better adaptation to new environment. Ayame mentioned her working environment was similar to a Japanese working environment. The diligence made her feel comfortable and satisfied.

> *Nurses in my ward work like Japanese, I can see some similarity, such as the standard of nursing care we provide, the way of working attitudes and the effort made by each nurse. The nursing staff in my ward is willing to work overtime. Some nurses stay in the ward after their working time…..They provide a care to patients using their whole working time, then record the chart after their working time……I liked their working style, so I decided to work in this ward. If I had worked in another ward, I would probably not work*

> *as a nurse now. I would have been disgusted with working style in other wards. Actually, I don't like to work in the ward where there is a low standard of nursing. Yes, I admit it is an unusual ward. But I can say again that most nursing staff in my ward basically try to make an effort to provide better care. We are very busy. I heard that it is difficult to keep the sufficient standard in public hospitals. It is easy to fall into the worse standard level. (Ayame, p 20 line 25-28, 35-36, 44-50).*

According to Maslow's hierarchy, cost, comfortable lifestyle and security are included in the first and second needs, 'Physiological need' and 'Safety needs', are basic needs of human beings (Goodstein & Lanyon 1979, p. 81). Individuals need to fulfill the basic needs first to fulfill higher needs, such as 'Love/Belonging needs', 'Esteem needs', and 'Self- actualization or fulfillment needs'. Hence, the selection of a comfortable and satisfying working environment is important to fulfill self-actualization needs, which will lead to adjusting in a host country more easily.

As a whole, participants in this study actively tried to cope with their difficulties or challenges to adapt to a new environment. Three approaches, 'Making effort', 'Flexible approaches' and 'Selecting comfortable places', took place when participants in this study had 'commitment' to achieve their goals. These approaches were actively conducted to alter the environment for participants in this study, hence, 'Active approaches' was named in this study. 'Active approaches' is similar to 'Active coping' identified by Diaz-Guerrero (1979), which seeks to modify the environment. Lazarus and Folkman (1984) identified 'Problem-focused coping'. They called 'Problem-focused coping' when coping actions change the relationship between a person and the environment, which reduce or eliminate the stressor. In general, 'Problem-focused coping' is defined as 'an attempt to control or manage a stressful situation' (Aldwin 1994, p. 208). Berry (1997) stated that Diaz-Guerrero's 'Active coping' is similar to the idea of 'Problem-focused coping'. Hence, 'Active approaches' in this study are a similar idea to 'Active coping' and 'Problem-focused coping'. Participants in this study coped with difficulties or challenges actively that changed the relationship with their environment. As a result, their active approaches mitigated their stresses and helped them to adapt smoothly to a new environment.

Passive approaches

Some participants in this study sometimes avoided changing their environment or situation. Instead of actively attempting to cope with difficulties or challenges, some of them tried to change their perception of the stressor to overcome the situation. Participants tried not to hold any expectations of their new life. Others tried to accept or conform to the new customs or practices. These approaches also helped them to adapt to their new environment easily and smoothly.

No expectation

Seven participants in this study mentioned that they had no positive expectation for study or work in Australia. Moreover, some of them anticipated the difficulties or the differences they had to cope with. Hence, they had no discrepancy between expectation and reality. They seemed to accept what they were going to do without surprise. The following extracts by Momoko represent four out of seven participants.

> *There was no gap, because I had no expectation about work. Everything was new to me and I already knew that everything would be different from Japan (Momoko, p. 17 line 24-26).*

Momoko and three other participants mentioned that they had no gap between expectations and reality because of having no previous expectation about work in Australia.

> *I don't have any gap between expectation and reality so much.....because it is a job. I have little expectation about my work, because it is a job. I have to do whatever I need to do, even though I hate to. I don't have many expectations of my job (Azami, p. 12 line 7, 11-12).*

In Azami's case, she had no expectation because it was a job, which is a different object of expectation from the other participants. The attitudes demonstrated in above two extracts helped the participants to avoid feeling culture shock.

Three participants in this study mentioned study. The following comment by Ran is representative of another participant.

> *I didn't know what I was going to study so well, so I had no gap between my expectation and reality. I accepted to study just as I had to do (Ran, p. 9 line 13-15).*

Ran and another participant had no discrepancy between their expectations and reality, hence they could study without any surprise.

> *I didn't have much gap between my expectation and reality in taking this course. I thought I would be in trouble with studying. I was thinking that it seemed to be a very easy way to get RN qualification only for 7 weeks (Kikyo, p. 7 line 12-13).*

Although Kikyo had difficulty in studying, she said she had no surprise.

It would be likely for the participants in this study to be shocked, frustrated or disappointed with the reality if the discrepancy between their expectation and the reality was large. This would lead to failure of adaptation just as shock by cultural difference influences migrants' adaptation process (Akhtar 1999, p. 77). All participants in this study overcame the difficulties or differences by having no positive expectation for their new experiences. This approach may seem to be negative, however, it was effective for participants in this study to overcome the difficulties because they were able to avoid shock from the gap in culture.

When in Australia, do as Australians do

Six participants in this study mentioned that they became used to the Australian style of working or lifestyle. They were surprised at the differences in work ethics between nurses in Australia and Japan at first. However, they accepted some of the Australian work ethics or lifestyles and some of them said they act like Australians now. The following extracts demonstrate what they became accustomed to, which represents other participants' comments.

> *…But as the proverb goes, 'when in Rome, do as the Romans do'. I decided to follow their [other nursing staff in Australia] way, I go back home even if I don't finish my job, and I don't do the job that others left.…… I become used to it after one and half year passed (Sakura, p. 9 line 35-36, 40).*

> *I feel like I have a lot of nerve now. I intentionally take sick leave once in a while. I am not satisfied with the situation that only other nursing staff takes*

sick leave so often (Nanako, p. 10 line 39-41).

Nanako and Sakura mentioned that they labelled their colleagues working style as 'irresponsible' at first, but they followed their colleagues working styles now. They needed time and nerve to accustom to the styles, however, they found that 'this was an Australian working style' and there was no problem with following these styles.

The next two participants have become used to their colleagues' behaviours.

> *I think people do adapt to a new environment. I become used to their (her colleagues) swear words, well, I was surprised at it first. But now I can laugh at their swear words, I don't blush for their words anymore (Aoi, p. 17 line 3-4).*

> *For example, when a patient who can't go to toilet by him/herself and ask us to bring a pan, you can't bring it because other patients fall into a critical condition and need emergency care by every nurse. After finishing emergency care, you remind a patient who asked you to bring a pan, and visit him/her, but already he/she wets his/her pants. In this case, Japanese nurses feel sorry for him/her and apologize him/her a lot, while nurses here say, "we couldn't come because of an emergency call. Bad luck." They never say sorry. (laughing) I was really surprised at this but I am not surprised at all now (Sumire, p. 15 line 5-13).*

Aoi and Sumire mentioned that they were accustomed to their colleagues' attitudes to patients at which they were surprised in the beginning. They could not take the same attitudes to patients, however, they became used to it and are never surprised anymore.

Six participants in this study mentioned that they would choose the Australian working/life style rather than the Japanese working/life style. All participants in this study mentioned that the Australian working/life style was easier than the Japanese working/life style. The working style or attitudes they pointed out above were hard for participants to believe compared with their work experiences in Japan. However, it is possible that it was easier for them to change their perception to their stressors (colleagues' work ethics) and accept or follow the new styles, than to attempt to change the environment (including stressors) or refuse it and kept blaming it. Modifying their perception would mitigate their stress, which would facilitate them to adapt to a new environment.

Two approaches, 'No expectation' and 'When in Australia, do as Australians do', were extracted from the data on overcoming difficulties. Participants in this study used these approaches when they found that they could not modify their environment. They tried to change their perception towards the stressor instead of actively trying to change the stressor, hence, the 'Passive approach' was used in this study. Diaz-Guerrero (1979) identified 'Passive coping' as the distinction from 'Active coping'. An individual needs 'patience' and 'self-modification' in 'Passive coping' (Berry 1997) which is similar to the 'Passive approach'. Lazarus and Folkman (1984) identified 'Emotion-focused coping' as distinct from 'Problem-focused coping'. In 'Emotion-focused coping', the individual attempts to change how he/she interprets the stressor instead of modifying the environment (Lazarus & Folkman 1984, p. 150; Lazarus 1993). It can be said the 'Passive approach' used by participants in this study has a similar idea of 'Passive coping' and 'emotion-focused coping'.

Participants in this study approached difficulties or challenges by using 'Active approaches' and 'Passive approaches'. These two approaches have similar ideas to Diaz-Guerrero's 'Active coping' and 'Passive coping' (1979), and also Lazarus and Folkman's 'Problem-focused coping' and 'Emotion focused coping' (1984). Their research focused on acculturation adaptation. Since participants in this study tried to adapt to different cultural host countries, it was natural for them to be faced with a variety of cultural differences. Hence, it is possible for participants in this study to demonstrate similar coping strategies identified by Diaz-Guerrero (1979) and Lazarus and Folkman (1984).

Individuals select problem-focused/approach coping or emotion-focused/avoidance coping depending on their environment or situations (Aldwin 1994, p. 102). Individuals are more likely to use 'Problem-focused coping' when they evaluate the challenging environmental conditions are possible to change. On the other hand, they are likely to use 'Emotion-focused coping' when they assume that it is impossible to modify the challenging environmental conditions (Lazarus & Folkman 1984, p. 150). Participants in this study utilised the 'Positive/Active approach' to face their difficulties or challenges. This was utilised because they had a strong commitment to their goals and they had no other choice but to do it, however they evaluated the possibility of

achieving their goals by their approach. On the other hand, they used the 'Passive approach' when they felt they would not be able to change the situations with the 'Active approach'.

Participants in this study have a common style in the perception of stressors and selection of coping strategies. Even though each person selects each coping strategy to address certain problems, there may be differences within each ethnic background for the types of action they prefer to select (Aldwin 1994, p. 211). Some stressors, such as the death of family member, may be universal, however, cultures influence what individuals perceive as the stressors and the appraisal process for the stressors. Cultures also determine the coping behaviour that individuals will take (Aldwin 1994, p. 199, 211, 215). During the adaptation process within a different cultural background in the host country, it is possible to consider that participants in this study, who have the same cultural background, experienced a similar type of stress and selected similar coping strategies to overcome the difficulties or challenges.

The coping process consisted of appraisal of the stress and selection of the strategy. This is necessary for successful adaptation to a new environment (Ward, Bochner & Furnham 2001, p. 38). How individuals transition through the coping process influences their adaptation outcomes, such as functioning in work and social living, satisfaction and physical health (Lazarus & Folkman 1984, p. 181). Each participant in this study went through a similar coping process, overcame the crisis and succeeded at adapting to new environment. However, it was not enough for them only to make their effort to adapt to their new environment. They needed to 'align' with somebody to cope with and overcome their difficulties and challenges, which will be discussed in next section.

4.5.3 Aligning

Participants in this study coped with the difficulties and challenges with a variety of strategies depending on the environmental conditions. In addition, the participants data showed that 'Aligning' with somebody was found as another essential factor to help them to overcome their difficulties or challenges. The data demonstrated that they

would not have been able to overcome the difficulties and challenges without it. 'Social support' is identified as 'Aligning', which participants in this study mostly sought. They received great support from their friends, family and colleagues at their work places. Some of them mentioned that teachers at schools and universities were also helpful for them.

Social support

The data revealed they received three kinds of social support, 'information support', 'peer support' and 'language support' that helped them to overcome their difficult and challenging situations.

Information support

Since participants in this study tried to obtain an RN qualification, collecting reliable information for the acquisition of an RN qualification were essential. Some participants mentioned information support was also useful for visa acquisition and how to extend their stay.

Nine out of fourteen participants in this study mentioned that they really appreciated information support from their friends and classmates before and during their study when they wished to obtain an RN qualification, Permanent Residency, or to stay longer. Firstly, the extract of a participant will be demonstrated who obtains useful information when she starts seeking information on how to become an RN in the following. Sakura's extract represents other participant's comments.

> *It was November, while [I was] finishing all subjects and waiting for graduation. I started collecting information on how to become an RN, luckily I met one Japanese nurse who took (the assessment program in) the College of Nursing to get an RN qualification. She gave me a lot of advice [for the best way to get an RN qualification] and I decided to take half year 'overseas language' course at TAFE before taking the course in the College of Nursing, because I had no confidence in passing the test in the College of Nursing which provided us only one chance (Sakura, p. 3 line 5-10).*

Sakura above and other participants were looking for a feasible way of becoming an RN because the English proficiency requirement of entering the College of Nursing was

high. They met OQNs who already had experience in obtaining an RN qualification. They found TAFE provided a preparation course for overseas qualified nurses who wished to enrol into the College of Nursing at that time. They followed the advice and finally obtained RN qualification.

The next two participants obtained useful information when they decided to extend their stay in Australia.

> *I didn't think that I was going to be a nurse here at first. But I happened to meet a Japanese nurse during a working holiday stay. She introduced me to a 'Japanese nurses society', and I joined the society. I met several Japanese nurses who worked as RNs in Australia, and some Japanese nursing students studying in Australian universities. Well, I think I was influenced by them that I also could be an RN here in Australia. So I upgraded my working holiday visa to a student visa and stayed longer. Actually, that was what I wanted to do at that time (Ran, p. 2 line 45- p. 3 line 2).*

For Ran, the experience of meeting Japanese nurses made up her mind to become an RN in Australia. She thought she had better study nursing towards obtaining an RN qualification, rather than doing nothing during her stay in Australia.

> *We made some Japanese friends during our working holiday stay and they gave us a variety of information. I worked as a part-timer at a souvenir shop where I met more Japanese and got more information. And my husband also tried to get more information. Finally we found that we could extend our visas (Yukari, p. 1 line 42-46).*

The working holiday visa that Yukari and her husband held originally entitled them to a one year stay. They thought they would like to stay longer and tried to find a way. They met many Japanese during the working holiday stay and acquired the information on how to extend it.

The classmates are also a good source for information as Nanako mentions below.

> *I didn't know how to get Permanent Residency at first. Well, I wanted to work anyway, with a working visa or whatever, and a long-term stay or permanent stay here. But I had no knowledge of how to do it when in Australia. Once I entered university, I met many overseas students who aimed at getting Permanent Residency, so I got plenty of information about it. I was like, 'Ok, I got it. I see what I should do'. I got much information after entering school*

(Nanako, p. 7 line 7-13).

As Nanako mentioned above, it was easy for students to obtain the information because most students in the university had the same purpose, to obtain an RN qualification and Permanent Residency.

Four participants mentioned that they obtained the information about the course they were going to take from their friends who took the same course before. The verbatim descriptor from Kaede represents three other participants' comments in the following.

