THE TRANSITIONING OF INTERNATIONALLY EDUCATED NURSES (IENS) INTO THE CANADIAN HEALTHCARE SYSTEM

Partners in Education and Integration of IENs – 8th Annual Conference 1-2 May 2014
Ontario Network of Educators and Supports of Internationally Educated Nurses

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In the keynote address today:

- Review the literature in respect of the transitioning of IEN’s into new ethno-cultural context
- Share findings from a study conducted in Western Canada
- Followed by time for questions and discussion.
What do we know?

- In 2006 the International Council of Nurses warned in a heraldic message the impending global shortage of nurses.

- Many developed countries Australia, Canada, the United States (US) and the United Kingdom (UK) sought to address deficits in the nursing workforce via international recruitment (Dywili 2012, Alexis 2013, Newton, Pillay & Higginbottom 2012, Allan & Dongzia et al 2014, Larsen 2003, Buchan & Calman 2004).
A Complex Ethical Scenario

- Some countries may be educating more nurses than required as a development strategy.

- Countries may have a low ratio of nurses: per head of population creating a substantial drain (Zu & Yang 2005).

- Some countries, notably the UK have ethical clauses preventing the direct recruitment of nurses from specified nation states (Newton, Pillay & Higginbottom 2012).

- These phenomena are significantly manifested in Canada—a country founded on immigration.
Are professional nursing competencies directly transferable to a new ethno-cultural context?

- Health care systems evolve in respect of a given set of socio-economic, political, and cultural circumstances.
- There may be wide variation in the context of health care delivery and education — including nursing.

Transferability of core competencies

- Core professional competencies may or may not be directly transferable
- New IENs may need considerable support in transitioning
- We conducted a review of transitioning issues in 2012:
The migration and transitioning experiences of internationally educated nurses: a global perspective

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The migration and transitioning experiences of internationally educated nurses: a global perspective

Aim To comprehensively review recent literature related to the migration and transitioning experiences of internationally educated nurses (IENs).

Background Many developed nations are redressing nursing deficits by recruiting IFNs. Acquiring credentialing is historically recognized as a barrier to obtaining
Key themes identified in our review

- Reasons for and challenges with migration
- Cultural displacement
- Language and communication barriers on arrival
- Feeling like an outsider
- Differences in nursing practices
- Credentialing and de-skilling process
- Discriminatory experiences
- Strategies which assist transitioning
Reasons for and challenges with migration

- Economic advantage

- Career and lifestyle opportunities
  (Dywili 2013, Dicicco-Bllom 2004, Aboderin 2007)

- Marriage and spousal employment
  (Dywili 2013, de Verr 2004)

- Length of immigration process
  (Dywili 2013, Pitman et al 2012, Palese et al 2007)
Language and communication barriers on arrival

- Professional nursing practice is premised on the notion of clear and accurate communication (Terry et al 2013, Belay 2013)
- English as a first language – nurses more likely to secure employment in the preferred speciality (Brunero et al 2008)
- Preferred speciality does impact upon job satisfaction and retention
Feeling like an outsider

- Dominant psycho-social theme of cultural dissonance
  (Liou et al 2013, Xu et al 2008)

- Disillusionment if lack of success in meeting a the receiving country’s standards
  (Sochan & Singh 2007)

- Cultural displacement ranging from mild homesickness to extreme cultural dissonance
  (Lio et al 2013)

- A perception of mistrust by colleagues and managers
  (Alexis et al 2007, Magnusdottir 2005)
Differences in nursing practices

- A lack of knowledge of the new system

- A strong fear of litigation and law-suits
  (Sherman & Eggenberger 2008)

- Differences in autonomy in relation to nursing practices
  (O’Brien 2007)

- Shift in professional identity

- Lack of familiarity with newer technologies and information management
  (Palese et al 2007)
Credentialing and de-skilling process


- **MOST PREVALENT THEME – DIFFICULTIES WITH LICENSURE**
Discriminatory experiences

- Multi-dimensional discrimination in the workplace

- Lack of recognition and valuing of professional skills
  (Wheeler et al 2013, Larsen 2007)

- Fractured career trajectories
  (Salma et al 2012)

- Nursing homes vs acute units

- Hostility from colleagues
  (Wheeler et al 2014, Gerrish & Griffin 2004)

