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Black African international nurses' experiences of pastoral support: A scoping review

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ABSTRACT

Purpose: Overseas nurses are not new to the United Kingdom (UK), and neither is the concept of pastoral care. The immense contributions of international nurses are so obvious that it would be commonly assumed that there will be a strong literature base on pastoral care for these nurses. However, the opposite is very much the case. Pastoral support is crucial to the successful adaptation and integration of nurses who are recruited outside the United Kingdom to work within the NHS. To offer comprehensive fit-for-purpose support, the perspective of the nurses is important.
Objective: This scoping review aims to identify what is known about pastoral support for internationally educated nurses in the UK.
Methods: A scoping review method was used to review literature on pastoral support.
Results: Existing literature provided evidence on current practices, the challenges, and outcome criteria for successful pastoral support. It also provided evidence on how early pastoral support can fortify the nurses or deskill them. Finally, it revealed significant disparities in the support received by overseas nurses.
Conclusion: While the nurses' experience of the previous adaptation programme has been explored, evidence on the current pastoral care practices is mostly found in policy guidelines, trainers' reports, and opinion pieces. Since the inception of the NMC test of competence in 2014, the voice of the recipients of pastoral care is yet to be heard. This scoping review suggests that there is a difference in understanding of pastoral care practices. Therefore, the perspectives of specific groups such as Black African nurses should be explored on this issue.

What is known?

- Overseas nurses arrive in the UK in large numbers and receive some pastoral support on arrival.
- Trusts adopt their practice of pastoral support.
- Nurses' perspective on the adaptation programme before the advent of the NMC's test of competence is well established.

What this paper adds

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- Pastoral care practices are characterised by a difference of understandings and inequalities which are evident because of variations in defining the practice of pastoral care across the UK.
- Evidence is provided about the barriers to international nurses' support and adaptation.
- Black African nurses support needs must be better understood as there is limited research to inform practice.

1. Introduction

As of March 2022, the Nursing and Midwifery Council (NMC) record of nurses and midwives in the UK hit a record high of nearly 800,000 nurses on its register (NMC, 2023). Interestingly, about half of this number is composed of internationally educated nurses. With the persisting staffing crisis, recruitment of international nurses has been intensified to augment the local strategies for a sustainable workforce (The King's Fund, 2020). As a requirement, non-EU nurses must be registered with the NMC UK and supported to adapt to working in the NHS. The extent of pastoral care given in the form of emotional, social, and spiritual support and professional training influences the adaptation of internationally educated nurses in the UK. Health Education England (2020) declared that, upon signing a contract with international nurses, a pathway of care is established in the form of pastoral care. Upon arrival into the country, objective Structured Clinical Examination (OSCE) preparation for registration and post-registration support enables them to adapt to working in the UK. Even though what is practiced as pastoral care varies, it is primarily aimed at supporting new nurses to successfully integrate into the new environment.

Pastoral care generally refers to offering support and enabling attention to various human needs and aspirations in the context of health care, with special alertness to identity and belief questions (Raffay et al., 2016) and even to building a supportive environment for clinical staff (Subramanian, 2021). Ideally, pastoral care should be informed by the nurses' support needs, although this is not often achieved. General pastoral support is offered for all nurses trained outside the European Union (EU) irrespective of their country of origin. However, even though professional nursing core values are fundamentally similar globally, Iheduru-Anderson and Wahi (2018), in their exploration of Nigerian nurses' experience in the US, found that the practice of nursing is affected by the innate culture in each society, due to variations in nursing culture, the health care system, and social subtleties; coming together to create differences in the needs of these nurses. The overlooking of these cultural nuances, coupled with poor preparation, could contribute to the unique challenges faced by African internationally educated nurses in the UK. These challenges include a disproportionally higher rate of referral to NMC for fitness for practice (NMC, 2022), feelings of otherness, lack of direction, cultural separateness, feeling undervalued, and experiencing racism (Moorley, 2022; Iheduru-Anderson and Wahi, 2018; Likupe, and Archibong, 2013; Higginbottom, 2011; Jose, 2011; Allan et al., 2009; Alexis et al., 2006; Allan et al., 2009, and Taylor, 2005).

Moreover, different generations of nurses naturally have different career and employment expectations. Considering the age groups of staff joining the NHS from Africa, 94 % are between the ages of 21 and 40 (NMC, 2022a). Greene (2005) highlights the difference in career expectations between older and younger nurses, pointing out that younger nurses seek flexibility, balanced lifestyle, and sound technology. Greene also recognised that they are quick to explore alternatives if their expectations are not met. Hence, it is important to understand their unique support needs to deliver fit-for-purpose pastoral care. Presently, retention figures are regarded as a strong indicator of a good system of support for international nurses. However, this is a deceptive marker because the reason African nurses remain within the system is not necessarily because they are satisfied but because they do not exercise certain immigration rights and are reluctant to endure the expensive option of ending their contract, since it means paying a huge sum back to the Trust or having their certificate of sponsorship withdrawn by their employers. O'Brien and Ackroyd (2012), in their realist case study on understanding the recruitment and retention of overseas nurses, revealed the level of everyday discrimination among international nurses, and concluded that the nurses' choice to remain, after such treatment must have to do with finances. Thus, overseas nurses may choose to remain despite/even though they are not receiving adequate support in their jobs. Therefore, to truly support Black African nurses, their perception of the existing pastoral care package, and whether it is fit for purpose, must be considered (Table 1).

This scoping review explored what is generally known about pastoral care for overseas nurses and its impact on the adaptation to the system. The global focus of the scoping review is, therefore, to broaden people's understanding about pastoral care for

Table 1
Details of Database Search terms (all filtered for language and location).

Search terms	(Pastoral or mentor* or adaptation or pastoral support or pastoral care) AND ("international nurs*" or "foreign nurs*" or "internationally trained nurs*" or "overseas nurs*" or "overseas trained nurs*" or "Internationally educated nurs*" or IEN or "African nurs*")
CINAHL ($n = 282$)	
British nursing index ($n = 14$)	(pastoral or mentor* or adaptation or pastoral support or pastoral care) AND ("international nurs*" or "foreign nurs*" or "internationally trained nurs*" or "overseas nurs*" or "overseas trained nurs*" or "Internationally educated nurs*" or IEN or "African nurs*")
Medline (16)	(Pastoral or mentor* or adaptation or pastoral support or pastoral care) AND ("international nurs*" or "foreign nurs*" or "internationally trained nurs*" or "overseas nurs*" or "overseas trained nurs*" or "Internationally educated nurs*" or IEN or "African nurs*")
PubMed	(pastoral or mentor* or adaptation or pastoral support or pastoral care) AND ("international nurs*" or "foreign nurs*" or "internationally trained nurs*" or "overseas nurs*" or "overseas trained nurs*" or "Internationally educated nurs*" or IEN or "African nurs*")

international nurses.

2. Methods

This scoping review was conducted utilising the (Arksey and O'Malley, 2005) five-step methodological framework for a scoping review. The first stage involves the identification of a research question, which is followed by the identification of relevant studies. The third and fourth stages involve the selection of relevant studies and charting the data with their vital elements such as the authors, title, methods, results (see Appendix 1), and finally presentation of results and discussion (Arksey and O'Malley 2005).