> *I borrowed case study papers in the past that my friends studied when they took the same course before. So I could prepare for the course as much as I could…..And the Japanese nurse who had taken the same course as me at TAFE and got an RN qualification before me gave an advice about the clinical placement. She told me that, 'Each assessor would tell you differently, so you'd better change your behaviour to agree with each assessor's preferences'. I got support in this sense (Kaede, p. 8 line 2-3, p. 9 line 26-30).*

Kaede and three participants mentioned they borrowed case study papers, other course materials and advice in advance that was useful for coping with the class and passing the examination. They were assessed on whether they had enough nursing competency knowledge and skills to work as an RN in Australia during a short period of time. It was not that they copied assignments conducted by previous course students. They just needed to know what they were going to conduct because they felt uneasy that they could not predict this. People feel security and can behave appropriately when they can predict their future action (Sorajjakool 1999). In addition, they had little confidence with their English proficiency which increased their discomfort more. Hence preparing for study by obtaining information, such as how the class goes and what OQNs are required to do, from students who had previously attended the college helped them to have confidence in completing the class and passing the examination.

Participants in this study wished to obtain an RN qualification and permanent residency or extend their stay. Obtaining useful information or case study papers, advice about nursing placement and exchanging information about examinations, were useful and essential to achieve their goals for them. Participants in this study might not be able to achieve their goals without finding or acquiring appropriate information. They found

proper sources, the people who had similar aims or who had already completed the course. They intentionally or naturally established social networks when they required it and collected the necessary information to achieve their goals. A qualitative study, based on in-depth interviews with 47 government-assisted refugees in Canada and 38 settlement service providers and immigration officials in Canada and overseas, revealed refugees seek information which they perceive as reliable about their future (Simich, Beiser & Mawani 2003). Newcomers tend to consider affirmative information from those who already have successfully adapted as more important and helpful when they try to cope with their difficulties than information provided by settlement service providers and immigration officials (Simich, Beiser & Mawani 2003). Simich, Beiser and Mawani (2003) state that seeking social support is a high priority for refugees who are experiencing severe conditions. Participants in this study also demonstrate that it is essential for them to seek what they perceive to be reliable and necessary information. The information which participants in this study obtained was based on the experiences of those who had already succeeded; hence it seems to be practical and reliable. It is likely that information support from friends and classmates was one of the most useful strategies for them to achieve their goals.

All participants actively sought information support by themselves, sometimes using social networks. However, if OQNs could not find and access information by themselves, they would end up failing to adapt to their new environments. As mentioned in the 'Struggles due to unfairness' section, a lack of information support results in preventing OQNs from better adaptation. This study discovered that easy-access of appropriate information support from formal organizations is necessary to facilitate their adaptation. On the other hand, it is essential for individuals to actively seek social networks that provide useful information, other than relying on others. In addition, it will be helpful for new comers to be provided the information by OQNs who already experienced obtaining RN qualifications and recruiting. This will help new comers to provide more opportunity for accessing appropriate social networks easily.

Peer support

Participants in this study had several stressful difficult experiences during their adaptation to their new environments. They often felt disappointment or frustration when they faced those difficulties. Friends, classmates and family members were

mentioned to be a good source of peer support for participants in this study. Several participants mentioned that they appreciated a friendly working atmosphere and that attracted them to work as RNs in Australia. Support from friends, classmates and colleagues will be discussed in this section.

All participants in this study mentioned that they had difficult experiences in studying to obtain their RN qualifications or nursing degrees. They said most overseas qualified nurses faced the same difficult situations, and the class had a cooperative atmosphere that encouraged them to overcome challenges together.

Firstly, four participants mentioned that they and their Japanese friends helped and encouraged each other to overcome their difficulties. Aoi's comment in the following is reflective of the other three participants' comments.

> *There were several Japanese nurses in the class of the College of Nursing. We helped each other a lot..... We commuted to school all the way from X city and we were studying during the commute. We helped each other a lot....We were in the same situations so we encouraged each other (Aoi, p. 4 line 17-18, 22-24, p. 7 line 8-9).*

Aoi and other three participants mentioned they could overcome the difficulties because they had close Japanese friends who took the course together. They shared difficult experiences together which made them form close ties. They encouraged each other to obtain an RN qualification.

Participants also made close friendship with overseas students from other countries. Four participants mention all members in their class made a united effort to obtain RN qualifications. Two extracts in the following represent other participants' comments.

> *I found that I was not alone when having troubles obtaining RN qualifications at school....I was relieved to see it was not only me but also so many overseas qualified nurses who were struggling with getting an RN qualification. We could understand each other's feelings. It was good that we were like that, 'We all do our best together!' (Kaede, p. 9 line 48- p. 10 line 4).*

> *I sometimes have lunch or dinner with my friends even now. When migrants get together, they often talk about both their positive and negative experiences with each other in Australia, like I had such experience like this.....Many of*

> *them were wealthy enough for them to move overseas, but once they moved overseas, they were not able to obtain employment at the same level. I guess they felt the same as me, so we often comforted each other like, 'It was hard'. Then we played sports together, had lunch or dinner together. We sometimes get together and have a lunch even now. It was fun. I felt like I finally joined a part of a society. Yes. It was a wonderful memory. I remember it now (Aoi, p. 6 line 32-34, 38-44).*

Sharing their difficulty and knowing everyone had the same feeing made participants feel relieved. Having the same difficult goal of obtaining an RN qualification created their classes' cooperative atmosphere. They released their stress and regained their self-confidence by helping or encouraging each other that helped them to maintain their mental health.

The data above demonstrate a tendency that participants mainly received support from Japanese friends and other overseas students when they faced difficulties. This is because the difficulties they faced were an obstacle to getting an RN qualification and they needed someone who understood their terrible feeling with whom they could overcome difficulties together. Participants in this study also received support from Australian's when they had difficulties. One participant mentions that Australian classmates also encouraged her to continue studying.

> *In addition, my classmates encouraged me as well (Momoko, p. 8 line 15-16).*

Momoko who studied at university to obtain degrees mentioned her classmates were always helpful and encouraged her to continue the class. Although her difficulties mostly derived from English comprehension, her classmates could understand Momoko's difficulties because they took the same class.

On the other hand, as Ran mentions below, some participants actually found it difficult to make a good friendship with domestic students and nurses who could contribute to their peer support.

> *Japanese students tended to flock together….I could not make any friendship with Australian students, even though we took a same class every week….I thought it was pity. But I was not good at English and I was much older than those local students. So it was difficult for me to make friends with them….I feel more closeness to Asian nurses in my wards, maybe because they can*

> *understand the feeling of those people who is not native speakers. So I think Asians tend to flock together even though they speak English very well. Not only me to feel relaxed working with Asian nurses who are non-native English speakers, but also other nurses feel the same as me (Ran, p. 10 line 12-21, p. 15 line 10-20)*

Ran could not make a good friendship with domestic students (non-international students) at her university. She also felt more relaxed when she interacted with Asian nurses who are not native English speakers in her workplace. It is possible that age differences and English proficiency might be the obstacle to developing friendships with each other. However, it is more likely that the lack of a feeling of mutual understanding could contribute more to distancing them from domestic students and nurses.

Regardless of whether participants above interacted with native English speakers or non-native English speakers, it could be said that they tended to seek someone who could understand their feelings more and can share their difficult experiences. Since participants in this study and their classmates were from overseas, it is quite likely that all of them had similar difficult experiences in languages or living in a new country. They often talked about their difficult experiences with each other and shared their pain together. These relationships with friends at school sharing their joys and sorrows together made their ties stronger and helped them to overcome the difficulties and challenges. Shared experience is essential for refugees in order to maintain their mental health (Simich, Beiser & Mawani 2003). As Aoi mentioned above, she felt like becoming a member of a society thanks to her friends, a feeling that helped her to make a smooth adaptation to a new society.

It was not enough for participants to interact with only other Japanese to feel a member of society. Several participants in Konno's study (2008) also mentioned that companionship with other overseas nurses provided a sense of belonging and being understood by someone because of shared experiences. Jackson (1996) also revealed in her semi-structured interview survey that her participants (N=9) sought and forged informal networks with other overseas nurses who could share experiences. It is necessary for overseas qualified nurses to have an opportunity to talk about their experiences with each others to adapt to a new society. Naito (2005) stated that people

create a new sense of belonging based on shared personal experiences in his examination paper on the dynamics of the inter-ethnic relationship in a multi-ethnic situation among pastoralists in Africa. Peer support from friends especially those who were in similar situations occupied an important position when participants in this study coped with the difficulties. It would be difficult for them to overcome the challenging situation alone. The feeling that they had good company gave them encouragement to achieve their goal.

Survey research conducted by Ward and Styles (2005) found that British women who successfully achieved their settlement in Australia made new friendships and established social networks in their new society. They concluded that new friendship is very important for successful settlement (Ward & Styles 2005). Frequently contacting friends reduces adaptation stress, and longer involvement with friends leads to lower psychological stress (Berry, Kim & Boski 1988, p. 77-78). Participants in this study reduced their psychological stress by making contact with their friends. They also reduced stress, such as passing an examination by obtaining useful information from their friends. Participants in this study made friendship and established social networks that helped them to overcome the difficulties and adapt to the new environment effectively.

On the other hand, participants in this study derived great support from Australians in clinical placement and in their workplaces. Four participants, Kikyo, and other three participants enjoyed a supportive environment where nurses were kind enough to teach them everything they needed to know. Kikyo's extract in the following represents other participant's comments.

> *Most nurses in Australia were really kind to students and teach you everything you asked, very friendly. I remember that nurses in the hospital were really supportive, they taught me very kindly [in the workplace clinical placement] (Kikyo, p. 7 line 19-20, 34-35).*

Kikyo and other participants formed the impression that most nurses in Australia were friendly and kind to nursing students. They had enjoyable experiences in the workplace clinical placement. They were worried about the workplace clinical placement because of differences in language and nursing practices from Japan. A friendly and kind

atmosphere created by the Australian nurses reduced participants' stress and encouraged them to become RNs.

Tsubaki in the following receives great support from her colleagues which helps her to continue working.

> *I have several good colleagues in my ward. Two of them told me that our boss put in a good word for me with a manager and a director of nursing. I didn't know at that time, I found out later, but the manager and the director of nursing were wavering in their judgement whether they should give me another three-month contract or not. One of my close colleagues told the manager and another close colleague told the director of nursing that they should give me another contract. They said I just began working so I could not work well so far, but I always worked thoroughly, I was not lazy and worked very hard with responsibility….. They said they didn't need to order me twice. They could depend on me because I definitely completed the task during working time once they gave me some task….. They recommended to the manager and to the director of nursing that I was worth keeping in this hospital, and gave me chance, another three-month contract (Tsubaki, p. 10 line 47-p. 11 line 19).*

Tsubaki mentioned her colleagues appreciated her attitudes towards work and suggested to the manager that they should give her another contract. She thought she would have lost her job without their contribution because of her poor English proficiency.

Several research papers revealed racial discrimination towards ethnic minority overseas qualified nurses in the work place, such as verbal abuse, ignoring and denial of opportunities for training, promotion or work allocation, as stated above in 'Struggle with/due to unfairness' section (Alexis, Vydelingum & Robbins 2006; Alexis, Vydelingum & Robbins 2007; Dicicco-Bloom 2004; Larsen 2007; Hagey et al. 2001; Henry 2007; Hawthorne 2001; O'Brien-Pallas & Wang 2006; Shields & Price 2002; Lemos & Crane 2001). Tsubaki's case might be an unusual experience for an overseas qualified nurse. However, the data in this study demonstrated that other participants in this study received great support from their colleagues and that helped them to overcome the difficulties that they faced. Several Asian participants in Konno's study also reported their Australian nursing colleagues were very supportive and friendly which made them happy and satisfied with being an RN in Australia. Most research papers above were not conducted in Australia, hence, the friendly and supported

working environment might be one of the positive aspects of the Australian working culture. All nurses have a responsibility to make work places nurturing and supportive and they have to contribute to the nurse-friendly working environment, to attract both OQNs and domestic nurses (Jackson 1996). That would attract more nurses, including OQNs, because a nurturing and friendly working atmosphere would relieve the stress of nurses who are unfamiliar with the environment, which would help them to maintain their mental health.

All in all, participants in this study found that appropriate social support for maintaining their mental health depends on the situation. Twelve Korean nurses who participated in a study which took a grounded theory approach, conducted by Yi & Jezewski (2000), also received support from other Korean nurses and their American colleagues which relieved their stress. They sought support from other Korean nurses to ease their psychological stress by talking in Korean and sharing experiences. When they had trouble with communication with other host members, their American colleagues helped them to ease their stress (Yi & Jezewski 2000). It is likely that people tend to seek other people who have similar experiences because shared difficult experiences enable mutual understanding and foster a sense of belonging, that will reduce their adaptation stress and maintain their mental health. On the other hand, people seek natives of host countries when they need more practical support, such as receiving instruction in the workplace clinical placement, assessing job ability and communication support. Communication support will be discussed in the next 'Language support' part in this study. These supports from natives of host countries also alleviate their psychological stress and help to facilitate their adaptation. Psychological adaptation is influenced by social supports (Ward, Bochner & Furnham 2001, p. 42). Both this study and the previous literature referred to above revealed that no migrants, including OQNs could avoid experiencing psychological stress during their adaptation process. Good support reduces stress during the adaptation process and facilitates adaptation to a new environment. All participants in this study received appropriate support to overcome their difficulties without serious mental damage and adapted to their new environment. A warm, kind and friendly atmosphere in the work place is also essential to better adaptation.

Language support

Another support the participants in this study appreciated was 'language support' since they struggled with English the most during their adaptation. As discussed in the 'Struggle' section of the data, language difficulties undermined their feelings of self-worth. They received great language support from native English speakers; their colleagues, friends, family member and teachers. Their support also helped them to regain their self-worth.

Three participants mentioned they appreciated their colleagues' support to improve their communication with others. The extracts below represent another participant's comment.

> *I could not speak English fluently and had only limited conversation at that time. But everybody in the ward helped me....They answered the phone instead of me when I was in trouble with answering (Azami, p. 11 line 39-41, 48- p. 12 line1).*

> *Most of my colleagues in the ward were very nice, they were very helpful to me [when I was in trouble with listening to orders or a handover]. I always felt thankfulness to them. That was why I could survive. Including my educator, I was always supported by everyone, so I feel like I have worked as an RN up to now thanks to them (Ran, p. 10 line 27-30).*

Several participants struggled with answering on the phone and listening to handovers as mentioned in the 'Struggle' section. The participants mentioned they disliked answering the phone and also the handover during nursing. These duties made them feel inadequate. Even though they began to work as RNs, English was still a challenging barrier for them to overcome. Japanese international scholars (N=25) who participated in Dautrich's interview survey (2001) suggested that the faculty should provide support to write down or type out important information because most international students had better reading or writing skills in English than listening or speaking abilities. As was discussed in the previous 'peer support' data, language support by colleagues relieves OQNs psychological stress (Yi & Jezewski 2000). Participants in this study also reduced their stress by getting help from their colleagues, which encouraged them to continue to work.

Two participants mentioned that they appreciated the very helpful support from their

friends when they desperately wished to pass an examination or assignment.

> *My flatmate was an Australian who was good at academic writing, so I always asked him to check my writing. He replied, 'This sentence doesn't make sense. Is that what you mean?' I always had him check before submitting my writing. I would not be able to graduate from university without him (Ayame, p. 4 line 40-43).*

Ayame and another participant mentioned that they received great help from their friends. This support helped them to improve their English writing skills and led them to pass their examination or assignment.

