

Carla M. Tilley

MN Project Summary

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### Abstract

As the discipline of nursing becomes more diverse, the role of internationally educated nurses will form an essential component of our nursing communities. Whether these nurses have come into Canadian practice settings through recruitment or other immigration processes, many have faced significant challenges as they transition into new practice settings. Although preliminary research has been conducted to look at the process of transition for these nurses, little is known about the phenomenon of support through the various stages of their transition. For some internationally educated nurses, these challenges will be insurmountable, resulting in underemployment, or a complete departure from the nursing profession altogether. My aim in this article is to share the results of an integrative literature review where I explored the phenomenon of support for internationally educated nurses. Utilizing Cooper's (1989) Five Stages of Integrative Review and additional recommendations from Whitemore and Knafel's (2005) advancement on an integrative review, I will demonstrate that a cohesive and strategic process must be developed to support internationally educated nurses in the transition to Canadian practice environments.

*Key words:* Internationally educated nurses, transition, practice environments

Internationally educated nurses (IENs) are registered nurses who have obtained their professional education in a country other than the one in which they are now practicing (Lum, 2009; Xu & Kwak, 2005b). While IENs may immigrate to many countries, Canada continues to be a destination country for immigration. In fact, 7.6% of employed nurses in Canada in 2005 self identified as having been internationally educated (Canadian Institute of Health Information [CIHI], 2006). This represents only those IENs who were successful in obtaining licensure to practice and having securing employment. Yet statistics trends from licensing bodies pinpoint a different category of IENs – those who have not been successful.

In Ontario in 2005, 94.9% of IEN licensure applicants were unsuccessful in obtaining a license to practice within one year from initial application (Kolawole, 2009). Research conducted in Atlantic Canada reported that a resounding 61% of internationally educated health care professionals had declared they were either unemployed or underemployed (Baldacchino & Hood, 2008). British Columbia reports a similar trend, indicating that out of 946 applicants, only 306 were successful in obtaining a license to practice (College of Registered Nurses of British Columbia, 2007). These statistics identify that there are many IEN applicants, but only a small percentage are successful. What has happened to these “forgotten nurses” (McGuire & Murphy, 2005), and what kind of support do they require to become successful?

### **Summary of the Literature**

IENs face many challenges in securing a license to practice and in securing employment. The verification of foreign credentials, previous career experience, security, as in criminal record checks and English language fluency requirements are affected by time delays, financial barriers, and at times, biased interpretation, resulting in these nurses being unable to quickly secure work in their field (Baldacchino & Hood, 2007; Curtis, Dreachslin & Sinioris, 2007; Kolawole, 2009;

Meretoja, Kilpi & Kaira, 2004). These complex assessment processes reinforce the importance of a Pan-Canadian approach to human resource strategy and policy development (Health Canada, 2008).

In 2005, federal, provincial, and territorial stakeholders initiated several Pan-Canadian strategies to support IENs, including the Framework for Collaborative Pan-Canadian Health Human Resource Planning and the Internationally Educated Health Professionals Initiative (Health Canada, 2008). In addition, the Capacity Building for Internationally Educated Nurses Assessment Project (CBIA) was created to develop endorsed assessment centers for IENs. This three year project has resulted in the creation of three IEN assessment centers (being located) in BC, Saskatchewan and Manitoba (CBIA, 2009). Regulatory bodies with complex IEN applications can refer applicants to one of the assessment centers in order to further validate international experience and competency knowledge. While these assessment centers provide a framework of assessment whereby licensing bodies can determine eligibility for licensure, they do not provide the same guidance for workplace integration and transition (Kolawole, 2009; Lum, 2009).

IENs will also experience challenges in securing employment and integrating successfully into new practice settings. These challenges include ineffective orientation programs (Blythe & Baumann, 2009), occupational barriers to employment (Baldacchino & Hood, 2007), and the lack of pedagogically appropriate bridging programs for multicultural and English as a second language (ESL) learners (Sochan & Singh, 2007). These challenges are further affected by the lack of knowledge surrounding mentorship and coaching in clinical practice settings (Coffey, 2006; Hamilton, 2008). It is within these mentoring opportunities that

IENs will learn “soft skills,” such as the nomenclature of nursing practice and the team dynamics of interprofessional team members (Baldacchino & Hood, 2008).

