

Understanding Internationally Educated Nurses' Past Work Experiences: Insights for Future Integration Practices

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Over the past decade, the recruitment of internationally educated nurses (IENs) has been influenced by factors such as an aging nursing population, and reduced work hours (Buchan, 2006), and a decrease in the allotment of full time university nursing positions (Konno, 2006) resulting in a nursing shortage dilemma in the West. For instance, in the US, Martiniano, Salsberg, McGinnis, and Krohl (2004) had projected a shortage of approximately one million RN job positions by 2012. Similarly, in Australia a nursing shortage of 40,000 had been predicted by 2010 (Australian Health Ministers' Conference, 2004). In Canada, the CNA (2002) had projected a nursing shortage of approximately 78,000 nurses by 2011. Presently, it is unclear if the nursing shortage predictions were accurate in light of the CNA's (2009) continued prediction of 60,000 full-time nurse positions by 2022 and the delayed retirement of 22,000 nurses in the year 2011 (Winsten, 2011). In Canada, despite the recent steady increase in the supply of nurses partly due to international recruitment programs, the influx of IEN is likely to remain unchanged and is further complicated in that some IENs enter the country as landed immigrants or spouses of landed immigrants through the general class visa (Blythe & Baumann, 2009).

Registered nurses (RNs) in Canada who fall within the IENs group account for 7% and within the province of Ontario alone, IENs who currently practice as RNs make up 11,230 (8.6%) (CIHI, 2011). In Canada, the province of Ontario is the second leading populated province consisting of the IEN group. Despite the growing evidence on the challenges IENs face upon their arrival into Canada, little is known about their integration experiences, and current practices at their places of work, given that integration involves reciprocity between the host organization and the IENs involved. Current studies in the field of IENs seem to situate the IEN group as a liability "needing to be fixed" within the Canadian health care system. For example, concerns pertaining to patient safety, language and communication (Tregunno et al., 2009; Blythe et al., 2006; Magnusdottir, 2005); educational and cultural differences and IENs' lack of assertiveness (Blythe & Baumann, 2009); struggles and mistrust amongst their work colleagues (Jose, 2011; Kawi&Xu, 2009). As a result, the unique contributions IENs bring to the Canadian health care system (Njie, 2014) are probably undermined, in spite of their documented areas of adjustments and challenges needing attention.

A number of factors influence the various needs of new comers like IENs who have newly arrived into a country, for instance challenges navigating the health care system, credential evaluation, successfully passing their license exams (Baumann & Blythe, 2009; kolawole, 2007; little, 2007). Caidi& Allard (2005) suggest that the needs of newcomers and those who have immigrated into Western nations for some time, and have become established into their communities are influenced by different factors which ranges from housing, job opportunities, educational and different learning opportunities to social and civic involvement within their communities. In an attempt to promote the integration of skilled workers who make up 64.1% of immigrants (Citizenship and Immigration Canada (CIC), 2009); the government of Canada invested a 30 million integration plan towards the integration of internationally trained health professionals (CIC, 2012). Little is known about how these funds have contributed to IENs integration after successfully obtaining their licenses to practice as nurses. The concept of integration has been defined by scholars in the field of immigration and settlement. For instance Wong & Poisson (2008) defined integration as "the process of eliminating barriers to belonging, acceptance, and recognition for immigration and refugees" (p. 7). In the nursing discipline, no studies were identified that have attempted to define the concept of the integration of internationally educated nurses within health care organizations. Descriptions of the work experiences IENs bring to the Canadian health care system is likely to inform integration policies within health care organizations to promote effective program development, skill acquisition, effective health human resource utilization to facilitate reciprocity between the IEN and their respective health care organization. Currently, the integration of IENs within health care organizations suggests inconsistencies in practices (Baumann et al, 2013).

This paper hopes to contribute to this knowledge gap by describing IENs prior knowledge and work experiences, and its influence on their transition as nurses within Canadian work environments. Clinical and administrative implications for future practices will be presented.

