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HOW DOES BEING AN EXPATRIATE / IMMIGRANT / IMG AFFECT YOUR WELLBEING? A PERSONAL PERSPECTIVE

At the recent ASM in Cairns we learned that nearly 50% of the CICM Fellows gained their basic medical degree outside New Zealand or Australia. The current trainees come from 39 different countries (in addition to New Zealand and Australia). We are a multicultural group of professionals, united by Intensive Care Medicine. There are so many individual stories and this is one of them.

Letting go

I moved to Australia in 2006 together with my immediate family, with the intention of making it our new home. The months leading up to the big move across the world were like taking stock of who we are. We showcase our personalities in our private spaces, building our identity through the choices we make. Our home was full of traces of our journey and our history that grounded us. As hard as letting go was it was also very cleansing to realise my personality wasn't defined by material items. Parting with once prized possessions to friends, like pets to a good home.

Moving

Moving house within your own country is said to be as stressful as divorce. Uprooting to a new country increases this distress to a whole new level. A study by Hendriks et al¹ in *Social Indicators Research* in 2016 found that on average the recovery from the emotional burden of moving house may take up to 2 years. Place-attachment is the feeling of belonging and rootedness to where you live and one's sense of well-being in a particular place. Place-attachment peaks between 3 to 5 years after a move.

The first year in Australia was like being on a holiday. We were living an adventure. We considered ourselves relatively adaptable and resourceful. We were very excited by all that was new, so we really didn't notice much homesickness. Modern technology also helped with keeping in touch with family and friends as needed.

New culture and language

We soon found that not everything worked like on a holiday. Everyday things like banking, renting and even getting a mobile phone connection could be frustrating when we didn't yet have the required 100 points of identification.

English is not our native language which posed some challenges and created amusing situations that we can laugh at now, but were less than funny at the time. Things that are not easy to understand such as subtle jokes and undertones resulted at times feeling vulnerable and uneasy.

I was also amazed by how much energy it took at first to function all day in a foreign language, even if you spoke it relatively well. My brain was hurting after a long day at work. Nothing makes you feel like an outsider more than your accent being made fun of. At times it was a relief to be able to speak my native language with my partner and to be understood fully. I would imagine this would be a significant challenge for those emigrating alone.

Social connections

We did not know anyone - we had never even visited Australia before. For the first month the people we got to know best were at the animal quarantine centre where we were allowed to visit our cat, twice a week for one hour.

After 3 weeks of settling down, finding an apartment and starting to build a home again, with the bare necessities, I began working. I met a lot of new people and made new friends, many of whom were in a similar situation to ours, strangers in a new country, and we connected. We slowly started building a new circle of social connections and started to feel like we belonged. Our expatriate friends became our new family-away-from-home who we celebrated holidays with and also a source of support and strength.

Work

The practice of medicine is supposed to be relatively similar amongst high income countries but health systems certainly are not. I started working in an Emergency Department (ED) on a busy Wednesday night. My orientation was brief to say the least, and culminated in receiving a pile of notes for patients who have not been seen yet. The pile was large. I was in charge and there was one Registrar and a Resident with me. I ensured that the patients were safe and cared for, but the admission process I was unfamiliar with turned out to be very challenging and I cried all the way home in the morning.

The following evening I arrived at work 2 hours early and asked another IMG to show me all of the paperwork. I was used to using a Dictaphone, not handwriting notes. I was not used to 'selling' patients. I soon learned about the subtle art of omitting the fact that the patient had multiple problems if you wished for the speciality Consultant to accept them. I was not used to seeing someone in the middle of the night who could have had their problems addressed by their GP during the day. I found it hard to adapt. I realised that, even if there had been a basic orientation, the local doctors wouldn't have had any idea of my usual practices and exactly what was different. I began planning for a universal orientation package for that ED by asking other IMGs what they had found difficult.

Prejudices

The majority of co-workers and patients were wonderful. I especially enjoyed treating elderly patients of European origin who had not learned to speak English to a high level. Unfortunately, there were also those who were not so wonderful. When speaking to some staff members, the prevailing prejudice often seemed to be: 'you have an accent and you are new in this ED therefore you must not know what you are doing'.

Family

Being far away when close friends and family are experiencing difficulties or health issues can be distressing; it is not always possible to gain leave to return on request. I found that I could not obtain bereavement leave to travel to a relative's funeral because we were not first-degree relatives. By swapping shifts I travelled to the other side of the world and back in just 4 days and managed to attend the funeral.

Where does Australia fit in?

In a large international survey Expat insider 2017² over 12,000 expatriates with 166 nationalities living in 188 countries ranked their new home country in regards to 43 qualities including: quality of life, ease of settling in, working conditions, family life and personal finance.

Australia dropped to 34th position on the list, having ranked in the top 10 in 2014-16 (out of 65 countries). In 2018 it climbed back to the 12th of 63 countries.

Many businesses who employ expatriates or who send their employees overseas have recognized the extra stressors that moving to a new country poses to the mental and physical wellbeing of the employees and their families. The provision of support, as well as preparation and education for local expectations makes financial sense for the employer and a big difference to the employee.

Medical professionals move to Australia at various stages of their careers, often receiving little mental preparation or support apart from administrative support from the recruitment agency. Some emigrants may have a relative or a friend already in the country who can give more detailed information as to what to expect but for many the culture shock is immense.

Some aspects of the work or culture may repeatedly cause feelings of unhappiness and exclusion, even after a long time. In addition to the numerous other stressors that we who practice Intensive Care are exposed to, this may be an additional and important risk factor which should be considered. At times of difficulty, other IMG's can be a source of great support.

We didn't expect it to be easy. We were determined to make it work. Despite the difficulties we have never regretted moving to Australia. We had fulfilled a lifelong dream of moving to a new country where the sun was (nearly always) shining. We had the courage to do it and the tenacity to make it work and this has given us a great feeling of accomplishment. Australia is now home.

References

1. Why are Locals Happier than Internal Migrants? The Role of Daily Life. Hendriks, M., Ludwigs, K. & Veenhoven, R. Soc Indic Res (2016) 125: 481
2. Expat insider. <https://www.internations.org/expat-insider/>