

**WESTERN TRAINED NURSES TRANSITIONING TO QATAR:  
PERCEPTIONS OF THEIR NURSING ROLE**

by

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We accept this thesis as conforming to the required standard

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### Abstract

Nurses' self-perceptions of their role when transitioning from a Western nursing context to a Middle Eastern one are not clearly understood. In a qualitative study, seven participants who transitioned to Qatar were interviewed about their self-perceptions of their nursing role, personally and professionally. The core theme of *opportunity* and categorical themes of *adapting to the changing role of the nurse*, *adapting to the context*, and *adapting by "taking it in stride"* emerged from the data, all of which influenced the nurses' transition to Qatar. Conclusions were: 1) Opportunity exists both personally and professionally with transition; 2) Adaption occurred over time; 3) Perception of nursing role is influenced by cultural understanding; 4) Participants described themselves as leaders; 5) Nursing literature on this topic is underdeveloped; 6) A greater number of transition experiences lead to greater adaption strategies. The transition experiences for these nurses were viewed as positive; however, challenges were experienced to varying degrees.

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## **Chapter 1: Introduction and Background**

Transition may be defined as the “passage or movement from one state, condition, or place to another which can produce profound alterations in the lives of individuals” (Duchscher, 2008, p. 442). The aforementioned definition of transition implies that occurrences move one to a different place in life, but it does not specifically elaborate what this experience might be like. For nurses moving to another country for employment, scholars have written about the unique challenges and experiences such a transition can present (Zizzo & Xu, 2009; Newton, Pillay, & Higginbottom, 2011). The challenges associated with transition can influence an individual’s personal and professional life (Zizzo & Xu, 2009; Newton, Pillay, & Higginbottom, 2011).

This research was conducted to gain a better understanding of the transition experiences of nurses when moving to work in Qatar. A qualitative approach, namely interpretive description, was used to interview Western-trained nurses about their self-perceptions of their nursing role when transitioning to Qatar. These nurses were recruited and interviewed in Qatar.

### **Background**

With this research, I was specifically interested in how nurses transition to their role as a nurse moving from a Western country and relocating to the Middle Eastern state of Qatar. One of the reasons that this research was of interest to me is that, in 2010, I moved to the Middle East with my family. I moved specifically to the State of Qatar’s capital city of Doha. The transition and role change that I experienced has had a profound impact on my life and my own perception of my role as a nurse. In Canada, I worked in an acute care setting in a regional hospital. When I moved to Qatar, I was not initially employed as a nurse. Eight months after arriving in Qatar, I was able to gain employment in a community nursing setting as a school nurse in a kindergarten

to 12<sup>th</sup> grade school. This school nursing position focused on health promotion and illness prevention with school-aged children ranging in age from 3-18 years.

Qatar is a geographically small country located on the Arabian Peninsula neighbouring Saudi Arabia on its southern border and the Arabian Gulf on all other sides. The population in Qatar in 2014 was listed as 2.268 million people (The World Bank, 2015). Qatar is governed by Shariah law with the official religion of the country being Islam (Embassy of the State of Qatar, 2015). Qatar has a long history as a trading port in the Arabian Gulf and was known for shipbuilding and pearl diving well into the 20<sup>th</sup> century (Embassy of the State of Qatar, 2015). In 1868, Qatar came under the protection of the British and remained so until 1971, when it gained independence. The parliament was elected and a constitution was made permanent in 1995 (Embassy of the State of Qatar, 2015). Qatar is ruled by H.H. Sheikh Tamim Bin Hamad Al Thani, who inherited his position from his father in 2013. Oil was first exported from Qatar in 1949; however, modernization did not occur until after it gained its independence in 1971 (Embassy of the State of Qatar, 2015). Qatar is an evolving country, with the local population having a lot of wealth - the GDP is \$102,000 per person (CIA, 2014). Large infrastructure projects are being undertaken in Qatar to modernize the country and prepare for future international events (CIA, 2014). Licensing of health care professionals is beginning to be done in Qatar, but has yet to impact all health care professionals in the state. For example, there is at present no Qatari nursing association. This country is very different than my own country of origin - Canada.

Through my experience, I observed how some expatriate nurses demonstrated difficulty transitioning to the completely unfamiliar context of the Middle East. I transitioned to Qatar and began working in the unfamiliar context of both the Middle East as well as in my position as a

school nurse. Throughout my transition experience, I had often wondered about other nurses' experiences with their transition. Through my own experiences and my observation of other expatriate nurses' experiences, I was led to want to understand more about the notion of transitioning and nurses' self-perception of their nursing role in another context.

With limited research having been conducted on the topic of transitioning from a Western society to a Middle Eastern society, specifically with the changing professional role as a Registered Nurse, I chose this topic as the focus for my thesis. I was seeking to gain a better understanding of the self-perception of the nursing role for Registered Nurses who make the transition from nursing in a country in the western hemisphere (countries located from 0-180 degrees west of the prime meridian) to nursing in the Middle Eastern country of Qatar. Exploring how nurses perceive their own transition to Qatar may benefit other nurses who choose to embark on employment experiences outside of their country of origin. While the many features of transition are particular to the specific location or setting, many other aspects of the process of transition are generalizable. This research explores both the particular and many general features of transition.

### **Definition of Terms**

The following definitions provided guidance for the terms used in this study:

**Nursing role.** The Canadian Nurses Association (CNA) defines the role of the registered nurse as being involved in “coordinat(ing) health care, deliver(ing) direct services and support(ing) clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life” (Canadian Nurses Association, 2007, p. 6). As well, according to the International Council of Nurses (ICN), nursing may be defined as “Encompass(ing)

autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings” (2010). The ICN defines the nursing profession as:

Including the promotion of health, prevention of illness, and the care of ill, disabled and dying people, advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN, 2010)

The nursing profession’s role is therefore broadly defined, encompassing many different terms and ideas. For the purposes of this research, my goal is to determine if each participant has a unique idea of their nursing role based on their clinical and personal experience of transitioning to working as a Registered Nurse in Qatar. The role of the nurse will be defined by each study participant.

**Self-perception.** Self-knowledge or Self-perception “can be construed as one’s mental representation of oneself...put another way, the self represents one’s knowledge of oneself” (Kihlstrom, 2012, p. 371). Self-concept may be used to further denote the differences in which humans categorize themselves, such as in social and professional environments (Kihlstrom, 2012). For example, “a nurse’s professional self-image may be the aggregate of various individually held thoughts, principles, perceptions, expectations and experiences” (Varaei, Vaismoradi, Jasper, & Faghihzadeh, 2012, p. 552). The overall self-image that a person will have is an “actual mental image of what we look and sound like” (Kihlstrom, 2012, p. 372). Self-perception, in this study, will be used to denote all aspects of self-concept and self-image as described above.

**Transition.** Transition is defined as “the passage or movement from one state, condition, or place to another which can produce profound alterations in the lives of individuals and their significant others and have important implications for well-being and health” (Duchscher, 2008, p. 442). Transition in nursing is a well-understood phenomenon in selected nursing areas, such as the transition from new graduate to registered nurse and from the registered nurse to an educator or advanced practice nurse (Benner, 2001; Duchscher, 2008; Duchscher, 2009; Manning & Neville, 2009; Spoelstra & Robbins, 2010). For the purposes of this research, transition is defined as movement for a Registered Nurse from a Western health care system to the health care system in the Middle Eastern country of Qatar. The intent of this research is to focus on the nursing transition occurring with the migration of the nurse to Qatar. This transition may also include challenges such as: language and communication difficulties, change in role expectation and clinical differences, marginalization, racism, discrimination and cultural displacement (Zizzo & Xu, 2009; Xu, 2007; Newton, Pillay, & Higginbottom, 2011).

**Pre-departure.** Pre-departure will be defined, for the purposes of this research study, as any time prior to the nurse’s transition to Qatar.

**Ongoing adaption into the new culture.** The Foreign Affairs and International Trade department of Canada defines adaptation as “the process of accommodating to new ways of doing things by making changes in one’s own behaviour and assumptions” (2011).

**Western-Trained Nurses.** For the purposes of this research, western-trained nurses are defined as Registered Nurses who have completed their nursing education in a western health care setting. The Western health care setting refers to the Western Hemisphere of the globe, more specifically Canada, the United States of America, and Europe.

**Expatriate.** An expatriate is defined as a person who relocates from one country to another for at least one year (Littrell, Salas, Hess, Paley, & Riedel, 2006). An expatriate is likely living in a culture different from their home or originating culture. There may also be language and religious differences that they encounter while living abroad (Zizzo & Xu, 2009).

## **Project Description**

### **Purpose and Research Questions**

The purpose of this study was to understand nurses' self-perception of their nursing role when transitioning to a Middle Eastern context, specifically in the state of Qatar. The questions focused on the perception of their transition at the time of the interview. The research questions for this study were as follows:

1. How do nurses transitioning to Qatar perceive the role of the nurse?
2. What influences a nurse's transition to the role of the nurse in Qatar?
3. How do nurses adapt to their role as a nurse in Qatar?

### **Research Methodology**

A qualitative research methodology was used to better understand the self-perceptions of nurses who are transitioning to their nursing role in the country of Qatar. This methodology uses inductive reasoning and begins with specific observation, followed by an open exploratory manner in order to develop into broader generalizations (Thorne, 2008). The use of Thorne's (2008) interpretive descriptive methodology was helpful in exploring nurses' transitioning to a nursing role in another country through conducting seven in-person semi-structured interviews with expatriate nurses working in Qatar.

### **Relevance and significance**

There has been limited research conducted on the transition of nurses globally from one country to another. There is an even larger knowledge gap in regards to nurses transitioning from

a Western nursing context to a Middle Eastern nursing context. To address this gap in the literature, the intent of this study was to explore how nurses transition to another country to gain insight into the nurse's self-perception of the role of the nurse as they transition to a new nursing context. It is hoped that the study findings may be useful for preparing other nurses interested in working in a Middle East country, such as Qatar.

### **Outline of Thesis**

This thesis is divided into six chapters. Chapter One introduces the background for this thesis and includes background information about the researcher's interest in this topic, definitions of relevant terms, purpose, research questions, and a description of the method chosen for this study. Chapter Two describes the search and retrieval strategies for the literature review, and a summary of the research that was relevant to the study. In Chapter Three, the research design is described and includes recruitment strategies, inclusion criteria, sampling methods, data analysis, scientific quality, ethical considerations, limitations, and a description of the participants. The findings of one core theme and three major themes that emerged from the data are described in Chapter Four. In Chapter Five, the findings are discussed within the metaparadigm concepts of nursing, environment, person, and health. Lastly, Chapter Six concludes by offering a summary of the study as well as recommendations for how the findings can be applied to nursing practice, nursing education, and nursing research.

## **Chapter 2: Literature Review**

### **Introduction**

This chapter describes the literature relevant to this project and explains the literature search and retrieval strategies, as well as key terms employed in the search. The literature review was completed in an effort to understand the key literature related to the research questions as outlined in Chapter One. The key terms that were searched in the literature were: globalization, migration, transition, pre-departure, and ongoing adaptation to a new culture. A perceived gap in the literature was evident from the lack of information pertaining to the transition of Western-trained nurses to the Middle East.

### **Search and Retrieval Strategies for Literature Review**

The literature search was accomplished through many stages during the research project, beginning with a preliminary search completed in January 2013. Ongoing literature searches were performed throughout the study to ensure that new literature was included. A detailed account of the preliminary and ongoing search strategies can be found in Appendix A.

The literature search was completed using the Ebsco Host interface. The databases searched included: CINHALL with Full Text, Medline, PsycINFO, Communication Mass Media Complete, JSTOR and Academic Search Primer. These databases, as well as the search terms used, were selected by the researcher in consultation with the thesis supervisor and Duncan Dixon, assistant librarian at Trinity Western University. A detailed description of the key terms used in each database as well as the Boolean operators used, search expanders, modes and limiters can be found in Appendix A.

The preliminary search terms included the following terms related to culture separated by the Boolean operator “OR”: cultural bias, cultural safety, cultural values, cultural competence,

organizational culture, cultural diversity, reality shock, culture shock and cultural sensitivity. The second term included in the preliminary search was Middle East separated with the Boolean operator “OR” Qatar. The third topic added to the search was Foreign nurses again separated with the Boolean operator “OR” Minority nurses, “OR” nurse. The final key words added to the preliminary search were transition “OR” role change. These terms were then added together through the database to achieve a manageable number of results that could be hand-searched.

A secondary search was completed in March, 2013 to reflect the need for more information related to the research topic. The new search terms were chosen based on the review of the literature that had been collected in the preliminary search. The terms searched included: Migration, international, transition and nurse all separated by the Boolean operator “AND”. These terms were searched in the JSTOR database, Academic Search Primer database, and the CINHAL with Full Text database. The CINHAL with Full Text database was also searched for the terms transition, change and nurse, all separated by the Boolean operator “AND”.

Inclusion criteria for the selected articles was that the publication be written in the English language, be a journal article, and have been published no earlier than 2003. After the initial inclusion criteria were met, articles abstracts or summaries were viewed by the researcher to determine their relevance to the research topic. If an article was found that seemingly applied to the research questions, it was saved electronically on the researcher’s computer and read in depth to determine its relevance to the project. All articles deemed relevant were printed by the researcher for further consultation throughout the project. Key articles were chosen for the thesis proposal (see Appendix B).

Continuing literature search was completed throughout the duration of the research study to ensure that newly published literature as well as any previous literature that may have been

excluded in error was reviewed (see Appendix A). A similar search strategy was used for the ongoing literature searches, as well as the search for grey literature textbook resources and any pertinent internet resources to assist with the further development of the literature on this topic. The key terms that emerged from all the literature searches include: globalization, migration, transition, pre-departure and ongoing adaptation into the new culture. These terms are described in detail below.

**Globalization.** Globalization may be defined as the “interconnectedness of countries through cross-border flows of goods, services, money, people, information and ideas” (Evans & Tulaney, 2011, p. 333). The center for global development describes globalization as a continuing reality of the modern world with migration focusing on people from developing countries moving to developed nations (n.d.). The United Nations has acknowledged and addressed the increasing globalization of the world through discussions and the development of policy regarding globalization (United Nations, 2013). It is clear that the world will not become less connected in the future, but will increase in its globalization. Globalization can be described in part as people relocation in the form of international migration.

**Migration.** In keeping with the globalization trend, in the most recent statistics found, the number of migrant workers in the state of Qatar in 2000 was 409,000 or 70.4 percent of the entire population of the country (Tabutin, Schoumaker, Rogers, Mandelbaum, & Dutreuilh, 2005). The Qatar General Secretariat for Development Planning reports that “Qatar’s surging economy has relied on the influx of a large expatriate workforce” to meet the economic needs of the country (2011, p. 34). The Central Intelligence Agency (CIA) in the United States of America reports that only 40 percent of the population living in Qatar is ethnically Arab, though no specific number is given to the number of Qatari Arabs versus other Arab nationals living in

Qatar (2013). This information represents a trend toward the use of migrant workers in Qatar to fill the employment gaps. This trend is also seen throughout the Arabian Gulf countries, which include Kuwait, the United Arab Emirates, Bahrain, and to a lesser extent in Saudi Arabia and Oman (Tabutin et al., 2005).

According to the Qatar Statistics Authority, there are 21,187 people employed in 'human health and social work activities' (2011) in Qatar. Between the years of 2001-2010, there was a 190 percent increase in the total number of nurses working for the Supreme Council of Health Qatar and Hamad Medical Corporation (State of Qatar Supreme Council of Health, 2010). Hamad Medical Corporation comprises all eight government-run hospitals in Qatar, and is the largest employer of nurses in the state (Hamad Medical Corporation, 2012). It was reported in 2011 that a total of 7,756 nurses were working for this corporation, with 330 of these being Qatari and 7,426 of them being expatriates (Renee Pyburn, personal communication, April 17, 2013). The trends demonstrate that there is a vast increase in the number in nurses being employed in Qatar, with as many as 96% of these nurses being expatriates (Renee Pyburn, personal communication, April 17, 2013).