The review question was phrased with the Population, Exposure, and Outcome (PEO) framework to maintain consistency and structure in the selection process (Kestenbaum, 2019). The broad question for this review is: 'what is known in the literature about pastoral care or pastoral support (exposure) for internationally educated nurses working in the UK (population) to facilitate their adaptation and integration in the NHS (outcome)?'. Literature from various journal articles, policy documents, and other sources were used to address the research question.

2.1. Literature review

A scoping review was used to conduct searches on different online journal databases including CINAHL, BMI, PubMed, and MEDline. In addition, Policy guidance, expert opinions, conference documents, and some case reports were generated from the

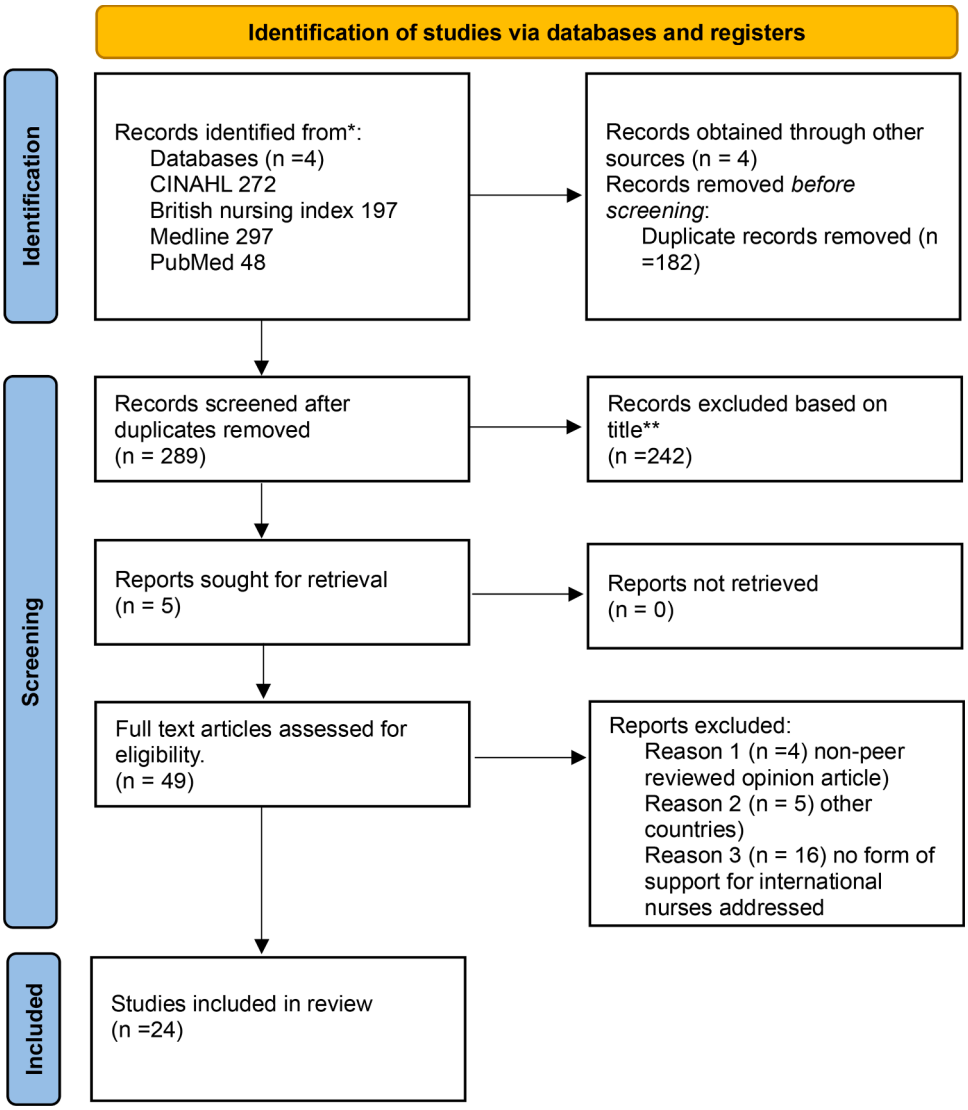

Fig. 1. Literature review search strategy.

websites of relevant organisations including NHS England, the Government of the UK, NHS Trusts, NHS Employers, Health Education England, and the Nursing and Midwifery Council (NMC). Boolean search terms ('AND' and 'OR') were used to identify relevant articles. At first, the key phrases (pastoral or mentor* or adaptation or pastoral support or pastoral care) were used allowing the search to focus on papers addressing various forms of support for international nurses to facilitate their adaptation in the UK. These were combined using the 'AND' term to show articles that further contained the following keywords ('("international nurs*" or "foreign nurs*" or "internationally trained nurs*" or "overseas nurs*" or "overseas trained nurs*" or "Internationally educated nurs*" or IEN or "African nurs*") were used to identify articles related to non-EU trained nurses who are employed in the UK. The search on four databases (CINAHL =272, British Medical Index = 197, Medline = 297, and PubMed =48) yielded a total of 289 articles after the elimination of duplicates. The full search details can be found in Fig. 1 below and the search output on Appendix 1.

To facilitate the selection of appropriate studies for the review, Arksey and O'Malley (2005), and Robb and Shellenbarger (2014) recommended using a set of inclusion and exclusion criteria. For this study, the eligibility criteria were established based on English language, the population of international nurses working in the UK, UK-based studies, articles available as full texts, papers discussing pastoral care, or some form of support for overseas nurses' adaptation. Studies that did not meet the above criteria were excluded.

Duplicates were removed and the remaining were screened for eligibility. Thus, the selected studies were presented with their vital elements such as the authors, title, methods, and results (Arksey and O'Malley 2005), and this is provided in Table 2 below. Overall, the search for the review conducted in April 2023 produced a total of twenty-four (24) papers, including both research and non-research-based literature. More specifically, there were fifteen ($n = 15$) qualitative studies out of the 24 articles. Of the fifteen qualitative studies, eight were case reports ($n = 8$) (Kelly and Fowler, 2019; NHS Employers, 2021; Harries et al., 2019; Dunnion, O'Riordan, and Dunne, 2008; Parry, and Lipp, 2006; Gandhi, and French, 2004; Campbell, 2001; Witchell, and Osuch, 2002), five were in-depth interviews ($n = 5$) (Stubbs, 2015; O'Brien, and Ackroyd, 2011; Allan, 2010; O'Brien, 2007; Gerrish and Griffith, 2004), one was a focused group discussion ($n = 1$) (Daniel et al., 2001), and one was the outcome of a multisite study tour ($n = 1$) (Ohr, et al., 2014). In addition, there were three ($n = 3$) quantitative studies (all descriptive surveys) (Alexis, 2015; Buchan et al., 2006; Withers, and Snowball, 2003), one mixed study ($n = 1$) Winkelmann-Gleed and Seeley, 2005), one ($n = 1$) literature review (Zizzo, and Xu, 2009), one ($n = 1$) expert opinion paper (Evans, 2022) and three ($n = 3$) policy guidance documents (Department of Health (2023); NHS Employer (2023); and Health Education England (2021). The papers were dated from 2001 to 2023. Following the trend of literature that emerged, the researcher developed the results into categories of interest. The first category includes 'adaptation literature' (12 papers) which were papers dated earlier than 2014, when new international nurses undertook the overseas nurse program (ONP), interchangeably called the Adaptation or Mentorship program. The second category was 'Post adaptation literature' (12 papers) which were papers dated 2014 or later, after the introduction of the current NMC test of competency. Five themes that emerged from the search are presented below.