Family members are also an important source of language support. The following extract by Fujiko represents another participant's comment.

> *Well, my husband is Australian, so he checked my writing (Fujiko, p. 3 line 46-47).*

Fujiko and another participant mentioned they received practical support during their study from their husbands who were native English speakers. They also helped by checking their writing, such as correcting grammatical mistakes and suggesting more intelligible expressions. Again, this private language support enhanced their English writing skills to help them to pass their examinations and assignments.

Private checking of their writing was essential for participants in this study. As Ayame mentions below, she perceives the university did not provide the language service that she expected to receive.

> *The university provided an academic support service for overseas students. But they were useless for me. They taught us how to collect relevant literatures for essays……but they didn't check my writing. I had no problem with finding literatures, so the teacher told me, 'I have nothing to teach you, just correct your grammatical errors'. I needed them to check my writing, so I thought they were useless for me (Ayame, p. 4 line 50- p. 5 line 5).*

Ayame considered the university provided overseas students with only useless academic support. She expected the university would check her writing. Whether her expectation

was reasonable for universities to provide this service or not, it is fair to say that overseas students seek the language support that Ayame and other participants required above. In fact, three participants, whose teachers at school or lecturers at university were very supportive in terms of improving their English abilities, appreciate their teachers' or lecturers' kind support. The verbatim descriptors below represent another participant's comment.

> *When I studied at the university, our lecturers were very helpful more than we expected….. For example, they explained whenever we didn't understand what we should write on the essay. So I didn't think it was so difficult to study at university thanks to their great help (Azami, p. 3 line 42-43, 46-48).*

> *I always asked my teacher to check my writing when I studied English for my final examination [to enter the College of Nursing] at TAFE. It was very kind of them to take time to check my writing. Thanks to them, I was able to pass the examination (Yukari, p. 5 line 15-17).*

Their lecturers and teachers were very kind to give advice and checking their essays beyond the level they expected. It is likely that it depended on the individual teacher's personality and teaching skills whether they provided useful extra instruction or not. Participants who received assistance from those teachers and lecturers really appreciated their personal support. This support helped participants to improve their English skills.

Even though OQNs obtain high enough marks to enter universities or the College of Nursing, academic writing is still a difficult obstacle for them to overcome. Participants in this study sought support to improve their academic writing skills, including checking for grammatical errors and making sure that the participants used appropriate expressions that readers can understand. This support requires personal interaction. Australia is a multicultural country, and moreover, many overseas students come to study every year (International Development Program (IDP) 2007, 2008), hence, it would often be necessary for teachers to provide personal support to improve the English ability of students who do not speak English as a first language. Foster (1997) discussed the role of the second language instructor in her opinion paper. This included practices contributing to transformative learning and factors influencing the process in the learning of a second language. She stated that the second language instructor should take into consideration the personal needs of each student when organising their

learning environment (Foster 1997). Rance-Roney (2008) also stated an opinion regarding effective teaching to learners of the English language from her teaching experience in the class. She found it was necessary to organise a learning environment that takes into account the personal situation, character and ability of the learner to improve their English proficiency (Rance-Roney 2008). If participants did not receive the support they needed from teachers and lecturers, and moreover had failed to establish any friendship with native English speakers and could not receive any private language support, they could not have coped with their language difficulties and may have completely lost their self-worth. As discussed in the 'Struggling with languages' section, language proficiency strongly connects with a person's identity (DeVos 1995, p. 23; Foster 1997; Norton 2000, p. 5; Konno 2008). It would be of great benefit for second language learners if they can receive personal level support from schools and universities because it would maintain their identity and it also leads to facilitating their adaptation to their new environment.

On the whole, participants in this study received great support from their friends, colleagues, family and teachers mentally and practically. If a person is able to receive social support or believes they can receive social support whenever they need it, they will adapt better to their new environment (Lazarus & Folkman 1984, p. 259). A person who succeeds in coping shows the least mental related disease caused by stress (Berry, Kim & Boski 1988, p. 77). Participants in this study established social networks to obtain the necessary information to achieve their goals. People can develop contacts with a wide range of people by using social networks, hence using social networks enables better adjustment to a new community (Ward & Styles 2005; Adelman 1988; Pescosolido 1992). The sharing of difficult experiences united overseas qualified nurses, and provided participants in this study with feelings of belonging and being understood by someone. That assisted them to adapt to a new society. The friendly and supportive working atmosphere in the hospitals was also mentioned as a positive aspect of the Australian working environment. Moreover, support by family members and teachers at school were also important for participants in this study to overcome their language difficulties. Social support is one of the effective resources that people can cultivate and use, and is one of the coping strategies for adaptation (Lazarus & Folkman 1984, p. 259). Social support facilitates migrants to settle in the new context (Berry et al. 2002, p. 369; Aldwin 1994, p. 207). In addition, good social support lowers

adaptation stress in a new cultural society (Berry, Kim & Boski 1988, p. 77).

As discussed in the literature review, OQNs are easily stressed when they face language difficulties and cultural differences (Yi & Jezewski 2000; Tsukada & McKenna 2005; Jackson 1996; Omeri & Atkins 2002). OQNs in their studies sought peer support from other NESB OQNs when they needed to share experiences. They sought support from nurses in the host countries when they needed help communicating with others (Yi & Jezewski 2000; Tsukada & McKenna 2005; Jackson 1996; Omeri & Atkins 2002). Participants in this study also demonstrated a similar tendency when they need support from others. Participants in this study cultivated and used social support from friends, colleagues, family and teachers. They chose each support source appropriate to the situation in order to cope with their difficulties. Participants in this study found appropriate social support, overcame the stress and regained their self-worth, and successfully adapted to a new environment.

This study reports that OQNs need to be provided with opportunities to access social support when required. OQNs including participants in this study can be the source of this support for coming OQNs, and their experiences should be drawn upon for future comers. A supportive atmosphere in the work place is also essential for OQNs especially nurses who are from a NESB. Formal organizations need to be cooperative and supportive so that OQNs can access appropriate information surely and easily. These support networks will certainly assist OQNs to better adapt to their new environment.

4.5.4 Overview of 'Acclimatizing'

Three sub-themes; 'Struggle with/due to', 'Strategy' and 'Aligning' were found as experiences of participants in this study during the 'Acclimatizing' phase. Participants in this study struggled with languages and unfairness. They were faced with difficulties in having communication with others because of insufficient listening and speaking ability at first. They also had to cope with remembering and using medical terms in the clinical placement and their working places. All these events regarding English language proficiency reduced their self-worth. They also faced unfairness concerning

racial discrimination and employment. To overcome these difficulties and challenges that reduce their self-worth, participants in this study adopted several approaches. Firstly, certain strategies contributed to the success of adaptation. They used 'Active approaches' and 'Passive approaches' to cope with difficulties and challenges. Some participants made an effort to adapt to a new environment or to be accepted, and favoured flexible approaches and selected comfortable places as 'Active approaches. On the other hand, some had no expectation and followed the adage 'When in Australia, do as Australian do' which was consistent with a 'Passive approach'. A combination of all of these strategies helped the participants to adapt to their new environment. Secondly, 'Aligning' was found as another essential strategic factor for adaptation. Participants in this study received great 'Information and Mental support' from friends, colleagues and family. They extended their friendship and established social networks for acquiring information. Social networks also helped them to maintain their mental health. They also appreciated a kind and friendly working atmosphere in Australia. For participants who struggled with English, 'Language support' was essential for overcoming their difficulties.

Participants in this study went through the phase of 'Acclimatizing', struggling with language and unfairness, overcoming with strategy and social support, and gradually adapted to Australia. In becoming accustomed to their new environment, participants in this study demonstrate two conflicting aspects of themselves, which will be discussed in the next 'Settling' section.

4.6 Settling

While participants in this study were becoming accustomed to performing nursing jobs in Australia, they were struggling with difficulties and challenges. The 'Settling' phase is the period when the participants in this study had almost settled into their new and different environment.

In this phase, participants in this study noticed that they had become accustomed to some areas of difference in culture and custom. Their comments indicated the degree of

their transformation of views and attitudes as a result of 'Acclimatizing' to Australia. Most participants recognized that they would not be able to return to their old work life as nurses in Japan. On the other hand, they demonstrated that they were also not able to discard their original perceptions, as Japanese nurses, of what constitutes quality nursing care. Participants in this study found working in the Australian environment altered them in several ways, such as their perception of what makes a suitable working environment. They no longer thought they could work in Japan, but could not change what they believe to be their identity as Japanese, especially concerning nursing. These two conflicting attitudes emerged from the data relating to their 'Settling' behaviours. However, participants in this study integrated these conflicting attitudes to settle into the new environment.

The components of the 'Settling' phase can be broken into two sub-themes; 'Aspects subject to change' and 'Reaffirmation of sense of self-worth', which are demonstrated in Table 15. These two components were found in all of the participants in this study in relation to 'Settling' into Australia.

Table 15 Theme three - Settling

Theme (Phase)	Sub-themes
Settling	Aspects subject to change Stepping away from the Japanese health work environment Future prospects
	Reaffirmation of sense of self-worth

4.6.1 Aspects subject to change

Most participants in this study noted that the change in their way of thinking was such that they would not be able to fit into the Japanese health environment anymore. They also mentioned their future plans were for them to develop their careers in Australia, even though some of them hoped to go back to Japan in the future. 'Stepping away from the Japanese health work environment' and 'Future prospects' were sub categories that emerged from the data with regards to their transformation behaviour towards

their ’Settling’.

Stepping away from the Japanese health work environment

One common aspect that participants in this study noted as an area that had been subject to change can be described as ‘Stepping away from the Japanese health work environment’. Only one out of fourteen participants clearly expressed that she wished to work as a nurse in Japan in the future, although she also admitted that she preferred Australian working conditions. Four participants did not specifically mention whether they wished to work as nurses in Japan again or not, however of these four, three indicated that they would not consider working in Japan due to their family life (married to Australians), and one participant had not decided her future plans yet. However, they did state that they prefer Australian working conditions and environment. Nine participants definitely stated that they would not wish to go back to Japan to live, or that they would not like to work as nurses in Japanese hospitals even though they expected to go back to Japan for the long term in the future. They mentioned several reasons why they would not like to go back to work as a nurse to Japan, which can be exemplified in the following. Several participants mentioned more than one reason why they would not wish to work in Japan anymore.

Five out of the nine participants who clearly stated they would not wish to go back, felt they would not be able to fit back into Japanese working environment because of the busy and unrelaxed atmosphere there. Ayame expected not to be able to work again in the busy environment that she had experienced working in Japanese hospitals.

> *It is impossible for me to work in Japanese hospitals anymore, because it was too busy. I have a plan to go back to Japan and will work except in Japanese hospitals in the future. This is my best plan (Ayame, p. 23 line 21-23).*

Ayame did not mention what exactly she would like to do when she went back to Japan, hence, it is uncertain whether she wished to change her career or she would not to work in Japanese hospitals.

Aoi and Nanako mentioned that they would not like to work in Japan because they already became used to relaxed Australian working environment.

> *If I go back to Japan to work as a nurse now, I am sure I would be very nervous. Technology or some sorts of things are changed. I don't think I will be able to work properly because of stress if I am told to go back to Japan to work…. I work here [in Australia] because I don't feel any stress. I feel relaxed when I am working (Aoi, p. 13 line 45-47, p. 14 line 6).*

Aoi mentioned that she had a negative impression of the Japanese work environment. Aoi left her job in Japan because of the stressful working environment in the ICU. She expected if she returned to Japan she would feel nervous because of the requirements of fitting into a high technology health environment, which she experiences in the ICU in Japan. Aoi comments about her experience nursing in Australia being much less stressful than Japan. However, Aoi did not possess any experience working within the ICU whilst in Australia. Therefore, it is difficult to compare her experiences of the two countries.

> *I can't go back to Japan. I don't want to work in wards of Japanese hospitals…..I don't work under the stressful environment where I always feel tense. I prefer to work in the good atmosphere for my mental health. So I prefer Australia, as for my mental health (Nanako, p. 17 line 30, 42, 43).*

Nanako remembered her Japanese work experience as being full of stress and hard work. She mentioned that she never imagined herself working in Japanese hospitals again.

Tsubaki and another participant described what they considered to be difficulties in living and working in Japan. The extract from Tsubaki below also is representative of another participant's comment.

> *I found I would not be able to live in Japan anymore when I went back to Japan. Japan life is very structured. I enjoy my life more here in Australia. I feel relaxed…[I found that] you always needed to be more aware of the environment you are in [when I took care of mother in a Japanese hospital] (Tsubaki, p. 22 line 27-29, 43-45).*

Tsubaki and another participant perceived Japanese nurses as being required to be always sensitive and careful to their nursing care, which always gave them stress, in their experience working in Japan. They felt difficulty in meeting the Japanese requirements for work ethic, to be always sensitive and careful as nurses in Japan once

they had experienced an Australian relaxed work ethic compared to Japan.

Participants quoted above appreciate the more relaxed Australian working environment, hence, it would be difficult for them to go back to the Japanese unrelaxed work environment once they had experienced a relaxed working environment.

Four out of these nine participants mentioned they would not like to go back to work in Japanese hospitals because of the hard working conditions. This is demonstrated in the following extracts from comments of participants.

> *It would not happen to me to go back to Japan[because I married an Australian], but I want to go back [to live], a little bit…..but, well, I wonder if I can work under the [hard] working conditions, such as general hospitals in Japan. I don't want to [work there] (Kaede, p. 15 line 42, 46).*

> *I am married now, so maybe, I don't think I can work under the working conditions like Japanese hospitals have.....I don't like to go back to work with [Japanese hospitals'] working conditions (Azami, p. 8 line 15-16, p. 16 line 9)*

Kaede and Azami married Australians and they believe they will continue to live in Australia with their families. Their comments were based on the theoretical supposition that they would have the opportunity to work as nurses in Japan again. After experiencing a flexible working style that provides nurses with the opportunity to work according to individual lifestyle, they are no longer willing to work as nurses in Japanese hospitals. This is because they were dissatisfied with the inflexible working conditions of Japanese hospitals where they worked previously.

Tsubaki further explained what Kaede and Azami mentioned above. She described unreasonable working conditions as the reason why she selected to work in Australian hospitals rather than in Japan.

> *I am sure I will keep working in Australia. I don't think I can work in Japan…..I got paid as much as I work. It is easy to take holidays. And moreover, I don't need to feel guilty to take it….[I saw] day shift nurses helped patients to eat dinner at 7 pm [when I cared my mother in the Japanese hospital]. I asked them, 'Do you still work?' They answered, 'Yes. I work overtime.' I asked, 'Do you get paid?' They answered, 'No, we don't.' I thought, but didn't say, 'How dare you work in such an awful place?' I felt it*

> *is stupid to work in this kind of awful working conditions. I thought I prefer Australia to work as a nurse. I saw the working conditions of Japanese nurses when I cared my mother at hospital in Japan, and I thought Australian hospitals offered much better working conditions to nurses than Japan. Since then, I changed my mind to stay here [in Australia]. I can't go back to Japan (Tsubaki, p. 22 line 6, p. 22 line 27-31, p. 23 line 11-18).*

Most participants in this study expressed their satisfaction with several of the working conditions experienced in Australia, such as the wage system, taking holidays without feeling guilty and no overtime work without compensation. Tsubaki felt herself to be unable to work in a Japanese hospitals working environment after having satisfying experiences with working conditions in Australia.