Nurse migration is a complex and challenging global issue (Xu & He, 2012). There has been a steady increase in the number of internationally-educated nurses working outside of the countries where they were trained. In 1972, for example, five percent of all nurses were working outside their country of origin (Adeniran et al., 2008). The mounting global nursing shortage is evidenced by a 2002 statistic, reporting that fourteen percent of all nurses are internationally educated (Adeniran et al., 2008). The topic of nurse migration has been an expanding area of study in response to the globalization of nursing (Xu & He, 2012; Tregunno, Peters, Campbell, & Gordon, 2009).

The majority of migrating nurses tend to relocate to the United States, the United Kingdom and Australia (Xu & He, 2012; Konno, 2006; Likupe, 2006; Xu, 2008; Adeniran et al., 2008). This migration tends to focus on the nursing shortage in Western countries and their need for recruitment from other nations (Buchan & Sochalski, 2004; Adeniran et al., 2008; Evans & Tulaney, 2011). Nursing literature has focused on the internationally-educated nurses' need for transition programs when moving abroad (Xu & He, 2012; Xu, 2008; Konno, 2006). Evidence about the migration of Western-trained nurses to the Middle East and related issues is limited. There is, however, evidence of worldwide nurse recruitment agencies that specifically target Western-trained nurses to work in Middle Eastern Countries (Helen Ziegler & Associates, 2013; Gulf Talent, 2012). According to Gulf Talent, the Gulf region (including Saudi Arabia, the United Arab Emirates, Kuwait, Qatar, Oman and Bahrain) saw an 80% increase in recruitment into the healthcare field in 2013 (2014). This recruitment data does not specify the areas in which the health care workers will be employed; however, nurses are included in this statistic. Gulf Talent further suggests that "attracting Western nationals remains easier for Gulf employers, due to high unemployment and wage stagnation in Europe" (2014, p. 15).

**Transition.** As defined previously, an expatriate is a person who relocates from one country to another for at least one year (Littrell, Salas, Hess, Paley, & Riedel, 2006). This person experiences not only migration from their home country to another place, but also a transition at many professional and personal levels (Joshua-Gojer, 2012). Transition may be defined as the "passage or movement from one state, condition, or place to another which can produce profound alterations in the lives of individuals" (Duchscher, 2008, p. 442). Littrell et al. discuss the creation of pre-departure literature to assist with the transition for expatriates over the past twenty-five years (2006). They contend that this literature is largely ineffective as it does not

address the specific needs of each individual expatriate (2006). Every expatriate transitioning abroad may have access to employer-specific pre-departure training, as well as widely available non-specific training like recruitment websites, such as Helen Ziegler and Associates (2013). For example, the University of Calgary Qatar provides employees with a copy of their employee information guide, which includes details about Qatar and moving abroad (UCQ, 2012).

Organizations may also make this information available online, as is the case with the College of the North Atlantic Qatar (2012). There are many additional web sites that offer information about expatriate transition globally (Government of Canada, 2013; Expat Info Desk, 2013; Inter Nations, 2013). Information about the expatriate experience of global transition ranges from information about cultural awareness of a person's own culture as well as the host culture, strategies for adjusting to a new culture, information related to basic needs fulfillment (such as finding housing, medical coverage, etc) and general information about the country of transition (Government of Canada, 2013; Expat Info Desk, 2013; Inter Nations, 2013).

The idea of transition in the nursing literature is well-described from the perspective of a newly-graduated nurse to a registered nurse (Duchscher, 2009; Duchscher, 2008; Zinsmeister & Schafer, 2009; Benner, 2001). There is also nursing literature on the transition of nursing roles within the nursing profession, such as from a student to an RN (Zinsmeister & Schafer, 2009; Blanchette, 2010; Thomas, Bertram, & Allen, 2012), RN to an advanced practice nurse (Spoelstra & Robbins, 2010), RN to a clinical educator role (Manning & Neville, 2009) or to a nursing faculty position (Schriner, 2007). The transition literature describes the role changes nurses undergo as stressful and complex with more research needed on the topic of transition in nursing roles (Duchscher, 2009; Duchscher, 2008; Zinsmeister & Schafer, 2009; Weinstock,

2011). Nurses have also anecdotally documented their experiences of nursing role transition within various professional positions (Blanchette, 2010; Bellini, 2010; Pearson, 2009).

The idea of nurses transitioning globally has also been discussed in the nursing migration literature (Xu, & He, 2012; Konno, 2006; Adeniran et al., 2008). This literature focuses on the movement of nurses from Eastern nations such as the Philippines and India (Brush, 2008) to Western nations such as the United States of America, The United Kingdom and Australia (Xu & He, 2012; Konno, 2006; Likupe, 2006; Xu, 2008; Adeniran et al., 2008). Nursing literature related to nurses moving in the opposite direction for employment has not been identified in this literature review. There is also little research-driven literature that can be found that identifies the nurse's self-perception of the transition when moving abroad.

### **Chapter Summary**

Little is known about the self-perception or lived experience of nurses transitioning internationally into various positions (Vapor & Xu, 2011; Jose, 2011; Newton, Pillay, & Higginbottom, 2012). There is a considerable gap in the literature exploring the self-perception of the nursing role for nurses transitioning to the Middle East. The concepts of pre-departure training, as well as ongoing adaption into a new culture, were identified in the literature as important factors in how participants may view their transition to Qatar. In summary, there continues to be a trend toward global migration, and therefore understanding nurses' perceptions of the notion of "transitioning" may be invaluable in assisting those who migrate with their adjustment to their new nursing role. The next chapter will describe the research design, method and procedures for this study.

### **Chapter 3: Research Design, Methodology and Procedures**

#### **Introduction**

The research design for this study was selected to answer the research questions as outlined in Chapter One. This chapter elaborates on the study methodology including: design, recruitment, inclusion and exclusion criteria, sampling, data analysis, scientific quality, ethical considerations, limitations and introductions to participants.

#### **Research Design**

The purpose of my research study was to understand nurses' self-perception of their nursing role when transitioning to a Middle Eastern context, specifically in the state of Qatar. Little is reported in the literature on the topic of transition from a Western-based health care setting to a Middle Eastern setting. A qualitative research approach was chosen as the proposed research sought to explore "patterns of association as a way of illuminating the underlying meaning and dimensionality of the phenomenon", which is a key feature of this type of research (Polit & Beck, 2012, p. 62). A qualitative research approach seeks to find out what "people do, know, think and feel by observing, interviewing, and analyzing documents" (Patton, 2002, p. 145). The framework that was used for this research study was an interpretive descriptive methodology (Thorne, 2008). This methodology was chosen for several reasons, primarily because of the appropriateness and fit to the research question concerned with self-perception. Interpretive description's foundational underpinnings include: research conducted in a naturalistic context, explicit attention paid to subjective and experiential knowledge, capitalization on 'human commonalities and variance within area of focus, reflects issues not bound by time but respects the present, accepts multiple human experience realities, and acknowledgement of the relationship between the knower and the known (Thorne, 2008). The

completed research study possessed the same foundational beliefs as those held within the qualitative methodology of interpretive description and is, therefore, an appropriate framework for the data collection and interpretation in this study. Data collection and interpretation methods were those typical of many qualitative studies, particularly with interpretive description, and included in-depth interviews and field notes which were analyzed thematically. Further details of the design, data gathering and analysis are described below.

**Recruitment.** Once research ethics approval had been obtained from Trinity Western University (See Appendix C), a convenience sample was accessed for this study. Participants were recruited through the social media site Facebook (see Appendix F), posters hung in various locations (see Appendix G), such as the staff room and other places around the University of Calgary Qatar (approval to hang recruitment poster in Appendix D), and word-of-mouth. The recruitment posts on Facebook were posted by the website administrator for the Facebook site “Qatar nurses group”. A colleague of the researcher’s hung the posters at a location where potential participants could be recruited. Nurses who were interested in participating contacted the researcher by e-mail or telephone and a mutually-agreed-upon interview date and time were arranged.

### **Inclusion and Exclusion Criteria**

Participants were limited to Western-trained expatriate nurses who were currently living in the state of Qatar. There were no limitations set on the site of employment, the type of nursing in which the participant was engaged, or the length of time that the nurse had been living in the state of Qatar. Exclusion criteria included nurses who were not Western-trained as outlined in Chapter One, nurses who were not fluent in English as the researcher may not have been able to communicate effectively with these participants, as well as any participants over whom the

researcher would have had a position of power. A total of seven RNs who met the inclusion criteria were interviewed for this study.

### **Sampling**

Data collection was completed through the use of semi-structured interviews with seven registered nurses who were living in the state of Qatar. The researcher's goal was to interview between five and ten participants to gather enough data so that a comparative data analysis could be completed. This number of study participants is appropriate to the type of research proposed. The limited number of participants only permitted there to be a thin description of the findings, which allowed for new research questions to arise from the data (Thorne, 2008). The nurses interviewed were from various backgrounds and types of employment, which helped to limit the researcher bias when compiling and analyzing the data collected. All of the semi-structured interviews were held in locations that were mutually agreed upon between the researcher and participants.

Demographic information about each participant was collected at the beginning of the interview (see Appendix J). All of the seven RN participants for this study were female. Six of the participants were Caucasian and one participant was of Asian descent. The participants ranged in age from 31-70 years of age; one participant between 31-40 years of age; three participants between 41-50 years of age; two participants between 51-60 years of age; and one participant between the ages of 61-70 years. The highest level of education held by the participants was: two master's level degrees, four baccalaureate degrees, and one college diploma. These participants were currently employed in Qatar working in health care-related positions in non-inpatient hospital settings. The participants varied in their roles as educators, school health nurses, and recreation organizers. The participants' experience in nursing was a

minimum of 10 years, with a maximum of 37 years; the mean level of nursing experience was 24.1 years. The participants had lived in Qatar an average of 3.64 years, with the minimum length of time being two months and the maximum being 13 years. The participants had been employed as nurses in a variety of countries including: six in Canada, four in the United States of America, two in Saudi Arabia, one in England, one in Malaysia and one in Libya. Participants' countries of citizenship ranged from six Canadians, with one of the Canadians holding dual Malaysian citizenship, and one with American citizenship. None of the participants identified themselves as Arab or Muslim and as such are not culturally consistent with the national population of Qatar. Each participant was personally interested and compelled by the study topic, volunteering their time to participate.

### **Data Collection**

Face-to-face semi-structured interviews were selected as the means of data collection, which is consistent with the interpretive description method used for this study (Thorne, 2008). These interviews were conducted with seven registered nurses working in a variety of settings in Qatar. Interviews occurred in a mutually-agreed-upon time and location, including the participants' place of work, a coffee shop, and a restaurant. The interviews were approximately 20-40 minutes in length. The interview began with introductions followed by an explanation of the purpose of the study. Informed consent was obtained (Appendix L). Demographic information was also collected before beginning the interview (Appendix J).

A list of the interview questions developed in consultation with the thesis committee (See Appendix E) guided the interviews with the participants. After the first interview, the interview questions were reviewed for their suitability and appropriateness to solicit data in response to the research question. This was done as "interpretive description explicitly capitalizes on the idea

that surface answers are usually a bit misleading in the sense that they ... [do not] provide in-depth, rich and nuanced understandings” (Thorne, 2008, p. 124). The researcher then proceeded with conducting the remaining interviews. The participant interviews were audio-recorded using a digital hand-held recording device and transcribed by the researcher. At the end of each interview, the participants were asked if they had anything else to say through a set of debriefing questions (Appendix I). At the completion of each interview, as part of the audit trail, field notes were composed by the researcher including reflective notes pertaining to both the methods used in the data collection and a personal note about the researcher’s experience conducting the interview.

A small remuneration was given to each participant as a thank you for their participation in this study and was funded by the researcher (a gift card to Costa Coffee for 40 Qatari Riyal-approximately \$11.30 Canadian).

### **Data Analysis**

The data analysis began with immersion of the researcher into the data through several readings of the transcripts, focusing on different aspects of appraisal. This immersion allowed the researcher to become familiar with the data and understand the concepts presented in an in-depth manner. Immersion of the researcher into the data is congruent with the methodology of interpretive description, where analytical review of the data is needed to develop thematic analysis of the data beyond the superficial level (Thorne, 2008). The data from each interview was then coded into broad categories before analysis could begin, a strategy also consistent with the methodological design for this study. The coding of the data was completed in consultation with the thesis supervisor. The purpose of this coding was to create “a mechanism by which [the researcher] can bring together a group of data bits that might be thematically related” (Thorne,

2008, p. 146). The coding process uncovered overarching themes, as intended by the methodology of interpretive description, in the data collected which was dependent on the interview responses of the participants (see Appendix K). Each participant's interview transcript was coded independently and then compared to the others to find recurring themes and ideas from the research conducted. Dr. Barbara Astle, as the primary thesis supervisor, reviewed the preliminary coding for completeness. It was decided upon completion of the preliminary coding by the researcher and the thesis supervisor that more thematic analysis was needed of the interviews. Thematic analysis and brainstorming was then reviewed for each of the transcripts by the researcher using the general themes of transition and opportunity. The thematic analysis that was completed allowed for the data to "take shape over time...through ... disciplined critical reflection and continual interpretive challenge" (Thorne, 2008, p. 153). The thematic analysis that emerged was discussed with the researcher and the thesis supervisor for accuracy. These themes were then further developed and reviewed for accuracy and completeness by the thesis committee (see Appendix G).

Once the larger themes reflecting many participants' perspectives were identified, alternative explanations to these themes were explored to distinguish themes specific to the research question. When coding and thematic analysis was complete, the themes and patterns that were identified were used to interpret the overall response to the question. The formal process of writing up the findings began after the themes were agreed upon by the researcher and both the primary and secondary reader. A thematic description was chosen as a means of communicating the conceptualized findings, as is appropriate with interpretive description (Thorne, 2008). A decision log was maintained by the researcher that outlines how the data

analysis decisions were made by the researcher with guidance from the thesis supervisor and the second reader.

### **Scientific Quality**

When engaging in a qualitative research study, such as the one described here, it is important for the researcher to mitigate any bias that they may bring to the study (Jootun, 2009). This can be done by the researcher purposefully thinking about their own beliefs and assumptions on the topic before engaging in the research study (Jootun, 2009). Dependability of the study was ensured through the use of accurate recording of all research-related materials, and the transparency of the researcher with these materials. An audit trail was maintained through a research log describing decisions made in the research process which was reviewed by the primary advisor, thereby increasing the dependability of the study by ensuring the consistency of the methods used for data collection and interpretation throughout the study (Polit & Beck, 2008). Credibility was also enhanced by the transcripts being reviewed by the primary researcher, the primary thesis advisor and the second reader, thereby ensuring that researcher bias did not influence the coding and thematic analysis of the data (Cutcliffe & McKenna, 1999). The use of the field notes was also used to enhance credibility or the “truth of the data” by allowing for researcher bias to be examined (Polit & Beck, 2008).

Confirmability of the data was assisted by the researcher study being reviewed by a primary advisor, Dr. Barbara Astle and a second reader, Sonya Jakubec. This helped prevent researcher bias from entering the finished project (Polit & Beck, 2012). Participant data checking was not completed on this study as it was not included in the ethical consent, but would have enhanced the confirmability of the data overall. As suggested by Thorne (2008), the small number of participants is justified in interpretive description as long as acknowledgement is

made that there is opportunity for more study on the chosen topic. The sample size of seven participants for this study allowed for a useful description of the research questions as needed by the chosen methodology (Thorne, 2008), but does allow for more study to be conducted in this area.

Authenticity in the research was attempted through the use of the participants' own words by means of inclusion of quotations in the final report. This will help the reader to have an authentic understanding of the participants' lives/feelings (Polit & Beck, 2008). Data triangulation has occurred in this project through the use of both time and space triangulation. Time triangulation has occurred as different participants have been expatriates in Qatar for different lengths of time, leading to a better understanding of the nursing role over time. Space triangulation has occurred as participant nurses did not work or live in the same site. This allowed for cross-site consistency in the findings (Polit & Beck, 2008).

