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Exploring the Utilisation of Internationally Qualified Nurses' Specialty Skills: Analysis of Recruiting Managers' View Points

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Received: 28 July 2024 | **Revised:** 25 February 2025 | **Accepted:** 5 March 2025

Funding: The authors received no specific funding for this work.

ABSTRACT

Aim: This study examines the factors influencing the use of specialty skills among internationally qualified nurses in Australia from the recruitment managers' perspective. It specifically addresses the research question: How can the specialty skills of IQNs be effectively transferred to the healthcare systems of developed countries following immigration?

Research Design: A semi-structured interview.

Method: Eight nurse managers directly involved in internationally qualified nurse recruitment participated in semi-structured interviews. The interview questions were formulated based on the outcomes of a preceding mixed-methods study.

Data Sources: Between January and March 2023, eight recruiting managers responsible for internationally qualified nurse recruitment were interviewed. The collected data was analysed using thematic analysis.

Results: Recruitment managers identified three key themes regarding transferring internationally qualified nurses' specialty skills to the Australian health system. 'Right Person, Right Opportunity' stresses the importance of matching nurses with appropriate roles. 'Barriers to Skill Alignment' highlights challenges such as credential recognition and integration issues. 'Advancing Opportunities' outlines strategies like workforce planning and tailored training to overcome these obstacles.

Conclusion: The findings emphasise the importance of strategic workforce planning, robust centralised assessment mechanisms and tailored training programmes for recruiting managers to support internationally qualified nurses' specialty skill utilisation.

Impact: This study extends to policymakers, healthcare organisations and nurses, guiding the development of strategies for safe nursing service delivery and optimising patient care. The emphasis on managerial needs highlights a pathway for creating a more efficient and supportive environment for internationally qualified nurses in the healthcare sector.

Patient or Public Contribution: This paper benefited from the insights shared by eight recruiting managers involved in hiring internationally qualified nurses, who contributed their valuable experiences and opinions.

1 | Introduction

Nurse managers play an indispensable role in healthcare organisations and are responsible for supervising nursing staff, upholding patient care quality and managing financial resources (Nurmeksela et al. 2021). They are pivotal to the provision of safe care by suitably skilled staff. The nurse shortage and challenges with retention place a substantial burden on the managers who are tasked with nurse recruitment (Nurmeksela et al. 2021).

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The global deficit of nurses constitutes a complex and severe issue with substantial implications for healthcare systems. Several factors impact this shortage, such as the increasing age of the population, heightened rates of chronic illnesses, the retirement of experienced nurses and the demanding nature of the nursing profession (Kurup et al. 2022). Compounding this, 25% of new graduates plan on leaving nursing within their first year of employment (Kreedi et al. 2021). Simultaneously, the United Nations has set ambitious healthcare objectives for 2030, necessitating the addition of Nine million nurses worldwide (United Nations 2022). The COVID-19 pandemic also exacerbated the nurse deficit by escalating the demand for healthcare services and inducing burnout among existing nurses (Kurup et al. 2023). To address the scarcity of nurses, countries such as Australia, the USA (United States of America), Switzerland, Singapore, Ireland, the United Kingdom (UK) and Canada depend heavily upon recruiting Internationally Qualified Nurses (IQNs), with nearly one-third of the healthcare workforce composed of IQNs, primarily from non-English-speaking backgrounds (Kurup et al. 2024a, 2024b, 2024c).

Despite extensive recruitment efforts, there is limited empirical research exploring how recruiting managers perceive and facilitate the transition of IQNs' specialty skills into practice. While existing studies focus on IQNs' experiences, there is a lack of research examining the perspectives of recruitment managers who serve as key decision-makers in hiring and skill deployment. This oversight may stem from a historical emphasis on the challenges nurses face (Younas et al. 2023), coupled with methodological difficulties in accessing and capturing the nuanced roles of these managers (Lopez-Alcalde et al. 2024). Additionally, an implicit assumption of uniform managerial practices across healthcare organisations has limited the exploration of these stakeholders' unique challenges (Kurup et al. 2024a, 2024b, 2024c). This study aims to fill this gap by investigating how recruitment managers perceive and facilitate the utilisation of IQNs' specialty skills within the Australian healthcare system.

The theoretical contribution of this study lies in extending workforce integration theories by incorporating the often-overlooked perspectives of recruitment managers (Quintini 2011). This approach helps explain how recruitment biases, institutional constraints and assessment gaps contribute to underutilising IQNs' specialty skills (Becker 2009). Practically, the study identifies strategic workforce planning interventions to enhance the recognition, placement and career progression of IQNs. The resulting actionable recommendations are designed to assist healthcare organisations, policymakers and professional bodies in optimising IQN recruitment and skill deployment, thereby strengthening the nursing workforce.

2 | Background

A key challenge IQNs face is the mismatch between their qualifications and assigned roles in the Australian healthcare system. Many IQNs hold specialised expertise in areas such as critical care, emergency nursing and perioperative care, yet they are often placed in lower-skilled or generalist roles due to barriers in credential recognition, recruitment biases and a lack of structured transition programmes (Donald et al. 2010; Ressia et al. 2017). This deskilling leads to professional stagnation, frustration and financial strain, ultimately affecting workforce retention.

