

LIAISON OFFICER FOR INTERNATIONAL MEDICAL GRADUATES: RESEARCH FINDINGS FROM AUSTRALIA

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ABSTRACT

There is an increasing international movement of physicians, with substantial numbers of International Medical Graduates (IMGs) now seeking jobs outside the countries in which they were educated. For IMGs there are potential elements of crisis and loss associated with this transition. This article presents findings from Australian-based research which explores the IMGs' experience during entry to their chosen country and posits the need for a designated liaison officer to help support the transition. The research was based on thirty open-ended, qualitative interviews which were coded and thematically analyzed. The findings document factors associated with the decision to leave their country of origin, psycho-social aspects of stress experienced upon arrival in Australia, and the participants' perspective on the suggestion for the appointment of a hospital-based liaison officer to assist IMGs during the transition process.

Key Words: International Medical Graduate (IMG), crisis and loss, qualitative research, psycho-social, decision-making

INTRODUCTION

Internationally, there has been a change in the composition of medical workforces, with many countries now depending on International Medical Graduates (IMGs) to fill vacancies, particularly in under-served communities (Curran, Hollett, Hann, & Bradbury, 2008). Consequently, there is an increasing movement of physicians internationally, with substantial numbers of IMGs now seeking jobs outside the countries in which they were educated (Huijskens, Hooshiaran, Scherpbier, van der Horst, 2010; Lockyer, Fidler, de Gara, & Keefe, 2010). Described as the “vulnerable transition,” the departure from country of origin and entry into adopted country is considered a time of personal adjustment when IMGs must negotiate the dual learning curves as immigrants and as doctors in a different health system (Chen, Curry, Bernheim, Berg, Gozu, & Nunez-Smith, 2011). For IMGs there are potential elements of crisis and loss associated with this transition. As Chen and associates (2011) state, understanding the particular challenges faced by this group can inform efforts to strengthen support services. This article presents findings from Australian-based research on this topic which explores the IMGs adjustment and posits the need for a designated liaison officer to help support the transition.

THE RESEARCH

The study was the outcome of a collaboration between the International Program of Psycho-Social Health Research (IPP-SHR) and the Redland Hospital, Bayside Health Service District. The research was funded by Queensland Health and examined the experience of integration into the Australian health system from the IMGs’ perspective. The CQUniversity Ethics Committee and the Queensland Health Department, Human Research Ethics Committee approved the study.

The participants were enrolled through a University-based project officer independent of the hospital. The project officer was given a list of doctors who had been employed at the hospital, along with their telephone numbers. This information was obtained from a hospital representative who had notified potential participants about the study by email and given the IMGs the option to opt out of further follow-up. The participants were enrolled from this list through an initial telephone call or email contact, followed by the project officer providing a written Project Description and an invitation for voluntary participation in the research. At this stage signed consent forms from the participants were collected and enrollment occurred. There was no screening of participants. Prior to interviewing, participants were again informed of their ethical rights (e.g., informed consent, confidentiality, right to withdraw).

Participants

As defined by Heal and Jacobs (2005), with regards to Australia, an IMG is a doctor who has obtained their primary medical qualification in a country other

than Australia and New Zealand. Thirty ($n = 30$) IMGs who were presently working at the hospital were interviewed. The primary medical degree held by the IMGs was obtained from a range of countries. They were as follows: India ($n = 11$), Sri Lanka ($n = 4$), Iran ($n = 3$), South Africa ($n = 2$), Sudan ($n = 2$), Pakistan ($n = 1$), The Caribbean ($n = 1$), Russia ($n = 1$), The Philippines ($n = 1$), Indonesia ($n = 1$), Egypt ($n = 1$), Serbia ($n = 1$), and Afghanistan ($n = 1$). The majority of IMGs ($n = 20$; 66.6%) came directly from their country of origin to practice in Australia. The IMGs who spent time in other countries prior to coming to Australia predominately went to the United Kingdom ($n = 5$; 16.6%), with others spending time in the health system in Tehran ($n = 1$), New Zealand ($n = 2$) Oman and Fiji ($n = 1$) and Pakistan ($n = 1$). The length of time that the IMGs had been in Australia ranged from 2 to 17 years (Year of arrival: 2008 $n = 4$, 2007 $n = 3$, 2006 $n = 2$, 2005 $n = 6$, 2004 $n = 3$, 2002 $n = 1$, 2001 $n = 1$, 1999 $n = 1$, 1998 $n = 1$, 1997 $n = 1$, 1995 $n = 1$, 1994 $n = 1$, 1993 $n = 1$, not available $n = 4$).

