

STATE OF THE SCIENCE

Facilitating international medical graduates' acculturation: From theory to practice

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None

Abstract

Context: International medical graduates (IMGs) are forming an ever-increasing proportion of the medical workforce. Much of the discourse around IMGs is about their performance at work and interventions to improve it. This discourse, however, is rarely situated in the wider context of the experiences of IMGs as migrants despite the wider context of migration and acculturation being likely to have a significant impact on IMGs' well-being and, ultimately, performance at work.

Objectives: The objectives of this article were to (1) raise awareness of the inextricable broader context within which IMGs are situated as migrants; (2) outline the impact this context might have on IMGs' performance; (3) discuss literature from the social sciences related to acculturation that could better inform the way we view IMG transition and performance; (4) highlight how acculturation theory can help inform the design, implementation and evaluation of interventions to facilitate the transition of IMGs into the host country and the workplace; (5) list some interventions that can provide support; and (6) suggest theory driven lines of enquiry to study acculturation in IMGs and the impact related issues might have on performance.

Methods: This is a cross-cutting edge review drawing on selected theory and literature from the social sciences to explore its relevance to IMGs.

Conclusion: The broader context of migration and acculturation should not be ignored when discussing IMG performance in the workplace or when instigating interventions to improve it. There is an urgent need to further evaluate the impact this broader context has on IMGs' well-being and performance.

1 | INTRODUCTION

As doctors migrate in larger numbers,¹ the proportion of international medical graduates (IMGs) in the medical workforce is now higher than ever, reaching over 40% in some countries such as the United Kingdom.^{2,3} An IMG is a doctor practicing medicine in a country (host country [HC]) different from their country of primary medical

qualification (PMQ).^{4,5} Most IMGs were born in their country of PMQ while others are native to the HC and have received their PMQ from another country. Whatever their life journey, all IMGs have in common that they have studied and worked in at least two different countries and have been in contact with, or immersed in, at least two different cultures. When an IMG (or any individual) comes in contact with another culture, they undergo acculturation which, according to

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Berry, 'is the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members'.⁶

The discourse around IMGs often focuses upon the attainment gap between them and domestic medical graduates (DMGs),⁷⁻¹⁰ the disproportionate complaints made against IMGs,^{11,12} and the interventions instigated to address these two issues¹³⁻¹⁵ to 'level the playing field'.⁴ This discourse focuses on work-related performance and is rarely situated in the wider context of the experiences of IMGs as migrants, with a few exceptions.¹⁶⁻¹⁸

Kehoe et al. conducted a realist synthesis on interventions designed to support IMGs' transition into their HC.¹⁴ They not only presented the range of interventions that have been instigated to support the transition of IMGs, but also attempted to explain why the interventions might work using the *Adjustment-Effort-Performance* Model.¹⁹ A key tenet of this model¹⁹ and other similar models²⁰⁻²² is that the *adjustment* of immigrants (cultural, interpersonal and work-place) is a pre-requisite for positive *effort* which leads to improved *performance* at work. Yet none of the interventions identified by Kehoe et al. focused on cultural adjustment of IMGs outwith the work-place.¹⁴ This, again, suggests that interventions rarely take into consideration the wider implications of migration and acculturation of IMGs.

In addition, empirical research on IMGs and their experiences is seldom grounded in theory, including acculturation theory,⁴ with a few exceptions. For example, Morrow et al.²³ use Hofstede's cultural dimensions (discussed below)²⁴ to study IMGs' transition into their new environment. Even this study only focused on the transition of IMGs within the workplace, not the wider culture.

In this article, I present theory related to migration and acculturation that is pertinent to IMGs to help situate the discourse around IMGs within the wider context of their experiences. In the spirit of *Medical Education's* Cross-cutting Edge, I aim to present an accessible introduction to selected theory and literature from disciplines outside of medical education and discuss their potential relevance for helping those within the field to think better about the support of IMGs. I identified relevant literature from systematic literature searches I had previously conducted in MEDLINE, Embase, Cochrane, PsycINFO, ERIC and EdResearch databases⁴ and from my ongoing empirical research on the topic. I identified articles specifically related to acculturation from additional searches on Google Scholar and by reviewing the work and reference lists of key authors such as Kim, Berry and Ward, to whom I refer the reader for a deeper exploration of this literature.

My objectives were to (1) raise awareness of the inextricable broader context within which IMGs are situated as migrants; (2) outline the impact this context might have on IMGs' performance; (3) discuss literature from the social sciences related to acculturation that could better inform the way we view IMG transition and performance; (4) highlight how acculturation theory can help inform the design, implementation and evaluation of interventions to facilitate the transition of IMGs into the HC and the workplace; (5) list some interventions that can provide support; and (6) suggest theory driven lines of enquiry to study acculturation in IMGs and the impact related issues might have on performance.

2 | BRIEF NOTE ON MY PERSONAL JOURNEY

I was born in Iraq, lived in the United Kingdom as a child for 5 years, graduated from medical school in Iraq, migrated to the United Kingdom where I undertook training in Critical Care and Anaesthesia and have been a consultant in Critical Care and Anaesthesia in a teaching hospital in the United Kingdom for 18 years.

