ORIGINAL ARTICLE

The long-term experiences and career progression of international nurses working in the health sector in England

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ABSTRACT

Objective: To compare career development trends and understand enablers and barriers to career progression of international nurses working in the National Health Service in England, United Kingdom (UK).
Background: International nurse recruitment is happening at size and scale across the globe due to nursing workforce shortages worldwide. The UK is one of many healthcare systems competing for international nurses. Demonstrating how international nurses are supported with career progression can validate a healthcare systems employment offer.
Methods: A mixed methods approach, comprising a quantitative analysis of career progression rates comparing domestic nurses and international nurses working in England between the dates 2014-2021; and qualitative interviews, exploring career progression of international nurses that have worked in the NHS for 5 years or more.
Results: Data were collected on 611,912 nurses, including 496,741 domestic nurses (81.2%) and 115,171 international nurses (18.8% of all nurses). Progression from a Band 5 registered nurse happens less frequently and more slowly for international than for domestic nurses (median time to progress 5.8 years for domestic and 6.8 years for international); with less marked differences in frequency of progression from higher nurse bands. From 21 interviews, three themes emerged from the pre-progression stage: (1) See me and know I can thrive; (2) Don't overlook me; (3) Embrace Me as I learn; and three from the post-progression stage: (1) I have power to influence; (2) I can break down barriers; (3) I lead and inspire others. International nurses described characteristics of mettle, resilience and determination; with many demonstrating successes influencing change.
Conclusions: The presence of international nurses in leadership and as role models can benefit career progression. Through empowerment and representation, following succession, international nurses are inspiring role models to enable opportunities for career progression for future generations.

Key Words: International nurses, Migrant nurses, National Health Service, Nursing workforce, Retention, Workforce planning

1. INTRODUCTION

Contemporary international nurse migration, primarily from poorer developing countries of the Global South has been incorporated in recent years to become one of the main strategies to increase the nursing workforce in the more affluent Global North.[1,2] For nurses trained in developing and underdeveloped areas, better quality of life with good income and optimal career progression opportunities are considered prin-

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cipal drivers for immigration to work in developed countries.[3–5] The United Kingdom (UK), and more specifically the UK National Health Service (NHS) is propositioned as having attributes that attract international nurses, such as career advancement, exceptional terms and conditions of employment, and plentiful opportunity for continuing professional development. In 2019, 11% of all international nurses migrating globally were recruited in the UK; approximately equal to the combined proportion recruited in Australia and Canada for the same time period;[6] and this increased volume and velocity in flow rate has continued, if not intensified in the UK in more recent years.[7]

Background

Whilst nurse migration itself is not a new phenomenon, there is novelty in the recent proliferation of international nurses migrating to the UK, in that acceleration in recruitment activity of international nurses requires subsequent support for planning and executing longer term retention. International nurses are a valuable asset; however, they pose the threat of being highly mobile, for the reason that once recruited there is no firm assurance of how long they will stay. International nurses have multiple choices over country of migration; hence, as constraints of migration tighten, countries must understand their advantage to leverage not only a competitive recruitment gain, but also proactively and simultaneously support international nurses to make real their motivation for migration to secure their retention and protect from the risk of peripatetic further onwards migrating.[2,8] Put simply, there is a growing necessity to maximise employment offers from host countries.

Evidence reveals a complex interplay of factors underpinning decisions to migrate. International nurses are not a homogenous population, and as such individuals within this population have different priorities.[9] Of the motivations identified, a common driver for migration is professional development and career progression.[10] With professional fulfilment and role satisfaction generally mutually inclusive events, opportunities for development are important; leading to job satisfaction, which in turn creates a sense of worth and a feeling of being valued.[11,12] These factors manifest in greater engagement, better performance, and longer retention rates; to the reciprocal benefit of healthcare systems with improved workforce stability which definitively improves fulfilment at work, increases the likelihood of retention and ultimately transcends quality of patient care.[2,13,14]

In the face of rising competition in global nursing markets, the weight of evidence calls to understand factors that enable migration aspirations such as career development and fulfilment to be reached.[2] Studies suggest that welcoming environments, inclusive leaders, strong peer relationships with colleagues, voluntary deployment into chosen jobs, and recognition of previous skills and experience through transparent and merit-based infrastructures are some of the factors that facilitate international nurses to thrive.[11,13,14] Yet, in the context of the sizable opportunity to influence the positive experience of international nurse migration, these issues remain under-researched.[7,12,15]

1.1 Aim

The aim of this study was to explore the long-term experiences and career progression of international nurses working in the NHS.

2. METHODS

2.1 Design

The study applied a dual phased mixed methods approach.

2.2 Study setting and participants

Phase One comprised a quantitative analysis of career progression data for international (INs) and domestic nurses (DNs) working within the NHS in England, UK. Phase One collected data on 611,912 nurses, including 496,741 DNs (81.2%) and 115,171 INs (18.8% of all nurses). Phase Two was undertaken sequentially using qualitative in-depth individual interviews of 22 IN participants with more than five years of experience working in the NHS.