### **Ethical Considerations**

Ethical consent for this study was obtained from Trinity Western University's Research Ethics Board, (See Appendix C). Each participant was asked to sign a written consent form outlining the study purpose and the intended use of the research findings. The researcher discussed with the participants how confidentiality would be maintained and how the data would be used before their participation in the study. All participants were made aware that their participation in the study was voluntary and that they were able to withdraw from the study at any time.

All collected data was identified by a random letter assigned to the participant. This number appears on the transcribed data to promote anonymity. All data collected including transcribed data, recordings, and any other identifying data will be kept for five years in the safe

of the researcher. With the completion of the project, electronic data will be kept for five years on a USB drive stored in the researcher's safe. All other paper materials have been shredded and electronic files deleted. Access to the materials will continue to be limited to the thesis committee and the researcher for the duration of time the data will be kept. The thesis committee does not have access to the data recordings, but will have access to the written transcripts containing the random letter assignments should they request these from the researcher.

An area for future ethical consideration would be the use of technology for communication throughout the research process for this project. The intended media outlets that were used for contacting people were the use of private e-mail on a web-based server (gmail.com) through the researcher's private account. This method was used after participants consented to participate. One way that participants were contacted initially was through the social media site Facebook. This site is likely monitored by the owners and operators of Facebook. As the Facebook group where the information was posted is private by invitation only, there is little chance that this site is being monitored by a party that will find the discussion threatening or offensive.

There is no information that the researcher has been able to access about the security of correspondence in Qatar. The researcher was aware that her work e-mail was monitored by the University where she was employed, and therefore did not use this e-mail for any purpose associated with this research study. The Canadian Embassy based out of Kuwait, which was the embassy responsible for Canadians in Qatar, responded to an e-mail about the safety of information in Qatar. They stated that they do not know about the monitoring of e-mail in Qatar and suggested contacting the Qatar Ministry of the Interior (Mireille, Personal Communication, March 11, 2013). No information has been located online from the Ministry of the Interior web

site about monitoring of media sources in Qatar (Ministry of Interior, 2013). According to media sources based out of the United Kingdom and the United States of America, there is a very possible chance that e-mail, phone conversations and all internet use is monitored for several things (Editors, 2013; Bodine, 2012). The content of the media is not likely monitored, but the use of the media and the details of where conversations occurred and length of the content is monitored (Editors, 2013). In the undertaking of this research project, the researcher contacted people sparingly using electronic means to prevent any undue attention coming to the entry on the government monitoring. This should eradicate any undue harm for participants.

### **Limitations**

A total of seven participants contributed in this study, which is a relatively small sample size. This sample was within the desired limit of five and ten participants for the study. This number of participants was chosen based on the number of participants needed to “discern what constituted common aspects across [the data]” (Thorne, 2008, p. 96). As a result, the data collected is specific to this sample and cannot be used as generalizable findings for all Western-trained nurses making the transition to Qatar. The data collected, however, does provide valuable insight into the self-perceptions of this group of nurses. A second limitation of this study was that many of the participants were of the same nationality. Six of the seven participants are Canadian passport holders; as a result, the data collected may not be related to Western-trained nurses of other nationalities. The third limitation was that all seven participants were female. As a result, the findings of the study may not reflect the self-perceptions of male nurses transitioning to Qatar.

## **Introduction to Participants**

Through the data analysis portion of this project, it became apparent that the data collected was greatly influenced by the participants themselves. It is important for the reader to understand the individual participants in order to understand the data collected. Specifically, information about the participants' level of professional experience, transitions in their career both within the profession as well as internationally, in addition to age, may have influenced their transition experiences. Names used in both the participant descriptions, as well as the findings chapters, have been changed to ensure anonymity. All participants met the inclusion criteria for this study as outlined in the sampling section of this paper.

### **Jane**

Jane became a registered nurse in the 1980s and has a Masters' degree in Nursing. She is currently between 51-60 years of age. Jane has worked in a variety of nursing settings, including as a travel nurse, an emergency room nurse, a research nurse, in various nursing administrative positions, and as a nursing educator. She has worked as a nurse in Canada, the United States of America, Saudi Arabia, and in Qatar. Her experience working in Saudi Arabia heavily influenced her responses to the interview questions. As Qatar was her second transition into a Middle Eastern country, she frequently compared her experiences transitioning to Qatar with her transition to Saudi Arabia, adding that her *“(work) experiences have been enriched by living and working overseas”* (Transcript 1, line 377). This provided a different perspective about transitioning to Qatar than would a nurse who would be transitioning to Qatar without such prior experience. Jane transitioned to Qatar with many pre-conceived ideas about what her role and her life in Qatar might be like before she even arrived in the country. Jane described her transition to Saudi Arabia stating *“that to me was a shock”* and further identified that her

transition to Qatar “*was for me not as difficult simply because for me this country is far more liberal than Saudi Arabia*” (Transcript 1, line 184). She had been living in Qatar for two years at the time of the interview.

### **Lisa**

Lisa graduated from nursing in 1996 and has a Bachelor’s degree in nursing. She is currently between 41-50 years of age. Lisa has worked as an emergency room nurse for the majority of her career, but has recently transitioned to a nursing educator role. She has also held nursing administrative positions. She has worked as a nurse in Canada, the United States of America, Saudi Arabia and Qatar. As with Jane, Lisa transitioned from Saudi Arabia before transitioning to Qatar. In contrast to Jane’s experience with the transition, however, Lisa moved directly from Saudi Arabia to Qatar, whereas Jane returned to Canada for many years before returning to the Middle East. Lisa explained that her experience in Saudi Arabia did impact her transition experience to Qatar in so far as she understood the role of the nurse in the Middle East, as well many of the cultural norms. Lisa stated that “*I lived in Riyadh, Saudi Arabia for six years. There I was a practicing nurse at the bedside. So I think that I have a different take on (nursing then) if you come from Canada and you come to work at a University.*” (Transcript 2, line 52-54). She has been living as an expatriate for the past 12 years, with five years spent in the United States of America, six years in Saudi Arabia and one year in Qatar. Among the participants for this study, Lisa had the second-longest experience of living as an expatriate, experience, which may have led to greater reflection and insight compared to a nurse experiencing transition for the first time or who may not have lived as long abroad. She had been living in Qatar for one year at the time of the interview.

**Mary**

Mary graduated from nursing in 1994 and has a Bachelor's degree in nursing. She is currently between 41-50 years of age. Mary has worked as an oncology nurse, forensics nurse, geriatric nurse, an ICU nurse, a research nurse and as a school nurse. Mary is the only nurse to have worked in a research position, and has firsthand experience conducting interviews. It is possible that due to her experience as a researcher, she altered her responses to questions, knowing that the data would be reviewed in detail. Though her responses to the questions were in line with other participants, it is possible that she tailored her answers to the researcher knowing the challenges of conducting research. She has worked as nurse in the United States of America and Qatar. Mary is the only nurse interviewed who was educated in the United States of America. This did not seem to differentiate her in her view of the role of the nurse, but certainly had the potential to do so. She had been living in Qatar for three years at the time of the interview.

**Erin**

Erin graduated from nursing in 2004 and holds a Bachelor's degree in nursing. Erin has the least amount of experience working as a nurse, as she had only been a registered nurse for nine years at the time of the interview. She also took two years off when she had her children, leading to a break in her nursing experience. She is currently between the ages of 31-40 years. Erin has worked as an emergency room nurse, pediatric nurse, occupational health nurse and as a nurse educator, as well as in nursing administration roles. Erin is the only nurse to have worked in an occupational health setting, which may have provided her a unique view of the role of the nurse. Erin focused on "*nursing as advocacy*" throughout her interview (Transcript 4, line 18).

She has worked as a nurse in Canada and Qatar. She had been living in Qatar for four-and-a-half years at the time of the interview.

### **Rose**

Rose graduated from nursing in 1977 and has a diploma in nursing. She was the only diploma-educated nurse interviewed, with all other participants possessing a minimum of a Bachelor's degree in nursing. This difference in education had the opportunity to impact her understanding of the role of the nurse, although this did not appear to be the case, based on data analysis. She was trained in a hospital-based nursing program rather than in a College or University setting, and stated "*...to be quite truthful I was quite unsatisfied with the education that I had as a nurse*" (Transcript 5, line 68-69). She is between the ages of 51-60 years. She has worked as a rheumatology nurse, neurology nurse, and reported that she had practical nursing experience in a range of hospital settings from medical, surgical, maternity and pediatrics. She also worked on a cardiac surgery floor for several years, in psychiatry for several years and then as a community nurse for 25 years. Her extensive career in nursing made her an ideal participant to reflect on her beliefs about the role of the nurse as she transitioned to Qatar. She has worked as a nurse in Canada and Qatar. She had been living in Qatar for two years at the time of the interview.

### **Anne**

Anne graduated from nursing in 1995 and holds a Master's degree in nursing. She is between the ages of 41-50 years. She has worked as a travel nurse, labor and delivery nurse, postpartum nurse and as a nurse educator. She has worked as a nurse in the United States of America, Canada and Qatar. She stated that "*I have been a travel nurse for most of my career, so I think that for me it is probably been an easier transition than for other people because I had*

*done it before*” (Transcript 6, line 292-293). She had been living in Qatar for one month at the time of the interview, which suggests that she had the potential to have the most basic information about her transition to Qatar as it was a very recent transition. This participant may have been experiencing the initial changes that accompany transition to an expatriate life, but would have unlikely had time or opportunity to reflect on what the transition she was experiencing truly meant for her. It was possible therefore that her experiences would be in contrast to others who had been living in Qatar for a longer period of time. She is an experienced nurse educator who transitioned into a similar nursing role in Qatar. As a result, her transition experience did not reflect significant changes to her nursing role, but focused on her lifestyle and environment changes since arriving in Qatar.

### **Sara**

Sara graduated from nursing in 1978 with a Bachelor’s degree in nursing and midwifery. She is the only participant who has a combined degree in nursing and midwifery; with this difference in education, it is possible that her understanding of the role of the nurse is different from the other participants. She is between the ages of 61-70 years old, and was the oldest nurse interviewed. She stated that she took 10 years off from nursing practice when she had her children and then returned to the profession. This gap in her career may have impacted her view of the role of the nurse. She returned to work when she moved to Qatar after raising her children. She stated that when she began nursing in Qatar *“It was really hard at the beginning, because when you are first doing school nursing there was nothing. There was nothing in this place”* (Transcript 7, line 133-134).

She has worked as a midwife and as a self-described hospital nurse, volunteer medic and as a school nurse. She has worked as a nurse in England, Malaysia, Libya, Canada and Qatar.

She had been living in Qatar for 13 years at the time of the interview, working as a school nurse for the duration of her time in Qatar. She is widely accepted in the nursing community as an expert in the field of school nursing in Qatar. At the time of the interview, Sara had a lot of experience working in Qatar as a nurse. Additionally, Sara has been an expatriate longer than any of the other participants in this study, and therefore may have a different perspective on her role and transition to nursing in Qatar. She has also been a nurse in more countries and varied continents (North America, Europe, Asia and the Middle East) than the other participants, and therefore she has experienced the greatest number of international transitions. She stated that her transition to Qatar “*has not been (a) bad transition for me... Libya was hard*” (Transcript 7, line 199).

### **Chapter Summary**

This chapter discussed the research design and methods used to complete this study. The qualitative research approach of interpretive inquiry was chosen as a means to understand the research topic of Western-trained nurses transitioning to Qatar’s perceptions of their nursing roles. Ethical approval was obtained for this study from the REB at Trinity Western University.

Participants were recruited as described above and interviewed using semi-structured interviews. Coding of the data, as well as thematic analysis of the data, was completed by the researcher in consultation with the thesis supervisor and the secondary reader. An audit trail was maintained throughout the research process and included field notes, reflective notes, a research log, as well as a decision log. This chapter addressed inclusion and exclusion criteria, sampling, data analysis, scientific quality, ethical considerations, limitations, and provides an introduction to each participant. The next chapter will discuss the findings from the seven RN interviews.

## Chapter 4: Findings

This chapter presents the findings from seven semi-structured interviews of Registered Nurses (RNs) who have transitioned to the Middle Eastern state of Qatar. The intent of the research was to understand the nurses' self-perception of their nursing role when making this transition. The data analysis revealed one core theme with three emergent categorical themes. *Opportunity* was a reoccurring (core) theme that all the nurses spoke about and which appeared to assist them as they transitioned to their new nursing positions and new living environments in Qatar. Three categorical themes of *Adapting to the changing role of the nurse*, *Adapting to the context*, and *Adapting by "taking it in stride"* influenced the period of time it took for these nurses to transition to working and living in Qatar.

Theme One, *Adapting to the Changing Role of the Nurse*, encompassed elements that allowed the nurses to have a better understanding of what the role of the nurse meant in working in Qatar, such as *meaning of the nursing role*, *the meaning of nursing*, *the changing role* and *professional opportunity*. Theme Two, *Adapting to the context*, focused on the varying factors that influenced adapting to an unfamiliar work environment, including the way the hospital functioned with varying standards, and living space, such as, *influences of past work experiences* and *influences of cultural differences*. Theme Three, *Adapting by "taking it in stride"*, addressed the elements that with time allowed one to adjust to Qatar, such as *comfort in being a "nurse"*, *settling into another lifestyle*, and *the fact that the adjustment "takes time"*. The theme of "opportunity" appeared to be a common thread that emerged throughout each of the three themes.

**Core Theme: Opportunity**

The majority of the participants spoke about the opportunities, both professionally and personally, that working and living in Qatar brought. The participants expressed that the varying opportunities provided them with a sense that when they were confronted with unfamiliar situations, they could see the positive in them and move forward. The core theme of *opportunity* is integrated throughout the chapter.

**Theme One: Adapting to the changing role of Nursing**

The nurses in this study spoke about what they saw the role of nursing to be from their perspective, based upon their education and experiences and then compared it to what they were now encountering in Qatar, which was unfamiliar and different than what they were used to. This time of adapting to the changing role of nursing while in Qatar was a time of great transition.

**Sub-theme: Meaning of the Nursing role.** Participants were asked what the word nurse meant to them. Jane, Lisa, Mary and Anne-suggested that the role of the nurse is broad, difficult to define and evolving throughout their careers. Lisa stated:

*My idea of what a nurse is has definitely changed. I think that when I first graduated, I really felt like I could explain it, but now it just seems so indescribable to me because I think that nurses just have to incorporate into nursing, social issues, cultural issues, language issues, the clinical nursing skills”* (Transcript 2, line 21-24).

Another participant described “*nursing is advocacy...for my friends, my family first, my friends and my patients*” (Transcript 4, line 18-19). Sara focused on the nurse being a “*person who cares*” (Transcript 7, line 40,). For Rose, the role of the nurse has “*evolved dramatically*” over her career in a “*very positive way*” (Transcript 5, line 28-29). She believed that “*nurses have a great influence on improving the health of society*” and clarified that she “*hopes that that is what*

*nursing is about*” (Transcript 5, line 32-33). These definitions of nursing suggested the nurses interviewed seek to improve the overall health of society through the care that they provide to their patients.

The participants identified that the majority of the nurses working in the hospital system in Qatar are Filipino or Indian nationals, rather than Qatari. This is significant, as the majority of house workers (maids and nannies) in Qatar also migrate from these countries (Amnesty International, 2014). Jane stated in the Middle East “*all they ever had were nannies and maids. So we were (as nurses) kind of relegated in many respects to a maid role*” (Transcript 1, line 97-98). In contrast, Rose describes the role of the nurse in her country of origin as “*distinct from the doctor’s role*” but as a professional (Transcript 5, line 39-40).