3 | ACCULTURATION

An important aspect of Berry's definition of acculturation (above) is that changes in migrants take place in the form of adaptations that are both sociocultural and psychological (as proposed and empirically corroborated by Ward et al.).²⁵⁻²⁷ *Adaptation* refers both to the strategies used and the outcome of acculturation.²⁸ These strategies include adjustment, reaction and withdrawal. *Adjustment* is a change in the individual that leads to a reduction in conflict between them and the environment.²⁸

For migrants, acculturation accompanies deculturation.²⁹ The former refers to the acquisition of aspects of the dominant host culture, while the latter involves losing aspects of their original culture as depicted in Figure 1.^{28,30} The degree to which this occurs depends on many factors that will be discussed later. Professionally, this learning and unlearning is well described in the experiences of IMGs.^{31,32}

3.1 | Strategies and outcomes

Migrants adopt different acculturation strategies that have an impact on their ultimate acculturation outcome. The strategies relate to two issues: the degree to which they want to maintain their heritage culture and identity and the degree to which they seek relationships with members of the host culture.⁶ Berry et al. developed a tool to identify these strategies (attitudes) in migrants.³³ Migrants, however, are not entirely free to choose the acculturation outcomes they desire, as outcomes are also determined by strategies of the HC society in relation to the same two issues (Figure 2).^{6,17,30,34,35} Kim used the term *host receptivity* to describe 'the natives' openness toward strangers and willingness to accommodate strangers with opportunities to participate in local social communication processes'.³⁰ Finally, acculturation strategies and outcomes are also affected by whether the migration was voluntary or forced, with those who chose to migrate being better prepared and more likely to adapt compared with those who were forced to migrate.^{36,37}

When IMGs migrate, they undergo acculturation in the society of the HC and at work.^{17,23,31,38-48} As I alluded to already, acculturation of IMGs in society at large is an under-researched area. At work, however, the expectation is that IMGs adopt the HC's work culture (*melting pot*),^{16,30-32} which IMGs do with varying degrees of difficulty leading to various outcomes.⁴ IMGs have to, therefore, *integrate* or *assimilate* in the *melting pot* of the HC or risk *marginalisation* (Figure 2).⁶

Acculturative stress 'is a stress reaction in response to life events that are rooted in the experience of acculturation'.⁴⁹ In

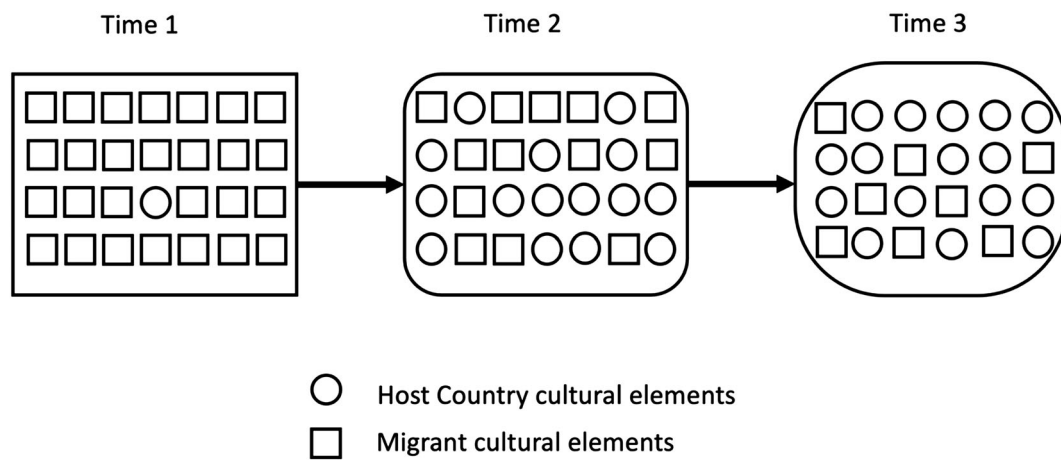


FIGURE 1 The process of acculturation and deculturation that migrants undergo over time after migration. When a migrant lands in a new country (Time 1), they arrive with cultural elements mainly from their own heritage—depicted as squares. With time, they acquire cultural elements from the host country—depicted as circles—(acculturation), and lose some of their original ‘squares’ (deculturation). Redrawn with permission from Kim (2000).³⁰

