Factors that Support the Integration and Retention of IENs in the Healthcare System: Overview of the Main Study and Subsequent Research

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Disclaimer: *The views expressed herein are those of the researchers and participants and do not necessarily represent the views of the funding agency*

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Learning Objectives

- Review the main findings from the study.

- …….of subsequent research undertaken from the study data.

Study

- First pan-Canadian study of regulated IENs working in Canada, including RNs, LPNs, and RPNs.

- Divided into 3 phases
  - ✓Phase I: pan Canadian survey of IENs
  - ✓Phase II: interviews with IENs
  - ✓Phase III: interviews with stakeholders

Background

- A stable and sufficient supply of nurses continues to be one of Canada's greatest health care challenges.

- Approximately 8% of the Canadian regulated nurses' workforce is internationally educated (CIHI, 2017)

Study Aim

- To identify factors that support IENs' successful integration, career advancement (including upward mobility) and retention within the Canadian healthcare systems.
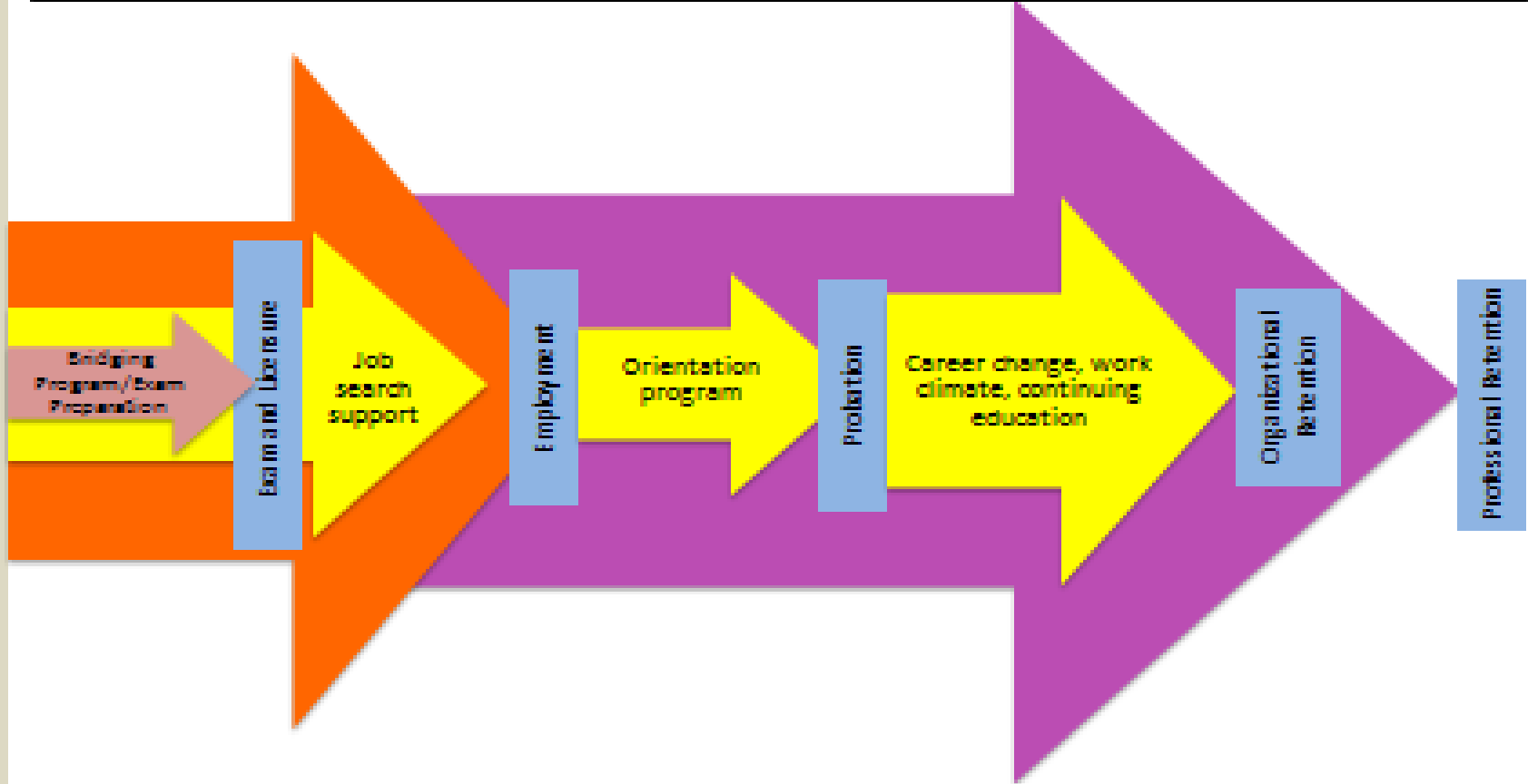
Conceptual Framework

Study Objectives

1. Identify the factors IENs perceive support their integration and retention in the health care systems of Canada.

2. Identify and explore the factors IENs perceive support and impede their career advancement.

3. Describe and explore IEN career patterns and goals.

4. Explore key informants/stakeholders' perceptions of their role in assisting IENs with integrating into the Canadian healthcare systems.

