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# CURRENT PERSPECTIVES ON INTEGRATION OF INTERNATIONALLY EDUCATED NURSES INTO THE HEALTHCARE WORKFORCE

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Internationally Educated Nurses (IENs) have been one of the key solutions to dealing with the nursing shortage in Canada and other western nations. IENs are registered nurses or registered practical nurses who have obtained their basic nursing education in a country different from the one in which they are practicing. While investments have been made by governments and employers towards initiatives that support the orientation and transition of IENs into the profession, there is limited understanding of the concept of workplace integration for IENs within health care. This paper presents a recent synthesis of existing works related to integration of IENs. Based on a critique of the nursing and healthcare literature, publications from immigrant and refugee studies were reviewed for relevant notions of the concept of integration of newcomers. For more than a decade, there has been a growing interest in the nursing and healthcare literature about IENs, mostly out of the United Kingdom, United States of America, Australia and Canada. The paper will focus on three major areas: (i) policies and ethical issues in recruitment of IENs to address the health human resource planning challenges in high-income countries; (ii) experiences of IENs while going through the regulatory process to achieve registration and when transitioning into the nursing workplace; and (iii) transition supports or programs for IENs. This paper will conclude with a discussion of the implications of these works for research and clinical practice in the context of long term integration of IENs into the healthcare workforce.

**Keywords:** Workplace integration, Internationally educated nurses, Ethical recruitment, Experiences, Challenges, Transition supports, Two-way integration.

## Background

The global shortage of nurses and its impact is well documented by various health human resource policy and planning initiatives. The World Health Organization (WHO), reports that health labour force shortages are the most serious threat to the right to health by the world's population today (WHO, 2013). This is stated in the context of the projection that by 2015, there will be a global shortage of 2.8 million nurses and midwives (WHO, 2013). A common struggle for most countries is to be able to plan adequately for the levels and types of nursing human resources that are required, as well as to find effective ways of ensuring that workloads for individuals or teams of nurses are manageable so that they are able to provide quality care for their patients as well as take care of themselves (Buchan, 2006).

In a 2004 report published by the Organization of Economic Cooperation and Development (OECD), most of the member countries were experiencing problems with their supply of nurses; the main

commonality was that the aging nursing workforce was not being replaced fast enough, thereby resulting in critical shortages of nurses (OECD, 2004). Canada estimated a shortage of 11,000 registered nursesin 2007, and a projected shortage of 60,000 by the year 2022 (CNA, 2009). In the province of Ontario, a 10-year analysis for 2002 to 2011 suggested that the province is barely replenishing its supply of registered nurses(Valiani, 2012). Furthermore, in order to raise the province'sregistered nurse to population ratio up to the average for rest of Canada, Ontario would have needed to add 17,588registered nurses to its nursing workforce in 2013(RNAO, 2013).

## Why Are IENsrelevant to the Nursing Workforce?

Canada requires a continuous influx of internationally educated nurses (IENs) as the annual number of nursing graduates from Canadian schools of nursing is not keeping up with the numbers of nurses who are retiring or leaving the profession (CNA, 2009).IENs have been one of the key solutions to dealing with the nursing shortage in Canada and elsewhere. IENs are registered nurses or registered practical nurses who have obtained their basic nursing education in a country different from the one in which they are practicing (Lum, 2009; Xu &Kwak, 2007).

According to the 2010 data analyzed by the Canadian Institute for Health Information (CIHI), there were a total of 348,407 nurses (including registered nurses, registered practical nurses and licensed practical nurses) in the nursing workforce in Canada (Canadian Institute for Health Information, 2012). About 7% or 25,273 of the nurses in the Canadian workforce in 2010 had graduated from an international nursing program; in the province of Ontario, IENs made up over 12% of the nursing workforce in the province (Canadian Institute for Health Information, 2012).

Canada's nursing workforce is also not reflective of the population it serves (CNA, 2010). In addition to helping to sustain the profession, IENs are coming from places that are reflective of the increasingly diverse patient populations across Ontario and other parts of Canada. The immigrant landing statistics in 2012 indicate that the top three source countries for IENs destined for Ontario were the Philippines, India and China; furthermore, IENs enter Canada primarily as permanent residents with the objective of settling down and making Canada their new home with their families (CIC, 2012).