Perhaps the most significant challenge IENs face is the lack of accessible formal bridging and educational programs that prepare and support IENs for practice (Lum, 2009). Statistics for existing bridging and educational programs reveal low rates of successful workplace integration, resulting in internationally educated health professionals being unable to secure discipline specific employment (Lum, 2009; Kolawole, 2009).

Within the literature and research to date, there are significant gaps identified in the support for internationally educated health professionals as they go through the various stages of transition in their quest for a license to practice in Canada. While various theorists have endorsed a variety of recommendations for integration at different stages of the IEN journey, little is known about the implicit and explicit variables that contribute to the overall concept of support (Blythe & Baumann, 2009; Curtis, et al., 2007; Puzan, 2003). Gaining an understanding of these influential variables has provided the direction and purpose of this integrative review.

### **Methodological Approach**

#### **Study Design**

An integrative literature review process was used in this study to address the question “what does support look like for internationally educated nurses as they transition into practice?” The concept of support has been operationally defined as an explicit structure or framework that provides a foundation of educational, cultural, ethical, and organizational membership. Further, six specific concepts related to IENs transition junctures emerging from the preliminary literature review were also explored. These include: (a) mentorship, (b) explicit learning/education plans,

(c) educational theory/pedagogical approaches, (d) organizational support/sponsorship, (e) connection with community and (f) work and learning environments.

### **Data Collection and Analysis**

Data were collected and analyzed using Cooper's (1989) Five Stages of Integrative Review. The methods recommended by Whitemore and Knafl (2005) were also utilized to broaden the extent of this literature review by incorporating data from theoretical and empirically based literature. Data were gathered from the following online databases: (a) Cumulative Index of Nursing and Allied Health Literature (CINAHL), (b) Social Science Index, (c) J-STOR, (d) Cochrane, (e) Medline with full text, (f) PubMed Canada Central, (g) EBSCO and (h) Springer Link. Key search terms included the following: (a) "internationally educated registered nurses," (b) "support," (c) "practice environments," (d) "transition," (e) "integration," (f) "cultural adaptation," (g) "educational support," and a combination thereof. Data was also gathered through a process of journal hand searching.

A total of 123 articles were reviewed, critiqued, and coded using the research critique framework of Polit and Beck (2004). Out of this critique process, 76 articles met the inclusion criteria. Inclusion criteria included (a) the quality of primary sources including methodological quality and (b) data relevance to one of the three phases of support: pre-employment support, support at point of employment, and support post licensure. Critiqued literature demonstrating low rigor, such as regulatory body newsletters, were included for the sole purpose of data triangulation and relevance to the key search terms, but contributed less in the overall analytic process (Whitemore & Knafl, 2005).

It should also be noted that the first author was the sole reviewer of the literature selected for the integrative literature review, and as such, there is a level of subjectivity that may have

contributed to bias in the selection of literature. To add an additional level of analysis and synthesis and to reduce bias and subjectivity, extracted data were further triangulated and categorized to demonstrate themes, patterns, and relationships across paradigms and research methodologies. As such data from qualitative and quantitative literature and research have been reviewed.

### **Findings**

IENs will experience transition junctures requiring various levels of support during three different phases: (a) pre-licensure phase (Coffey, 2006; Gushuliak, 2004; Hamilton, 2008; Sochan & Singh, 2007), (b) initial employment phase (Adeniran, et al., 2008; Sherman & Eggenberger, 2008) and (c) post employment or post-licensure phase (Lindberg, 2008; Xu & Kwak, 2007). Further, within each of these distinct phases are specific support needs. Six concepts of support specifically related to IENs have been identified as important considerations in creating a framework of support. These concepts include (a) mentorship, (b) explicit learning/education plans, (c) educational theory/pedagogical approaches, (d) organizational support/sponsorship, (e) connection with community and (f) work and learning environments

#### **Mentorship**

The first concept of support that must be fostered is mentorship, whether conducted formally or informally (Blythe & Baumann, 2009; Coffey, 2006; Hamilton, 2008). Mentorship is influenced by educator involvement (Henderson, et al., 2009), as well as relationships with colleagues, supervisors (Blythe & Baumann, 2009) and the quality of nurse-doctor relationships (Xu & Kwak, 2007).