5. Identify strategies and tools that can assist IENs and educators and employers support the successful integration of internationally educated nurses.

PHASE I

Phase I

- Used a descriptive, quantitative, cross-sectional, survey design

- Data collected between February and October 2014

- IENs identified through the nursing regulatory colleges of each province and territory

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Sample

Regulated nurses were eligible to participate if:

- ✓ Immigrants to Canada

- ✓ Permanent license (RN, LPN, RPN) to practice nursing

- ✓ Basic nursing education in a country other than Canada

- ✓ Employed as a regulated nurse in Canada

Response rate 26% (n=3,794)

- ✓ Usable data N=2,693

Sample Distribution by Jurisdiction of Registration (N=2,693)

Province or Territory	IEN n (%)
British Columbia	369 (13)
Alberta	625 (23)
Saskatchewan	134 (5)
Manitoba	260 (10)
Ontario	875 (32)
Quebec	454 (17)
New Brunswick	25 (<1)
Nova Scotia	107 (4)
Prince Edward Island	4 (<1)
Newfoundland & Labrador	21 (<1)
Yukon	3 (<1)
Northwest Territories or Nunavut	8 (<1)
Registered in multiple jurisdictions	202 (7)

Sample Distribution by Visible Minority (N=2,215)
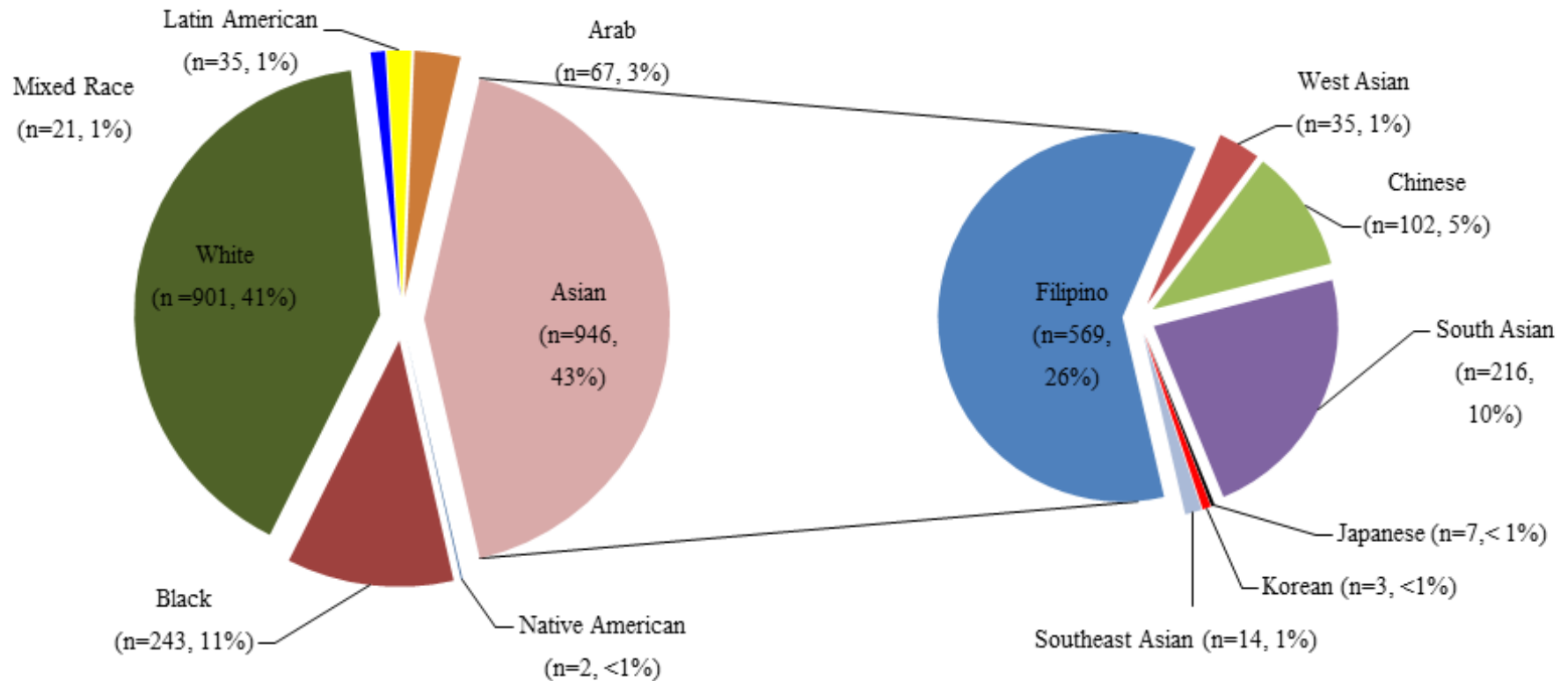
Factors Influenced Decision to Immigrate to Canada

- Family: married a Canadian or followed a family member (n=748, 29%)

- Economic and financial stability (n=537, 20%)

- External factors
  - ✓ Political stability, personal safety, religious freedom and social programs (n=353, 13%)
  - ✓ Opportunities to travel (n=318, 12%)
  - ✓ Advance their careers or nursing education (n=273, 10 %)