While investments have been made by governments and employers towards initiatives to support the orientation and transition of IENs into the profession, immeasurableexpenses to the IENs themselves have also been noted (Kingma, 2001). There are significant personal, social, emotional and financial costs incurred by IENs as they go through the processes of migration, obtaining nursing registration or licence, finding employment and transitioning into the nursing workplace (Adams & Kennedy, 2006). Despite this, IENs have been found to be a stable health human resource pool who are making an important contribution and for whom further investments are needed in order to ensure their long term retention and integration (Ibitayo, 2010; Xu &Kwak, 2007).

Although there has been a growing interest in the nursing literature about IENs, mostly in the last decade and out of the United Kingdom (U.K.), United States of America (U.S.), Australia and Canada, it appears that the concept of workplace integration of IENs is not well understood. This paper provides a description of our understanding of IEN integration based on a recent review of the literature from both nursing and immigrant and refugee studies.

## Methodology

A comprehensive review of the literature was conducted to understand current perspectives about integration of IENs in the healthcare workforce. Search terms such as "workplace integration of internationally educated/foreign trained nurses", "experiences of internationally educated/foreign trained nurses"; "transition/adaptation supports for internationally educated/foreign trained nurses"; "organizational changes/initiatives to support diversity/internationally educated professionals";

"immigrant/refugee integration" – generated materials from the fields of nursing and immigrant and refugee studies using CINAHL (Ebsco), PubMed (Medline) and ProQuest search engines. Gray literature has also played a significant role in this review. Reports and documents cited in the initiatives of the Ontario Council of Agencies Serving Immigrants (OCASI) and the joint project on IEN integration by the Ontario Hospital Association (OHA) and the Nursing Health Services Research Unit (NHSRU) at McMaster University made up most of the gray literature.

The review was guided by the following questions: "What is 'integration'?"; "How is 'integration' defined according to IENs and various stakeholders, including policy makers, employers, educators and supporters?"; "When is an IEN said to be 'integrated'?"; "What is it that facilitates or hinders integration of IENs?" and "What is known about integration of immigrants and refugees and how does this relate to IENs' workforce integration?" The objective was to identify what has already been researched and what questions still remain unanswered. A critical social theory (CST) lens was used to review the literature to assess how studies have addressed issues of concern to IENs and how research processes or results have benefitted IENs as well as their workplace organizations. Other interests were to see how the discourse acknowledges the expertise that IENs bring to their workplace and how employers tap into their diverse experiences to improve quality of care. The literature was critiqued to determine if research approaches have been participatory, involving employers, researchers, educators, supporters and IENs as equal partners and if they have resulted in transformative changes that facilitated integration or progress of IENs.A synthesis of recent works was carried out and organized according to major thematic areas.

## What Is known About IEN Integration within Nursing?

Within the nursing and healthcare literature, six reviews have been conductedwithin aspan of last six years (CHHRN, 2013; Freeman et al., 2012; Newton et al., 2012; Zizzo& Xu, 2009; Tilley, 2007; Xu, 2007).The nursing and healthcare literature on IENs can be divided up into three major themes:(i) policy and ethical issues in recruitment of IENs to address the health human resource planning challenges in high-income countries; (ii) experiences of IENs while going through the regulatory process to achieve registration and when transitioning into the nursing workplace and (iii) transition supports or programs for IENs. These three themes are used to organize this section of the paper.

### i. Policy & Ethical Issues Pertaining to IEN Recruitment

International migration of nurses is now part of a common global trend of migration of workers (Kingma, 2007). Several "push" and "pull" factors resulting in international migration of nurses are discussed by Buchan (2006). Structural adjustments in developing countries have resulted in large numbers of unemployed professionals, including nurses, thereby creating a "push" factor (Kingma, 2007). For supplying countries like the Philippines, there is an economic benefit from the large sums of remittances that nurses and other professionals send back home to their families(Buchan, 2006). There is also the hope or possibility of greater skills and qualifications upon the return of these "exported" workers back to the Philippines (Buchan, 2006). Aside from the need for employment, nurses also migrate because of their desire for a better quality of life, opportunities for professional development and attaining additional skills and education, a better income, meeting family responsibilities such as providing for children, and personal security and safety from civil instability or war, as well as from occupational hazards (Kingma, 2001).Concerns about the imbalances that are created when nursing resources from developing countries shift to developed countries are well articulated (Buchan, 2006; Kingma, 2007) in position statements by international and national nursing associations (Adams & Kennedy, 2006). Given the various "push" and "pull" factors that are at play, it is difficult to predict patterns of nurse migration.