- Limited opportunities for promotion
  (Wheeler 2013, Xu & Kwak 2007)
Strategies which assist transitioning

- Greater investment in the human potential
  (Xu & He 2012)
- Successful acculturation positively correlated with job satisfaction
  (Emerson et al 2008)
- Employment in speciality of experience
  (Brunero et al 2008)
- Mentorship, supportive leaders and management
  (Gerrish & Griffin 2004, Bozionelos 2009)
- Combating discriminatory practices at the organizational level
  (Wheeler et al 2014, Pitman et al 2014)
The Migration and Transitioning of Internationally educated Nurses into the Canadian Health Care: Perspectives from a Western Canadian Province
Acknowledgements

- Prairie Metropolis Centre for funding the study
- The IENs who participated in this study
- Study advisory board members Arturo del Rosario (Filipino Nurses Association), Jean Farrar (CARNA), Betty Sawchenko (AHS), Cathy Giblin and Cesar Sandoval (Capital Health)
- The research team – Dr Rwamahe Rutakumwa, Shirley Mogale, Shireen Bell and Eileen Omosa
Introduction

- Global nursing shortages
- Contextual differences
- Complexities of IENs
- Costs and retention
- Supports for IENs

www.medicusmundi.org/en/topics/human-resources/migration

http://nursinglicensemap.com/nurses-immigrating-u-s
Background – Research Context

- Recruitment drives in Australia, India, the UK and the Philippines.

- In 2008, there were 1000 contingent job offers to IENs but the economic downturn in 2009 meant that many positions were frozen – Marxist analysis – disposable workforce.
Research Questions

Overarching research question:

How do IENs transition into the Alberta health care system?

Subsidiary research questions were grounded in the findings of international research studies exploring the experience of IENs.
Research Questions (Continued)

- What are the motivations of IENs for relocation to Alberta?
- What are the IENs’ experiences of recruitment, reception and support on arrival?
- How have the IENs adjusted to working in the Alberta health care context?
- How is living in Alberta experienced by IENs in Alberta?
- How does their working life differ from the country of origin?
- Have the IENs experienced racism and/or discrimination since arrival?
- What strategies have IENs employed to overcome obstacles and barriers?
Methods

• **Phase 1** - A critical review of the global literature on transitioning of IENs (Newton, Higginbottom & Pillay, 2012)

• **Phase 2** - A qualitative approach, **focused ethnography** (Higginbottom 2013, Cruz & Higginbottom 2013) utilizing semi-structured interviews of IENs at 1-3 months & 9-12 months post-relocation

• The interview topic guides for both interviews were developed with help of an advisory group of key stakeholders within Capital health, AHS and CARNA.
Recruitment & Sample

- IENs recruited at the Alberta Health Service Orientation Program after presentation of the study
- Via Filipino Nurses Association, Edmonton
- 23 IENs participated in 31 interviews → 14 IENs were not available for follow-up interview due to reorganization of health authority and relocation
- Philippines, New Zealand, Australia, UK and India
  - often ‘chain migrants’ who have worked in several countries prior to relocation
Findings

- Motivation and Decision to Relocate
- Experiences of Recruitment, Reception, Salary & Support on Arrival (Expectations vs Reality)
- Healthcare System Nursing Work Environment
- Discrimination in the Professional Lives of IENs
- Qualifying as a Registered Nurse
- Life Beyond the Nursing Setting
- Strategies IENs Learned to Overcome Challenges
Finding 1: Motivation and Decision to Relocate

For a better life...basically for my children, yeah, considering the fact that, uh, we are experiencing some problems in the Philippines. (Participant 2)

I think Canada is a better place because I can learn more ... In the Philippines we are lacking of supplies. I must admit that we are not doing good in procedure or something because we are lacking of supplies. We let [patients’] relatives buy supplies. Let’s say we are going to do one dressing. We will ask relatives to buy supplies, like gauze. And even syringes.... (Participant 13)
Finding 1: Motivation and Decision to Relocate

We worked in the United Kingdom a few years ago, and we just wanted to have another travel work experience. We like the outdoors and things like that so we wanted to have a look at the mountains and animals, and I like fishing and things like that so. Really, other than that, there was no real intention. (Participant 10 – Australian)