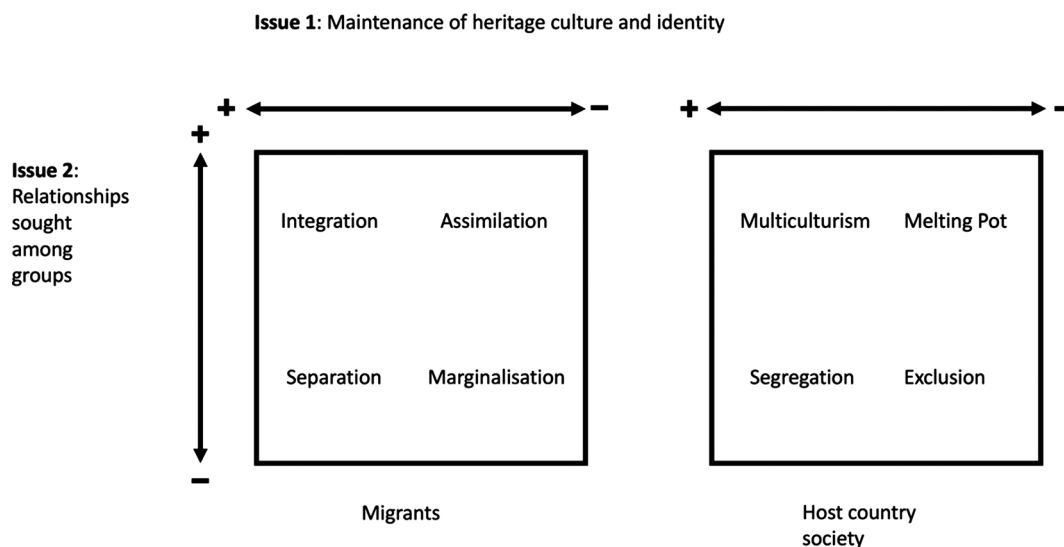


FIGURE 2 Migration strategies and outcomes. Modified with permission from Berry (2005).⁶

this sense, acculturative stress is part of the acculturation process and does not necessarily equate to negative psychological outcomes,⁵⁰ although it can be associated with such outcomes,^{37,51} as described for some IMGs.^{40,41,52–57} Migrants whose intentions are to *integrate* require fewer adjustments²⁸ and suffer the least amount of acculturative stress^{6,58–60} because there are fewer occasions when they have to choose to adjust their own original identity to align with the dominant culture in the HC.^{6,49,61}

In their influential theory of *Stress, Appraisal and Coping*, Lazarus and Folkman defined psychological stress as a ‘relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing’.⁶² The person undergoing psychological stress makes further appraisal of the environment and what can be done and then proceeds to the next stage: coping.

Coping is ‘constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person’.⁶² Broadly, there are two forms of coping, the first is *emotion-focused* forms of coping, which are cognitive processes aiming to reduce emotional distress. They include strategies like avoidance, minimisation, distancing, selective attention, positive comparisons and positive framing of negative events. The second is *problem-focused* forms of coping, which involve using problem-solving skills such as defining the problem, looking for other solutions and performing cost/benefit analyses. Coping can either be effective or ineffective in terms of mitigating the negative outcomes of psychological stress.⁶³ Maladaptive coping strategies lead to negative outcomes such as depression.⁶⁴

In general, problem-solving coping strategies lead to better psychological outcomes. For example, in immigrants with a high sense of ethnic identity, problem-solving coping (e.g. making an action plan and

following it) has been reported as having a positive effect in protecting against discrimination when the discrimination was infrequent.⁵⁹ It also protected migrants from negative psychological outcomes such as depression and anxiety.^{51,65} On the other hand, emotion-focused coping (e.g. suppressive or avoidant styles of coping) were associated with depression in international students.^{51,66}

The risk of a negative psychological outcome from acculturation stress is increased if migrants suffer discrimination,^{16,59,67,68} leave family behind,³⁷ have lower self-reported efficiency at work,⁶⁷ are female,⁶⁹ have family-cultural conflict,³⁷ experience anger⁷⁰ and if there is an increase in migrant ethnic pressure (pressure to conform from their own ethnic group).⁵⁹ Cultural distance (discussed later), whether ascribed or perceived, is also associated with negative adjustment outcomes.^{71–74} Protective factors include good language skills,^{16,74,75} being intercultural competent (discussed later),⁶⁵ being self-determined,⁷⁶ previous overseas experience,^{32,74} duration of stay in the HC,⁷⁵ being married⁶⁹ and post-immigration religious behavioural coping.^{37,77}

3.2 | Early coping and learning

Berry's assertion that acculturative stress is rooted in the experience of acculturation (and deculturation) aligns with Kim's Cross-cultural Adaptation Theory that puts *Stress-Adaptation-Growth* at the heart of the acculturation process (Figure 3).^{29,30} Based on the *Stress-Appraisal-Coping* theory by Lazarus and Folkman,⁶² Kim posited that when faced with perceived stressful or threatening experiences, especially in the early stages of cross-cultural contact, migrants take a 'draw-back-to-leap' approach.³⁰ They withdraw, work out—through self-reflection—how to adjust and regain their state of equilibrium, achieving a certain amount of learning and growth in the process.^{29,30} This process has also been referred to as *psychological adaptation*.^{25–27,50} With time, the impact of acculturative stress decreases and migrants experience similar levels of stress to natives of the HC.^{6,30,50,75} although there is individual variation to this pattern.^{4,78}

A *challenging start*⁴ is widely documented in experiences of IMGs.^{17,31,32,44,45,53,54,57,79–88} This refers to the period soon after

