Vietnamese-born Health Professionals: Negotiating Work and Life in Rural Australia

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Abstract

Introduction: Australia is a culturally diverse nation due to migrants from a wide variety of countries creating a multicultural society. The health professions are highly valued by the younger generation of overseas-born migrants who have acculturated into Australian society; many have chosen health care as their profession in Australia. However, most migrants settle in metropolitan areas and young health professionals may find working in rural or remote Australia culturally and professionally highly challenging. The present study of migrant health professionals examined the life experiences and acculturation strategies of Vietnamese-born health professionals working and living in rural Australia. Objectives: The two main study objectives were to: (1) examine aspects of the acculturation of overseas-born and Australian-trained health professionals in the Australian health discourse; and (2) identify key coping strategies used by them when in working in the rural context.

Methods: Six overseas-born, Australian-trained health professionals were invited to participate in this qualitative study using a snowball sampling technique. The participants were all

born in Vietnam and had experienced working in rural Australia. They included three medical doctors, a dentist, a physiotherapist and a nurse. The interviews were recorded and four participants also provided additional written responses to some of the open-ended interview questions. The interview data were transcribed and later coded for thematic analysis. Topics and themes that emerged focused on the issues and strategies of acculturation to the rural health context.

Results: The study showed that the acculturation process was affected by the participants' views about and attitudes towards working in an Australian rural context. The study identified these essential strategies used by the participants in adapting to a new workplace: collaborating, distancing, adjusting, repairing, and accommodating.

Conclusion: The study provides insights into the lives of these health professionals in a rural context, and particularly their experience of cultural shock and the coping strategies they may use. A need is identified for a larger study to inform recruitment and retention of these health professionals to rural Australia, and to assist universities to prepare such students and their clinical supervisors for rural placements.

Key words: acculturation, cultural diversity, migrant health workforce, overseas-born health professionals, rural communities, rural health context, social capital

Introduction

This study seeks to explore the experiences of Australian trained, overseas born Vietnamese health professionals living and working in rural Australia. There is a considerable body of research on the experiences of overseas trained health professionals [1-3] especially doctors, in rural Australia but very little about those who have previously lived and trained in Australia, particularly those with a Vietnamese background. It could be assumed that Australians who grew up in a rural area are more likely to practise rurally, but there is no evidence of the influence of early life experiences of overseas born, Australian trained health professionals on practice location. A qualitative study of migrant health professionals was conducted. It involved six Vietnamese born and Australian trained health professionals. The main aim of this exploratory study was to examine the acculturation of six Vietnamese health professionals born overseas, trained in Australia, and working and living in an Australian rural context. The focus was on the following questions of inquiry:

- What are the difficulties facing the health professionals in their acculturation into a rural environment (such as cultural shock, working conditions, family issues)?

- What are the factors which help them to adapt to the new working and living rural environment (such as social and cultural capital, local community awareness, health resources)?

- What are the strategies that are used by the participants to deal with work and life in a new rural environment?

Background

Healthcare has been one of the main issues in Australian politics in recent elections as it affects everyone in the community. Different governments have attempted to sell their healthcare policies on the basis of equality as well as efficiency and economy [4] . As Australia is a multicultural nation, health care needs to take into account the diversity of people of different social and cultural backgrounds. Terms such as intercultural health, migrant health, and indigenous health commonly used in public communication reflect the dynamic nature of cultural diversity in Australia.

Another big issue confronting Australia is skill shortages, particularly in the health area. The ageing generation of baby boomers demands more health services and health professionals [5]. The problem is compounded by the fact that there is an unmet demand for health professionals, particularly medical doctors and dentists, in rural and remote areas of Australia. One of the reasons for this is that it is hard to attract health professionals to rural and remote areas. Their reluctance to work in rural Australia is based on many factors: unfamiliarity with rural life, lack of facilities and resources, cultural and distance isolation, family commitments, lack of spouse employment opportunities, lifestyle, and fear of the unknown environments [6]. Social and cultural capitals can play an important role in supporting health professionals in their transition from an urban to a rural context. Hanifan [7] was among the first authors who introduced the notion of social capital in his discussion of rural school community centres. According to him, social capital designates cultivation of good will, fellowship, sympathy and social intercourse among those that make up a social unit. This notion was later extensively discussed by Bourdieu [8] and Putnam [9].