Ran mentioned that she would not be able to work as a full time nurse with night shifts even though she is still considering going back to Japan.

> *I haven't decided yet whether I will go back to Japan or not. I always keep going back to Japan in mind. But I won't be able to work in general hospitals anymore. For example, supposing I work in general hospitals, I only want to work as a part timer or only day shift work.....or I will work as an interpreter or translator concerning medical or nursing matters, not work as a nurse.....I have bad condition regarding my back, so I don't want to work as a full time nurse. Night shift also tired me and made me sick. I think I am going to work in the different career field, such as academic field (Ran, p. 22 line 19-31).*

Full time work with night shifts is the ordinary working style in Japanese hospitals. However, Ran expected that night shift and full time work could be too hard to work in Japan due to her health condition. She is considering changing her career if goes back to Japan.

Participants above mentioned their dissatisfaction with the busy, stressful Japanese health work environment. They were also discontented with Japanese working conditions in Japanese hospitals and still had critical views of Japanese working conditions at the time of their interviews. A busy stressful work environment and unsatisfactory working conditions were the push factors that made some participants in this study decide to leave Japanese hospitals, as already mentioned in the first 'Seeking' section. It was natural for them to consider that they would not like to go back to work in Japanese hospitals anymore once they had satisfactory experiences in Australian

health settings.

These satisfactory experiences in Australia promoted adaptation of participants in this study to the new environment. As three participants in the following verbatim descriptors demonstrated, the alteration of some part of their attitude occurred as a result of having satisfactory experiences. The extracts from Sumire and Tsubaki are also representative of another participant's comment. Sumire mentioned the difference of attitude to patients that made her decide to choose to work in Australia.

> *[Patients in Australia insist on their rights but nurses also told patients straight what the nurses can do and what they can't do to/for patients.] So, it would be hard for me to work as a nurse in Japan.…I can work as a facilitator or something in a Japanese university…..but I wonder,,,I would be in big trouble if I work as a nurse in Japanese hospitals. Employers will be surprised [at my attitude towards work] (Sumire, p. 15 line 44-45, p. 20 line 39-40, 42-44).*

Sumire felt she would not fit into the Japanese working style as she used to do after adjusting to the Australian working style. She mentioned that her attitude towards patients has become different from her previous attitude (which she held when she worked as a nurse in Japan) and she preferred her Australian attitude. From a cultural perspective, it may be natural for her to worry that she would be in *big trouble*, which she meant she might get blamed for her straight attitude in Japanese hospitals, because Japanese usually do not appreciate a direct and clear expression way and they tend to consider it as indicating a rude attitude (DiBenedetto, Tamate & Chandran 1992). On the other hand, an Australian who comes from a Western cultural norm (this is mentioned in 'Acclimatizing' section) (Hofstede 2001, p. 215; 2005, p. 78), tends to communicate in a direct way (Gudykunst &Nishida 1994, p. 28; Gudykunst 1998, p. 44). Hence, once Sumire acquired the Australian communication style that tended to speak to others directly and clearly, and she felt satisfaction with it, it is quite likely that she would have conflict with other Japanese if she were to work in Japan.

Tsubaki mentioned another communication style concerning hierarchy in Japan.

> *I don't think I can live in Japan anymore. It is an uncomfortably strained country, especially [Japanese society emphasize on] vertical society (hierarchy). I am not good at using honorific words. I am not good at speaking to seniors*

> *properly [in Japanese], so I can't [live in Japan anymore]. I already get accustomed to Australian lifestyle (Tsubaki, p. 23 line 47-50).*

Tsubaki felt Japan was a suffocating country when she went back to Japan after living for an extended period of time in Australia. She felt uncomfortable because Japan is a vertically structured society where you are required to speak in a more respectful manner to elders. This verticality and hierarchy are the features of Japanese society (Okabe 1983, p. 23; Gudykunst & Nishida 1994, p. 33). Formal manner and formal way of speech (with specific rules) is required when you have contact with seniors, persons with higher social status or higher family background in this society (Okabe 1983, p. 31, 35). Tsubaki is now not comfortable with this formal manner of speaking, and this implied she would not like to comply with some part of the Japanese culture anymore.

Based on what Sumire and Tsubaki had mentioned above, it is possible that other participants above also would not like to comply with some part of the Japanese culture, although they seemingly complained about Japanese hospitals. The researcher did not ask participants further questions regarding this matter at the time, therefore this remains as a matter to be discussed in future research.

Transformation of their views, behaviour and attitude was essential for participants in this study to successfully adapt to an Australian society, where many residents in Australia have different views and behaviours from participants' expectations based on their perspective of the Japanese character. It could be impossible for participants to settle into Australia if they had persisted in continuing their previous Japanese lifestyle and hanging onto their preconceived assumptions in their new environment, hence, they needed to shift some of their views and behaviour in response to the Australian lifestyle. When a person says they will adapt to a new environment, there is a need to make some modification of views or behaviours in response to environmental demands (Berry 1997). In this case, participants selected the behaviours that were easier and more comfortable for them to change and the selection enabled them to settle into Australia more smoothly.

Several nursing students in a study by Melia (1987) were also found to modify some of

their views and behaviours to fit in to the ward, where they undertook their workplace clinical placement. Melia (1987) conducted an interview survey of students from two Scottish colleges of nursing to explore the occupational socialization of students in the organizational structure of the hospital wards. Students realized the theoretical knowledge that they had learned in the college did not necessarily fit in with the practical care in the wards (Melia 1983, p. 29, 33). They tried to fit themselves to the given situation to 'get work done' because they knew performing well in the ward was essential for obtaining the nursing qualification which was their goal (Melia 1987, p. 127, 161-162, 175). They did not modify all their behaviours, but rather they discovered the best way to get through by modifying some behaviour that they considered to be important to allow fitting in to the ward and not modifying those that they considered not significant or important to them (Melia 1987, p. 165, 170, 174). Since Melia's study (1983) focused on nursing students who needed to adapt to be accepted for the duration of their clinical placement (limited in time to three years), there are some limitations in using it to discuss the occupational socialization of nursing workers who usually need to adapt themselves in the new environment for a longer time span. Even so, both groups demonstrate similar tendencies when faced with the need to adapt to a new environment; choosing some areas of behavior to modify that are considered to be important to fit in the new environment.

Both the participants in this study and the nursing students in Melia's study seemed to try to accommodate themselves by modifying some of their diverse views and behaviours to better fit into new environment regardless of the difference in time span. Modifying old views and behaviours to better fit into new environment could be important because if participants in this study only tried to assimilate to their new environment without modifying their views and behaviours appropriately for the new environment, inner conflict could occur and they would fail to adapt to their new environment. That would lead them to end up going back to Japan. On the other hand, if participants in this study refuse to change any of their views and behaviors and only stick to their own cultural lifestyles, they also would fail to adapt to the new environment. Berry (1997, 2001) called the behavior of refusing to interact with the dominant group of people and trying to cling to their own cultural identity as 'Separation'. 'Separation' is one of the acculturation attitude modes that occurs when individuals migrate to other cultural background societies and try to adapt to the new

environment. People who are in the separation mode feel much higher acculturation stress than those who succeed in shifting some part of their views and behavior (Berry, Kim & Boski 1988, p. 76). It is quite likely that participants in this study shifted some of their views and behavior to accommodate with their new environment, which could avoid causing inner conflict, and possibly reduced acculturation stress. Individuals accidentally or deliberately discard some previous cultural behaviours and acquire new behaviours to replace it to better fit in the new environment (Berry 1997).

Participants in this study fitted into their new environment in some way by transformation of some own views and behaviors. 'Stepping away from the Japanese health work environment' is one of the transformations of views and behaviours that participants in this study demonstrated in their 'Settling' phase.

Future prospects

Having future prospects in the new environment emerged from the data as another feature of settlement in Australia by participants in this study. Ten participants were considering developing their career or continuing their career in Australia regardless of their thinking on whether they were staying in Australia or going back to Japan in the long term. Seven out of these ten participants expressed details of their goals, such as developing their nursing career or changing to other careers. The following extracts from Kaede and Ayame, represent other participants' comments.

> *I would like to work in the acute care wards after gaining my nursing experience [in the current hospital]. Or I am thinking I am going to get the Midwifery qualification [in Australia] (Kaede, p. 15 line 32-34).*

> *I work as an educator now. I would like to have more in service classes in our wards. I study by myself more to have it. Actually, I want to get a masters degree, in education, if possible. I would like to go back to Japan in future, but I don't know whether I can do or not (Ayame, p. 23 line 7-10).*

Kaede, Ayame and another three participants were considering developing their nursing careers when interviewed. Some participants hoped to obtain further qualifications and other participants mentioned they would like to go to university again. Although Ayame desires to go back to Japan in future, she considered developing her career

during her stay in Australia.

One participant below had already taken action for her future plan.

> *I want to finish the course I am taking now, anyway…..after that I want to do something to help Japanese elderly [who live in Australia], if possible. Working back to a RN job will be one of my selections if I can work for Japanese retired elderly [who live in Australia] (Kikyo, p. 17 line 9, 16-17, 22-24).*

Kikyo was studying for her degree towards her plan for the future at the time of the interview. She described her hope that she would be able to help Japanese elderly in Australia. She commented that working with the Japanese elderly in Australia was her motivation to study her current course.

Nanako is a participant who mentioned her hopes of changing her career in the future.

> *For the time being, I am going to keep my job as much as I can….I need to work to make living, but I don't want to work at a cost to my private life. I don't intend to pursue nursing any further. Actually, I wanted to change my career rather than [keep working as a RN] when I [left a hospital and] went to the university to study English again in [Japan]…..there will be no chance I will be a CNC or other specialist. I don't think I can do it. I aim to go to other field, [not nursing] in Australia, but not in Japan. I am settling down [in Australia] now (Nanako, p. 18 line 6-9, 14-16, 20-22).*

Nanako mentioned in the interview that she came to Australia for immigration from the beginning and she obtained her Australian RN qualification just for the purpose of making a living. Since her intention had always been to change her career since she was in Japan, she may still intend to change her career even if she moved to Australia. Although she hoped to try other career paths rather than developing her nursing career in the future she would continue working as a RN to make a living. She, in either event, has her future perspective regardless of a career in Australia.

Three participants mentioned that they hoped to continue working with their present conditions (shifts etc). The extract from Kasumi's comment below represents other participants' comments.

> *We can work as part timers [with good conditions in Australia], and I like it. We can take holidays and finish our jobs on time. In addition, we can choose working hours and working days that suit to our preference. I work two days a week now. I can do other things [hobbies, housework] with this pace and I get some money with this. So I would like to keep this working style (Kasumi, p. 21 line 48-51, p. 22 line 1-2).*

Kasumi and two other participants were satisfied with their current working conditions. They were content with the Australian working style which allowed them to enjoy their private life.

Developing or considering their prospects in a new environment emerged from the data as another feature of the 'Settling' phase experienced by participants in this study. Ambition and future prospects are further goals beyond successful settlement. As already discussed in the 'Strategies' in the 'Acclimatizing' section, individuals will take actions if they think it is of value to do so. Lazarus and Folkman (1984, p. 56) called what is important to the person, and what has meaning for them, 'commitments'. Having commitment is one of the essential strategies to maintaining their devotion to settlement (Lazarus & Folkman 1984, p. 63). In addition, we will feel secure when we are able to predict our future behaviour (Sorajjakool 1999). The ability to predict the future will help us to function appropriately (Sorajjakool 1999). Having positive future prospects in the new environment will aid or sometimes will promote participants ability to settle into the new environment, because having positive future prospects will give participants additional meaning of their settlement.

All in all, participants in this study demonstrated the transformation of their behavior to a new environment. Some participants stated that they had stepped away from the Japanese health work environment. It is likely to be natural for them to shift to an environment where they felt more satisfaction. Other participants expressed their prospects for their future life in Australia. Fulfilling and pursuing future prospects could be possible when participants in this study have settled into the new environment.

In this phase, participants in this study demonstrated their settlement to Australia. The majority stated that they planned to work as RNs in Australia or stay/live in Australia, not in Japan. On the other hand, all participants in this study demonstrated their unchanging core values that they hold as part of their identity, which will be discussed

in the next section, ‘Reaffirmation of sense of self-worth’.

4.6.2 Reaffirmation of sense of self-worth

As mentioned in the previous section, ‘Aspects subject to change’, participants in this study all indicated they appreciated the Australian health work environment, and expressed their discontent with the Japanese health work environment. They found themselves successfully accommodating to Australia and have decided on living/staying in this country.

However, all participants in this study identified some aspects of their views and behaviours that were different from their Australian counterparts, that they felt they could not change or discard, although they successfully shifted other aspects that they considered to be valuable to change, as discussed in the previous section. The views and behaviours that participants in this study held onto were related to the beliefs and sense of identity that was cultivated as a Japanese in Japan. When they came into contact with different views and behaviours from those of their norms, they consciously or unconsciously contrasted and compared those different views and behaviours with their view supported by their Japanese cultural background.

The data from ten participants revealed these perceived differences, with a particular focus on the nursing care they delivered, between themselves and their colleagues in Australian hospitals. Several of the following extracts from participants, which also represent the feelings of other participants, demonstrate how participants in this study compared and perceived their care and their Australian colleagues care, and what participants in this study considered to be their values as Japanese nurses. When they contrasted their perceptions of their care with their perception of care provided by nurses in Australia, they commented Japanese nurses provided a better quality of nursing care, because they provided the care with more sensitivity and thoughtfulness.

It is difficult to translate some Japanese terms and expressions peculiar to Japan used by participants’ in their comments to precise English expressions. As each term and expression they use represents how they perceive the importance of quality of nursing,

it is important to understand the meaning of each term and expressions as closely as possible to the Japanese primary meaning. Thus, Japanese terms and expression are used with quotation marks, the concept(s) embodied in each term and expression are then explained in footnotes.

Kaede and Momoko commented on how they perceived the nursing care provided by nurses in Australia and Japanese nurses from their nursing experiences in both countries.

