



Proceedings of the Informing Science + Information Technology Education Conference

An Official Publication
of the Informing Science Institute
InformingScience.org

InformingScience.org/Publications

Online July 6-7, 2021

NEW HORIZONS FOR IMMIGRANT NURSES THROUGH A MENTAL HEALTH SELF-MANAGEMENT PROGRAM: A PRE- AND POST-TEST MIXED-METHOD APPROACH

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ABSTRACT

Aim/Purpose	This research paper reports on the evaluation of a mental health self-management program provided to immigrant nurses working at various rural South Australian aged care services.
Background	The residential aged care staffing crisis is severe in rural areas. To improve immigrant nurses' employment experiences, a mental health self-management program was developed and conducted in rural and regional health care services in South Australia.
Methodology	A mixed approach of pre- and post-surveys and post workshop focus groups was utilized with the objectives of exploring the experiences of 25 immigrant nurses and the impact of the mental health program. Feminist standpoint theory was used to interpret the qualitative data.
Contribution	A new learning environment was created for immigrant nurses to learn about the theory and practice of maintaining and promoting mental health.
Findings	Statistical tests showed a marked difference in responses before and after the intervention, especially regarding knowledge of mental health. The results of this study indicated that a change in thinking was triggered, followed by a change in behaviour enabling participants to undertake self-management strategies.
Recommendations for Practitioners	Include expanding the workshops to cover more health care practitioners.

Accepted by executive review by Editor Michael Jones | Received: April 7, 2021 | Revised: April 15, 2021 | Accepted: April 20, 2021.

Cite as: Penman, J., & Willsher, K. A. (2021). New horizons for immigrant nurses through a mental health self-management program: A pre- and post-test mixed-method approach. In M. Jones (Ed.), *Proceedings of InSITE 2021: Informing Science and Information Technology Education Conference*, Article 20. Informing Science Institute. <https://doi.org/10.28945/4759>

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Recommendations for Researchers	Feminist researchers must actively listen and examine their own beliefs and those of others to create knowledge. Extending the program to metropolitan areas and examining differences in data. E technology such as zoom, skype or virtual classrooms could be used.
Impact on Society	The new awareness and knowledge would be beneficial in the family and community because issues at work can impact on the ability to care for the family, and there are often problems around family separation.
Future Research	Extending the research to include men and staff of metropolitan aged care facilities.
Keywords	nursing, female immigrants, aged care, mental health, management, mixed method

INTRODUCTION

There is increasing concern in Australia about immigrant nurses' experiences of an unsatisfactory work culture in aged care services, especially for those coming from non-English backgrounds. To improve their employment experiences, a mental health self-management program was developed and conducted in rural and regional health care services in South Australia. The evaluation of the educational program is the focus of this paper.

The mental health self-management program was developed for female immigrant nurses employed at various rural South Australian aged care services. The objectives of the program were to (1) raise the importance of self-management among female immigrant nurses, (2) expand their coping strategies, and (3) determine the impact of the program on the participants. A pre- and post-intervention mixed-method approach was used. This research has major clinical significance as it examines the interconnectedness of situations that affect the uptake, appreciation and use of the mental health self-management program, the mental wellbeing of immigrant nurses, and, ultimately, the quality of care given to aged care residents.

BACKGROUND

Aged care nurse staffing in Australia is in crisis (Willis et al., 2016). From 2003-2016, the number of registered nurses employed full time in aged care decreased by 13% (Fedele, 2018) while from 1995 to 2014, the number of nursing home places in Australia almost doubled (Willis et al., 2016). The demand for nurses is increasing because the general population is ageing. The demand for aged care services will continue to rise and so will the need to retain existing staff and recruit new workers to provide quality services to the elderly population in the next four decades (Martin & King, 2008; Negin et al., 2016; Productivity Commission, 2011). The Productivity Commission Report (2011) also stressed the shortage of registered nurses, especially in the aged care sector. In the Australian health sector, Crettenden et al. (2014) projected that the demand for nurses will increase to 110,000 by 2025. The staffing crisis is more intense in rural than urban areas because more health professionals prefer urban employment (Organisation for Economic Cooperation and Development [OECD], 2019). The reasons for their preference include higher income, better access to services, higher employment, and educational opportunities in urban areas (Australian Institute of Health and Welfare, 2015; Penman et al., 2019).

Neo-liberal policy features globalisation, marketization, and privatization of services leading to inequality, insecurity, and diminished economic opportunities for women in many countries (Adkins, 2018). To address staffing problems in residential aged care, Australia has been recruiting internationally-qualified nurses (Negin et al., 2016). These nurses are keen to emigrate for better salary and working conditions (Zhou et al., 2016). Many nurses have migrated from the Philippines, India, and China to developed countries such as Australia and the United States to address shortages of aged

care nurses (Francisco-Menchavez, 2018; Ng Chok et al., 2017). Thirty-five percent (35%) of the residential aged care employees in Australia were immigrants in 2012, up from 25% and 33% in 2003 and 2007, respectively (Commonwealth Department of Health and Ageing et al., 2012; Ng Chok et al., 2017). A similar trend is observed in the United States of America (USA) where, despite significant success in preparing multitudes of health workers, there are still significant staff shortages due to the ageing of nurses, ageing populations, comorbidities, and increased demand for health care services (Rosenkoetter et al., 2017). This situation results in the need to employ overseas educated nurses (Cousins et al., 2016).