There have been numerous concerns about lack of fairness, discrimination, racism and abuse towards IENs in various jurisdictions (Adams & Kennedy, 2006). Although codes of ethical practice are available to destination countries for guiding foreign nurse recruitment practices, such as Canada's *Canadian*

*Commonwealth Code of Practice for the International Recruitment of Nurse,* and the *Melbourne Manifest,* they are seldom used (Labonté et al., 2006).A 2007 qualitative study performed by Pitmann et al. (2012) in the US found that IENs experienced labor, contract, and immigration problems and that the agencies and employers who recruited them were largely unregulated. A group of health care organizations named Alliance for Ethical International Recruitment Practices has now issued guidelines for employers and recruiters of internationally educated nurses and health professionals in the U.S. *The Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United States* seeks to protect internationally educated nurses from exploitation and abuse and to define the minimum standards of treatment (Alliance for Ethical International Recruitment Practices, 2011). Nursing unions and some nursing advocacy organizations have argued that because the nursing shortage results from underlying problems—poor working conditions and inadequate pay—that led many qualified nurses to leave the field in the first place, importing foreign workers is not a lasting solution (Stubenrauch, 2008). Kingma (2007) also submits that "injecting migrant nurses into dysfunctional health systems - ones that are not capable of attracting and retaining staff domestically - will not solve the nursing shortage" (pp.1281).

While debates on global nurse migration include ethical concerns and the effects of nursemigration especially on the source countries in the developing world, ultimately it is an individual's right to choose to migrate (Kingma, 2007). Professional nurses who migrate may choose to remain employed long-term in the destination country, relocate to another country, or return to their source country (Buchan et al., 2006). Until recently, it has been assumed that migration means that people move to destination countries once and for all (Haour-Knipe& Davies, 2008). However, this is beginning to change, with increasing attention being paid to migrants returning to their homelands and how their return of innovationcan bring positive change to the migrants' country of origin (Haour-Knipe&Davies, 2008).

In Canada, the four Western provinces of British Columbia, Alberta, Saskatchewan and Manitoba have bilateral agreements with the Philippines to recruit IENs and other migrant workers (Blythe et al., 2009; Conference Board of Canada, 2013). However, these agreements do not necessarily translate into a smoother or expedited process for having credentials recognized and obtaining nursing registration (Blythe et al., 2009). Kolawole (2009) argues that the ethical challenge of 'brain waste' or the waste that comes about when IENs, as newcomers, are unable to have their knowledge and skills recognized or because of difficulties in workplace integration – is an important issue and requires more attention in Canada.

### ii. IENs' Experiences with Migration, Registration and Transition

Migration to another country has been well documented as a major stressor for IENs (Kingma, 2001). While family and friends already in the destination country encourage nurse migration, nurses are often caught in the situation of choosing to either emigrate with their immediate family members or place their children in the care of a relative in the source country (Kingma, 2007). Buchan et al. (2006) found one third of emigrating nurses with children had to leave their children behind in the source country. Aside from the separation from family and friends, IENs may face abuse, exploitation, discrimination and unfairness during the process of immigrating (Adams & Kennedy, 2006; Blythe & Baumann, 2009).

The process of getting credentials assessed and meeting the regulatory requirements for registration or licensing as a nurse, can be a long, frustrating and painful journey. There are issues related to accessing timely, accurate and accessible information; cost of the various stages of application and registration process; achieving the language proficiency benchmarks; orientation to the role of the nurse and interdisciplinary team; familiarity with the healthcare system and cultural context of the diverse or heterogeneous patient populations (Bourgeault et al., 2010; Blythe & Baumann, 2009; Tregunno et al, 2009; Sochan& Singh, 2007; McGuire & Murphy, 2005).

A comprehensive literature review conducted by Newton, Pillay and Higginbottom (2012) resulted in five common themes being extracted and synthesized, including: reasons for and challenges with immigration, cultural displacement, credentialing difficulties and deskilling, discriminatory experiences

and strategies of IENs which smoothed transition. Their study highlights that the huge advantages in professional skill and cultural diversity that IENs can bring to any nursing unit cannot be fully realized without substantial efforts to reduce practicelimitations (deskilling) and discrimination.