Methodology

Descriptive phenomenology, a qualitative research method, was the chosen research approach for this study due to the descriptive nature of my study question, which examined the influence of IENs prior knowledge and work experience during their transition as nurses in Canada, and what meaning they ascribe to their transition experiences. Descriptive phenomenology, a qualitative research approach founded by Husserl (1859-1938), is defined as “the science of essence of consciousness” (Husserl, 1913). Wojnar and Swanson (2007) define descriptive phenomenology as, “how objects are constituted in pure consciousness, setting aside questions of any relationship of the phenomenon to the world in which one lives” (p. 173). This methodology also allowed for the emergence of themes through inductive reasoning throughout the research process. Bracketing was utilized to consciously minimize bias and eliminate all prior knowledge about the phenomenon at hand by continual journaling activities.

This thesis study obtained approval by the University of Ottawa’s research ethics board and was conducted in Ottawa, a major city in the province of Ontario, and the capital of Canada. The decision to include IENs in Ottawa was based on convenience of access and my preference to maintain a homogenous participant group as much as possible (e.g., similar provincial licensing legislation). Purposive sampling technique was used to guide recruitment of the eleven study participants through the snowball effect according to their consent to be part of the study. . This was illustrated in my decision to restrict the study participants to IENs who currently practiced as RNs only in Ontario to maintain a common scope of practice amongst all study participants. Recruitment posters were used to advertise the study which outlined the study’s eligibility criteria: a) have been practicing as an RN in Ottawa for a minimum of one year and a maximum of five years; b) had obtained their nursing education outside of Canada. In this study, an IEN is defined as a nurse who is currently working as an RN in Ottawa, but who received their basic nursing training outside of Canada.

Data collection for this study was accomplished through the following strategies: in-depth face-to-face participant interviews which lasted for approximately one hour and were audio-taped; notes from a follow up discussion during data analysis and validation; and, a personal research journal. All tape-recorded interviews were transcribed verbatim and coded. Ninety point nine percent (90.9%, n=10) of IENs were employed in an acute care hospital setting; nine out of 10 of those who worked in hospitals were presently in specialty care settings, such as mental health, operating room (OR), or critical care. The remaining 9.1% (n=1) worked with a community agency due to her unsuccessful attempts to find employment at hospitals in the area. None of the IENs reported working in an administrative, educational, or research capacity despite their years of clinical nursing practice experience in their home countries.

Findings

One of the major themes IENs’ identified in this thesis research as being crucial in promoting their transition experience was their professional knowledge and experience which was illustrated by their nursing knowledge and skills as well as previous life experiences. Descriptive examples will be presented within the two sub-themes namely, a) similarities between countries, b) differences between countries.

Similarities between Countries

The similarity sub-theme describes similarities between clinical specialties were IENs currently worked to those of their countries of origin ensured an easier transition into workplaces here in Ontario. For an IEN, her previous experiences with integrating into a different health care system in another country eased the process of transitioning into Ontario’s health care system. This sub-theme also describes the extent to which IENs were at ease with performing their respective roles as nurses in Canadian work contexts as a result of their prior nursing knowledge. For example, one participant attributed her experiences of familiarity to her past professional development and experience in the US, affirming:

I learnt to work the way I do from my educational training in the [Country of origin]... I brought most of knowledge with me in my five years of nursing in [Country of origin]... here there are some differences in documentation styles, e.g., paper charting...in my country of origin we use electronic charting...I built on other skills here; I haven't learnt nothing too new.

Other IENs had extensive experience and clinical expertise with the nursing work in certain clinical settings. Similarity between their previous areas of practice in their home countries and the Canadian context of practice, as well as the nursing skills involved in care, had a positive influence on their integration experience. For example, one participant noted:

In [country of origin], I had experience working in a neurology 'neuro' unit; here I am working with the same patient population, so it's easy. I learnt the basic neurology nursing training in my home country, even though technology is different here, the way of practicing is the same. For example, I have experience with "Glasgow coma" scale; I have previously used it, I can understand and tell when patient is having a good day or not.