**Sub-theme: The meaning of the nurse.** During the interviews it was apparent that these participants were passionate and excited about their nursing careers. They were excited to discuss what nursing meant to them and were able to clearly outline what nursing was despite stating that it was a difficult to define, as described above. Two-participants (Mary and Sara) informed the researcher that nursing may not have been what they were initially drawn to as careers, but they had come to find that they enjoyed being nurses. Sara stated:

*I never wanted to be a nurse, never, it never crossed my mind... When I was in Malaysia, there was some academic problems and there was no way that I could get into university there, no way. My other options were to go to the UK and that’s how I did it. But I was really surprised that, it ended up that I liked it - nursing. It was just like an accident.*

(Transcript 7, line 260-266)

Many of the nurses described that they had held leadership positions at some point in their careers. Sara and Jane identified being charge nurses. Mary, Erin and Rose identified

working in autonomous nursing settings where their leadership was expected and necessary. Mary stated that since moving to Qatar *“my role as a nurse, what has changed? I have to take action on a lot more things,”* which she further described as necessary as a result of lack of protocol in Qatar (Transcript 3, line 208). Jane, Lisa, Erin and Anne identified being nursing educators as a form of leadership in the nursing profession. Jane stated that *“I have a position more as a leader”* (Transcript 1, line 9-10). Anne identified herself as a leader in her profession, stating that it was a part of her personality. It became clear through the data analysis that each of the participants was a leader in the nursing profession, as evidenced by their experience in nursing and their own statements about their roles as leaders in nursing.

**Sub-theme: Changing role.** The participants described their perspectives about the nursing profession in Qatar. Jane stated that *“there are so many different nationalities of nurses with different various education backgrounds, that coming from a first-world country we tend to have high standards and they are not necessarily the same as what you encounter here in the clinical area”* (Transcript 1, line 10-14). Erin in particular identified that she felt that *“a lot of my job as an instructor was saying ‘while this is the practice that you are seeing, it’s not necessarily best practice’ ”* (Transcript 4, line 128-130). Erin also stated that she felt that this lack of practice development was related to *“a lack of nursing development. I think that they come (to Qatar) and they nurse and I don’t think that there is a lot of professional development offered to them”* (Transcript 4, line 121-122).

Nursing as a profession is not held in high esteem in Qatar society. All of the participants expressed this position. Supporting this perspective, one participant stated that *“the nurses are extremely subservient here [in Qatar], and there didn’t seem to be a lot of autonomy.”* (Transcript 5, line 31). This perspective was echoed by Jane, Lisa and Erin who discussed how,

when they completed physical assessments on patients, they were assumed to be a physician because performing physical assessments was not deemed to be a skill that nurses would practice. This idea was in contrast to the participants' view of the nursing role that they had established in their country of origin. Jane stated:

*Whenever I took my stethoscope to assess their (the patient's) respiratory system, the patient would invariably say, 'quasa doctora', which is good doctor? So they presumed that I was a physician because I was assessing them. Putting my stethoscope on their skin. So that was very interesting. So that was their view of what a nurse does, is that she doesn't do that kind of assessment (Transcript 1, line 199-203).*

Most of the participants noted that nurses were not encouraged to critically think about the care being provided, but were encouraged to follow a set of prescribed procedures without questioning the outcomes. Several of the participants also identified that they observed greater layers of administrative hierarchy in the hospital system in Qatar in comparison to their home country institutions. Erin stated that *"I have found that the nursing practice here quite often is very top-down. It's very, it's very authoritarian here, the nurses here that make sure that everything looks like it's been done properly"* (Transcript 4, line 53-55). In Qatar, for example, this hierarchy includes a head nurse, a charge nurse, and then staff nurses on the nursing units. Some participants expressed that they were used to taking patient care concerns directly to the physician for further discussion and clarification, which does not happen in Qatar. In addition, two of the participants, Lisa and Erin, discussed the need to advocate for patients' care; however, in their new environment, they chose to modify the way in which they would advocate for their patients. Lisa stated that in Qatar:

*I understand that nurses are very subservient and you can't fight the battle of advocating for your patient every day and in a big way, you may have to do it in a very strategic way and pick your battle. Otherwise you end up very frustrated.* (Transcript 2, line 57-59)

Participants noted that in the nursing practice in Qatar, male nurses cannot provide nursing care for pediatric patients, as one participant stated: “*male nurses cannot look after pediatric patients, nor can they look after females in the hospital setting*” (Transcript 1, line 290-291). This was a distinct contrast to the nursing practice the participants had experienced in their countries of origin.

Jane, Lisa, Erin and Rose suggested that they would like the nurses in Qatar to have a larger scope of practice, more autonomy and be better respected in society in general. Lisa described her goal as a nurse educator in Qatar as being “*to elevate nursing in a different way to something be more that more reflective of what we would see in the West, such as advocating for patients, advocating for health, social justice*” (Transcript 2, line 10-12). The idea of expanding the professional role of the nurse in Qatar as expressed by the participants clearly shows their desire to enhance the nursing profession and be leaders in nursing. Mary and Jane both identified themselves as pioneers in the nursing profession by helping to better establish professional nursing in Qatar. Jane stated “*my role has a lot to do with innovation and pioneering*” (Transcript 1, line 86-87). Based on the data analysis, the participants truly believe that they are making a difference in health care in Qatar, but also acknowledge that, as with most professional and institutional change, it is not easy or fast-moving.

**Sub-theme: Professional Opportunity.** The participants identified that many professional opportunities exist for nurses coming to Qatar. Erin and Lisa stated that they were given opportunities in Qatar to work as nurse educators that they would not have had based on their educational level in their home country. Jane, Lisa, Mary, and Rose identify that Qatar is a rapidly-changing environment where there is a lot of opportunity for the nursing profession to grow and expand. Lisa states that “*there is so much potential in Qatar*” (Transcript 2, line 314, personal communication). Lisa further suggests that since the population of Qatar is small and there are ample fiscal resources, there is a lot of opportunity for nursing to make advancements in the overall health of the population living in Qatar. Rose identified that there is a need for more community nursing agencies in Qatar, such as the Victorian Order of Nurses (VON) and stated that if she was younger, she would have liked to develop this type of agency in Qatar (Transcript 5). Mary also discussed the opportunities for nurses in Qatar. She stated that in Qatar “*I feel like it is just getting started and there is a lot more forward, there is a lot more coming forward and I am glad to be a part of it. One of the nice things is this is a small place so you can, you can feel the change that were making (as nurses)*” (Transcript 3, line 270-272).

Lisa stated that “*Nurses are a voluminous group of people, I think that we have a lot of power*” (Transcript 2, line 44). She went on to describe how nurses can use this power and influence to positively impact the health of the people around her through health promotion and advocating for social justice. Erin also suggested that nurses through advocacy can improve the overall health of the population of Qatar by her statement about nursing: “*the strongest element is advocacy, but underneath that big umbrella comes education, patient bedside care, there’s program development, it just depends on what type of nursing you are in*” (Transcript 4, line 68-70).

As stated above, many of the nurses highlighted that there are ample professional opportunities in Qatar for nurses. These opportunities, while assisting the individual nurse, also may positively impact the larger community in Qatar by promoting the well-being of the country. Mary identified that in Qatar health care *“is just getting started and there is a lot more forward [potential], there is a lot more coming forward and I am glad to be a part of it”* (Transcript 3, line 270-272). This statement reflects Mary’s, a nursing leader, excitement to assist the population in Qatar improve their well-being over her time in Qatar. Jane takes this idea of health one step further, stating that *“I think that in this part of the world what we are doing is we are educating the country and the citizens at large about what nursing is. And the variety and the roles in which a nurse functions”* (Transcript 1, line 69-71). This expansion of the role of the nurse for Jane will positively impact the overall health of Qatar by allowing nurses to impact health in a larger variety of settings in Qatar.

**Summary.** In summary, emerging from Theme One, participants identified that the role of the nurse is a difficult concept to define as it is changing and expanding over time. The participants also suggested nursing is perceived differently in their home country versus Qatar. Nursing in Qatar is viewed as subservient more than in the participants’ country of origin, a stance which the participants did not agree with. Despite nursing being difficult to define, the nurse participants were able to identify themselves as leaders within the profession of nursing in Qatar. They also noted that they would like the perception of the nursing role in Qatar to continue to expand, and feel excited to be a part of the opportunity that Qatar has to expand the role of the nurse.

**Theme Two: Adapting to the context**

Many of the participants spoke about the various influences that effected their adaptation to a new context, both the country and the working environment.

**Sub-theme: Influences of Past Working Experiences.** The participants had worked in a variety of settings, as outlined in the methodology section above. These different environments included emergency and acute care, community health, research, education, labor and delivery and pediatrics. Four of the participants also had experience working in a variety of countries, such as the United States of America, Libya, England, Canada, Malaysia and Saudi Arabia prior to coming to Qatar. Three of the participants had followed their spouse to Qatar and sought employment as nurses in Qatar once they arrived (Mary, Erin and Rose). These three participants had also never worked in another country as a nurse prior to coming to Qatar, and identified more challenges in their transition to working as a nurse in Qatar than their counterparts who had moved to Qatar for their employment.

Rose identified that she was transitioning throughout her career in a variety of nursing roles and would not have wanted to be stagnant in one area of nursing. Jane stated that “*nursing offers enormous possibilities and opportunity*” for a variety of nursing positions and careers (Transcript 1, line 154-155). Anne also experienced transition throughout her nursing career stating “*when I first started I thought boy I love delivering babies, and I will never stop delivering babies. And as time goes on you realize that maybe your role can change here and teach other about how to deliver babies and teach others that nursing role*” (Transcript 6, line 66-68). For Sara, a positive outlook has impacted her ability to transition throughout her career successfully, and she stated:

*All of the countries that I have been to they have all been positive. And all the experiences that I have had no one can take from me and I am glad that I have had that experience. I have, I am glad that I have had the opportunity too, not a lot of people would have had the same opportunities. But I think that to be successful and to be happy anywhere really it is more to do with patience. (Transcript 7, line 287-291)*

Mary stated when referring to transition that “*You can either choose to stand up and let the wave hit you face on or you can step below the wave and let it roll over you*” implying that transitions will occur and it is how we cope with them that impacts our ability to nurse effectively (Transcript 3, line 230-231).

**Sub-theme: Influences of cultural differences.** The interviews revealed several cultural differences noted by the participants. Although some of these cultural differences posed challenges, there were also many cultural and environmental factors that participants were surprised were not as much of a challenge as they had anticipated before coming to Qatar. The predominate sub-themes that emerged related to cultural differences were around the notion of time, driving, the climate and the conservative dress. In addition, the language barrier was addressed by four of the seven participants.

Jane stated that time in Qatar “*is radically different from a Western perception of time*” (Transcript 1, Line 236-237). This view of time and lack of urgency within certain health situations was expressed by Mary, who stated that “*things here are slower and that you might call an ambulance and it’s going to take them half-an-hour to come get you*” (Transcript 3, line 234-235). The participants’ perception of time was more rigid than the culture in Qatar. Mary said that you need to “*to adapt to the culture here as much as they need to adapt to you,*”

suggesting that acceptance of the Qatari notion of time is a necessary part of the transition to Qatar (Transcript 3, line 231-232).

Driving in Qatar was identified as not only an aspect affecting people's ability to be on time in Qatar, but also as having a different flow than in the participants' originating countries, Erin states that *"you have to be a very aggressive driver on the roads"* (Transcript 4, line 202). Lisa said that *"getting used to driving was my biggest thing"* when referring to her transition to Qatar (Transcript 2, line 345-346). This is supported by Inter Nations statement "Driving in Qatar is quite a challenge for most expats. The obscure traffic code as well as the heavy traffic takes some time to get used to" (Inter Nations, n.d.).

The climate of Qatar was also discussed by several of the participants as both a surprise and a negative to moving to Qatar. The heat in Qatar had a negative impact the participants' abilities to participate in different activities. Erin stated that *"40-50 degree heat can be suffocating, and the kids can't go outside, so you have to find indoor things for them to do"* (Transcript 4, line 200-201). As Jane observed, *"it is a hot country and what I find here that is really super different, is that everybody comes out a night"* (Transcript 1, line 267-268). Anne stated, *"I lived in Texas for several years, so I knew heat. But I did not know heat like this. This is incredible when you first get off the plane in the middle of August"* (Transcript 6, line 298-299). As Anne suggested, participants were aware of the climate in Qatar prior to moving here, but were not prepared to deal with the heat that they experienced when they arrived.

Another area identified as culturally surprising was the clothing worn in Qatar. Erin and Anne observed that since they are people who would typically adopt a conservative style of professional dress, they did not feel like there was a large adjustment in what they needed to

wear to fit the cultural norms in Qatar. Anne did find that she was more aware of her clothing choices, stating that:

*Of course you are not wearing a bikini to work every day, which I wouldn't do anywhere. But at the same time, having that conscious thought every day, okay is this necklace the right length, is it covering what it is supposed to be covering. Not always knowing if you look appropriate or stuff like that in terms of getting someone upset from a different culture that you have come into. (Transcript 6, line 108-111)*

Lisa, however, identified that though she was used to seeing people in *abayas* from her time in Saudi Arabia, she believed that they would be a difficult transition for newcomers to Qatar.

A further cultural difference that was noted in the interviews was the difference in the treatment of people. Participants described Qatar as being a tiered society similar to the traditional caste system in India. Rose stated:

*It's a bit of a caste system here and you see them, you know, and you see the regular floor nurses that work on the units, you know. They are a certain nationalities and you see the nurses that are in charge are other nationalities and I think that you know, that's unfortunate, and I think that you know, that that is not right but it is the way that it is. And I think that you know, it would be frustrating. (Transcript 5, line 157-162)*

This social practice was distressing for Lisa, Mary and Anne. Anne noted that there is a “*difference in how women are treated*”, that there is a “*non-integration of women (in society) that we sort of take for granted (in the West)*” (Transcript 6, line 128-130). Lisa focused on the standards of living for laborers in Qatar and stated that she felt “*that you actually get to see that there really is injustice in the world*” (Transcript 2, line 252-253). While this unequal treatment distressed several participants, Lisa stated that “*you kind of have to make peace with it yourself,*

*otherwise it will just eat you up*” (Transcript 2, line 258-259). This supports the idea that you need to adapt to the new culture where you are in order to effectively transition to this culture (Foreign Affairs and International Trade department of Canada, 2011).

Several of the participants identified that, while the transition to Qatar was unique, it was not the most difficult international transition they had made. Jane identified that *“this country is far more liberal than Saudi Arabia”*, which allowed for an easier transition (Transcript 1, line 208-209). Lisa also identified that her transition to Saudi Arabia was more difficult than her transition to Qatar; *“I came from Saudi Arabia. Doha is much more of a great place and fabulous to live in, and good for my family... everything can be so overwhelming [when moving]... [but] for me coming here was underwhelming”* (Transcript 2, line 341-345). Sara likewise identified that her transition was not her most difficult international transition, stating that: *“It has not been a bad transition for me, because Libya was hard”* (Transcript 7, line 199). Sara further identified that her first transition abroad to England was very difficult for her *“I was on my own, and I was too afraid to do a lot of things I wanted to do... I stayed for about 10 years there, and it was maybe five years in that I found the courage to live”* (Transcript 7, line 115-117).

The majority of the participants stated that their transition to Qatar was not as difficult as it was to transition to other countries. For Jane and Lisa, the transition to the USA from Canada was not perceived as difficult, but the transition to Saudi Arabia was viewed as challenging, as described above. For Sara, her first expatriate experience proved to be challenging, as well as her transition to Libya, and for Anne her work as a travel nurse in the USA, which was her first transition experience, was the most challenging. This was the first international transition experience for the other participants: Mary, Erin and Rose.

One positive aspect of the environment that was identified by the participants is Qatar's geographical location. Jane and Anne mention that living in Qatar they have had, and will continue to have, more opportunities to travel to other countries for holidays. Anne states that because of her move to Qatar she will *"be able to travel more in this area of the world"* (Transcript 6, line 327).