A plethora of other issues complicates the workforce shortage. In Australia, aged care is not a popular choice of career because of its low status. The pay is often lower than that of other areas of nursing, and the workload is heavy (Christopher et al., 2016). This development is coupled with the increased complexity of the care required (Willis et al., 2016). Furthermore, with migration come many challenges for immigrant nurses as there are several intersectionalities, such as gender, culture, immigration status, and employment, that impact on their caring role (Travers et al., 2020; Zehavi, 2019). Many people emigrate to maintain status or to have a better life but find that these aspirations are not easily achievable because of stereotyping and low-status employment, which can lead to physical and mental health issues for immigrants.

Walters (2008) revealed a variety of rewarding and challenging experiences of a group of nurses who qualified abroad and sought employment in Australia. Language, trust and fear, and integration emerge as some themes from the study. Deegan and Simkin (2010) elaborate on the negative experiences brought about by discrimination, isolation, and unrealistic expectations by co-workers. Both Walters (2008) and Deegan and Simkin (2010) maintain that the experiences were mainly associated with the hospital culture rather than other factors. Discrimination by residents and other employees is a critical concern occurring in workplaces (Travers et al., 2020). These negative experiences are linked to retention problems. High job demands and workplace challenges can lead to adverse psychological health (Gao et al., 2014). Moreover, the challenges facing internationally educated nurses joining the workforce receive low priority and are under-investigated (Mapedzahama et al., 2012). The International Council of Nurses (2012) maintains the imperative of good mental health for all nurses; however, no mental health programs for immigrant nurses in rural locations have been reported. Poor mental health is a serious, highly stigmatised problem in rural areas with timely access to services difficult due to a dearth of mental health practitioners (Little et al., 2019).

In this article, a mental health self-management program that was delivered is described and analyzed. The goal of the program was to increase female immigrant nurses' knowledge and skills in promoting their mental health and wellbeing. The objectives included the following: to raise the importance of self-management among female immigrant nurses, to expand coping strategies, and to determine the impact of the program on participants. The focus was given to female nurses as required by the funding agency.

In preparing the program, a resource manual and accompanying workshop were developed and implemented (Penman, 2015). This program was intended for immigrant nurses and their employers. The content, educational methods, and aids were informed by a reference group, which consisted of two immigrant nurses with extensive aged care experience, a care manager, a mental health practitioner (also an immigrant nurse), and a chief executive officer of an aged care service. The topics covered during the workshops were the following: What it is like to work in aged care; Definitions and importance of mental, psychosocial, and emotional health; mental health assessment; building from one's resources; intra-, inter-, and transpersonal approaches in caring for mental health; expanding coping skills; and developing job resilience. A typical workshop consisted of two sessions, three hours per session, conducted a week apart. Reflective practice, a form of examination of thoughts and actions to gather information and gain insights about one's behaviour (Schon, 1991), was the pedagogical framework used to create the workshops' learning environment.

METHODOLOGY

A mixed methodology of quantitative and qualitative research was utilized where questions around the mental health of 25 aged care nurses could be addressed at different levels using a more holistic approach (Creswell, 2011). A pre- and post-test strategy in the form of a 12-item questionnaire was administered before and after the workshops to examine the impact of the self-management program on participants.

A qualitative interpretive approach was used following the survey to explore the experience of the 25 immigrant nurses, investigate the impact of the mental health program on them, and suggest how their narratives could be employed to improve mental wellbeing in the workplace. The feminist standpoint theory, a critical feminist theory which investigates the impacts of intersectionalities such as gender, social class, culture, and immigrant status, was adopted to analyse the participants' stories on how the program affected them personally and professionally. Critical theory takes a political standpoint, critiquing the social situation and significant issues of the time to achieve a more equitable society (Felluga, 2015). Critical theorists attempt to uncover dominant powerbases and authoritarian knowledge with the aim of 'critical emancipation' or the creation of an environment where subservient community groups, in this case, immigrant nurses, obtain the power to determine their own lives in concordance with one another, and with fairness and social inclusion (CEDEC, 2019; Hesse-Biber, 2012, p. 11). Valuable knowledge is unearthed. Critical theory is not satisfied with an increase in knowledge alone, the researchers involved need to at least attempt reflexivity, becoming aware of how their social background and presuppositions inform their research (Kaukko, 2018; Kincheloe et al., 2011).