The quality of mentorship, or coaching experience, is based on the level of confidence, education, and capacity of a mentor. Traditional mentors, such as clinical educators and front

line registered nurses, require additional support in learning how to become effective mentors for IENs. Other mentors such as nurse managers may not possess the knowledge and understanding about the culture and practices of IENs (Sherman & Eggenberger, 2008), resulting in gaps in the development of new skills and knowledge competencies that may be required. Although the majority of mentorship and coaching experiences occur within the employment setting, mentoring experiences can also be offered by partnerships with other professional organizations, such as the Canadian Federation of University Women (Coffey, 2006).

### **Educational Frameworks**

Educational programs and frameworks need to be reviewed to ensure that the content and delivery of programs aligns with the needs of IENs (Coffey, 2006; Joy & Kolb, 2009, Lum, 2009). Key considerations include: (a) aligning educational theory with the learning styles of internationally educated professionals, (b) creating and fostering a learning environment, and (c) choosing a delivery method that is flexible to meet the needs of adult learners (Lum, 2009).

While there appear to be unique variations of frameworks and conceptual theories within the literature, Kolb's Experiential Learning Theory (ELT) affords learners the ability to move through any one of four cycles of learning (Joy & Kolb, 2009). Frameworks such as these further enable learners the opportunity to draw from previous competencies and practices from their country of origin and translate them to their new practice experiences (Lum, 2009; Sherman & Eggenberger, 2008). Whether creating a learning environment, or designing appropriate educational activities, educational programs need to adopt flexible delivery modalities to accommodate the learning styles and needs of IENs.

### **Connection with Community**



IENs migrate to Canada either with their families (Blythe & Baumann, 2009) or independently, leaving family and sometimes a sense of cultural familiarity behind (Sochan & Singh, 2007). As a result, connecting new immigrants with culturally similar people and communities (Government Services of Canada, 2010; Sochan & Singh, 2007) provides psychosocial and practice support through exposure to familiar ethnic foods and practices (Xu & Kwak, 2005b). Connecting with a larger community of practice, or with an individual mentor, is seen as an essential component to the success of supporting IENs in their transition to new workplace settings, community, and country environments.

### **Work and Learning Environments**

IENs will experience challenges within their work environments, as these environments are complex, dynamic systems, composed of an intricate network of micro systems (Slater & McCormack, 2007). Challenges may include communication difficulties, socio-cultural knowledge of client care (Lum, 2009), attitudes towards authority, and the treatment of culturally diverse patients (Puzan, 2003). These are further complicated with issues of racism and white solipsism, whether covert or overt (Puzan, 2003).

Other important considerations for work and learning environments are external factors, such as staff turnover, evolving skill mix, increasing workload demands, and the willingness of clinical staff to accept and support new learners (Henderson, et al., 2009). Any one of these factors further influences the development of professional relationships, collegial support, and the development of collaborative relationships within the health care team.

### **Sponsorship and Support**

The effectiveness of sponsorship and support from the hiring organization or employer will have an influence on the professional practice environment, as well as nursing performance

and job satisfaction of new IENs (Coffey, 2006; Wade, et al. 2008). Effectiveness is also influenced by factors such as a manager's leadership style (Drach-Zahavy, 2004; Wade, et al., 2008), the creation of individualized job orientation processes (Hanson & Stenvig, 2008), and continuing educational opportunities (Lum, 2009).

Sponsorship and support from regulatory bodies is also required at the preliminary phase of transition for IENs. The complicated process from initial application to final licensure is fraught with barriers, financial burdens and intricate processes. Securing employment within a short period of time may be impacted by any of these factors (CRNBC, 2010).