2.3 Data Collection and procedures

2.3.1 *Phase one*

Phase One reported the analysis of time to progression through the NHS banding system for all DNs and INs registered with the NHS at Band 5 or above in England between 31st January 2014 and 30th November 2021. The NHS staff structure operates on a banding system which determines the level of pay, roles and responsibilities. Nurses are classified into bands starting at band 5, and progressing through promotion to bands 6, 7, 8 and 9. Data were supplied by Health Education England, who conducted all necessary data cleaning. Nurses were classified by status as domestic nurses (UK nationals) or international nurses (not UK nationals), regardless of where training had taken place. No other nurse-level demographic variables were recorded. Progression to a higher band within the study period, were recorded as positive observations at the time of progression. Nurses for whom no progression out of a particular band was recorded were treated as right-censored observations; either at the date of study curtailment (30th November 2021); or the date of leaving the NHS (for example due to retirement or new employment).

The sample was summarised descriptively. As an exploratory analysis, for each band under consideration, the proportion of nurses of both types who achieved progression within the analysis period was cross-tabulated and tested for significance of association using χ^2 tests of association, with magnitude of association reported using Cramer's V statistic. A series of fully parametric time-to-event analyses were conducted, modelling progression from each of the bands of interest; considering several candidate time-to-event distributions (exponential, Weibull, Gompertz, log-logistic, lognormal) as modelling distributions. The exponential, Weibull, and Gompertz distributions were parameterised in the proportional hazards metric: the "hazard" of progression out of the band under consideration at any given time since registration for a DN is assumed to be proportional to the corresponding "hazard" for an IN. The log-logistic and lognormal distributions are parameterised in the acceleration factor metric. In accelerated failure time models, the time to progression out of a band under consideration for an IN is a multiple of the time to progression out of that band for a DN. The hazard function is constant for the exponential distribution; increases or decreases monotonically for the Weibull, and Gompertz distributions; and may be non-monotonic for the log-logistic and lognormal distributions.

The best-fitting distribution of all candidate distributions was selected for each progression according to Akaike's Information Criteria (AIC). Proportionality of hazards, where appropriate, was assessed by visual inspection of hazard functions. *P*-values, hazard ratios and associated 95% confidence intervals were reported for proportional hazards models. *P*-values, exponentiated acceleration factors (time ratios) and associated 95% confidence intervals were reported for models parametrised in the accelerated failure time metric.

Survival curves were constructed to visually compare progression from the band under consideration in groups defined by nurse status. Median time to progression from each band under consideration for either type of nurses was calculated where 50% proportion had been reached. Rates of incidence of progression per unit time (days) were calculated for both types of nurses for all progressions.

2.3.2 *Phase two*

The data for the second phase of the research was collected through the conduction of individual virtual interviews. Twenty-one participants were recruited through email expressions of interest (EOI) distributed through NHS England's directorate networks. A purposive sampling method (based on identifying and including INs at various employment bands, roles and country of origin, who had worked in the NHS for a minimum of five years) was adopted. Participants were selected following completion of the EOI survey which requested years or service and current role in the NHS.

2.4 Ethical considerations

Ethical approval was received from the University's School Research Ethics and Integrity Committee prior to analysis and interviews. The research was confirmed by the Health Research Authority decision tool as not requiring formal NHS Research Ethics Committee approval as it was not medical research or clinical trial and did not involve service users. Informed consent was obtained prior to undertaking the interviews, which reassured respondents that confidentiality and anonymity would be maintained, and individuals would not be identifiable in any reports or other documents resulting from the research.

2.5 Data extraction, analysis and integration

The mixed-method study was designed to enable the combination and interweaving of quantitative and qualitative data. This mixed approach allowed research breadth, and the combined benefits of both approaches provided the opportunity to utilise the strengths of each methodology to explore research objectives in full and to gain a complete and meaningful picture of the career development experience of international nurses.[16]

Qualitative data extraction and analysis was informed by Braun and Clarke's[17] six phase inductive thematic review process to identify, analyse and report patterns and themes in the research findings. An initial and open coding process was thus established using NVivo qualitative data analysis software, to classify the categories of information emerging from the research findings. As coding developed it became clear that overlap was present, and codes were collapsed, and initial themes identified and compared and synthesised with the quantitative findings.

3. RESULTS

The objectives were to utilise analyses of national data quantifying comparative progression rates alongside the experiences of career progression among INs. The study intended to examine how INs articulate experience of their career progression journey, reflecting on the barriers and enablers and explore factors that influence progression dynamics and professional integration.