The first level of analysis is the researchers' reflection of pre-understandings and prejudices of immigrant nurses through the process of self-introspection and thoughtful description and interpretation. The first author migrated to Australia from the Philippines in 1989. She studied nursing upon her arrival, primarily driven by the desire to work and because her previous qualifications were not recognised in Australia. The first author experienced negative stereotyping and biased attitudes that affected her health, self-esteem, and ability to cope. However, as she was now an academic, there were also issues of power base. Nevertheless, she had a keen interest in mental health nursing and quickly developed a rapport with the research participants, having been in a similar situation to many of them. The second author was an academic who was raised in an impoverished rural area of Australia and had experienced stigma due to a family member having a disability. Her family was of Anglo-Saxon background. She had had a mix of experiences with immigrant nurses and initially was biased against them because of some poor experiences. Later this author worked as a nurse in a developing country and experienced prejudice against herself. The problem in both of these scenarios was inadequate education of the immigrants and the local staff. Both authors were women with many years of experience as registered nurses and as academics.

METHOD

A pre- and post-test design was used to determine the impact of the self-management program on participants (Penman, 2015). A 12-item questionnaire was administered before and after the workshops. The participants were requested to rate the statements (see Tables 1 and 2) on a five-point Likert scale from "strongly disagree" to "strongly agree." The objective indicators for change in beliefs, awareness, and knowledge were embedded in questions 1, 3, 4, 5, 6 and 9, while the change in behaviour was reflected in questions 2, 7 and 8. Three open-ended questions were included relating to the most important information gained, the best aspects of the program, and areas for improvement. Paired t-tests were used to compare the survey results prior to and after the workshops and are appropriate for small sample sizes (Bryman, 2008). This test assessed the probability of observing such a change in the mean score by chance.

Data collection and analysis

The potential participants were recruited through the aged care services in regional and rural South Australia. An introductory letter containing the objectives of the study, involvement, and the methods used to collect information was distributed to potential participants; those who agreed to participate in the study were contacted, and arrangements were made. Each participant provided written consent and was given a pseudonym to ensure confidentiality. Purposive sampling was used. The survey questionnaire was administered before and after the program.

Focus groups, defined as group collective conversations or interviews, were utilized to reveal subjugated knowledge that could be used for the enfranchisement of oppressed groups, in this case, immigrant aged care nurses (Madriz, 1998). The first author conducted the focus groups at participating aged care services, other meetings were held at jointly agreed venues. A total of 25 female immigrant workers from various aged care services completed the inaugural program. All participants were invited to participate in the focus group discussions that occurred following the workshops. Five group meetings with four to five participants attending each meeting were conducted. Repeat group interviews were not conducted.

The focus groups were conducted face-to-face, averaging about one hour, digitally recorded, and the transcripts transcribed verbatim. Using a narrative approach, the participants' stories and perceptions on the most important information gained from the workshops, the best aspects of the workshops, and crucial outcome(s) gained from participating in the program were sought. Other prompts used to explore the experience were 'What happened?', 'How did it feel?', and 'Could you please elaborate further?' The discussion took the form of true dialogue, a real conversation which was circular, non-directive, and natural between participants and not with the researchers. Field notes, interview transcripts, and personal experiences allow the reader to understand and sense the story, rather than purposely analyse its meaning (Leurs, 2017).

The feminist standpoint theory analyses intersectionalities such as gender, culture, education level, geographic location, and social class, drawing upon the concept of a "situated woman with experiences and knowledge specific to her place in the material division of labour and the racial stratification systems" (Olesen, 2011, p. 130). Thematic analysis is an inductive qualitative approach to data analysis that is suitable for drawing out the voices of those experiencing exploitation (Bryman, 2008). Thematic analysis requires reflexivity, where researchers examine how their backgrounds influence the analysis of the data (Hesse-Biber, 2012). The researchers examined the transcripts by tabulating the responses and performing coding and categorising of data collected. They read the data several times and analysed the data carefully to grasp the essential meaning of the participant's description and understanding. Their statements and phrases were reduced to codes; the recurring words and phrases were identified as the themes. The discussions continued until data saturation was reached. Data saturation had been achieved when information obtained became superfluous, and there was no need for further discussion (Padgett, 2008). Participant quotations are used to illustrate the themes.

ETHICAL CONSIDERATIONS

Permission to undertake the study was granted by the Human Research Ethics Committee of the University. Permission was also sought from various collaborating services in the region. Attendance was taken as consent to participate in the workshops. Access to potential participants was facilitated by directors of nursing or chief executive officers of aged care services, who distributed the information sheets to appropriate staff. The criteria for inclusion were that potential participants be over 18 years of age, internationally educated in nursing, able to speak English, and working in the aged care sector in rural or regional South Australia. The workshops were conducted at participating aged care services in South Australia.