**Summary.** In Theme Two, the nurse participants identified that throughout their careers they were expected to transition and needed to have a positive attitude about transitioning in order to be successful in their careers. The participants identified that several transitions may not have been easy for them throughout their careers, but that these were necessary to move forward. Cultural differences were also addressed by the participants as a major influence on their environmental transition. These differences were noted related to the notion of time, driving in Qatar, the climate, the conservative dress, as well as the language barrier experienced by participants.

Participants also discussed environmental factors that may help other nurses in their transition to Qatar. They specifically addressed the difference in Qatari society related to the social status of people and how this may be distressing. Participants who had previous transition experiences felt that their transition to Qatar was easier than their first transition internationally, as they had either accepted expatriate lifestyles or had previously transitioned to a country they perceived as more "difficult" to transition to. Participants also identified the positive position of Qatar geographically for international travel as a distinct advantage of their residence in Qatar. Participants overall had positive statements to make about their cultural transitions to Qatar but, as stated above, also experienced some challenges that they were not expecting related to the environment.

**Theme Three: Adapting “Taking it in stride”**

The majority of the nurses stated that, over time, the transition to working and living in a place so completely different than what they were used to was a matter of “taking everything in stride”. Becoming comfortable in this new and different context was seen as a consequence of settling in over time. The participants identified that their comfort level as a professional nurse was a part of the adaptation and transition to Qatar. Participants also identified that “settling in” to another country, cultural context and lifestyle occurred over time despite the fact that the physical move to Qatar was a one-time experience.

**Sub Theme: Comfort in being a nurse.** Jane, Mary, Erin, Anne and Sara all stated that their role as a nurse transcends their occupation and is a part of their daily life. Mary stated that “*you look at things through nurse’s eyes*” (Transcript 3, line 76). Anne agreed with this perspective and stated that:

*When you are in a situation when you know that someone is sick, you are the person that they call. It is not a set 8-4 kind of job, it is something that we wear constantly. Whether it is with family and friends, or colleagues or students or patients it is something, I think that sort of you kind of identify with. You always feel like you are a nurse. (Transcript 6, line 26-30)*

Erin suggested that not only is her personal life impacted by her role as a nurse, but that this role has increased since transitioning to Qatar. She stated:

*My role as a nurse in my personal life is a lot more significant here than it is in Canada. Because there is a mistrust here, with for sure the Canadian, Western families that I live with don’t have the same trust in the medical system and the nursing system here. So I would say I play a bigger role. I would say that a family that would not normally call me*

*if their child was sick in Canada, they would take them to the doctor or the nursing clinic or the nurse practitioner. Here they call me.* (Transcript 4, line 74-79)

Jane discussed in detail an experience where she was called, while a bystander, to assist with an emergency situation, supporting her statement that “*being a nurse means that you are a nurse all the time*” (Transcript 1, line 111). The data analysis revealed that these participants identify themselves as leaders within the family and friendship circles in their ability to assist others with their health and wellbeing-related concerns.

**Sub-theme: *Settling into another lifestyle.*** The participants identified that there were also many changes in their personal lives. These related both to aspects of the social life and culture to which the respondents were transitioning and with the participants’ own personal lives. One of the areas that several participants suggested was a large difference for them in their personal lives was their general movements and lifestyle in Qatar. Jane suggested that “*You are living in a compound with a whole bunch of other nurses so you are living, working and playing with the same group of people*” (Transcript 1 line 203-205). Anne stated that in her country of origin she:

*Tended to stay home more, and be less social... here most people are in the same boat as I am, they are new, they don't know anybody, they want to go out and meet people as well. So I found that I am actually socializing more and that is one of the biggest things, and that is something that I am surprised about as well.* (Transcript 6, line 121-125)

Anne and Sara identified that it was difficult to leave their families behind in their country of origin; “*Not seeing your family, not being there for the special occasions [is difficult]*” (Transcript 6, line 286-287). This difficulty was not discussed by the other participants. Rose identified that her transition to Qatar may have been a little easier as her

*“husband was here before (her) so things were settled and he knew his way around”* (Transcript 5, line 118-119). Others (Anne and Sara) did not have family as a support network in Qatar and described missing their families after their transition.

The participants did not specifically identify any pre-departure training that they attended; however, six of the participants suggested that they had done research on their own about Qatar prior to arriving. Jane, Anne and Sara recommended that before making the decision to come to Qatar, nurses should research the culture, environment, and nursing in the area to assist in making the decision to transition.

**Subtheme: *Takes Time*.** The participants discussed how the transition to Qatar “took time”. Though the actual physical move abroad occurred at a set time, the transition in their personal and professional life was ongoing with no set end date. Jane discussed transitions throughout her nursing career and how her move to Qatar was *“different ...it is difficult, it’s challenging”* (Transcript 1, line 276). Lisa, who had lived in Saudi Arabia prior to coming to Qatar, described her belief that her transition took less time as she had already been living in a Middle Eastern country. Sara also stated that she felt the cultural transition was not difficult after having lived in another Arabic country. She, however, felt that in her role as a nurse *“it took me a long time. Not a long time, but a while to get used to [the way it is here]”* (Transcript 7, 129-130).

Mary described the work and process of transition with an analogy: *“you can either choose to stand up and let the wave hit you face on or you can step below the wave and let it roll over you”* (Transcript 3, 229-231). She further explained that when moving to Qatar, the transition occurs over time and that the transition is multifaceted to the culture and community: *“you need to just accept that it is a changing society”* (Transcript 3, 237). Jane also stated that

*“you will grow in ways that you would never grow in a first-world country. Because there are just too many things that can happen to you on a day-to-day basis that pose challenges”*

(Transcript 1, line 360-362), implying that for her the adaptation occurs over time. Overall, Jane summarized her experience of transitioning as needing adaptability to change *“Because even though it sounds simple in an interview, it really isn’t. It takes a long time to adjust.”* (Transcript 1, line 276).

**Summary.** In Theme Three, participants identified that they cannot separate their professional life from their personal life. One’s role as a nurse was seen as entwined with their personal life, impacting their activities and identity at all times. Participants identified events where they were called upon to act as nurses in the community, within their families and with friends, though they were not “at work” at the time of the intervention. Their transition was also affected by their time with new friends and the support of family in Qatar. Several participants identified that this support base was instrumental in assisting with their successful transition to Qatar. Participants also identified that they missed family opportunities in their home country by living abroad, which may have affected their transition negatively. The participants discussed their preparation prior to arrival in Qatar. Most of the participants (six of seven) discussed reading about Qatar before arrival, which assisted them in their decision to transition to Qatar. The participants did not identify if other methods of pre-departure training would have been helpful for their transition to Qatar. Finally, the participants acknowledged that the transition was not instant, but occurred over time, and in many cases was still ongoing.

### **Chapter Summary**

This chapter discussed the findings that were obtained through seven semi-structured interviews of Registered Nurses (RNs) who have transitioned to the Middle Eastern state of

Qatar. The core theme that emerged from the data analysis was opportunity, which guided the nurses as they transitioned to Qatar. The three categorical themes that emerged were: *Adapting to the changing role of the nurse*, *Adapting to the context*, and *Adapting by “taking it in stride”*.

In Theme One, *Adapting to the changing role of the nurse*, nursing was identified as a broad concept that was ever expanding and difficult to define. Participants suggested that they do not agree with a subservient idea of the role of the nurse and would like to see the role of the nurse, as well as the perception of the nurse, expand in Qatar. The participants were excited to be a part of the advancement of the nursing profession in Qatar.

Theme Two, *Adapting to the context*, focused on the influence that past work experiences and cultural differences have on the participants' transition. A positive attitude, family support and previous transition experiences were identified as important components of making the transition to Qatar easier for the participants. Cultural differences were identified as having a major impact on the transition experience, with participants focusing on specific aspects, such as the notion of time, driving in Qatar, the climate, conservative dress and the language barrier. The cultural difference in the social status of different cultures within Qatar was found to be morally distressing to the participants.

Theme Three, *Adapting by “taking it in stride”*, highlighted the participants' transition with their comfort in being a nurse, settling into another lifestyle and the fact that the transition “takes time”. The participants shared examples of their experiences being called upon to act as nurses in a variety of situations with family, friends and strangers. These participants felt that being a nurse in all situations was a part of who they are as a person. Participants identified that having a support network comprising of either family or friends made their transition to Qatar easier. The participants also mentioned that missing family opportunities in their country of

origin may negatively affect their experience living abroad. Participants also identified that reading about the culture before coming to Qatar may have been helpful to their transition. The participants shared that their adaptation to the new culture did not happen at once, but instead occurred over time.

Overall, participants felt that their transition to Qatar was a positive one. There were challenges that they faced during their transition, but they were able to overcome these challenges through having a positive attitude, preparing themselves before their departure and by being nursing leaders willing to adapt to new situations. Their previous transition experiences, both throughout their careers and internationally, assisted with the transition to Qatar.

The next chapter is a discussion of the themes that emerged from the data analysis described in Chapter Four, with comparison made to the nursing metaparadigm concepts of nursing, person, health and environment.

## Chapter 5: Discussion

This chapter will provide a discussion of the themes that emerged from the data; namely, the core theme of Opportunity and the categorical themes of *Adapting to the changing role of the nurse*, *Adapting to the context*, and *Adapting by “taking it in stride”*. A comparison will be provided of these themes to existing literature, as discussed in Chapter Two. As the themes were reviewed, the metaparadigm concepts of nursing emerged as a framework for understanding the data collected. The four metaparadigm concepts of nursing are “person”, “environment”, “nursing” and “health” (Fawcett, 2005). These concepts are commonly used in nursing literature to describe the conceptual framework for the profession of nursing. These metaparadigm concepts will be considered in relation to the themes explored in Chapter Four. Finally, a summary of the discussion will be provided.

### Discussion of Key Ideas with the Literature

**Opportunity.** The nurses who participated in this study are leaders in the nursing profession. It was evident from the data collected that these individuals are hardworking nurses who strive to achieve a variety of personal and professional goals. As identified above, these nurses recognized themselves as leaders in their profession before transitioning to Qatar as well as in their ongoing adaptation to Qatar. These nurses saw an opportunity for professional development, as well as personal growth, with their move to Qatar and chose to embrace this transition. These nurses have the opportunity to continue their leadership in nursing in Qatar and view that their responsibility is to positively impact the health of the population living in Qatar through their proficiency in nursing. Nursing literature does not identify nurses who choose to migrate as leaders within the profession. It is unclear if this omission is due to the fact that this is a new finding or if it simply has not been addressed in the literature.

Nurses transitioning internationally may be driven by opportunity related to improved income or professional stature (Newton, Pillay, & Higginbottom, 2011). The participants did not identify that improved income was a factor in their decision to move to Qatar, although this question was not asked in the interview. Participants did identify that professional opportunity was a deciding factor in their transition to Qatar. Several of the participants identified that they would not have had the same opportunity in their country of origin.

The reality of a global nursing shortage is well-documented in the literature; nursing migration and recruitment respond to this shortage (Jose, 2010; Buchan & Sochalski, 2004; Adeniran et al., 2008; Evans & Tulaney, 2011). There is, therefore, ample opportunity for nurses willing to transition internationally to a variety of countries. While there is no specific nursing literature that suggests there is a need for nurses to transition to Qatar, there are a variety of recruitment agencies actively seeking nurses for Qatar (Helen Ziegler & Associates, 2013; Gulf Talent, 2012).

**Adapting to the changing role of the nurse.** The nurses interviewed were asked specific questions related to their nursing role change from their country of origin to the state of Qatar, (Appendix E). The participants stated overall that they did not find their professional transition to Qatar very difficult. For some of the nurses, this was because they had previously held similar positions in their country of origin and felt prepared to do the same job in Qatar. For others, the professional transition was not viewed as difficult, as previous transitions that they had made in their career were viewed as more challenging. This is in contrast with other nursing literature on transition, which states that there may be a period of ‘transition shock’ as new roles, responsibilities and knowledge are developed (Duchscher, 2008). It is possible that these nurses did not find their professional nursing transition as difficult as they might have earlier in their

career. Patricia Benner (2001) is well-known in the nursing community for adapting a skills acquisition model to nursing. In this model, nurses progress through five stages including: novice, advanced beginner, competent, proficient and expert (Benner, 2001). The expert nurse has an “enormous background of experience, and intuitive grasp of each situation (Benner, 2001, p. 32). It may be suggested that the nurses who participated in the study were expert nurses and therefore better equipped for the transition that they experienced. Newton, Pillay, and Higginbottom identify that internationally-educated nurses provide professional expertise which is beneficial for their transition (2011).

**Adapting to the context.** While the nurses identified that the transition was not difficult overall, there were nonetheless many challenges that these nurses faced when making the transition to Qatar. These were not primarily related to their role as a nurse. This is in contrast with the nursing literature, which suggests that role transition is complex and stressful (Duchscher, 2008; Duchscher, 2009; Zinsmeister & Schafer, 2009; Weinstock, 2011). Many of the participants focused not only on the transition of their nursing role, but also on their transition from a personal and environmental standpoint. These nurses focused on language differences, cultural differences such as clothing choices and the meaning of time, as well as environmental differences such as driving conditions and climate. Nursing literature also identifies that many challenges face nurses transitioning internationally (Zizzo & Xu, 2009; Tregunno, Peters, Campbell & Gordon, 2009; Xu, 2007). Xu specifically identifies several of these challenges including: language and communication difficulties, clinical differences, marginalization, racism, discrimination and cultural displacement (2007). Newton, Pillay, and Higginbottom identify the challenges of international migration as: immigration challenges, cultural displacement, credentialing difficulties and discrimination (2012). Though these

difficulties are not identical to the ones identified by the participants in my study, it is important to note that transitioning challenges are not unexpected and thus should be anticipated by individuals transitioning, as well as by the employer hiring internationally-trained nurses.

**Adapting by “taking it in stride”.** The transition experience for the participants was viewed, in general, as a positive experience. Many of the nurses identified that this experience had been positive from a professional/career advancement perspective, as well as from a personal perspective (including positive outcomes for their families, increased socialization and travel opportunities). The participants also identified that they experienced some discomfort over what they perceived to be social disparities among the population residing in Qatar. The participants expressed that they did not feel comfortable to openly discuss this discomfort at the time of the interview. Participants did identify advocacy as a means of overcoming their concerns with their perceived social disparities in Qatar. Although the profession of nursing has taken a strong stance in promoting social justice and emancipation (see CNA position statement on social justice), less is known about how individual nurses working in countries where oppression is (whether in the political, economic, historical, and social structures of the country) promote equity (Lee & Saeed, 2001; Rooddehghan, Nasrabadi, & Yekta, 2014).

The participants also identified that their transition did not happen overnight, but occurred over time. Selmer, Torbiorn and deLeon (1998) concur that transition occurs over time for expatriates and suggest that cross-cultural training must also occur over time to be effective. Nursing transition literature focused on the transition of student nurses to registered nurses has potential insight for nurses transitioning abroad. It is suggested in the literature that, over time, nursing students will adjust to their new role (Thomas, Bertram, & Allen, 2012). Similarly, this research found that nurses needed time and adaptability to adjust to their transition experience.

Xu (2008) highlights that long-term adaptation, which allows for the nurse to perform his/her job effectively, occurs after one year in a new country. The participants in this study offered their sage wisdom that the transition period “takes time” for nurses who potentially wanted to transition to working and living Qatar.

### **Metaparadigm Concepts of Nursing**

The findings in Chapter Four can be further analyzed through the theoretical frame of the four metaparadigm concepts of nursing: environment, nursing, and health (Fawcett & DeSanto-Madeya, 2013). A clear understanding of each of the metaparadigm concepts, therefore, is beneficial in understanding the participants’ data. The term “person” refers to individuals who are recognized in this definition as including culture, families, communities and other groups “who are participants in nursing” (Fawcett & DeSanto-Madeya, 2013, p. 6). “Environment” encompasses both the internal and external surroundings of a person, from a “local, regional, national, and worldwide cultural, social, political, and economic” perspective which may affect the health of a person (Fawcett & DeSanto-Madeya, 2013, p. 6). “Nursing” is the provision of care for a person based on nursing actions through assessment, diagnosis, planning, interventions and evaluation (Fawcett & DeSanto-Madeya, 2013, p. 6). Finally, “health” can be defined as “the degree of wellness of well-being that the client experiences” (McIntyre & McDonald, 2010, p. 59) or the “process of living and dying” (Fawcett & DeSanto-Madeya, 2013, p. 6).