Another IEN had similar experience with workplace familiarity, crediting her home training with her ability to work and integrate easily into her current place of work:

In country I had previous ICU experience as a neuro-trauma nurse. My way of thinking and major part of knowledge I brought with me, here I only polished. Here there are too many protocols and care maps to follow...you have more support and resources here. In my country you have to use your own critical judgment, not all patients fit in care map. You have to involve critical thinking and assessment of patient. My good assessment skills helped me guide patient care.

Still, another had a similar experience. Her account of being an OR nurse in her country of origin facilitated her ability to do her job here in Canada. She had this to say:

My prior knowledge of OR nursing, of surgical procedures and when to communicate with surgeons during a surgical procedure helped me here. For example, even though the names of instruments are different from how we refer to them in [country of origin], you know what they are used for and you know the surgical procedure. Sterile techniques don't change, it's all the same, I just have to learn the names of all the equipment.

Another IEN values her expertise and sound clinical judgment skills in assessing her patients, stating:

Canadian trained nurses have things easy with care maps and pre-printed protocols, so if patient does not fit care map they don't know what to do next. We do not have care maps in [country of origin], we think by ourselves.

One participant described being accustomed to integration processes in another country (other than Canada) and its health care system as a whole. Her previous life experiences were an asset which contributed to, and facilitated how she perceived her transition into the Canadian health care system. For example, she recounts her integration process from [country of origin] to Israel and now to Canada, and sums up her experience as "tolerable". She says:

My professional and life experience has been helpful to me. This is the second immigration process for me in another country, I know what to expect professionally to obtain your license, and personally with colleagues who bully others... it has made me tolerable and patient. Similarly, another IEN described her familiarity with the Canadian health care system and how this facilitated her integration experience after obtaining her RN licensure. She narrates her experience as follows:

I worked as a nanny and also as a care aid with a community agency so I already had some integration into the Canadian culture. I had a feel of how nursing worked in Canada... by the time I started working as an RN I have had some exposure to the health care system.

Differences between Countries

Having to adapt to differences in nursing in a new environment and in a different country was common to all IENs in this study. The extent of the nursing practice variation they encountered at their workplaces was influenced by their previous work-life experience and their exposure to certain technological capacities, cultural norms, and nursing standards in their home country. Learning Canadian nursing practices and new approaches to patient care posed a hindrance to an effective integration experience for IENs as they started work within Ontario health care settings in that they needed time to grasp the newer approaches to patient care and adapt to their role as nurses within Canadian contexts.

One participant described her experience with death and life in the Canadian context: I relied on explanations from my colleagues for what is best for the patient in religious and multicultural aspect of nursing, I had never had any experience with native patients...there are social differences; there are differences in every country in their approach to death and life.

One IEN described her experience with learning new aspects of the Canadian health care system; she explained how such information is important to communicate to IENs upon hiring:

Institutions who hire IENs need to make emphasis on interdisciplinary and available community services...if I didn't go to the bridging program here in Canada I wouldn't have understood how Canadian system works, e.g., what's free and not free; health coverage, community services etc. particularly for psychiatric patients who need to go back into the community.

Another participant describes her experience with newer technology and portrays the importance of having enough time to become confident and comfortable with the use of certain equipment. She reported, "Initially it wasn't easy in terms of the equipment, nursing is the same everywhere but the equipment like the electric equipment is different". When asked to give an example, she stated:

I used to work as a maternity nurse, and the ultrasound equipment is different with the one we use in our nursing schools back home. You have newer ones here and ones that work well. Every country has unique ethics, so I had to learn the standards here...in my country we had very good theoretical training, but the practice is different. Here is more client oriented; even though you are taught this in nursing school, you don't see it, but here it is very evident, you have to put it into practice, you treat people well here and it is documented.

