

Improving the induction process for international medical graduates and staff from overseas

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Introduction

Historically, CDDFT have provided a monthly generic Trust Induction which includes mandatory issues such as Fire, Moving & Handling, Health & Safety and Infection control to name but a few. These subjects tick the boxes in relation to the NHS Litigation Authority requirements; however, the Trust currently does not take into account any factors that may hinder the performance of overseas staff and their patient outcomes, due to them being new to the UK. This paper will discuss CDDFTs organisational profile and outline the current policy in relation to the induction process within the Trust and will investigate whether a more appropriate specific induction should take place for overseas staff. This paper will identify whether an additional specific induction would be necessary by illustrating the findings of primary research in the form of a questionnaire. This paper will refer to a project proposal previously created in line with **PROjects IN Controlled Environments (PRINCE2)** - a process-based method for effective project management.

Organisational Profile

CDDFT was founded in 2002 after the merger of three main hospitals: The University Hospital of North Durham (UHND), Darlington Memorial Hospital (DMH) and Bishop Auckland General Hospital (BAGH) with a further six community hospitals. The organisation has more recently merged with the Community Services of County Durham formerly known as the Primary Care Trust or PCT.

CDDFT employs around 8,500 staff both clinical and non-clinical and has 1500 beds. C D D F T provides services to around 520,000 people living in County Durham, North Yorkshire, Tees Valley and the South of Tyne Areas^{1a}.

The People and Organisational Development Department states that it is committed to a clear vision of five core values namely: quality, care, respect, leadership and achievement and lists strategies for 2010 until the end of 2012 which include:

- * Development of the Trust based on core values and behaviours, including a high quality patient experience, sustainability and growth
- * The value the Trust places on involvement and engagement of staff, service users, patients and its wider stakeholders.
- * Workforce development, ensuring effective development and performance management of staff to bring about: performance improvement, personal growth, involvement of staff in continuous learning and service improvement and development of a flexible workforce able to adapt rapidly to change.
- * Structure and processes needed to support efficient and effective working and the development of the workforce^{1b}.

These strategies prove a positive force for the implementation of an overseas staff induction.

Training & Development

According to Mullins² the purpose for training is to improve knowledge and skills, and to change attitudes. He states that "It is one of the most important potential motivators", which could lead to many possible benefits for both individuals and the organisation. Also according to Mullins, training can:-

- * Increase the confidence, motivation and commitment of staff;
- * Provide recognition, enhanced responsibility and the possibility of increased pay and promotion;

- * Give a feeling of personal satisfaction and achievement and broaden opportunities for career progression; and
- * Help to improve the availability, quality and skills of staff

These points identified above have a positive connection with Maslow's³ *Hierarchy of Needs* in terms of the fact that training can provide recognition; enhance responsibility and feelings of personal satisfaction and achievement, which fall within the categories of esteem and self-actualisation (figure 1)

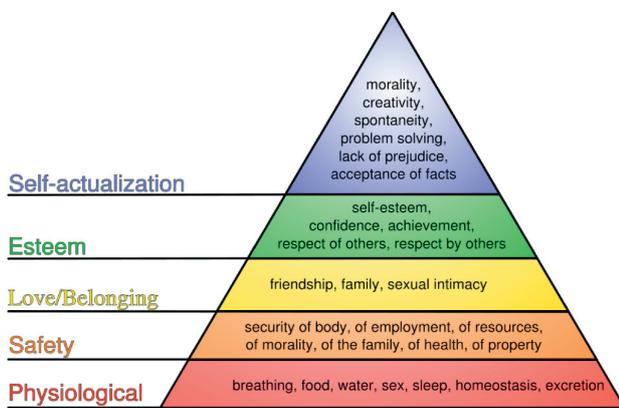


Figure 1 <http://dinamehta.com/blog/2007/10/18/social-media-strategies-lets-remember-maslow/>

The points above also have a positive relation in terms of Frederick Herzberg's⁴ Two Factor Theory (figure 2)

