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Internationally Educated Nurses in Ontario:

Maximizing the Brain Gain

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*Internationally Educated Nurses in Ontario:
Maximizing the Brain Gain, November 2006
Number 3, 2nd Edition*

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Main Messages

Database Issues

- Nurses entering Canada are identified only by migrant class. Those who do not register with the College of Nurses of Ontario (CNO) cannot be identified.
- There is no statistical resource for identifying how many migrants to Ontario have foreign nursing qualifications.

Nurse Demographics

- In 2005, the proportion of internationally educated nurses (IENs) (i.e., nurses educated outside Canada) varied from 1.9% in Newfoundland to 15% in British Columbia (Canadian Institute for Health Information, 2006a).
- Ontario had the second highest percentage of internationally educated RNs (11.9%) in Canada but the highest actual number (10,684).
- From a low of 223 in 1998, the number of internationally educated RNs entering the Ontario workforce annually increased to 1,532 in 2005.
- From 2000 to 2005, the number of internationally educated RNs in the Ontario workforce rose from 8,563 to 10,684.
- The Philippines is the major source country for IENs in Ontario, with numbers increasing threefold from 132 new RN registrants in 1995 to 455 in 2004.
- In 2005, 767 internationally educated RPNs were employed as nurses in Ontario.

Nursing Supply

- In 2005, IENs comprised 34.1 % (1,115) of new RN members in Ontario. Ontario produced only 52.4% of new RNs entering the workforce that year. The remaining 13.5% (441) were from the other provinces.
- Although numbers of new internationally educated RN members were lower in 2005 than 2004, they represented a higher percentage of the new supply due to a decrease in Ontario new members.
- International RPN applicants show an overall increase during the past decade. However, relatively few complete the registration process.
- Approximately 50% of migrant nurses entering the workforce over the past decade have been under 35 years of age. These nurses help to counter the trend of aging nurses in Ontario.

Migration Process

- Challenges to entering the workforce occur at all stages of the migration process: entering Canada, applying for registration, obtaining educational upgrading, gaining language competence, passing the licensing examination and becoming integrated into the workplace.

Registration Process

- The majority of IENs suffer delays and difficulty in registration. Approximately 90% of RNs educated in Ontario become registered within 12 months. Available evidence suggests that the majority of IENs take much longer.
- Internationally educated nurses whose education does not meet the registration standards as defined by the Nursing Act, who lack access to information and/or have limited language skills find it difficult to complete registration.
- The Canadian Registered Nurse Examination (CRNE) and the Canadian Practical Nurse Registration Examination (CPNRE) pass rate for IENs is much lower than for nurses educated in Ontario.

Education

- Bridging and upgrading programs are specialized, isolated and temporarily funded.
- Prior Learning Assessment and Recognition (PLAR) provides an alternative to acquiring qualifications through formal academic courses for nurses who have acquired appropriate skills and knowledge through experience.

Entering the Workforce

- There is an assumption that a high score on the immigration points system will facilitate finding a job.
- There are insufficient system supports to help new nurse migrants enter the workforce.

Executive Summary

The three sources of nursing supply in Canada are new graduates, internationally educated nurses (IENs) and nurses returning to the workforce. This report focuses on IENs. Globalization has led to high rates of migration of professionals to economically vibrant countries such as Canada. Because many skilled and educated migrants do not always realize their full potential in their new country, policies to maximize brain gain are imperative.

The lack of comprehensive and reliable information on migration flow makes it impossible to obtain an accurate picture of migration globally or nationally (Bordt, 2002). We do not know how many IENs currently reside in Canada or Ontario. However, the Ontario workforce has the second highest percentage of internationally educated RNs in Canada (11.9%, 10,684/89,429) (CIHI, 2006a). In 2005, 34.1% (1114) of new RN members were educated abroad and an additional 13.5% (441) in other provinces. Only 52.4% (1715) of the new RN entrants to the provincial workforce had graduated from nursing programs in Ontario (CIHI, 2006a).

While IENs make an important contribution to nursing supply, there is worrisome evidence that many suffer delays in obtaining professional licences. An estimated 40% of IENs who apply to the College of Nurses of Ontario (CNO) fail to complete the registration process and do not enter the workforce. In contrast, on average, between 1995 and 2003, only 2% of RNs educated in Ontario failed to complete the application process (CNO, 2005).

A study was conducted to describe and analyze issues relevant to nurse migration to Ontario and investigate the experiences of IENs, including barriers and facilitators to integration in the Ontario health care system. The research team interviewed IENs and other stakeholders such as educators, employers and members of nursing and migrant support organizations.

Challenges were evident at all stages in the process of entering Canada and gaining employment as a professional nurse. Lack of information from the Canadian authorities prior to migration was an impediment to migrants with limited knowledge about nursing in Canada. After settlement in Ontario, difficulties and delays occurred while completing the application process for licensure. Many IENs must make considerable investment in upgrading and further education to become eligible to take the professional nursing examinations. A number of nurses found the examinations difficult due to lack of familiarity with Canadian nursing culture and/or inexperience with the examination format. As a result, the pass rate for IENs was much lower than for nurses educated in Ontario. Finally, some IENs had difficulties when they entered the workplace. Because of their unfamiliarity with the Canadian health care system, they often required more mentoring and longer orientation than nurses educated in Canada.

Recommendations

Government

- Merge bridging/upgrading courses for IENs into regular educational programs.
- Create a funding envelope to provide permanent funding for upgrading/bridging programs.
- Initiate collaboration among educational programs for IENs to facilitate transfer of credits from one institution to another.
- Ensure potential applicants for regulated professions in Canada, such as IENs, are provided with appropriate information on licensing and the labour market during the immigration process and before they enter Canada.
- Create a taskforce of stakeholders, including licensing bodies, governments, settlement agencies, employers and nursing associations, to plan initiatives for the integration of internationally educated professionals.

- Initiate a tri-level (federal, provincial and municipal) government sponsored integrative program that matches newcomers' professional skills with suitable employment. This might include adding information for internationally trained professionals to any planned employment web portal.
- Consider the creation of an advisory body to ensure effective information exchange between agencies serving immigrants and regulatory bodies.
- Ensure that municipal settlement organizations and other relevant non governmental organizations have appropriate information and skills to advise nurses and other applicants to regulated professions.

Licensing and Professional Bodies

- Encourage completion of elements of the licensing process that can be done in advance of emigration. For example, submission of educational credentials, evidence of fluency in English or French, registration or registration eligibility in the jurisdiction of original registration and evidence of safe nursing practice.
- Provide an on-line questionnaire with automated responses available to enable IENs to match their education and experience against Canadian requirements.
- Develop a standardized means of assessing the educational credentials of IENs. Initiate collaboration among nursing regulators, other professional bodies and the proposed Canadian agency for assessment and recognition of credentials.
- Provide individual institutions providing upgrading programs for IENs with anonymized pass rates for IENs to help them assess the effectiveness of their programs.

Educators

- Develop common Prior Learning Assessment Recognition (PLAR) processes and ensure that students equal or surpass established standards.
- Integrate a program similar to CARE (Creating Access to Regulated Employment) into the bridging/upgrading programs offered by institutions as Algonquin College has done.
- Consider the introduction of an adaptation program providing orientation to the Canadian health care system, workplace and philosophy of care mandatory for all IENs intending to practice in Canada.
- Expand language competencies to include the cultural aspects of communication. For example, expectations around communication with colleagues, interdisciplinary team members and patients in the workplace.
- Introduce short courses at community colleges to assist IENs to pass professional examinations.
- Improve counselling services, strategies and pathways for entering the workforce and for achieving career goals.

Employers

- Create orientation and mentoring programs for IENs with funding comparable to those for new graduates.
- Develop effective employment practices for integrating IENs into the workplace.

Researchers

- Evaluate the effect of changes in entry to practice on nurse supply, including the supply of IENs.
- Track IEN applicants throughout the licensing process.
- Assess reasons for the low pass rates by IENs.
- Design and evaluate interventions to ease transition into the workplace.
- Study the dynamics of cross cultural and inter-professional workforces.
- Investigate the perspectives of IENs on nursing care and the role of the nurse.
- Study the employment patterns of IENs with different geographical, educational and practice backgrounds.

Introduction

In a talent hungry world, human capital is a vital asset. Globalization has led to increased migration of professionals to economically vibrant countries such as Canada. However, migrants with the skills and experience to contribute to their adoptive countries and improve their own lives do not always realize their full potential. It is important that policies are implemented to maximize brain gain and minimize loss to Canadian society and the economy.

Policies should maximize brain gain.

There are three sources of nursing supply: new graduates, internationally educated nurses (IENs) and nurses returning to the workforce. This report is intended to inform policy makers about barriers and facilitators to IENs becoming licensed and practicing their profession in Canada. The first part is an overview of the history and characteristics of nurse migration in Canada and Ontario. The second part is based on a study with the following objectives:

1. Describe and analyze issues relevant to nurse migration in Ontario.
2. Investigate the experiences of IENs, including barriers and facilitators to integration in the Ontario health care system.