A study of overseas Black and ethnic nurses in the U.K. revealed eight themes: not feeling appreciated, feeling inadequate, feeling unwelcome, lack of opportunities for skill development and training, unfairness in nursing practice, performance review, support from overseas black and minority ethnic colleagues and proving one's self (Alexis &Vydelingum, 2005). IENs' experience of discrimination, racism or mistreatment has been a theme in several other studies as well (Mapedzahama et al., 2012; Batnitzky& McDowell, 2011; Zhou et al., 2011; Allan, 2010; DiCicco-Bloom, 2004; Kawi& Xu, 2009; Magnusdottir, 2005;Turrittin et al., 2002; Hawthorne, 2001; Pizer et al., 1992). These experiences of IENs also resonate with studies done on Black nurses in Ontario (Das Gupta, 2009) and in Nova Scotia (Etowa et al., 2009).

A study of Korean nurses' adjustment to nursing in the U.S. revealed five major categories of concerns that were prominent over two phases: during the first two to three years, relieving psychological stress, overcoming the language barrier and accepting U.S. nursing practice were the major issues. The second phase took five to ten years from the time the nurses had started practicing in their new practice environment in the U.S. and included adopting the styles of U.S. problem-solving strategies and adopting the styles of U.S. interpersonal relationships as the main concerns (Yi &Jezewski, 2000).

Ibitayo (2009) discussed how the family, social and work environmentsafter migrating interact with the transition conditions to influence the IEN's professional satisfaction in the current job.Professional satisfactionis defined as "career choice and meaningfulness of work within one's life goals" (Lynn & Redman, 2005, p. 266).Investing in family and work life increases jobsatisfaction and promotes adaption to a new environment (Hayne, Gerhardt, & Davis, 2009).

Xu's (2007) meta-synthesis of fourteen s(Lynn, 2005)tudies on transition experiences of immigrant Asian nurses in Western countries identified four overarching themes: communication as a daunting challenge, cultural differences, marginalization, discrimination and exploitation and differences in nursing practice.

### iii. Transition Supports for IENs

The literature provides insights on supports for IENs in their early orientation and transitioninto nursing in their new host environment. Although definitions of 'transition' vary between disciplines, they generally involve people's responses during a passage of change.Transition occurs over time and entails change and adaptation, for example developmental, personal, relational, situational, societal changes - the reconstruction of a valued self-identity is essential to transition (Kralik, Visetin& Van Loon, 2006).Ibitayo (2009) argues that for an IEN, professional satisfaction indicates the end-stage of that individual's transitionexperience.

Zizzo& Xu (2009) conducted a systematic review of transition programs that provided support for IENs after they were hired. Of the twenty programs reviewed, none were Canadian; nine had a mentorship component, but only four were voluntary; ten indicated the importance of language and communication courses but only five actually included a language course; the length of the formal program ranged from one week to one year, with most being twelve to sixteen weeks; finally, there was minimal research and evaluation on the effectiveness of these programs (Zizzo& Xu, 2009).

In Canada's Ontario province, there is an attempt to apply the lessons from health human resource policy experience of the New Graduate Guarantee initiative, to IENs (Baumann &Hunsberger, 2012). Integration is viewed as a process by which they enter the workforce effectively and efficiently, including being prepared for independent practice and adapting to the culture of the organization (Baumann, Hunsberger&Crea-Arsenio, 2011). AlthoughIENs are entering the workforce as experienced nurses, with a higher average age and more life experiences, it is argued that IENs' need for an extended orientation

period and assigned mentor(s) within the workplace are just as relevant as they are for new nursing graduates (Baumann &Hunsberger, 2012).

Several other transition strategies that provide direct and indirect support to IENs are recommended in the literature. Hanson &Stenvig emphasize the need for clinical educators to have an expanded understanding of the knowledge, skills and capacities of IENs as learners (as cited by Tilley, 2007). Lum (2009) has highlighted the importance of assessing the learning style of the IEN participant of transition programs so that the learning is maximized. As newcomers settling in the broader community, opportunities for cultural connection and peer support could provide some essential support for IENs who are still transitioning into their new practice settings (Ager &Strang, 2008;Sochan& Singh, 2007). Sherman and Eggenberger's (2008) study showed that unit managers were crucial to the IEN's successful transition into the work environment and achievement of professional satisfaction. Drach-Zahavy found that when nursing leaders behave in a supportive way, other nurses take the cue from them and are also supportive (as cited by Tilley, 2007). Hoxby et al. (2010) recommend that nursing supervisors and managers should be provided training on managing diverse teams thereby creating an environment which is supportive and inclusive of IENs. Liou and Cheng (2009) compared perception of practice in the U.S. with Asian IENs and Asian nurses educated in the U.S., finding supportive managers, a safe working environment, and collegial relationships with staff and physicians positively influenced perception of practice.