IMGs land in the HC, which is especially stressful if they have not secured their and their family's basic human needs⁸⁹ such as housing, banking and schooling for children.^{17,45,54,83} In line with the 'draw-back-to-leap' model, some IMGs initially withdraw,^{79,87,90} observe^{31,32,38,42,45,47,52,53,55,57,80,86,87,91,92} and reflect on how they need to adjust at work^{23,32,38,39,45,46,53,86,91–93} and outside work.³¹ Of note is that the initial withdrawal might be interpreted as lack of interest or under-confidence.⁹⁴ Figure 3 represents the experience of a resilient migrant, but the potential of a maladaptive response leading to a negative psychological outcome as a result of acculturation stress in IMGs has been widely reported.^{40,41,52–57}

3.3 | Social learning

In addition to the early learning that takes place during acculturation and leads to psychological adaptation, migrants also undergo social learning⁹⁵ which leads, over time, to sociocultural or behavioural adaptation and intercultural competence.⁵⁰ Intercultural competence is 'the ability to communicate effectively and appropriately in intercultural situations based on one's intercultural knowledge, skills and attitudes'.⁹⁶ Figure 4 represents an integrated framework of social learning by Ward and Szabó which takes into account 'antecedents of culture learning' (personal and situational factors), learning strategies and processes and learning outcomes.⁵⁰ Social learning of the HC culture takes place within the context of the organisational culture and the culture of the HC society at large. A welcoming organisation^{17,35,97} and society (high host receptivity) facilitate this social learning.^{29,30}

Although this framework illustrates social learning which occurs over time, some learning can also occur during acculturation and cultural sensitivity training programmes, as has been demonstrated in students and healthcare workers including IMGs.^{101–107} However, short-term interventions are less likely to be effective,¹⁰⁸ and there is variability in the degree of confidence trainers have in delivering such intercultural teaching.¹⁰⁹ In addition, there are significant shortcomings in assessing the effectiveness of cultural training interventions.^{14,104,110}

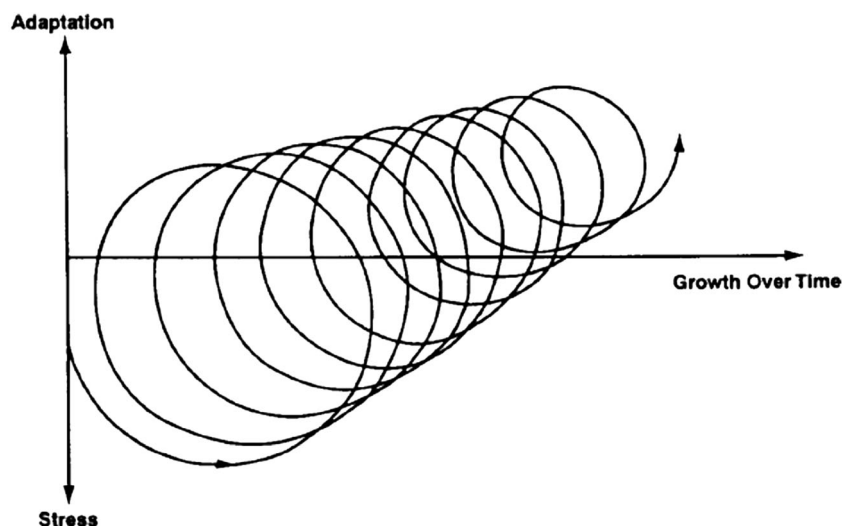


FIGURE 3 A simple model representing the experience of a resilient migrant who achieves the positive psychological outcome of returning to equilibrium and growth moving towards adaptation over time. From Kim (2000) with permission.³⁰