Prior Training and Nursing Experience

- ~ 50% of participants had obtained an undergraduate degree (bachelors) in nursing prior to immigration
  - ✓ Countries in which basic nursing education was received included:
    - The Philippines (21%)
    - United Kingdom (14%)
    - India (8%)
    - United States (5%)
- 7% percent arrived in Canada with advanced degrees in nursing (masters or PhD).
- Nearly 75% of participants had three or more years of nursing experience prior to immigration
  - ✓ 8% had less than one year
- Close to 80% worked in acute care hospitals providing direct patient care

Workforce Integration

Length of time it takes IENs to pass a Canadian licensing examination and the length of time it takes IENs to secure work as a regulated nurse in Canada.

Workforce Integration

Credential Assessment and Verification

- 47% began the process of applying for a nursing license in Canada prior to immigrating

- 30% began the process immediately upon or within 6 months of their arrival.

- 89% received their permanent license to practice nursing after they had immigrated

Workforce Integration

Nursing Examination

- 99% of participants were required to take a regulated nursing examination to be registered to practice nursing in Canada.
  - ✓ 81% took the RN examination (*n*=2,177, 81%).
    - ➢ 72% passed on their first attempt
    - ➢ 20% on their second attempt
    - ➢ 6% on their third attempt
    - ➢ 1% did not pass the RN examination

  - ✓ 16% took the LPN examination.
    - ➢ 84% passed on their first attempt.

  - ✓ 2% took the RPN examination. All passed on their first attempt.

IENs' Use of Resources to Prepare for Licensing Examination

Resources Used to Prepare for Examination	N (%)
Friends	325 (29)
Nursing Colleagues Who Had Passed the Examination	283 (25)
Other Nurses Studying for the Examination	278 (24)
My Employer	155 (14)
Professional Tutor	124 (11)
Attending a Review Course	585 (51)

Bridging Programs

30% (n=756) of study participants stated they participated in a bridging program.

Employment

Searching for employment

- 78% stated they were not hired before migrating

- Factors perceived as being highly influential to securing first job as a regulated nurse in Canada:
  - ✓ proficiency in the language used at work (74%)
  - ✓ level of nursing education (71%)
  - ✓ type (68%) & amount (65%) of nursing experience,
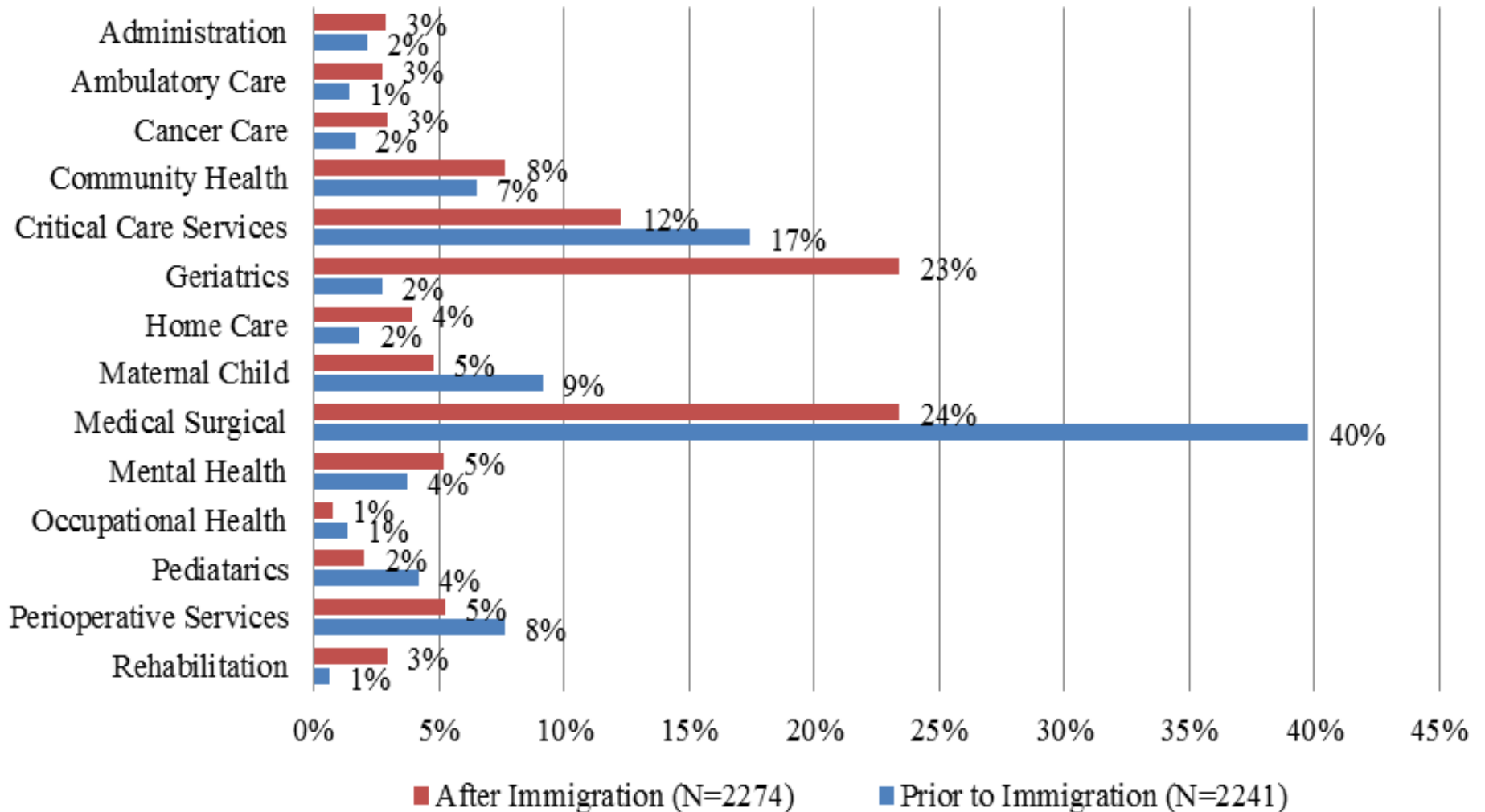
Employment