2.2. *Description of pastoral support*

Pastoral support for overseas nurses has been described by Health Education England (2020) and Dunnion, O'Riordan, and Dunne (2008) as supporting the nurses with registration with the NMC and equipping them with the knowledge and understanding of local practices and culture for autonomous practice in their band 5 nurses' role. As Allan (2010) put it, the support enables overseas nurses 'to nurse in the British way' which he interpreted as an expectation to adapt to the British culture. In support of this view, Campbell (2001) noted that the support helped nurses to understand the local culture, such as common abbreviations and colloquialisms. Pastoral care is legally backed by the Department of Health Code of Practice (2023) and presented as an essential support for internationally recruited nurses. In literature, the structure of this support varied depending on the NMC requirements for registration at a given period. Hence, many scholars (such as Ohr, et al., 2014; O'Brien and Ackroyd, 2012; Dunnion, O'Riordan, and Dunne, 2008; Parry, and Lipp, 2006; Gandhi, and French, 2004; and Campell, 2001) reported that before 2014, nurses were supported through an Overseas Nurse Adaptation or a mentorship program and presented for registration afterward. However, from 2014 till date, the test of competency changed, and nurses were required to sit for an Objective Structured Clinical Examination (OSCE) (NMC, 2021)

OSCE is a practice-based examination comprising ten stations aimed at assessing skills as well as the candidate's values and behaviours, and evidence-based practice. OSCE has 4 stations that are based on Assessment, Planning, Implementation, and Evaluation ('APIE') while six 6 skill stations that assess candidates on 2 pairs of 2 skills, 1 professional value, and 1 critical appraisal. As part of pastoral support, international nurses are supported during the preparation for OSCE; and they can be registered with the NMC upon passing the OSCE (NMC, 2023). Irrespective of the nature of the test of competency, be it old or current, research indicates that the central focus of pastoral support is fitness to practice and successful registration with the NMC (Harries, et al., 2019; O'Brien, and Ackroyd, 2012; Gerrish, and Griffith, 2004; Witchell, 2002).

Another crucial element of the nurses' journey in establishing as nurses in the NHS UK is the period of supervised practice. New overseas nurses are conferred a supernumerary status, which is a period of supervised limited practice (Health Education England, 2020). Ohr, et al. (2014) in their study tour across different organisations found that the duration of the supernumerary period varied with Trusts. However, the benchmark in the NHS England toolkit for international recruitment and an expert report by Evans (2022) indicate that nurses should remain on supernumerary until 3 weeks after successful registration with the NMC. Therefore, the supernumerary period lasts from the time of the nurses' arrival till 3 weeks post-registration, and the duration is dependent on how long it took the nurses to register with the NMC. At this stage, Gandhi and French (2004) and Devereux (2023) reported that overseas nurses were seen as equivalent to third-year nursing students and this treatment as students later resurfaced in connection to barriers to adaptation as observed by O'Brien, and Ackroyd (2012). Before the advent of OSCE, the period of adaptation program stipulated by the NMC, within which the overseas nurses should have met the desired proficiencies and registered with the NMC, was 6 weeks (Gerrish,

and Griffith, 2004). However, the average duration to achieve registration in Gerrish, and Griffith's (2004) research was 5 months even though Witchell and Osuch, (2002) noted that it could take up to 6 months. Therefore, none of the studies reported meet the NMC timeline of adaptation. More recently, Health Education England (2020) recommended 6–8 weeks, but there are no recent studies that reported the time nurses take to pass OSCE and register with the NMC. Other than the supervised practice, the kind of support nurses receive is informed by their onboarding process with the Trust as explained in detail below.

2.3. Elements of pastoral support: support for overseas nurses can be stratified into prearrival, arrival, and professional development support

Prearrival support: In an expert discussion reported by Evans (2022), prearrival support was described as steps taken to prepare the nurses psychologically, in their countries, before arriving in the UK. This involves establishing communication between the Trust and the overseas nurses, providing Trust contact information for each cohort of nurses, and scheduling webinars for questions and answers (Evans, 2022). Evans (2022) further emphasised that the prearrival period is an appropriate time to connect nurses with international nurses' organisations. While prearrival support was not reported by any of the studies reviewed, its provision was explicit in the Health Education England (2020) guidance for international nurse recruitment and included access to a professional development guidebook and prearrival webinars. Aside from providing an information pack and establishing communications, the NHS Employer (2023) toolkit on international recruitment recommended that the nurses should receive a welcome letter from the employer.

Arrival**:** On arrival, nurses were provided with temporary accommodation (Ohr et al., 2014; Parry, and Lipp, 2006; Witchell, and Osuch, 2002; Kelly and Fowler, 2019; Ohr et al., 2014; Stubbs, 2017; Health Education England, 2020), food hamper (Ohr et al., 2014; Stubbs, 2017; NHS Employer, 2023; Health Education England, 2020), travel cost (Ohr et al., 2014; Stubbs, 2017; NHS Employer, 2023), and rarely, presented with flowers (Ohr et al., 2014). In addition, they were enrolled in Trust induction (Witchell and Osuch, 2002; Parry and Lipp, 2006, 2002; Campbell, 2001; Kelly and Fowler, 2019; Department of Health, 2023; NHS Employer, 2023; Health Education England, 2020). Importantly, support geared towards registration with the NMC was also implemented in the form of mentorship before 2014 (Parry and Lipp, 2006; Allan, 2010; Gerrish, and Griffith, 2004; Campbell, 2001; O'Brien, 2007; Gandhi, and French, 2004; Allan, 2010) and more recently, OSCE Training (Kelly, and Fowler, 2019; Evans, 2022; Harries et al., 2019; NHS Employer, 2023; Health Education England, 2021). Furthermore, both the Department of Health (2023) and NHS Employer (2023) recommended supporting the nurses to create bank accounts, but the report by Stubbs (2017) indicated that both bank accounts and an advance roster were implemented. Moreover, overseas nurses were also referred to chaplaincy services for spiritual support (Witchell, and Osuch, 2002).

Professional development support: There was a dearth of information on the support focusing on professional development support in post-NMC registration. Although Kelly and Fowler (2019) reported assigning mentors and organising classes to host conversations around medical acronyms. However, it was not clear at what point the mentors were assigned or how efficient the mentorship was in their adaptation. According to Health Education England (2020), this stage comprises support towards skills development, goal setting, personal development planning, annual appraisal, preceptorship, and revalidation.