One participant described how she had to adapt to the way nurses work here in Canada by stating, "Initially it was different in responsibility; here you are more independent; for example during physical assessment...in [country of origin] a nurse does not do physical assessments, only physicians. Here nurses do full physical assessment". Another participant described how she adapted to the Canadian way of documenting by exception. She stated this about the differences in documentation styles, "Paperwork is different here, we use 'SOAP' format to document in my country, here nurses document by exception, use flow sheets and chart in boxes, it was new to me [country of origin]".

Discussion

The theme of professional knowledge and experience refers to IENs' knowledge and skills, as well as their previous work experience, and how these contributed to patient care in Canada. In contrast to Blythe and Baumann's (2009) suggestion of that there are differences in nursing education preparation that impact professional knowledge and experience, the majority of IENs in this study reported knowing what to expect and were comfortable with their nursing duties. Familiarity with patient conditions and specialty units, work tools made their ability to provide care to certain patient populations seem seamless. Content familiarity helped with the understanding and execution of protocols, and patient care procedures. This is consistent with the findings by Matiti and Taylor (2005) who indicated that because participant was familiar with a particular work setting, "he felt he could anticipate what surgeons needed, and also eye contact above the surgeon's theatre facemask indicated what the other staff members needed" (p. 10). Hart, Brannan, and DeChesnay, (2012), suggest that learned behaviours are the basis for nursing education and learning in the workplace.

Similar to Jose (2011) study's findings, the IENs in this study felt they needed time to acquaint themselves with newer technology than what they were used to in their home countries, Jose notes that, "While most IENs in this study group were pleased with the newer technologies used in the USA health care system, many told stories of needing more time, education and support to master those technologies" (p. 127). An understanding of the importance of IENs' prior work experience and its influence on their current transition is likely to inform the process of integration into work environments whereby they can exercise their knowledge effectively to enhance patient care. These thesis findings suggest that IENs are likely to have an easier work transition when hired within familiar clinical work settings. IENs need for time to adapt does not however equate to incompetence in their ability nurse within Canadian work environments. For example, narrations from this thesis study stipulate that the extent of time needed to feel fully competent as nurses vary. Some needed time to be accustomed to newer equipment or documentation styles, others needed to be more informed about broader social programs within the health care system like health care coverage or community programs.

Others needed an increased understanding about cultural practices pertaining to death and dying, while some needed time to understand the Canadian accents, spoken in both the French and English language. This knowledge will probably allow health administrators to anticipate the various needs of IENs during their transition phase as nurses.

In addition, nurse administrators can value IEN expertise by promoting their hire on specialty units in which they have prior experience. This would exemplify efficient integration practices and the IENs involved would probably need less time to feel fully integrated into the workplace. Also developing a workplace culture geared towards valuing each other's contribution in a sustainable manner is likely when all nursing staff feel the support of their respective administrators. All these strategies aim to promote mutual integration practices between health care organizations and for IENs within the Canadian health care system, and to reduce potential emotional and financial costs involved with training IENs at various places of work.

Conclusion

This research has explored IENs past work and life experiences as nurses from their countries of origin, and how it influences their transition as RNs within the Canadian health care system and the meaning of these experiences for them. While previous work in this field predominantly discusses the challenges IENs face upon their arrival in Canada, such as credential evaluation, their license pass rates, and the challenges they face during their practice as nurses – either as RNs or as RPNs, this study has uncovered useful IEN (RN cohort) transition experience information that pertains to their integration as new nurses within the Canadian health care system. It highlights the need for more studies that explore existing gaps in integrating IENs within the nursing profession and the Canadian health care system as a whole, in ways that promote the use of their knowledge and expertise. It is my belief that the findings of this study have contributed to new knowledge that would address existing gaps in the literature about the integration experiences of IENs into the Canadian health care system.

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