Skill underutilisation also has economic and healthcare implications. The Committee for Economic Development of Australia (CEDA 2021) estimates that skill underutilisation costs the Australian economy approximately $1.25 billion annually in lost productivity and recruitment inefficiencies. Additionally, healthcare organisations that fail to leverage IQNs' specialised skills experience higher turnover rates, leading to increased dependency on agency staff, higher staffing costs and compromised patient care (Roche et al. 2015).

Despite the growing reliance on IQNs, recruitment managers often lack the necessary knowledge, training, and institutional support to effectively assess and deploy IQNs' skills (Kurup et al. 2023). Recruitment decisions are frequently influenced by workforce shortages and immediate staffing needs rather than strategic skill alignment, leading to misplaced talent and long-term workforce inefficiencies. Implicit biases and stereotypes about IQNs from non-English-speaking backgrounds further contribute to inequitable hiring practices, limiting their career progression (Higginbottom 2011).

While extensive research exists on IQNs' experiences and challenges, little attention has been given to the perspectives of recruitment managers, despite their central role in hiring, onboarding and workforce planning. This study addresses this gap by examining how recruitment managers assess, integrate and support IQNs' specialty skills within the Australian healthcare system.

By integrating these theoretical perspectives, this study examines the factors influencing the use of specialty skills among internationally qualified nurses in Australia from the recruitment managers' perspective. The findings provide actionable insights for policymakers, healthcare leaders and accreditation bodies to develop structured frameworks that facilitate IQNs' transition into specialised roles, ultimately improving retention, workforce stability and patient care outcomes.

3 | The Study

3.1 | Aim(s)

To examine the factors influencing the transfer of specialty skills among IQNs in Australia from the recruitment managers' viewpoint.

3.2 | Objective

To gather nurse managers' perspectives on transferring IQNs' specialty skills to clinical practice in Australia.

3.3 | Research Question

How can the specialty skills of IQNs be effectively transferred to the healthcare systems of developed countries following immigration?

4 | Methods

4.1 | Design

Qualitative study using semi-structured interviews.

4.2 | Sampling Method

4.2.1 | Recruitment

This study employed purposive sampling to select participants, focusing on nurse managers with direct experience in recruiting IQNs. This study was the second phase of a larger project that used a survey to collect quantitative data investigating recruiting managers' perspectives of the barriers and facilitators to the transfer of IQNs' specialty skills into clinical practice within the Australian healthcare system. During the survey, interested participants were invited to submit their contact details for potential inclusion in subsequent interviews. Participants received a participant information letter and a written consent form upon providing their contact information.

4.2.2 | Inclusion Criteria

To be eligible for participation, nurse managers with current registration with the Australian Health Practitioner Regulation Agency (Ahpra), who have experience working in an Australian healthcare setting and possess recruitment experience with IQN, were included in the study. Participation was voluntary, and individuals who did not meet the eligibility criteria or lacked relevant experience were excluded from the study.

4.2.3 | Validity and Reliability

The researchers followed the Standards for Reporting Qualitative Research (SRQR) guidelines, which provide best practices for ensuring the accuracy and rigour of qualitative research reporting (Tohmola et al. 2022). The quality of the interviews was enhanced by conducting a mock interview and practising author reflexivity. The study's trustworthiness was ensured through multiple methods, including staying in close contact with participants (Dawadi et al. 2021) and using quotes in reporting. Dependability was ensured through an established coding system, reflection, disclosure of biases and the recording of participant interactions. Standardised and tailored questions were used, and a script was used for all discussions (Guest et al. 2020) to maintain consistency (Braun et al. 2023). Data management practices, such as version control, consistent documentation and restricted access to data-saving software and codes, were also implemented to enhance the accuracy and consistency of data storage and analysis (Braun et al. 2023). Given that the lead researcher is an internationally qualified nurse, self-reflexivity was employed as a validity tool to acknowledge and mitigate any potential personal biases.

Additionally, participant biases may have influenced the findings, particularly as nurse managers with strong pre-existing views, either highly supportive or critical of IQNs, may have been more inclined to participate. However, including managers from diverse ethnic backgrounds helped ensure a balanced representation of perspectives, thereby enhancing the validity of the study's conclusions.