Migration: Canadian and Provincial Contexts

Trends in Migration to Canada

In the first two decades of the twentieth century, over 80% of the population growth in Canada resulted from immigration. Rates of migration subsequently declined. By the late 1960s, however, a new cycle of globalization had begun (Abella, 1997). From 1996 to 2001, rising migration and a falling birthrate meant that 86% of Canadian population growth was due to immigration (Statistics Canada, 2005). In 2004, 235,824 legal migrants settled in Canada (Citizenship and Immigration Canada [CIC], 2005a). About 20% of migrants are from Europe and the US, over 10% are from Africa, the Middle East and Central and South America and over 50% are from Asia and the Pacific (CIC, 2005a).

Over 86% of recent population growth in Canada is from migration.

Changes in numbers from source countries reflect economic trends and regional disturbances such as war and natural disasters. In contrast to the previous era of globalization in which the majority of migrants were unskilled, skilled workers represent between 39%-55% of recent immigrants (CIC, 2003a, 2005a). In response to this demographic trend, federal and provincial initiatives have been developed to assist migrants in regulated professions. In April 2006, the federal government launched a \$300 million plan to assess foreign academic and workplace credentials, provide job specific language training, internships and mentoring programs and revamp the government's Going to Canada web site to provide timelier job information (Canadian Immigration Integration Project, 2006).

Most immigrants to Canada settle in large cities, particularly Toronto, Vancouver and Montreal. More than 125,000 migrants, over half those entering Canada, settle in Ontario, 84% in the Greater Toronto Area and 50% in the city of Toronto (Ontario Ministry of Citizenship and Immigration, 2005).

Over half of the immigrants entering Canada settle in Ontario.

Data Repositories

Lack of comprehensive and reliable information on migration flow makes it impossible to accurately assess migration globally or nationally (Bordt, 2002). Although the International

It is impossible to accurately assess migration globally or nationally.

We do not know how many IENs reside in Canada.

Migration has increased due to a worldwide nurse shortage.

IENs represent between 6% and 8% of the Canadian nursing workforce.

Labour Organization and the Organization for Economic Cooperation and Development aggregate data based on information supplied by individual countries, their statistics are limited by the quality of these national resources.

There is no aggregation of data at the international level to describe the world movement of nurses. Buchan, Parkin and Sochalski (2003) based their study of nurse migration, which is the most comprehensive available, on the records of a limited number of countries that had information on local stock and flow. Stock represents the number of migrants present in the workforce at any given time, while flow describes the movement of migrants in and out of the workforce. Although we are able to obtain a general picture of the movement of professional groups such as nurses, data available at the national level is limited even in economically developed countries (Buchan et al., 2003; Torgerson, Wortsman, & McIntosh, 2006).

Nursing is one of the top twenty intended regulated professions for skilled migrants to Canada (MacKenzie, 2006). However, we do not know how many IENs currently reside in Canada. Citizenship and Immigration Canada records immigrants by applicant class only. Nurses with overseas credentials are identifiable only if they register with a regulating body. The Canadian Institute for Health Information (CIHI) produces statistics of IENs registered in Canada based on data supplied by all provincial regulators. In Ontario, the College of Nurses of Ontario (CNO) is the major data repository for nurse statistics and provides data on both applicants and registrants. There is inconsistency across databases. Although the Canadian census provides numerical data at five-year intervals on migrants who identify themselves as nurses, their figures are only a rough approximation of the nurse population. For example, the 2001 census data for Ontario recorded fewer self-identified nurses than were actually registered at the CNO.

Patterns of Nurse Migration

General workforce migration patterns are reflected in health care professions, including nursing. Despite data limitations, it is evident that there has been a marked increase in international mobility in response to a worldwide shortage (Buchan et al., 2003). Large numbers of nurses migrate from developing or unstable countries to more developed and stable countries such as Canada, the US, Germany and the UK (Kline, 2003; Vujicic, Zurn, Diallo, Adams, & Dal Poz, 2004). An overview of nurse migration to Canada is included in the Nursing Sector Study (Baumann, Blythe, Kolotylo, & Underwood, 2004a).

Because strong push and pull factors encourage individuals to migrate to richer countries, the outflow of talent from poorer countries is a matter of concern (World Health Organization, 2006). Lack of statistical data prevents an accurate assessment of the problem. However, data from the Philippines suggests that annual nurse migration more than doubled between 1996 and 2001. According to Vujicic et al. (2004), requests for validation of credentials in South Africa increased five-fold between 1995 and 2001. While active recruitment of nurses from developing countries is considered unethical, there is consensus that individuals have a right to migrate (International Council of Nurses, 1989). Given the world shortage, it is important that the skills of nurse migrants are not wasted.

Internationally Educated Nurses in the Canadian and Ontario Workforces

Nurse Migrant Stock

Migration of IENs in Canada reflects labour market conditions. Since 2000, IENs have represented between 6% and 8% of the Canadian nursing workforce. In 2005, 6% (19,230) of the 251,675 RNs registered in Canada had graduated abroad (CIHI, 2006a). Within

Canada, differences in regional markets account for variation in the stock of migrant nurses among the provinces and territories. The proportion of internationally educated RNs in provincial workforces varies from 1.9% (106/5,346) in Newfoundland to 15.3% in British Columbia (CIHI, 2006a).

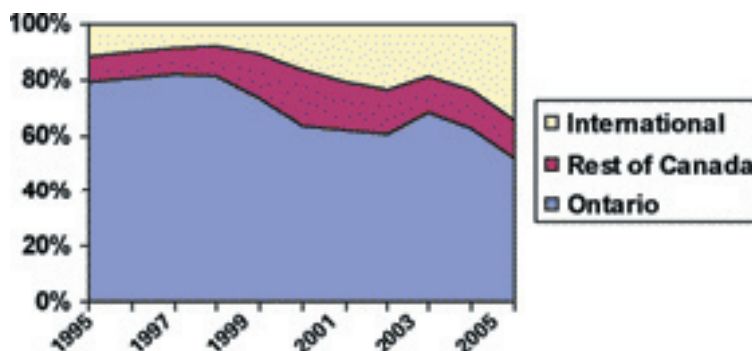
Ontario has the second highest percentage of IENs in Canada (11.9%, 10,684/89,429). However, it has the highest numbers of IENs because of its large labour market (CIHI, 2006a). From 2001 to 2005, the total number of RNs employed in Ontario increased from 80,590 to 89,429 and the total number of internationally educated RNs increased from 8,267 to 10,684 (CIHI, 2006a). Compared to RNs, relatively few RPNs migrate to Canada (CIHI, 2006b). The reason may be that many countries do not have an equivalent professional designation. During the same time period, the total number of RPNs in Ontario decreased from 26,034 to 24,482 and the number of internationally educated RPNs decreased from 894 to 830 (CNO, 2006a).

Nurse Migrant Flow

Annual migration rates change with alterations in demand over time. Throughout Canada, including Ontario, migration declined during the 1990s when restructuring resulted in a decreased demand for nurses (O'Brien-Pallas, Baumann, & Lachhass-Gerlach, 1998). Currently, the nursing workforce is aging and workforce growth is increasingly due to immigration. The importance of immigration will rise owing to the retirement of the “baby boomers” in the next decade and the improbability of replacing staff with graduates from local schools. Most provinces have provincial Nominee Programs to increase the numbers of immigrants in designated professions. Ontario is currently preparing a comparable program (CIC, 2003b, 2004). It is likely that health care professionals such as nurses will be included.

Although the stock of IENs in the Ontario workforce has been relatively stable, there has been fluctuation in both the numbers entering the province annually and the proportion of new entrants they represent. In the late 1990s, the annual number of IENs entering the Ontario workforce fell and percentages declined. From a low of 223 in 1998, the number rose to 1,532 in 2004. However, 23.8% of new RN members were IENs (see Figure 1). An additional 13% of new members came from other provinces. Ontario produced only 63.2% of the RNs entering the provincial workforce that year. In 2005, IENs represented 34.1% of new RN members. Although there were fewer IEN new members (1,114), they represented a higher proportion (CNO, 2006b).

Figure 1. Proportions of registered nurses entering the Ontario workforce by source, 1995-2005.



Source: CNO, 2006b.

Ontario has the highest number of IENs.

Few RPNs migrate to Canada.

Migration declined in the 1990s when restructuring led to decreased demand for nurses.

In 2005, 34.1% of new RN members were IENs.

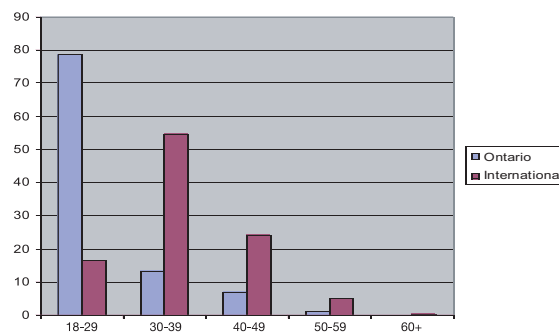
In contrast to RNs, only 3.9% to 6% of RPN new members during the past decade were IENs. In 2005, only 87 internationally educated RPNs became new members (CNO, 2006b). Unfortunately, emigration of nurses from Canada and Ontario cannot be easily measured (Baumann et al., 2004b).

Characteristics of Internationally Educated Nurses Entering the Workforce

Because IEN new members are usually experienced nurses, they are older than the new members educated in Ontario, most of which are just beginning their nursing careers. However, the majority of internationally educated RNs are still relatively young when they enter the workforce (CNO, 2006b). The percentage of migrants between 18 and 34 years of age has generally hovered around 50% with few exceptions. In 1995, 70.3% of IEN new members were under 40 years of age. In 2005, 70.9% were under 40 years old (see Figure 2).