2.4. Factors influencing support and adaptation

Adaptation of overseas nurses was influenced by certain factors that facilitated the support and adaptation of nurses as well as barriers that consequently undermined the nurses' progress. Winkelmann-Gleed and Seeley (2005) reported that proper introduction of overseas nurses to other staff members, access to nursing literature resources, and opportunities for personal development facilitate adaptation among the nurses. In addition, Ohr et al. (2014) found that transparency about the contractual agreement, recruitment from agencies that abide by the immigration law, support with NMC registration, effective leadership, clear communication within the team, and assignment of a designated contact person to the overseas nurses facilitated adaptation. Furthermore, Stubbs (2017) research highlighted the need to involve experienced overseas nurses as mentors to leverage their lived experience in supporting other overseas nurses.

However, mentoring practices are flawed by cultural indifference, incivility, a lack of trust, ill-preparation of mentors, and racism which are presented in detail below.

Cultural differences: Interestingly, Winkelmann-Gleed and Seeley (2005) discovered, a view shared by Tsegay (2019), some cultural nuances which affected the nurses' integration into their new environment. In their study, some of the male overseas nurses never worked in female wards in their home countries, where males and females were nursed separately, unlike in the UK practice, where both males and females share the same ward, and are allowed to visit each other. So, male overseas nurses' lack of pre-emption in caring for women, for instance, was interpreted as amateurish by the British nurses, rather than as a culturally influenced disparity which overseas nurses needed support with. Furthermore, Allan (2010), and Dunnion, O'Riordan, and Dunne (2008) found that overseas nurses were more familiar with a rigid nursing hierarchy, different from the fluid structure which promotes familiarity between British managers and their subordinates. Fear of hierarchy also emerged among the barriers to the adaption of overseas nurses (O'Neill et al., 2021). Furthermore, Dunnion, O'Riordan, and Dunne (2008) reported differences in overseas nurses' perceptions of personal care. For instance, the study indicated that Philippine nurses did less personal care at home because the patients' relatives would ordinarily perform those in their home countries, whereas personal care is a core nursing responsibility in the UK. Currently, cultural issues remain strong in relation to overseas nurses' adaptation either affecting their transition and integration into their nursing role (Bond, Merriman, and Walthall, 2020) or their team playing, escalation, and relationship with other medical staff attributed to their notion of hierarchy (O'Neill et al., 2021).

Poor preparation of mentors: Apart from cultural barriers and incivility, some of the mentors are unequipped for their role as

mentors. The NMC standards for mentors which qualify them to facilitate, supervise, and assess learning for nursing and midwifery students are provided in stage 2 of the NMC mentor standard (NMC, 2008, p.23). However, in a study to explore barriers to effective and non-discriminatory mentorship, Allan (2010) found that, other than their undergraduate training, mentors do not receive any sort of training in their role as mentors to overseas nurses who sometimes are more experienced than them. Similarly, Dunnion, O'Riordan, and Dunne (2008) reported that mentors are often overwhelmed both by the number of overseas nurses, and the amount of support they need. In support of the above finding, Campbell (2001) revealed that some mentors did not understand the expectations of their role as overseas nurses' mentors. Unsurprisingly, the Indian nurses in Stubbs (2017) study shared their preference for non-English mentors or someone who experienced a similar transition as them. Another pointer to the inadequate preparation of mentors was poor feedback practices. According to Allan (2010), feedback from mentors was laden with ambiguities rather than constructive information for the nurses' development, and for unknown reasons, the precepting nurses (mentors) did not address issues identified with the international nurses as they emerged.

Lack of trust: another barrier in the nurses' journey to settle in the NHS was a lack of trust. In exploring the adaptation process, Dunnion, O'Riordan, and Dunne (2008) revealed that both home and international nurses experienced difficulty establishing trust with each other. Lack of trust from the home nurses left the international nurses constantly trying to prove themselves and consequently, became stressed. On the other hand, when overseas nurses realised some of their mentors' reluctance to teach them, they did not report it for fear of being misunderstood (Gerrish and Griffith, 2004). In addition, managers' perception of overseas nurses as a temporary workforce diminished their zeal to support overseas nurses (Gerrish and Griffith, 2004). Unfortunately, factors that affect pastoral support have not been explored in recent studies for comparison. However, the result of lack of trust between colleagues affects communication and heightens tension in the workplace.

Organisational closures: The period of supervised practice is pivotal to the overseas nurses' adaptation. However, it is reportedly undermined by certain organisational closures. Allan (2010) observed that the mentors were ethnocentric in their approach, and focused on seeing overseas nurses imbibe the British way of nursing. In so doing, skills outside the British way of nursing were regarded as below standard. Consequently, overseas nurses were treated as novice nurses until their mentors understood their previous experiences. Similarly, there is an assumption among the UK Nurses that nurses outside the UK are incompetent (Winkelmann-Gleed and Seeley, 2005). With previous experience disregarded, overseas nurses were treated as third-year nursing students, as they navigated through training to meet the standards, instead of as qualified nurses adjusting to the UK environment (O'Brien and Ackroyd (2012). Such treatment undermines the overseas nurses' abilities (O'Brien and Ackroyd, 2012).

Communication: Winkelmann-Gleed and Seeley (2005) evidenced that both home and overseas nurses have difficulty understanding each other's communication at the beginning. Also, Stubbs (2015) reported that overseas nurses find it challenging to hold empathetic family communications with patients and their relatives because previously, they had such communication in the vernacular. However, Winkelmann-Gleed and Seeley (2005) emphasised that nurses felt valued when their language skills are used in practice, for instance, to communicate with a patient who did not understand English.

Racism: issues of racism among overseas nurses are widely reported in literature but only a few papers discussed racism in the context of pastoral support. The support overseas nurses receive is affected by racism (Gerrish and Griffith, 2004; Dunnion, O'Riordan, and Dunne, 2008), bullying, and aggression from both patients and colleagues (Alexis, 2015). Likupe (2015) also linked discrimination, racism, and unequal opportunities to poor support and adaptation, which keeps weakening the support overseas nurses receive as indicated in the 2022 WRES report (NHS England, 2023a).

2.5. Outcome criteria/Success indicators

Previous perspective indicates that the overarching success criterium for overseas nurses is registration with the NMC (Zizzo and Xu, 2009; Dunnion, O'Riordan, and Dunne, 2008; Gerrish and Griffith, 2004; Witchell and Osuch, 2002). Similarly, a high OSCE pass rate and retention were also positive outcome indicators or success criteria (Harries et al., 2019; NHS Employers, 2021). An exceptionally different set of outcomes, not yet found in any other study, was identified in Gerrish's and Griffith's (2004) study. They include fitness for practice, reduction in the vacancy rate, equal opportunities, and promotion of organisational cultural diversity. Interestingly, O'Brien and Ackroyd (2012) indicated that the absence of complaints or negative feedback from overseas nurses was regarded as a successful outcome by managers. However, they noted that overseas nurses endured poor treatment instead of escalating them.