One of the solutions to rural health professional shortages has been to employ overseas-trained health professionals to work in remote and rural parts of Australia. Their contribution is greatly valued by governments and the community. However, the so-called overseas-trained doctors (OTDs) solution has its own problems [3, 10].

Another phenomenon in Australian healthcare is the increasing number of overseas-born and Australian-trained health professionals (OBAT) in Australia. This category of migrant health professionals tends to be bi-cultural in the sense that they are familiar with two cultures and their contribution to health care is acknowledge in bicultural health research [11, 12] They may not encounter all the problems facing OTDs as they were brought up in Australia. However, there are still issues and problems about their acculturation into rural health which need to be understood by health professionals, policy makers and universities. There is little or no research dealing with OBAT working and living in rural Australia. This study offers some insights into their professional and social experiences when making the transition to living and working in an Australian rural community', with a focus on those with a Vietnamese background. It aims to examine the issues and problems facing six Vietnamese OBATs work-

ing and living in rural Australia and identifies the strategies they used in coping with a rural living and working environment.

Method

Six overseas Australian trained health professionals participated in this qualitative study. Following ethics approval, participants were recruited using a snowball sampling technique. As the term 'overseas born' loosely designates a wide range of cultural diversity, the focus in this study was on participants from the same cultural background (i.e. Vietnamese). This avoided the cultural gap between migrants thus rendering their perspectives too big to capture in a small study. The participants were six Vietnamese health professionals born in Vietnam and trained in Australia and had some working experience in rural Australia. They included 3 medical doctors (2 females), 1 male dentist, 1 female physiotherapist, and 1 female nurse. An ethics application was submitted to the Tasmanian Social Sciences Human Research Ethics Committee prior to interviews.

Data collection

A semi-structured interview telephone was conducted with each of six Vietnamese-background participants. Participants were sent a list of the broad questions in advance of the interview with a note advising that questions were flexible enough to accommodate their personal preference in sharing their views and experiences with us. The participants were encouraged to share responses or other comments in writing before or after the interview. . The interviews were recorded with the approval of the participants. Four participants also provided some written responses after the interviews. The recorded interviews were supplemented by notes.

The small sample size and the sample's restriction to just one migrant group (Vietnamese) is a limitation of the study. It is exploratory, qualitative research and hence the results are not generalisable beyond the sample, in particular, the results are not generalisable to other ethnic groups.

Data analysis and discussion

The interview data was transcribed as raw data and later coded for thematic analysis. Codes included topics and themes arising from the raw data as well as those previously identified from the literature and reflected in the construction of the interview questions. There was a focus on issues and strategies of acculturation into a rural health context. Using NVivo, the data was coded using free nodes and hierarchical nodes. By integrating issues identified from the interviews as coded to the nodes and the previously identified issues represented by the interview questions, several themes that were common across all or most of the interviews were identified. Perhaps because the sample was small, there was not sufficient evidence of contrasting sub themes. The themes, expanded below, were cultural shock, social and emotional support, advantages and disadvantages of rural practice and rural life, and adaptation/coping strategies.

Cultural shock in rural acculturation

The concept 'acculturation' describes the process in which an individual or group of people adapt as a result of contact with a new culture, which may result in some changes of behaviour, perception and attitude. Cultural shocks occur when the two cultures are vastly different and there is little contact between them, for example Senegal and Australia. The acculturation becomes harder when the two cultures have different languages. Our participants observed a number of differences between the rural communities where they were practicing and their own family life in both Australia and Vietnam.

> *For me, the obvious cultural shock that I experienced in the first few weeks in this rural town was what to do in the evening and particularly on the weekend. I used to hang out with friends in the city, spending a lot of time shopping, visiting friends, and our house was always filled with visitors on the weekend. We cooked together Asian foods and chatted about things. In a small rural town, there was not much for me to do after work. I felt rather lonely. Thus I spent a lot of time talking to my friends on the phone. (Participant)*

For migrants from a different culture, their views and attitudes toward health issues and health care can cause problems in the acculturation process. For instance, participants

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shared stories of accompanying family members who went to doctors or a health clinic only when they were very ill, not just for a regular check-up or preventive health practices.

