



COLLEGE OF NURSES
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ORDRE DES INFIRMIÈRES
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THE STANDARD OF CARE.

College of Nurses of Ontario
Internationally Educated Nurses (IEN) Knowledge Translation
Project Report
Learn From My Experience

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Introduction

In 2005, the College of Nurses of Ontario (CNO), in partnership with the School of Nursing at York University, completed an informative research project entitled "Internationally Educated Nurses Knowledge (IENs) Translation Project"-a qualitative study that examined the challenges that nurses who had their education in other countries face when entering the health care workforce in Ontario. CNO along with York University invited employers, educators, other health professionals and IENs to participate in an advisory capacity to validate the themes derived from the qualitative research findings and to help share the knowledge from their workplaces with the College.

A random sample of 400 nurses who received their initial registration was drawn for the study. The sample was then stratified into RNs and RPNs and practice setting. Nurses were sent an introductory letter explaining the project and notifying the recipient that they might be contacted.

Semi structured interviews lasting approximately one hour were held in Toronto and Ottawa. The interviews were taped and notes were taken. The tapes and notes were used to derive themes.

The participants in this study included thirty nurses (20 RNs and 10 RPNS, 28 females and 2 males) representing twenty countries. The average nursing experience was 15 years; it took the respondents an average of 3 years to obtain their initial registration.

In addition to the qualitative research, a jurisdictional review and a chart review confirmed the findings of the IEN study. A jurisdictional review was undertaken by a student¹ during her practicum at CNO. The review compared fluency levels and acculturation programs across Canadian nursing regulatory bodies, other health professional regulatory bodies in Ontario and international regulatory bodies. Finally, CNO carried out its own chart audit of mandatory reports of termination.²

Context

¹ Armellin, J. Jurisdictional Review, April 2007.

² A mandatory report of termination involves an employer writing the Executive Director of a termination of a nurse, possible termination of a nurse including a nurse who may have left the organization prior to being terminated.

Nursing and other health profession shortages dominate the news and the political agenda of the Canadian government. To address shortages, the government of Canada and provincial governments are putting in place initiatives to encourage immigration to Canada. This strategy has been successful in that the numbers of IENs have been growing over the last several years. In Canada, IENs represent 7-8% of the nursing workforce, ranging from 1.9% in Newfoundland to 15% in British Columbia. Ontario has 11.9% (2006).

A review of the published literature indicates that the first two years after immigration and entry into the nursing workforce are the most difficult for IENs, as they experience culture shock both personally and professionally in their new country. Socialization, past experiences and the vulnerability of being in a new country without social supports leads to passive behaviour in the workplace, alienation, self doubt, lack of confidence and reluctance to ask for help.^{3, 4} Finally, the ability to transfer professional skills suggests that cultural fluency (understanding the culture of the country and work context) is as important as language fluency.^{5,6,7}

This report provides a brief summary of the York University research findings followed by a brief description of the findings of the jurisdictional review and chart audit.

FINDINGS

The following five themes emerged from the interviews:

Theme 1: Differences in Practice expectations

IENs commented on the greater professional autonomy of Ontario nurses. IENs felt that Ontario nurses were more assertive; more involved in clinical decision making and experienced less hierarchy in their relationships with physicians than in their country of origin. IENs commented that Ontario nurses had more knowledge, were more involved in

³ Kingma, M. (2006). *Nurses on the Move: Migration and the global health care economy*. New York: Cornell University Press.

⁴ Austin, Z. (April 2005). Mentorship and mitigation of culture shock: foreign-trained pharmacists in Canada. *Mentoring and Tutoring*, 13(1): 133-149.

⁵ Yi, M. & Jewewski, M. (2000) Korean nurses' adjustment to hospitals in the United States of America. *Journal of Advanced Nursing*, 32(3) 721-729.

⁶ Magnusdottir, H. (2005). Overcoming strangeness and communication barriers: a phenomenological study of becoming a foreign nurse; *International Council of Nurses*; 52: 263-269.

⁷ Allan, H. & Larsen, J.A. (2003). "We need respect": experiences of internationally recruited nurses in the UK: European Institute of Health and Medical Sciences: University of Surrey presented to the Royal College of Nursing. pp 1-133.

care decisions and had a broader scope of practice. The following verbatim quote illustrates the perception of nursing in Ontario from an IEN's point of view:

“At home... it's more like, you just follow orders.... we never learned to listen to chests or something like that... All these things are done by the doctor there.... when we went through the training here... that was sort of a whole different idea that as a nurse, you have to make a physical assessment on a patient...”