> *Broadly speaking, I think nurses in Australia provide a kind of rough and ready care compared to Japanese nurses' 'Komayakana'[4] care……I met several nurses in Australia who were rough with patients. I can't expect nurses in Australia to provide what most Japanese nurses provide 'Kayuitokoroni tega todoku'[5] 'Komayakana'[1] care because nurses in Australia are from a variety of nationalities [and each country has different ideas of nursing care] (Kaede, p. 13 line 5-7, 9-10).*

> *I think Japanese nurses provide more 'Kimekomakai'[6] care [than nurses in Australia]. I mean, [Japanese nurses] work with careful and sensitive attention to the patients needs when they respond to requests from patients. Whereas, here in Australia, it depends on each nurse…..nurses are not so sensitive [to others feeling or what others want them to do without asking] (Momoko, p. 19 line 14-16, 22).*

Consideration, thoughtfulness and sensitivity to others were identified as essential for nursing care for Kaede and Momoko when both contrasted the care provided by nurses in Australia and by Japanese nurses including themselves. Kaede and Momoko described Japanese nurses' care as 'Komayakana'[4], 'Kayuitokoroni tega todoku'[5] and 'Kimekomakai'[6]. As explained in the footnote, the meaning of these words refer to consideration, thoughtfulness and sensitivity to others (see footnote, p. 135). Kaede noticed some nurses in Australia treated patients roughly and assumed she could not expect they provide 'Komayakana'[4], 'Kayuitokoroni tega todoku'[5] care. Kaede and Momoko seemed to generalize that sensitivity and thoughtfulness were part of Japanese nurses' character, on the other hand, nurses in Australia were lacking in thoughtfulness and sensitivity. However, they noticed that this was only an issue with some nurses,

[4] Komayakana: scrupulous and attentive to detail care which is full of consideration, thoughtfulness and regard to patients.
[5] Kayuitokoroni tega todoku: be observant or sensitive to small things that relate to each patient preferences, needs and values.
[6] Kimekomakai:=Almost the same as 'Komayakana', but more 'Komayakana'

because Kaede concluded Australian cultural diversity made each case of nursing care different and Momoko admitted that the quality of care depends on individual personality. It does not represent all Australian nurses.

In the next extract, Azami mentions her perception of the reputation of Japanese nurses in her hospital. She gives an example to illustrate her point that most Japanese nurses were aware of patient needs and some nurses in Australia were not, which, she believes contributes to the Japanese nurses' good reputation.

> *I work with another Japanese nurse now and have worked with other Japanese before in Australia. All in all, Japanese nurses are well thought of for their nursing care [in my hospital]…..I have heard that Japanese nurses were doing very well in my hospital. I think it is because Japanese nurses are sensitive to patients needs. For example, I saw some nurses in Australia just distribute the meals to the bedridden/immobilized patients and leave without preparing the meal for eating. On the contrary, Japanese nurses work with scrupulous attention, for example, helping them up out of the bed and taking off the lid without being asked by the patients when distributing the meal. Well, I don't think all Japanese provide this kind of care, but Japanese nurses of my acquaintance who are working in Australia work like that (Azami, p. 13 line 19-20, 34-41).*

Azami believed Japanese nurses had a good reputation in her hospital on the basis of some comments she had heard about Japanese nurses' care. She considered it was because she and her Japanese colleagues tried to provide care to their patients with sensitivity towards what patients would actually like them to do. She said 'komakai tokoroni ki ga todoku' in Japanese which can be translated as 'sensitive to patients needs' and 'work with scrupulous attention…without being asked' in English in this context. It has similar meaning to 'Komayakana'[4], 'Kayuitokoroni tega todoku'[5] and 'Kimekomakai'[6] given above. There is no evidence that her acquaintance mentioned Japanese nurses did very well because of her 'komakai tokoroni ki ga todoku' care. This is her perception on the basis of observing both Australian and Japanese nurses care. From her extract, it is reasonable to say that Azami considered sensitivity and thoughtfulness is at the core of nursing care because it meets patients' needs. She is proud of being a Japanese nurse who has this nature, however, she admitted not all Japanese necessarily had this nature.

Nanako also considered that her perception of Japanese nature made her perform

nursing care differently from other nurses in Australia.

> *We, [Japanese nurses working in Australia around me,] are liable to be used (be asked to provide more care) very often [by patients and other staff] [compared to other nurses in Australia]….Because Japanese nurses are kind of 'Ki ga kiku[7]' (Nanako, p. 5 line 9-10).*

Nanako used 'Ki ga kiku[7]' in Japanese to describe the attitudes of Japanese nurses she knew. Suzuki (1984, p. 168) explains meaning of 'Ki ga kiku[7]' as 'quick to read another's mind' in his book concerning Japanese language and culture. If you are not a 'Ki ga kiku[7]' performer, you are likely regarded as 'being blunt and dull' (Miyanaga 1991, p.85). Hence, it is considered to be essential and common practice to be empathetic in Japanese society (Suzuki 1984, p. 168). Nanako perceived some differences between her workload and her colleagues' workload and considered her performance derived from Japanese 'Ki ga kiku[7]' must have been contributing to her workload being heavier. Although Nanako expressed her discontent with being used by others because of having 'Ki ga kiku[7]' nature, she believed 'Ki ga kiku[7]' nature was essential for good nursing care and considered Japanese nurses including herself provided better nursing care because of 'Ki ga kiku[7]' nature. However, she had never confirmed whether patients actually expected to be cared by her more because she was 'Ki ga kiku[7]' nurse or not before. It is her perception based on her belief that nurses should have 'Ki ga kiku[7]' nature to provide better nursing care.

Yukari also believes that Japanese nurses generally provided high quality care from her working experience both in Australia and Japan. Yukari pointed out that being empathetic was essential for delivering high quality of nursing care.

> *I think that Japanese nurses provide a very high level of care to patients…..For example, Japanese [nurses] naturally think about patients, putting themself in patients' shoes and try to provide the care with the attitude, 'If I were them, I would be happy to receive this kind of care from nurses'. I think most Japanese nurses have this feeling, not all though….well, I sometimes feel that things will be made better if they (some nurses in Australia) acted with a little more consideration to others' feelings….maybe their concepts and attitudes towards nursing…are different from Japanese nurses. I feel we have a total difference of concept and attitude [between*

[7] Ki ga kiku: sensible, smart, thoughtful and considerate (SPACE ALC 2000-2009), being empathetic

Australian nurses and Japanese nurses] (Yukari, p. 7 line 45, 50-52 p. 8 line 49-50, p. 15 line 49-50).

Yukari considered that Japanese nurses generally provide a high level of care because of their feeling of 'putting themselves in patients' shoes'. The feeling of 'putting themselves in patients' shoes' derived from empathy. Yukari did not perceive the same level of empathy as Japanese nurses provide, in the care provided by some nurses in Australia in the course of her working experience in Australia. There is no supporting evidence as to whether most Japanese nurses naturally have the feeling of 'putting themselves in patients' shoes' when they take care of patients as Yukari mentioned above. It is likely that Yukari took it for granted that Japanese naturally have this sense of consideration and empathy because Japanese culture always requires you to be considerate to others' feelings (Okabe 1983, p. 36; Gudykunst & Nishida 1994, p. 44; Suzuki 1984, p. 168; Miyanaga 1991, p. 85), otherwise you will be regarded as 'being blunt and dull', 'having lack of sensitivity', or 'being impolite' (Miyanaga 1991, p. 85), which was already mentioned in a previous [Nanako's] part. However, as she admitted above, not all Japanese naturally have this consideration and empathy.

In addition, there could be another question whether patients in Australia prefer nurses who are 'Ki ga kiku' [7] and perceive this as a good quality of nursing care. And if they don't, why don't they prefer or perceive, which will be possible questions for a further research.

Fujiko gave an example of behaviour that she thought showed some nurses in Australia did not demonstrate enough caring feelings towards patients. Quotation marks are used since Fujiko said 'sentimental' and 'Dry'[8] in English in her comment.

I think some nurses in Australia lack caring toward patients from my 'sentimental' Japanese point of view. For example, even if some patients who are not able to move by themselves crying out to nurses for help to go to the toilet, nurses go out for their morning tea in their tea time, saying, 'I am going to have a morning tea. See you'. They leave patients [not help to go to the toilet]. They are very 'Dry'[8] in that situation (Fujiko, p. 9 line 30-35).

Fujiko regarded her Australian colleagues' behaviour as lack of caring when she saw

[8] Dry: Fujiko used 'Dry' as similar to businesslike in English.

them going to the morning tea without helping patient to go to the toilet. Fujiko had not given her opinion to her colleagues about her perception of their behaviour and not asked them why they left patients without helping, hence, it is difficult to affirm here that the behaviour of her colleagues actually derived from their lack of caring feeling or not. Some may consider that it is just a matter of asking somebody to help the patient instead of yourself. However, she interpreted her colleagues' behaviour as to prioritise their private desires above their work and considered it a lack of caring behaviour. One possibility is to assume that Fujiko sees her counterparts' behaviour through applying her norms of judgement. These are cultivated by a Japanese culture in which Individualism Index Values is only rated at one half (Hofstede & Hofstede 2005, p. 78), but it has more dimensions of collectivistic culture (Neulip 2009, p. 18) that is members are stressed to prioritise their public compared to their private (Hofstede 2001, p. 227; Hofstede & Hofstede 2005, p. 109). It was natural for her to take the patient to the toilet even though she was going to take a rest, from her Japanese standpoint. Hence, the behaviour of her colleagues that left patients without helping impressed Fujiko that they lack caring regardless of their intention.

In some ways, Fujiko tried to adopt the Australian 'Dry'[8] working style. The next comment demonstrated how she modified her interpretation to understand her colleagues' behaviour while contrasting it with her perception of Japanese nurses' behaviour and working conditions.

> *Australian nurses put their tea break before patients' needs to work in the best condition. They take lunch time without fail and go home on time to work in the best condition. I think their attitude will turn to be good for patients as well as for themselves after all. Because Japanese nurses work excessively hard, giving up their lunch time to provide the care to the patients. As a result, they feel dizzy with anemia or something, take sick leave and have to retire early. That will [cause shortage of nurses] and affect [quality of nursing care to] patients. So, which way should I take, (giggling and brief interval), I keep reminding myself that I should adopt the Australian 'Dry'[8] style more (Fujiko, p. 9 line 35-42).*

For Fujiko, her colleagues' behaviour, giving priority to their rest time over patients' need was unacceptable. She regarded this as lack of caring care, as mentioned in her above comment. However, when she reconsidered the behaviour of both, her perception of her colleagues and her view of Japanese nurses, she thought her

Australian counterparts' behaviour could end up being more beneficial for patients. She realised her perception of caring, providing care to patients using one's rest time or private time, could actually be not considerate behaviour for patients in the long run. It can be inferred from her comment that she puts her nursing priority on patients' benefit, which encourages her to try and adopt the Australian 'Dry'[8] working style. However, her original Japanese comment and her nonverbal expression gave the impression that she might feel difficulties in adopting her perception of Australian 'Dry'[8] style. This may be because she could not discard some of the ideas and working style which was cultivated in Japanese culture, with its stress on prioritising the public compared to the private.

From another point of view, what Fujiko mentioned could indicate that it is necessary to consider the wellbeing of nursing staff as well as patients. Johnson (2008), a professor in nursing at University of Salford School of Nursing, Manchester is fearful of an increasing lack of compassion of UK nurses. In Johnson's opinion based paper medical and social care professionals are claimed to be altruistic. Being altruistic is where 'staff helps people at cost and even personal risk to themselves' (Johnson 2008). Johnson (2008) suggested above that it is essential to be altruistic for patients' safety, however, it would be preposterous if the medical staff lose their personality or even sacrifice health in favour of patients needs. It will be necessary to discuss how we can achieve nursing care beneficial for both carers and patients in further research.

As a whole, the six extracts above indicated that most participants in this study believed their nursing care deserved to be assessed as good quality owing to being provided with an approach that is full of sensitivity, thoughtfulness and consideration, in particular when they contrasted their care with that delivered by some nurses in Australia. Furthermore, they were not satisfied with some nursing care by some nurses in Australia when participants could not perceive any sensitivity and thoughtfulness from their counterparts' care from their point of view. This was because participants considered what they perceived as considerate care, is essential for good nursing care. Although they expressed it as though they were talking about the generality of nurses in Australia and the Japanese nursing story, they consciously and unconsciously recognised that they just gave examples of some nurses in Australia (including nurses from other countries) and some Japanese nurses in their experience.

Based on an examination of the six representative extracts above, it could be said that the data revealed how participants in this study tried to find their sense of self-worth, while reflecting on their nursing jobs. They reaffirm their sense of self-worth as Japanese when seeing some nurses' (not Japanese) behaviours that they assess as incorrect so that they are reinforced in thinking that what they had been providing was correct.

The reasons why the behaviour of participants can be interpreted as reaffirmation of their sense of self-worth is worth consideration.

Participants in this study contrasted their perceptions of their care, identified as being the sort provided by Japanese nurses, with their perception of care provided by the general run of nurses in Australia. They did this without distinguishing between themselves as being RNs and themselves as being Japanese. They seem to apply their concept of 'consideration' which has been cultivated in, and is required to function in, Japanese society to the provision of nursing care, and assess their counterparts' provision of 'considerate' nursing care from their Japanese cultural standpoint. They try to assess the quality of nursing care using criteria for judgement which is greatly influenced by their Japanese cultural background. Participants in this study see their counterparts care through filters derived from norms cultivated by Japanese culture. People tend to assess whether others provide considerate care or not from what they see of their behaviour, because people actually cannot see 'consideration' with their eyes. Cultural filters often hinder the correct assessment or interpretation of what actual nursing is. When participants in this study expect considerate care to others, they seemed to expect sensitivity and thoughtfulness with Japanese terms 'Sasshi and Omoiyari'[9].

Translating the terms 'Sasshi and Omoiyari'[9] into English was attempted, however, in the end the Japanese 'Sasshi and Omoiyari'[9] are used in this study. One reason for utilizing Japanese is because of difficulties in translating literally into other languages, especially European languages, when terms have strong Japanese cultural dimensions

[9] Sasshi and Omoiyari: guessing what someone means and being considerate about others' feelings.

(Suzuki 1984, p. 168). Another reason is that several authors (Okabe 1983, p. 36; Gudykunst & Nishida 1994, p. 44; Suzuki 1984, p. 168) used Japanese 'Sasshi and Omoiyari'[9], with explanation of their meanings in their books, as indicating Japanese cultural features.

'Sasshi and Omoiyari'[9] are thought to be crucial element for building good relationships in Japanese society (Miyanaga 1991, p. 85; Suzuki 1984, p. 168). 'Sasshi and Omoiyari'[9] stems from 'considerateness' (Okabe 1983, p. 36). Gudykunst & Nishida (1994, p. 44) defined 'Sasshi' as 'guessing what someone means'. It is usually used as 'Sasshi ga ii (someone is good at 'Sasshi')', means 'being a good mind reader' (Okabe 1983, p. 36), or being 'good at guessing another's feeling' (Suzuki 1984, p. 168). This can be read that you are not able to guess others' feelings unless you have consideration. 'Omoiyari' is usually used as 'Omoiyari ga aru (someone has 'Omoiyari'), means 'being considerate about others' feelings' (Okabe 1983, p. 36; Suzuki 1984, p. 168). Both 'Sasshi ga ii' and 'Omoiyari ga aru' attitudes require you to give carefully attention to others' feeling.