FINDINGS AND DISCUSSION

The objectives of this research were to (1) raise the importance of self-management among female immigrant nurses, (2) expand their coping strategies, and (3) determine the impact of the program on the participants. Twenty-five (25) female immigrant nurses from various countries of origin and from six (6) aged care services completed the inaugural workshops. Another five (5) aged care services were provided with the educational resource manual for future reference as they did not have immigrant nurses employed during the time of the study. There were nurses from Croatia, India, Indonesia, Nepal, and the Philippines. The mean age range of the participants was in the 30s with ages ranging from the 20s to 50s. The next section will analyse the survey results.

QUANTITATIVE RESULTS

The analysis revealed that all twenty-five (25) nurses answered the nine (9) questions of the survey conducted before and after the workshops. The responses were on a five-point Likert scale with an approximately equal interval between points. Tables 1 and 2 summarize the responses of participants before and after the intervention.

Table 1. Frequency of responses to pre-workshop questionnaire

Item No	Strongly disagree No (%)	Disagree No (%)	Neutral No (%)	Agree No (%)	Strongly agree No (%)
1. Overall, I believe I have good mental health.	0(0)	2(8)	8(32)	11(44)	4(16)
2. I have specific strategies of how I care for my own mental health.	1(4)	1(4)	4(16)	14(56)	5(20)
3. I have a good understanding of mental health concepts.	1(4)	0(0)	6(24)	13(52)	5(20)
4. I have a good understanding of how good mental health may be maintained and promoted.	0(0)	2(8)	6(24)	12(48)	6(24)
5. I am aware of signs and symptoms of common mental illnesses.	0(0)	1(4)	3(12)	15(60)	6(24)
6. I feel positive about maintaining good mental health.	2(8)	2(8)	1(4)	13(52)	7(28)
7. I have good health habits / lifestyle, observing healthy diet and regular exercise.	1(4)	1(4)	11(44)	10(40)	2(8)
8. I practice stress reducing activities.	1(4)	0(0)	9(36)	12(48)	3(12)
9. Mental health is a priority for me.	0(0)	0(0)	3(12)	14(56)	8(32)

Table 2. Frequency of responses to post-workshop questionnaire

Item No	Strongly disagree No (%)	Disagree No (%)	Neutral No (%)	Agree No (%)	Strongly agree No (%)
1. Overall, I believe I have good mental health.	0(0)	0(0)	2(8)	6(24)	17(68)
2. I have specific strategies of how I care for my own mental health.	0(0)	0(0)	0(0)	10(40)	15(60)
3. I have a good understanding of mental health concepts.	0(0)	0(0)	1(4)	6(24)	18(72)
4. I have a good understanding of how good mental health may be maintained and promoted.	0(0)	0(0)	1(4)	8(32)	16(64)
5. I am aware of signs and symptoms of common mental illnesses.	0(0)	0(0)	0(0)	8(32)	17(68)
6. I feel positive about maintaining good mental health.	0(0)	0(0)	0(0)	11(44)	14(56)
7. I have good health habits / lifestyle, observing healthy diet and regular exercise.	0(0)	0(0)	3(12)	9(36)	13(52)
8. I practice stress reducing activities.	0(0)	0(0)	5(20)	9(36)	11(44)
9. Mental health is a priority for me.	0(0)	0(0)	0(0)	9(36)	16(64)

The paired T-test results were highly statistically significant for every question. In other words, there was a marked difference in responses before and after the intervention (see Table 3).

These figures meant that after the program there was a significant change in the participants' appraisal about their mental health and its value; a change in the understanding of mental health concepts and how this might be maintained and promoted; an awareness of the manifestations of ill mental health; and marked changes in behaviour towards maintaining and promoting mental health, reducing stress, and observing a healthy lifestyle.

These were remarkably interesting and encouraging results though constrained by small numbers. The largest changes were seen on question seven pertaining to observing good health habits and lifestyle, followed by question three concerning the understanding of mental health concepts, tailed by question four which sought their understanding of how mental health may be maintained and promoted, and question two on specific strategies to care for one's mental health, with all these questions having an increase in the mean score of at least 0.76. With a score of two as 'neutral', four as 'strongly agree', all means were on the positive side before the workshops, and most were around

midway between ‘agree’ and ‘strongly agree’ after the intervention. The values for question nine, “Mental health is a priority for me”, were high to start with but still showed a modest mean increase after the workshops. Thus, the impact of the program related to the improvement on the awareness and knowledge levels, as well as the behavioural level.

Table 3. Difference in responses before and after the workshops

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Estimate of mean difference	0.56	0.76	0.84	0.80	0.64	0.72	0.96	0.60	0.44
p – value	0.002	<0.0001	<0.0001	<0.0001	<0.0001	0.006	<0.0001	0.005	0.009
Mean response pre	3.04	2.84	2.84	2.80	3.04	2.84	2.44	2.64	3.20
Mean response post	3.60	3.60	3.68	3.60	3.68	3.56	3.40	3.24	3.64

Question seven had the highest change in response, as noted previously. This query was related to having a healthy lifestyle, in particular, having a healthy diet, regular exercise, and rest and relaxation. Figure 1 shows this change graphically.