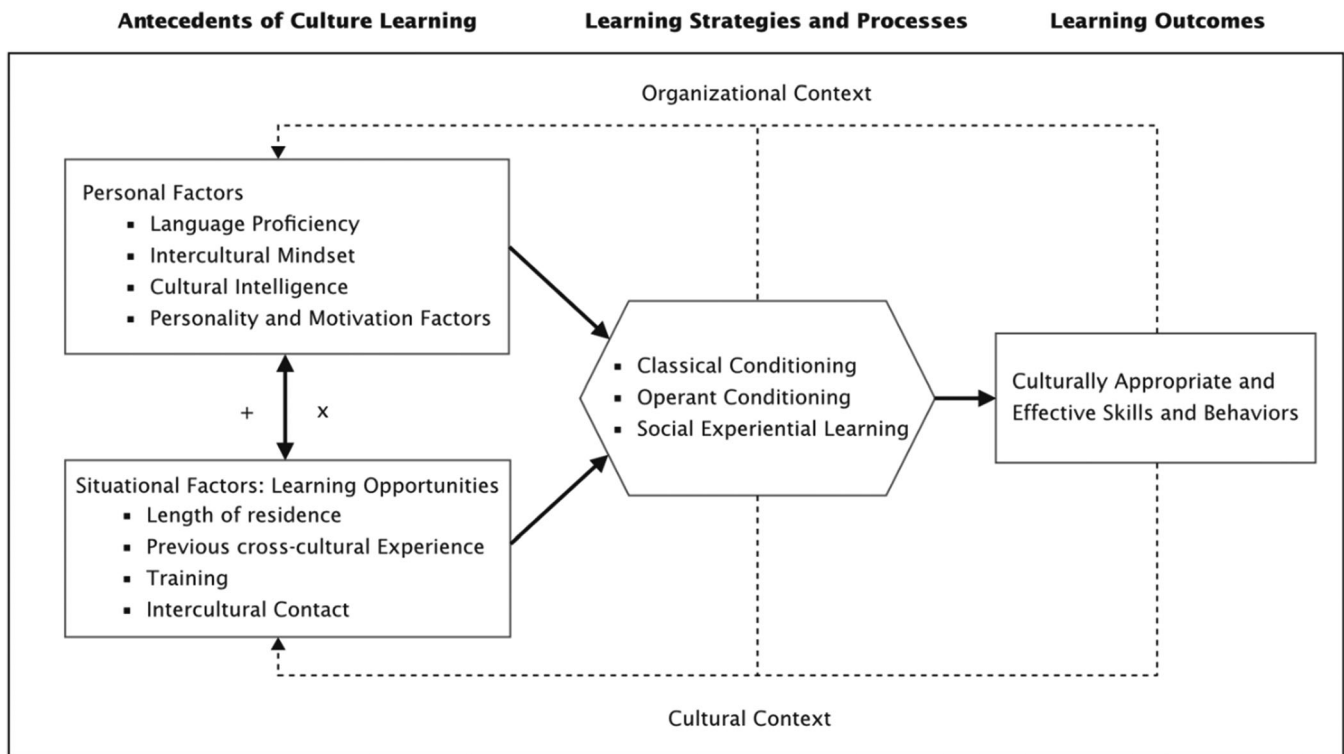
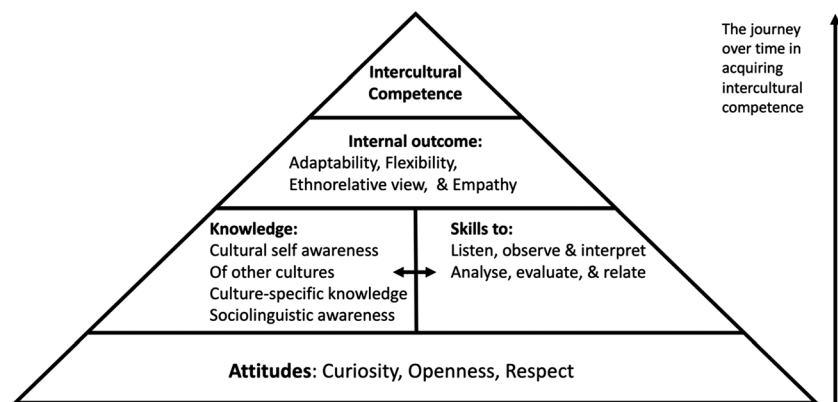


FIGURE 4 An integrated framework of social learning during sociocultural adaptation. Learning strategies and processes include classic ‘Pavlovian’⁹⁸ conditioning, operant conditioning⁹⁹ and social experiential learning.¹⁰⁰ From Ward and Szabó (2019) with permission.⁵⁰

FIGURE 5 The migrant’s journey from personal attitudes, knowledge and skills to achieving intercultural competence. Modified with permission from Deardorff (2006).⁹⁶



Deardorff developed a pyramid model demonstrating the process of achieving intercultural competence (Figure 5).⁹⁶ To achieve intercultural competence, migrants require attitudes of curiosity, tolerating uncertainty, openness to cultures and people from other cultures and respect of cultures,^{34,96} which Kim called ‘preparedness’.^{29,30} This attitude facilitates moving up the pyramid to use the skills outlined in Figure 5 to acquire cultural knowledge and using that knowledge in turn to acquire the necessary skills. Kim used the term ‘adaptive personality’ to describe this approach of openness, strength and positivity.^{29,30} The knowledge and skills create an internal shift in points of reference which ultimately leads to achieving intercultural competence,⁹⁶ which has been associated with positive psychological health in migrants.¹¹¹ Migrants in Berry’s *assimilation group* (Figure 2) have better intercultural competence.⁶⁰

This intercultural transformation takes place through social learning by *interpersonal communication*¹¹² and *mass communication*, e.g. through mass media, community activities, schools and work places.³⁰ It follows that the more exposed a migrant is to these types of communication, the more likely they are to achieve intercultural competence.^{30,70} I will discuss the role of social networks shortly, but before migrants form these networks, mass media—including social media—consumption of the HC language and culture is vital for language and cultural learning.^{30,113–115}

Similar to the concept of intercultural competence, cultural intelligence (CQ) is ‘defined as an individual’s capability to function and manage effectively in culturally diverse settings’.¹¹⁶ *Cultural settings* in this context include the dimensions of race, ethnicity and nationality. CQ has both a mental element (metacognition, cognition and

motivation) and a behavioural one; both with a focus on 'functioning in culturally diverse settings'.¹¹⁶ CQ can be measured using the Multi-dimensional Cultural Intelligence Scale (CQS). A high CQ predicts appropriate cultural judgement and decision making, cultural adaptation and task performance.^{116,117}

