

COMMENTARY

Transition of Internationally Educated Nurses into Practice: What We Need to Do to Evolve as an Inclusive Profession over the Next Decade

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Abstract

Confronted with a pandemic amid a nursing shortage and an aging and culturally diverse patient population, nursing leaders need to explore innovative ways to meet increasing human resource demands to ensure patient safety. Internationally educated nurses (IENs) are an untapped resource to sustain the nursing workforce and provide culturally appropriate care. Based on the authors' lived experience and knowledge in supporting IENs, this commentary highlights the challenges that threaten the integration of IENs into the Canadian nursing workforce. It also recommends practical strategies to address these challenges, guide innovative and sustainable change and unpack systemic barriers to achieve organizational diversity and equity.

Introduction

Caring for an aging, increasingly multi-ethnic and multilingual population amid the COVID-19 pandemic and an unprecedented nursing shortage has resulted in the nursing workforce being stretched to the limit. Internationally educated nurses (IENs), with their global clinical experience and linguistic and cultural knowledge, have been identified as an untapped source of nursing resources. Approximately

8.9% of the Canadian nursing workforce are IENs (CIHI 2020). These IENs are those who have successfully overcome hurdles in getting registered and obtaining and maintaining commensurate employment. However, many are not able to relaunch their careers in Canada because they lack credential equivalency, language proficiency and/or fail to meet additional educational requirements mandated by regulatory bodies. Nurse regulators impose a three- to five-year time limit for IENs to become registered, following which they may be required to complete additional remedial measures to ensure practice competency (e.g., take refresher courses, return to their home country to engage in active practice, or other specific directives such as enrolling in CARE Centre's IEN Supervised Self-Directed Evidence of Practice Program [<https://care4nurses.org/safe-practice-program/>] in Ontario). Once successfully employed, some also experience workplace discrimination as an additional stressor. These challenges have been well documented (Baptiste 2015; Covell et al. 2017; Moyce et al. 2016; Pung and Goh 2017). Unfortunately, many IENs decide to pursue other career options because of the financial burden of not being able to earn a nursing salary, costs associated with multiple verification fees and tuition for courses to address competency gaps. Those whose competency (recent practice) period has lapsed are not able to update their practice by returning to their home country due to international travel bans related to the COVID-19 pandemic. There is limited capacity within Canadian academic institutions to support IENs in updating their competencies.

Despite the national need for skilled nurses – and stakeholder consensus that customized supports during the recruitment, transition and integration of IENs are essential – such interventions are at best inconsistent and at worse non-existent. To allow IENs to fully contribute to the Canadian healthcare system, nurse leaders need to support IEN workplace integration and challenge organizations to overcome the well-documented barriers to successful practice transition.

As reflected by mission, vision and value statements, most Canadian healthcare organizations are committed to creating a healthy workplace and value diversity. As new immigrants, IENs would benefit from such workplaces; however, much more work is needed before IENs are able to fully integrate into the nursing workforce (McGillis Hall et al. 2015; Ramji and Etowa 2018). While commitment to creating inclusive work environments is espoused across the healthcare industry, before determining “what we can do,” organizations must answer the question “are we willing to do it?”

Robert Livingston's (2020) “A Road Map for Racial Equity” in the September/October 2020 edition of the *Harvard Business Review* offers nursing leaders a guide to unpacking systemic barriers and determining commitment to achieving not just racial equity but authentic organizational diversity (Figure 1).

Figure 1.		A road map for racial equity
P	Problem Awareness	Condition Do I understand what the problem is and where it comes from?
R	Root-Cause Analysis	
E	Empathy	Concern Do I care (enough) about the problem and the people it harms?
S	Strategy	Correction Do I know how to correct the problem and am I willing to do it?
S	Sacrifice	

Source: Livingston 2020.

The healthcare workplace requires communication and cooperation among people from different racial, ethnic and cultural backgrounds. Therefore, leaders should host open and candid conversations about how their organization is performing relative to each of the five stages of the model – and use their power to *press* for profound progress. Nursing leaders and their leadership teams need the skill, ability and commitment to lead diverse teams. Beliefs, not reality, are what determine how employees respond to efforts taken to increase equity and diversity. The first step is getting everyone on the same page as to what the reality is and why it is a problem for the organization. Only when this work is done can an organization move on to action strategies.

Based on current evidence and 20 years of experience supporting IENs, we pose some critical questions regarding IEN workplace integration in this commentary. We identify and discuss roadblocks consistently identified over decades and offer practical strategies to address them and guide innovative and sustainable change.

Why are Employers Unwilling to Hire IENs?

Hiring practices can be affected by societal attitudes that imply immigrants are not as good as domestically educated workers (Baumann et al. 2021). This notion was reported in a qualitative study by Haynes (2010) in which nurse managers from long-term care facilities in British Columbia were interviewed about their perceptions and experiences with IENs and how these influenced their hiring practices. The findings included the following:

- IENs’ support needs have been compared to those of newly graduated nurses, with no consideration for IENs’ life experience.
- There is a preference for hiring Canadian-educated nurses over IENs due to fear of the unknown.
- There exists a failure to acknowledge previous nursing education and experience.
- IENs are perceived as a homogenous group.

- IENs' potential as cultural interpreters and knowledge brokers is not recognized.
- There is a preference for hiring IENs with Canadian nursing experience.
- Awareness of current licensing guidelines is lacking.
- Established hiring guidelines are lacking.
- There is a positive "gut feeling"/intuition about selected new hires.