As the participants were enrolled from a small, identifiable group from the hospital, the informed consent procedures gave a strict commitment to confidentiality and a guarantee that no further identifying information would be presented or published with the findings. Hence, further demographic description will not be provided in order to protect the identity of the participants.

Research Design

An open-ended, exploratory qualitative design was utilized for the study. Qualitative research is used to evaluate programs in health care to provide insights on quality and effectiveness and to assist in program improvement (Holloway, 2008; Patton, 2002). Such an approach is particularly appropriate where little is known about an issue (Krathwohl, 1993; Polit & Hungler, 1995) and is therefore well suited to a study that explores the experience of integration for IMGs.

Interviews

The exploration of the IMGs' experience of integration into the Australian health system was conducted through an iterative, qualitative research methodology using open-ended interviews conducted at the time and location of each participant's choice. The interviews were conducted by a psycho-social researchers with a background in cross-cultural research employed by the University and thus, independent of the hospital. The interviews were conducted by speaker-phone.

The IMGs were encouraged to talk about their experience as a doctor prior to, during, and following their integration into the Australian health system. The interviews were open-ended and driven by an active listening of the IMGs' insights. According to the iterative principle of qualitative research, issues posited as important in early interviews were explored in subsequent interviews. The issue with regards allied health was posited by the IMGs and explored in all of the interviews. The line of questioning included the techniques of probing,

paraphrasing and silence to explore each participant's experience (Gaskill, Henderson, & Fraser, 1997). The interviews lasted for approximately one hour and were audio-recorded. The interviews were transcribed verbatim by a research assistant independent of the hospital.

Analysis

As descriptive qualitative research, the analysis was driven by a commitment to represent the insights and perspectives of the participants. The task of descriptive qualitative research analysis is not to mediate the findings but rather, to present a description of the emic or insider insights that resonate with the exact words of the participants. The language texts were then entered into the QSR NUD*IST (N5 1995) computer program and analyzed thematically. All of the participants' comments were coded into "free nodes," which are category files that have not been pre-organised but are freely created from the data. The list of codes was then transported to a Word document (Word 97) and organized under thematic headings. The coding was established by an experienced qualitative researcher and completed by the project officer who had extensive experience with coding qualitative data. There was complete agreement between researcher and project officer on the coding and emergent themes. Of the 201 free nodes created from the transcriptions, the nodes directly related to the decision to leave their country of origin, the psycho-social aspects of stress experienced on arrival, and the recommendation for the appointment of a liaison officer for IMGs are presented in this article. Further results from the same study on different topics such as the IMGs' perspective on allied health and sitting for the Australian Medical Council examination have been published with the same methodology elsewhere (McGrath, Henderson, Holewa, Henderson, & Tamargo, 2012; McGrath, Henderson, Tamargo, & Holewa, 2011; Henderson, Tamargo, & Holewa, 2011; McGrath,

RESULTS

The Decision to Practice Medicine in Australia

As detailed in Table 1, there were varied reasons given by the IMGs as to why they decided to move to Australia to practice medicine. Some of the reasons had to do with the difficult conditions in their country of origin such as poor working conditions for doctors, the need to escape from war and violence, and the lack of personal security for themselves and their family. Other reasons reflected the attractiveness of Australia as a place to work, train, and advance their career, as well as a good place to live. Furthermore, there were reasons associated with the individual's personal life such as the desire to travel, to be with their spouse, or to provide their children with a better education. Two were expatriate Australians who had failed entry to an Australian medical school and had trained overseas.