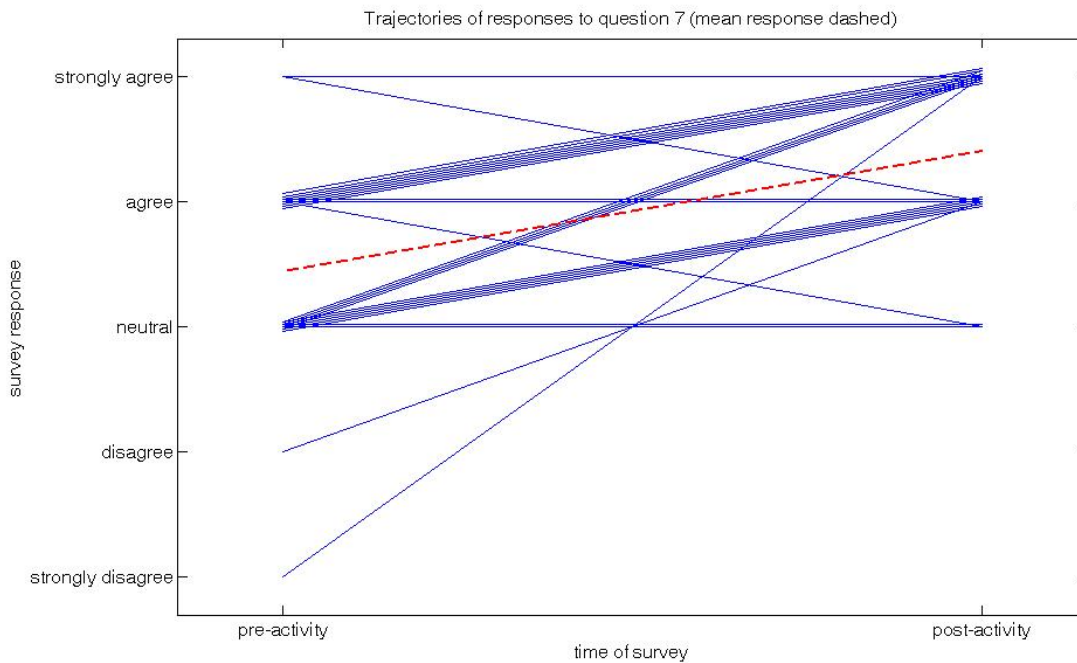


Figure 1. Change in good health habits / lifestyle, observing healthy diet, and regular exercise

Question four on a good understanding of how mental health might be maintained and promoted was a good summary of the response to the intervention, indicating mostly positive increases in answers. This trend is depicted in Figure 2.

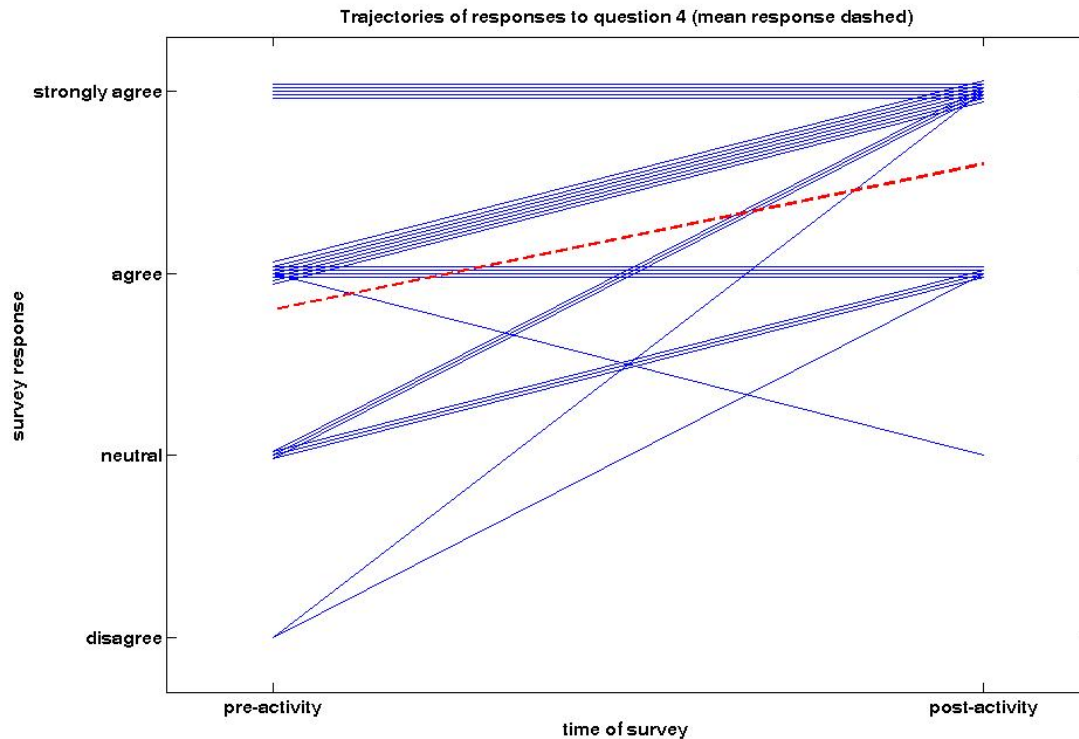


Figure 2. Change in understanding of how mental health may be maintained and promoted