4.2.4 | Data Collection

Before commencing the interviews, written consent was obtained from all participants. The interviews were conducted via Microsoft Teams as voice-recorded meetings, spanning from January to March 2023. Careful consideration was given to participants' comfort, venue accessibility and minimising distractions during the sessions (Abrams et al. 2015; Lobe 2017). All interviews were facilitated by the same researcher. A semi-structured explanatory interview approach was employed, guided by the interview protocol outlined in Table 1. These questions were deliberately designed to align with the study objectives by exploring the experiences of recruiting managers with internationally qualified nurses and the challenges they face in facilitating the transfer of specialty skills to the Australian healthcare system. For instance, questions probed managers' personal experiences with IQNs, the adequacy of their own training and support, the challenges encountered in retention, and the strategies they believed would enhance effective skill transfer. Such a focus contextualises their unique perspectives and uncovers actionable insights for improving recruitment practices and skill utilisation. These interviews were recorded and transcribed verbatim for analysis. Thematic saturation was reached after the sixth interview when no new codes or themes emerged from the data. To ensure the robustness of our findings, two additional interviews were conducted, which confirmed that no further themes were forthcoming (Braun et al. 2023). This was closely monitored through iterative coding and constant comparison across interviews, ensuring comprehensive coverage of recruiting managers' perspectives.

4.2.5 | Data Analyses

Interview data underwent thematic analysis, enabling researchers to uncover patterns and themes that emerge from the data (Braun et al. 2023). All responses were transferred to an Excel spreadsheet, where they were divided into meaning units or smaller sections, condensed and colour-coded (Bengtsson 2016; Harnois 2022). The analysis adhered to Braun and Clarke's 6-stage inductive thematic analysis framework (Braun and Clarke 2006), ensuring a systematic and comprehensive examination of the data to identify recurring themes and patterns.

TABLE 1 | Semi-structured Interview group questions.

Semi-structured interview group questions
1. What was your experience around IQNs with specialty skills from overseas?
2. Did you have the knowledge, training and support to assist the IQNs in transitioning their specialty skills to Australian nursing, expand your viewpoints.
3. In your opinion, what else could have prepared you better to assist the specialty skill transition of IQNs into the Australian context?
4. Did you face any challenges in the retention of specialty-trained IQNs, expand your viewpoints.
5. How do you think recruiting managers can assist IQNs in utilising their specialty skills in Australia?
6. How does your hospital support the IQN workforce in identifying and utilising their specialised skills?
7. How do you think hospitals can assist IQNs to utilise their specialty skills in Australia?
8. Do you have any suggestions on how IQN's specialty skills can be used effectively in Australia after immigration?

TABLE 2 | Characteristics of the sample.

S/N	Age range	Location	Immigrant status	Years of managerial experience range
1	45–50	Victoria	Indian immigrant	10–15 years
2	55–60	Western Australia	Australian-born	21–25 years
3	55–60	Queensland	Australian-born	21–25 years
4	60–65	Queensland	Australian-born	21–25 years
5	50–55	Queensland	Filipino immigrant	21–25 years
6	40–45	South Australia	Australian-born	15–20 years
7	55–60	Western Australia	Australian-born	26–30 years
8	55–60	Queensland	UK immigrant	15–20 years

4.2.6 | Ethical Considerations

Ethical clearance (study number 2022-2524E) was secured from the Human Research Ethics Committee at Australian Catholic University before data collection.

5 | Results

5.1 | Characteristics of the Sample

Eight interviews with managers were completed. No additional demographic information was collected to maintain confidentiality and encourage unbiased conversations. The participants included one Indian, one Filipino immigrant, five Australian-born individuals and one UK immigrant (Table 2). The duration of each interview varied from 20 min to 45 min.

5.2 | Thematic Analysis

Three themes regarding recruiting managers' perspectives about the specialty skill transfer of IQNs to the Australian health system were constructed from the data: Theme 1: Right person, right opportunity; Theme 2: Barriers to skill alignment; and Theme 3: Advancing opportunities (refer Table 3 for themes and sub-themes).

TABLE 3 | Themes and subthemes.

Theme 1: Right person, right opportunity	Theme 2: Barriers to skill alignment	Theme 3: Advancing opportunities
Matching skills to opportunity	Skills are not the always the priority.	Addressing bias
The effects of mismatching	Communication is a challenge.	Expert support
	Competing demands limit time	Building success
	Racism and discrimination	

5.2.1 | Theme 1: Right Person, Right Opportunity

Nurse managers discussed the importance of matching the right person with the right skills to the right position. This was noted as an active process that managers needed to engage in, yet challenges to matching IQNs to appropriate roles were identified. This is encompassed within sub-themes of *matching skills to opportunity* and the *impact of mismatching*.

5.2.1.1 | Matching Skills to Opportunity. Managers noted that aligning an IQN's skills to a suitable position is crucial for effective specialty skill utilisation. For example, one manager stated:

> Matching practice context to specialty skills would aid a successful transition as it is about transferable skills. Transferring skills to a new environment is better than learning new ones and starting over.
>
> (Manager 6)

Yet, they also acknowledged the complexity of this assessment. One manager explained:

> Assessing the veracity of information and the actual skills possessed can be difficult. The only way to truly assess is to test their skill.
>
> (Manager 4)

Structural limitations, such as long-serving staff delaying managerial openings, further complicate this matching process:

> ... some colleagues had been working there for 20 or 30 years. So, you essentially had to wait for them to retire so that a management position would become available. The hardest part was their own personal career trajectory.
>
> (Manager 7)