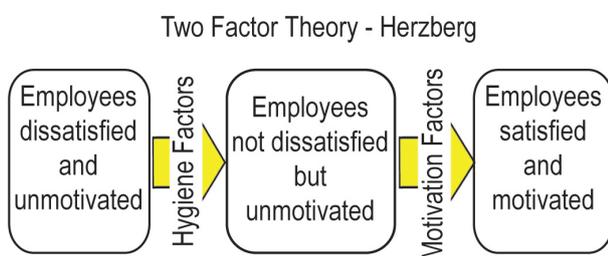


Figure 2 <http://www.planetsofts.com/Windows/s12409/herzberg-two-factor-theory-mega-.html>

Fowler⁵ has identified that "Many employees who leave soon after joining an organisation do so because they have not been helped either to understand their role or to adapt to the organisational culture". He indicates that both aspects are central to active induction. Fowler's findings have confirmed that recruitment costs are much more costly when compared with training costs, in terms of advertising, administration time for recruitment and selection, interview, shortlisting and arranging necessary criminal records bureau checks, occupational health appointments. This paper has found that it would be in CDDFT's interests to consider the implementation of specific induction rather than having to re-employ staff because of a lack of "specific" induction resulting in the employee not feeling supported and resigning as a result.

Some of the broader issues around the introduction of a specific induction for overseas staff would be the costs involved in providing such a service and what impact it would have on the Trust in terms of training budgets and resources required, and dependent on the way in which the induction was delivered.

Mullins² identified that although many employers continue to have reservations about the cost and the extent of tangible business returns from training, he states that "investment in people is fundamental to a quality of working life strategy".

Employees new to the UK

Primary research in the form of informal discussions with new overseas staff members within CDDFT, in order to identify the areas in which they felt they had struggled with when they first arrived in the UK. The staff had commonly identified a number of areas in which they struggled such as finding suitable accommodation, due to a lack of on-site residences. Another issue was not knowing how to get a bank account and mobile telephone sim card due to lack of knowledge of where shops

and supermarkets were located and how to pay utility bills.

Life in the UK test

In order to become a British Citizen, individuals from overseas are required to take a “life in the UK test” which aims to help them adapt and learn about British culture and history, in order to equip them with necessary life skills for living in the UK. Prior to the test, the individual is required to revise by reading “Life in the United Kingdom: Official Citizenship Test Study Guide and Passing the life in the UK test”⁶.

Although this study cannot assume that overseas staff would want to become British citizens, suggestions from the revision material could be considered as a resource for employees who are new to the UK.

Induction

When a sufficient number of overseas employees join an organisation at the same time or within a short period, they may be seen to have some particular or specific induction needs outside generic induction. According to the General Medical Council⁷, some overseas doctors come to the NHS with “little or no preparation” for working in here and they have recognised that more than 1 in 3 doctors registered in the UK qualified abroad.

Fowler⁵ identified that new employees, whose work immediately involves contact with customers and the general public would require very early advice or training in their induction about how the organisation wants them to behave.

Although an induction course cannot address every relevant issue, it can be an extremely useful and effective way of explaining a range of material common to the interests of all employees.

Benefits and implications

After having completed specific induction it is envisaged that the member of staff would feel supported and would be less likely to resign and “any reduction in turnover cuts recruitment and training costs, but action that reduces early leaving is particularly cost effective”⁵. The obvious implication of lack of support would be the cost of recruitment if the employee resigns. It is more cost effective to retain current employees by giving them the support they need in order to prevent high staff turnover costs in recruitment and selection, and training. It seems obvious that by providing training and support with specific induction, the staff member would be less likely to resign.

An added benefit of additional support is that the staff member would feel more confident and motivated and as a result give better care. The implication of lack of support at induction could lead to patient complaints. When a patient chooses to have treatment within CDDFT it generates income. If the organisation’s reputation is at threat because patients complain that staff struggle, the organisation will have fewer patients which will result in less income, which will result in fewer staff and a downward spiral. In particular, doctors that choose to train within CDDFT generate income which would be lost as a result of poor reputation.

Another benefit would be that the staff member may feel that their needs are being met in line with Maslow’s³ hierarchy of needs (diagram shown in 2.1). In line with Maslow, Envision Software⁹ states that “in some cultures, social needs are placed more fundamentally than any others”³.