2.6. Unequal treatment and experiences

Inconsistencies in pastoral support created a spectrum on which the nurses find themselves on either of the extremes; feeling well supported or experiencing poor treatment. Earlier findings show overseas nurses placed on different pay bands based on their region of origin (Buchan, et al., 2006). Currently, overseas nurses are placed at the basic band 5 entry level irrespective of their previous experience (Garside et al., 2023). Whilst pay is a more general issue for the nurses, a report on adaptation shows that disparity exists in the level of support nurses receive. Some Filipino participants in the study reported positive experiences but expressed concern over their colleagues in other Trusts that had a difficult start due to poor support and considered them unlucky (Campbell, 2001). Alexis (2015) reported a similar issue in the experiences of international nurses; Africans were found to experience more challenges and need more time to adapt when compared to their Filipino, Indian, and Pakistani counterparts. In Garside, et al., 2023, some nurses are supported beyond their expectations, whereas others perceived the support as limited and affecting their mental state negatively. Likewise, pastoral support practices differ across the Trusts with some providing more support and others less (Kelly and Fowler, 2019; NHS Employers, 2021). Health Education England recognised the disparity in pastoral practice across Trusts but recommended a

minimum of accommodation support, climatisation support, and salary advance. Such recommendation reinforces the fact that there is no standard Trusts are obliged to follow. So, from 2001, little has changed as regards standardising pastoral support to ensure that nurses across the NHS receive the robust support, they need to adapt to their new role.

2.7. The paradox of needs and skill gain

Based on the managers' or mentors' perception of overseas nurses' needs, support or training is tailored to meet the skills needs before they are allowed to practice those skills (Kelly and Fowler, 2019). Hence skills like cannulation, for instance, is considered a complex skill for which nurses require intensive training (O'Brien, 2007). However, it was observed that overseas nurses experience delays in obtaining this training due to the limitedness of training slots (Stubbs, 2017; Gerrish and Griffith, 2004). According to Stubbs (2017), the severe restrictions on nursing practice and the long wait in securing spaces for certain training deskills and frustrates nurses. Consequently, instead of the nurses becoming more confident at the end of their program, as expected by Health Education England (2021), they battled with self-doubt, diminished confidence (NMC, 2023), isolation, and paranoia (Allan, 2010). Contrary to the above outcomes, Health Education England (2021) affirmed that pastoral support will not only help to consolidate the overseas nurses' skills but also promote social integration into the team. Stubbs (2017) report therefore reinforces the need to evaluate the effectiveness of pastoral support from the nurses' perspectives.

3. Discussion

This scoping review provides evidence on the range of support offered to overseas nurses from the point of recruitment through registration with the NMC. It shows that pastoral support remains crucial to the adaptation and integration of overseas nurses in their role as staff nurses in the UK. Lack of such early intervention can lead to psychological disorientation (Guru et al., 2012). Currently, the main focus of pastoral support is geared toward successful registration with the NMC. Meanwhile, beyond registration, another important but neglected function of pastoral care is to facilitate professional development for the nurses (Health Education England, 2021; Gerrish and Griffith, 2004). However, there is a dearth of evidence on overseas nurses' professional development including post-registration and prearrival support; elements that are pivotal to the nurses' adaptation and understanding of the career structures and promotion in the UK. As applies in other aspects of healthcare, there is an expectation of evidence-informed pastoral support. However, evidence on pastoral care since 2014 is limited. Likewise, evidence on the post-registration aspect of pastoral care and integration of overseas nurses is grossly lacking.

Furthermore, the review offered insight into the multifactorial influencers of pastoral support and adaptation. On the positive side, pastoral support and adaptation are influenced by leadership, communication, moral obligation to support nurses, ethical recruitment, having a designated contact person, and transparency (Ohr et al. (2014), Moreover, having mentors with an in-depth understanding of the overseas nurses' journey (Stubbs, 2017), and implementation of a culturally-sensitive orientation program (Daniel et al., 2001) facilitated support and adaptation. Although evidence on the implementation of these factors to support overseas nurses is lacking, the NMC code of practice places a strong emphasis on the qualities of leadership and communication among nurses (NMC, 2023). Also, the WHO (2023) established guidance on ethical recruitment to promote fairness and transparency in the process and ensure that nurses get the support they need on arrival. Thus, an effective pastoral support package must seek to synergise effective leadership and communication, ethics, as well as adequate staff training to deliver quality support to the nurses.

Contrarily, cultural differences, preparatory factors, lack of trust, organisational closures, communication, and racism undermine pastoral support. Evidently, migrant nurses in a new environment and culture are faced with the initial challenges of decoding the system modus operandi. Hence, pastoral support should facilitate their adjustment. However, racism (NMC, 2023; NHS England, 2023a; Allan, 2017), lack of trust, and stereotypical assumptions that these nurses are less knowledgeable, influence how they are treated and consequently leave them less confident by the time they complete their registration (Alexis et al., 2007; Allan, 2010). In a recent report by the NMC (2023), poorly supported overseas nurses lack the confidence to practice safely in their new role and consider leaving their Trusts. The lack of preparation of the mentors is also a contributing factor to this outcome (Zanjani, Ziaian, and Ullrich, 2018). Pastoral support should be tailored to strengthen nurses' existing skills and facilitate their understanding of practices within the team. Importantly, the mentors must be empowered to deliver the desired quality of support.

Again, it is worthy of note that O'Brien and Ackroyd (2012) found that cases of poor support and treatment have gone unreported by many overseas nurses, a trait erroneously interpreted as a success signal. This result feeds back to the evidence on the nurses' fear of hierarchy (O'Neill et al., 2021) which can influence their willingness to escalate issues, and of course, communication barriers, which reverberates as a major challenge. One may wonder why communication is an issue when the nurses have achieved their English proficiency test. However, everyday work language usage, filled with colloquialism can be difficult, causing frustrations that trigger other negative experiences (Garside et al., 2023; Guru et al., 2012). According to NHS England (2023a), staff experience has a strong influence on their performance and patient outcomes. So, efforts should be made to improve the experiences of overseas nurses. Hence the NMC (2023a) charged managers to promote a culture that encourages assertiveness among the nurses. With both past and present evidence echoing similar challenges, there is a strong implication for the practice of pastoral care to be repurposed.

Importantly, this review provided insight into the range of variables regarded as successful outcomes or indicators. These include the widely reported NMC registration, fitness to practice, and retention, and the less reported professional development, equal opportunities, and absence of negative feedback. Notably, the bulk of the evidence weighted toward NMC registration as a successful outcome. Agreeably, the focus on registration is justified, considering the stress associated with the exam preparations and the repercussions of failure which include self-funding of resit and a possible return to the nurse's country of residence. However, evidence

suggests a unidirectional approach to pastoral support which fails to meet the more holistic success outcomes. For instance, Gerrish and Griffith (2004) identified professional development as an outcome criterion from their study. However, evidence of professional development support for the nurses' post-registration is lacking. It is worthy to note that most of the nurses coming to the UK cite career advancement as their reason for migration (Garside et al., 2023; Alexis, 2015). Unfortunately, research shows limited opportunities for skills development and training among international nurses (Pung and Goh, 2017; Likupe, 2015; Alexis and Vydelingum, 2009). If a holistic approach is adopted towards pastoral support, it should help them adapt in their early days and guide them towards career development.

Similarly, counting on retention as a successful outcome must be done with caution. Nurses were reported to endure hostility in silence for various reasons including fear of contravening the terms of their contracts (O'Brien and Ackroyd, 2012; Guru et al., 2012). The characteristics of enduring silence could also be associated with a teacher-centred teaching approach prevalent in some countries and a culture that motivates introvertedness (Tsegay, 2019). Overall, these challenges, compounded by culture shock for new nurses (Guru et al., 2012) have far-reaching effect, impacting the overall wellbeing of the nurses. Hence Alexis et al.(2009) recommended that appraisal schemes, formal feedback, and allocation of training opportunities should be reviewed to meet the development needs of the nurses. When implemented, the professional development aspect of pastoral support can resolve some of the challenges the nurses face and expose them early on their journey to the vital knowledge required for their progression.