5.2.1.2 | The Effects of Mismatching. The consequences can be significant when IQNs are positioned in roles that do not utilise their specialty skills. Misalignment may prompt nurses to either transfer internally or leave the organisation entirely. As one manager noted:

> It is often the case that they realise the area they are working in is not what they initially expected or desired. Some choose to stay within the organisation and transition to more suitable roles, while others who need to change specialties may have to relocate outside the organisation.
>
> (Manager 2)

Another manager added:

> If they do not match the environment they trained in and experienced in, the nurses might pick up positions as they get more experience in Australia and move to some acute setting.
>
> (Manager 5)

5.2.2 | Theme 2: Barriers to Skill Alignment

Nurse managers identified several barriers that impede or limit the appropriate use of the IQN specialty skillset. This is encompassed within sub-themes: *skills are not always the priority*, *communication is a challenge* and *competing demands limit time*.

5.2.2.1 | Skills Are Not Always the Priority. Immediate staffing needs often force managers to prioritise filling vacancies over ensuring the best skills match:

> ...even if it means individuals cannot use their skills in their area because we need them to fill a spot.
>
> (Manager 8)

Similarly, employment opportunities tend to favour candidates with fewer complexities, sidelining the specialised skills of IQNs:

> Employment opportunities here prioritise filling gaps and often favour employing someone with fewer complexities.
>
> (Manager 3)

5.2.2.2 | Communication Is a Challenge. Differences in language proficiency and cultural communication styles complicate demonstrating specialty skills. One manager observed:

> ... English is not the first, second, or third language for some candidates. They understand but take time to translate from English to their language and then understand the content...The level of English proficiency of candidates definitely influences their experience.
>
> (Manager 6)

Another manager highlighted that nurses from certain countries may be less assertive due to their previous hierarchical experiences:

> This communication and assertive escalation aspect was more problematic, particularly for nurses from developing countries, although it wasn't always the case.
>
> (Manager 3)

5.2.2.3 | Competing Demands Limit Time. Heavy workloads restrict managers' capacity to assess and support IQNs thoroughly:

> ... I believe if I had more time, I could have provided a more strategic vision to address issues earlier.
>
> (Manager 1)

> You don't actually have the time to do, to invest any more than the day-to-day business, to spend or invest on international staff.
>
> (Manager 6)

> In small sites, a single clinical nurse manager handles everything, including clinical governance, which is overwhelming.
>
> (Manager 4)

5.2.2.4 | Racism and Discrimination. Instances of bias and discrimination further hinder skill alignment. One manager explained:

> Sometimes, people are biased without even actually realising that they are, and so many people get employed who look like the person who's employing them, and they don't move out of their comfort zone ... quite often, they would be shocked to think that they are racist, or they hold a bias manager.
>
> (Manager 7)

Additional concerns were raised about how cultural acceptance and country of origin influence perceptions of skill:

> Some of it is their level of acceptance into the community and how comfortable they feel in that environment. How much racism that they experience?
>
> (Manager 6)

and

> It all depends on where you came from. If you're from a first-world country, they might perceive it [skills] as similar. If you're from America, they might consider it superior. However, they might see it as inferior if you're from the Philippines, India, or Nepal.
>
> (Manager 2)

5.2.3 | Theme 3: Advancing Opportunities

The theme 'Advancing opportunities' refers to the areas of opportunity that nurse managers feel could assist IQNs with specialty skill transfer. Nurse managers also shared their thoughts on what could be implemented to improve the capacity to appropriately align the IQNs' skillset with work roles.

5.2.3.1 | Addressing Bias. Raising awareness about internal biases was seen as a critical step towards change. One manager stated:

> Once people become aware, they start challenging themselves. It's a strong move for a manager. Ultimately, the stigma associated with being an IQN needs to be removed for real change to occur.
>
> (Manager 7)

Another noted that increased support and dialogue can mitigate internal bias:

> What we found was that with lots of support and discussion and having provided a lot of information around the country that the person came from, the staff challenges, such as difficulty adjusting and working with each other due to internal bias, sort of ease down.
>
> (Manager 4)

5.2.3.2 | Expert Support. Managers called for enhanced, centralised support systems to assess better and recognise the specialty skills of IQNs. One manager remarked:

> Having a centralised framework would make a significant difference, especially for overseas-qualified nurses with ICU backgrounds. They should be assessed within this framework and encouraged to work in their specialty areas.
>
> (Manager 5)

Another added:

> Support us so that we're supporting them to be successful from the front rather than just going here... Nurses trained in different countries vary in training and practice experience. Understanding their backgrounds is crucial for placing them appropriately in Australian practice contexts.
>
> (Manager 6)

Furthermore, the lack of recognition of accumulated credentials was highlighted as a barrier:

> My experience hasn't been very good because the credentials nurses have accumulated over the years aren't effectively recognised, forcing them to start from scratch. Starting over leads to loss of confidence, critical thinking skills, and a sense of incapacity. A lack of centralised processes exacerbates the situation ... We didn't know what we didn't know, and we still don't know what we don't know. It is important to know a bit about a nurse's background, including their country of training.
>
> (Manager 3)