Table 1. Reasons for Coming to Australia

Reason for coming to Australia	Participant's statement
Professional conditions difficult in country of origin	(Egypt) Actually it's becoming difficult, much much more for physicians in Egypt. Economics, they're underpaid, pretty much in Egypt. There was a lot of ah, risk and with no benefits. Underpaid for lots of work. I couldn't find anything in the future that promised that I would be much better. Career development in Egypt is not clear pathway to go, how to be a consultant, how to develop later on. You get a masters degree and the PhD degree and this is only certificates, whereas a real career it is not clear what to do.
Escape war and violence	(Sri Lanka) Because of the war . . . I was scared there . . . because of the war and risk for the life. Main reason if you hear from Sri Lankan doctors most of them will give the same answer (Sudan) migrated here because of, you could say political violence
Lack of security in own country	(South Africa) Oh, South Africa it was, it was just impossible to life there. We left before anything could happen to us. It was, it was more security based, yeah. (Czechoslovakia) Because at that time communism was in Czechoslovakia
Australia offers good training opportunities	(India) Um, basically I mean, I had wanted to, um, ah, basically have a higher training in, ah, in medicine (India) We believed that coming in over here would give us a better opportunity at training
To complete post-graduate training	(Sri Lanka) And I just came here to complete my post graduate ah, studies
To advance career	(India) reason for coming was a career path (Sudan) coming to Australia with, you k now, a strong motivation to become an obstetrician (South Africa) There are unfortunately political changes in South Africa that people have to have quotas for amount of race, of the race mix that they can employ. It is in the hospital's interest to employ a person of previously disadvantaged communities Made that competition quite severe (Iran) and the fact that you can continue practicing medicine in Australia. Good career opportunities. That was another reason.
Opportunity to make more money	(India) People came down here, ah, one thing is to make good money

Table 1. (Cont'd.)

Reason for coming to Australia	Participant's statement
Better lifestyle—better weather, booming economy	(Afghanistan) For better education and good life because I knew in Afghanistan still it's very unstable conditions (India) No, we didn't have any friends and relatives out here, but the major reasons was a better lifestyle (Iran) One of the most important reasons; the country and the weather and Australia was actually to me before coming here was becoming a booming economy
People care more	(Iran) I do value your research as well because it shows how you care about people and I think one of the reasons I really came to Australia because I thought that people are cared more here
Desire to travel	(India) And ah, basically it was having a change of scenery really (Philippines) So we were curious what it's like to go abroad
To be with spouse	(India) No, because my wife was here, so I got married, and then I came down here and I applied after coming in here (South Africa) It was really for my husband (Sri Lanka) And then I got married and I decided to come to Australia with my husband (India) I met my husband and we got married and he's Australian so that's why I'm still here
So children could go to university	(Philippines) The reason why we went to Australia is my kids have grown and they needed to go to university
An Australian who failed medicine in Australia and studied in India and returned	(Australian/India) I didn't get into medicine here, so that's why I went over there

Whatever the reason for relocation to Australia, the choice necessitated the leaving of family, friends, and community for a new country and medical system. As one participant commented:

(Egypt) Actually, it wasn't an easy decision at all for me because I haven't travelled outside Egypt before at all

The Stress of the Initial Period of Adjustment

As detailed in Table 2, the relocation involved a range of stresses during the initial stage of moving to a new country and medical position. These included the personal and emotional stress associated with having to move with children, having to cope in a new country alone, and dealing with homesickness. There were the practical stresses of finding accommodation, obtaining a drivers license, setting up bank accounts, and negotiating travel to and from the hospital. In addition, there were many bureaucratic stresses associated with gaining a Visa, obtaining document verification, and sitting for medical examinations and English language tests. All of these stresses were happening at a time when the IMG was adjusting to a new medical system and for some, having to deal with a demotion to a lesser position in the hospital system than they had occupied in their country of origin. One IMG noted that it was challenging to respond sensitively to the needs of patients when doctors are under such personal stress themselves. For example:

(India) Of course it is very different still to work as a doctor and to be sensitive to people who are you know, under stress

Table 2. Practical and Psycho-social Challenges Upon Entry

Practical and Psycho-social Problems Upon Entry	Participant's Statement
Stress of unsettling children	(Philippines) Because I don't want to bring my three kids into something that's going to be chaotic. Because the stress of separation from their friends and their normal environment they're in is already huge
The stress of coping in a new country without family support	(Egypt) just out here with your wife by yourself (India) Yeah, but like I came here alone, I wasn't knowing a single person . . . (Iran) It made my time ten times harder being here on my own alone with no family
Stress of homesickness	(India) Ah, people get home alone, ah, you know, homesick and you know
Stress of setting up practical requirements (e.g., obtaining car, driver's license, bank account)	(India) Um, when I came here initially, I mean, I had to start from scratch. I had to find a new house, I had to get a car, get a license, get a banking account. I had to do everything, so the initial 1, 1 and a half weeks was extremely difficult

Table 2. (Cont'd.)

Practical and Psycho-social Problems Upon Entry	Participant's Statement
Stress of setting up practical requirements (e.g., obtaining car, driver's license, bank account)	(Pakistan) I don't have a driving license, my current state, my English was very bad you know at that time . . . Yeah so it was um, bit difficult time for me (Iran) a very difficult thing because driving is totally different in Australia and I have to practice for a while to be able to drive here
Finding accommodation is a major stress	(India) ah, certainly, because coming to QLD ah, there was a, I think I found my accommodation on my own. It was good in one sense that they gave us temporary accommodation, but only for one week. So it's, within one week, in that same space it's very difficult to find an accommodation . . . it should be more than that because you don't have a transport., You don't have a place, and you have to go and see the houses in one week, it's very difficult
Stress of travel to and from hospital	(Iran) Redland it was pretty far from the place my brother was living . . . it's the stress
Visa problems	(Iran) And then when I got the job offer, again because of the Visa I went back and at that time it took 5 months for me to get the Visa. It took like 2 years something for me
Stress associated with the English language test	(Iran) That was because of the regulation change in terms of the requirement of the language exam and I had to resit the exam, the language exam. So that actually put a hold on everything
Dealing with medical bureaucracy is stressful	(India) Only problem was the system was very slow, applying for AMC exam, it took 6 weeks to access whether I was eligible or not. Then I think for part 1 then another 6 weeks and part 2 another 1-1/2 years and medical board another 1. The immigration office, 1 year. These are the problems, you know (Afghanistan) Yeah being from Afghanistan it wasn't easy for me to get my document verification quite easily
Stress of having to take junior position when you are a senior	(Egypt) I used to be an anesthetist in Egypt, but to come here I had to work as in emergency (Sudan) Then I came next day, he said "Ah by the way I'm not going to give you a PHO position, I'm going to give you a junior position." I wasn't happy about it but yeah okay, well fine

The participants noted that there were several factors that ameliorated the stress of the initial period of arrival for those fortunate enough to receive such support. These factors included:

- Having family already living in Australia who can provide support
- Marrying into an Australian family who provide support
- Being provided with short-stay, temporary accommodation support from the hospital
- Administrative assistance from the hospital
- The assistance of recruiting agencies that organize many of the practical issues

The Need for and Benefit of a Liaison Officer for Hospital IMGs

The suggestion was made that a liaison officer appointed by the hospital to assist IMGs in their adjustment may be a valuable resource and support. The initial suggestion for a liaison officer was made by one of the participants during an initial interview and through the iterative process of qualitative research, was included as a prompt question in all subsequent interviews. It is important to note that there was overwhelming support of this suggestion, with IMGs making positive statements such as the following:

(Russia) Oh it would be excellent

(Iran) I think this is a very good idea

(India) So if there is a particular person, ah, if someone can approach directly it will be good. I think that this is good

(Pakistan) I think it is a good idea

(India) . . . that liaison officer. That's something that probably hits the nail on the head

As outlined in Table 3, the participants provided a range of reasons why there was a need for the assistance of an IMG liaison officer.