Over 70% of the IEN sample is under 40 years of age.

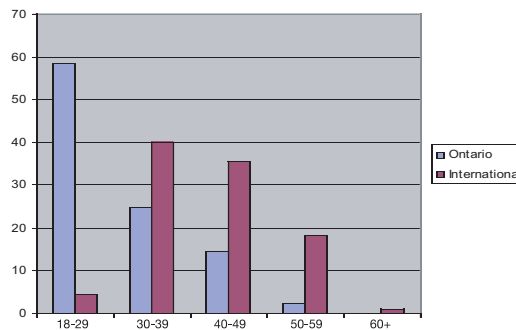
Figure 2. Ages of internationally and Ontario educated RNs entering the workforce in 2005.



Source: CNO, 2006b.

As shown in Figure 3, the age profile for Ontario educated and internationally educated RPNs is similar, except for the youngest nurses.

Figure 3. Ages of internationally and Ontario educated RPNs entering the workforce in 2005.



Source: CNO, 2006b.

Although the Ontario nursing workforce is aging, the average age of migrant nurses entering the workforce has remained relatively constant over the past decade. As a result, they make a very important contribution to countering the aging trend of Ontario nurses (Blythe et al., in press).

Internationally educated nurses come to Canada from all over the world. The Philippines is the major source country with numbers increasing from 132 new registrants in 1995 to 455 in 2004. There were 387 new Filipino members in the CNO in 2005. Other countries have been expanding sources over the past decade as well, including India, the USSR, China, Iran, Poland, the UK, the US, Romania and Yugoslavia. Of the 87 internationally educated RPNs registered as new CNO members in 2005, 26 came from the Philippines, 9 from India and the remainder from other countries (CNO, 2006b).

The Philippines is the major source country for IENs.

Internationally Educated Nurse Attrition

Given the current and projected demand for nurses, it is essential to identify and remove barriers to entering the Ontario workforce. While statistics indicate that IENs are an important and increasing portion of the nursing workforce, there is worrisome evidence that many suffer significant delays in obtaining professional licences or never enter the workforce. To better understand attrition among IENs who attempt to enter the Ontario workforce as professional nurses, the research team examined available statistics and conducted interviews with key stakeholders (i.e., employers, regulatory bodies, instructors in programs for IENs, support groups and community agencies) and focus groups with IENs. Study methods are described in Appendix A.

Many IENs never enter the workforce

There is anecdotal evidence that some nurses are unaware of or confused by the licensing system. While it is probable that many nurses never become licensed, there is no way of assessing numbers. There is no statistical resource for identifying how many migrants to Ontario have nursing qualifications. Consequently, only IENs who contact the CNO can be identified as nurses.

Nurses remain unaware of or confused by the licensing system.

Statistical evidence for attrition of IENs who contact the CNO and begin the registration process can be found in the CNO database. Most Ontario educated RNs complete the registration process within 12 months of graduation. Few take more than three years to register or have applications categorized as incomplete or in process. An average of only 2% of Ontario applicants fail to complete all requirements and register with the CNO (CNO, 2005). In contrast, IENs often take considerable time to complete their registration, which makes it difficult to determine the percentage that never complete. Based on the evidence available, the CNO (2005) suggests that an estimated 40% of IENs do not complete registration.

An estimated 40% of IENs never complete registration.

It is difficult to determine registration trends for international RPN applicants because of their low numbers. However, less than 10% register within one year of applying and many never complete their registration. In contrast, the majority of RPNs educated in Ontario become members within 12 months of applying (CNO, 2005).

Entry To The Workforce: Decisions, Resources And Skills

Not all applicants to the CNO settle in Ontario. Consequently, rates of diffusion by IENs into the workforce cannot be related to the applicant database. Based on interviews and focus groups, the research team was able to identify reasons why some IENs who are residents in the province fail to enter the nursing workforce. For example, IENs may decide not to practice as nurses. Once in Canada, some IENs may abandon or delay their nursing career because of the adjustments to life in a new country. Short-term financial priorities are an important barrier to making the investments required for regaining professional nurse status.

Finances are a barrier to attaining professional nurse status.

I was thinking about applying to the first course and then I somehow decided At this point I have two children and I have to support them, and I had a rather good job as a health care aide. I took as many hours as I could, and I did not know that you could actually get assistance when you are going to school. I just felt I am a mother, I have two children and I have to support them. When I save enough money, then I can go back to school. (IEN)

Among immigrants who intend to practice nursing, success is influenced by personal qualities, skills and resources. Nurses who are appropriately educated and proactively research the licensing process and the labour market, gather documents for credential validation and conduct preliminary job searches are sometimes able to enter jobs soon after arriving in Ontario.

I was still living in Jamaica. I just came up and took the exam and was still working at the hospital there, and then I had to wait a couple of weeks for the results. And when I found that I had actually passed, that's when I started the immigration process. (IEN)

The most important predictor for employment in Ontario is having educational qualifications that the CNO considers Canadian equivalent. Having relatives and/or contacts in Canada, speaking English or French fluently, access to information resources (e.g., the Internet) and being able to produce valid credentials are also important facilitators. Difficulties arise when nurses lack personal and other resources. Nurses who do not prepare in advance, lack access to information, have limited language skills and whose education falls below CNO criteria may take longer become examination eligible. Residence in developing or unstable countries in which communications are unreliable and information unavailable is also an obstacle.

While migrants with excellent personal resources are able to become professional nurses in Canada with minimal delay, less advantaged individuals “drop out” when sufficient system supports are not available during the migration process. Analysis of interviews with government officials, educators, representatives of the CNO, nursing organizations and immigrant support groups, as well as interviews and focus groups with IENs helped identify systemic barriers to progress at various stages.

Lacking information, language skills and education meeting CNO criteria and disadvantages.

IENs drop out when system supports are unavailable.

Entry To The Workforce: Systemic Barriers

Migration Policies and Processes

Immigration Status

Applicants are admitted to Canada as permanent residents under three classes: family, economic and refugee (CIC, 2005b). Focus group participants included individuals admitted in each category. Economic class applicants are selected based on a points system for their skills and ability to contribute to Canada's economy. Most are young, speak English or French and are well educated (CIC, 2005c). Some IENs also enter Canada through the live-in caregiver program with the intention of becoming licensed as nurses (CIC, 2003c). Nurses may also enter Canada on temporary visas.

Immigration status may affect a migrant's ease of entry into the job market. Owing to the circumstances of their migration, immigrants in the refugee class may be disadvantaged in comparison to members of other classes (CIC, 2005d). They may experience certain restrictions, including their initial settlement location. For example, one informant who was more fluent in English than French was first resettled in Montreal. She later moved to Toronto.

Immigrants in the refugee class are disadvantaged.

The live-in caregiver program allows migrants who might not otherwise have the resources to migrate to enter Canada with guaranteed employment. However, migrants who enter Canada through this program with the intention of becoming RNs face significant barriers. During their contract, they have little time to take courses to prepare for their licensing examination. Furthermore, they cannot apply for a licence until they have permanent residence status. Since they cannot apply to be a permanent resident until their contract is complete, their intentions to re-enter nursing may be delayed or abandoned.

Live-in caregivers lack time to prepare for their licensing examinations.

In my cousin's case, things are more complicated with 2005 entry to practice. She said that she is discouraged. Because she has been away from the bedside, she does not want to think of being an RPN or RN. She said that she is afraid to practice here. Most likely, she will continue to be a nanny or be a care aide for an elderly client. (IEN)

Foreign nationals who work temporarily in Canada require a job offer and a work permit prior to migration (CIC, 2005c). Although there is usually little delay between entering Canada and starting a job, nurses with work visas sometimes encounter difficulties. One nurse, for example, was stopped at the Canada/US border because under the NAFTA agreement nurses cannot practice without a licence from the appropriate jurisdiction. However, she could not obtain a temporary licence without showing her work permit to the CNO. As of September 2006, most applicants in the skilled worker class will be able to use a simplified application form. Immigrants educated in Canada are awarded additional points (CIC, 2006).

The Application Process

Potential migrants submit applications and attend interviews with officials representing Citizenship and Immigration Canada. The quality of assistance provided at this time may affect their success after migration. Obtaining accurate information from Canadian sources is particularly important to nurses who lack access to the Internet or live in countries where nursing regulatory systems differ from those in Canada. While applicants said they received general information about the Canadian labour market, some felt they lacked guidance about steps that must be taken to re-establish their professional career in Canada. Knowing that CNO provides an interactive web site to help with applications and that some registration requirements can be completed in advance would expedite the applicants' entry into the labour market. Language fluency requirements, assessment of credentials and evidence of safe practice, and registration in original jurisdiction of registration can be completed before migration. Some nurses also felt that they received insufficient practical information about employment opportunities in Canada.

Information from migration officials is important to IENs with limited information.

The guy there that interviewed us told my husband, 'You're going to have a hard time finding a job. But, you on the other hand, you're a nurse. It's easy for you to get a job there.' And my husband is like, 'Oh great. We'll go.' But then when I came here, I was shocked. You know there's a nursing shortage here, but they won't easily hire you if you don't have the right connections, stuff like this. (IEN)

Some said that they had erroneously assumed a relationship between a high score on the points system and ease of finding a job. Nurses who do not acquire appropriate information before migration enter Canada lacking an understanding of the time and resources that they must invest in becoming qualified. Having suitable information would also help nurses decide whether to migrate and to devise realistic strategies for re-establishing their careers.