The themes resulting from the qualitative data will now be explored.

QUALITATIVE DATA

From the focus group discussions, the perceptions and experiences of the most crucial outcome(s) gained from participating in the program were further illuminated. The three themes to emerge from the thematic analysis were “empowered me to take charge of my mental health,” “making connections,” and “readiness to be managers of future risks,” which captured the personal and professional impact(s) of the program on the participants. The lessons drawn from the program could be used to improve mental health in the workplace. Theme one (empowered me to take care of my mental health) will now be explored.

Empowered me to take charge of my mental health

A valuable lesson learnt was the significance of control in one’s mental health. This theme was elucidated by Inez, an older, highly educated registered nurse from the Philippines. Inez had lived in the Australian rural community and worked at the aged care facility for several years. She explained that “I am able to care for my mental health. It [the program] empowered me to take charge of my mental health.” Inez maintained that she now had adequate knowledge and skills to take care of her mental health.

However, people need support to maintain gains from education programs. Family relationships and support are significant in Filipino culture. Family separation has major impacts on mental health.

Nurses, most of whom are women, experience exhaustion from heavy caring loads and need to take time out to care for their wellbeing (Connor & Miller, 2014).

Nevertheless, Malina, a nurse from Croatia who had been employed at a rural aged care facility in South Australia for ten years, concentrated more on the workplace environment than Inez, reasoning that “the program provided opportunities to examine scenarios taken from the workplace, giving opportunities to explore problems and alternatives, and apply knowledge to real-life situations.” Malina thought highly of the program because it explored situations that occurred in the workplace, what might have led to the problem, and provided opportunities to investigate alternative solutions to improve patient care and the work environment. She added that “if I can look after my mental health, I will be able to look after others’ mental health.” Feminist theory works with everyday experiences, is strongly linked to social justice, and gives voice to neglected groups such as immigrant nurses in rural areas (Harding, 2004b). Quality nursing care is essential to the wellbeing of clients, but nurses need to be in excellent mental and physical health to provide optimum care (International Council of Nurses, 2012).

Empowerment was possible because the program provided skills to expand participants’ coping strategies. Rosario, a less experienced aged care assistant who had recently arrived from the Philippines and worked at a rural aged care facility for two months, contrasted somewhat with Inez and Malina who had both been employed in aged care in rural Australia for several years. Rosario explained that she was having problems in adjusting to the work culture in the facility. She asserted that “I will do away with negative thinking and be more positive. I will use the tools taught to change my perspective. An important outcome of the program was expanding my coping strategies.” Immigrant nurses are often required to cope with lower status employment, occupational stress, racism, homesickness, abuse from patients and other staff, and gender issues such as being stereotyped as a “mail-order bride” (Connor & Miller, 2014). The mental health self-management program provided Rosario with a range of coping strategies, including reaching out to others. The next theme is making connections.

Making connections

The second major theme, making connections, is regarded as finding links between personal beliefs, family, friendships, the community, the workplace, and mental health. Sarita was a young nursing graduate who had recently arrived in a South Australian rural community from Nepal. She had worked at the local aged care facility for three months. Sarita maintained that “with these educational sessions, I can understand the link between mental health and work. Mental health is essential also for a happy life.” Sarita had discerned how relationships between mental wellbeing and the workplace impact on other areas of life. Dolores, another highly experienced nurse from the Philippines, extended upon Sarita’s views commenting that “there is the opportunity of making connections with past experiences and with others and reflect on your practice.” Dolores had lived in a rural community for five years and had been employed at the aged care facility for four years. Similar to Inez and Rosario, Dolores was from the Philippines where family connectedness is critical. For Dolores, connecting and reflecting on one’s practice is essential in nursing because nursing is a diligent moral interpretation where the nurse brings their beliefs, knowledge, and experience into nursing practice, and engages in reflexivity to provide appropriate patient care. Nurses should enter into early consultations with colleagues to improve the work environment making it more conducive to care and to good mental health. Initiating dialogue takes courage, and nurses, the majority of whom are women, often experience feelings of powerlessness or being silenced (Buresh & Gordon, 2013). Nevertheless, situations can be analysed and utilized constructively to bring transformation (Cash et al., 2013). The last theme to be examined is the readiness to be managers of future risks.