Hofstede defined culture as 'the collective programming of the mind that distinguishes the members of one group or category of people from another'.¹¹⁸ Cultural distance for a migrant is the degree to which the migrant's original culture differs from HC culture.⁵⁰ Cultural distance can either be (self-)perceived or measured using tools such as the six cultural dimensions developed by Hofstede.²⁴ The dimension of *individualism* versus *collectivism* is the most commonly researched¹¹⁹ and was the most relevant for IMGs' transition in Morrow et al.'s study.²³ The more culturally distant from the HC, the harder it is and the longer it takes for a migrant to achieve cultural competence.^{4,30,71-73} On the other hand, the degree of host receptivity is not equally experienced by different migrant groups in the same HC.¹²⁰ Host receptivity might be reduced depending on factors such as cultural distance to the migrant's culture,^{30,121,122} skin colour,¹²³ a strong religious and ethnic identity and perceived discrimination.¹²⁴ A receptive host environment is associated with positive psychological outcomes for migrants.¹¹¹ The difference in host receptivity towards different IMGs and the impact that has on acculturation are yet to be explored.

3.4 | The role of social support

Social skills improve coping and facilitate problem solving with others. Social support in the form of emotional, informational and/or tangible support improves coping.⁶² According to the *Buffering Hypothesis*, social support can buffer the negative psychological effects of stressful events.^{68,125} This buffering effect can work at the initial *Appraisal stage* (of the *Stress-Appraisal-Coping* model by Lazarus and Folkman)⁶² or at the psychological and behavioural response to the stressful event.¹²⁵ Jou and Fukada¹⁵¹ reported that insufficient support for international students led to poorer adjustment. Perceptions of *needing* support were associated with negative adjustment while receiving *actual* support predicted positive adjustment.¹²⁶

When people migrate, their social networks are disassembled and reassembled.¹²⁷ Social support (of any kind) has a protective effect from acculturation stress for migrants,^{34,37,68} including IMGs.^{52,79,88,92,128} Interpersonal relationships with co-nationals appear to be important to protect migrants from negative psychological outcomes as a result of acculturative stress, particularly during the early, *psychological adaptation* phase.^{29,60,67} The predominance of relationships with co-nationals is largely due to the unavailability of interpersonal relationships with HC natives. Migrants tend to maintain their social contacts from their home countries as well as forming new contacts in the HC.¹²⁹ Contacts from home countries tend to provide spiritual, emotional, moral and psychological support, while local contacts provide more practical (instrumental) support. Local contacts can

be HC natives or other migrants and these local contacts seem to be more important for *psychological adaptation* than support abroad.¹²⁹ Women are more likely to seek peer support which reduces the anxiety effect of acculturation stress.⁵¹

Later, maintaining contact with family and friends from the home country has little benefit or even potentially negative psychological effects (*separation* or *marginalisation*)^{6,29,30} and may hinder *adaptation* and *assimilation* (Figure 2).^{6,70} Accepting the new norm and forming new friendships leads to a lower sense of loss,^{73,130,131} although this might be contextual.¹³² In fact, according to Berry's model (Figure 2), forming social networks with HC natives is a pre-requisite to *adaptation* or *assimilation*.^{6,29,30,112}

How can migrants form these important interpersonal relationships with HC natives? Recreational participation improves socialising with HC natives, both of which are associated with improved adaptation.¹²² Active engagement in community activities and groups facilitates integration and forming social networks.³⁴ Flexibility, low levels of *neuroticism* and sensitivity to other people's perceptions and intentions are important in building social networks. These approaches seem to be more important compared with adopting an active approach in social interactions, which is also important in building social networks and improving psychological well-being.⁶⁹

Ultimately, and as I mentioned earlier, sociocultural adjustment is a pre-requisite to good performance at work¹⁶ according to the *Adjustment-Effort-Performance* and similar models of migrant work performance.¹⁹⁻²² Social capital, defined by Bourdieu as the sum of actual or potential resources, links to having a durable social network whereby members of the network provide backing to the individual.¹³⁴ Using social capital theory, Lancee conceptualised two types of social capital: *bonding* social capital which is characterised by intra-ethnic bonds and 'thick' trust and *bridging* social capital which is characterised by bonds that crosscut ethnic, power and wealth boundaries, and have 'thin' levels of trust among members. He reported that *bridging* and not *bonding* social capital was associated with a positive economic outcome for migrants in Holland.¹³⁵ As Putnam put it, 'bonding social capital is good for getting by but bridging social capital is crucial for getting ahead'.¹³⁶

However, for migrants to form these relationships with HC natives, the latter group have to be receptive^{29,30} and provide the potential for interactions.¹³⁷ When faced with an unreceptive HC society, migrants tend to form networks with other migrants as they perceive having a shared identity with the other migrants.⁶⁸ This is the premise of the *Rejection-Identification Model* proposed by Branscombe et al.¹³⁸