Work Sector

- 71% of participants work in the public sector
  - ✓ 46% employed in acute care hospitals
  - ✓ 18% employed in nursing homes or long term care facilities

Work Area

- 70% provide direct patient care
  - ✓ 20% medical-surgical
  - ✓ 20% geriatrics
  - ✓ 10% critical care services

Proportion of IENs per Area of Practice Prior to and After Immigration

Chart showing proportion of IENs per area of practice. Legend: After Immigration (N=2274) — red; Prior to Immigration (N=2241) — blue.

Area of Practice	After Immigration	Prior to Immigration
Administration	3%	2%
Ambulatory Care	3%	1%
Cancer Care	3%	2%
Community Health	8%	7%
Critical Care Services	12%	17%
Geriatrics	23%	2%
Home Care	4%	2%
Maternal Child	5%	9%
Medical Surgical	24%	40%
Mental Health	5%	4%
Occupational Health	1%	1%
Pediatarics	2%	4%
Perioperative Services	5%	8%
Rehabilitation	3%	1%

Workplace Integration

Degree to which the IENs feel integrated into their workplace

Workplace Integration

Workplace Integration: Need the definition

- On average participants felt very integrated into their workplace (*n*= 2,414, ***M*= 8.57**, *SD*=1.9, *Range*= 1-10).

- Factors perceived to be most supportive for workplace integration were:
  - ✓ Continuing to develop nursing knowledge and skills (77%)
 - ✓ Having good relationships with coworkers (72.2%)

Workplace Integration

Deskilling

- 23% of participants felt the responsibilities of their current positions were not equal to the level of their nursing education, skills and experience.

  ✓ Reasons reported included not having the same:

  ➢ Level of responsibility (70%)

  ➢ Level of autonomy (49%)