Some IENs assumed a relationship between a high score on the points system and finding a job.

The need to be informed about Canada before migration is not limited to nurses. The Canadian Immigration Integration Project (2006) is a pilot venture funded by Human

All migrants need to be informed about Canada.

Resources and Skills Development Canada. The aim is to prepare immigrants for integration before they leave their countries of origin. The project, which will begin in fall 2006 and continue for the next two years, will operate in India, China and the Philippines. It is intended to provide information, guidance with planning and bridging to Canada through facilitating contacts. Services of potential interest to nurses include information about occupations (e.g., assessment of credentials), bridging programs and language requirements. In May 2006, the government of Ontario announced a new health human resource strategy, including a one-stop centre for internationally educated health professionals to obtain the information they need to work in Ontario (Ministry of Health and Long-Term Care, 2006).

The Regulatory System

Role of the College of Nurses of Ontario

As specified by the Regulated Health Professions Act, 1991 and the Nursing Act, 1991, nurses must register with the CNO and be members in good standing to practice in Ontario (Canadian Nurses Association [CNA], 2005). Like nurses educated in Canada, IENs must submit an application form and supporting documents to the CNO.

Information on required upgrading is included in the letter of direction.

After assessment, the CNO provides applicants with a letter of direction. This letter indicates eligibility to write the national licensing examinations, the Canadian Registered Nurse Examination (CRNE) and the Canadian Practical Nurse Registration Examination (CPNRE), or steps needed to become exam eligible. If the applicant does not meet the standards, an explanation is given and applicants are provided with information about additional study that must be undertaken.

Sufficient information is provided for faculty at institutions offering upgrading programs to assess the educational needs of the applicant. The letter also includes timelines within which upgrading must be completed and an assessment of safe practice-based clinical experience in Canada or the nurse's country of origin (CNO, 2006c, 2006d). General information about educational institutions providing upgrading programs is available on the CNO web site (CNO, 2006e).

Initiation of the Registration Process

Internationally educated nurses experience a variety of difficulties in conjunction with their registration applications. Some nurses are unaware of the role of regulating bodies when they enter Canada and assume they can simply apply for a job (Jeans, Hadley, Green, & Du Prat, 2005). The Registered Nurses Association of Ontario, the Canadian Nurses Association and various support agencies play a role in alerting IENs that registration is a prerequisite to practicing as a professional nurse.

I get emails or phone calls. I try to explain the process of licensure in Canada because many of the nurses who are coming don't understand that process....I explain that it's a provincial matter and that they need to decide on which province or territory they wish to work in, and I direct them to the web site for that particular licensing body. (CNA representative)

The CNO disseminates information about its role through outreach activities and provides counselling to individuals. While some IENs felt that the CNO should be more active in publicizing itself, it is difficult to communicate with IENs who do not identify themselves as such.

Anecdotal information suggests that some IENs are not informed about professional regulation even after years of residence. Perceptions of the quality of the CNO web site and other resources depend in part on when information was sought. For example, some IENs said that there was insufficient clarification of how they would be affected by recent changes in RN entry to practice and the diploma program for RPNs. This information is now available on the CNO website (CNO, 2006d).

Some IENs are not informed about professional regulation.

Transfer of Credentials from Country of Origin

Often, IENs who do not arrange for their credentials to be submitted to the CNO for verification before leaving their country of origin experience delays, particularly when family members or friends are not available locally to expedite the process. Some applicants abandon their application because they cannot obtain documents; for example, when documents are lost or educational institutions no longer exist. The CNO allows individuals without documentation to make statutory declarations, but sometimes neither applicants nor their advisors are aware of this.

IENs find it difficult to obtain documents from their countries of origin.

We had two nurses from Iraq. They sent the paper for verification and the paper never came back. One of them had to give up last year. They can swear before the lawyer that they really have this kind of education and employment....I think we knew this very late and her 5 years has already gone by. (Educator)

Validation of Credentials

Currently, individual regulatory bodies such as the CNO are responsible for verifying and assessing IEN credentials. This is a complex task given the diversity of systems in which nurses are educated, and discussion has taken place within regulatory bodies and the CNA (Jeans et al., 2005) about making the process more efficient. Suggestions include using a dedicated assessment service such as World Education Services or centralizing the process (Jeans et al., 2005). Difficulties with the current process may cause delays in sending letters of direction. In April 2006, the federal government committed \$18 million to a Canadian Agency for Assessment and Recognition of Credentials (Alliance of Sector Councils, 2006), but decisions about its form and function have not been made. It is not yet apparent how these developments will affect nurses.

The Letter of Direction

From the perspective of applicants and educators, delays in obtaining letters of direction are frustrating because IENs cannot enter upgrading programs without them. Sometimes IENs and educators question the rationale for the assessment provided in the letter. For example, an educator described the case of an IEN from the Philippines with a BScN who was advised to take high school courses because her primary and secondary education had been completed in 10 years. Consistency is also an issue. One IEN questioned why two applicants with apparently identical backgrounds were given different upgrading specifications. However, regulatory bodies must take numerous factors into consideration when making assessments. The nurses may have differed in length or type of experience, evidence of safe practice and time of application (i.e., before or after new regulations came into force in 2005).

IENs require a letter of direction to enter an upgrading program.

Educational Standards

Changes in Educational Requirements

Recent changes in entry to practice, including the four-year baccalaureate requirement for RNs and a two-year diploma for RPNs, have made it more difficult for IENs to obtain licences. Internationally educated nurses are categorized into three groups depending on their equivalence to nurses educated in Canada. Each group has different options for entering nursing in Ontario. Nurses with BScN equivalence qualify to write the CRNE. Nurses considered equivalent to RPNs with a two-year diploma may either write the CPNRE or complete a bridging program and a post-RN BScN program to qualify to write the CRNE. Nurses not considered equivalent to diploma-prepared RPNs may take upgrading options that allow them to take the CPNRE or CRNE.

The Ministry of Citizenship and Immigration provides funding for a variety of programs that offer bridging to employment.¹ Centennial College, Algonquin College and La Cité collégiale offer a personal support worker (PSW) program, which many IENs take to qualify for employment while completing professional courses. Details about individual programs are provided in Appendix B.

The impact of changes in entry to practice on IENs' decisions about entering the workforce will be clearer when new statistics for IENs taking the professional examinations become available from the CNO. However, it is likely that more IENs will aim to become RPNs. The increased number of IENs completing registration in recent years may be the result of a push to qualify as RNs and RPNs before the new policies come into effect.

Prior Learning Assessment and Recognition (PLAR): Recognizing Internationally Educated Nurse Experience

There is concern that increased educational requirements may discourage IENs from becoming RNs and RPNs. Diploma-prepared IENs may decide to take the RPN exam rather than commit to a process of upgrading and then bridging to a baccalaureate nursing program. Similarly, IENs who do not have RPN equivalency may decide not to become professional nurses. For nurses who have acquired appropriate skills and knowledge through experience, Prior Learning Assessment and Recognition (PLAR) provides an alternative to obtaining qualifications through formal academic courses.

Most colleges offer a PLAR option to students who are unable to prove educational qualifications to the CNO. In February 2005, the CNO received funding to develop a PLAR program for nursing baccalaureate equivalency (Canadian Institute for Recognizing Learning, 2006). Choices about career path and the contribution that IENs will make to the supply of new RNs and RPNs in the future are likely to be influenced by the success of PLAR as an alternative to formal educational qualifications. However, a broad implementation of PLAR will not be easy. It will be essential to devise standardized methods of validation.

Development of Effective Bridging/Upgrading Programs

Ontario has some 35 bridging programs for internationally educated professionals in various occupations. Most initiatives are based in colleges. Universities have been less active, partly

Changes in entry to practice make it difficult for IENs to obtain licences.

More IENs may become RPNs in the future.

PLAR is an alternative to academic qualifications.

¹ Bridging describes i) programs in which diploma-prepared nurses take courses leading to a baccalaureate degree and ii) upgrading programs in which nurses become eligible to take the CPNRE or enter a program leading to a baccalaureate degree.

due to deficits in funding, faculty and resources (Tamburri, 2005). Upgrading and bridging programs for nurses are offered by a number of collaborative programs. Students usually complete upgrading programs to prepare for the CPNRE, or upgrading programs followed by bridging programs to the BScN degree and preparation for the CRNE. York University has a post-diploma program that specifically targets IENs. Students complete a qualifying pre-session before admission to the post-RN BScN for diploma-equivalent students. Other universities integrate IENs into regular bridging programs for post-diploma nurses.

Upgrading/bridging programs are offered by a number of collaborative programs.

Upgrading programs are intended to be adaptive to the individual needs of students. Educators work with students to create personalized education plans based on the CNO's letter of direction and report to the CNO when the students have completed their requirements. Because many IENs must engage in paid employment while obtaining qualifications, bridging/upgrading programs are offered in a variety of formats, including evening classes and distance learning.

Personalized education plans are based on the letter of direction.

Educators suggested that while bridging/upgrading programs have many positive attributes, they also have limitations. For example, the temporary funding of these programs may encourage faculty turnover. In addition, they have fewer resources than mainstream programs.

Bridging/upgrading programs are specialized, isolated and temporarily funded.