There are health issues and problems which need to be handled differently in Australia such as patients' right to health information, health privacy, use of prescription drugs, eating habits such as sharing foods with others at a meal, overuse of Monosodium Glutamate (MSG) in cooking, male smoking in the house etc. Many new Asian migrants tended to accept fatalistic beliefs (high belief in chance) and this could result in poor initiative and inappropriate behaviours in health matters.

> *When my mother had a nasty cold or flu, she asked my father to use a coin to scratch her back to take away the bad wind from her body. After about 40 minutes of 'wind scratching', my mother's back looked horrible. It was like being tortured in a prison. When an Australian friend saw it, she's so shocked and told my mum to rush to the hospital. She's more shocked when my mother and father laughed happily about her suggestion. (Participant)*

The concept acculturation normally applies to the situation when people from one culture move to another culture. However, it can be extended to include the process of adapting to a new discourse within a culture. Thus, for those who are brought up as city people, moving from a big city to live in a small rural town may require big changes in their views, attitudes and lifestyles. The cultural shock experienced by the participants in this study in moving from a crowded Asian city to a small Australian city was hard and the cultural shock experienced in living in a rural town was a big challenge. It was a two-layer of cultural shock in the acculturation process for them.

> *I couldn't believe it when someone in the town told me that they needed to go to a quiet place on the weekend, away from the town. To me, it's already too quiet and I wanted to spend weekends in a city, but these people want to live with nature and to run away from the town's crowded population! How ironical! (Participant)*

Rurality can be defined in different ways depending on the perspectives adopted by the definers. From the participants' cultural perspective, their view of rurality is very different from that of Australia. At the village level, people live in very close proximity of one another. Collec-

tive work and social activities are predominant. It can be seen as a vastly extended family whose members share similar values and collective spirit. Health care is also a collective matter with little assistance from the government. In Australia, the unit 'village' does not exist. Farmers live far away from one another. There is little daily interaction among them. At a town level, there are some similarities between Australia and the participants' home countries. There is more communicative interaction and the presence of commercialism and government services start to show. However, the participants were bewildered by the lack of interaction between town people on the basis of gender and age. Teenagers and older people did not often share social activities. This is very different to Vietnamese social interaction. Participants noted this difference and realised it could have implications for health communication and health care.

When a participant did her internship in a rural clinic, she was surprised to see patients with no or few visitors. She felt disheartened to see older patients being neglected or abandoned by their families and friends.

> *One thing that my parents were very scared when they visited a nursing home. They saw old people on wheel chairs and no one to talk to. For them, these old people were abandoned and left there to die. They wanted to go back home to live when they were at that age. (Participant)*

Social and emotional support in a rural context

Social capital emphasises an individual or group in a structure of relationships which provides a source for their support and enhancement. It takes place at family, community and institutional levels. The emotional support of accompanying participants' families was an important factor.

> *I felt very lucky that my parents moved along with us to the town when I got the job. Actually we were much closer when we moved there. We spent a lot of time together. As our house was a short walk from where I worked, I occasionally came home to have a quick chat with my parents. It's a big advantage. I couldn't do it if I lived in a big city like Melbourne or Sydney. (Participant)*

At the community level, the important sources of support in a rural town included the neighbourhood, social clubs, and close combined networks of colleagues and friends.

> *I'm not sure neighbourhood truly exists in a big city. There, everyone lives their own life. Most people do not know who their neighbours are, except saying hello and good-bye. It's wonderful in a town as most of our neighbours were our friends. We saw them when we looked through the windows, we met them at the local stores, and then at the sport oval. (Participant 6)*

At the institutional level, working in a rural health centres can have enormous benefits which may not be found in big cities. The concept 'collegiate' in a rural context has a profound meaning, professionally and emotionally. Health professionals work closely together and the professional boundary among health areas do not function rigidly.