5.2.3.3 | Building Success. Managers advocated for developing programmes that support IQNs from the outset, aiming to optimise their specialty skill utilisation and facilitate career development. One manager remarked:

> It's crucial to identify and leverage their strengths, whether through services or educational opportunities. Consultation should not be limited to the interview phase but extended to the pre-phase before they start.
>
> (Manager 8)

Another observed that early conversations could help to align expectations and ease transitions:

> An initial conversation could have alleviated hardships for both employers and IQNs. It's

> challenging for IQNs to enter a regional area if it's not aligned with their preferences.
>
> (Manager 2)

Reflecting on past practices, one manager noted:

> Back in the day, you sat down and conversed with somebody to understand a person's training, skills, and expertise... So, I think that's probably the best way to use expertise in rural and remote areas.
>
> (Manager 3)

6 | Discussion

The present study aimed to examine the factors influencing the utilisation of specialty skills among internationally qualified nurses in Australia from the recruitment managers' viewpoint. Three themes were identified in the study: Right person, right opportunity, Barriers to skill alignment and Advancing opportunities. Notably, all the participants in the study were female, which aligns with the broader global gender gap in the nursing profession and the substantial representation of women in the Australian nursing workforce (NMBA 2022a). This trend also reflects the increasing mobility of skilled female workers observed over the past decade (Organization for Economic Cooperation and Development 2014).

The findings underscore the importance of aligning IQNs' specialised skills with appropriate positions within healthcare organisations. The current research findings highlight nurse managers' strong emphasis on the necessity for a strategic approach to match IQNs' expertise with suitable roles aligned with their prior experience and skills. Thoughtful skill alignment minimises the need for IQNs to acquire entirely new skills, aligning with Benner's 'novice to expert continuum' (Benner 1984) and facilitating immediate and substantial contributions from IQNs to the healthcare system.

The challenges identified in assessing the veracity of information and transferring skills across contexts illuminate the inherent complexities in recruiting and utilising specialty skills of IQNs (Newcomb 2017), where instances of fraudulence in the documentation and inappropriate claims of experiences and skills are reported. Consequently, there is a clear need for robust assessment mechanisms and tailored training programmes to ensure that IQNs are equipped with the necessary skills and competencies to thrive in their roles (Kurup et al. 2023).

Addressing biases among recruiting managers based on country of origin is crucial for promoting inclusive and equitable recruitment practices, especially in the context of specialty skill transfer. Racial prejudice and discrimination, rooted in stereotypes, manifest in various aspects of IQNs' skill utilisation, affecting hiring decisions, limiting career progression and impacting their acceptance within the community (Kurup et al. 2022). This bias extends beyond individual biases to encompass systemic disparities favouring nurses from English-speaking countries or some developed countries over others, reinforcing an inequitable distribution of employment opportunities resulting in skill underutilisation (Higginbottom 2011; Newton et al. 2012). To counteract these issues, healthcare organisations have adopted several best practices. For example, the NHS employs structured diversity training, with case studies, workshops and role-playing, to heighten awareness and promote fair assessments (Vela et al. 2022). Similarly, anonymised recruitment processes involve shortlisting and conducting structured interviews without identifiable information, ensuring evaluations focus solely on skills. Additionally, diversity oversight committees in Europe and North America monitor hiring practices and recommend corrective measures (Coleman et al. 2021). Addressing these multifaceted racial challenges is essential for fostering inclusivity, diversity and equitable skill utilisation within the healthcare sector, ensuring IQNs can thrive and contribute effectively to their new environments.

Mismatching IQNs with roles that do not align with their specialty skills leads to detrimental outcomes, including high turnover and dissatisfaction among staff (Russell et al. 2021). The lack of career opportunities and professional fulfilment influences retention and turnover rates (Bae 2023). Career advancement is a significant motivator for immigration among healthcare professionals (Jose 2011; Zhou et al. 2011), yet IQNs often encounter formidable barriers to accessing these opportunities (Kurup et al. 2022). To prevent skill underutilisation from escalating into more severe complications, healthcare organisations must engage in strategic workforce planning and robust skill assessment processes (Gebregziabher et al. 2020).

To address this challenge and foster IQN skill utilisation and career advancement, healthcare organisations can implement mentorship programs, offer professional development opportunities, and establish clear progression pathways (Brook et al. 2019). The success of programs like the NHS recruitment scheme, which permits IQNs to work as Assistants in Nursing (AIN) or carers while progressing toward complete registration, underscores this approach (National Health Service Employers 2023). Similarly, international examples further underline the value of targeted support. Canada's comprehensive bridging programmes and culturally competent induction training(Canadian Nurses Association 2024), along with the UK's Overseas Nurses Programme, which facilitates both skill adaptation and regulatory integration, demonstrate that strategic planning can mitigate recruitment challenges, implicit biases and communication barriers(NHS 2021). These international frameworks provide valuable lessons for refining Australian recruitment practices and optimising the integration of IQNs' specialty skills. Although such programs may not fully utilise their expertise immediately, they offer critical opportunities for IQNs to gain experience within their specialty departments, familiarise themselves with local norms and procedures, and lay the groundwork for the future application of their specialised skills. As IQNs work toward transferring their registrations, staying informed about vacancies in their areas of expertise and maintaining connections with Nurse Unit Managers can further encourage the use of their specialised talents.