Yeah to be honest with you the UK is a nice place, you know. It’s just the cost of living is too high. So that’s the other reason why I came here [Canada]. Because the salary that they gave me is a little bit higher than what I am earning in the UK .. That’s one motivation. (Participant 5 – IEN Philippines)
Experiences of Recruitment, Reception, Salary & Support on Arrival (Expectations vs Reality)

[On arrival] I was told to get a taxi. Well of course, you’re in a new in a country… I complained about that with my agency… I’ve never been to the place and [you] ask me to take a taxi? (Participant 5 – IEN Philippines)

The first impression was Canadians made me feel that they are doing me a favour for me…because I come from a Third World country. I’ll be earning more. (Participant 7 – IEN Philippines)
Experiences of Recruitment, Reception, Salary & Support on Arrival (Expectations vs Reality)

The six weeks accommodation gave me freedom... It’s wonderful most of the nurses that were in the hospital stayed for the entire 45 days. (Participant 3 – IEN Philippines)

Accommodation-wise I had a problem with that because ... I was expecting it would be close to the hospital... I did not finish the 45 days because I can’t stand it anymore. It’s too far. (Participant 5 – IEN Philippines)
We were told that ... you will always work in your area of specialty which has turned out to not be true. They guaranteed that you would always, if you are specialized in an area, then that is where you go. ... they kept changing what they wanted to do with me every five minutes. And then two weeks before I left to come over here, like I was supposed to go to Emergency (I was trained in Emergency and that is all I have ever done) they say “oh, there is no positions anymore. You have to work on a medical ward.” (Participant 10 – Australia)
Experiences of Recruitment, Reception, Salary & Support on Arrival (Expectations vs Reality)

More unmet expectations...

To me it was more suicidal than anything... the contract was that um, temporary full-time for one year... almost all Internationally Educated Nurses who came, who didn’t really understand what that entailed until we got here... given all those years of experiences of working in the NHS no one would have swapped that for a temporary one year position ...then because they used an agency, the people that they employed at the agency themselves didn’t really understand that. (Participant 14)
Experiences of Recruitment, Reception, Salary & Support on Arrival (Expectations vs Reality)

And more unmet expectations…

• Different entry-to-practice requirement → previous RN education ≠ Canadian BScN

• Graduate nurse status

• Financial issues
In New Zealand, we actually wash our patients but they [Canadians] spend more time on a computer... So you establish more rapport than here. You tend to talk more with your patient, know your patient.

(Participant 7 – IEN New Zealand)

I thought that the [Canadian] Healthcare system would be really advanced... I thought it would make Australia’s healthcare system look really old-fashioned... thought I would come over here and there would just be all this whiz/bang technology, and all these different practices and I wouldn’t understand and I thought I’d have lots and lots to learn. But that hasn’t ended up being a really accurate idea that I had.

(Participant 11 – Australia)
I think they are a little bit foolish doing what they’re doing. I think they are chopping themselves off at the head by doing it. As an educator in New Zealand ... we had lots of international nurses come through the unit. And I loved the fact that they brought skills to New Zealand that we didn’t have in New Zealand. You know, and everybody brought something. Canada’s not about that unfortunately, or not so far. It’s about their way is the right way.…. (Participant 4 – New Zealand)
Discrimination in the Professional Lives of IENs

• Assignment of tasks unrelated to nursing, eg. dishwashing and vacuuming.

• Allocation of accommodation – “ethnicity-determined”.

• Country of origin though to determine whether or not they were able to relocate with their family members.

Conclusion

• Clear communication and transparent expectations need to be delivered from the employing health authority to the recruiting agencies, to enable accurate information of the credentialing process and orientation structure.

• Orientation/bridging/retraining programs need to consider findings from this and other studies which indicate that IENs require extensive orientation (up to 6 months) and that which considers wider social and economic dimensions of integration into a new ethno-cultural context.
Since language and communication problems are paramount for credentialing and transitioning of many IENs, programs which assist with acquiring skills for communication within the Canadian healthcare system should be offered at the recruitment stage.

Nurse managers need to be provided with comprehensive training programs on cultural competency (of their employees) and empowering their units to embrace and celebrate diversity and the contributions IENs make to the healthcare system.
Relevant Publications


References:


References


References (continued)


References (continued)


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Thank you!

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