Readiness to be managers of future risks

This research regards future risk as discrimination, bullying, and unexpected realities of the aged care workplace, which can lead to poor mental health. When queried about the personal and/or professional effects of the program on the participants, Lucy, a registered nurse from the Philippines who had worked in rural areas of Australia for ten years, offered one personal/professional impact of the program which resonated with the other participants:

It would be ideal to include mental health care in the orientation of immigrant nurses in the health service. This program would be beneficial for the nurses' readiness to be managers of future risks such as discrimination, bullying, depression, and anxiety, help prepare for the worst and enhance the ability to deal with some harsh realities of work.

Lucy maintained that immigrant nurses needed preparation for the situations that they might encounter and skills in appropriately managing these. As an immigrant nurse, Lucy had experienced discrimination, bullying, unsafe work environments, and heavy workloads; she saw the need for social capital where she could be supported, take care of others, develop trusting relationships, and advocate for resources (Cox, 1995).

Similar to Lucy, Natalia, a nursing assistant from the Indonesia who had worked at a local rural aged care facility for three years, saw the need for support. However, she identified a conflict in the workplace relating to her desire to pursue further studies; she intimated that her peers were not supportive of her university aspirations. She explained,

The program has relevance to the workplace. The relevance is in caring for the carers also. This intervention should have an impact on workers like me who are trying to better themselves by studying and hoping for better positions in the future. It is easy to get discouraged sometimes ... however, this program boosts immigrant workers.

Natalia maintained that caring for the carers is paramount to good mental health. She confirms Benhabib's (2014) contention that self-care and caring for others is a moral and feminist imperative. Natalia had the lived experience of needing support to achieve her aims of improving her standing both in the community and professionally. She maintained that the mental health program gave encouragement and strategies.

Sukanya, an experienced internationally qualified nurse from India who had worked in a local rural aged care facility for five years, added "this program will benefit all aged care workers. The content is relevant and universal, and the materials and resources are useful." Australian aged care facilities employ staff from various cultural backgrounds, and Sukanya's comments highlight the importance of universal mental health resources. The statements from Lucy, Natalia, Sukanya, and the other participants also reinforce DeVault and Gross's (2012) conviction that feminist researchers must actively listen and examine their own beliefs and those of others to create knowledge.

Further statements made by other participants captured their perceptions of the program. In particular, one participant volunteered "I am pleased that there is interest demonstrated for immigrant nurses." This statement is crucial because there is little societal interest in the situation of immigrant nurses in rural areas and subjugated knowledge is revealed (Harding, 2004a). A feminist standpoint interpretation undertakes to coordinate moral and social theory around complexities of caring by centring attention on oppressed groups and on their experiences and practices (Green, 2012). The mental health self-management program itself is a way of demonstrating the ethic of care (Preissle & Han, 2012). In the process of care, people are given a voice and listened to carefully and respectfully on their own terms. Bowden (1997) and Benhabib (2014) maintain that claiming an ethic of care as the foundation for moral ascendancy must include the consideration of oppressive conditions under which many women are required to carry out care. Social inequalities such as poverty, oppression, heavy caring loads, poor access to support services, and low educational attainment that impact upon the caring need to be addressed (Bowden, 1997). Feminist ethics recognizes that rules must be

applied in a context, and real-life moral decision making is influenced by the relationships we have with those around us. Several participants maintained that all other work colleagues would benefit from attending a similar program. They demonstrated a way of developing social capital by making overtures to other staff, a key strategy of feminist theory which could improve mental wellbeing (Cox, 1995).

The type of learning that guided subsequent interpretation, understanding, and change in behaviour is referred to as “transformative learning, which involves reflectively transforming beliefs, attitudes, opinions, and emotional reactions that constitute our meaning schemes or transforming our meaning perspectives” (Mezirow, 1991, pp. 223-224). Learners concentrate upon and examine the powerbases, their culture and the workplace culture, assumptions that underlie beliefs, feelings, and actions; assess the consequences of these assumptions; identify and explore alternative sets of assumptions; and test the credibility of these (Lincoln et al., 2011). The results of this study indicated that a change in thinking was triggered, followed by a change in behaviour. The participants were enabled to undertake self-management strategies. There is the potential to develop a culture of empowerment, defined as the ability of individuals to gain an understanding and control over personal forces for improving life situations. The use of relevant scenarios, followed by discussions, during the program assisted people in gaining understanding and insight into how they might cope and change.

Most of the participants felt that the workshops did not need alteration. Recommendations for the mental health self-management program included expanding the workshops to cover more health care services, extending to metropolitan aged care services, and surveying the same participants in six to twelve months after workshop completion to determine the durability of the program. The next section will discuss the implications of the research.