The Lewis Model⁹ (figure 3) supports Envision’s statement above by categorising cultures in three different categories; Multiactive, Linearactive and Reactive:-

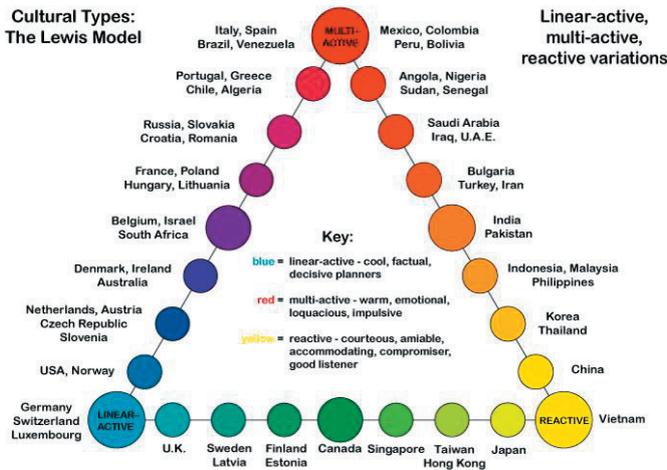


Figure 3 <http://www.best-career-match.com/cross-cultural-communication.html>

As you can see in the table below, Lewis⁹ suggested that different cultures have different priorities:-

The chief characteristics for Multi active are:	The chief characteristics for Linear active are:	The chief characteristics for Reactive are:
Family	Facts	Intuition
Hierarchy	Planning	Courtesy
Relationships	Products	Network
Emotion	Timelines	Common
Eloquence	Word deed	Obligations
Persuasion	Correlation	Collective Harmony
Loyalty	Institutions	Face
	Law	

He therefore suggested that for successful cross-cultural training it would help to have a logical mental process encompassing:

1. A clear analytical model for interpreting cultural behaviour and applying that model to manage cross-cultural interaction.

2. A sharpened understanding of your own personal cultural profile, and how that fits into the global context of the triangle, in areas such as attitudes to truth, risk, time, power, etc.
3. Adaptation of personal communication style to different cultures' expectations in negotiation – e.g. in the use of logic, emotion, initiation versus reaction, simplicity complexity, optimism to create a positive climate or a frank investigation of problems at the outset.
4. An understanding of how trust is seen in different cultures, and using this as a means of building trust more effectively in negotiation.
5. Building time in your preparation to synthesise these elements into your overall strategy and tactics.

This model is mostly focused around business and trading, however, this paper has identified that it could also be used in a training context.

Research Methodology

Primary research is information that comes directly from the source to acquire first hand data. Primary research can take the form of questionnaires, interviews, focus groups and observations. Its aim is to collect data that do not already exist.

This paper has identified that sending a questionnaire to current employees of CDDFT of overseas origin would be helpful because they would have first-hand knowledge about what it was like for them when they first arrived in the UK. The disadvantage of this method is that people find questionnaires time-consuming or uninteresting. Questionnaires are often standardised and because it is not possible to fully explain any points, misinterpretation can occur⁸.

The types of questions included in the questionnaire are:

*** Matrix questions**

Questions with headings placed under each other and with response categories along the top in order to identify what they deem to be the most important factor, to be included in the specific induction. See below for example of the Matrix questions:-

	Strongly Agree	Agree	Disagree	Strongly Disagree
Housing, Bills and Banks				
Public Transport				
Emergency contacts				
Tour of City / Culture				

*** Closed Ended, Multiple Choice Questions**

These are questions where the respondent's answers are limited to a fixed set. This paper decided to keep the closed ended questions to the personal information section only because if felt that limiting the answers might jeopardise knowledge sharing.

Example of a closed ended, Multiple Choice question:-

How long have you worked in the UK?

- 0-5 years
- 6-10 years
- 11-20 years
- More

*** Unstructured Open Ended Questions**

The respondent supplies their own answer without being constrained by a fixed set of possible responses. This study chose these types of questions to be included in the questionnaire in order not to restrict the information being given.

Example of unstructured open ended questions:-

As someone new to the UK, what topics could have been included in the CDDFT Induction to help you, to settle in, in terms of "the Job"?

Findings and Conclusion

Evaluation of the primary research in the form of a questionnaire shows that the current induction arrangements aren't adequate for staff new to the UK.