Gudykunst& Nishida (1994) explained how 'Sasshi and Omoiyari'[9] is cultivated in Japanese society. In Japan, which can be categorised more as a collectivism country rather than as an individualism country, people prefer to use a more indirect communication style to achieve their goals, which maintains harmony in the in-group. In general, group membership is considered to be more important than the individual in Japanese society and individual goals are set to achieve their group goal (Zander 1983; Okabe 1983, p. 26). Hence, maintaining the harmony and concord inside of group is the central value (Gudykunst & Nishida 1994, p. 23). Making communication with a direct manner has the possibility to offend others, which could lead to spoiling harmony (Gudykunst & Nishida 1994, p. 40). In addition, Japan is categorised as a high 'Uncertainty avoidance' country, whose people strongly feel anxiety about uncertainty matters (Hofstede & Hofstede 2005, p. 168, pp. 170-172). To reduce their uncertainty about whether they really understand what other mentioned or even others' feeling in the indirect communication manner, people need to improve their 'Sasshi and Omoiyari'[9] ability to maintain good relationship with others (Gudykunst& Nishida 1994, pp. 62-63).

In addition, Japanese is classified as a 'high-context communication' level of culture (towards the high end of the continuum), using a scale which was proposed by Hall (1989), who focuses on cultural differences on the basis of communication and understanding. Members of a high-context culture are more likely to communicate in an indirect manner comparing to member of low-context culture who tend to communicate in direct fashion (Gudykunst 1998, p. 44; Okabe 1983, p. 35). People who are from 'high-context communication' cultures tend to have more expectations about others understanding what they want the other to do without telling them explicitly or directly than people from 'low-context communication' culture (Hall 1989, p. 113; Keegan 2002, p. 74; Onkvisit & Shaw 2004, p. 158). Hence, as Neuliep (2009, p. 276) pointed out, the member of 'high-context communication' cultures is likely to make very careful observation on nonverbal behaviour, such as facial expression, touch, distance ,eye contact and subtle body movement, as important cues during interaction.

It is not an exaggeration then to say that participants' 'Sasshi and Omoiyari'[9] abilities have been developed in such a cultural background in Japan.

Informants in this study found it hard to discard their 'Sasshi and Omoiyari'[9] nature because it had been cultivated in Japanese culture and it forms part of their cultural identity. In general, people usually resist altering social and cultural qualities, and, even if they can change or discard it, they adjust it last during acculturation (Bhugra & Ayonrinde 2004). Participants in this study ended up assessing the nurses in Australia as lacking of consideration when they cannot perceive any 'Sasshi and Omoiyari'[9] from some of their counterparts' care, and reaffirm that Japanese nurses provide a high quality care because of their belief that Japanese nurses generally provided care with 'Sasshi and Omoiyari'[9] in Japan. The data revealed they consider 'Sasshi and Omoiyari'[9] was essential for providing high quality of nursing care and seemed to require the same level of sensitiveness and thoughtfulness to their counterparts.

There are several aspects of the different cultural background between Australia and Japan, including individualism vs collectivism, low context culture vs high context culture, low uncertainty avoidance culture vs high uncertainty avoidance culture (Hofstede 2001, Hofstede & Hofstede 2005; Hall 1989), hence, it is natural to have different concepts and to demonstrate different behaviours if people are from a different

cultural background. It is also likely that people will distinguish many apparent gaps when they see counterparts' behaviour only through their home cultural filter.

On the other hand, participants admitted the consideration of some nurses in Australia met their expectation. They stated, 'not all Japanese provide considerate care', and 'other nurses in Australia provide good care' in their comments. That is, if some nurses in Australia demonstrate a lack of consideration in their nursing care, it is more likely to be attributable to their personal qualities or problems of supervision or structure.

In spite of participants unconsciously noticing that personal qualities or problems of supervision or structure will contribute more to the quality of nursing care, participants in this study tended to look to attribute the difference in quality of nursing care to their cultural difference.

There is no difference between the Australian definition of considerate care and Japanese considerate care judging from the official view towards considerate care of both countries. The Australian Council for Safety and Quality in Health Care (2005) states in the national patient safety education framework document that all levels of health workers should demonstrate in their workplace that they can 'listen carefully and be sensitive to patient and carer views' and 'show respect and empathy to patients and carers' for patient safety (Australian Council for Safety and Quality in Health Care 2005, p. 6, 7, 9, 32, 40). Heath (2002, p. 45) also states that 'caring' is one of the values which forms nursing character in the report from the National Review of Nursing Education 2002.

On the other hand, in Japan, according to the Ministry of Health, Labour and Welfare's report of review conferences regarding enhancing nursing basic education and improvement of new graduates' clinical skills competency (2004, 2007), 'understanding patients' needs from physical, psychological and social aspects' and 'showing respect to patients and caring with accepting and empathic attitude' are required as fundamental attitudes towards nursing for all nurses. To 'understand patients' needs from physical, psychological and social aspects', it is necessary to be sensitive to patients. Thus the requirement for fundamental of nursing, which is sensitivity, empathy and respect patients, are the same and they are considered to be essential of nursing care both in

Australia and Japan.

Hence, when nurses are said to provide 'considerate care' to patients, in terms of nursing 'considerate care' is supposed to be provided to patients either nurses are in Australia or in Japan.

The extreme interpretation from only one side of the culture perception often leads to misunderstanding our counterparts (Gudykunst & Nishida 1994, p. 11), which will have a risk to result in 'ethnocentrism, stereotyping, prejudice, discrimination, and racism on intercultural interaction' (Lusting & Koester 2006, p. 136). This may be an obstacle for better adaptation for migrants. In the case of participants in this study, although they tend to interpret some of their counterparts' behaviour within their cultural belief framework, they also demonstrated their accommodation to Australia as already discussed in the previous section.

What we believe becomes a filter when we see the world (Sorajjakool 1999). When we try to understand others' behaviour or surrounding atmosphere that we haven't faced before, it is inevitable that one will interpret them within existential contexts and constructs (Sorajjakool 1999; Martin & Nakayama 2008, p. 29), our value standard (Hofstede & Hofstede 2005, p. 365; Neuliep 2009, p. 18), or based on our social and cultural identity (Lustig & Koester 2006, pp. 136-137; Gudykunst & Nishida 1994, p. 10; Martin & Nakayama 2008, p. 89; Samovar, Porter & McDaniel 2007, p. 110), which have been formulated in our socioeconomic, cultural and psychological environments, otherwise we are going to feel insecure because of feeling that things are unpredictable and uncontrolled in our current and even future life (Sorajjakool 1999). Hence, it was natural for participants in this study to comprehend their external world, including nursing care by other nurses in Australia in this case, through their belief and value standards that were formed on the basis of their previous experiences in the Japanese cultural environment. This also helped them to reaffirm their sense of self-worth in their new environment. Going further, they needed to reaffirm their sense of self-worth for their better adaptation in this country.

As discussed in the previous section on 'Acclimatizing', participants in this study indicated their self-worth decreased due to language difficulty and unfair treatment. To

negotiate their identity towards desirable or acceptable level, participants in this study reaffirmed their sense of self-worth as a Japanese through the nursing filter within a situation where they could not have confidence with their language skills. In other words, it is only through nursing care that they reaffirmed their sense of self-worth to keep working as nurses in Australia. What they believe to be good quality of nursing care is linked to what they provide now in Australia. So they could not discard this part and hold it as part of their identity that assured their sense of self-worth because they believed it was essential.

The sense of self-worth of the participants in this study could be called identity. Identity refers to 'our self-concept, who we think we are as a person' (Martin & Nakayama 2008, p. 87). Since the sense of self- worth of participants in this study which revealed from the data to be richly influenced by their cultural background, it could be called 'cultural identity' (Berry 2001, 2005, 2008; Lustig & Koester 2006, p. 137).

Cultural identity refers to 'a complex set of beliefs and attitudes that people have about themselves in relation to their culture group membership' (Berry 2002, p. 357), and 'one's sense of belonging to a particular culture or ethnic group and it involves learning about thinking patterns' (Lustig & Koester 2006, p. 137). Since culture broadly influences and is connected to an innumerable range of aspects of self-concept, cultural identity dominates the centre of a person's sense of self (Lustig & Koester 2006 p. 141; Martin & Nakayama 2008, p. 87, 177). It will be difficult for people to accept other people who differ from their cultural background unless their own cultural identity is securely recognized and accepted (Berry 2001; Kim 2005, p. 392). If people are not able to accept others identity, they will fail to have a good relationship with people in host countries, which will hinder them from better adaptation to their new environment (Hofstede & Hofstede 2005, p. 365; Martin & Nakayama 2008, p. 242). Hence, keeping one's own cultural identity is essential for better adaptation in living overseas (Berry 2001). An awaking to one's own identity often occurs when people stay or live in a different environment from their original culture, when people see others who behave differently with different value or norms (Berry 2001; DeVos & Romanucchi-Ross 1995, p. 361; Lusting & Koester 2006, p. 139). To put it the other way round, people are scarcely awake to their cultural identity if they remain in their original place

because everybody around them behaves in a similar manner. Hence, it was natural for participants in this study to awaken to their cultural or ethnic identity, which forms the part of the sense of their self-worth after coming to Australia. Identity fulfils a key role in intercultural communication, hence, knowing and showing own identity is crucial in intercultural interaction (Martin & Nakayama 2008, p. 86; Samovar, Porter & McDaniel 2007, p. 110).

It was crucial for participants in this study to keep their sense of self-worth for better adaptation in Australia and the participants in this study settled into their new environment with a reaffirmation of their sense of self-worth. 'Reaffirming their sense of self-worth' is another aspect of 'Settling' phase for participants in this study.

4.6.3 Overview of 'Settling'

All in all, participants in this study were settling into Australia by accommodating themselves to their new environment. On the other hand, they demonstrated their unchanging core values while reaffirming their sense of self-worth. 'Aspects subject to change' and 'Reaffirmation of sense of self-worth' are found as elements indicative of the 'Settling' phase of participants in this study.

In the elements that are 'Aspects subject to change', participants demonstrated two broad aspects of their change, 'Stepping away from the Japanese health work environment' and 'Future prospects'. In the aspect grouped under 'Stepping away from the Japanese health work environment', participants in this study demonstrated the accommodating path to better adaptation to their new environment. They altered what they considered to be of value to change in order to better fit into the Australian health work environment. As a result of modifying their views and behaviours to fit in the Australian medical environment through their working experiment as RNs, they found themselves to no longer be able to fit into the Japanese health work environment anymore. Participants in this study also demonstrated another aspect of their change, having 'Future prospects' in their new environments. If participants could not settle into their new environment, they could not have any positive future prospects. Thus, having positive future prospects will give participants additional meaning in their

settlement.

In spite of showing their 'Aspects subject to change' to allow better adaptation to their new environment, participants in this study revealed their unchanging core subjects as a Japanese as part of 'Reaffirmation of sense of self-worth'. They reaffirm their sense of self-worth through their perception of nursing, which was greatly influenced by their Japanese cultural background. However, this aspect, 'Reaffirmation of sense of self-worth' was found very important for their intercultural adaptation process, because they could not succeed in their pursuit of better settlement without keeping their identity. Participants in this study were getting settled into their new environment by modifying some views and behaviours to those which are more suitable for them to remain in this country and also by holding onto their core values that assure their existence in this country. They integrated these two apparently contradictory aspects and settled into their new environment.

Berry (2005) stated that there are various ways for groups and individuals to undergo acculturation. The choice from the various ways of acculturation is called the acculturation strategy (Berry 1997, 2001, 2005, 2008; Berry et al. 2002, p. 353) and there are four acculturation strategies, 'assimilation', 'integration', 'separation' and 'marginalisation', first distinguished by Berry (Berry et al. 2002, p. 353). 'Assimilation' is defined when 'individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures' (Berry, 1997, 2001, 2005, 2008; Berry, Kim & Boski 1988, pp. 65-66; Berry et al. 2002, p. 354). When 'there is an interest in both maintaining one's heritage culture while in daily interactions with other groups', 'integration' is defined (Berry, 1997, 2001, 2005, 2008; Berry, Kim & Boski 1988, p. 66; Berry et al. 2002, p. 354). 'Separation' is the option where 'individuals place a value on holding on to their original culture, and at the same time wish to avoid interaction with others' (Berry, 1997, 2001, 2005, 2008; Berry, Kim & Boski 1988, p. 66; Berry et al. 2002, p. 354). Finally, when 'there is little possibility or interest in heritage cultural maintenance (often for reasons of exclusion or discrimination), 'marginalization is defined (Berry, 1997, 2001, 2005, 2008; Berry, Kim & Boski 1988, p. 67; Berry et al. 2002, p. 355). Australia is a multicultural society, which has been formally accepted by all Australian governments since 1973 (Abbasi-Shavazi & McDonald 2000). One of the dimensions of Australian multiculturalism is 'cultural

maintenance', immigrants from various counties live as holding to their cultural values (Abbasi-Shavazi & McDonald 2000). The concept of Berry's acculturation strategy may not directly fit in with Australian context. However, in the case of the participants in this study the chosen acculturation strategy seems most readily categorized as being in 'integration' mode, which is the acculturation strategy of joining in with the dominant group while holding their own cultural values. Hence, this study uses Berry's acculturation strategy to discuss informants' acculturation. According to Berry's review of research papers regarding acculturation strategies, changing behaviours and acculturative stress, the person who joins in 'integration' mode experiences less stress and achieves better adaptation than those who are in marginalisation mode (2005). In addition, those who pursue assimilation and separation demonstrate only intermediate levels of stress and adaptation (Berry 2005). Furthermore, no one who attempts intercultural adaptation can achieve complete 'assimilation' even with their best effort and length of time (Kim 2001 p. 25). Hence, 'integration' mode will be the most practical and effective strategy for better intercultural adaptation of all four acculturation strategies. It is possibly to say that participants in this study demonstrated the most appropriate acculturation strategy, less stress and better achievement of adaptation, in terms of Berry's acculturation strategy.

Again, participants in this study reconstructed some of their views and behaviours, such as changing their perception of work ethics and following the Australian way of doing some things, as a strategy for better adaptation to their new environment. Not only reconstructing their views and behaviours, participants in this study at the same time also demonstrated their adherence to original identity cultivated in Japanese society by reaffirmation of their self-worth.

It is possible to say that participants in this study used this strategy to assist them in better adaptation in this country and that what is identified as their 'Settling' phase.

CHAPTER FIVE
CONCLUSION AND RECOMMENDATION

The final chapter presents comprehensive conclusions which have been identified from the data, the overarching theme, three themes, eight sub-themes and the model. Several recommendations to be examined in the future will also be presented in this chapter.

5.1 Conclusion

This study started with the question why are Japanese nurses working as RNs or trying to obtain RN qualifications in Australia, instead of working in Japan where the nursing shortage is an ongoing problem. No research papers were found focusing exclusively on Japanese nurses' work experience in foreign countries. Hence, qualitative research was conducted to explore the work experiences of Japanese nurses in Australia. The purpose of this study, to explore the experiences of Japanese nurses who have chosen to study and/or work in NSW, Australia, was accomplished since the main theme and three sub-themes were derived from the informant data**.**

Analysis of the data resulted in the main theme, the adaptation process of Japanese nurses to Australia. Through analysing the data, there were three stages identified during the adaptation process. These include 'Seeking', 'Acclimatising' and 'Settling'.