The core theme of opportunity can be easily situated within the metaparadigm concepts. The participants identified opportunity throughout their interviews both personally and professionally with their transition to Qatar. These opportunities relate to all four components of the metaparadigm concepts. The idea of “person” is found in the participants’ descriptions of personal opportunity for their families and professionally when transitioning to Qatar.

Opportunity related to “environment” was identified by participants in their description of cultural opportunities provided by their transition to Qatar. “Nursing” opportunity can be found when participants discussed the opportunity for the expansion of the profession of nursing within Qatar. Lastly, “health” opportunity was identified in the data through the participants’ desire to care for population in Qatar.

Theme One, *Adapting to the changing role of the nurse*, encompasses the metaparadigm concepts of “person” and “nursing”. The idea of “person”, as defined above, is impacted and determined by the meaning of the nursing role as defined by the individual nurse. The participants were asked a variety of questions related to their nursing role perception. This perception directly determines how the participant would see the “person” as defined by the metaparadigm concepts. The concept of “nursing” as the provision of care was also highlighted in this theme as the participants described the meaning of “nursing”. The participants’ ideas of “nursing” were developed through their discussion about the role of the nurse. Participants highlighted that although they transitioned internationally, they believed that their nursing role remained constant throughout this transition experience.

Theme Two, *Adapting to the Context*, focuses on the changes in the setting in which the participants found themselves. This related directly to the metaparadigm concept of “environment,” which addresses not only the physical environment in which the participants found themselves, but also how this context will impact health. Participants considered extensively the cultural differences that they experienced when transitioning to Qatar. The identification of the differences in cultural and context for the nurse participants is important to understand as it impacts their health. The impact of the environment on the health of the participants may be explicit or implicit.

The final metaparadigm concept of “health” was discussed in Theme Three, *Adapting by taking it in stride*. The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2003). Rose identified that “nurses have a great influence on improving the health of society” (Transcript 5, line 32-33). This idea of health was found throughout the data collected for this study. The participants discussed how their own health was developed and established over time with their transition to Qatar. This was highlighted by the participants’ suggestion that the transition to Qatar occurred over time, which suggests that the participants own health improved as their transition experience progressed over time.

### **Chapter Summary**

This chapter provided a discussion of the findings that emerged from the data, as well as a comparison of these findings to existing literature. The core theme and three categorical themes from the findings, in Chapter Four, namely: Opportunity, adapting to the changing role of the nurse, adapting to the context, and adapting by taking it in stride, were addressed. Lastly, the four metaparadigm concepts of “person”, “environment”, “nursing” and “health”, were discussed as a means of understanding the data collected in this study. Each of the metaparadigm concepts were discussed as they related to the findings presented in Chapter Four. The conclusions and recommendations developed based on the findings and discussion will be addressed in the next chapter.

## Chapter Six: Conclusion and Recommendations

Little is known about the self-perception or lived experience of nurses transitioning into various roles internationally (Vapor & Xu, 2011; Jose, 2011; Newton, Pillay, & Higginbottom, 2012). Specifically, there is a gap in the literature exploring the self-perception of the nursing role for nurses transitioning to the Middle East. Prior to this research, there had been no research conducted on the role transition of nurses to Qatar. As a result, the primary research questions: 1. How do nurses transitioning to Qatar perceive the role of the nurse? 2. What influences a nurse's transition to the role of the nurse in Qatar, and 3) How do nurses adapt to their role as a nurse in Qatar?, were extremely important research questions to pose. In this chapter, conclusions drawn from the findings and a discussion of recommendations for nursing education, nursing practice as they relate to recruitment and nursing research will be presented.

Seven participants who had transitioned to nursing roles in Qatar were interviewed for this study. The overarching theme that emerged from the interviews was *opportunity*. The participants identified two professional opportunities when moving to Qatar, being employment experiences that they would not have had in their country of origin and opportunities to grow the nursing profession in Qatar. The participants viewed nursing in Qatar as an expanding and exciting undertaking to be involved in as practitioners. The specific themes that emerged were *Adapting to the changing role of the nurse, adapting to the context, and adapting by "taking it in stride"*. Theme One highlighted the role of the nurse being difficult to define and in flux over time. The participants identified themselves both personally and professionally as nurses with the opportunity to develop nursing in Qatar. In Theme Two, the participants noted that transition occurred many times throughout their nursing careers and was an expectation of the profession. Participants also emphasized the cultural differences between their countries of origin and Qatar.

Theme Three developed the idea that transition both personally and professionally occurs over time.

### **Conclusions**

The following is a list of conclusions resulting from this research:

1. The participants described working and living in Qatar as providing opportunities, both professionally and personally.
2. The participants described how they went through various stages as they adapted to working and living in Qatar.
3. The participants described how the role of the nurse was different based upon their perceptions, based upon where they came from; however, they were positive about the future growth of the role of nursing in Qatar.
4. The participants described themselves as leaders within the nursing profession. They described holding many nursing leadership positions both in their country of origin and in Qatar.
5. There was a gap in the literature regarding nurses transitioning to work in other countries. Although this study contributes to this topic, more research is needed with the increasing globalization of nursing.
6. Nurses who have had a greater number of transition experiences, both professionally as well as in the form of international migration, had more advanced adaptation strategies and perceived themselves as more successful in their transitions.

## **Recommendations**

The following are the recommendations based on the findings of this research study.

**Education.** The participants identified that they had a strong sense of who they are professionally throughout their transition experiences. The term nurse was identified as difficult to define, but embedded in who the participants are in all aspects of their professional and personal lives. It is useful for continuing nursing education programs to consider how the identity of the nurse is defined and explained. Faculty and curriculum specialists may want to further develop this knowledge of roles and transitioning, and to reflect on best practices for nursing education. Perceptions of international transition experiences would benefit nurses as general knowledge and could assist students with their future transitions in nursing. The participants in this study highlighted the value of having a clear understanding of their professional role with their ease of transition to Qatar. Since all participants had a clear understanding of their nursing identities, it is unclear if they would have been successful in their adaptation without this knowledge. The characteristics of nursing identity and the value of these characteristics for successful transitioning will be useful topics of future study.

**Policy.** Based on the findings from this study, it was evident that nurses who had experienced transition in their careers felt that the transition to Qatar was not as difficult as originally anticipated. It would also be valuable to international nursing recruiters to determine if this ease of transition could be influenced by the level of expertise of the nurses, as suggested by the data collected in this study. The participants in this study suggest that a greater range of nursing practice experience and greater length of service influenced the ease of transition to Qatar. There is a large body of data available related to pre-departure training available to individuals as well as to organizations (Government of Canada, 2013; Expat Info Desk, 2013; Inter Nations, 2013). Support specifically designed for nurses who transition internationally is not found in the literature. Further research on the topic of pre-departure training for

nurses, as well as orientation programs for nurses who have transitioned, would be valuable for future nurses who transition internationally. This information could target nurses in a variety of contexts, such as those in nursing education and community settings like those in the sample in this study, as well as nurses at point of care. Further understanding of such pre-departure training, and how previous transition experiences have an impact on transitions both within a profession and internationally, would be beneficial for recruitment agencies. If, indeed, nurses with more than one transition experience adapt easier in their new environment, it would be beneficial for recruitment agencies to target more experienced individuals for international postings.

In Qatar at this time, there is no nursing professional association. The nurses in this study highlighted that they experienced some distress over the perceived social disparities between themselves and others in the state of Qatar. The nurses in this study may have benefited from a professional association's support when dealing with these concerns, and in promoting health and social equity. There is an opportunity for the development of policy related to a professional nursing association in Qatar.

**Research.** This study suggests that nurses who have made an international transition previously found that their transition to Qatar was easier than expected. The nurses identified that this was because they felt their first transition was more challenging either due to the cultural differences they experienced or their original lack of preparation in transitioning internationally. Familiarity and confidence in one's abilities to navigate transition may be gained cumulatively, facilitating ease of transition – a topic for further study. This topic of previous transition experience (both in different nursing roles and in international experiences) offers abundant opportunity for further research about factors impacting the success of transition.

Understanding “transitioning” in nursing is a very timely and important topic with the continuing trends of global migration (Adeniran et al., 2008; Xu & He, 2012; Tregunno, Peters,

Campbell & Gordon, 2009). The research conducted in this study contributes to the larger body of nursing literature and highlights areas for future research.

### **Limitations**

Limitations of this study included the small sample size and the similarity of participants, with five of the seven participants being Canadian nationals. The sample size required when using the interpretive description method of qualitative analysis is determined by the “merit of (the findings) for whom we are conducting the research” (Thorne, 2008, p. 94). In this research study, the sample size of seven participants was based on convenience and the number of participants who volunteered for the study. Future studies could include a larger sample size from a more diverse sample of Western nations in order to ensure that the findings have greater transferability. The sample included nurses working in a variety of settings including nursing education, school nursing and occupational health and safety. Further research could be completed targeting nurses working in a point-of-care environment. My bias as a researcher is influenced by the fact that I personally experienced a role transition as a result of moving to Qatar. While my transition was the catalyst for my interest in this field of study, it is important that my own bias did not impact the results. The confirmability of my study was heightened through collaboration with my thesis committee, which ensured that the data represented the perspectives of the participants and not my own ideas.

### **Chapter Summary**

This research study examined the self-perceptions of Western-trained nurses as they transition in their nursing role to the state of Qatar. The findings of this study centered on the theme of opportunity. This was further divided into the categories of *Adapting to the changing role of the nurse*, *Adapting to the context*, and *Adapting by ‘taking it in stride’*. From the

findings, several conclusions were drawn; these were: professional and personal opportunity while living in Qatar, a variety of time periods were experienced through their adaption to Qatar, the perception of the role of the nurse was different than in Qatar, the participants viewed themselves as leaders, there is a need for more research on the topic of international nurse transition, and that those participants with more transition experiences had more developed adaptation strategies.

The transition experiences described by the nurses were viewed as a positive experience, despite some challenges along the way. The participants were asked “*What have you learned from this experience that may be helpful to nurses planning on transitioning to Qatar?*” Mary summarized the descriptions given by all participants with the statement “It’s what you make of it” (Transcript 3, line 229). The findings suggest that the opportunities associated with transitioning internationally to Qatar are available for all those willing to make the move and open-minded when making the transition.

This project does not identify all opportunities and challenges associated with an international transition for nurses, but rather explores the specific experiences of study participants. This study contributes to nursing research and scholarly literature on international nurse migration and transition.

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## Appendix A: Literature Review

## CINHAL with Full Text database preliminary search

This information was retrieved from the CINAHL with Full Text database. The interface I used to get the information was the Ebsco Host interface. Search completed on January 23, 2013.

Search Number	Item Searched	Expanders	Search Modes	Limiters	Results
S1	(MH "Cultural Bias") OR (MH "Cultural Safety") OR (MH "Culture") OR (MH "Cultural Values") OR (MH "Cultural Diversity") OR (MH "Cultural Competence") OR (MH "Organizational Culture") OR (MH "Reality Shock") OR (MH "cultural sensitivity")	Apply related words	Find all my search terms	English language, Publication type: Journal article	38,466
S2	Middle East OR Qatar	Apply related words	Find all my search terms	English language, Publication type: Journal article	2,106
S3	Foreign nurses OR Minority nurses	Apply related words	Find all my search terms	English language, Publication type: Journal article	4,786
S4	Transition OR role change	Apply related words	Find all my search terms	English language, Publication type: Journal article	33,367
S5	S1 AND S2	Apply related words	Find all my search terms	English language, Publication type: Journal article	180
S6	S3 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	108

S7	S1 AND S2 AND S3 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	1
S8	S1 AND S2 AND S3	Apply related words	Find all my search terms	English language, Publication type: Journal article	4
S9	S2 AND S2 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	7

#### Medline database preliminary search

This information was retrieved from the Medline database. The interface I used to get the information was the Ebsco Host interface. Search completed on January 23, 2013.

Search Number	Item Searched	Expanders	Search Modes	Limiters	Results
S1	(MH "Cultural Bias") OR (MH "Cultural Safety") OR (MH "Culture") OR (MH "Cultural Values") OR (MH "Cultural Diversity") OR (MH "Cultural Competence") OR (MH "Organizational Culture") OR (MH "Reality Shock") OR (MH "cultural sensitivity")	Apply related words	Find all my search terms	English language, Publication type: Journal article	606,539
S2	Middle East OR Qatar	Apply related words	Find all my search terms	English language, Publication type: Journal article	10,150
S3	Foreign nurses OR Minority nurses	Apply related words	Find all my search terms	English language, Publication type: Journal article	156

S4	Transition OR role change	Apply related words	Find all my search terms	English language, Publication type: Journal article	169,098
S5	S1 AND S2	Apply related words	Find all my search terms	English language, Publication type: Journal article	556
S6	S1 AND S2 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	7
S7	S1 AND S2 AND S3	Apply related words	Find all my search terms	English language, Publication type: Journal article	0
S8	S2 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	114
S9	S1 AND S3	Apply related words	Find all my search terms	English language, Publication type: Journal article	30

PsycINFO database preliminary search

This information was retrieved from the PsycINFO database. The interface I used to get the information was the Ebsco Host interface. Search completed on January 24, 2013.

Search Number	Item Searched	Expanders	Search Modes	Limiters	Results
S1	(MH "Cultural Bias") OR (MH "Cultural Safety") OR (MH "Culture") OR (MH "Cultural Values") OR (MH "Cultural Diversity") OR (MH "Cultural Competence") OR (MH "Organizational Culture") OR (MH "Reality Shock") OR	Apply related words	Find all my search terms	English language, Publication type: Journal article	116,448

	(MH "cultural sensitivity")				
S2	Middle East OR Qatar	Apply related words	Find all my search terms	English language, Publication type: Journal article	2,338
S3	Foreign nurses OR Minority nurses	Apply related words	Find all my search terms	English language, Publication type: Journal article	21
S4	Transition OR role change	Apply related words	Find all my search terms	English language, Publication type: Journal article	30,920
S5	S1 AND S2	Apply related words	Find all my search terms	English language, Publication type: Journal article	392
S6	S1 AND S2 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	12
S7	S1 AND S3	Apply related words	Find all my search terms	English language, Publication type: Journal article	6

Communication Mass Media Complete database preliminary search

This information was retrieved from the Communication Mass Media Complete database. The interface I used to get the information was the Ebsco Host interface. Search completed on January 25, 2013.

Search Number	Item Searched	Expanders	Search Modes	Limiters	Results
S1	(MH "Cultural Bias") OR (MH "Cultural Safety") OR (MH "Culture") OR (MH "Cultural Values") OR (MH "Cultural Diversity") OR (MH "Cultural	Apply related words	Find all my search terms	English language, Publication type: Journal article	27,848

	Competence") OR (MH "Organizational Culture") OR (MH "Reality Shock") OR (MH "cultural sensitivity")				
S2	Middle East OR Qatar	Apply related words	Find all my search terms	English language, Publication type: Journal article	1,158
S3	Foreign nurses OR Minority nurses	Apply related words	Find all my search terms	English language, Publication type: Journal article	0
S4	Nurse	Apply related words	Find all my search terms	English language, Publication type: Journal article	498
S5	Transition OR role change	Apply related words	Find all my search terms	English language, Publication type: Journal article	2,932
S6	S1 AND S2	Apply related words	Find all my search terms	English language, Publication type: Journal article	220
S6	S1 AND S2 AND S4	Apply related words	Find all my search terms	English language, Publication type: Journal article	0
S7	S4 AND S5	Apply related words	Find all my search terms	English language, Publication type: Journal article	3
S8	S1 AND S5	Apply related words	Find all my search terms	English language, Publication type: Journal article	258
S9	S1 AND S2 AND S5	Apply related words	Find all my search terms	English language, Publication type: Journal article	5

## JSTOR database preliminary search

This information was retrieved from the JSTOR database. Search completed on March 22, 2013.