Some participants noted in retrospect that there was no such assistance for them when they arrived in Australia, but that such assistance would have been of help. The presence of a Liaison Officer was considered to be of particular importance for those without contacts or family in Australia. The need for liaison officer support was seen as particularly acute during the initial stage of arrival and entry into the Australian health system. The role would provide practical assistance with settling into the country, information provision, counselling, cultural advice, and creating opportunities for networking with other IMGs.

It was suggested that a factor in the success of the scheme would be the quality of the person chosen to be the liaison officer. It was noted that someone with an IMG background who understood the challenges would be most suited for working

Table 3. Reasons for the Need for a Designated IMG Liaison Officer

The Need for a Liaison Officer	Participant's Statement
Security reasons	(Egypt) I was expecting that . . . I heard before arrival here they found me accommodation for two weeks. I said there must be somebody that assigned for this job to help me to go on here. Is nobody. Actually I can, I have to find my first everything, and you can easily be a victim to anything here. You don't know anything, you know
Help in gaining appropriate accommodation	(Egypt) Imagine your first visit. Even the system here is completely different from Egypt. We don't have real estate agents in Egypt (Iran) So if there's someone who can support and like give them something, a letter or something to help them to get the rental something for accommodation, I think that's really important and that's very helpful
Assistance with negotiating bureaucracy (e.g. banking, Medicare, electricity bills, salary packaging)	(India) And I have been basically informally helping them getting through all the knicks and knacks after coming in over here. Because coming and applying for a tax file number, applying for your Medicare, applying for your Medibank, and applying for ah, electricity bills, and salary packaging, and things like that; they have no idea, and neither did I
Information provision	(Egypt) (Int: Yes. So I can hear that you would have been a person who would have really benefitted from a liaison person to help give you a lot of information quickly, to help you sort that out.) Yes. This is very important (Russia) Because I really any kind of information that you are talking about is important. It would be wonderful
Assistance with idioms and language	(Egypt) (Int: So what would help is somebody who can help you deal with language issues and cultural issues. It's not just language, it's just the way we use language. The idioms we use.) Yes, very very important
Someone to talk to and ask advice	(India) Um, I mean there'll always be a better ah, it will always be better to talk to, if you know that somebody who can talk to you, who can listen to you, your problems and ah, you know, maybe help you sorting out those problems (South Africa) I do believe that there also should be almost like a guidance counselor or someone like that available for foreign trained doctors. Much of the time people just need a little bit of advice about what to do next

Table 3 (Cont'd.)

The Need for a Liaison Officer	Participant's Statement
Telephone or e-mail contact would help	(India) Even a phone number or an e-mail ID that you know, that, that this person actually exists at the end of the line if I reached it, there is someone who's expecting me
Help with learning about the Australian health system	(Sri Lanka) . . . a liaison person, something like that, to know about the system
Meet other IMGs on a social or informal basis	(Serbia) . . . when I came here I didn't know much ah, other foreign doctors

effectively in the position. The key strategy was seen to be that of individualizing the response to the IMGs' adjustment problems, for example:

(Iran) He or she would approach you as a person and an individual. Yes, yes, so that they could both listen to your particular concerns

As the following statement demonstrates, the participants emphasized that the liaison officer would have to be a designated position that provided the time and resources to address the needs of the IMGs, rather than an "ad hoc" or informal position with competing demands for time and attention.

(India) Because when we look at, I mean there are people talk about ah the recruitment officers, or the hospitals providing help. But unless it's a designated position, it becomes difficult for them to provide that kind of help without really feeling between doing too much out of this cause of their job.