3.1 Phase One: The quantitative review

3.1.1 *Progression from Band 5*

Time-to-event curves for both types of nurses modelling the event of progression from Band 5 illustrates a substantial level of differentiation between DNs and INs (see Figure

1). At all times the proportion of DNs remaining on Band 5 is lower than the corresponding proportion of INs. This gap appears to be widening over time. The difference in proportions of DNs and INs achieving progression within the analysis period is significant at the 5% significance level. However, 50% progression in both groups is achieved within 2,500 days (6.8 years approximately) from joining Band 5. Rates of progression are almost linear in both groups.

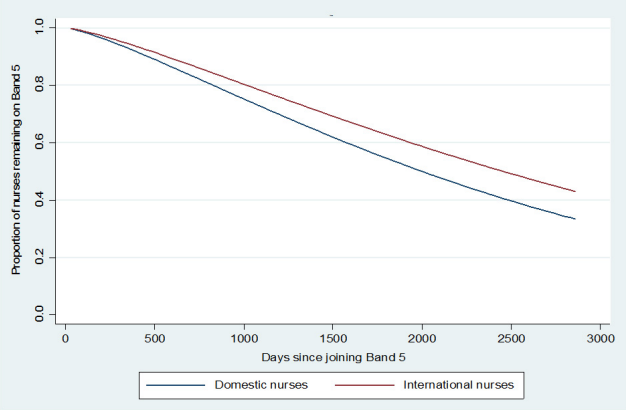

Figure 1. Time-to-event curves for both types of nurses modelling the event of progression from Band 5

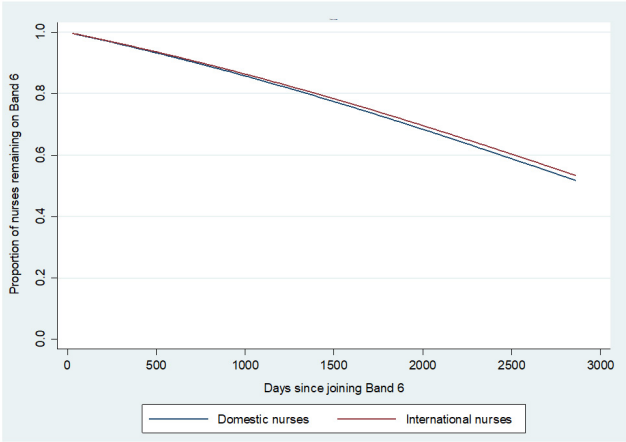

Figure 2. Time-to-event curves for both types of nurses modelling the event of progression from Band 6

3.1.2 *Progression from Band 6*

Differentiation between DNs and INs observed in the analysis of progression out of Band 5 remains for progression from Band 6 (see Figure 2); but at a lower level. Progression out of Band 6 happens slightly quicker for domestic nurses; however, progression is for both types of nurses is slower than progression out of Band 5. Median progression is approached, but not achieved, in either group by the end of the analysis period. The difference in proportions of DNs and INs achieving progression within the analysis period is significant at the 5% significance level. There is some evidence that progression rates accelerate marginally towards the end of the analysis period.

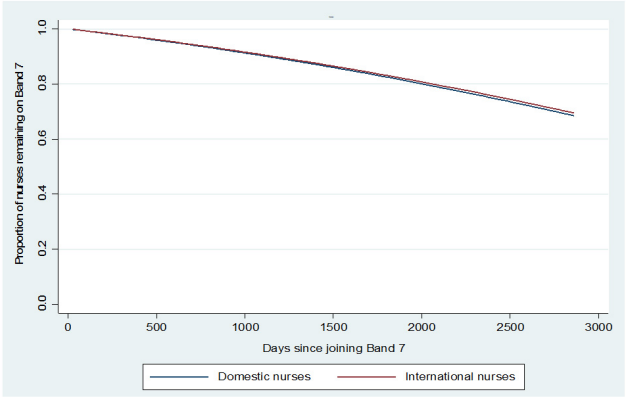

Figure 3. Time-to-event curves for both types of nurses modelling the event of progression from Band 7

3.1.3 *Progression from Band 7*

Very low levels of differentiation between DNs and INs are observed in the analysis of progression out of Band 7 (see Figure 3); and substantially decreasing rates of progression in both groups. Median levels of progression are not approached in either group throughout the analysis period, indicating generally slower progression than is seen out of lower bands. Terminal progression proportions are about 30% in both groups. Proportions of DNs achieving progression within the analysis period are significantly greater (at the 5% significance level) than the corresponding proportions of INs; albeit with an effect small in magnitude. There is some evidence that progression rates accelerate marginally towards the end of the analysis period.

3.1.4 *Progression within Band 8*

The trend of reduced levels of differentiation between DNs and INs observed in the analysis of progression out of lower bands continues for progression within Band 8 (i.e. to Bands 8b, 8c and 8d). Terminal progression proportions are similar to those in lower bands. Due to the relatively low numbers involved, and the low levels of differentiation between groups, graphical relationships for progression within band 8 are omitted.