I'm concerned about the fact that these programs are specialized, isolated [and] temporarily funded. So from my experience teaching and as a researcher, I'm finding that the students are not having equal access to the same kinds of resources that the mainstream students would have. (Educator)

The inability to transfer credits from one educational program to another is a practical concern for individual students.

Credits are not transferable.

I did George Brown . . . did the whole RN refresher course and I got A's in all of the courses. I got everything. And then I come here, no credits, frustration and none of that here. (IEN)

Another limitation is that only three major cities are served by the programs: Toronto, Hamilton and Ottawa. Although George Brown College offers some distance education, the full program is not available in this format. Some students commute considerable distances and inability to travel may prevent potential students from enrolling. To better address the negative aspects of dedicated programs, some institutions have integrated IENs into their regular programs. Disadvantages of this strategy included less focus on the linguistic and cultural needs and the frustration of experienced nurses who were being taught with novices.

The Role of CARE for Nurses

Nurses regarded as exam-eligible by the CNO may enter programs to prepare them for the licensing examinations and the workplace. George Brown College and Centennial College in Toronto and Mohawk College in Hamilton offer the CARE for nurses program. CARE programs were established to improve the pass rates of IENs attempting the CRNE and CPNRE and provide assistance to IENs finding work. The partnership that gave rise to the program initially consisted of: St. Michael's Hospital, Yee Hong Centre for Geriatric Care, Kababayan Community Centre and Wood Green Community Services. Organizations assisting this group included the College of Nurses (CNO), the Maytree Foundation, the Registered Nurses Association of Ontario (RNAO), the Registered Practical Nurses Association of Ontario (RPNAO), the Ontario Nurses Association (ONA) and the Nursing Secretariat (CARE Centre for Internationally Educated Nurses, 2006). IENs spoke highly of the CARE program and the job shadowing and networking opportunities provided.

CARE for nurses was created to improve pass rates.

CARE addresses the issues that we have found pose the biggest challenge or difference... things around advocacy and confidentiality and understanding that role. (Educator)

Skills taught in the CARE program are useful for all IENs.

Their positive evaluation is supported by the high pass rate of students taking the program (CARE Centre for Internationally Educated Nurses, 2006). Unlike upgrading programs, it is not mandatory for IENs to complete the CARE program. However, the skills taught in the program are important to the success of IENs entering the workplace. They could be integrated into upgrading programs. Algonquin College, for example, offers exam and employment preparation as part of its upgrading program.

Language Requirements

Criteria for language fluency specified by the regulatory agency can be met by being a native speaker, passing written and spoken tests or completing educational upgrading. Internationally educated nurses from designated countries need not take a language test, and those who complete college programs are considered fluent. For IENs who do not meet these criteria, one of six written and four spoken tests must be passed.

IENs base their choice of test on cost, availability and general acceptance.

Internationally educated nurses base their choice of test on cost, availability and general acceptance as a test of linguistic competence. Cost is an important consideration for IENs who are unemployed or working in low-paying jobs. The newest of the language tests accepted by the CNO is the Canadian English Language Benchmark Assessment for Nurses (CELBAN). It was developed by the Canadian Centre for Language Benchmarks to meet the need for a test of language proficiency for the nursing workplace. It is currently not available abroad and there are only six testing sites in Canada. It also costs \$300.00 plus GST (CELBAN, 2005). The test has the advantage of being Canada specific and profession specific. One IEN noted:

I feel [the] CNO have to have English exams for immigrants because if I take TOEIC or TOEFL, they are asking about USA and I don't know anything about USA because I am not going to be living in USA.

Issues of Language Competency for Internationally Educated Nurses

Language tests do not address the socio-cultural dimension of language.

Educators, employers and nurses recognize that beyond the formality of passing language exams, linguistic competence has significant influence on whether an IEN is able to complete an educational program, pass professional nursing examinations and be successful in the workplace. A limitation of examinations as an assessment of language skills is their failure to address the socio-cultural dimension of language. In the educational setting, the ability to understand a textbook, participate in class discussion, comprehend lectures and interact with fellow students is important.

Their fluency is a huge barrier to completing the program . . . not just in reading and writing, but listening and speaking. (Educator)

Students vary in their fluency in English and most colleges offer ESL classes. Nevertheless, language problems are not always detected or addressed. Educators, employers and nurses suspect they contribute to workplace integration failure.

It's one thing to be proficient; you know to pass an English proficiency test. That doesn't necessarily mean that the individual or the employer's experience is that they are equipped to practice. (Employer)

Applicants are allowed three attempts to pass the CRNE.

Licensing Examinations

The CRNE and the CPNRE are offered four and three times a year respectively at nine locations across the province. However, some sites do not provide facilities for taking the examination each time it is offered. Exam results for RNs are returned within 8-12 weeks and RPNs within 4 weeks. Applicants are allowed three attempts to pass the examinations. This represents a reduction of the six attempts previously allowed and brings Ontario in line with the other provinces.

Examination Preparation

The exam is designed to “measure the competencies that Canadian nurses have identified as necessary for safe and effective nursing practice” that reflects a primary health care model (CNA, 2006a). The CNA offers the CRNE PrepGuide and the LeARN Readiness Test, an on-line simulated CRNE in a shortened format for students attempting the examination (CNA 2006a, 2006b). Because the test is on-line, it is a useful tool for IENs who have not yet entered Canada and who have computer access.

The CARE program has been successful in orienting nurses to the culture of Canadian nursing and its graduates have a high pass rate (CARE Centre for Internationally Educated Nurses, 2006). However, most IENs are unable or do not choose to participate in this program. Many find the informal 1-5 day courses on examination techniques, which are run by nurse entrepreneurs as private businesses, helpful and reasonably priced. Although some interviewees complained that these courses provide rote answers for examination questions rather than conceptual understanding, they clearly fill a need.

Examination Success

In 2004, more out of province (including international) applicants (58.1%) took the CRNE examination than Ontario educated applicants (41.9%). In contrast, only 13.5% of those taking the CPNRE were from out of province. In 2005, numbers both of in-province (1,758) and out of province (896) nurses taking the examination fell substantially. Difficulties that IENs experience in passing the professional examinations are reflected in statistics reported by the CNO (2006b). As shown in Table 1, the pass rates for both RN and RPN candidates educated in Ontario were much higher than for candidates educated outside the province.

Table 1 Registered Nurse and Registered Practical Nurse Pass Rates in 2005

Examination Attempts	RN Educated in Ontario (n=4,760)	RN Educated Out of Province (n=6,477)	RPN Educated in Ontario (n=1,771)	RPN Educated Out of Province (n=346)
Pass rate:				
First attempt	93%	53%	86%	25%
Pass rate:				
Repeat writers	45%	23%	40%	23%

Source: CNO, 2006f.

Note. Separate pass rates for IENs are not available.

This difference in results requires investigation. As one educator remarked:

Many of them, you know, never...had that experience of failure. I mean, it's amazing how many people [say], 'I'm a competent professional and I've never failed an exam and here I am. I've failed three times.'

Focus groups with IENs revealed challenges that some face in licensing examinations. Internationally educated nurses familiar with multiple-choice questions and the psycho-social dimension of nursing emphasized in the licensing examinations find the examination least threatening. Those whose education emphasized practical techniques continue to be baffled by the philosophy of nursing reflected in the professional examinations.

Yes, because it's, you know, a different country and all these psycho-social questions. We never learned that over there, just sort of common sense stuff that they don't teach you. And here . . . almost half of the questions are on that stuff about communication. So you just have to realize what they want from you to answer. Express your feelings and that. (IEN)

Familiarity with English is an important advantage and complaints about the length of the examination may be related to the need for care in interpreting questions.

It is not that we don't have enough knowledge . . . sometimes one word would have a different meaning. You might think one way and it is not that you are thinking wrongly. It is just that you don't understand that word properly. We don't have as much knowledge of English as probably Canadians who are born here. (IEN)

The success of the CARE for nurses program suggests that more orientation to the culture of Canadian nursing can help IENs pass the examination. Further emphasis on the contextual aspects of nursing should be included in all bridging/upgrading programs.

The Nursing Workplace

Employment Uptake

In 2005, there were 11,155 RNs educated outside Canada, including 657 nurses educated in the US, working in Ontario (CNO, 2006b). The majority of IENs, like other migrants, settle in large cities and other heavily populated regions. Appendix C shows the differences in the numbers and proportions of IENs working in the fourteen LHIN (Local Health Integration Network) regions of Ontario. The majority of IENs work in LHIN 6, 7, 8 and 9. Approximately one quarter (26.59%, 3,946) of nurses employed in Toronto (LHIN 7) were educated abroad (CNO, 2006a).

Familiarity with English is an advantage in licensing exams.

The majority of IENs settle in large cities.

Demographic Profiles of Internationally Educated Nurses

Migrants from different countries have different employment profiles. For example, there is a considerable difference between the employment profiles of nurses migrating from the US and those from other countries. Compared to nurses educated in Ontario (85.84%), there are relatively fewer IENs educated in the US (78.69%) and relatively more educated in other countries (90.93%) employed in direct practice. Compared to nurses educated in Ontario (3.16%) and other IENs (1.53%), proportionately more US educated nurses (7.61%) work in education (CNO, 2006a) (see Appendix D, Table 1).