Additionally, evidence suggests inconsistencies and racialised treatment in the practice of pastoral support which results in the divide in the experiences of the nurses. The recently published NMC (2023) report on overseas nurses' experiences highlighted and condemned undue variations in the support nurses received. When pastoral support puts a certain group at a disadvantage, as seen in Buchan et al. (2006), the ethical worthiness of such an approach becomes questionable. On the other hand, this could be interpreted as differences in the needs of diverse groups of nurses because support generally tendered may fail to meet the priority needs of the nurses based on their culture. Again, the over representation of overseas nurses, especially black nurses in the NMC (2022) fitness to practice referral could suggest unmet pastoral care needs.

Paradoxically, while pastoral care fostered assertiveness in the participants in one study (Gerrish and Griffith, 2004), the opposite was the case in another (Allan, 2010). Instead of building on their previous knowledge and experience, the nurses are made to feel that what they have is inferior or useless. In addressing the disparity in support for professional development, Henry (2007) maintains that the challenges of overseas nurses are institutionalised and perpetuated by managers who offer support as patronage that is not equally enjoyed by all staff members under their management. Evidently, the inconsistencies in support are furnished by organisational cultures some of which are favourable and others not. However, there was no recent evidence on the impact of pastoral care or its effectiveness among the nurses, for comparison.

From the available evidence, the nurses' view of the support they received has been explored before 2014, the era of the Adaptation programme also known as the Overseas Nurse Programme. All the post-Adaptation evidence on pastoral care is majorly non-research based in the form of guidance, and expert opinion on best practices, except for three case reports detailing the support offered to the nurses in certain Trusts. This implies that, since the introduction of the NMC test of OSCE in 2014, pastoral care from the nurse's perspective has not been explored; neither has any of the studies, both old and new, explored post-NMC registration pastoral support. Moreover, the unique pastoral care needs of any particular group of nurses have not been explored even though Winkelmann-Gleed and Seeley (2005) evidenced that there are cultural influences on the nurses' adaptation. Alexis, and Vydelingum (2009) went further to postulate that African nurses are less likely to report positive experiences in terms of equal opportunities and potential for skills development than their overseas counterparts. However pastoral care for African nurses or any other group was not found in the literature. Thus, the following research question emerged for future research: How do Black African overseas nurses experience pastoral support in the UK?

4. Conclusion

A scoping review was conducted, using Askey's and O'Malley's (2005) framework, to understand what is known about pastoral care for international nurses in the UK. The search produced results related to the support nurses received from the old NMC test of competence to date. The main themes generated were the meaning of pastoral care, factors influencing the support and adaptation of overseas nurses, successful outcome criteria for good pastoral support, inconsistencies in the practice of pastoral support, and the paradox of needs and skill gain. While there is evidence of the nurses' evaluation of the old overseas nurses' programme before 2014, the current evidence on pastoral care is in the form of guidance, expert opinions, and best practice reports projecting mostly the voice of the managers but not the users (overseas nurses). Pastoral care is a continuum that should go in tandem with the nurses' adaptation and integration into the system. It is the collective performance of the multidisciplinary team and does not stop at passing OSCE and registration with the NMC. It continues well after that and shapes the nurses' adaptation and progression. However, evidence reflects an abrupt decline or stop in pastoral support after successful registration with the NMC, leaving nurses to waddle through the system learning from errors some of which are severe enough to rip them off their licence to practice. Quality pastoral support will refine the nurses and give them the confidence to use their previous experience to improve care. The focus of pastoral support must, therefore, shift from merely increasing the number of registrants in the ward to addressing the entire wellbeing and developmental needs alongside it. Nurses' thoughts on how best they could be supported or how they perceive the current pastoral support have not been explored. Thus, in line with the NMC's (2022) plea to fully support overseas nurses and create an inclusive environment for their growth, it is pertinent to explore the experiences of pastoral support among nurses who undertook the NMC's new Test of Competence (OSCE).

4.1. Limitation

None of the papers covered pastoral care experiences of overseas nurses in UK care homes. So, generalisation of the results must be done with caution. Additionally, none of the studies specifically examined the pastoral care experiences of Black African nurses.

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CRediT authorship contribution statement

Chinenye Ifeoma Ubah: Conceptualization, Data curation, Investigation, Resources, Writing – original draft. **Sally Goldspink:** Methodology, Supervision, Validation, Writing – review & editing. **Samson Maekele Tsegay:** Methodology, Resources, Validation, Writing – original draft, Writing – review & editing.

Declaration of competing interest

There is no conflict of interest to declare.

Appendix 1. key characteristics of the analysed articles

Title	Author	Design	Results
1. Overseas nurses in the National Health Service: a process of deskilling	O'Brien (2007)	Qualitative	deskilling in the process: delays in obtaining IV training- training which are not easily made available and are tightly controlled by the managers. -HCA jobs and no direct nursing roles. -feelings of frustration as a result. seen as restrictive instead of supportive; demoralised. home nurses perception of the nurses abilities and competencies affect their perceived needs of overseas nurses. -Nurses treated as third year student and treat them as such.
2. Implementation of an adaptation programme for Filipino nurses in a UK adult cancer hospice.	Parry and Lipp (2006)	Case study implementation program	Preparation before nurses' arrival included practical issues such as accommodation and hospice facilities such as learning resources. Attention to cultural issues included involvement from local religious groups and the hospice chaplain. Catering staff at the hospice created menus that included some food familiar to the nurses. Many local agencies were made available to the nurses allowing their integration into the hospice and the community to be as smooth as possible. 12-day orientation programme was implemented evaluation of the program was positive from the nurse based on responses that it was useful, and they liked the structure and would not consider any other addition from the content
3. Integration of overseas Registered Nurses: evaluation of an adaptation programme	Gerrish and Griffith (2004)	qualitative: FGDs, IDIs among ward managers, senior managers, educators, and overseas nurses	-nurses were supported to register but 12 weeks timeline never met as they completed on an average of 5.1months -what facilitated adaptation: approachability of managers barriers to adaptation: restrictions from performing nursing procedures; managers perception of the nurses as a transient workforce; hostility to newcomers -benefits of the support received: more assertive at the end; retention