<b>Search Number</b>	<b>Item Searched</b>	<b>Expanders</b>	<b>Search Modes</b>	<b>Limiters</b>	<b>Results</b>
1	Migration		Content I can access	English language, Publication type: Journal article	198,498
2	Migration AND International		Content I can access	English language, Publication type: Journal article	82,866
3	Migration AND International AND transition		Content I can access	English language, Publication type: Journal article	24,930
4	Migration AND International AND transition AND nurse		Content I can access	English language, Publication type: Journal article	745

## Academic Search Primer database preliminary search

This information was retrieved from the Academic Search Primer database. The interface I used to get the information was the Ebsco Host interface. Search completed on March 22, 2013.

<b>Search Number</b>	<b>Item Searched</b>	<b>Expanders</b>	<b>Search Modes</b>	<b>Limiters</b>	<b>Results</b>
S1	Migration	Apply related words	Find all my search terms	English language, Publication type: Journal article	123,518
S2	Migration AND international	Apply related words	Find all my search terms	English language, Publication type: Journal article	35,185
S3	Migration AND International AND transition	Apply related words	Find all my search terms	English language, Publication type: Journal article	865

S4	Migration AND International AND transition AND nurse	Apply related words	Find all my search terms	English language, Publication type: Journal article	7
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CINHAL with Full Text database preliminary search

This information was retrieved from the CINAHL with Full Text database. The interface I used to get the information was the Ebsco Host interface. Search completed on March 22, 2013.

Search Number	Item Searched	Expanders	Search Modes	Limiters	Results
S1	Migration	Apply related words	Find all my search terms	English language, Publication type: Journal article	4,638
S2	Migration AND international	Apply related words	Find all my search terms	English language, Publication type: Journal article	338
S3	Migration AND International AND transition	Apply related words	Find all my search terms	English language, Publication type: Journal article	8
S4	Migration AND International AND nurse	Apply related words	Find all my search terms	English language, Publication type: Journal article	155

CINHAL with Full Text database preliminary search

This information was retrieved from the CINAHL with Full Text database. The interface I used to get the information was the Ebsco Host interface. Search completed on March 28, 2013.

Search Number	Item Searched	Expanders	Search Modes	Limiters	Results
S1	Transition	Apply related words	Find all my search terms	English language, Publication type: Journal article	13,364

S2	Transition AND Change	Apply related words	Find all my search terms	English language, Publication type: Journal article	3,386
S3	Transition AND Change AND Nurse	Apply related words	Find all my search terms	English language, Publication type: Journal article	678

## Continuing Literature Review

Date	Database/ Website/ textbook Searched	Key Words used	Results
January 2013-September 2014	Textbook		Thorne, S. (2008). <i>Interpretive Description</i> . Walnut Creek, CA: Left Coast Press Inc.
January 2013-September 2014	Textbook		Polit, D., & Beck, C.T. (2008) <i>Nursing Research: Generating and assessing evidence for nursing Practice</i> (8th ed.). Philadelphia, PA: Lippincott.
January 2013-September 2014	Textbook		Benner, P. (2001). <i>From novice to expert: Excellence and power in clinical nursing practice, commemorative edition</i> . Upper Saddle River, New Jersey: Prentice Hall.
January 2013-September 2014	Textbook		Kozier, B., Erb, G., Berman, A., Snyder, S., Raffin Bouchal, S., Hirst, S., Yiu, L., Stamler, L. & Buck, M. (2010). <i>Fundamentals of Canadian Nursing: Concepts, process, and practice 2<sup>nd</sup> Canadian edition</i> . Toronto: Pearson.
October-December 2013			<b>Initial investigation into desired thesis topic- many informal searches conducted</b>
January 2013			<b>Preliminary searches see above</b>
March 2013	Google	Ministry of the Interior Qatar  Internet monitoring	<b>Secondary searches see above</b>  <a href="http://www.moi.gov.qa/site/english/">http://www.moi.gov.qa/site/english/</a>  <a href="http://www.bbc.co.uk/news/uk-politics-18003315">http://www.bbc.co.uk/news/uk-politics-18003315</a> on March 13 2013

			<a href="http://www.huffingtonpost.com/larry-bodine/big-brother-is-definitely_b_1799521.html">http://www.huffingtonpost.com/larry-bodine/big-brother-is-definitely_b_1799521.html</a>
April 2013	Google	State of Qatar Supreme Council of Health	<a href="http://www.qix.gov.qa/portal/page/portal/QIXPOC/Documents/QIX%20Knowledge%20Base/Publication/Population%20Statistics/Health/Source_QSA/Health_Qatar_Health_Trends_SCHE_2001_2010.pdf">http://www.qix.gov.qa/portal/page/portal/QIXPOC/Documents/QIX%20Knowledge%20Base/Publication/Population%20Statistics/Health/Source_QSA/Health_Qatar_Health_Trends_SCHE_2001_2010.pdf</a>
	Google	Qatar Statistics Authority	<a href="http://www.qix.gov.qa/portal/page/portal/QIXPOC/Documents/QIX%20Knowledge%20Base/Publication/Labor%20Force%20Researches/labor%20force%20sample%20survey/Source_QSA/Labour_Force_QSA_AnBu_AE_2011.pdf">http://www.qix.gov.qa/portal/page/portal/QIXPOC/Documents/QIX%20Knowledge%20Base/Publication/Labor%20Force%20Researches/labor%20force%20sample%20survey/Source_QSA/Labour_Force_QSA_AnBu_AE_2011.pdf</a>
	Google	Qatar Development Planning	<a href="http://www.gsd.gov.qa/portal/page/portal/gsd_en/knowledge_center/Tab/Qatar_NDS_reprint_complete_lowres_16May.pdf">http://www.gsd.gov.qa/portal/page/portal/gsd_en/knowledge_center/Tab/Qatar_NDS_reprint_complete_lowres_16May.pdf</a>
	Google	Hamad Medical Cooperation	<a href="http://www.hmc.org.qa/annual2012/">http://www.hmc.org.qa/annual2012/</a>
	Google	Qatar	<a href="https://www.cia.gov/library/publications/the-world-factbook/geos/qa.html">https://www.cia.gov/library/publications/the-world-factbook/geos/qa.html</a>
May 2013	CINAHL Plus with Full Text	expatriate	133
	Google	expatriate AND nurse	12
		United Nations and globalization	<a href="http://www.un.org/esa/coordination/globalization.htm">http://www.un.org/esa/coordination/globalization.htm</a>
August 2013	Google scholar	Security and Facebook	200,000
	Facebook server		Privacy settings checked
September 2013	University of Calgary Qatar		Employment contract information

January 2014	CINAHL Plus with Full Text	S1: Culture terms as per preliminary search	48,631
		S2: Middle East OR Qatar	3,233
		S3: Foreign nurses or Minority nurses	4,905
		S4: Transition OR role change	38,971
		S1 AND S2	241
		S3 AND S4	61
		S1 AND S2 AND S3	2
		S2 AND S4	49
		Migration	7,459
		Migration AND international	432
		Migration AND international AND transition	10
		Migration AND	3

		international AND transition AND nurse	
		Migration AND nurse	223
March 2014	Google	Driving in Qatar	<a href="http://www.internations.org/qatar-expats/guide/driving-in-qatar-15639">www.internations.org/qatar-expats/guide/driving-in-qatar-15639</a>
	Google	International recruitment	<a href="http://www.internations.org/qatar-expats">http://www.internations.org/qatar-expats</a> <a href="http://www.hziegler.com">www.hziegler.com</a> <a href="http://www.gulftalent.com/home/Employment-and-Salary-Trends-in-the-Gulf-2014-Report-37.html">http://www.gulftalent.com/home/Employment-and-Salary-Trends-in-the-Gulf-2014-Report-37.html</a> <a href="http://www.gulftalent.com/home/recruitment-and-jobs-in-qatar-1.html">http://www.gulftalent.com/home/recruitment-and-jobs-in-qatar-1.html</a> <a href="http://travel.gc.ca/travelling/living-abroad">http://travel.gc.ca/travelling/living-abroad</a> <a href="http://www.expatinfodesk.com/">http://www.expatinfodesk.com/</a> <a href="http://www.international.gc.ca/cfsi-icse/cil-cai.icglossary-glossaireic-eng.asp">http://www.international.gc.ca/cfsi-icse/cil-cai.icglossary-glossaireic-eng.asp</a> <a href="https://www.cna-qatar.com/AboutQatar/Pages/default.aspx">https://www.cna-qatar.com/AboutQatar/Pages/default.aspx</a>
April 2014	International Council of Nurses	The role of the nurse	<a href="https://www.icn.ch/about-icn/icn-definition-of-nursing/">https://www.icn.ch/about-icn/icn-definition-of-nursing/</a>
	Google	Doha News and workers	<a href="http://dohanews.co/amnesty-urges-qatar-make-bold-reforms-tackle-domestic-worker-abuse/">http://dohanews.co/amnesty-urges-qatar-make-bold-reforms-tackle-domestic-worker-abuse/</a>
May 2014	Medline	S1: Middle East OR Qatar	717
		S2: Transition OR role change	286, 183
		S1 AND S2	451

		S1 AND S2, and 2012- 2014	91
		S1 AND S2 AND nurse and 2012- 2014	3
	CINAHL Plus with Full Text	Nursing meta- paradigms	4
	Google scholar	Nursing meta- paradigms	1,600
July 2014	CINAHL Plus with Full Text	Self- perception	8,519
		Self- perception and nursing	1,319
		Self- perception and nursing role	296
	Psychology and Behavioural Sciences Collection	Self- Perception	9,681
		Self- Perception and definition	156
		Self- Perception and definition and nurse	156

	Canadian Nurses Association	The role of the registered nurse	<a href="http://cna-aiic.ca/~media/cna/page-content/pdf-en/rn_framework_practice_2007_e.pdf">http://cna-aiic.ca/~media/cna/page-content/pdf-en/rn_framework_practice_2007_e.pdf</a>
	Textbook		Fawcett, J., & DeSanto-Madeya, S. (2013). Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories, 3 <sup>rd</sup> ed. Philadelphia, PA: Davis.
	Textbook		Fawcett, J. (2005). Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories. Philadelphia, PA: Davis
	CINAHL Plus with Full Text	S1: Culture terms as per preliminary search	50,310
		S2: Middle East OR Qatar	3,423
		S3: Foreign nurses or Minority nurses	5,405
		S4: Transition OR role change	43,780
		S1 AND S2	258
		S3 AND S4	75
		S1 AND S2 AND S3	2
		S2 AND S4	51
		expatriate	136

October 2014	CINAHL Plus with Full Text	Expatriate AND nurse	32
		Migration AND international	9
		AND transition S1: Culture terms as per preliminary search	71,111
		S2: Middle East OR Qatar	2,504
		S1 AND S2	285
		S1 AND S2 AND Transition	6

Hand-searching of the articles was completed when manageable numbers of articles were returned from the search strategies used. Articles and other literature sources were chosen based on relevancy.

## Appendix B: Review matrix of relevant articles

<b>Citation</b>	Baker, C. (2006). Globalization and the cultural safety of an immigrant Muslim community. <i>Journal of Advanced Nursing</i> 57(3), p. 296-305. Doi: 10.1111/j.1365-2648.2006.04104x
<b>Research Method</b>	Qualitative research
<b>Sample</b>	26 Muslims from the Middle East, Indian or Pakistan from Canada
<b>Research Question</b>	What is the experience of an immigrant migrant community in Canada post 9/11 regarding cultural safety?
<b>Relevant Findings</b>	Discussion about a transition from cultural safety to cultural risk of a specific people group.

<b>Citation</b>	Bland, M., Oakley, D., Earl, B., & Lichtwark, S. (2011). Examining the barriers to RN transition for students. <i>Kai Tiaki Nursing New Zealand</i> 17(5), p. 18-21.
<b>Research Method</b>	Literature review
<b>Sample</b>	6 focus groups of 4-6 students. They were returning to nursing and nurses from non-English speaking backgrounds.
<b>Research Question</b>	What do nurses identify as their needs when RN students transition into the RN role.
<b>Relevant Findings</b>	Themes identified: socialization, expectations, safety, preceptorship, programs and effective communication are the areas that nurses transitioning to New Zealand need assistance with. Communication is the overarching theme.

<b>Citation</b>	Duchscher, J.B. (2008). A process of becoming: The stages of new nursing graduate professional role transition. <i>The Journal of Continuing Education in Nursing</i> , 39(10), p. 441-450.
<b>Research Method</b>	Qualitative- interview conducted at 1,3,6,9,12& 18 months with participants.
<b>Sample</b>	Study on the first 12 months post-graduation into professional practice for 14 female graduates from 4-year baccalaureate undergraduate nursing programs from two major Canadian cities.
<b>Research Question</b>	What is the experience of the new nurses transition experience into an acute care setting- building on existing theories.
<b>Relevant Findings</b>	3 stages of transition- doing, being and knowing

<b>Citation</b>	Duchscher, J.B. (2008). Transition shock: The initial stage of role adaption for newly graduated registered nurses. <i>Journal of Advanced Nursing</i> 65(5), p. 1103-1113. doi: 10.1111/j.1365-2648.2008.04898.x
<b>Research Method</b>	Grounded theory from four different studies - 6 month phenomenological exploration of five new nurses navigating their initial exploration into professional practice

	<ul style="list-style-type: none"> <li>- 12 month study of 4 new graduates and 5 seasoned nurses transition to an ER</li> <li>-External information from another researcher about their studies on new graduate transition.</li> <li>- 18 month study of 15 new graduates to an RN role</li> </ul>
<b>Sample</b>	36 total from all four studies, plus the studies conducted by the other researcher
<b>Research Question</b>	What is the experience of transition shock when moving from an undergraduate nursing role to a new graduate nurse?
<b>Relevant Findings</b>	4 types of shock are experienced: Physical, intellectual, emotional and socio-developmental. Three should be a greater focus on preparation in order to mitigate the transition shock experienced.

<b>Citation</b>	Jose, M.M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America. <i>International Nursing Review</i> 58, p. 123-129
<b>Research Method</b>	Phenomenology study
<b>Sample</b>	20 interview participants all Internationally educated nurses from Phillipines, Nigeria, and India who moved to the USA
<b>Research Question</b>	What is the lived experience of Internationally educated nurses in hospitals in the USA
<b>Relevant Findings</b>	There were six themes identified: dreams of a better life, a difficult journey, a shocking reality, rising above the challenges, feeling and doing better, and ready to help others. These findings may be similar or not to the research study I will conduct.

<b>Citation</b>	Konno, R. (2006). Support for overseas qualified nurses adjusting to Australian nursing practice: A systematic review. <i>International Journal of Evidenced Based Healthcare</i> 4, p. 83-100. Doi: 10.1111/j.1479-6988.2006.00037.x
<b>Research Method</b>	Systematic review of both qualitative and quantitative papers
<b>Sample</b>	64 articles identifies, and 52 excluded so 12 included.
<b>Research Question</b>	what supportive interventions assist overseas nurses to adjust to Australian nursing practice?
<b>Relevant Findings</b>	Conclusion: The clash of cultures between overseas nurses and the dominant Australian culture should be addressed in a transition program. If strategies to assist overseas nurses to establish informal networks of friends and professional colleagues are in place, the transition to becoming effective practitioners could be greatly enhanced.