A similar proportion of Ontario educated nurses (64.33%) and non US IENs (62.82%) work in the hospital sector. Fewer US educated nurses (50.23%) work in this sector. Internationally educated nurses, excluding those from the US, are more likely to work in the long-term care sector (16.85%) than nurses educated in the US (9.13%) or Ontario (7.84%). They are also less likely to work in the community sector (12.71%) than nurses educated in Ontario (18.29%) or the US (24.20%) (CNO, 2006a) (see Appendix D, Table 2). A lower proportion of IENs from the US work in acute care hospitals (43.99%) than Ontario educated nurses (57.29%) or other IENs (51.84%). Proportionally fewer nurses educated in Ontario (6.93%) and the US (7.61%) work in long-term care hospitals than other IENs (15.24%) (CNO, 2006a) (see Appendix D, Table 3).

Nurses educated in Ontario (64.05%) are more likely to be staff nurses than US educated nurses (51.14%) but less likely than other IENs (77.00%) (CNO, 2006a) (see Appendix D, Table 4). Overall, it appears that Ontario educated nurses, US nurses and other IENs have different employment patterns from one another. It would be useful to conduct further research to establish whether specific groups of IENs have particular difficulties in obtaining their desired employment.

There is some difference in patterns of full time/part time work status among nurses educated in Ontario, the US and other countries. Internationally educated nurses have the highest rate of full time work (64.75%), followed by nurses educated in Ontario (59.52%) and the US (57.08%) (CNO, 2006a). Additional investigation may be warranted. However, these differences may be due to variations in the average age of these nurse cohorts (Blythe, Baumann, Zeytinoglu, Denton, & Higgins, 2005) (see Appendix D, Table 5).

Entering the Workforce

Nurses who are exam eligible without taking upgrading courses can enter the Canadian job market with ease. They obtain a temporary licence for six months and take the professional examination during that time, or remain employed in their country of origin, visit Canada to take their examination and return to take up employment once they obtain a pass. In contrast, some IENs never practice as nurses in Canada because they stay out of the workforce too long to make returning feasible.

The ease with which IENs find employment depends on the state of the job market. Employers have variable perceptions of IENs, but agree it is difficult to compare their experience and skills relative to those of Canadian nurses. They compared them with new graduates in terms of their respective advantages and deficits. Both are new entrants to the organization with unknown skills. Like new graduates, IENs often enter the workforce with part time status or as float pool nurses. Currently, IENs with specialties in shortage areas have an advantage in the job market provided they practiced in a country where the standard of nurse education is considered similar to Canada.

Nurses migrating from the US and other countries have different employment profiles.

IENs have the highest rate of full time work.

Ease of entry to the workforce depends on the job market.

IENs with specialties in shortage areas have an advantage.

I think that was one reason why I probably got the job. I mean, they needed nurses in the ICU when I applied and they saved money by not having to train me. She hired me within the next week or two. (IEN)

Some IENs suggested that a particular skill (e.g., speaking a certain language) had helped them find a job.

I spoke Russian. So when it actually came to apply for a job, on my resume I had information that I speak other languages and the administrator looked at my resume and she said, 'You speak Russian. Good, we have a Russian resident.' (IEN)

Internationally Educated Nurse Workforce Attrition

It is not known how many IENs leave nursing because of difficulties entering and remaining in the workforce. In 2005, 103 nurses from the US and 1,084 other IENs were registered with the CNO but were not employed. However, the majority of these nurses were in the older age ranges and likely to be retired (CNO, 2006a). Presumably, most nurses who leave the profession cease paying their registration fee. It might therefore be useful to compare statistics on failure to renew membership among groups of nurses.

Although IENs usually have nursing experience that gives them an advantage over new nurses educated in Canada, they also face disadvantages. While some have achieved cultural competence through volunteer work, experience as health care aides or participation in the CARE for nurses program, others know little about the Canadian health care system when they begin their first job. Little is known about their specific difficulties in the workplace. However, focus groups and interviews revealed a number of possible reasons for dropping out of the workforce. These included stigmatization as a refresher nurse, insufficient orientation, socio-linguistic deficits, problems adjusting to the Canadian nursing role and difficulties fitting into the health care team.

Stigmatization as a Refresher Nurse

Some IENs were re-entering the workforce after a lengthy hiatus. Interviewees suggested that ignorance or lack of confidence was sometimes a barrier to their integration in the workplace. In addition, they might be stigmatized as “refresher nurses.”

Quality of Orientation

The quality of orientation is crucial to building confidence. Similar to new graduates, IENs expressed dissatisfaction with orientation and mentoring. Some IENs conveyed profound gratitude to their preceptors, while others felt that they had received poor feedback about their performance. A challenge for IENs was the requirement to do things differently in their new workplace. Instructors in bridging programs noted that unfamiliarity with Canadian technology is not an indication of incompetence, but it may make an IEN appear incompetent.

It's like using a microwave. We have microwaves back in the Philippines. You have a different model, but they're the same microwave. (IEN)

Internationally educated nurses may have to modify previously learned procedures and practices to fit in with colleagues and ensure patient safety. Consequently, they may need extra time to adjust and to feel confident. From the perspective of the organization, the financial cost of a lengthy orientation is an important issue.

IENs might be stigmatized as “refresher nurses.”

Quality of orientation is crucial to building confidence.

Socio-Linguistic Competence

Perhaps the greatest barrier to workplace integration is communication. Heavily-accented English may be a problem for colleagues. The IEN informants were aware of the technical problems of communicating in English, and some described telephone communication as particularly challenging. Moreover, fellow workers are not always sympathetic:

We don't see it as our problem to fix their language ability. (Employer)

Confidence in speaking and clear documentation is essential for patient well-being. However, linguistic competence also includes the social and cultural dimensions of communication. Some individuals find these difficult to acquire.

Their facial expressions, their view on life, they look like they speak English, they sound like they speak English, but they don't speak English and they don't understand English . . . so they don't get jokes, they don't get sarcasm, they don't get anger . . . so that's the group that has the most trouble integrating and probably the group that does least well here. (Employer)

Adjustment to Canadian Nursing Role

Nursing roles vary internationally. Doctor-nurse relations may be more or less formal than in Canada. Nurses from some countries appear outspoken, while others fail to act as patient advocates or appropriately challenge physician orders. The nurse's role in patient care also varies. For example, nurses from some countries do not expect to provide intimate care such as baths to members of the opposite sex. Nurses in other countries practice with varying degrees of autonomy and include different tasks in their scope of practice.

A newly hired IEN came to me and said, 'I'm supposed to do a dressing.' I said, 'What's wrong with that?' Her response was that back home the doctors did the dressings. I explained to her that nurses were supposed to do dressings here. It was too scary for her. (Employer)

Nurses in Canada have more responsibility for their own practice but also greater liability than nurses in many other countries.

Fitting Into the Health Care Team

Most IENs migrate to larger cities. They and their employers suggest that it is easier to fit into a health care organization with a diverse workforce and clientele. They concluded that large teaching hospitals with multi-ethnic staff were easier environments than the more homogenous community hospitals. There were added opportunities for education and greater acceptance of differences. Nevertheless, problems sometimes occurred as a result of cultural misunderstanding or when nurses from particular ethnic groups formed cliques.

Surviving the Adjustment Phase

For many IENs, adjustment to their first professional nursing job is not easy because it is considered their responsibility to fit in.

It is easier to fit into a health care organization with a diverse workforce and clientele.

Adjustment is considered the responsibility of IENs.

You fit in or you ship out . . . we don't have the time here. (Employer)

IENs have a high retention rate.

Interviewees suggested that if IENs were not yet ready to pull their weight after standard orientation, the team and the patient suffered. Colleagues had to work harder and patients experienced lower quality of care. Unfamiliarity with Canadian nursing practices could lead to mistakes and possibly to disciplinary procedures. There are no statistics suggesting that IENs are more liable to termination or disciplinary proceedings than other nurses, but some interviewees had that perception. One interviewee suggested that while new graduates encountering difficulties were likely to quit, IENs would persist. It was suggested that IENs with temporary licences run the greatest risk of unsafe practice because of their unfamiliarity with Canadian health care.

Administrators had the impression that once established in the workforce, IENs had a high retention rate. They thought nurses who had taken upgrading courses were less likely to drop out of nursing than those who passed the examination without prior orientation to Canadian nursing. A manager whose organization provided placement for CARE students suggested the program had a positive effect on IEN confidence, skills and professional success.

The importance of facilitating cultural adaptation in the workplace is becoming generally recognized. The Enhanced Language Training (ELT) initiative, announced by the Government of Canada in 2003-04, focuses on language training and bridge-to-work. Projects include language assessment and training for CELBAN. Bridge-to-work includes labour market preparation, additional training, advice and/or mentoring and job experience. Employer involvement is essential to ELT projects. Both the Calgary Health Region and Capital Health have been involved (MacKenzie, 2006).

Conclusions

Initiatives for Immigrants in Regulated Professions

Increased professional regulation has made it difficult for immigrants to enter the Canadian workforce. More emphasis is placed on credentials, and foreign degrees and experience are generally not considered to meet national standards. The challenges IENs face in becoming licensed and entering the workforce are comparable to those of other regulated professions (Tamburri, 2005). As a result, recommendations for improving IEN workforce integration may apply to other professions and vice versa. For example, many of the problems addressed by the Canadian Council of Professional Engineers (CCPE) 3-phase project to enhance the integration of engineers into the profession (CCPE, 2004), resemble those encountered by IENs. It is widely recognized that more needs to be done to improve dissemination of information about licensing processes, PLAR initiatives, professionally appropriate language tests and programs and initiatives providing cultural orientation to professions and workplaces (Conseil interprofessionnel du Quebec, 2006).