IMGs have described being made to feel welcome in some situations,^{17,35} as well as experiencing racism, marginalisation and discrimination in others.^{16,32,38,40,42,52,82,92,139-141} They lacked social networks inside and outside work which made it difficult for them to adapt and integrate.¹⁴² Even if they tried, it is often difficult for IMGs to make 'true' friendships with HC natives.¹⁴³ In line with the *Rejection-Identification Model*, IMGs form friendships with other IMGs as being an 'IMG' becomes their new cultural identity,¹⁸ which pulls towards *separation* as in Figure 2.⁶

Organisations can also provide support. Sokro et al. found an association between perceived organisational support and adjustment. The instrumental support provided was with practical aspects of settling and accommodation, orientation to locations of schools, shopping centres and restaurants.⁹⁷ Organisational support and support from HC nationals improved adjustment and psychological well-being in expats.²⁰ Organisational support is highly valued by IMGs⁸³ who also seek and value the support of mentors or buddies to help them settle and cope with the stresses of the early stages of migration and work.^{52,79,88,92,128}

3.5 | Intercultural identity and belonging

Finally, it is worth noting that immigration to a culturally different society can lead to identity conflict (a type of identity crisis) as a result of tension between the migrant's own cultural values and their participation in HC society.^{144,145} With time and the achievement of higher levels of intercultural competence, a migrant's cultural (social) identity¹⁴⁶ develops into an intercultural identity.^{29,30,50,147} Intercultural (bicultural) identity is thus 'an acquired identity constructed after the early childhood enculturation process through one's communicative interactions with other cultural groups'.¹⁴⁷ The time it takes and the extent of the change experienced by the migrant depends on a variety of factors such as cultural distance and acculturation strategy (Figure 2).^{6,33}

Ultimately, the need to belong to a social group¹⁴⁸ is a basic human need.^{89,149} Migrants who intend and are allowed to *integrate* or *assimilate* (Figure 2) feel they belong to HC society.^{6,34,35,75,150,151} Migrants who intend or are forced to become *separated* or *marginalised* (Figure 2) will leave if they can^{34,35,81} or feel they belong to other (non-HC) groups.^{6,18,68,138} This lack of a sense of belonging was identified by Al-Haddad et al. as one of four main barriers facing IMGs and should be one of the targets of the interventions designed to 'level the playing field'.⁴

4 | FROM THEORY TO ACTION

Having briefly reviewed this extensive literature, I present a collection of interventions designed to help IMGs with the acculturation process and their transition into the HC and workplace. Many such interventions have been described in the medical education literature, but here, I offer the opportunity to view them through the lens of the theories and models discussed in the previous sections. In addition, despite overall acceptance and some evidence of the effectiveness of these interventions in facilitating IMG transition, the implementation of these interventions is far from widespread. By situating these interventions in the broader migration and acculturation context, I hope to make a stronger case for their universal implementation. If we are serious about improving IMGs' transition and psychological well-being, and reducing the 'attainment gap' between IMGs and DMGs,⁷⁻¹⁰ we cannot continue to ignore the wider context of migration and acculturation for IMGs.¹⁹⁻²²

First and foremost, it is unlikely that any intervention will be effective if IMGs are subjected to racism or discrimination.^{16,32,38,40,42,52,82,92,139-141} Racism and discrimination have an understandably significant negative impact on psychological well-being and adjustment.^{16,59,67,68} Organisations should have *zero tolerance* to racism and discrimination and provide psychologically safe environments¹⁵² for IMGs to report such behaviours. Other than that, organisations can provide instrumental support to help IMGs secure their basic human needs, e.g. finding accommodation, transport and schools for children.^{17,20,35,83,97} This support should be provided by personnel who are familiar with the local area. Ideally, this support is provided before the IMGs commence their work, to ameliorate the 'challenging start' they face.⁴ Instrumental support reduces the negative psychological impact of acculturation stress and improves psychological adaptation.²⁰ Organisations can also help create mentor or buddy schemes by providing funding and/or administrative assistance to set up these schemes.^{52,79,92,129} Such schemes provide IMGs with ready access to social support which reduces the negative psychological impact of acculturation stress during the early stage of psychological adaptation.^{29,34,37,52,60,67,68,79,88,92,128,129} Mentors or buddies can either be IMGs themselves or DMGs.

An understanding and supportive supervisor is invaluable for IMGs.^{40,53,57,92,153} Supervisors should familiarise themselves with experiences of IMGs⁴ and endeavour to raise awareness of these experiences among colleagues and members of the multidisciplinary team (MDT).^{14,154} IMGs are a group of unique individuals, so supervisors should get to know them as individuals.^{40,53,57,92,153} Supervisors should ask the IMG whether they have accommodation, have family, if the family is with them, if they have found appropriate childcare and so on to ensure that the IMG has secured their basic human needs. Without securing these needs, the IMG is unlikely to perform optimally.⁸⁹ An example guide to the initial IMG-Supervisor meeting can be found on the Scotland Deanery website.¹⁵⁵ This initial meeting should include an assessment¹⁴ of IMGs' linguistic, cultural and operational knowledge, to decide whether they would benefit from a period of shadowing (softer landing) before they take on full duties.^{42,53,79,87,156,157} Orientation programmes should be comprehensive and include national and regional cultural aspects.^{128,156} IMG specific induction programmes help reduce the stress of the initial period, but ongoing teaching programmes should continue to address the specific educational needs of IMGs including those of language and culture, ideally with cultural and linguistic experts.^{107,158,159} Long-term cultural interventions should be instigated and evaluated over a period of time.¹⁴