<b>Citation</b>	Likupe, G. (2006). Experiences of African nurses in the UK National Health Service: a literature review. <i>Issues in Clinical Nursing</i> 15, p. 1213- 1220. Doi: 10.1111/j.1365-2702.2006.01380.x
<b>Research Method</b>	Literature review
<b>Sample</b>	
<b>Research Question</b>	What is the experience of black African nurses in the United Kingdom?
<b>Relevant Findings</b>	International recruitment in the UK has led to diversity in the workforce. Increased information about their experience will assist with smooth transition. Focus on racism in the UK nursing experience, and ethical recruitment issues for internationally recruiting nurses.

<b>Citation</b>	Newton, S., Pillay, J., & Higginbottom, G. (2011). The migration and transitioning experiences of internationally educated nurses: a global perspective. <i>Journal of Nursing Management</i> 20, p. 534-550. doi: 10.1111/j.1365-2834.2011.01222.x
<b>Research Method</b>	Systematic review
<b>Sample</b>	Searches of CINAHL, Medline, Scopus and Web of Science as well as a hand search produced 239 journals with 21 meeting inclusion criteria
<b>Research Question</b>	What is the experience of migration and transitioning of internationally educated nurses in the current nursing literature?
<b>Relevant Findings</b>	There were five themes: reasons for and challenges with immigration, cultural displacement, credentialing difficulties, discrimination experiences, strategies which smoothed transition experience. Overall transition is difficult and it is recommended that there be training and assistance with this process.

<b>Citation</b>	Xu, Y. (2008). Facilitating adaptation of international nurses: Need for an evidenced-based transition and integration program 20(2), p. 199-202. Doi: 10.1177/1084822307309064
<b>Research Method</b>	Literature review
<b>Sample</b>	Literature from UK, USA
<b>Research Question</b>	The adaptation needs of international nurses has been highlighted at several conferences recently so future literature review was needed.
<b>Relevant Findings</b>	Discussion about the need for the development of a transition model for Internationally educated nurses to assist with coping in the USA.

<b>Citation</b>	Xu, Y., & He, F. (2012). Transition programs for internationally educated nurses: What can the United States learn from the United Kingdom, Australia, and Canada. <i>Nursing Economic\$</i> 30(4), p. 215-239.
<b>Research Method</b>	Literature Review
<b>Sample</b>	Literature from the UK, USA, Canada and Australia

<b>Research Question</b>	What can the USA learn from the other countries about how to assist with the transition for Internationally educated nurses?
<b>Relevant Findings</b>	Canada- pre-hire transition programs Australia and UK- post hire transition programs Both have merits but regardless a transition program is needed for success in the USA.

## Appendix C: Research Ethics Board Approval



TRINITY WESTERN UNIVERSITY  
Research Ethics Board (REB)  
CERTIFICATE OF APPROVAL

Principal Investigator: Carnelle Symes  
Department: Master of Science in Nursing  
Supervisor (if student research): Dr. Barbara Astle  
Co-Investigators: None

**Title:** Western trained nurses transitioning to Qatar: Perceptions of their nursing role

REB File No.: 13G14  
Start Date: August 25, 2013  
End Date: June 30, 2014  
Approval Date: July 24, 2013

#### Certification

This is to certify that Trinity Western University Research Ethics Board (REB) has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the "Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans".

Sue Funk, B.A. for Bill Badke, M.Th., M.L.S.  
REB Coordinator REB Chair

**This Certificate of Approval is valid for one year and may be renewed.  
The REB must be notified of *all* changes in protocol, procedures or consent forms.  
A final project form must be submitted upon completion.**

## Appendix D: Approval e-mail to hang recruitment poster at the University of Calgary - Qatar

Hi Carnelle,

Thank you for sending me the ethics approval for your research from the Trinity Western University. This is to let you know that you can now post several posters around the UCQ campus for the purpose of recruiting participants.

Best wishes with your thesis.

Tam

**Tam Truong Donnelly PhD**

Professor

Associate Dean Research - University of Calgary-Qatar

Adjunct Professor - Community Health Sciences

Faculty of Medicine, University of Calgary. Alberta, Canada.

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Email [tdonnell@ucalgary.ca](mailto:tdonnell@ucalgary.ca)

Personal Webpage [www.tamtruongdonnelly.com](http://www.tamtruongdonnelly.com)

[www.qatar.ucalgary.ca](http://www.qatar.ucalgary.ca)



## Appendix E: List of Questions asked in Semi-Structured Interviews

I recorded interviews using a digital recorder followed by transcription of the interview. The primary research questions which guided the interview are: 1. How do nurses experience their professional role while practicing nursing in Qatar?, and 2. What are nurses self-perceptions of transitioning to the nursing environment while working in Qatar? The actual questions posed during the interview are as follows:

1. Can you describe your role as a nurse in Qatar?
2. Can you describe what the word “nurse” means to you?
3. What do you consider [or believe to be] the role of the nurse?
4. How do you view your role as a nurse for yourself?

Prompt: Your work?

Prompt: Your Life?

5. Have your beliefs about your nursing role changed in your career?

Prompt: Can you describe how your view has or has not changed?

Prompt: Please provide examples.

6. For the purposes of this research, I am interested in perceptions of transition. What does the word transition means to you?
7. Can you give me an example of what it was like to transition into your role as a nurse since being employed in Qatar?
8. In your view what has changed (or not) in your role as a nurse since making this transition?
9. What have you learned from this experience that may be helpful to nurses planning on transitioning to Qatar?  

Prompt: Can you describe to me experiences that were positive?

Prompt: or negative?
10. Is there anything else that you would like to add?

11. Do you have any questions for me?

## Appendix F: Facebook Recruitment Post

This is a copy of the post that was be placed on the Facebook site “Qatar nurses group” by the Site Administrator who oversees what is posted on this site. It was posted on August 30, 2013.

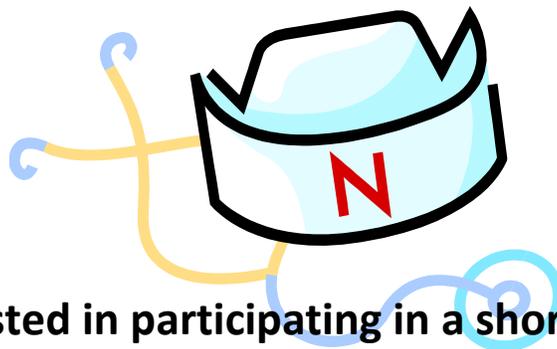
Carnelle Symes, a Master of Science in Nursing student at Trinity Western University, in Langley, British Columbia, Canada, is seeking western trained Registered Nurses (RNs) who are fluent in English to be a part of a research study for her thesis project. The primary research question which will guide the interview is: What are the self-perceptions of the role of the nurse transitioning to the nursing environment of working as a nurse in Qatar? Participation is voluntary and will consist of a 45 minute interview with the primary researcher. Please contact the researcher for more information in participating in this study. Phone: XXXXXXXX, or personal message me using your Facebook account.

Appendix G: Recruitment Poster

- ◆ Are you a Registered Nurse who trained in Europe, Australia, New Zealand or North America?
- ◆ Are you fluent in English?

## **Be a part of a nursing research study**

Primary Research Question: What are the self-perceptions of the role of the nurse transitioning to the nursing environment of working as a nurse in Qatar?



**If you are interested in participating in a short interview about your experiences, please contact Raigne at the information below:**

Primary Researcher;  
Carnelle "Raigne" Symes  
E-mail: [XXXXXXXXXXXXXX](#)  
Phone: [XXX-XXXX-XXXX](#)

Thesis Supervisor:  
Dr. Barbara Astle  
[XXXXXXXXXXXXXX](#)  
[X-XXX-XXXX](#)

## Appendix H: Participant Information letter

**Information Letter**

**Title of Project:** Western trained nurse's transitioning to Qatar: Perceptions of their nursing role

My name is Carnelle Symes and I am a Master of Science in Nursing student at Trinity Western University in Langley, British Columbia, Canada. I am the Principal Investigator for a study and I am interested in exploring nurses' self-perceptions of their nursing role when transitioning to the country of Qatar. I am looking for Registered Nurses (RNs) who would like to be part of this study.

If you volunteer as a participant in this study, you will be asked to share your experiences in a one-on-one interview with the Principal Investigator. The interviews will be approximately 45 minutes in length and will take place at a mutually agreed upon time and place. The interviews will be audio recorded and field notes will be written. All information collected is confidential and each person's identify will be kept anonymous.

This research may benefit other nurses when transitioning to the country of Qatar to help define their nursing role.

If you are interested in participating, you can contact me at e-mail address or Phone XXXXXXXX.

Appendix I: Debriefing Script

1. Thank you for your participation in this study and interview.
2. Describe what the interview was like for you?
3. What do you think you gained from this experience?
4. Your participation is very important to this study to assist us with a better understanding of how nurses transition to their role as nurses in another environment like the country of Qatar in order to better understand how to define their nursing role. My aim is that by developing a better understanding of how nurse understand how they transition into this nursing role, it may assist others who may decide to come here.
5. Do you have any other questions?
6. Thank you again for your time, I would like to present you with a small token of my appreciation for your participation.

Appendix J: Participant Demographic Information

**Gender:** 7 female participants

**Age range of participants**

21-30 years: 0 participants

31-40 years: 1 participants

41-50 years: 3 participants

51-60 years: 2 participants

61-70 years: 1 participants

**Citizenship:**

Canadian: 6 participants

American: 1 participants

Malaysian: 1 participants

**Country of Nursing Education:**

Canada: 5 participants

United States of America: 1 participants

United Kingdom: 1 participants

**Year graduated from nursing:**

1977: 1 participants

1978: 1 participants

1985: 1 participants

1994: 1 participants

1995: 1 participants

1996: 1 participants

2004: 1 participants

**Highest Level of nursing education attained:**

College/Diploma: 1 participants

Bachelor's Degree: 4 participants

Graduate School: 2 participants

**Length of time in Qatar:**

1-2 months: 1 participants

1 year: 1 participants

2 years: 2 participants

3 years: 1 participants

4.5 years: 1 participants

13 years: 1 participants

**Other countries participants have worked as nurses:**

Canada: 6 participants

USA: 4 participants

Saudi Arabia: 2 participants

England: 1 participants

Malaysia: 1 participants

Libya: 1 participants

**Current nursing position held:**

Nursing educator: 4 participants

School nurse: 2 participants

Recreation officer: 1 participants

## Appendix K: Codebook used for initial data interpretation

## 1. Nursing role description

- A. Administration    B. Leadership    C. Innovator    D. Role Model  
 E. Advocating    F. School Nurse    G. Researcher    H. Educator

## 2. Meaning of nurse

- A. Caring    B. Health    C. Compassion    D. Calling  
 E. Varied opportunities    F. Holistic    G. Advocate    H. Love being a nurse  
 I. Difficult to define    J. Registration    K. Educator    L. Coordinator

## 3. “Beliefs” about the role of the nurse

- A. Role model    B. Professionalism    C. Educator    D. Administrator  
 E. Researcher    F. Bedside    G. Community    H. Advocate  
 I. Leader    J. Caring    K. Knowledgeable and experienced  
 L. Empowering    M. Coordinator

## 4. Perception of the role of the nurse at work

- A. Role model    B. Innovator/Pioneer    C. Educator    D. Caregiver  
 E. Expanding vision    F. Multifaceted

## 5. Perception of the role of the nurse in life

- A. Educator    B. Always a nurse    C. Desire to help others  
 D. Family first, nurse second    E. Changes over time    F. Caregiver

## 6. Changing nursing role.

- A. Researcher    B. Acute Care    C. Travel Nurse    D. Educator  
 E. Technology    F. Fluidity    G. Increasing complexity    H. Opportunity  
 I. Rewards    J. Burnout    K. Leader    L. School Nurse  
 M. Expanding profession    N. Unemployed

## 7. Meaning of transition

- A. Adaptability      B. Flexibility      C. Change      D. Preparation

## 8. Transitioning examples

- A. Preparation      B. Patriarchal Society      C. Low social status of nursing  
D. Living conditions      E. Working conditions      F. Notion of time  
G. Communication      H. Flexibility and adaptability      I. Cultural differences  
J. Changing perceptions      K. Personal growth      L. Trust in the system

## 9. Changing role as a nurse

- A. Gender differences      B. Hierarchy in hospitals      C. Autonomy  
D. Nurse subservient to physician      E. Leaders      F. Negatives      G. Cultural awareness  
H. Different position within nursing      I. Less established

## 10. Helping other nurses transition

- A. Cultural awareness      B. Hierarchical awareness      C. Opportunities  
D. Role awareness      E. Expanding beliefs, ideas and values      F. Challenging  
G. Preparation

## Appendix L: Consent form for participation in study

**Approval Date: July 2013****Consent Form**

**Principal Investigator:** Carnelle Symes, Graduate Student, Masters of Science in Nursing, Trinity Western University. Phone: X-XXX-XXX-XXXX. Email: XXXXXXXXXX

**Supervisor:** Dr. Barbara Astle, Associate Professor, School of Nursing, Trinity Western University Phone: XXX-XXX-XXXX; Email: [XXXXXXXXXX](mailto:XXXXXXXXXX)

This research is part of a Capstone Project submitted in partial fulfillment of the requirements for the degree of Masters of Science in Nursing at Trinity Western University.

**Purpose:** The purpose of this study is to understand the self-perception of nurses regarding their nursing role when transitioning to a Middle Eastern environment, specifically the state of Qatar. The interview questions will be focused on the person's perception of their transition at the time of the interview. I am interested in the following questions: The primary research question which will guide the interview is: 1. How do nurses experience their professional role while practicing nursing in Qatar?, and 2. What are nurses self-perceptions of transitioning to the nursing environment while working in Qatar?

**Procedure:** If you agree to participate, you will be interviewed for 45-60 minutes by the Principal Investigator. This interview will occur on a mutually agreed upon location and time between the participant and the researcher. The interview will be audio recorded. After the interview there will be a short debriefing session. You will be provided with a copy of the consent form for your records. A summary of research findings will be available to participants by contacting the Principal Investigator.

**Risks:** There are no anticipated risks to the participants of this research study. If you feel at any point you need to withdraw from the study, please know you can do so.

**Benefits:** The benefit for participating in this research study is that the information collected may assist other nurses when transitioning to the country of Qatar help define their nursing role. The information collected may also assist employers with recruitment and retention of expatriate nursing employees through gaining insight into their role perceptions. There is no direct benefit, physical or monetary to the participant for volunteering for this study.

**Confidentiality:** Any information that is obtained from this study and that can be identified with you will remain confidential and will be disclosed only with your permission or by law. Research materials will be identified by a participant number and kept in a secure digital file stored on a password-protected computer. A key code (linking participant names to participant numbers) will be stored in a separate secured electronic file, apart from the data. All hard copy documents will be stored in the researchers' safe. Data recordings and transcripts will be kept for five years

after the project on a flash drive in the researchers safe. After this time period, they will be destroyed. Hardcopies of research documents will be shredded after the completion of this project.

**Remuneration / Compensation:** A 40 Qatari Riyal (approximately \$11.30 Canadian Dollars) coffee card will be provided as a “thank you” for participating in the study, and you will receive it after the interview is completed. If you withdraw from the study at a later stage, you may keep the coffee card.

**Contact information about the study:** If you have any questions or desire further information about this study, you may contact Mrs. Carnelle Symes (the Principal Investigator) at XXXXXXXXXXXX or by e-mail: XXXXXXXXXXXX.

**Contact information about the rights of study participants:** If you have any concerns about your treatment - or rights as a study participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University at XXXXXXXXXXXX or at XXXXXXXXXXXX.

**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without any negative outcome to you. If you wish to withdraw at any time, please let the Principal Investigator know of your decision not to continue and your answers and information will be removed from the study and destroyed. No information that you have given will be included in the study.

**Signatures:** Your signature indicates that you have had all questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

When you sign your signature it means that you consent to participate in this study and that your responses will be kept anonymous and destroyed after the completion of this study.

\_\_\_\_\_  
Research Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of the Research Participant signing above

\_\_\_\_\_  
Researcher Signature  
Carnelle Symes

\_\_\_\_\_  
Date