The sample is summarised descriptively in Table 1; with the total numbers of nurse records summarised by band, by nurse type, and by progression status.

Table 2 summarises the statistical parameters associated with the models of progression form each band analysed.

Table 1. Descriptive statistics

Nurse records	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d
Total number of records of nurses in given band							
Domestic nurses	307,948 (75.6%)	249,339 (88.0%)	125,990 (91.9%)	33,608 (93.5%)	9,287 (94.7%)	4,028 (94.3%)	1,603 (95.1%)
International nurses	99,686 (24.4%)	33,962 (12.0%)	11,104 (8.1%)	2,323 (6.5%)	517 (5.3%)	242 (5.7%)	82 (4.9%)
Total number of records of nurses in given band							
Cases with no progression recorded	248,457 (61.0%)	202,751 (71.6%)	112,910 (82.4%)	29,514 (82.1%)	7,473 (76.3%)	3,272 (76.6%)	1,389 (82.4%)
Cases with progression recorded	159,177 (39.0%)	80,550 (28.4%)	24,184 (17.6%)	6,417 (17.9%)	2,331 (23.7%)	998 (23.4%)	296 (17.6%)
Cases with no progression recorded							
Domestic nurses	173,130 (69.7%)	176,414 (87.0%)	103,475 (91.6%)	27,556 (93.4%)	7,068 (94.6%)	3,082 (94.2%)	1,319 (95.0%)
International nurses	75,327 (30.3%)	26,337 (13.0%)	9,435 (8.4%)	1,958 (6.6%)	405 (5.4%)	190 (5.8%)	70 (5.0%)
Cases with progression recorded							
Domestic nurses	134,818 (84.7%)	72,925 (90.5%)	22,515 (93.1%)	6,052 (94.3%)	2,219 (95.2%)	946 (94.8%)	284 (96.0%)
International nurses	24,359 (15.3%)	7,625 (9.5%)	1,669 (6.9%)	365 (5.7%)	112 (4.8%)	52 (5.2%)	12 (4.0%)

Table 2. Model parameters (all progressions)

Model parameter	Model of nurses registered as joining given band						
	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d
Test of association between nurse type and progression	$\chi^2_{(1)} = 1.2 \times 10^{-4}$	$\chi^2_{(1)} = 678.4$	$\chi^2_{(1)} = 56.6$	$\chi^2_{(1)} = 7.80$	$\chi^2_{(1)} = 1.34$	$\chi^2_{(1)} = 0.588$	$\chi^2_{(1)} = 512$
Significance level for χ^2 test	< 0.001	< 0.001	< 0.001	0.005	0.246	0.476	0.474
Cramer's V statistic for χ^2 test	0.170	0.049	0.020	0.015	0.012	0.011	0.017
Best fitting modelling distribution for progression out of given band[1]	Weibull[2]	Gompertz	Gompertz	Weibull[2]	Lognormal	Lognormal	Lognormal
Type of modelling distribution	Proportional hazards	Proportional hazards	Proportional hazards	Proportional hazards	Accelerated failure time	Accelerated failure time	Accelerated failure time
Hazard function shape	Monotonic[3]	Monotonic[3]	Monotonic[3]	Monotonic[3]	Maxima[4]	Maxima[5]	Maxima[4]
Hazard/time ratio for progression to next band[6]	0.765	0.953	0.962	0.918	1.08[7]	1.06[7]	1.21[7]
95% CI for hazard/time ratio	(0.755, 0.776)	(0.931, 0.976)	(0.915, 1.01)	(0.825, 1.02)	(0.882, 1.31)	(0.790, 1.41)	(0.685, 0.213)
Significance level for hazard /time ratio	< 0.001	< 0.001	0.127	0.113	0.468	0.710	0.512
Median time to progression							
Domestic nurses	2,101 days (5.8 years)	Not recorded[8]	Not recorded[8]	Not recorded[8]	Not recorded[8]	Not recorded[8]	Not recorded[8]
International nurses	2,467 days (6.8 years)	Not recorded[8]	Not recorded[8]	Not recorded[8]	Not recorded[8]	Not recorded[8]	Not recorded[8]
Incidence rates per unit time (days)							
Domestic nurses	3.37×10^{-4}	1.98×10^{-4}	1.17×10^{-4}	1.35×10^{-4}	1.96×10^{-4}	2.10×10^{-4}	1.60×10^{-4}
International nurses	2.44×10^{-4}	1.82×10^{-4}	1.10×10^{-4}	1.23×10^{-4}	1.88×10^{-4}	2.08×10^{-4}	1.20×10^{-4}