Theme 2: Differences in Patient and Family Expectations

IENs felt that in Ontario, patients are more knowledgeable about their treatment, have more rights and are more involved in decision making than patients in their country of origin. As well, patients and family are more respected by healthcare providers in Ontario and customer service is an important aspect of care. The following verbatim quote from an IEN illustrates the differences in patient's rights in Ontario:

“Here the rights of the residents are different than there... in my country when we are working in the hospital... somebody refuses the medicine... we know that the person is here for the treatment... [that they are] not here to refuse... so we'll get consent of the family... and we'll say... tell him to get the medication ... but here, it's quite different...[here] we can't say that you have to take it... we can't open their mouth... there you can open their mouth .. “

Theme 3: Resource Allocation

Resource allocation refers to the availability of resources and treatment options for client care. Nurses in the study described their difficulty in adjusting to the widespread use of disposable products and the waste they felt occurred as a result of these practices.

Nurses also talked about how the elderly were cared for at home in their country, compared to the availability of institutional care for the elderly in Ontario and Canada. In some countries gerontology/geriatrics is not taught and results in IENs having problems with these types of questions when writing The Canadian National Registered Nurses exam.

With respect to women's reproductive health, one RN commented that in her country of origin, women cannot get a safe abortion because of religious beliefs. Several IENs reported cross cultural differences in religion and the role of family in caring for the sick. Religion was described as intricately linked to the resources or lack of resources allocated to reproductive health and the ability of patients to seek out this type of care.

Theme 4: Differences in Language

“Issues of language skills are more complex than whether or not IENs can speak English; because health care has many expressions and phrases that may be ambiguous or confusing to outsiders... The nurses in this study identified several difficulties related to

language differences, including stress related to their language skills, not being understood by others, not understanding others, cognitive fatigue with having to think all of the time, the need to repeat things, the need to work slower, and the use of humor to deflect attention. Some IENs chose to work in health care settings where they care for patients that share their culture of origin so they only have to use English for documentation and when speaking with English speaking health care providers. On several occasions, participants failed to acknowledge fluency issues, as recorded by the research assistant in her field notes;

'This interviewee has significant difficulty with English, yet has managed to obtain her RN and a full-time position in the intensive care unit. I had difficulty understanding her throughout the interview and had to listen intently, watch her body language closely, and paraphrase frequently to determine if I understood what she was saying.'

Overall, the issue of language and fluency was an emotional topic for many of the nurses interviewed, and several nurses admitted being embarrassed to say that they still have difficulties with language.”⁸

Theme 5: Being the Outsider

IENs talked about being treated as an outsider by co-workers, patients and families. They also discussed racism, aggression, resentment and lack of trust towards them in the workplace. Ontario nurses were seen to be quick to base their opinions on physical appearance, fluency and whether or not the nurse was educated in Ontario.

WORKPLACE INTEGRATION

Three factors helped IENs integrate more successfully into the workplace: Canadian experience, personal confidence and support from families and friends. Gaining Canadian experience helped IENs understand the health care context. They also were able to develop contacts to assist them in pursuing job opportunities. They all indicated that the Canadian experience they gained gave them more personal confidence. Support from family and friends helped them continue through the process of registration and finding a job.

JURISDICTIONAL REVIEW

Information was gathered on regulatory requirements nationally, provincially and internationally for acculturation, integration and fluency. The acculturation process

⁸ College of Nurses of Ontario, Research conducted by Deborah Tregunno RN PhD. (June 22, 2007). Internationally Educated Nurses (IEN) Knowledge Translation Project Report *Learn From My Experience*.

includes activities that assist IENs in becoming familiar with nursing in the new jurisdiction and addresses issues related to their integration as a nurse in the receiving countries' health care system and culture. Some of these activities include education about the Canadian healthcare system as well as specific standards and regulations required by each College. Some nursing jurisdictions require mentoring, supervised clinical experience or education to meet the entry-to-practice requirements. Many regulatory bodies require the internationally educated professionals (IEPs) to become familiar with ethical and legal (sometimes referred to as jurisprudence courses) requirements of the profession. At this time CNO does not have any acculturation requirements for IENs.

Most regulatory bodies have minimum fluency requirements. These fluency requirements are generally met through taking standardized fluency tests like Test of English Fluency Level (TOEFL), Test of English for International Communication (TOEIC), Michigan English Language Assessment Battery (MELAB), and International English Language Testing System (IELTS). The regulatory bodies (nursing and other health care professions) nationally and provincially were surveyed to compare fluency requirements. CNO had the lowest fluency requirements for provincially and nationally.

MANDATORY REPORTS

Two hundred and twenty one charts (mandatory reports of termination) were reviewed spanning 1999 to 2006. The review included IENs and Canadian nurses for RNs and RPNs. The results of the review were consistent with the findings from the research which included differences in practice expectations as well as communication issues.

SUMMARY

This triangulated research (research, jurisdictional review, and mandatory chart audit) along with an extensive literature review confirms that there are gaps in the education process of IENs either from the acculturation aspect or from an educational perspective (geriatric education). IENs and IEPs benefit from the additional support provided to them either from jurisprudence courses, or through additional education and clinical experience to address these gaps. Fluency plays a large part in the success of IENs how they function in the workplace and how they are perceived by others in the workplace. As a result of this research CNO is embarking on initiatives to put in place some acculturation to the Canadian and Ontario workplace setting. CNO is also revisiting its fluency requirements.