Supervisors, colleagues and members of the MDT should be cognisant of the experiences IMGs are likely to be going through, especially at the start.⁴ Quiet^{79,87,90} does not mean under-confident or incompetent^{45,57,90,94}, and colleagues should also remember the 'draw-back-to-leap' model (Figure 3).³⁰ Is the IMG suffering a 'dip' in the 'Stress-Adaptation-Growth' cycle (Figure 3)? What is stressing them? Have they secured their basic human needs outside work? Are they cognitively overloaded¹⁶⁰ as they take in the new environment, role, culture and language? Supervisors, colleagues and members of the MDT should remember that, especially if the IMG is new to the

country, they are undergoing psychological adaptation^{25–27,50} at this stage and that providing emotional and instrumental support can mitigate the negative psychological impact of acculturation stress.^{29,34,37,52,60,67,68,79,88,92,128,129} Colleagues should also contribute to mentor or buddy schemes as mentioned and show an interest in each individual IMG and their culture. Colleagues can provide interaction opportunities¹³⁷ as for some IMGs, especially soon after migration, the workplace is their only source of potential social relationships.¹¹² It is important to ensure that IMGs are included in coffee breaks, lunch breaks and culturally inclusive social events inside and outside work. If an IMG is not joining, e.g. a coffee break, we should ask them why, ask if they are 'ok'. This not only provides support but also provides an interaction opportunity that will contribute to their social learning and enhance their sense of belonging as I discussed. Local colleagues can also guide IMGs on how to get involved in recreational, sports, cultural or community activities. These activities enhance social learning and provide further interaction opportunities. In other words, organisations and colleagues should strive to project a genuinely receptive attitude towards individual IMGs. High host receptivity, as discussed, facilitates the formation of crucial *bridging* social capital and acculturation and enhances the sense of well-being and belonging for IMGs.^{30,112}

Being aware of some of the literature and theoretical models I described could help IMGs make sense of their experiences and make informed decisions regarding acculturation and acculturation strategies (Figure 2).⁶ IMGs should consider their acculturation strategy and, if possible, choose one that is likely to result in positive psychological well-being^{6,58–60} and increase their chance of achieving,^{135,136} i.e. *integration* or *assimilation* (Figure 2).⁶ They should consider adopting *problem-solving* coping strategies.^{51,59,65} Key to acculturation is immersion in mass media in the language and culture of the HC, especially at the early stages, and seeking interpersonal communication opportunities with HC natives.^{29,30} *Bonding* social capital is helpful at the early stage of psychological adaptation,^{29,60,67} but *bridging* social capital is vital for integration,^{6,29,30,112} psychological well-being,^{6,58–60} social learning^{6,29,30,133} and developing an intercultural identity^{29,30,50,147} leading to a sense of belonging.^{34,35,75,150,151} *Bonding* social capital can be built by interactions with other IMGs and 'own culture' community activities. *Bridging* social capital can be built by being open,^{29,30,69,96} flexible, taking social initiative,⁶⁹ actively engaging in HC recreational activities¹²² and engaging in work and HC community activities.³⁴ Finally, with the increasing proportion of IMGs in the medical workforce, IMGs themselves are in an ideal position to contribute to the interventions outlined above for organisations, supervisors and colleagues to facilitate the transition and acculturation of future IMGs.

5 | FUTURE LINES OF ENQUIRY

There are many research questions regarding migration, acculturation and performance at work that require empirical investigation in the IMG population. Lines of enquiry are limitless but could include

describing acculturation strategies and outcomes in IMGs and their association with psychological outcomes; investigating the relationship between acculturation stress, coping styles, (mal)adaptation and psychological outcomes; studying personal traits and acculturation outcomes; investigating quantity, quality and type of social networks and their relation to adjustment, belonging and work performance; exploring links between cultural distance and performance, e.g. progress in community facing specialties, postgraduate exams or parts of postgraduate exams; investigating the relationship between host receptivity, acculturative stress, acculturation outcome and work performance in different IMG groups; designing and evaluating long-term cultural training interventions; testing the validity of the CQS¹¹⁶ in the IMG population; investigating whether the CQS can be used to measure the effectiveness of cultural interventions; and finally, investigating whether CQ or successful social and personal adjustment of IMGs in the HC is associated with better work performance outcomes.

6 | CONCLUSIONS

The broader context of migration and acculturation should not be ignored when discussing IMG performance at the workplace and when instigating interventions to improve it. There is an urgent need to further evaluate the impact this broader context has on IMGs' well-being and performance.

AUTHOR CONTRIBUTIONS

Mo Al-Haddad: Conceptualization; writing—original draft; methodology; validation; visualization; writing—review and editing; formal analysis; project administration.

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CONFLICT OF INTEREST STATEMENT

None to declare.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

ETHICS STATEMENT

Not applicable.

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