Seeking

In the 'Seeking' phase, what motivated participants in this study to leave their nursing jobs and leave Japan was presented and discussed. Participants started seeking new experiences due to stressful working environments, unsatisfactory working conditions, unhappy relationships with others, and a desire for change from their lives in Japan. Previous studies in Japanese and Western countries revealed a certain number of nurses left their jobs and nursing careers owing to job dissatisfaction deriving from stressful working environments, unsatisfied working conditions, and unhappy relationships with others. Participants' responses in this study highlighted similarities with these

researchers' findings.

Education is another factor in the Seeking phase. When participants desired better educational opportunities for career development and wished to learn English, their Seeking phase began. Some participants desired further opportunity to improve their career development, such as obtaining an academic degree and learning English. However, these participants had little opportunity to enter a higher level academic course; hence, they needed to leave their jobs and seek courses overseas. According to previous literature, this was also one of the common reasons for people to travel abroad.

Participants chose to travel overseas as they had longed to live overseas; this seemed to be the primary reason they travelled abroad. The working holiday programme also provided good opportunity to travel overseas. 'Seeking', for participants in this study, is what Fullen and Loubser (1972) called selecting 'the right behaviour' in order to achieve their self-actualization.

Acclimatizing

After arrival in Australia, nurses were faced with a new phase, called 'Acclimatizing'. In the 'Acclimatizing' phase, the difficulties participants in this study confronted and how they coped with those difficulties was presented and discussed. The most difficult barrier for participants in this study was language. They struggled to communicate with others, due to a lack of listening comprehension and poor speaking ability. Using medical terms was also mentioned as a barrier. These difficulties reduced their self-worth. Failure to effectively communicate often resulted in participants not attempting to interact with native English speakers. Several researchers (DeVos 1995, p. 23; Foster 1997; Norton 2000, p. 5; Konno 2008) pointed out that identity maintenance depends on how well people can utilize their second language in their host countries.

Participants also struggled with unfairness and events related to racism and language. This occurred through attitudes towards the nurses because they were not native speakers, through people's memories of World War II, and the assumption that all Asian cultures are the same. Some of the participants were also confronted with unfairness when they applied for employment in Australian hospitals because of their residency status. These unfair experiences were also mentioned as frequent experiences

for overseas qualified nurses (OQNs) in several studies (presented in the 'Unfairness' section). Difficulties relating to language and unfairness influence participants' self-worth. Participants, however, tried to overcome this using certain strategies and alignment.

Two strategies were presented relating to Acclimatizing; one is an active approach and the other one is a passive approach. When participants thought they could change the relationship between themselves and their environment, they used active approaches. They studied and worked very hard to fit in with their new environment. Some of them altered their approaches to a more realistic way to achieve their goals. One participant selected her working place so that she could work without frustration related to working ethics. Participants became accustomed to and were accepted by their new environment using this strategy.

In contrast to an active approach, participants used passive approaches when they perceived they should not modify anything. They held no expectation towards their new environment, which helped them to avoid experiencing a strong culture shock. Some of them mentioned they became accustomed to the Australian working style or lifestyle. Others indicated they behaved 'when in Australia, do as Australian do'. Participants utilized both approaches according to their situation in order to cope with their difficulties.

Secondly, 'Aligning' with someone was also revealed as an effective strategy to overcome difficulties. Participants mostly received good social support from their friends, classmates, colleagues, family and teachers/lecturers. They received information support, mental support and language support, with each support provided by an appropriate person. For example, participants sought people who had similar experiences to receive information support; hence, their Japanese friends, other overseas students or nurses became appropriate sources. Participants' Japanese friends and their classmates were the most appropriate people when they needed mental support with which to share difficult experiences. A friendly and supportive working atmosphere in hospitals also relieved participants' psychological stress. Language support was provided by native English speakers, their Australian colleagues, their Australian friends, family member and teachers/lectures at school/universities. The data

demonstrated participants required language support with more focus on personal needs. During the process of 'Acclimatizing', participants in this study adapted to their new environments.

Settling

In the 'Settling' phase, participants in this study presented two conflicting attitudes. They demonstrated changing themselves to become accustomed to an Australian lifestyle and did not wish to work as RN in Japan, regardless of their future plans (living in Australia or going back to Japan someday). Some of them mentioned their future prospects in Australia. On the other hand, all participants felt that they never discarded some views and behaviours. The views and behaviours that participants in this study held onto were related to the beliefs and sense of identity that was cultivated as a Japanese person in Japan. They recognized this sense of identity after coming to Australia and through interaction with people from different cultural backgrounds. Participants reaffirmed their sense of self-worth by comparing the nursing care and work ethics between nurses in Australia and Japanese nurses, including themselves. They often saw their counterparts' behaviours through a Japanese cultural filter, which highlighted that aspect of their sense of self-worth that they found difficult to alter or discard. As Berry (2001) stated, keeping one's own cultural identity is essential in adapting to life overseas. Participants in this study seemed to integrate these two aspects and settled into their new environments.

The S.A.S model

This study identified the 'adaptation processes of 14 Japanese nurses in Australia' and the process they experienced. This included the 'Seeking', 'Acclimatizing' and 'Settling' phase to adapt to their new environment, collectively called the 'S.A.S model'. These phases are not mutually exclusive, and the process is not necessarily uniformly linear. This 'S.A.S model' is a conceptual model for representing their adaptation process. All participants in this study passed through this 'S.A.S model' in order to adapt to their new environment. This study is significant from the perspective of establishing the conceptual model of adaptation processes.

Exploring Japanese nurses' experiences identified their adaptation process in Australia. Some experiences of the participants in this study during their adaptation process was

consistent with previous research: struggling with language, psychological stress and necessary of support. The data demonstrated some features peculiar to Japanese culture, however. It is possible that OQNs would have similar experiences if they tried to work in host countries. It is thought OQNs would undergo an adaptation process, such as the 'S.A.S model'. However, this will be need to examined in further research.

5.2 Recommendations

There are several recommendations from this study. Recommendations are considered in four areas: nursing practice, education, policy and/or management and research.

Nursing practice

This study suggests two recommendations regarding nursing practice.

Firstly, several participants mentioned that more Japanese nurses provided a good quality of nursing care. Since they provided care with more sensitivity and thoughtfulness, participants perceived they provided better quality of care compared to other nurses in Australia. They considered sensitivity and thoughtfulness are essential factors in nursing care, which contributed to patient satisfaction. It would be reasonable to suggest that future research would be to ask patients in Australia if they prefer nursing care provided by Japanese nurses, and if so, why they prefer it. It could be necessary for nursing trainers/lecturers to enhance caring in the training program, if patients prefer Japanese nurses' care. That would be useful suggestion to Australian nursing to improve their nursing care in the future.

Another recommendation regarding nursing practice is about care which is beneficial to both patients and nursing staff. Several participants mentioned the difference in work ethics between Australian nurses and Japanese nurses. They were surprised at attitudes of Australian nurses, who tended to put more priority on their personal lives than their work when they started their careers. However, while working as a nurse in Australia, one of the participants started to wonder if her counterparts' attitudes, which placed more emphasis on their private lives over work, might be necessary to maintain the

health of the nursing staff. She pointed out many Japanese nurses in Japan left their jobs owing to burnout. It would be reasonable to suggest to both Australian nurses and Japanese nurses to consider maintaining their attitudes and health as it benefits both the nursing staff and patients.

As stated in Chapter 1, Australia has become increasingly dependent on foreign nurses (Hawthorne 2000, 2001). It would be useful for Australian nurses to listen to foreign nurses to reflect on their own nursing care in order to improve their quality of nursing practice.

Education

Recommendations regarding education focus on language programs for overseas nurses both in the academic area and health institutes.

All participants in this study mentioned that English was the biggest barrier in adapting to life in Australia. This follows several previous studies regarding working or study experiences of overseas nurses/students in other countries. Some participants in this study struggled with English when they studied academic course at universities in Australia, even though they were recognized as having a sufficient English ability to take the courses. They said personal language support from lecturers was helpful in succeeding. It is difficult to discuss whether university lecturers should support overseas students concerning their English ability because university lecturers are not ESL (English as a second language) teachers. However, previous studies revealed that language difficulties often caused psychological stress, which could be an obstacle to their better adaptation into the new environment. It also affects their self-worth and identity. Hence, providing language support by ESL teachers, which specifically meets each person's needs and covers all overseas students who require language support is suggested. That would help overseas students adapt to their new environments with least psychological stress.

It is also necessary for overseas nurses to receive language support in clinical settings, as participants in this study and other previous studies revealed that they still struggled with English and had difficulties communicating with other clinical staff and patients. Nurses are required to have a high level of communication skills in clinical settings,

which affect patients' safety. Participants in this study and other previous studies appreciated language support from their colleagues in workplaces and their support often mitigated their stress caused by communication with others. It is suggested to provide a training course to learn medical terms and expressions that are peculiar to the medical scene to improve NESB nurses' communication skills, as well as usual language support from ESB nurses when NESB nurses have difficulties communicating with others.

As mentioned above, language difficulty often hinders OQNs from adapting to their host countries. This study suggests providing language support which meets the requirements of nurses from NESB in order to alleviate their stress and facilitate adaptation to their new environments, which also leads to providing patients with quality care.

Policy/management

In recommendations regarding policy and/or management, what needs to be done to improve NESB OQNs adaptation is suggested from this study. Tendency regarding recruitment, which has been pointed out by some researchers, is also discussed.

As previous research has recommended, this study also suggests the importance of providing social support to facilitate NESB OQNs' adaptation. A lack of support resulted in psychological problems. NESB OQNs mainly require information support, language support and peer support. These supports need to be provided by the government, organizations, institutions, and individuals. The government, organizations, and institutions need to provide the information and the way to access it so that NESB OQNs may easily obtain it. Language class is essential for language support; however, support from friends, colleagues, and family members who are native English speakers was found to be effective in improving English ability and releasing stress. NESB OQNs are recommended to try to have good relationships with native English speakers so that they can obtain support from them. It is important for native English speakers to establish warm, kind and friendly atmosphere so that NESB OQNs can seek support anytime. One more important recommendation is that OQNs who already have experienced their adaptation process become appropriate sources for information support and mental support. This information support includes information

for access to appropriate social networks as well as their previous experiences.

There is a bias in areas where most OQNs are assigned. Hawthorne's 2000 survey (2001) found that OQNs who are from a non-English speaking background (NESB) are likely to be employed in an aged care area rather than critical care/emergency area in Australia. More participants in this study were also employed in an aged care area in Australia than when they worked as nurses in Japan. This is because a high level of English ability is required to work in the critical care/emergency area. Providing equal opportunities is necessary since more OQNs increasingly work in clinical settings in Australia. Again, language support, which helps to improve OQNs English ability, is essential in order to achieve equal employment opportunity.

Research

Since there are several limitations in this study, further research is recommended.

Firstly, one of the limitations of this study is that it examined only 14 Japanese nurses' experience in NSW. Building on the outcomes of this research, it will be possible to use the framework provided by the 'S.A.S model'. As mentioned in the beginning of the study, in Japan the government has recently agreed to accept Indonesian and Philippine nurses into the Japanese health care workforce. Further study of these nurses' adaptation experiences, including whether they pass through the 'S.A.S model' or inform a different process, is needed to achieve an improved adaptation to the participant's new environment. Also all participants in this study lived in Australia at the time of the interview. It would be possible to reveal different features from participants who returned to Japan after working in Australia.

Secondly, this study and another study conducted by Yi and Jezewski (2000) focused on a sample of nurses from one specific country, such as Japan and Korea. Both studies demonstrated some cultural features when participants tried to adapt to new environments. Further research focusing sample on specific country could reveal adaptation tendencies peculiar to each culture, which would be useful when considering support for OQNs' adaptation.

Thirdly, some issues needed to be further clarified relative to the participants. For

example, participants in this study demonstrated a contradiction; they complained about aspects of Japanese nursing care which make them reluctant to work in Japan again, while simultaneously praising the quality of nursing practice in Japan.
Further questions could investigate deeper participants' experiences, and why they demonstrated conflicting behaviours and how they perceived those behaviours.

Lastly, this study is reporting what participants in this study perceived to be their Australian colleagues' behaviour from their own cultural perspective and point of view. This study reports only participants' experiences of nurses they have encountered. Hence, it is not saying that nurses in Australia do not provide considerate care to patients, nor determining their behaviours are actually demonstrating lack of care or not. It is also not to say that the extracts in this study represent all Japanese opinion, all Japanese nurses' views and behaviours, since this study was conducted by interviewing a total of 14 Japanese nurses in NSW. Taking this into account, there still emerged a tendency of Japanese nurses who are trying to adapt to their new environment to view the nursing care as reported here.

All in all, several recommendations in four areas were presented. These recommendations will help expand the research regarding OQNs experiences as well as improving OQNs adaptation process.

5.3 Summary

This chapter provided a conclusion and recommendations of this study. This is the first study exploring and focusing on work experiences of exclusively Japanese nurses. By exploring 14 Japanese nurses' experiences, this study identified their adaptation process and the model which is named the 'S.A.S model'. As mentioned in Chapter 1, nurse migration is still an ongoing issue. Further research regarding OQNs adaptation experiences is necessary to investigate and support better adjustment. This would include an investigation of the adaptation experiences of other groups, with a particular emphasis on variations that may arise as a result of the different cultural backgrounds. This study contributes to identifying an adaptation process of Japanese nurses, which

can be applied to other OQNs in the world.

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APPENDIX A

Ethical approval

University of Wollongong

INITIAL APPLICATION APPROVAL
In reply please quote: HE08/047
Further Enquiries Phone: 4221 4457

15 April 2008

Ms Y Kishi
School of Nursing, Midwifery & Indigenous Health
University of Wollongong

Dear Ms Kishi

Thank you for your response dated 4 April 2008 to the HREC review of the application detailed below. I am pleased to advise that the application has been approved.

Ethics Number:	HE08/047
Project Title:	An exploration of the experiences of Japanese nurses who have chosen to work and/or study nursing in NSW, Australia
Researchers:	Ms Yuka Kishi, Professor Patrick Crookes, Mrs Allison Shorten
Approval Date:	10 April 2008
Expiry Date:	9 April 2009

The University of Wollongong/SESIAHS Humanities, Social Science and Behavioural HREC is constituted and functions in accordance with the NHMRC *National Statement on Ethical Conduct in Human Research.* 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
- unforseen 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.

Yours sincerely

P.A. Potter

PP A/Professor Garry Hoban
Chairperson
Human Research Ethics Committee

cc Professor P Crookes, Faculty of Health and Behavioural Science

Research Services Office University of Wollongong NSW 2522 Australia
Telephone: +61 2 4221 3386 **Facsimile:** +61 2 4221 4338
research_services@uow.edu.au www.uow.edu.au/research
CRICOS Provider No: 00102E

APPENDIX B

University of Wollongong 

PARTICIPATION INFORMATION SHEET

TITLE: *An Exploration of the Experiences of Japanese Nurses who have chosen to Work and/or Study Nursing in NSW, Australia*

PURPOSE OF THE RESEARCH

This is an invitation to participate in a study conducted by researchers at the University of Wollongong. The purpose of the research is to explore the experiences of Japanese nurses who have RN's certificates both in Australia and in Japan.