Career Advancement: Career Goals
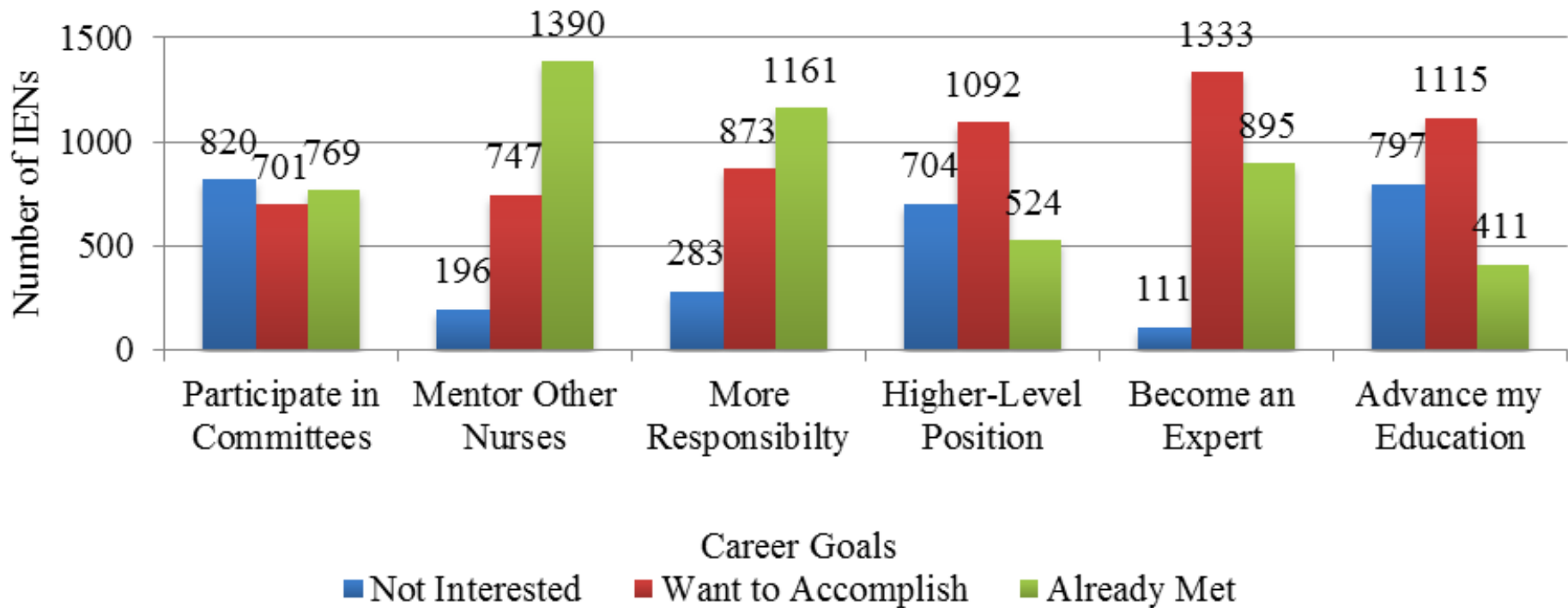
Participation in Career Development Activities
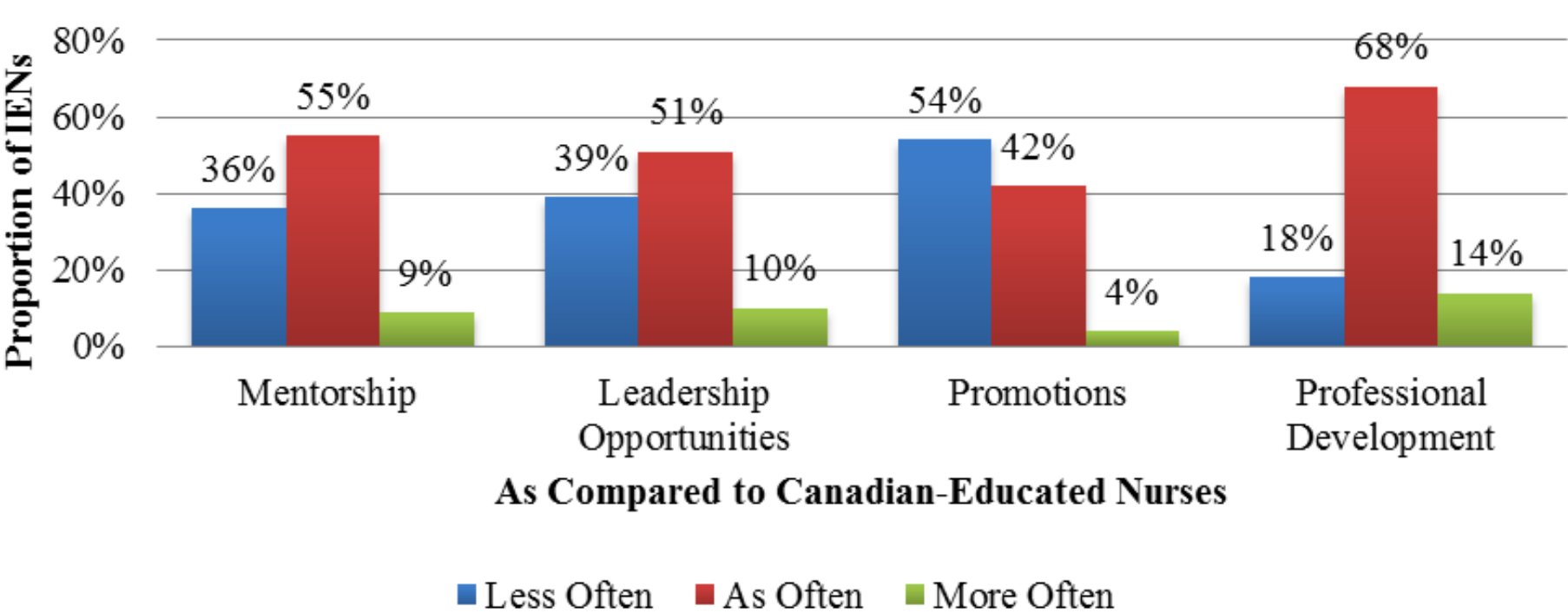
Professional Integration

Degree to which the IENs feel integrated into the nursing profession in Canada.

Professional Integration

- Overall participants felt very integrated into the nursing profession in Canada (*n*=2,410, *M*=8.61, *SD*=1.83, *Range*= 1-10).

- 75% rated having their nursing knowledge, skills and experience recognized as most supportive to their professional integration

Professional Retention

- Measured with the Nurse Retention Index (NRI)

- Overall participants intend to remain in the nursing profession in Canada (n=2,255, **M=42.03**, SD=7.66, $Range$=15-48).

Study Limitation – Phase I

- Sample selection bias

Phase II

- Used a descriptive, qualitative design with individual semi-structured interviews;

- Addressed three domains:
    1) integration
    2) retention
    3) career advancement

- Data was collected from May to October 2014;

- As part of the survey completed in Phase I, participants were asked if they would be willing to take part in an interview.