Note. [1]According to AIC statistics: candidate distributions were exponential, Weibull, Gompertz, log-logistic and lognormal; [2]Parameterised in the proportional hazards metric; [3]Increases from point of joining given band; [4]At approximately 400 days from joining band; [5]At approximately 350 days from joining band; [6]Reference category = domestic nurses; [7]Time ratio; exponentiated acceleration factor (AF). AF > 1 indicates longer times to progression; [8]Due to an insufficient number of nurses achieving progression before study curtailment

3.2 Phase Two: The qualitative review

3.2.1 *Characteristics of participants*

Despite Phase Two recruitment aimed across all INs working within the NHS for 5 years or more, nurses working at band 5 were under-represented in this sample; however, representation from the higher bands were more evenly distributed. Table 3 describes the characteristics of the final 21 participants. The final sample included two Band 5 nurses, seven Band 6 nurses, seven Band 7 nurses, and five nurses in Band 8+ roles. During analysis, saturation was achieved with this number. The participants were from a mix of clinical, managerial and education specialisms and their countries of origin included India (n = 12), Spain (n = 2), Romania (n = 1), the Philippines (n = 3), Zambia (n = 2) and Italy (n = 1).

Table 3. Characteristics of international nurse interview participants

Band	Country of origin	Date of arrival in the UK (years working in NHS at time of interview)	Type of role
8+	India	2010 (12 years)	Clinical
8+	India	2001 (21 years)	Managerial
8+	India	2004 (18 years)	Managerial
8+	India	2003 (17 years)	Managerial
8+	India	1996 (26 years)	Managerial
7	Spain	2015 (17 years)	Managerial
7	Spain	2011 (21 years)	Clinical
7	India	2006 (16 years)	Managerial
7	Philippines	2003 (19 years)	Clinical
7	India	2002 (20 years)	Clinical
7	Italy	2015 (17 years)	Clinical
7	India	2011 (21 years)	Clinical
6	India	2014 (18 years)	Clinical
6	Romania	2016 (6 years)	Clinical
6	India	2008 (14 years)	Clinical
6	India	2016 (6 years)	Education
6	Zambia	2003 (19 years)	Clinical
6	Zambia	2002 (20 years)	Education
6	India	2005 (17 years)	Clinical
5	Philippines	2016 (6 years)	Clinical
5	Philippines	2016 (6 years)	Clinical

All nurses had been working in England, and specifically within the NHS, for over 5 years, ranging from 6 to 26 years, with a mean average of 15 years. Many of the narratives and accounts provided in this research are reflective, and therefore may not necessarily imitate contemporary practices within today's NHS.

With career progression being the key line of enquiry for this research study, the findings and themes/subthemes are presented in a logical order to highlight the pre-progression phase of the INs career in the NHS, followed by experiences of applying for higher roles, and closing with accounts from those who progressed into more senior roles within the NHS.

3.3 Pre-progression

This section presents the three themes identified from the pre-progression stage: (1) See Me and know I can thrive; (2) Don't overlook Me; (3) Embrace Me as I learn. In this section the barriers to the career development are explored.

3.3.1 *See Me and know I can thrive*

Overall, participants provided rich and detailed individual accounts of their experiences living in England and working within the NHS. However, despite some inspiring, but also challenging encounters, both at work and at home, most participants often described themselves as initially inhibited and introverted, whilst demonstrating commitment and characteristics of mettle, resolve, and/or resilience, yet ultimately a clear determination to succeed. This resolve was coupled with a fortitude around "putting in" the additional work that was required to ensure proving themselves to achieve ambitions. Several INs, however, described how they felt that they had to work harder to demonstrate this compared to their domestic colleagues:

"I was not afraid of putting the time and the effort and whatever was needed because I wanted that job and I wanted to prove that I wanted it . . . no matter what it took. I was willing to work towards it. . . " [Participant L]

Several of the INs, particularly those with greater years of experience working in the NHS, described initially seeing themselves as different and unique to the environment that they found themselves working and living within. In turn, these feelings had a significant impact on their confidence which they felt had held them back from progressing their careers:

"I looked around me and colleagues who have come from backgrounds like me . . . weren't really applying for senior positions, so I thought, well, I'm never going to stand a chance. . . I always shut myself down and said no you're not going to get it. . . it's not worth applying . . . and some of it is my own fault because I never thought I was good enough initially, I never thought I was smart enough or good enough to apply for an advanced position." [Participant R]

3.3.2 *Don't overlook Me*

INs often described themselves as "an outsider" or not part of "the NHS clique." They felt external to the unique cultural NHS environment, and they perceived that this was the reason that their talent was overlooked, and which in turn inhibited their career progression. Some INs suspected this may be the case; others stated how they were defiantly informed of this by their domestic colleagues:

". . . I wasn't part of the clique so I would never stand a chance. I would not even be shortlisted for opportunities that

I did think I was capable for…" [Participant R]

"I didn't want to think or accept that I'm outsider and that is why I didn't get to the next level, but my colleagues, local people, they were saying, 'you know why you are not getting [the job]' It's not the same ethnicity person saying this it is somebody else who is local or who is white, who is telling me…" [Participant N]