Similarly, the Temporary Employment for Registration program offered by the Danish Patient Safety Authority provides IQNs with opportunities for employment and training to acclimate to the healthcare system (Danish Patient Safety Authority 2021). These initiatives facilitate IQNs' integration and serve as effective pathways for leveraging their specialised skills within the healthcare workforce. Recruitment of IQNs is frequently driven by immediate staffing needs, often in response to acute shortages within healthcare systems, rather than being part of a comprehensive human resource management plan (Kurup et al. 2022). As highlighted by Aqtash et al. (2017), this reactive approach to recruitment results in a lack of systematic preparation for integrating IQNs and utilising their specialised skills effectively. Resources for tailored training programs are inadequately allocated without proactive recruitment and onboarding. This failure to plan effectively impedes IQNs' integration and limits their ability for specialised skill utilisation, potentially causing staff dissatisfaction and diminishing healthcare delivery effectiveness (Weston 2022). Hence, there is an urgent need for healthcare organisations to adopt proactive and strategic recruitment and integration approaches to ensure IQNs thrive in their roles and contribute effectively to the healthcare system.

Communication was a significant challenge, with linguistic and cultural norms complicating effective interaction and specialty skill demonstration. Managers have identified difficulties that IQNs face, particularly in assertive communication and structured decision-making, which are crucial for demonstrating specialty skills. This necessity for a structured approach is especially critical in rural and remote settings, where assertive communication plays a pivotal role, underscoring the need for comprehensive cross-professional training (Philip et al. 2015). Various factors influenced IQN communication, including language proficiency, comprehension of medical terminology, and the accurate conveyance of information (Philip et al. 2015). Despite mandatory English tests for nurse registration, variations in language proficiency among IQNs persist, impacting their ability to utilise specialty skills (Philip et al. 2015). Assertive communication, essential for safe nursing practice, is hindered by the current literacy tests' lack of nursing-specificity, raising concerns about their effectiveness (Chen et al. 2023). Cultural factors, such as hierarchical healthcare models, further influence IQNs' assertiveness, potentially limiting their ability to advocate for themselves (Tan et al. 2023). An inclusive language assessment considering linguistic competence and cultural nuances is essential to comprehensively evaluate IQNs' readiness for the healthcare workforce, encouraging specialty skill utilisation and career advancement.

Competing demands on managers' time significantly hinder their ability to provide the necessary support to IQNs, exacerbating barriers to aligning specialty skills. Research by Martin et al. (2023) underscores this challenge, revealing that managers are increasingly overwhelmed by administrative tasks and staff shortages, leaving them with limited time for crucial support functions. This strain is exacerbated by the growing need for managers to engage in clinical work due to critical staffing gaps, further diverting their attention from essential managerial duties (Shariff 2014). In specialty skill utilisation, burnout among managers compounds this challenge, potentially compromising their capacity to retain and support IQNs effectively. The study by Membrive-Jiménez et al. (2020) corroborates this, demonstrating a clear link between manager burnout and reduced quality of support provided to nursing staff. The cumulative impact of these demands has alarming repercussions, with nurses in leadership positions increasingly opting to leave their roles due to the overwhelming strain of workload management and stress (Squellati and Zangaro 2022). Consequently, IQNs may not receive the necessary guidance and resources to fully leverage their specialised skills in healthcare. This trend underscores the urgency of addressing managerial workload and burnout to ensure adequate support for IQNs and the optimal utilisation of their specialty skills within healthcare organisations.

Nurse managers are spearheading proactive strategies to harness the skills of IQNs within the available workforce effectively. Central to this is the urgent need to dismantle biases and stigmas often attached to IQNs, recognised as pivotal for instigating substantial change within healthcare institutions. As highlighted by Baluyot (2019), the widespread biases and discrimination faced by domestic nurses pose significant hurdles for IQNs transitioning into Australian healthcare settings. In the context of specialty skill transfer, while cultural training has proven invaluable in aiding IQNs' adaptation to the Australian healthcare landscape (Xiao et al. 2014), managers emphasise the criticality of extending such training to managerial staff. This expanded cultural training is imperative for managers to cultivate awareness of personal biases and ensure their impartiality in recruitment decisions. Specifically, training programs for managerial staff must prioritise fostering cultural competency and sensitivity to ensure the fair and unbiased assessment of IQNs' specialty skills and qualifications. Embracing and supporting IQNs enhances cultural competency within healthcare organisations and mitigates unconscious biases among recruitment personnel, including nurse managers. This inclusive approach fosters a welcoming and supportive environment conducive to the seamless integration of IQNs' specialty skills into the Australian workforce.