> *There was no need for us to introduce ourselves there. We knew who we were, and knew well our personal strengths and weaknesses. In this way I felt very at home with my colleagues. I didn't have to prove how good I was! (Participant)*

Advantages and disadvantages working in a rural town

There were positive and negative aspects in the participants' transition from Asia to Australia and from an urban to a rural area. Miscommunication occurred when people of different cultural and linguistic backgrounds use words embedded with cultural meanings as indicated in a participant's reaction below.

> *I was rather uncomfortable when a person at work addressed me as 'love' as in "Yes, love, a new chair will be here shortly". First I felt very annoyed but later I understood the casual way in their communication at work. (Participant)*

Communication was sometimes a problem despite the participants being fluent in English. . Most town people tended to speak Aussie English with a broad accent, particularly male speakers. For example, it is hard to distinguish the sounds in words such as nice/noise, sure/shore, day/die. The use of local Aussie slang by some local town speakers was a big obstacle to comprehension. Participants tended to ask them to repeat their saying many times and this could cause their mistrust about their English and professional competence.

However, for the participants, the positive professional aspects were strong enough to maintain interest in remaining in rural practice. First of all, they were own bosses. Colleagues were close and worked collaboratively. There was a strong bond between staff, patients and the community. Interpersonal relationships were built on trust, support, respect and care, which are not as easy to develop in a big crowded city. These became their valued social capital while working and living in a small town.

Strategies for acculturation in rural health context

Strategy is the term to designate the carefully considered tactic to achieve one's goal. Health professionals need effective strategies to deal with challenges in their working environments. Some strategies are used as 'coping strategies' which help survival in a very challenging context. Problem-solving strategies which are efforts to do something active to alleviate stressful circumstances, and emotion-focused coping strategies, efforts to regulate the emotional consequences of the circumstances were evident.[13]

Moving to a new social and cultural environment is not a simple and easy transition, particularly for migrant health professionals whose cultural background is so different from that of the local community. For some it can be an exciting and enjoyable experience and for others it could be a tough battle which can result in disillusion, despair or bitterness. However, the data from the study reveals a mixture of positive and negative aspects. For the participants, an active, problem-solving strategy is not just dwelling on the cultural differences:

> *I think we have to learn how to confront the situation and make it work for us. I learned from my parents that life is boring if everything in life is so smooth. Thus, there are good things and bad things, wherever you go and whatever you do. We need to develop ways to deal with adverse situations as well as ways to enhance our living conditions. I mean we need to use some strategies to deal with new situations. (Participant)*

Strategies are needed to work out effective ways in problem solving. Some strategies are commonsense problem solving acts which do not require much effort to develop whereas there are strategies which depend heavily on the psychological and social abilities and skills of people in dealing with challenging living and working environments.

The following strategies were identified from this study.

Collaborating

Collaborating is important in working together with others or in a team, particularly in a context where one is a new member and is not familiar with the new discourse and conditions such as procedures, workplace communication, and interpersonal relationships. For the health professionals, particularly those with little rural life and work experiences, collaborating is among the first, problem-solving survival strategies. In addition to collaborating at work, several of the participants extended this problem-solving strategy to their social lives:

> *When I arrived at this health clinic in this rural town, I felt so hopeless. What I learned at the university didn't prepare me for this. There were only two choices: to quit and to stay. No way, quitting is not my way of dealing with life, but if I stay, I must find a way to deal with my new situation. The best way for me was to make friends with people at work and in the community. They all had something for me to learn. I spent a lot of time socializing and working with other health workers. Gradually, I felt at home with the new place. (Participant)*

Accommodating

The term 'accommodate' is used here to indicate the willingness of a person to accept a different way of life in a new social situation in order to avoid possible conflicts. It is an emotion-focused coping strategy. When the Vietnamese health professionals who were trained in an urban institution moved to work in a rural context, they needed to accommodate the conditions and ways of living and working in a new environment.