Finally, sponsorship and support must also occur at the provincial and federal levels (CNA, 2005; Kolawole, 2009; Sochan & Singh, 2007). An effective Pan-Canadian approach to assessment and licensing processes would eliminate the confusion and frustration IENs face regarding lack of consistency around obtaining information related to the licensing process. This would reduce the delays many IENs experience when seeking discipline appropriate jobs and would eliminate the impact of underemployment or survival jobs (Baldacchino & Hood, 2008; Sochan & Singh, 2007).

### **The Importance of Learning Plans or Learning Contracts**

IENs require information, support, or explicit learning plans and/or contracts through all phases of transition: the pre-licensure phase (Coffey, 2006), the employment phase (Adeniran, Rich, Gonzalez, Peterson, Jost & Gabriel, 2008), and during continuing education and support with an employer (Kawi & Xu, 2009). In the pre-licensure phase, regulatory bodies and assessment agencies use a variety of evaluation processes to assess basic knowledge and skill competencies of IENs and to offer recommendations for further education, if warranted

(CRNBC, 2010; Hamilton, 2008). Yet gaps continue to exist in support for the application and examination processes, as well as support for the transition to the workplace (Hamilton, 2008).

IENs require assessment learning plans or learning contracts and strategies to support the transition into employment settings. The role of the regulatory body is to ensure the IEN is a competent practitioner of good character and has provided evidence of the educational qualifications to practice (Hamilton, 2008). However, it is the role of the employer to also assess whether the knowledge, skills, and abilities of the IENs previous work experience aligns with the expectations of a registered nurse in the hiring practice arena. As such, hiring employers should create a learning plan or learning contract to clearly identify and support an IEN in their learning and transition processes. This process can foster education and competency development by creating transparent goals, benchmarks and expectations for the IEN and the employer.

Many hiring health care environments rely heavily on a self disclosure process during the interview and orientation process as a form of assessment. However, ongoing evaluation and education are often required to reveal challenges in skill proficiency or gaps in knowledge (Lindberg, 2008). Limited resources, minimal access to educational programs, and access to educators within the health care system compound the difficulties IENs experience when seeking support in their transition processes. Hiring employers should review their current practice and interview tools for clarity and specificity to each relevant practice area. Although an IEN may have previously worked in an OR environment in their country of origin, the context and nuances of that practice environment may be very different than an OR environment in Canada. The more specific we can become in defining our work environment and the competencies that are required to practice within these environments the increased likelihood of a successful transition and experience for an IEN.

### **Impact and Relevance to Nursing Practice, Education and Research**

Before creating a Pan-Canadian approach to the integration of IENs (CNA, 2005) there are gaps, challenges, barriers, and voiced concerns of IENs, regulatory bodies, and employers that must be addressed. This should occur through an in depth review of existing programs, policies, and procedures utilized by regulatory bodies, assessment agencies, and employers across the country. While the active recruitment of IENs is not endorsed by regulatory bodies, many IENs are already in Canadian communities and there is a moral and ethical responsibility to assist these nurses in achieving employment that is discipline specific (Hamilton, 2008), rather than allowing them to economically suffer working in menial survival jobs.

### **Recommendations**

Emerging from this review are a number of recommendations on how to support IENs as they transition into Canadian practice settings. A starting point for this conversation is the need to evaluate the validity and utility of existing support processes that are often used to align the needs of IENs, regulatory bodies, and employers. These frameworks of support should be tailored to support IENs' movement into specific practice settings and designed to retain and support IEN practice though the duration of their career.

In order to ensure high standards of education and safe quality patient care, five specific recommendations for IENs should be considered: (a) development of explicit learning plans, (b) provision of access and resources for IENs to eliminate financial burdens, (c) ongoing support and education throughout all phases of transition, (d) integration of IENs – rather than assimilation, and (5) need for additional research. Providing access, resources, and clear support (for IENs) are key (components for) to ensuring the success of IENs in their ability to transition into and secure and retain professional employment, as demonstrated by this review.

**Conclusion**

Further research is required in the development, implementation, and evaluation of a framework of support for IENs as they integrate into Canadian practice settings. Evaluation of specific content and the staging or sequencing of educational content could help inform potential employers, about how to best prepare and support IENs, from the time of their initial application through their employment career. For health care leaders and educators, the development of a framework of support will provide two distinct benefits: (a) IENs will become more aware of the expectations within the practice area, and (b) leaders and educators will become more aware of where and how they can support the IEN in the transition process and in meeting those practice expectations.