Commissioned by the International Council on Nurse Migration, Adams & Kennedy (2006) observe that while numerous transition programs have been implemented, the research into IENs' experiences still raises questionsabout their effectiveness in helping them make the necessary transition. They explain that transition supports appear to be ad hoc and a broader commitment to systematic organizational approaches seems to be lacking in workplaces (Adams & Kennedy, 2006).Adams & Kennedy (2006) recommend that employers of IENs give priority to creating "positive practice environments" through organization-wide systematic approaches to address potential issues of inequality within their institutions.

## Gaps in the Nursing Literature

While the term 'integration' is used readily in reference to IENs, including in titles of publications, a definition is not provided. The policy framework to support IEN integration globally, a seminal work commissioned by the International Centre on Nurse Migrationalso lacks a definition of 'integration' in the context of IENs.

Most of the literature pertains to the pre-migration, post-arrival or pre-registration and the early orientation or transition phases of IENs entering nursing in the host country environment. Although the New Graduate Guarantee Initiative in the province of Ontario offers a definition of integration, it too implies the transition required by new nursing graduates (and IENs) in the early stages to prepare for independent practice and to adapt to their organization's culture. With this predominant focus on the early phases, it is not surprising that there is aheavy emphasis on the challenges experienced by IENs and their employers, educators and supporters,in the nursing and healthcare literature. The lack of research on IENs' post-transition phases or over the long term integration is noted by Adams & Kennedy (2006) and may explain why the contributions being made by IENs are not as apparent. The lack of a broader commitment to systematic organization-wide approaches to facilitating IEN integration (Adams & Kennedy, 2006) points to the missing focus on the role of the workplace and "non-IENs".

## How Is Integration of Immigrants and Refugees Conceptualized?

The discourse fromimmigrant and refugee studies on the other hand offers several definitions on integration of newcomers discussed within the context of broader country level philosophies about immigration. The United Nations High Commission on Refugees (UNHCR, 2002) defines integration as:

> … a mutual, dynamic, multifaceted and on-going process. From a refugee perspective, integration requires a preparedness to adapt to the lifestyle of the host society without having to lose one's own cultural identity. From the point of view of the host society, it requires a willingness for communities to be welcoming and responsive to refugees and for public institutions to meet the needs of a diverse population (pp. 12).

This view of integration as a 'two-way' process highlights the need for the host community to change its norms, values and beliefs in order to embrace the newcomers(UNHCR, 2002). This way integration becomes a process for eliminating barriers to acceptance, belonging and recognition for immigrants and refugees (Omidvar& Richmond, 2003). Integration is also a goal for full and equal participationby immigrants and refugees with achievements in their social, cultural, political and economic domains of life (CCR, 1998).These notions of integrationfrom the immigrant and refugee studies literature have not permeated into the nursing discourse about IENs.

## Implications for Research and Practice

The absence of a definition of integration and the lack of research on the post transition or longer term progress of IENs are creating an imbalanced view of IENs within the nursing literature. The abundance of research on the challenges faced in the earlier phases of pre-registration, finding employment, getting orientation and transitioning into the workplace, results in a portrayal of a one-way process of how IENs can be supported to adapt to the host environment. If a two-way notion of integration (as discussed in the immigrant and refugee studies literature) is embraced by nursing, there will be an active acknowledgement of the need for change in attitudes, beliefs and behaviours of the employer organization and non-IENs (Raghuram, 2007). Systematic organization-wide efforts to create positive practice environments will benefit IENs as well as all nurses in the host organization; they will contribute to a dynamic, high functioning team by valuing and using skills of all nurses, resulting in culturally competent quality care for diverse patient groups (Adams & Kennedy, 2006). By drawing on concepts of integration from immigrant and refugee studies, nursing can create a more balanced, two-way view of IEN integration that places the burden of responsibility for adjustments on both IENs and their employers/host environments. An accompanying focus on IENs' progress and experiences over the longer term or beyond the early phases of transition will depict the significant contributions that IENs are making in shaping nursing practices within their organizations and more broadly in the profession.

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