Sample

- Total of 76 IENs interviewed:
  - ✓ 70 RNs
  - ✓ 2 LPNs
  - ✓ 4 RPNs

- Majority:
  - ✓ were female (88%)
  - ✓ worked full time (70%)
  - ✓ worked in acute care (44%)

Race/Ethnicity	%
White	59
Black	11
Filipino	8
South Asian	7
Chinese	5
Arab	5
Other	5

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Successful Integration of IENs
(from their Own Perspective)

- Confidence / trust
- Acceptance
- Respect

"You've proven competence in your workplace. People are confident in your work; they come and ask you questions. You've got a good rapport with your team, the patients and the multidisciplinary team. You feel comfortable that any job that you apply for, if you feel you meet the qualifications that you'd have a good chance in getting that job" (MB97).

Factors associated with successful integration

- Education
- Opportunities
- Personal characteristics
- Support

"*We did have a great bond amongst ourselves … and our children were all friends… we joined an Irish association, like the Filipinos would join a Filipino association and so there's great support in those things too*" (NS1714).

Expectations of a nursing career in Canada

- No expectations
- Family oriented expectations
- Career oriented expectations

"I think I was really naïve. I was very open-minded. I didn't think it could be any different from what I knew. So I didn't have any expectations built up in any way, shape or form" (SK3656).

Challenges faced when integrating the Canadian workforce

- Previous education and experience not being recognized;

- Adaptation pertaining to language and communication;

- Fears relating to work circumstances and personal life circumstances.

"*Whereas [my husband] had 30 odd years of experience [as a pharmacist] … we came here, they told him to undergo training. And in our first year, you're a newcomer, you don't want to dump money on such things… So we gave up that idea. So he never worked as pharmacist or pharmacist assistant here…* (ON2329).

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Discrimination as a hindrance to career advancement

- Covert

- Overt

"Once on the job, patients were hostile to me for about one month after I took over the caseload of a locally trained nurse who was laid off because she did not possess the required specialized certificate that I had."

(ON2949)

Protective mechanisms:
Factors that helped IENs achieve their goals

- Resilience through personal characteristics
- Adaptation through support

"She helps me if I have to send something that's very important [in French], as I help her with something in English... we try to [complement] each other" (QC1364).

Strategies used by IENs to achieve their goals

- Goal attainment
- Self-directed learning
- Attitude of openness

"This was not necessarily the only way to do things, and I actually do recall many times sort of saying "you know, different is not wrong" (MB88).

Structures helping with IEN integration

- Formal

- Informal

"We had a large group of nurses come from the Philippines and we structured the orientation process a little differently.... a little bit slower than we did with nurses that come trained in the Canadian healthcare system because there are obviously differences. And it doesn't have anything to do with the knowledge base of an individual. It's just learning the cultural differences and some of the unwritten rules that have nothing to do with an answer in a textbook" (SK3656).

Retaining internationally educated nurses

- Needs assessments of IENs;
- Educational activities and their modalities;
- Retention as an issue affecting all nurses.

"I don't think [IENs] are really different from any other of my employees ... so for me it doesn't really matter what country you're from as long as your values are similar to what the core mission is" (QC1800).

Study Limitation – Phase II

- Inclusion criteria of "having practiced in Canada for a minimum of 10 years" and " perceiving to be very or fully integrated in the workplace" excluded some experiences;

- One of the interview question was long, complex, and difficult to understand for some participants;

- Some participants may have provided answers compatible with popular social norms.

PHASE III

Phase III

- Used a descriptive, qualitative design with individual semi-structured interviews;

- Addressed two domains:
    Perceptions of stakeholders' role in assisting IENs' with:
    1) integration
    2) retention and career advancement.

- Data was collected from January to March 2015;

- Participants were identified by advisory committee.

Sample

Seven stakeholders:
- ✓ British Columbia (2)
- ✓ Manitoba (1)
- ✓ Saskatchewan (1)
- ✓ Quebec (3)

- Representing:
  - ✓ Union
  - ✓ Bridging programs
    - ✓ Employer
      - ✓ Recruitment agency

Perception of biggest challenges faced by IENs when integrating the Canadian workforce

• Communication

• Differences in roles and responsibilities

• Working in unfamiliar settings

• Tension and fear

"Like in long-term care where a lot of our nurses [IENs] are. That doesn't happen in their home country. Families take care of family members. And if someone has to go to a hospital, or like an institution type long-term care facility, the family goes there and provides care" (BC303).

Successful integration of IENs from stakeholders' perspective

- Ability to transfer competence
- Ability to secure full-time employment
- Ability to get promoted

"OK, at home it was like that… here it's like that… I will do the same work but differently… That nurse has a capacity to understand, observe and make connections, connections with her knowledge and competencies from her country of origin" (QC307-free translation).

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Factors associated to successful integration

- Personal characteristics
- Prior work experience
- Integration as a two-way street

"a lot of immigrants very quickly start to forget what they're capable of ... because they're now facing all these obstacles, barriers and failures and that really impacts their self-confidence… and it impacts hope and their ability to move forward, so then the integration stops" (BC303).

Role of employers in supporting IEN workplace integration

- Feeling welcomed
- Offering tailored orientations
- Providing reference documents and tools
- Support for both IENs and employers
- External support
- *"Talking more explicitly about some of those unwritten rules in the workforce and trying to bring them to light… What are the driving forces behind these behaviours, what are the values behind them… Giving a safe place to discuss culture and cultural differences and similarities"* (MB302).