We must also acknowledge that IENs can bring richness to nursing units, client care, and professional relationships by sharing how nursing practice and care for clients may vary from within different cultural contexts. This form of collaborative sharing within practice areas encourages all team members to practice from a culturally competent frame of reference whether it is with a client or a colleague. For IENs who bring different knowledge, experience and cultural practice, practice experiences and learning processes also need to reflect a focus of integrating this diversity into Canadian practice settings, rather than trying to assimilate them into dominate Eurocentric environments.

It is about seeking out the underlying ideologies of competence, cultural influences, and organizational cultures that continue to legitimize and perpetuate the tacit knowledge deeply engrained within current nursing practice, policies and even our Eurocentric mindset. More importantly, it is about the moral and ethical responsibilities shared among all stakeholders, as

we seek to develop a framework of support for IENs in their journey towards achieving success in the Canadian workforce.

In closing, perhaps the greatest need is to examine and challenge our own hegemonic position and return to nursing theory and theoretical underpinnings, as we seek to understand the epistemology, ontology, and phenomenological perspectives of IENs. To move beyond the entrenchment of our positions is of vital importance and can be seen as the first step in supporting IENs as they transition into our Canadian practice settings.

### References

- Adeniran, R.K., Rich, V.L., Gonzalez, E., Peterson, C., Jost, S. & Gabriel, M. (2008).  
Transitioning internationally educated nurses for success: A model program. *Online Journal of Issues in Nursing*, 13(2), 12-21.
- Baldacchino, G., & Hood, M. (2008). Challenges faced by internationally educated health professionals on Prince Edward Island: Stories and voices. [Electronic version]. Retrieved on May 16, 2010 from:  
[http://atlantic.metropolis.net/ResearchPolicy/IEHP\\_Study-Final-Feb2008.pdf](http://atlantic.metropolis.net/ResearchPolicy/IEHP_Study-Final-Feb2008.pdf)
- Blythe, J., & Baumann, A. (2009). Internationally educated nurses: Profiling workforce diversity. *International Nursing Review*, 56, 191-197.
- Canadian Institute of Health Information. (2006). *Workforce trends of registered nurses in Canada, 2005*. Ottawa, ON: Author.
- Canadian Nurses Association. (2005). *Navigating to become a nurse in Canada: Assessment of international nurse applicants*. [Electronic version]. Retrieved on May 22, 2010 from:  
[http://cna-nurses.ca/CNA/documents/pdf/publications/IEN\\_Technical\\_Report\\_e.pdf](http://cna-nurses.ca/CNA/documents/pdf/publications/IEN_Technical_Report_e.pdf)
- Capacity Building for Internationally Educated Nurses Assessment [CBIA]. (2009). Internationally educated nurses assessment services of British Columbia. [Electronic version]. Retrieved on June 4, 2010 from: [www.nursinginbc.ca](http://www.nursinginbc.ca)
- Coffey, S. (2006). Educating international nurses: Curricular innovation through a Bachelor of Science in nursing bridging program. *Nurse Educator*, 31(6), 244-248.
- College of Registered Nurses of British Columbia. (2007). Internationally educated nurses. Personal communication C. Johansen, Director, Regulatory Services Dept., May 30, 2007.