Upon analysis of the 43 questionnaires that were returned 42% of overseas staff working within the organisation had become British Citizens. None of these had worked for less than five years within the organisation, but all felt that their induction could have been better. This finding goes against Fowler's statement⁵ that high turnover of staff is due to a lack of help and understanding of role, which he identified was "central to effective induction". However, overseas staff believe that the quality of training in the UK is quite substantive in comparison to the training on offer in their own country and this may be the reason why they did not resign due to lack of help or further support at and after induction.

Findings from the questionnaire revealed that the topics of Induction should include those listed in table 1.

Table 1

Work Related	Outside of Work
1. Referral Pathways	1. Housing
2. NHS System – how it works	2. Communication/dialect
3. Treatment and investigations within CDDFT	3. Transportation
4. Career advice and planning	4. Culture
5. Having a mentor	

This paper has identified that a buddy or mentor list should be compiled within the organisation in order to pair the new staff member with a current employee who would be willing to volunteer for this role, to assist with the settling in period.

This study has identified that the generic Trust induction is not enough to satisfy the needs of staff that are new to the UK and that arrangement of a specific induction is required, which could take place by a number of different potential means identified as;

Attending a lecture

Watching a DVD prior to commencement of post

Reading informative literature

E-learning

Recommendations

Further investigation should take place in relation to how the specific induction should be delivered.

Include a question in the questionnaire about how the specific induction should be delivered.

The survey be distributed by hand as well as by e-mail in order to increase reach and to encourage a larger return in order for further analysis to take place.

The questionnaire to be sent to current staff from the UK for their input and comparison made of UK staff versus overseas staff results.

The questionnaire should include questions about how communication and dialect issues impact upon communication between both colleagues and patients.

References

1. County Durham & Darlington Foundation Trust., About Us. 2011. <http://www.cddft.nhs.uk/about-us.aspx> (accessed 29/4/2012).
- 1a. County Durham & Darlington Foundation Trust., Working For Us. 2011. <http://www.cddft.nhs.uk/working-for-us.aspx> 2011. (accessed 29/4/2012).
- 1b. County Durham & Darlington Foundation Trust., Organisational Development.(2011) <http://www.cddft.nhs.uk/about-us/organisational-development.aspx> (accessed 29/4/2012).
2. Mullins, L.J., Management and Organisational Behaviour. 2005. Essex: Pearson Education Limited.
3. Envision Software Incorporated., Maslow's (1943) Theory of Motivation – Hierarchy of Needs 2012. http://www.envisionsoftware.com/articles/Maslows_Needs_Hierarchy.html#Esteem_Needs (accessed 12/5/2012).
4. Hertzberg, F., Two Factor Theory. 1959.<http://www.planetsofts.com/Windows/s12409/herzberg-two-factor-theory-mega-html> (accessed 19/5/2012).
5. Fowler, A., Induction. 1999. Exeter: Short Run Press.
6. Home Office UK Border Agency. Life in the UK Test. 2003. <http://lifeintheuktest.ukba.homeoffice.gov.uk/index.html> (accessed 19/5/2012).

7. BBC., GMC says more support needed for overseas doctors in UK. 2011. <http://www.bbc.co.uk/news/health-14921313> (accessed 20/5/12).
8. Milne, J., Evaluation Cookbook. 1999. http://www.icbl.hw.ac.uk/lti/cookbook/info_questionnaires/index.html (accessed 19/5/2012).
9. Richard Lewis Communications., Negotiating Across Cultures. 2012. <http://www.crossculture.com/services/negotiating-across-cultures/> (accessed 20/5/2012).

Bibliography

- BEARDWELL, I. and HOLDEN, L. (1994). Human Resource Management, A Contemporary Perspective. London: Pitman Publishing.
- CALEY, L. (2006). Learning for Health Improvement – A Practical Guide for the Workplace. Oxon: Radcliffe Publishing Ltd.
- EVANS et al. (2006). Improving Workplace Learning. Oxon: Routledge
- HANNAGAN, T. (2008). Management - Concepts & Practice. 5th ed. Essex: Pearson Education Limited.
- SMITH, D.J. (1980). Overseas Doctors in the National Health Service. London: Policy Studies Institute.