Some participants described they did not routinely see nurses "like them" in leadership or role model positions and this was an impediment to career progression:

"…I did not have somebody that could tell me, give me answers or show me where to get answers and things like that because there was nobody ahead of me that had gone through this. Who would explain things to me and show me how to get where I want to be and so yeah, it was very hard, it's difficult, it's complicated…" [Participant T]

One participant explained how domestic colleagues just needed to get to know them by seeing them at work to appreciate the experience and skills that they brought to the team:

"They've never had somebody you know, an overseas person work with them, so they were a bit cautious in the beginning they wanted to find out more…" [Participant V]

3.3.3 *Embrace Me as I learn*

Pre-progression, nearly all the participants described a mentor, a manager, or a team who "took them under their wing" and who had recognised their skills, believed in them, and supported them to develop and take the next steps. The managers and mentors who took the time to get to know the participant, and valued their experience and opinions allowed them to thrive. In turn, this afforded self-assurance, motivation and a belief in ability to progress:

"It purely depends on your manager… whoever is sitting above you if they find your qualities. I always say my manager found a quality in me, then the support came from there. So that is actually what motivated me to go for a further level up…" [Participant H]

The detailed descriptions of welcoming, inclusive teams and the positive cultures and environments promoted confidence for INs to contribute, grow and progress:

"…They were all really welcoming, and they were all really happy to have me and they've always valued my experience or my opinions. I mean, I suppose that's why I am where I am today…" [Participant S]

Participants told of the professional need to be able to ask questions and seek clarity in a non-judgemental working environment, without fear of reprisal or their capability being judged:

"I think it is very important to have someone you can ask those questions to without putting the [job] offer at risk, because depending on how you approach that conversation, … [sometimes] you can give the wrong impression…I think it's important to have a person that you can ask those questions you can raise your concerns in a safe way …" [Participant L]

Participant D provided a further example of a supportive mentor and how a positive caring culture promoted psychological safety which allowed them to professionally grow:

"I think she saw our worth early on … I had a mentor on the ward, a lady called (xxx) [who] looked after me and really cared for me and when I made mistakes, and I did because we do sometimes you know, it's a human factor issue… I made mistakes and they sat me down and they talked me through how you do this better, what, you know, when things go wrong, how we handle it, how we manage it… We're not going to fire you … because [in my mind] I'm getting on the first flight back to (xxx), I've made my first mistake and they were like no we don't do that here, we really look after you…" [Participant D]

The comment below from participant N expands on how feedback is important to develop learning and progress:

"… when the 360 [degree] feedback came back... there was a quite a lot of … positivity … Since then, … I started to have a strong belief in myself... I can do this, I can push myself, I can go further. So, I started from that time onwards there was no stopping me…" [Participant N]

3.3.4 *Barriers and enablers*

Participants explained how there is often a well-defined process or progression milestones to achieve career progression in developing countries which can lead to confusion when navigating career progression processes differently in the NHS:

"You think there is a clear-cut process that you should follow and if you work hard enough then... everything will fall into place, but it's very confusing, it's very complicated and I guess people don't know what information you need… because they've not lived your experience and they don't understand where you're coming from …" [Participant T]

Many of the participants discussed negative experiences learning the NHS systems and processes: Participant G: expressed how they simply needed guidance and a positive learning experience to navigate the NHS systems. Not knowing led to an avoidable situation:

"... you cannot put or invoke the capability policy on me when you haven't showed me how your system works... and yes, if I do dumb things after that then yes, you're right to invoke this..." [Participant G]

Positive environments and cultures are clearly enabling. One IN explains how they were supported by their employer following a complaint being raised against them:

"...The trust had supported me throughout that period. I didn't feel for a minute that I wouldn't be supported..." [Participant J]

Conversely, negative environments and cultural misunderstandings, large or small, can impact wellbeing and motivation:

"... because of the difference in cultures of different teams that you encounter, I think it takes your energy away. You get demotivated by some of the things that go on, some of the attitudes ... in some of the teams, so you can feel demotivated, but I would like to believe I'm that kind of a person who wants my drive to be from me, but the environment should be enabling..." [Participant T]

3.3.5 *Professional development*

Education and professional development can improve progression potential. Many participants discussed learning either formally or informally to maximise their career development. Some described taking a deliberate educational approach to ensuring career aspirations were known:

"...utilise your education opportunities in the best possible way and I've done that. I've been quite clear and picky about how I've educated myself. You know, the things I've studied have been with intent." [Participant D]

Several of the participants highlighted frustrations with the formal requirements of higher education and found themselves repeating some qualifications, even basic level skills:

"I had to do one exam for English and Maths because I didn't have the UK qualifications required. I think it's obviously because I did school in an [EU country], I didn't have that qualification, so I had to do a further exam to show that I had the competencies ... it wasn't too bad...it was just time-consuming." [Participant M]