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Title	Author	Design	Results
			-they were more familiar with a structured nursing hierarchy which affected their team playing. -this cost of support: programme seen as resource intensive in terms of support needed to enable them register. -promoting organisational culture -exchange of skills: good experience; nurses not able to share their experiences is a barrier; some mentors reluctant to teach; nurses did not report for fear of being misunderstood. irony of perceived needs- overseas nurses may need less support for procedure where their UK mentos perceived the need more help with. e, g cannulation.
4. Organisational support in the recruitment and transition of overseas-qualified nurses: Lessons learnt from a study tour	Ohr et al. (2014)	Qualitative: study tour involving UK and US hospitals	organisational support was related to: ethical processes (transparency about terms of employment, recruiting from agencies that comply with the immigration law, support to register with the board and moral obligation to support;, leadership- good leadership within the multidisciplinary recruitment team, clear communication among members develop orientation program;, acculturation- this was identified as pivotal to the development of skill in their new environment and enhance the local nurses' understanding of the new nurses (this is not available in all the US hospital and not in the UK) while there are varying efforts to help nurses acculturate, there is no such for the local nurses, increasing awareness of employing overseas nurses among community members encouraged acceptability among service users in the US;, mentoring (the need to do this in a culturally diverse manner to improve the experiences of the mentee), and clinical competence. temporary accommodation, relocation expenses, connected them to ethnic communities and churches
5. Post-hire transitional programs for international nurses: a systematic review.	Zizzo and Xu (2009)	Systematic review	success outcome approach of support was not holistic majority of the nurses in the programme found it useful registration
6. Internationally recruited nurses' Experiences in England: A survey approach	Alexis (2015)	quantitative - descriptive survey	some groups are luckier than others- Africans were found to experience more challenges. Pakistani, Indian, Filipino nurses reported most support and least by Africans. nurses were given sufficient time to be acquainted and this perception is highest among Filipinos and lowest among africans (consider previous practice experience and exposure?) discrimination is not sparked by race alone experiences - good and bad aggression from both patients and colleagues. British nurses target overseas nurses or channel their aggression to them; discrimination adjustment to new environment.
7. Adapting to a new culture: a study of the expectations and experiences of	Withers and Snowball, (2003)	quantitative descriptive survey	Adaptation programme was invaluable although affected by reported racial discrimination

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Title	Author	Design	Results
Filipino nurses in the Oxford Radcliffe Hospitals NHS Trust.			
8. Internationally recruited nurses in London: a survey of career paths and plans.	Buchan et al. (2006)	quantitative postal survey	some nurses are luckier, and treatment is regionalised or racialised. period of supervised practice following a course except for South African nurses who did not require a course to start adaptation. 57 % of the respondents have changed employers within the UK- private to the NHS (suggestive of poor retention and where they go may be influenced by their migration status) pay scale differed by region with African nurses getting the lowest at the lowest grade D level followed by Filipino nurse who were placed at E. their European counterpart were palace at F and none at E or D. they are more satisfied with may than others career plans- nurse plan to stay up to five years as against up to years for nurse from european nations- (no data to compare this)
9. Managing international recruits: managing an adaptation programme for overseas registered nurses.	Witchell et al. (2002)	case report	chaplain provided information on spiritual support accommodation managers support reported (no information on how) The adaptation course was planned in collaboration with a trust that has run the program before under the then UKCC now NMC. The programme was structured into professional and ethical practice, care delivery, care management, and personal and professional development. 3 week induction (induction course in which classroom teaching would focus on cultural issues, the NHS, the trust, and mandatory training, such as fire, resuscitation and lifting and handling skills. 12 weeks set by the NMC but was reported could take up to 6 months; weekly study day allocated; followed by oral and written assessment (2500 essay reflection- a way to also test their English proficiency measuring success: at the end of three months, 26 nurses were recommended for UKCC registration, with most expected to be recommended for registration within a month.
10. Mentoring overseas nurses: barriers to effective and non-discriminatory mentoring practices. 10.1177/0,969,733,010,368,747	Allan (2010)	qualitative- Indepth semi-structured interviews	poor mentoring practices. barriers to mentoring- no special prep for mentors- nurses are treated as students. Only a few nurses recognised the overseas nurses as trained nurses. (This is improper as they are not. treated as student- not allowed to practice e.g., scrub lack of cultural awareness on the part of the trainers- hence there was conflict in the expectations of both trainers and the trainee in terms of outcome. No understanding of their learning needs (they act on presumed needs of the nurses);(training is prescribed for the nurses according to their needs as

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Title	Author	Design	Results
			perceived by trainers. some nurses are luckier than others due to inconsistencies in practice-in mentoring as in this literature. - need to support mentor needs of nurse as adult learners trainers have presumed needs of the nurses and support them according to the perceived needs (however training were delivered as per student nurses. adaptation was not tailored toward people and inconsistent. 'They need to nurse the British way' managing their skills set: some home nurses feel threatened by the versed experience of the overseas nurses. their discrimination based on this is deliberate. practices around caring of females by males perceived as weakness instead of cultural nuances. 'Bullying and discriminatory practices in the workplace': the way it was delivered paved the way for bullying and discrimination. feedback filled with innuendos rather constructively structured. e.g. staff were being reminded that they were carting away the country's wealth- 'taking all the money'. The result of mentoring therefore was aversive resulting in self-doubt, diminished confidence, isolation, and paranoia. There was a case of trainers ignoring issues they identified on supervision and no attempt was made to understand it further
11. Internationally recruited nurses: adaptation process.	Dunnion et al. (2008)	Qualitative- semi-structured interview report of action-based research- case report	Both home and international nurses experience communication and trust/ establishing trust challenges as new starters. Irish nurses do not trust them. the international nurses have to prove themselves continuously. Interestingly there are differences in their perception of personal care. The nurses precepting the international nurses in the ward perceived it as an additional task to their responsibility and with no support for them to cope. In other words, they were overwhelmed both by the number of the overseas nurses who arrive and the amount of support they need. anxieties related to the registration process undermine nurses' self-esteem. The support is affected by racism. success outcome- registration integration/adaptation mismatch/ delayed: at 8 months nurses were still in their indignation stage. (Inability of the nurses to meet the NMC timeline for registration is suggestive. the authors doubted chances of them adapting or integrating 16months. Irish nurses predicted it took nearly 2years to get used to their international nurses. Successful by the managers but not only few nurses were satisfied with the program. adaptation defined as a period of working

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Title	Author	Design	Results
			with a preceptor to meet the eligibility for a successful registration with the NMC. overseas nurses' competencies were to be incomparably lower than expected by the home nurses
12. Department of Health Code of practice for the international recruitment of healthcare professionals.	Department of Health (2023)	Provision by the UK govt for the NHS to support overseas nurses (from the reference list) Policy guidance	The Depart of Health on the code of practice for international recruitment delineated that employers must have a comprehensive plan for induction, in addition to pastoral and professional support. This early support include signposting them to appropriate organisations such as professional bodies and regulator, for further support, advice, and guidance an initial welcoming of staff (and family), accommodation, pay, registering with a GP, dentist, and school, setting up a bank account, information relating to professional organisations, union representation, national embassies or high commissions, introduction to social networks.
13. Objective structured clinical exam: how clinical nurse educators can support internationally educated nurses.	Harries et al. (2019)	Case study report	Procedures and prep for OSCE- stations and OSCE requirements; use of scenarios to create a real-life practice scenario; encourages the nurses to think of the patient rather than just the exam. ensures that candidates demonstrated a safe knowledge of medicine management. preparation for the OSCE clinical eczema theme: nurses require more support than just OSCE prep (the same with the adaptation program because even with that, there appears to be a gap) Theme: trainers are not trained in OSCE. pass rate was seen as an indication of teaching strategy and indication for success; (when pass rate was low at 14 %. trainers changed their teaching strategies by dedicating more time to practice. They observed three models- describe.
14. Recruitment of nurses from India and their experiences of an Overseas Nurses Program	Stubbs (2015)	Qualitative research approach	Nurses in the theatre reported not being allowed to do anything which led to them losing their nursing skills and coming out less confident in their abilities. Under mentorship, nurses were not allowed to do much under supervision which they found frustrating- allowed to observe. Accommodation, food travel cost, bank accounts, rooster 1 month in advance
15. Professional issues. Expectations and experiences of newly recruited Filipino nurses.	Daniel et al. (2001)	Qualitative study- focused group discussion	Adaptation was stressful and factors that promote adaptation and retention include: Use of culturally sensitive orientation programme, providing equal opportunities. Barriers/challenges - fears that the nurses will return home after investing on them affected their access to training. Social integration with other staff and acceptance of their capability- was found to boost confidence. However, the nurses acknowledged and appreciated having a designated resources person eased their early anxieties. Factors affecting retention- distance from family, homesickness, financial