Strategies to support IEN retention

- Same as for Canadian nurses

Perceptions of challenges to IENs career advancement

- Understanding how to advance one's career
- Being provided with the opportunity

"in certain culture, it's not necessarily correct to sell yourself" (MB302)

Study Limitation – Phase III

- Only a small sample (7) was recruited.
    - ➢ Not all provinces or subgroups on the advisory committee were represented.

Recommendations

Workforce Integration
## Governments/regulatory colleges

1) Examine whether English Language Proficiency tests are helpful in assessing language proficiency; and explore/develop complementary or alternative means of assessment
2) Explore the possibility of further streamlining the credential verification process and assess whether steps be removed.
3) Exploring ways to increase the accessibility of bridging programs.   ➤ Geographical location, delivery methods, financial support
4) Explore initiatives aimed at supporting IENs successful performance on the nursing exam such as the NCLEX.
5) Explore the possibility of having a government agency or not for profit organisations in place to provide ongoing support to both employers and IENs to help with challenges associated with workplace integration.
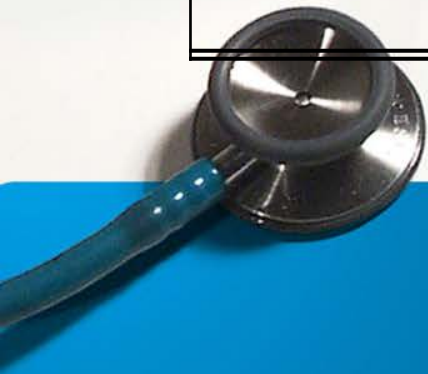
Workplace Integration
Employers

1) Continue with initiatives aimed at improving IENs verbal and written communication.
2) Prepare employees so that they are hospitable to IENs.
3) Ensure that integration is a two-way street where both IENs and employers may be required to change, adapt, and shape nursing practices. ➢ Review policies that may be discriminatory such as English only policy.
4) Offer IENs tailored orientation. ➢ Longer orientation periods ➢ Discussion around unspoken rules
5) Offer reference documents. ➢ Videos or tables describing different occupations ➢ Comparative lexicon
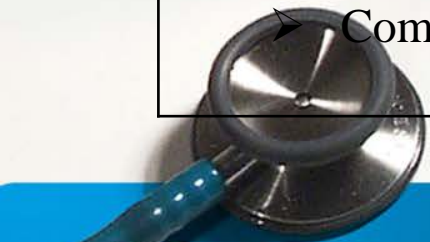
Workplace Retention

1)	Attempt to have IENs work in an area where they have an expertise or an interest
2)	Discuss with IENs their career plans, and prospects within the organization.
3)	Grant time off work to return to school.

Career Advancement

1) Educate IENs on how to advance one's career in Canada
2) Put in place an "evaluation practice" to explore who is advancing within the organization and why

RESEARCH

Open Access

Internationally educated nurses in Canada: predictors of workforce integration

Christine L. Covell[1*], Marie-Douce Primeau[2], Kelley Kilpatrick[3] and Isabelle St-Pierre[4]

Abstract

Background: Global trends in migration accompanied with recent changes to the immigrant selection process may have influenced the demographic and human capital characteristics of internationally educated nurses (IENs) in Canada and in turn the assistance required to facilitate their workforce integration. This study aimed to describe the demographic and human capital profile of IENs in Canada, to explore recent changes to the profile, and to identify predictors of IENs' workforce integration.

Methods: A cross-sectional, descriptive, correlational survey design was used. Eligible IENs were immigrants, registered and employed as regulated nurses in Canada. Data were collected in 2014 via online and paper questionnaires. Descriptive statistics were used to examine the data by year of immigration. Logistic regression modeling was employed to identify predictors of IENs' workforce integration measured as passing the licensure exam to acquire professional recertification and securing employment.

Results: The sample consisted of 2280 IENs, representative of all Canadian provincial jurisdictions. Since changes to the immigrant selection process in 2002, the IEN population in Canada has become more racially diverse with greater numbers emigrating from developing countries. Recent arrivals (after 2002) had high levels of human capital (knowledge, professional experience, language proficiency). Some, but not all, benefited from the formal and informal assistance available to facilitate their workforce integration. Professional experience and help studying significantly predicted if IENs passed the licensure exam on their first attempt. Bridging program participation and assistance from social networks in Canada were significant predictors if IENs had difficulty securing employment.

Conclusions: Nurses will continue to migrate from a wide variety of countries throughout the world that have dissimilar nursing education and health systems. Thus, IENs are not a homogenous group, and a "one size fits all" model may not be effective for facilitating their professional recertification and employment in the destination country. Canada, as well as other countries, could consider using a case management approach to develop and tailor education and forms of assistance to meet the individual needs of IENs. Using technology to reach IENs who have not yet immigrated or have settled outside of urban centers are other potential strategies that may facilitate their timely entrance into the destination countries' nursing workforce.