IMPLICATIONS OF THE RESEARCH

The implications of this study related to two domains where the research findings might be applied – nursing education and clinical practice. Education of nurses in this context refers to equipping nurses (especially immigrant nurses) to care for their mental health. Stress management must be emphasised in nursing education and training. It is imperative that nurses identify when resources are insufficient to meet the care needs of groups and gain competence in interventions that promote safety and security (Australian Health Practitioner Regulation Agency [AHPRA], 2019). Education should be comprehensive to engage nurses in self-management strategies skilfully.

As coping at work is complex and concerned with highly individualised concepts, clarity in the understanding of caring for one’s mental health from the immigrant nurses’ perspective is essential. The orientation of immigrant nurses in the workplace must integrate mental health care. It is important to understand employment experiences, identify areas of concern, and have policies and procedures in place to ensure continued improvement in clinical practice and safe and high-quality nursing service. In order to achieve positive workplace experiences, qualified overseas nurses need to be prepared and empowered to care for their mental health. Without support, the sustainability of the migrant care workforce may be undermined (Connor & Miller, 2014; Zehavi, 2019).

Participation in the program could have flow-on effects, such as enhanced ability to cope with the pressures of work and increased work readiness and morale, that could help develop job resilience. The new awareness and knowledge would be beneficial in the family and community as well, as issues at work can impact on the ability to care for the family, and there are often issues around family separation (Lombardi & Coley, 2013). To validate findings, it is suggested that the study be expanded to include different participant groups, in particular, men, and the use of different methodological approaches such as randomised control studies. Another recommendation is to expand its reach by involving more aged care services and to include metropolitan services. Testing the durability of improvement also is being planned. This test means doing repeated measures designed to test the impact of the program after six months and after a few years have elapsed.

LIMITATIONS OF THE RESEARCH

The initiative reported here was an inaugural mental health self-management program; it lacked a comparison group and had a small sample size. The evidence of the development of desired behaviour, such as resilience or improved morale, was limited. However, this could be followed up, and there could be an opportunity for further research to investigate how the gains from the program were maintained, in particular, the impact of intersectionalities such as gender, culture, social class, and family support, on the maintenance of gains from the program. Another possible limitation was the non-return of transcripts. The participants were offered the opportunity to verify the transcripts, but none took up the offer. However, the data were analysed by two researchers to ensure trustworthiness.

The diversity of backgrounds and nursing qualifications might be a limitation because it would yield different experiences. Nevertheless, the participants shared social situatedness such as gender, rural location, immigrant status, and employment in aged care. Social class was not discussed in detail in this research article because its interpretation varies with different cultures (Francisco-Menchavez, 2018). However, there were also commonalities; all of the participants had experienced difficulties in the workplace and discrimination. Many did not feel empowered to take care of their mental health or felt the need for support.

The participants were also widely dispersed throughout the region, meaning that the researchers were required to travel vast distances. With the use of e-technology, such as Zoom, virtual classrooms may have been appropriate to conduct some workshops. The scheduling for workshops was a problem in several areas because of staff shortages. Staff shortages are common in aged care, negatively impacting on nurses' mental health and the capacity to follow through on self-management; this scenario needs to be placed on the public agenda. There were 31 participants initially, but six did not complete the program because of work commitments.

CONCLUSION

In conclusion, a conducive and supportive learning environment was successfully created in order to teach female immigrant nurses' self-management strategies to care for their mental health. Though constrained by small numbers, the findings showed many beneficial outcomes gained in conducting the program resulting to a significant change in the participants' appraisal about mental health, understanding of mental health concepts and how this might be maintained and promoted, awareness of the manifestations of ill mental health, and behaviour towards maintaining and promoting mental health. This initiative is a way of improving the employment experiences of immigrant nurses by empowering them to care for their mental health. For generalisability, however, more research is needed.

Self-management is a growing arena of strategic importance relevant to immigrant workers, especially in rural areas where there are limited resources (Rogers, 2009). The mental health self-management program described here endeavoured to increase female immigrant nurses' awareness of maintaining and promoting mental health and wellbeing. The feminist standpoint interpretation revealed subjugated knowledge around determinants of wellbeing such as gender, culture, workplace culture, and rurality, which would impact on mental health and the maintenance of gains from the program. The approach also helped decide the impact of the intervention and report on the outcomes of implementing the program in rural aged care services in South Australia. From the evaluation, it was clear that the objectives of the program to raise the importance of self-management among female immigrant nurses, expand their coping strategies, and determine the impact of the program on the participants, were met. The participants had recognised the responsibility for their mental health and made connections between mental health and work, relationships, and happiness and had learned some strategies and skills to manage future risks.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the Safe WorkSA, Augusta Zadow Program. The research could not have taken place without the assistance of the nursing managers at the various venues and the research participants who gave freely of their time and provided rich data. Last but not the least, many thanks to our dear colleague, Dr Brian Webby, who provided us valuable statistical advice.

Declaration of interest statement: There are no conflicts of interest to declare.

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