Despite serving as the primary gatekeepers of recruitment, managers often lack the required knowledge and skills to navigate the diverse specialty qualifications and cultural nuances of IQN source countries, along with potential disparities in clinical practices (Stodart 2018). Addressing these gaps through comprehensive training initiatives is crucial for promoting equity and maximising the skill utilisation of specialised IQNs within healthcare institutions. The vast array of source countries contributing to immigration brings a rich tapestry of cultures and varied nursing methodologies (Australian Bureau of Statistics 2021). Therefore, managers must possess the competencies to manage this diversity adeptly. Structured managerial training programmes tailored for healthcare managers are indispensable (Lukhanina et al. 2023), focusing on understanding diverse international nursing backgrounds and varying levels of specialty IQN training (Stodart 2018). By equipping managers with the necessary cultural competency and skills to navigate the diverse backgrounds of specialised IQNs, comprehensive training initiatives can create a supportive environment that optimises the specialty skill utilisation of IQNs within healthcare institutions.

Participants emphasised the critical need for expert support in the form of a centralised framework to assess and manage the specialty skills of IQNs, facilitating their optimal utilisation. A lack of such a centralised process often compels nurses to restart their careers from scratch in a new country, resulting in feelings of being treated as novice nurses, as noted by Tregunno et al. (2009) and Adhikari (2011). This issue is further exacerbated by disparities in nursing education and pathways to becoming specialist registered nurses across different countries (Deng 2015), contributing to a sense of mistrust (Xiao et al. 2014). Therefore, instilling a foundational understanding among nurse managers that nursing education varies globally and, with support and training, many valuable specialty skills of IQNs can still be effectively utilised in the Australian clinical setting marks a pivotal starting point (Baker et al. 2021).

Establishing a central department responsible for evaluating nurses' specialty curricula from different countries and exposing them to clinical specialty skills could be an effective initial step. Drawing insights from other healthcare professions, such as the specialist registration process for medical practitioners, which involves assessment by accredited specialist colleges (Australian Health Practitioner Regulation Agency, 2023), different pathways can be tailored to individual qualifications and experience. In contrast, nurses in Australia currently have only generalist registration pathways as registered nurse, enrolled nurse and endorsement as Nurse Practitioner(Nursing and Midwifery Board of Australia 2022b). The development of a centralised framework to evaluate IQNs' specialty qualifications and encourage them to work within their specialties is timely. This framework should encompass orientation programmes, mentorship opportunities and cultural integration initiatives to assist IQNs in acclimating to the new healthcare environment (Smith et al. 2006) and ensure the equivalence of specialty skills.

Some managers faced challenges due to a lack of information on overseas hiring processes and the complexities involved, adding to their already heavy workload with additional administrative burdens. Despite these obstacles, nurse managers expressed a willingness to support IQNs in utilising their specialty skills effectively in Australia. Implementing a centralised framework like Western Health's can help alleviate these administrative burdens by providing clear, structured guidance on overseas recruitment. This framework streamlines the hiring process, offering step-by-step instructions on visa processing, credential verification and regulatory compliance. By consolidating these procedures, Western Health minimises the confusion and complexities often associated with international hiring, enabling nurse managers to navigate the system more efficiently.

Beyond recruitment, the framework also includes resources and best practices for onboarding IQNs, ensuring they receive proper orientation, cultural adaptation support and clinical upskilling opportunities. Additionally, it emphasises mentorship initiatives, helping nurse managers implement structured transition programmes that assist IQNs in integrating into the Australian healthcare system.

Adopting such a framework allows healthcare organisations to streamline recruitment efforts, reduce administrative workloads and improve IQN retention by fostering a structured and supportive environment. With fewer administrative hurdles, nurse managers can focus on providing clinical and professional development support, ultimately enhancing workforce sustainability and patient care. Such complementary efforts contribute to effectively utilising their specialty skills in Australia (Kurup et al. 2023).

This study aligns with Kurup et al. 2024a, 2024b, 2024c, who identified facilitators (e.g., competence, decision-making understanding, linguistic proficiency) and barriers (e.g., lack of opportunity, inadequate transition pathways, financial instability) to IQN skill utilisation. However, our research offers a novel perspective by focusing on recruitment managers' viewpoints, addressing a gap in the literature. By pooling knowledge and experiences, healthcare institutions can enhance support systems for IQNs, improving workforce sustainability and patient care quality. By pooling expertise and experiences, healthcare institutions can collectively strengthen their support systems for IQNs, improving the overall quality of care. By implementing these strategies and fostering collaboration among stakeholders, healthcare institutions can cultivate an inclusive and supportive environment that optimises the contributions of specialised IQNs, thereby enhancing both the healthcare workforce and the quality of care for patients.

6.1 | Strengths and Limitations of the Work

The study gathered data from a diverse group of nurse managers who have worked with IQNs and have varying levels of specialty experience in Australia. Participant contributions were highly appreciated in the research. Using social media platforms and the Australian College of Nursing expanded the study's reach, attracting a genuine interest in the subject from a broader audience. Additionally, being an IQN, the lead researcher strengthened the data collection and analysis process, enhancing the study's credibility and transparency (Noble and Smith 2015). Rigorous systematic approaches were employed for data collection and analysis, with an audit trail maintained for transcripts and recordings.