Needs of Nurse Migrants

In 2005, approximately 34% of new CNO registrants were IENs. However, this represents only a portion of IENs resident in Ontario. Although some IENs are able enter the Canadian workforce with minimal delay because they have sufficient qualifications, relevant knowledge and job search skills, others never apply to the CNO or encounter obstacles that prevent their entry to practice. Among IEN applicants, approximately 40% never register. While we do not know what proportion of dropouts live in Ontario, focus group data suggests many reasons why IENs fail to become licensed as professional nurses in Canada. They may encounter barriers at any stage in the migration process from their interview with CIC to their first job experience in Ontario.

Potential migrants need to have information about the licensing process and the qualifications required to be a professional nurse in Canada before leaving their home country. Only then can they decide whether they are able or prepared to make the investment in time, education and money necessary to obtain a licence. Before leaving their country of origin, they need advice on what steps to take to expedite the registration process. They also need help with strategies for entering the workforce. For example, councillors often advise nurses who are not yet eligible to apply for registration take the PSW course to provide employment and exposure to the Canadian health care system while they undertake further study. Information on funding sources available to students would also be helpful.

For IENs who require additional qualifications to be eligible to practice, there are various bridging/upgrading programs with different opportunities and restrictions. Most programs are relatively new and are funded on a temporary basis. Given the importance of the IEN supply to the Ontario workforce, a permanent, consistent funding model for upgrading and bridging is needed. However, the integration of courses for IENs into mainline programs necessitates consideration. Students from abroad are included in regular nursing programs, thus some integration may be possible. Courses emphasizing the cultural component of the nursing role might be mandatory for IENs. If PLAR is appropriately developed, IENs would be freed from taking courses in areas in which they have experience and knowledge.

Programs for IENs are relatively new and are evolving. At this point they require evaluation. Several educators expressed the need for greater collaboration with the CNO. Given the need to improve the IEN pass rate in the professional examinations, instructors felt that more feedback from the CNO, particularly their students' pass rate, would help them to improve their programs.

Changes in the entry to practice requirements have made it much harder for IENs to become examination eligible. However, until the CNO releases the 2005 and 2006 statistics for new applicants and member candidates, it will not be possible to identify trends. It is likely that more IENs may decide to take the RPN examination rather than invest the time and resources needed to become CRNE eligible. Human Resources planners need to take into account the effect of the new rules on IEN supply.

The CNO currently makes proficiency in English or French as measured in standardized tests a requirement for registration. However, the consensus is that linguistic competence for nurses requires more than passing these tests. Language has many dimensions such as speaking, writing, understanding and interacting in a culturally appropriate manner. General and domain specific skills are required. While CELBAN covers some of these needs, it does not encompass them all. Careful research is required on how best to ensure that IENs have the socio-linguistic skills necessary for successful interaction with patients and fellow workers.

Many IENs participate in unofficial courses to prepare for professional examinations. This suggests that formal educational programs need to place more emphasis on providing students with relevant strategies and skills. Nurses who are exam eligible without further upgrading might benefit from a short preparatory course for the licensing examination, including an introduction to the philosophy of nursing to which the questions relate. Nurses on temporary visas might also benefit from cultural orientation. The success of CARE for nurses in raising the pass rate among examination ready IENs illustrates the need for this type of educational material to be expanded or included as a component of all bridging/upgrading programs.

Greater collaboration among stakeholders would make absorption into the workforce easier for IENs. The CNO and educational institutions need to work together to identify problems that IENs encounter in writing examinations, so that educators can create strategies to decrease or eliminate these problems. In addition, greater collaboration between employers and educators is required to ensure that their curricula relate appropriately to the needs of the workplace. Working together to identify communication problems would assist educators to develop curriculum elements to address them.

Initiatives to facilitate cultural adaptation have been undertaken in other countries with high rates of immigration. In the UK, for example, various “adaptation programmes” (Darroch, Jackson, & Wilson, 2006; Jackson, Barr, & Crowther, 2006) enable IENs to acquire the culturally specific communication and knowledge necessary to the work environment. Evaluation and adaptation of such programs to the Canadian context may be helpful.

Recommendations

Government

- Merge bridging/upgrading courses for IENs into regular educational programs.
- Create a funding envelope to provide permanent funding for upgrading/bridging programs.
- Initiate collaboration among educational programs for IENs to facilitate transfer of credits from one institution to another.
- Ensure potential applicants for regulated professions in Canada, such as IENs, are provided with appropriate information on licensing and the labour market during the immigration process and before they enter Canada.
- Create a taskforce of stakeholders, including licensing bodies, governments, settlement agencies, employers and nursing associations, to plan initiatives for the integration of internationally educated professionals.
- Initiate a tri-level (federal, provincial and municipal) government sponsored integrative program that matches newcomers’ professional skills with suitable employment. This might include adding information for internationally trained professional to any planned employment web portal.
- Consider the creation of an advisory body to ensure effective information exchange between agencies serving immigrants and regulatory bodies.
- Ensure that municipal settlement organizations and other relevant non governmental organizations have appropriate information and skills to advise nurses and other applicants to regulated professions.

Licensing and Professional Bodies

- Encourage completion of elements of the licensing process that can be done in advance of emigration. For example, submission of educational credentials, evidence of fluency in English or French, registration/registration eligibility in the jurisdiction of original registration and evidence of safe nursing practice.
- Provide an on-line questionnaire with automated responses available to enable IENs to match their education and experience against Canadian requirements.
- Develop a standardized means of assessing the educational credentials of IENs. Initiate collaboration among nursing regulators, other professional bodies and the proposed Canadian agency for assessment and recognition of credentials.
- Provide individual institutions providing upgrading programs for IENs with anonymized pass rates to help them assess the effectiveness of their programs.

Educators

- Develop common Prior Learning Assessment Recognition (PLAR) processes and ensure that students equal or surpass established standards.
- Integrate a program similar to CARE (Creating Access to Regulated Employment) into the bridging/upgrading programs offered by institutions as Algonquin College has done.
- Consider the introduction of an adaptation program providing orientation to the Canadian health care system, workplace and philosophy of care mandatory for all IENs intending to practice in Canada.
- Expand language competencies to include the cultural aspects of communication. For example, expectations around communication with colleagues, interdisciplinary team members and patients in the workplace.
- Introduce short courses at community colleges to assist IENs to pass professional examinations.
- Improve counselling services, strategies and pathways for entering the workforce and for achieving career goals.

Employers

- Create orientation and mentoring programs for IENs with funding comparable to those for new graduates.
- Develop effective employment practices for integrating IENs into the workplace.

Researchers

- Evaluate the effect of changes in entry to practice on nurse supply, including the supply of IENs.
- Track IEN applicants throughout the licensing process.
- Assess reasons for the low pass rates by IENs.
- Design and evaluate interventions to ease transition into the workplace.
- Study the dynamics of cross cultural and inter-professional workforces.
- Investigate the perspectives of IENs on nursing care and the role of the nurse.
- Study the employment patterns of IENs with different geographical, educational and practice backgrounds.

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Appendix A. Study Methods

Sample

Internationally Educated Nurses

Thirty-nine IENs participated in focus groups and interviews (see Table 1). The sample included employed nurses and those not yet in the nursing workforce. The five interviews with employed IENs in the hospital sector were held in major hospitals in Hamilton and Toronto. The four nurses employed in the long-term care sector all worked in Hamilton. The unemployed nurse was resident in Hamilton.

The focus groups included three groups of students, one of employed IENs and one of IENs who were registered but searching for employment. Of the student focus groups, one was held at CARE Centre in Toronto, one at Centennial College and one at Mohawk College. The groups of employed and unemployed registered IENs included former or current students in the CARE for nurses program in Toronto.

Table 1 *Internationally Educated Nurse Interviews and Focus Groups*

	Employer	Number of Participants
Interviews	Employed Hospital Sector	5
	Employed Long-Term Care	4
	Unemployed	1
Focus Groups	Students (3 groups)	16
	Employed (1 group)	5
	Unemployed (1 group)	8
Total		39

Other Key Informant Interviews

Thirty-two key informants representing education, employers, government, the regulatory body, nurses associations and community support groups participated in interviews and focus groups (see Table 2).

Table 2 *Other Key Informant Interviews*

Education	11
Hospital Sector	5
Long-Term Care	2
College of Nurses of Ontario	2
Professional Bodies	2
Unions	2
Assessment Service	1
Government	1
Support Group	4

Data Collection

Snowballing technique (Morse & Richards, 2002) was used to identify potential interviewees. An initial list of key informants was created by experts on the nursing workforce. Each informant was asked to suggest interviewees with relevant experience with IENs. Internationally educated nurses were recruited for interviews through posters at their workplaces advertising the study and offering \$50 for their time. Interviews were conducted in urban health care settings in Hamilton and Toronto where there was a high concentration of IENs in the workforce. Focus groups with IENs in the CARE for nurses program, Centennial College and Mohawk College were scheduled through the education programs.

Semi-structured interviews with key informants were conducted in person or by telephone. The IENs were also asked to complete a sheet about their demographics, which included their age, country of origin and other information related to their registration.