Some participants were frustrated with repeating academic qualifications previously obtained; yet again, they did, however, reflect patiently on this as a positive learning experience:

"...why do they have to take a diploma course? Some of us you know, like we've got a degree, we got our masters and then like we'll be coming here just to go for this course, but to be honest, I'm not regretting that journey because it gave me wide experience about the educational system in the UK..." [Participant C]

3.4 Progression

Participants discussed the experiences of applying for promotion and many described challenges encountered, particularly through the interview processes. Several experienced much rejection before achieving success; and one participant was interviewed for around 20 jobs before promotion. That said, whilst disappointment did impact on motivation and mental wellbeing, there was an overriding determination to succeed and draw positives from interviews in preparation for the next one:

"... it takes a lot of courage to keep applying and applying and applying ... I'm not saying I haven't felt disheartened [but] it never put me off... I just kept on trying and on my 10th interview ...I started looking outside... So that's how I moved to [a different area] and I got the job straight away there..." [Participant I]

3.4.1 *Feedback and feedforward*

The interview feedback received from several participants suggested that employers only recognised and deemed relevant their NHS experience. International nurses described how often their many years of working in other international health and care settings was overlooked:

"...I come with 10 years of experience... Then I've done whatever the course they say [supported with some examples] ... Then I sit on the interview couple of times, but I didn't get the job...even though I do my job at a good level and I'm capable of doing things in a better way, still, I was not appreciated... and whenever I get the feedback, sometimes I feel like the feedback is not honest..." [Participant U]

Communication skills were highlighted by some as a reason for not being appointed into senior roles which caused frustration:

"...They said I'm good...you are very ambitious ... but your communication skills aren't that good. I said OK, so it's good for me to speak with the patient... it's good to speak to the CQC (Care Quality Commission)... it's good to speak with their management team... but it's not good to go to the next level...I was not happy..." [Participant N]

As highlighted several times, the feedback was extremely important with fairness and honesty a request. This would in turn enable the INs to address their limitations to progression:

"So, I kind of felt OK if that's what they say, but every time there's opportunity coming, you're trying to think about

going for the opportunity and they say you're not ready yet... that kind of demotivates me [but] If you come to me and say, look, I have an issue and these are the issues, and I would like you to work on this and get this resolved... fine!" [Participant N]

Similarly participant R wanted to know exactly how they could manage their learning needs:

"I have applied to several jobs, and I remember getting short-listed and interviewed for one, and the ward manager ... that interviewed me says, you're brilliant. Your answers are great, but you need more managerial experience. I said, OK, that's great, thank you for the feedback, but how do I get the managerial experience?" [Participant R]

3.5 Post progression

This section presents the three themes identified from the post-progression stage, explicitly: (1) I have the power to influence; (2) I can break down barriers; (3) I lead and inspire others. Within this section the opportunities for others career development experiences are explored.

3.5.1 *I have power to influence and break down barriers*

Having successfully navigated the challenges of progression into more senior roles, participants described feeing recognised and able to use their experiences to support other international and domestic nurses. When participants had progressed into a leadership position they felt able to speak for both them and others:

"I felt like I was not listened to ... but now I am heard better. Yeah, so I can make an impact... I can make positive changes from my position..." [Participant U]

Participants used personal experiences to raise awareness at higher levels:

"Career progression was one of the big things ..., I was working with them to see how we can support how we can address the issues... I have done a couple of presentations to board about breaking the invisible glass ceiling." [Participant N]

"The bolder you become, the braver you become. You deal with it in a better way. But I could have done this job about... I would say about 2012, which I'm doing right now, so it's delayed my progression by nearly ten years..." [Participant O]

3.5.2 *I lead and inspire others*

Finally, several participants talked about using their experiences to inform helping others to navigate the career development system and promote a greater sense of what might be possible in their future:

"I recently did a leadership talk, and I think that was my message. If this talk can inspire one other person who thinks they're useless like I did. If this inspires one other person to speak up, get out of their comfort zone and challenge themselves and think they're better than what they currently doing. That's the job done..." [Participant R]

And some international nurses discussed respectfully waiting for a time that the NHS was ready for the advanced skills that many international colleagues brought to the UK. Having achieved promotion, they were determined to lead change for others:

"I knew that the UK probably just wasn't ready for this sort of IN with this set of skills to be recognised in a different country. So, I was respectful of that to a degree, but also frustrated by it and that's just how it is, you know, that's how it was. I want to change that for the future, and I have said that already, I do want to change that for the future." [Participant D].