Keywords: Internationally educated nurses, Cross-sectional survey, Immigration, Policy, Professional recertification, Employment, Workforce integration, Human capital, Canada

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Original Article

International Nursing Review

Internationally educated nurses in Canada: perceived benefits of bridging programme participation

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COVELL C.L., PRIMEAU M.-D. & ST-PIERRE I. (2018) Internationally educated nurses in Canada: perceived benefits of bridging programme participation. *International Nursing Review* **00**, 000–000

Aim: To examine internationally educated nurses' perceptions of the extent to which participating in bridging programmes is beneficial for preparing to practise nursing in Canada.

Background: Internationally educated nurses continue to migrate from low-income to high-income countries. Many experience challenges when attempting to practise their profession in the destination country. Canada and other top destination countries offer educational support, such as bridging programmes, to assist internationally educated nurses' with preparing to practise in the destination country. The research evidence falls short in demonstrating the usefulness of bridging programmes.

Methods: A subsample of 360 internationally educated nurse participants from a Canadian cross-sectional survey conducted in 2014. All were permanent residents, employed as regulated nurses and participants of bridging programmes. Multiple linear regression was employed to examine the influence of internationally educated nurses' human capital (academic preparation, language proficiency, professional experience) and the economic status of their source country on perceived benefits of bridging programme participation.

Results: Regression model explained 11.5% of variance in perceived benefits of bridging programme participation. Two predictors were statistically significant: source country and professional experience.

Conclusion: Bridging programmes help internationally educated nurses address gaps in their cultural, practical and theoretical knowledge. Source country and amount of professionally experience influences the extent to which internationally educated nurses benefit from participating in bridging programmes in Canada.

Implications for nursing policy: Provides emerging evidence for decision-makers globally when developing policies and supports to help internationally educated nurses integrate into the destination country's nursing workforce.

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How IENs define successful workplace integration and the contribution they bring to Canada

St-Pierre, I.[1] Primeau, M.D.[2] Ndengeyingoma, A.[1] Kilpatrick, K.[3] Tchouaket, E.[1] Covell, C.[4]

Background

- Approximately 8% of the Canadian regulated nurses' workforce is internationally educated (CIHI, 2017).
- The literature is rich with studies addressing IEN integration.
- However, no definition was found on what constitutes successful workplace integration.
- Important to differentiate between integration, assimilation, separation & marginalization (Berry, 1970; Hyndman, 2011)
- Integration should be a two-way street (Ramji & Etowa, 2018; St-Pierre et al. 2015).

Conceptual Framework

- Adapted from the *Conceptual Framework for Internationally Educated Nurses Integration and Retention* (Primeau, Champagne, & Lavoie-Tremblay, 2014a)
- Some of the terminology taken from scoping review by Covell, Neiterman & Bourgeault (2014).
- Relfects 3 phases of integration:
  1) **Workforce integration** (passing licensing examination and securing employment);
  2) **Workplace integration** (passing probation period and remaining in the organization);
  3) **Professional integration** (remaining a nurse and being able to advance one's career).

Purpose

- To define successful workplace integration from the perspective of IENs
- To describe the positive contribution they see bringing to the Canadian healthcare system.

Methodology

- Study is part of a larger pan Canadian mixed method study.
- Total of 76 IENs interviewed
  - ✓ 70 RNs
  - ✓ 2 LPNs
  - ✓ 4 RPNs
- Interviews conducted from May to October 2014
  - ✓ 69 English; 7 French
- Data analysis used Braun and Clark's thematic analysis principles

Participants

Majority:
- were female (88%)
- worked full time (70%)
- worked in acute care (44%)

Race/Ethnicity	%
White	59
Black	11
Filipino	8
South Asian	7
Chinese	5
Arab	5

Results

Successful Workplace Integration Is...

- Having a good understanding of how things work
- Recognized as knowledgeable by peers and patients
- Contributing to the workplace
- Feeling accepted and part of the team
- Being treated equally to Canadian trained nurse
- Having opportunities for career progression

Contributions IENs bring...

- Improving patient care
- Bringing in diverse experiences
- Supporting other IENS

Proposed Definition
(as suggested by a participant)

That you've proven competence in your workplace, people are confident in your work, they come and ask you questions, you've got a good rapport with your team, the patients and the multi-disciplinary team, and that you feel comfortable that, really any job that you apply for, if you feel you meet the qualifications that you'd have a good chance in getting that job (MB 97).

Discussion

Definition of successful workplace integration appears to evolve as IENs gain experience working as a nurse in Canada:
- ✓ Following migration, definition is predominantly linked to feeling welcome, gaining basic knowledge of how the Canadian healthcare system works and around language.
- ✓ As IENs become more integrated, definition includes dimensions pertaining to career progression and holding position of responsibility

1. UQO; 2. UQAM; 3. U. de M.; 4. U. Alberta

Other papers being considered or in the works...

Lead	Topic
Covell, C.	✓ Predictors of Workplace Integration
Primeau, M.D.	✓ Satisfaction at Work of IENs ✓ Influencers of Career Advancement
Ndengeyingoma, A.	✓ La résilience d'infirmières formées à l'étranger lors de l'intégration au travail.
St-Pierre, I.	✓ Discrimination and Deskilling of IENs

Questions

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