The following are recommended strategies:

- Establish partnerships with local settlement agencies to assist IENs to settle into the community and sustain their employment.
- Better understand cultural and patriarchal influences on communication practices and support IENs in adopting best practice interpersonal and communication skills.
- Recognize IENs' past clinical experience in determining their starting salary level and not just start them at the entry-level salary. Starting nurses who have just received their registrations at the entry level may be mandated by union contract requirements but leadership should advocate for fairness so that experienced IENs can be compensated appropriately.
- Investigate why IENs often get screened out by human resources (HR) staff

Are Nursing Staff Prepared to Work with IENs?

Our experience with IEN integration is consistent with the findings from Babenko-Mould and Elliot's (2015) study, which explored internationally educated nursing students' experiences of integration in the hospital setting and revealed the following:

- Staff were not prepared by the clinical educator to support IENs (e.g., no education about the strengths and challenges experienced by IENs).
- Unit nurses were more willing to work with IENs when the clinical educator was well-known and respected by staff.
- Staff were unaware of religious/cultural differences and preferences in care delivery (e.g., a male patient may prefer a male nurse).
- Staff were unaware of IENs' experiential differences (e.g., interprofessional teams, patient-centred care).
- Staff were unwilling to explore practice differences, going by the motto "our way is the right way."
- Staff were averse to changes suggested by IENs.
- Staff requested to check all IEN-prepared medications.

The recommended strategies are as follows:

- Provide organizational education to other team members regarding IENs' linguistic capabilities, knowledge of cultural practices and health issues, common illnesses and traditional health practices (e.g., cupping, herbal remedies, traditional medicine, etc.).
- Acknowledge and address the fact that the concepts of multiculturalism and diversity may be foreign to those from some countries.

Does the IEN Have the Support of an Assigned Buddy/Mentor and Consistent Preceptor?

The functioning of Canadian clinical settings may be foreign to IENs; hence, they would benefit by having a peer/mentor work with them to provide guidance and support. Higginbottom (2011), when exploring the transitioning experiences of IENs into a Canadian healthcare system, noted that IENs felt an overall lack of unit support. Unfortunately, we have also received similar feedback from the IENs we serve. For example, the IENs reported the following:

- frequently left without an assigned preceptor
- not sure whom to reach out to for help
- no consistency regarding the assignment of a buddy/mentor

The following are the recommended strategies:

- Offer pre-employment job shadowing and probation mentorship in clinical areas to provide “novice” support, address HR needs and raise awareness of career opportunities for IENs.
- Provide job shadowing and virtual mentorship including exposure to workplace culture and an introduction to policies and procedures to afford additional familiarity.
- Provide workplace mentors to help IENs establish a safe space for learning the workplace and orientation to nursing practice in Canada.
- Provide peer-to-peer support beyond the preceptorship period.

Are IENs Made to Feel Welcome at the Workplace?

Higginbottom (2011) reported that when asked about their experience of reception once starting work, many IENs were surprised that they were not introduced to co-workers on their first day. Additionally, the following was reported:

- Colleagues did not respond to “hello” at the beginning of shift.
- They found it challenging to meet new nurses on every shift.
- Some, but not all, co-workers were very helpful and took time to explain things.
- IENs were frequently assigned non-nursing tasks.

The following are the recommended strategies:

- Provide formal introduction to staff including experience and expertise.
- Assign a buddy to interpret and explain cultural differences (e.g., explain to them “how things are done here”).
- Model respect for others at all levels.

Is There a Customized Orientation for IENs?

IENs are also newcomers, and as such, they also need supports that are collaborative, multifaceted and multi-organizational. We suggest that organizations develop an approach that addresses employment and integration barriers and cultivates the acquisition of hard and soft skills in communication and interpersonal interaction within an interprofessional team. Khalili et al. (2015) posed the notion of two-way integration reflecting perspectives of both IENs and other stakeholders and emphasizing the workplace’s need to commit to creating inclusive policies and practices such as the following:

- policies and procedures that are not solely based upon the assumptions and beliefs of the dominant group
- the “one-size-fits-all” approach does not work for IENs – not everyone is equal
- more emphasis needs to be placed on orienting IENs on the following:
 - » technology
 - » documentation
 - » communication

The following are the recommended strategies:

- Access the Nursing Graduate Guarantee program, allowing more orientation time for IENs to transition into practice (CHHRN 2017).
- Provide individualized orientation plans.
- Provide IEN-focused orientation as work environments and supportive work cultures have a significant impact on transition to practice, job satisfaction, confidence and retention (Goh and Lopez 2016; Hussein et al. 2017; Powers et al. 2019).

Recommendations

IENs need to develop enhanced conflict management skills to more effectively engage in critical conversations with nursing staff and managers about client care and situations involving work colleagues. Furthermore, discussion with staff nurses and clinical educators is warranted to gain an understanding of their perspectives regarding the integration of IENs during practice-based experiences. Such knowledge could provide a broader understanding of IENs’ educational

needs and serve to provide nursing leaders with additional strategies to improve the process of integration. Development of a specific unit as a model for the integration of IENs would benefit both the staff and IENs across the organization.

Collaborative partnerships between healthcare organizations, academic institutions, regulatory bodies, professional associations, settlement agencies and bridging program services dedicated to support IENs' integration (e.g., the CARE Centre for Internationally Educated Nurses [<https://care4nurses.org/>]) can help organizations build a diverse and sustainable nursing workforce and maximize the talents of IENs from all over the world.

Finally, a transparent organizational assessment of hiring and integration practices by nurse leaders in collaboration with human resources is warranted. This assessment should be accompanied by comprehensive, multifaceted cultural education focusing on working with internationally educated healthcare professionals. As a complement to diversity training for all employees, such education can enhance the understanding and collaboration among team members and ensure a more satisfactory outcome for the IEN, the organization and the patients.

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