At least two members of the research team were present at interviews and focus groups. One member of the team was primarily responsible for asking questions, while the other(s) audio taped and took notes during the session. The research coordinator was the primary questioner for most interviews and focus groups. Following each interview, two team members discussed their perceptions of the interview and wrote memos based on their interpretations of the interaction.

Separate interview guides were created for each category of key informant. Initially, themes identified from the literature, including policy documents found in the grey literature, directed the development of the interview guide. However, as the interviews progressed and issues emerged from the responses received, new questions were formed and others were modified or removed entirely. Employers, educators, unions, government officials, professional bodies and regulators were asked specific questions about their interaction with IENs, their organizations and their opinions of barriers and facilitators for IENs. The interviews and focus groups with IENs were loosely structured around the steps required to become a nurse in Ontario, their beliefs about barriers and facilitators and recommendations for change.

Data Management and Analysis

Interviews were transcribed and coded into QSR NVivo version 1.3.146. Texts were then interpreted through thematic analysis (Boyatzis, 1998). Four members of the research team coded the first interview transcript separately using detailed codes. The team subsequently recoded the transcript collaboratively to generate an initial coding scheme. Close collaboration on code generation continued through two subsequent transcripts to create a basic coding scheme. Two team members continued coding interview transcripts using this coding scheme, but added new codes as new themes emerged. Finally, the team identified the major themes that emerged from the completed coding scheme. These themes were then ordered to guide organization of the report.

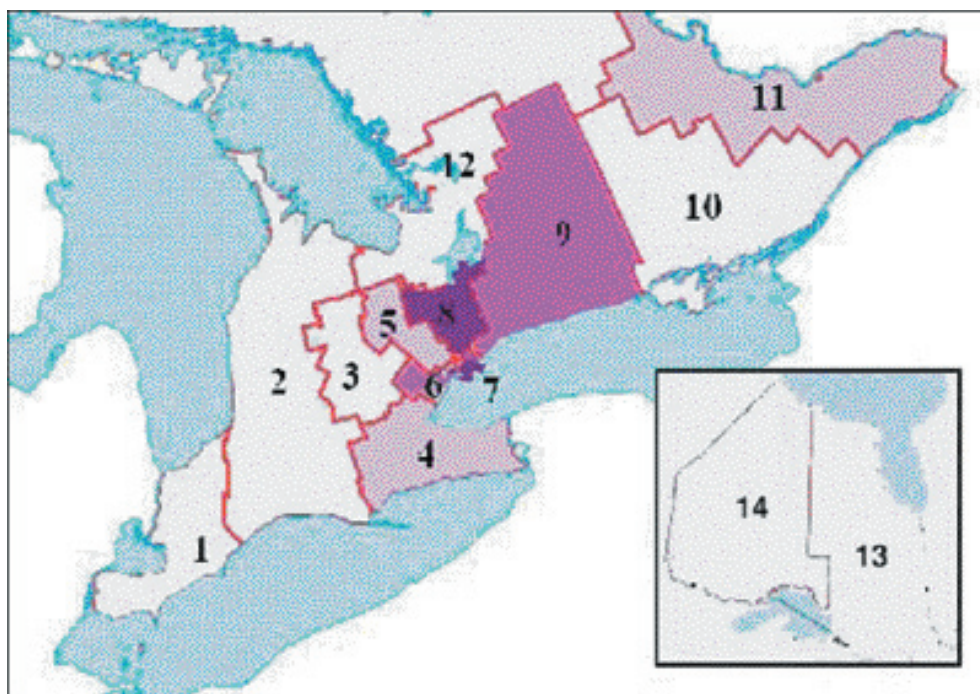
Ethics

This project was approved by the Ethics Review Board of McMaster University, Hamilton Health Sciences and the Toronto Academic Health Sciences Council for Human Subjects Research for interviews held at Mount Sinai Hospital. Prior to the interview or focus group process, each participant received an information letter outlining the purposes of the study, the procedures to be used, risks and benefits to participating and an assurance of confidentiality. Written consent was obtained from each participant.

Appendix B. Features of Education Programs for Internationally Educated Nurses in Ontario

Institution/Program	Enrolment	Programs	Program Details	Funding	Attrition
Mohawk College	Total: 74 including 22 students enrolled in the clinical component and 13 students enrolled in CARE	BIEN - Bridging for Internationally Educated Nurses N.B. Canadian nurses taking re-entry classes integrated into this program	Program is offered part-time exception for the clinical component Average of 12-18 months to complete program. Students have 3 years to complete	Ontario Special Bursary Plan (OSBP) Other sources being investigated	New program (fall, 2005) No attrition
George Brown College	Approximately 60 students 20 students plus 30-40 through CARE	Academic Pathway for Nurses Graduate Certificate N.B. Canadian nurses taking re-entry classes integrated into the program	Program is offered part-time. Average duration: 18 months	Ontario Special Bursary Plan College offers a bursary program	Minimal "Failure to complete for family reasons" is the main cause
Centennial College	Approx 100 students	Bridging to University Nursing RN Option	Full-time 3 year program 1 year at Centennial meeting CNO Requirements, 2 years in Ryerson's Post-Diploma Program 2 semester for RPN option	Ontario Special Bursary Plan=	
Algonquin College/ La Cité collégiale La Cité collégiale	Approximately 60 annually 15-20 in each of 2 programs in any semester	Foreign Trained Nurse Project 1. Bridge to BScN 2. Bridge to Practical Nurse	1. 2.5 years Full-time but students may take longer to complete 2. 8 month program	Ontario Special Bursary Plan	Minimal "Hardly any. Actually its zero."
York University	36 students	"BScN for IENs" program	20 month full time program or part time on an individual basis	Limited financial assistance plus students are eligible to apply for regular awards available at York	Estimated 5-10%

Appendix C. Numbers of Internationally Educated Nurses by Local Health Integration Network (LHIN)



LHIN Geographic Area

- | | |
|---|---------------------------------|
| 1. Erie St. Clair (n=179) | 8. Central (n=1,525) |
| 2. South West (n=320) | 9. Central East (n=1,291) |
| 3. Waterloo Wellington (n=220) | 10. South East (n=125) |
| 4. Hamilton Niagara Haldimand Brant (n=794) | 11. Champlain (n=677) |
| 5. Central West (n=511) | 12. North Simcoe Muskoka (n=87) |
| 6. Mississauga/Oakville (n=1,111) | 13. North East (n=137) |
| 7. Toronto Central (n=3,946) | 14. North West (n=96) |

Number of IENs by LHIN - Indicated by Colour

- | | |
|---------|-----------------|
| Light | = less than 500 |
| Medium | = 501-1,000 |
| Dark | = 1,001-1,500 |
| Darkest | = 1,500+ |

Note. Map adapted from the Ministry of Health and Long-Term Care, 2002. Figures obtained from the CNO, 2006a.

Appendix D. Internationally Educated Nurse Profiles

Table 1 *Location of Initial Education by Dimension of Practice: RNs (2005)*

Dimension of Practice	Ontario %	United States %	Other International %
Direct Practice	85.84	78.69	90.93
Education	3.16	7.61	1.53
Administration	7.59	8.83	4.41
Research	0.68	1.83	.38
Not Specified	2.73	3.04	2.76
Total	100	100	100

Source: CNO, 2006a.

Table 2 *Location of Initial Education by Practice Sector: RNs (2005)*

Practice Sector	Ontario %	United States %	Other International %
Hospital	64.33	50.23	62.82
Long-Term Care	7.84	9.13	16.85
Community	18.29	24.20	12.71
Other	6.79	12.18	3.48
Not Stated	2.75	4.26	4.13
Total	100	100	100

Source: CNO, 2006a.

Table 3 *Location of Initial Education by Five Most Frequent Places of Employment: RNs (2005)*

Ontario %	United States %	Other International %
Acute Care Hospital (57.29)	Acute Care Hospital (43.99)	Acute Care Hospital (51.84)
Long-Term Care Facility (6.93)	Long-Term Care Facility (7.61)	Long-Term Care Facility (15.24)
Public Health Unit/Department (4.30)	Schools/Colleges/Universities (7.15)	Complex Continuing Care/ Rehabilitation Hospital (6.50)
Nursing/Staffing Agency (3.80)	Public Health Unit/Department (6.85)	Nursing/Staffing Agency (4.97)
Community Care Access Centre (3.28)	Other Community (4.26)	Addiction & Mental Health Facility/ Psychiatric Hospital (2.80)

Source: CNO, 2006a.

Table 4 *Location of Initial Education by Five Most Frequent Employment Positions: RNs (2005)*

Ontario % (n=71,912)	United States % (n=657)	Other International % (n=10,598)
Staff Nurse (64.05)	Staff Nurse (51.14)	Staff Nurse (77.00)
Case Manager (4.49)	Public Health Nurse (6.39)	Visiting Nurse (3.94)
Middle Manager (3.97)	Educator/Faculty (5.78)	Middle Manager (2.66)
Public Health Nurse (3.65)	Case Manager (4.41)	Case Manager (2.08)

Source: CNO, 2006a.

Table 5 *Location of Initial Education by Working Status: RNs*

Working Status	Ontario	United States	Other International
Full Time	59.52	57.08	64.75
Part Time	32.11	29.38	24.36
Casual	8.37	13.55	10.89

Source: CNO, 2006a.

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