4. Discussion

This study learned that career progression out of all NHS bands occurs less often for INs than for DNs. Median times to progression from Band 5 were determined to be 5.8 years for DNs and 6.8 years for INs. The difference in proportions of nurse who progress is significant for progress out of Bands 5 to 8a inclusive, and substantial for progress out of Band 5 and Band 6. Rates of progression from all bands are higher for DNs than INs; with rates out of Band 5 showing the largest differential effect (38% faster progression for DNs). Whilst it cannot be assumed that all nurses want to progress through promotion bands, and there may be reasons for INs not progressing that would not necessarily apply to domestic nurses, such as desire to return to country of origin or expiry of visa, this study was designed to also explore the narrative of career progression of INs to determine an account extending conjecture.[9]

Further to INs progressing more slowly than DNs, the numbers of nurses achieving career progression for both INs and DNs decreases monotonically up the banding scale. Analysis reveals that progression appears to occur proportionally less often as nurses rise through the banding scale. Due to reductions in numbers of nurses progressing to higher bands, the analyses of progressions from higher bands have lower power than analyses of progression from lower bands, and estimates associated with progression from higher bands are less precise. This may reflect the non-significance of effects found in all progressions out of band 7 and above. Notwithstanding, findings show INs progress slower and in fewer numbers than DNs.

This study echoes the wider literature findings of barriers and

challenges that need healthcare systems to change.[8,9,11,13] Globally INs described being overlooked, feeling silenced, and experiencing marginalisation, resulting in examples of being held back professionally, and stress to individual well-being;[3,12,19] all are issues that pose a threat to acculturation and longer-term retention.[4,14]

Arguably whilst acknowledging the deplorable situation that INs experience feeling professionally "frustrated" and "stagnant," working in roles they describe as mismatched to their nursing knowledge and skills is important, it is suggested knowing what can be done to make positive change happen is where true merit lay.[9,10] The findings from this study inform how to improve the career development experience for INs from the understanding of INs themselves.

In order of career development stages, before promotion, INs describe perceiving themselves as invisible in the system, and not recognised for their skills, experience and qualifications making career progression harder.[10,18] The opposite was then described by nurses who progressed. Whether personally through individual determination, and putting themselves forward to be seen, or by leaders recognising and spotlighting potential. It was found that circumstances prevailed to reveal their talent.[15] Intrinsically, the first stage of career progression is identified as See Me and know I can thrive as being the starting point to unlocking career prospects.[10]

A subsequent obstacle for career progression is navigating being overlooked, both at the application and interview stage. While the narrative is clear that career advancement should be linked to merit, studies describe IN qualifications, expertise and experience are largely discounted.[8,11] Although often contrary to disappointing current practices, when appointed into areas of choice and where skills and experience are best placed, nurses find it easier to demonstrate expertise and thrive.[14] Ensuing INs are ready for promotion, guidance on completing application forms and interview techniques is something that could help prevent them being overlooked; then, if unsuccessful at interview, INs need indiscriminate feedback to help with future promotion opportunities. Consistent with the broader research, equality and inclusivity is advocated as mandate.[10]

Just as INs described needing their career potential to be seen and to be treated fairly and with transparency, participants in the study refer to the conditions at work that enable them to professionally grow. INs expressed wanting to work in psychologically safe environments and alongside teams where relationships supported learning and development. Equally, INs valued working in environments that endorse them asking questions without fear of judgement of professional capability or reprise. Desiring to feel comfortable to request guidance as they conquered the idiosyncrasies of nursing in a different country; INs asked for employers to be patient and embrace them while they learned.[15]

Notably when exploring the enablers to INs experience of career progression, leaders, role models and mentors were repeatedly explained to positively impact careers through engendering inclusion, promoting feeling valued, growing confidence, and building agency,.[4,13,14] An investment which following succession, INs repaid with interest through the contribution they go on to make as leaders themselves.[11]

Consequent of INs achieving career progression, the professional dynamic appears to change and chances of further promotion increase. More importantly, following attaining career progression there was a stark advance in confidence of position. More senior INs described becoming "bolder and braver," seemingly having their power to influence now validated through the endorsement of their promotion. Furthermore, once in leadership positions and when afforded more control over their environments, INs felt empowered to take on the challenge of breaking down barriers that had caused them frustration and delay.[8,14] Once visible in leadership roles, INs described using their power to influence by leading and inspiring others.[19]

Limitations

Career progression data was limited from January 2014 to November 2021. Whilst confident in the accuracy of the data in the sample, it only represents career progression during this period. The quantitative data collected during Phase One did not include demographic data besides the nurse status; precluding controlling for effects such as age and sex in the quantitative analysis. INs in the data were defined as non-UK nationals, including those educated in the UK. In Phase Two, Band 5 INs were a challenge to recruit and it is recognised that this group's voice may not have been fully represented.

By way of conclusion one participant now responsible for international recruitment within their organisation summarises:

"We recently started with recruiting INs . . . , we should try and use the opportunities and try and learn from the lessons. . . so that we can improve this practice, because otherwise . . . there'll be people coming and not being able to cope and leaving or moving on. . . we really need to look at it and see where we can improve." [Participant S]

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