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Title	Author	Design	Results
			constraints to meet increasing living demands.
16. University Hospitals Sussex NHS Foundation Trust: Pastoral support and induction for international recruits	NHS Employers (2021)	Case report	outcomes and benefits 100 per cent retention rate. Ability to deploy new nurses at challenging time. Low-drop off of nurses in-country before start date. Reduced demand on OSCE training capacity due to uptake of virtual training. 100 percent OSCE pas support a point of contact The robust induction and onboarding offer includes sharing material about the local area and the trust before candidates arrive, airport pickup, providing 24/7 support with accommodation when in-country, intensive OSCE training, lunch with previous cohorts of overseas nurses and a local induction to help them find a GP, a dentist, local supermarkets, and places of worship. four-week OSCE training (including online training during covid and home delivery of food)
17. Sharing what works: adaptation programmes for overseas recruits.	Gandhi and French (2004)	Case report	Developed based on adult learning theory and social learning theory. Third, in recognition of the adult learners fear of failure, in the clinical area they were treated as nurses undergoing supervised practice, which meant they were allowed to undertake any duties. Inconsistencies in what is delivered/ support offered as adaptation. which could range from nothing at all to massive support. Nurses have mentors have qualifications on the NMC website meaning they are qualified in learning assessment to perform that role. mentors reviewed achieved goals and planned for the next target.
18. going for gold: An adaptation programme in Oxford is setting the standard by looking at the needs of both students and hospitals.	Campbell (2001)	Case report	British nurses do not know what is expected of them in the support of overseas nurses due to lack of guidelines in the mentoring and training for overseas nurses. Gold standard considered as: access to orientation and induction, 2 weeks of classroom learning concluded with a presentation of their learning to colleagues.2 weekly return to classes. A Filipino nurse who reported good experience expressed that her colleagues were having a difficult start and considered them as unlucky. Adaptation helped nurses to understand the local culture such as common abbreviations and colloquialism.
19. Understanding the recruitment and retention of overseas nurses: realist case study research in National Health Service Hospitals in the UK.	O'Brien and Ackroyd (2011)	Qualitative Indepth interview	Mismatch between managers and nurses definition of successful outcome: nurses' endurance of the induction program and the low cost of recruitment were counted as success. There is a reasonable focus on credentialism (formal organisational closures) which on their own are hostile and trying for the nurses.

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Title	Author	Design	Results
20. Strangers in a British word: integration for international nurses.	Winkelmann-Gleed, and Seeley (2005)	mixed methods- descriptive survey and semi- structured interviews	nurses expressed that the fact their experience are not recognised as they are treated as students instead of as nurses adapting to a new work environment. While there was reported support from senior managers, they encountered prejudiced treatment from colleagues who think nurses outside the UK knew nothing. language barrier was described as a double-edged sword due to the transcultural communication issues it generates. On the other hand, it was a strength when their language skills were drawn upon in the ward when patients who did not communicate English were admitted. What helped nurses: good introduction to their staff, provided access to nursing literature resources. Differences in practice due to culture for instance admitting both male and females in the same ward which people who worked in environment that was never acceptable learn to cope with. Some reported support despite racist encounters from patients and colleagues, including study days.
21. Overseas nurse recruitment: how to get it right and support staff How to get overseas recruitment right – and support nurses so they stay.	Evans (2022)	Expert opinion: Advice from nurse managers and recruitment experts on helping staff settle in, supporting their professional development and ensuring they want to remain.	Recognised pre arrival support- talking with the recruits whilst in their countries, provide them with contact information for the trust and their cohorts/peers, allow time for the nurses to prepare, webinars where they ask questions, get them in touch with internal nurses organisations. Arrival- £500 advance payment to support expenses as they come with little amount; 2 months free accommodation (varies), make them feel welcome; bespoke induction, ward tours and information on common phrases used at work. They recognised the potential of the first 6months to make or mar the nurses' adaptions. support lasted for 18months. Some Trusts conduct a preceptorship program for them; point of contact to career clinics for their career development information as a way to retain them.
22. Enhancing the recruitment and retention of overseas nurses from Kerala, India.	Kelly and Fowler (2019)	Case study	In addition to NMC OSCE training support, accommodation, mentorship program below • 'Super mentors' – a senior nurse at ENHT assigned to mentor each recruit •Support from Keralan nurses who already work at ENHT for the new recruits and to feed back to the trust •Assistance to develop a support network outside work •Practicalities arranged, such as accommodation and flights •Medical language and acronym conversation classes and other trainings to fill knowledge gap.
23. NHS Employer toolkit	NHS Employer (2023)	Policy guidance	The pastoral care elements included: pre-arrival- established communications, welcome letter, information pack arrival- airport pick up, welcome pack including groceries, cookery, sim card and travel card, information on where to buy staple foods;

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Title	Author	Design	Results
			connecting them to nursing associations and local communities. greeting lunch, bank account, facilitating retrieval of BRP, tour of the local area, GP, and salary advice. induction and registration: The trust provides a corporate induction that includes how to report a risk, safeguarding procedures, infection control policies, and procedures which include additional support to overseas nurses. health and wellbeing, UK and NHS culture, OSCE prep buddy and peer support. OSCE test date travel preceptorship, ongoing professional development.
24. Health Education England (2021). *International Nurse Recruitment Best Practice Guide 2021*	Health Education England (2021).	NHS England policy guidance	pastoral support elements (all). As a minimum, all trust must offer: Accommodation support • Climatisation support • Salary advance other than the basic, provided tool for pastoral care assessment- however no resort on the use of this. Including access to professional develop guidebook prearrival. Prearrival webinars. Buddy system and peer support. OSCE prep. Pastoral care involves meeting the emotional, social, and wellbeing needs of the nurses. Outcome (theory)- to empower them, improve communication with patient, confidence to speak up and build resilience. Duration is 6–8 weeks (again, this time frame is because of the attachment or focus on NMC registration. Supernumerary period which differs with no fixed period nut should be based on the support need of the nurse Success: passing OSCE. Post NMC registration support (only on this guidance): this is aimed at supporting the nurses to socially integrate, consolidate their skills and develop professionally- include - • Skills development • Goal setting • Personal Development planning • Annual Appraisal • Preceptorship • Revalidation (only on guidance)

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