



# Haere Mai

## Welcoming overseas staff into New Zealand hospice culture

## Slang

Sweet As	Cool or Awesome
Jandals	Flip Flops / Thongs
Thongs	G-String style underwear
Chuffed	Happy, pleased
Jam	Fruit preserve/Jelly
Jelly	Jello
Knackered	Tired/Exhausted
Skint	Broke / poor / no money
Chips	French Fries or Crisps
Hard Case	Funny person
Wop-Wops	Middle of nowhere
Torch	Flashlight
Gumboots	Wellingtons / Out door water proof boots.
Cuppa	cup of tea or coffee
Squizz	Take a look
Flat Out	Going very fast
Takeaways	Fast food
Munted	Broken / Ruined
Suss	To investigate, short for suspect
Chocka	Full or overflowing
Toes	Swimsuit

## Why?

We register more than 1500 new doctors each year and there are over 12,000 registered doctors practicing in New Zealand . More than 40 percent have trained overseas – coming from over 100 countries.

– Medical Council of NZ website

## What are the benefits?

- ❖ Retention, low staff turnover
- ❖ Employer needs a competent health professional who can successfully work within the organisation and with community partners
- ❖ Health professional needs a stable organisation that will help him/her practice safely and competently, and also promote successful integration into the agency and community.

## Where to Start

### Before they even arrive...

- ❖ A helpful guide to what forms, visas etc are required, how to complete them, where to send them
- ❖ Organise who will meet and greet, welcome
- ❖ Temporary housing and transportation
- ❖ Set up email, outlook calendar, electronic record accounts
- ❖ Ensure office space ready, remove old supplies/files/etc

## Where to Start...professional

### A Good Orientation!!!

- ❖ Assign a mentor or buddy
- ❖ Orientation checklist
- ❖ Introductions to team members, community groups
- ❖ Walk through meeting schedules and daily routines
- ❖ Documentation –notes, letters, death certs, cremation forms
- ❖ Prescriptions and orders – Pharmac
- ❖ Procedures for holidays, sick leave, study leave, stat days
- ❖ On call expectations

- ❖ Build in un-scheduled time so doctor can meet with his/her supervisor, spend time with other palliative specialists, set up bank accounts etc
- ❖ Adequate coverage for essential tasks while they settle in
  - A few weeks to a couple of months
  - No initial on call responsibilities, then support
- ❖ Membership in NZ professional organisations
- ❖ Help establish networks
  - Conferences and meetings
- ❖ Guidance and support to maintain reporting for registration
- ❖ Professional supervision

### We don't always know what we don't know

- ❖ Don't assume – what is second nature to you maybe a foreign concept to a new doctor
- ❖ Language and accent can change understanding
  - Medical terminology and spelling
  - Acceptable abbreviations
- ❖ Syringe drivers
- ❖ Prescribing regulations
- ❖ Medication names, availability, funding
- ❖ CPD enrolment and tracking process

### Maori Culture

- ❖ Maori beliefs and customs are part of our everyday practice
  - Te Whare Tapa Wha
  - Te Ara Whakapiri
- ❖ It is our responsibility to share our knowledge
- ❖ Some countries have no indigenous culture
- ❖ Mauriora website
  - <http://mauriora.co.nz/>



### Where to Start...personal

- ❖ Kiwi Handbook
- ❖ How to navigate the system
  - ❖ Sign with a bank
    - ❖ Bank accounts and paycheck deposit information
  - ❖ Rent a home or get a mortgage
  - ❖ Find a GP, and enroll
  - ❖ Power company
  - ❖ Telephone, internet, cell phone connections

- ❖ Housing – options, areas to live,
- ❖ NZ tax system
- ❖ Driving
- ❖ Insurance
- ❖ Heating of homes in NZ
- ❖ Community services – schools, dentist, optometrist
- ❖ Lifestyle - dining out, church, shopping, hobbies
- ❖ Sport

### Support Network

- ❖ Have them over for meals, weekend activities
- ❖ Engage in social activities both in groups and individually
- ❖ What's on out of work
- ❖ Keep including in activities and lives, until own network established

## Consider...

For an influential role such as Medical Director consider bringing candidates to visit prior to appointment

- ❖ We brought two candidates and their partners to Invercargill to meet them in person and allow them to meet us, see the facility, the staff, the community
  - Took them to see houses for sale
  - Visited a school
  - Showed them some of the tourist options
- ❖ it is more than just a job, it's a lifestyle choice
- ❖ allow time to meet with a palliative specialist working here

## Culture Shock!

### The same but different...

- ❖ Some new staff may appear to be from a different culture
  - Appearance, strong accent, English is a second language
- ❖ Some new staff, it may not be as apparent
  - Our new doctor looked like us, she sounded like us (mostly), therefore she was the same as 'us'
  - Common language does not mean a common culture
- ❖ Either way, don't make assumptions!

- ❖ US have a direct approach
  - Caused some conflict until understood
  - 'What is his bp?' not a criticism but an enquiry
  - NZ approach much more round about
- ❖ Some countries have a very formal approach
  - Very clear lines of authority
  - Doctors interactive rather than directive
  - NZ very casual, lines may be more blurred
- ❖ Expectations of role can vary between countries
  - Who does what?

## P.S. In NZ..

- ❖ Houses are cold, and heat and electricity are expensive
- ❖ You have to pay for GP appts here, (unlike UK)
- ❖ Healthcare coverage depends on visa status
- ❖ There are some things you just can't get here
  - but you don't need as much stuff as you thought you did
- ❖ Food tastes better without partially hydrogenated oils
- ❖ There are a lot of public holidays here
- ❖ Cost of living is low / cost of living is high! ☺

## Finally

- ❖ Culture shock is worse after you've settled in and the novelty has worn off. Also reverse culture shock is a thing.