DISCUSSION

To date, there has been a paucity of research that documents the IMGs' decisions for leaving their country of origin to practice medicine in another country. Thus, the findings presented in this article make an important contribution to the literature on this topic with seminal findings from the perspective of IMGs working in Australia. The findings document the negative factors associated with poor working conditions, war and violence, and lack of personal security in the country of origin juxtaposed with the attractiveness of Australia as a place to work and live. A caveat to the findings is that the decision to migrate to Australia is difficult for IMGs, with major personal and professional implications. Thus, the decision

needs to be viewed as an act that entails a potential for crisis and loss, as well as benefit and gain. These findings resonate with the Canadian qualitative research by Klein and associates (2009) that describes the IMGs' decision to leave their country of origin as the "push" and the "pull." The "push" refers to the fact that professional opportunities in their home country have been affected by changing policies, lack of infrastructure, and personal/family safety issues culminating in a highly stressful work environment. The "pull" refers to the improvement in the quality of personal life associated with the geographical, educational, recreational, and spiritual aspects of daily living for IMGs and their families in their new environment.

The findings on the IMGs' psycho-social stress during the initial period of adjustment resonate with the limited literature available. However, most of the work on IMGs' personal psycho-social stress and adjustment is tangential to the primary research focus on the work place and professional issues (Alexander & Fraser, 2007; Atri, Matorin, & Ruiz, 2011; Chen et al., 2011; Huijskens et al., 2010; Lockyer et al., 2010; Nestel, Regan, Vijayakumar, Sunderji, Haigh, Smith, & Wright, 2011; Wright, Regan, Haigh, Sunderji, Vijayakumar, Smith, & Nestal, 2012). Couser's (2007) discussion of the experience of establishing a training program for IMGs working in the public hospital system in Tasmania acknowledges the adjustment that both the doctors and their families face on arrival in their new community. Although this literature is not academic research but rather a discussion based on professional experience, Couser notes the need for information, support, and day-to-day living advice (such as banking, accommodation, obtaining a drivers licence, finding schools), and introducing IMGs to local cultural groups as important aspects of training programs. Although focused on professional issues, the Dutch research by Huijskens and associates' (2010) does mention financial and social support as important factors. Similarly, Australian research by Alexander and Fraser (2007) note the importance of financial support for IMGs but in the context of continuing professional education.

Although the literature is still limited, there is research available to affirm the importance of the appointment of liaison officers to provide practical psycho-social support. Canadian research by Curran and associates (2008) point to the importance of being attentive to IMGs' personal needs during the professional orientation process as a way of reducing isolation. Similar to the findings presented in this article, Curran and associates (2008) report that information about banking, housing, schooling and recreational opportunities and support for spouses were identified as an important need for new IMGs. They conclude that facilitating socio-cultural connections within the community and with others from the same cultural background is an important aspect of fostering IMG integration. Similarly, South Australian research by Carlier, Carlier, & Bisset (2005) mention the benefits of including information on how to obtain food specific to the IMGs country of origin, arranging links with families from the same ethnic group, and providing support from a local mentor family in the orientation program. The

provision of information, practical help, and the linking with community resources and similar ethnic groups suggested by research in this area could most appropriately be met by a liaison officer in the hospital appointed to support newly arrived IMGs. As suggested by the findings, this position could be appropriately filled by a doctor with a background as an IMG who has the experience and knowledge to empathize and understand the psycho-social needs of this group.

CONCLUSION

The IMG's decision to leave their country of origin and move to an international destination to engage in a foreign culture and health care system is an act that has the potential for crisis and loss, as well as benefit. The findings from this research affirm Huijskens and associates' (2010) call for better support for IMGs to overcome the difficulties inherent in migration and career change. The IMGs interviewed for this study demonstrated an enthusiasm for a liaison officer, particularly one with an IMG background, to be appointed at hospitals to provide practical and psycho-social support for newly arrived IMGs. The hope and expectation is the investment and creation of such a position to provide support that would be of benefit to both the IMG and the health care system.

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