Researchers

Yuka Kishi (Main investigator) Professor Patrick Crookes (supervisor) Dr. Allison Shorten (supervisor)

Faculty of Health & Science Behaviour — Faculty of Health & Science Behaviour — Faculty of Health & Science Behaviour

0411 162723 — 02-4221 3174 — 02-4221 3964

yk897@uow.edu.au — Patrick_Crookes@uow.edu.au — ashorten@uow.edu.au

METHOD AND DEMANDS ON PARTICIPANTS

If you choose to participate, you will be interviewed in a mutual acceptance place, for example, an interview room in building 41 in the university by Yuka Kishi. The researcher will conduct a 1 hour interview in Japanese that will be audiotaped to ascertain the factors that examine your working experience in Japan and Australia. Typical questions in the interview include: Tell me why you left Japan? Tell me why you came to NSW, Australia? What kind of working experience did you have in Japan? How do you feel working as a nurse in Australia? Is there any gap between your expectation and your working experience as a nurse or study experience in Australia?

POSSIBLE RISKS, INCONVENIENCES AND DISCOMFORTS

Apart from the 1 hour of your time for the interview, we can foresee no risks for you. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time and withdraw any data that you have provided to that point. Refusal to participate in the study will not affect you in any way. The recorded tapes will be transcribed and translated into English. After translation by the researcher, to check its validity, another Japanese translator will access the information. To ensure your confidentiality, names or places that are likely to identify you will be changed. You also will be able to verify your transcript.

BENEFITS OF THE RESEARCH

This research will provide important information for improving your working condition in Australia as

well as Australian health working conditions. Findings from the study will be published in nursing journals. Confidentiality is assured, and you will not be identified in any part of the research. The information obtained will only be used for research, and all coded tapes, materials related to the research will be held in confidence in a locked cabinet within a research office in building 41 and will be destroyed after five years.

ETHICS REVIEW AND COMPLAINTS

Any questions about the research can be addressed to me (English and Japanese)or my supervisors, Professor Patrick Crookes (English only)and Dr. Allison Shorten (English only). This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

Thank you for your interest in this study.

Yuka Kishi

APPENDIX C

University of Wollongong 

PARTICIPATION INFORMATION SHEET

TITLE: *An Exploration of the Experiences of Japanese Nurses who have chosen to Work and/or Study Nursing in NSW, Australia*

この研究の目的

これはウーロンゴン大学の研究者によって行なわれる研究への参加についての説明書です。

この研究の目的は日本とオーストラリア両国でRNの資格を持っている日本人看護師の方の両国での経験を調査し考察することです。

研究者

Yuka Kishi (Main investigator) Professor Patrick Crookes (supervisor) Dr. Allison Shorten (supervisor)
Faculty of Health & Science Behaviour
0411 162723
yk897@uow.edu.au

Faculty of Health & Science Behaviour
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Patrick_Crookes@uow.edu.au

Faculty of Health & Science Behaviour
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参加方法について

もし、研究への参加を承諾されましたら、岸由香がウーロンゴン大学のインタビュールーム等の場所でインタビューをさせていただきます。インタビューは日本語で1時間程度を予定しており、内容はインタビュー内容を正確に分析するため、テープで録音させていただきます。主な質問内容は以下の通りです。

なぜ日本で看護師を辞め、オーストラリアNSW州にこられたのですか。

日本で看護師として働いていた時についてお話いただけますか。

オーストラリアでの免許取得までの経験はいかがでしたか。

オーストラリアでの看護師としての経験はいかがですか。

オーストラリアに来て看護の勉強、免許取得や看護師として働いてみて期待と現実の差はありましたか。

考えられる負担について

1時間程度のお時間を割いていただく他、皆様にとって不利益が生じないよう努めます。

この研究への参加はまったく自由です。一度参加を表明されてもいつでも参加取り消しできますし、インタビュー後の取り消しも自由です。参加取り消しによって、皆様に不利益が生じる事は一切ありません。テープの内容は分析のため、文章化した後、英訳します。リサーチャーの英訳が妥当であるか確認の為、リサーチャー以外にもう一人日本人が一部のデータを確認します。データは個人が特定出来ないようコード化されます。また書かれたことが正しいか確認することもできます。

この研究の利点

この研究により、オーストラリアの労働条件の改善ならびに日本人看護師のオーストラリアでの労働条件の向上を図る為の重要な情報が得られます。この研究は看護系雑誌に発表する予定ですが、どのような場合でも皆様の個人情報を特定できないよう、プライバシーは保護されます。録音テープ等、得られた情報はすべてファクルティの研究室の鍵のかかったキャビネットに安全に保管された後、情報が漏れないよう5年経ちましたら破棄されます。

コンタクト先と質問

研究に関して何かご質問がございましたら、岸由香またはスーパーバイザー Professor Patrick Crookes (英語のみ)、 Dr. Allison Shorten（英語のみ）までご連絡下さい。

この研究は、the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongongにより、倫理に関しての監査をうけています。もし、研究の実施に関して、ご意見、ご不満がありましたら、the UoW Ethics Officer （電話番号：02 4221 4457英語のみ）までご連絡下さい。

研究へのご協力ありがとうございました。

岸　由香

APPENDIX D

University of Wollongong 

Consent Form for Interviewees

An Examination of Japanese Nurses who have chosen to Study or Emigrate to Australia

Researcher: Yuka Kishi

I have been given information about "*An Exploration of the Experiences of Japanese Nurses who have chosen to Work and/or Study Nursing in NSW, Australia*" and discussed this research project with Yuka Kishi, a student from the Faculty of Health & Behavioural, who is conducting this research as part of a Master of Nursing degree supervised by Professor Patrick Crookes and Dr. Allison Shorten from the Faculty of Health & Behavioural Sciences at the University of Wollongong.

I have been advised about the questions associated with this interview, which include being asked about my experience, feeling, and ideas about nursing experience in Australia and Japan, and have had an opportunity to ask Yuka Kishi any questions I may have about the research and my participation.

I understand that my interview will be conducted for about one hour in Japanese and recorded. The recorded tape and related materials will be held in confidence in a locked cabinet in building41 and destroyed after five years.

I understand that the recorded tapes will be transcribed and translated into English. After translation by the researcher, to check its validity, another Japanese translator will access the information.

I understand that my name will be coded so that nobody can identify me to keep my confidentiality.

I understand that my participation in this interview is voluntary, I am free to refuse to participate and I am free to withdraw from participation at any time. My refusal to participate or withdrawal of consent will not affect my treatment in any way.

I will receive a copy of this consent form.

If I have any enquiries about participation, I can contact Yuka Kishi (0411162723 English and Japanese) ,Professor Patrick Crookes (02 4221 3174 English only*)* and Dr. Allison Shorten (02 4221 3964 English only) or if I have any concerns or complaints regarding the way the research is or has been

conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, University of Wollongong on 02 4221 4457(English only).

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 Master thesis, and is likely to be published in nursing journal.

I understand all of the above and I consent for it to be used in that manner.

Signed Date(dd/mm/yy)

..../...../.....

Name (please print)

.....

APPENDIX E

University of Wollongong 

Consent Form for Interviewees

An Examination of Japanese Nurses who have chosen to Study or Emigrate to Australia

Researcher: Yuka Kishi

私＿＿＿＿＿は岸由香より"*An Exploration of the Experiences of Japanese Nurses who have chosen to Work and/or Study Nursing in NSW, Australia*"の研究についての説明を受け、研究実施について岸由香と話し合いました。この研究がウーロンゴン大学the Faculty of Health & Behavioural SciencesのPatrick　Crookes教授とDr. Allison Shortenの指導のもと行なわれる、Master of Nursing の研究であることを理解しています。

このインタビューで受ける質問に関する説明を受けました。質問は私の日本とオーストラリアでの看護の経験、考えを含みます。また、この研究に関して生じるあらゆる疑問を岸由香に質問する権利もあることを承知しています。

インタビューは日本語で行なわれ、1時間程度であること、内容が録音されること、録音テープや関連物品は研究室の鍵のかかったキャビネットに安全に保管され、５年後後破棄されることを承知しています。

テープの内容は分析のため文章化され英訳されます。英訳の妥当性を見るためリサーチャー以外にもう一人日本人がデータの一部を確認する事を承知しています。

私の名前がコード化され、どのような方法でも個人が特定されないようプライバシーが保護される事を承知しています。

このインタビューへの参加は全く自由であり、インタビューの前でも後でも参加取り消しが出来る事を承知しています。私の取り消しが私の不利益になることは一切ありません。

私はこのコンセントフォームのコピーを受け取ります。

もし、研究への参加に関して疑問がある場合、岸由香(0411162723日本語と英語)または、Professor Patrick Crookes (02 4221 3174英語のみ)、Dr.Allison Shorten(02 4221 3964英語のみ)に問い合わせができます。また、研究実施に関して不満が生じた場合、the Ethics Officer, Human Research Ethics Committee, Office of Research, University of　Wollongong (02 4221 4457英語のみ)に問い合わせが出来ます。

下記にサインする事で研究参加に同意したと見なされます。私はインタビューで得られたデータが主にマスターコースの論文で使用される事、分析結果が看護雑誌に発表される事を承知しています。

上記すべてに関して理解した上で、ここに参加を同意致します。

Signed（サイン）　　Date　（日付、日/月/年）

..../...../.....

Name (活字体でお願いします)

.....

APPENDIX F

Recruitment letter English version

University of Wollongong 

I am a Master of Nursing student at Wollongong University, supervised by Professor Patrick Crookes and Dr. Allison Shorten.

I am looking for Japanese nurses holding RN certificates in Australia and Japan who will voluntary to participate in the research.
If you choose to participate, you will be interviewed to ascertain the factors that examine your working experience in Japan and Australia. Typical questions in the interview include: What kind of working experience did you have in Japan? How do you feel working as a nurse in Australia? Would you compare your working experience between in Australia and in Japan?

The purpose of the research is to explore the experiences of Japanese nurses who study or work in Australia. This will help to improve Australian health working conditions as well as Japanese nurses working condition in Australia.

The interview will be conducted in Japanese and will take about one hour.
The interview will be recorded. However, confidentiality is assured, your name or places that are likely to identify will be changed, hence you will not be identified in any part of the research. The information obtained will only be used for research, and all coded tapes, materials related to the research will be held in confidence in the researcher's office

Your involvement in the study is voluntary and you may withdraw your participation from the study at any time and withdraw any data that you have provided to that point.

If you are interested in participating in this research, I would appreciate it if you could give me a call or email me so that I can contact you next.

My contact mail address and number is;
mahokana88@hotmail.co.jp
yk897@uow.edu.au
mobile phone number: 0411 162 723(please leave the message, then I will contact you.)

Thank you.

Yuka Kishi
Master of Nursing by Research, University of Wollongong

APPENDIX G

Recruitment letter Japanese version

University of Wollongong 

インタビューへの協力のお願い

私は現在、ウーロンゴン大学でProfessor Patrick Crookes とDr. Allison Shortenの指導のもとMaster of Nursing by Researchを専攻している学生です。
マスターの研究で、日本とオーストラリア両国でRNの免許をお持ちの方を対象にインタービューにご協力いただける方を探しています。
御伺いする主な内容は、日本とオーストラリアでの看護師としての臨床経験についてです。

この研究の目的は、日豪両国のRNの免許をお持ちの日本人看護師の両国での経験を調査し考察する事です。これまでオーストラリアで働いている日本人看護師を対象とした研究はなく、皆様の経験や意見が医療現場に反映される機会も非常に限られていました。この研究により皆様の経験、意見を分析し、日豪の看護労働条件を比較することで、日本人看護師の働く状況のより一層の改善並びに、オーストラリアの看護師の労働条件の改善が図られると考えております。

日本語でのインタビューを1時間程度予定しており、正確に分析を行なう事が出来るよう内容は録音させていただきます。皆様の情報は個人が特定出来ないよう処理されますのでプライバシーは保護されます。録音後のテープ並びに得られた情報すべては安全に保管されます。

このインタビューへの参加は皆様の自由意志のもと行なわれます。協力してもよいと思われる方がいらっしゃいましたら、下記連絡先までご連絡いただけると大変有り難いです。
もちろん参加表明後の参加の取り消しも自由ですし、インタビュー後のデータ使用の拒否も自由です。参加取り消しにより皆様に不利益になる事は一切ありません。

何卒宜しくお願い致します。

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APPENDIX H

Biographical data

University of Wollongong 

Biographical data Japanese Version

1. 性別　　女性　／　男性

2. 年齢　　(　　)

3. 日本での臨床経験年数 （教育に携わっていた方はその年数） (　　)

4. 観光以外でオーストラリアに最初に来た年とその目的　(　　)

5. オーストラリアでの臨床経験年数　　(　　)

6. オーストラリアでの居住年数　　(　　)

7.　看護に関連する学歴

3年制専門学校卒　　２年制専門学校卒　　4年制看護大学卒　　３年制看護短大卒

修士卒　　博士卒　　専門看護師(　　)

8. 日本で勤めていた病院もしくは機関の種類は何でしたか(あてはまるもの全て)。

総合病院（公的）　総合病院（私的）　専門病院（公的）　　専門病院（私的）

老人ホーム　　教育機関（大学）　教育機関（専門学校）その他(　　)

9. 日本ではどの病棟に勤務していましたか。(　　)

10. オーストラリアで勤めた、もしくは勤めている病院または機関の種類は何ですか

(あてはまるもの全て)。

総合病院（公的）　総合病院（私的）　専門病院（公的）　　専門病院（私的）

老人ホーム　　教育機関（大学）　教育機関（専門学校）その他(　　)

11. オーストラリアではどの病棟に勤務していた、または勤務していますか。

(　　)

12. 日本で病院に勤めていた方にお聞きします。その病院のベッド数はいくつくらいでしたか。もしわからなければ規模（大、中、小）でお答え下さい。

(　　)

13.　オーストラリアで病院に勤めたことがある、または勤めている方にお聞きします。

その病院のベッド数はいくつくらいですか。もしわからなければ、勤めていた日本の病院と比較して大きいか小さいかお答え下さい。(　　)

14. 日本での勤務体制は何でしたか。

２交替制　3交替制　　日勤のみ　　夜勤のみ　その他(　　)

15. オーストラリアでの勤務体制は何ですか。

２交替制　3交替制　　日勤のみ　　夜勤のみ　その他(　　)

ありがとうございました。

APPENDIX I

Semantic Meaning of Care in Japanese & English

Linguistic Term in Japanese	Care meanings in English
● **Komayakana**	Scrupulous and attentive to detail care which is full of consideration, thoughtfulness and regard to patients. (footnote, p. 139)
● **Kayuitokotoni tegatodoku**	Be observant or sensitive to small things that relate to each patient preferences, needs and values.(footnote, p. 139)
● **Kimekomayakana**	Almost same as Komayakana, but more Komayakana. (footnote, p. 139)