However, the study faced limitations that were common to other online studies. The recruitment strategy presumed that the target demographic could be accessed through social media channels; however, it is essential to note that certain participants might not utilise social media platforms or encounter technical challenges such as connectivity issues (Ochieng et al. 2018; Yayeh 2021). Furthermore, arranging interviews was challenging due to scheduling conflicts and occasional technical difficulties, which may have affected the consistency of data collection. The study's focus on nurse managers within the Australian healthcare system also limits the generalisability of the findings; a broader sample from various healthcare settings and regions would enhance applicability.

While semi-structured interviews allowed for rich, in-depth exploration, they also introduced the risk of interviewer bias and the limitations inherent in self-reported data. It is also important to consider that responses from recruiting managers might have been influenced by social desirability bias, where participants may have provided answers they perceived as more favourable

or acceptable. Future research should employ multiple data collection methods, such as direct observations or document analyses, to mitigate these biases. Although thematic saturation was achieved, the rapidly evolving nature of healthcare suggests that new themes may emerge over time, underscoring the value of longitudinal studies for capturing deeper insights into the integration of IQNs' specialty skills.

6.2 | Implication of Policy and Practice

This study emphasises that there is a critical need to develop a centralised framework to assess and manage the specialty skills of IQNs. This framework should provide guidance on the assessment of qualifications, orientation programmes, mentorship opportunities and cultural integration initiatives tailored to IQNs' needs. By implementing such a framework, healthcare organisations can streamline the onboarding process for specialty IQNs and facilitate their effective integration into the specialty nursing workforce. Secondly, there is a clear need for structured training programmes for healthcare managers and administrators. These programmes should focus on equipping managers with the skills and knowledge required to effectively lead teams composed of specialty IQNs. Specific attention should be given to understanding the diverse international nursing backgrounds and varying levels of specialty training among IQNs. By investing in managerial training, healthcare organisations can ensure managers are better prepared to support and integrate specialised IQNs into their teams.

Furthermore, enhancing communication processes within healthcare settings is vital to ensuring the recognition and appreciation of specialty IQNs' skills. Fostering cultural sensitivity among all staff members can foster improved integration and teamwork. By cultivating an inclusive and supportive environment, healthcare organisations can leverage the full potential of specialty IQNs and enhance the overall quality of care provided.

6.3 | Theoretical Implications

The study contributes to existing theories on skill transferability, workforce integration and professional development, particularly aligning with Benner's Novice to Expert Model (Benner 1984) by demonstrating how IQNs, despite their prior expertise, often face integration barriers that hinder their full potential. It extends human capital theory by highlighting how systemic challenges, such as credential recognition and workplace biases, affect the optimal utilisation of skilled professionals. Additionally, the findings reinforce workforce integration theories, emphasising the misalignment between IQNs' expertise and employer expectations, which impact job satisfaction and efficiency. The study also aligns with social learning theory (Bandura 1977), illustrating how mentorship and peer learning accelerate IQN adaptation. These insights underscore the need for policy reforms and structured support systems to bridge the gap between credentialing processes and actual clinical competencies, ensuring that healthcare systems fully leverage IQNs' skills for improved workforce efficiency and patient outcomes.

7 | Conclusion

This study has identified barriers and facilitators to transferring specialty skills among IQNs in the Australian healthcare context from the view of nurse managers. The findings underscore the crucial role of strategic workforce planning, robust assessment mechanisms and tailored training programmes in effectively integrating specialty IQNs into the healthcare system. Moreover, there is an urgent need for a centralised framework to assess and manage these skills, coupled with structured managerial training for healthcare administrators. While the study provides valuable insights into initial recruitment and skill integration challenges, it also highlights a significant gap in understanding the long-term career progression and retention of IQNs. Future research should, therefore, extend beyond initial recruitment to explore the enduring career trajectories of IQNs, ensuring that healthcare organisations can fully leverage their contributions. By adopting these strategies and fostering collaborative stakeholder engagement, healthcare organisations can build a more inclusive and supportive environment that benefits both the workforce and the communities they serve.

Author Contributions

C.K.: conceptualisation, methodology, formal analysis, investigation, writing – original draft preparation, writing – review and editing. A.S.B.: conceptualisation, methodology, writing – review and editing, supervision. V.B.: conceptualisation, methodology, writing – review and editing, supervision. E.R.J.: conceptualisation, methodology, writing – review and editing, supervision. The authors have checked to make sure that our submission conforms as applicable to the Journal's statistical guidelines.

Acknowledgements

The authors have nothing to report. Open access publishing facilitated by Australian Catholic University, as part of the Wiley - Australian Catholic University agreement via the Council of Australian University Librarians.

Ethics Statement

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

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The study protocol has been registered on OSF. However, it is important to mention that ethical approval hasn't been obtained specifically for web sharing, so the data has not been posted on any public repositories or platforms.

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