- College of Registered Nurses of British Columbia. (2010). *Occupational fact sheet for internationally educated nurses*. [Electronic version]. Retrieved on May 10, 2010 from: <https://www.crnbc.ca/Registration/Lists/RegistrationResources/468RegProcessIEN.pdf>
- Cooper, H.M. (1989). *Integrating research: A guide for literature reviews*. (2<sup>nd</sup> Ed.). Newbury Park, CA: Sage Publications.
- Curtis, E.F., Dreachslin, J.L., & Sinioris, M. (2007). Diversity and cultural competence training in health care organizations: Hallmarks of success. *Health Care Manager*, 26(3), 255-262.
- Drach-Zahavy, A. (2004). Primary nurses' performance. Role of supportive management. *Journal of Advanced Nursing*, 45(1), 7-16.
- Government Services of Canada. (2010). *Foreign credentials referral office: Employer's roadmap to hiring and retaining internationally trained workers*. [Electronic version]. Retrieved on June 07, 2010 from: <http://www.healthforceontario.ca>
- Gushuliak, T. (2004). AARN setting multiple strategies in action to improve licensure process for internationally educated nurses. *Alberta RN*, 60(9), 8.
- Hamilton, C. (2008). Successful integration of IENs into the workplace, *SRNA Newsletter*, 10(5), 27.
- Hanson, K.J. & Stenvig, T.E. (2008). The good clinical nursing educator and the Baccalaureate nursing clinical experience: Attributes and praxis. *Journal of Nursing Education*, 47(1), 38-42.
- Health Canada (2008). Health human resource connection. (Edition 5). Retrieved May 12, 2010 from: <http://www.hr-sc.ca.hcs-sss/pub/hhrhs/hhr-rhs-conn/208-hhr-rhs-conn-5-eng.php>
- Henderson, A., Twentyman, M., Eaton, E., Creedy, D., Stapleton, P. & Lloyd, B. (2009).



- Creating supportive clinical learning environments: An intervention study. *Journal of Clinical Nursing*, 19, 177-182.
- Joy, S. & Kolb, D.A. (2009). Are there cultural differences in learning style? *International Journal of Intercultural Relations*, 33, 69-85.
- Kawi, J. & Xu, Y. (2009). Facilitators and barriers to adjustment of international nurses: An integrative review. *International Nursing Review*, 56(2), 174-183.
- Kolawole, B. (2009). Ontario's internationally educated nurses and waste in human capital. *International Nursing Review*, 56, 184-190.
- Lindberg, M. (2008). Internationally educated nurses in Saskatchewan: It's not easy but it is worth it!. *SRNA Newsletter*, 10(2), 12.
- Lum, L. (2009). Accommodating learning styles in bridging education programs for internationally educated professionals. Canadian Council on Learning. [Electronic version]. Retrieved on May 12, 2010 from: <http://www.ccl-cca.ca/pdfs/fundedresearch/Lum-FinalReport.pdf>
- McGuire, M. & Murphy, S. (2005). The internationally educated nurse: Well-researched and sustainable programs are needed to introduce internationally educated nurses to the culture of nursing practice in Canada. *Canadian Nurse*, 101(1), 25-29.
- Meretoja, R., Leino-Kilpi, H. & Kaira, A. (2004). Comparison of nurse competence in different hospital work. *Journal of Nursing Management*, 12, 329-336.
- Polit, D.F. & Beck, C.T. (2004). Evaluating research reports. In *Nursing research: Principles and methods* (7th Ed., pp.655-672). Philadelphia, PA: Lippincott Williams & Wilkins.
- Puzan, E., (2003). The unbearable whiteness of being (in nursing). *Nursing Inquiry*, 10(3), 193-200.

- Sherman, R.O. & Eggenberger, T., (2008). Transitioning internationally recruited nurses into clinical settings. *The Journal of Continuing Education in Nursing*, 39(12), 535-544.
- Sochan, A. & Singh, M.D. (2007). Acculturation and socialization: Voices of internationally Educated nurses in Ontario. *International Nursing Review*, 54, 130-136.
- Slater, P., McCormack, B. (2007). An exploration of the factor structure of the nursing workload index. *Worldviews on Evidence-Based Nursing*, 4(1), 30-39.
- Wade, G.H., Osgood, B., Avino, K., Bucher, G., Bucher, L., Foraker, T., French, D. & Sirkowski, C. (2008). Influence of organizational characteristics and caring attributes of managers on nurses' job enjoyment. *Journal of Advanced Nursing*, 64 (4), 344-353.
- Whittemore, R. & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553.
- Xu, Y. & Kwak, C. (2005b). Characteristics of internationally educated nurse in the United States. *Nursing Economics*, 23(5), 233-238.
- Xu, Y. & Kwak, C. (2007). Trended profile of internationally educated nurses in the United States: Implications for the nurse shortage and beyond. *Journal of Nursing Administration*, 36(11), 522-525.