Participants' cultural background can have an impact on their choice of strategies. This is shown in the response by a Vietnamese-background participant:

> *In Vietnamese, we have a popular saying: 'The journey is difficult not because of huge mountains and wild rivers blocking the journey, but because of the fears of mountains and rivers'. Thus I had to accept the new working and living conditions and learn how to accommodate them. Otherwise I just gave up". (Participant)*

Distancing

The term 'distancing' is used here to show a member's lack of active engagement with other members of a group. It is a subtle rejection of the ideas or actions of other members in a

group. Distancing is to take a step back to ensure that one does not join the membership of a social discourse. It is another emotion-focused coping strategy. When a group of colleagues sit together and talk badly about other colleagues, participants found that sometimes the best strategy is to distance oneself from such a social activity. In other words, distancing strategy is helpful in that it gives time for new health professionals to gradually get into the social network without making mistakes due to lack of awareness.

> *When I started working there, I was invited by many local people to participate in various social activities in the town. It was good that I was received warmly by the local community. I also made sure that I wasn't fully committed as I needed my own space. I declined several invitations to participate in local events. It had to be done suitably. (Participant)*

An interesting aspect of using distancing strategy is to put on the 'foreign attitude' so that one can be excused for being 'foreign' as new comers.

Repairing

Repairing is a problem-solving strategy that was used when there was something wrong which needed 'correction'. Problems facing migrant health professionals in a rural context vary due to their professional experience and familiarity with the rural life. Mistakes can occur at any stage of their career. Participants found it was important to recognise potential problems in a new working environment and to develop repairing strategies to deal with them as they arose instead of abandoning their commitment to rural health.

> *When a problem occurred at work, naturally I felt bad but I had to be honest with myself reminding me that I had a lot to learn and avoiding the blame game. I wanted to sit down with my colleagues to talk openly about the problem, and how to improve. (Participant)*

According to one participant, a repairing strategy works better in rural health services than in hospitals in big cities. In a small rural community, staff members work and live as a family metaphorically. Thus it is easy to share problems and seek help when needed. In summary, though the participants were health professional trained in Australia, their cultural backgrounds played an important role in their acculturation into a rural environment. The insights

from the study indicate that Vietnamese-background health workers can experience complex cultural adaptation issues in their transition from the Vietnamese culture into the Australian mainstream culture, and from the Australian urban context to the rural context.

Implications

Vietnamese-background health professionals can find living and working rural areas both inspiring and challenging. There are particular professional advantages of working in small teams and small institutions. It is important to enhance the work and living conditions to attract and retain rural health professionals. The focus of this study was on Vietnamese-background health professionals. However, it provides useful insights dealing with theoretical concepts (e.g. social-cultural capital, cultural shock, acculturation strategy) and issues on intercultural interaction (e. miscommunication, intercultural identity). From the practical viewpoint, this study identified several conditions which can attract health professionals to move to and remain in a rural area in addition to incentives for rural practice that apply to all health professionals, .

Family is very important to Vietnamese health professionals, and is likely to be important for some other cultural groups[6]. There should be flexibility for them to care for their families, and rural communities should consider strategies to make families feel at home. As well, the community should provide social and intercultural activities and resources which encourage Vietnamese health professionals to stay and accept the town as their home.

Professional development is a priority, not just for these professionals but also for the health services and their colleagues. There should be strategies to encourage close interaction between rural health professionals and their colleagues in other rural towns and big cities.

It is important for health services to be aware of different strategies used by Vietnamese health professionals in their acculturation into a rural working environment. Such awareness can create sympathy and support for them in coping with the challenges in a new environment.

Conclusion

Healthcare has been a dominant issue in Australia. As McGrath [3] points out, 'Australia has an enviable international reputation for the quality of its medical services. However, there are still many challenges as far as health is concerned'. One of the big problems, which can be seen as a crisis, is the shortage of health professionals in rural and remote Australia. Various solutions have been advanced to deal with the problem including increase of intakes into health courses, financial incentives, and the recruitment of overseas-trained professionals. Another potential way of addressing the health demand issue is the recruitment of overseas-born and Australia-trained health professionals.

The study reported in this paper gives some insights into the life of these health professionals in a rural context, and provides some insights, particularly about their cultural shocks and coping strategies which are useful for health authorities and policy makers to take into consideration in maintaining them in the rural workforce. A larger study is required to inform recruitment practices of rural health providers and assist universities in preparing students for rural practice.

The study highlights the importance of cross-cultural understanding at the level of health services and local communities as a way to facilitate the integration process of heath professionals from different cultural and linguistic backgrounds.

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