Workplace Integration: Key Considerations for Internationally Educated Nurses and Employers

NATIONAL PARTNERS IN EDUCATION AND INTEGRATION OF INTERNATIONALLY EDUCATED NURSES CONFERENCE

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Outline

Research Problem, Aim & Objectives
Theoretical Perspective
Methodology
Findings – Major themes
Discussion & Implications
Q & A
Aim & Objectives

Understand how IENs are integrated into workplaces beyond the transition phase

Integration – what does it mean?

Organizational context – how does it influence integration?
Problem

Workplace integration of IENs not defined

( Covell, Neiterman & Bourgeault, 2014 )

Research on IENs’ long term progress lacking

( Adams & Kennedy, 2006 )

Emphasis on how IEN needs to adjust

Role of employer/non-IENs not a clear focus

( Raghuram, 2007; Adams & Kennedy, 2006 )
Literature Review

Nursing research focused on IENs’ challenges

- migration, registration, transition

(Kingma, 2001; Blythe & Baumann, 2009; Sochan & Singh, 2007; Lum, 2009; Tregunno et al., 2009; Adams & Kennedy, 2006)

Immigrant and refugee studies discuss integration at societal level

- Two-way process and goals

(CCR, 1998; UNHCR, 2000; Omidvar & Richmond, 2003; Wong & Poisson, 2008)
Critical Social Theory

Looking beyond the immediate situation

Redistribution of power and resources

Affirmation

Theory for explaining how things could be

Research as a means for taking action
Integration of IENs at Case Org

Main Unit of Analysis

‘Case’ Organization

Subunits of Analysis

IENs

Peers/Mentors

Managers/Directors

Senior Leaders
Downtown Toronto, tertiary care facility; very diverse catchment; most affluent & most marginalized inner city, homeless and LGBTQ populations

120 year history; roots as Catholic Hospital; > 20 years of initiatives related to:

- Inner city health programs & research
- Anti-racism projects
- Internationally Trained Professionals Mentorship Program
- Co-founding CARE Centre for IENs
- Building capacity for integration & retention of IEPs project
- Health equity planning
Sub-units of Analysis (n=28)

- 14, 50% Managers/Directors
- 6, 21% Peers/Mentors
- 5, 18% Senior Managers
- 3, 11% IENs (Nursed in Canada for > 5 yrs)

Purposeful sampling and use of snowballing technique
- IENs who had worked in Canada for > 5 yrs were included
- Peers were nurses educated in Canada

Variation in sample – diverse roles and clinical/organizational areas
Mental Health, Medical, PAR, Surgical, Cardiology, Orthopedic, ENT, Neurology, Critical Care, Hemodialysis, ER, Inner City Health Program, HR, Executive Team
...is a two-way process, resulting in changes at both the individual IEN and the employer organizational levels. IENs are valued as “Canadian nurses with international experience” who are progressing on their leadership journey by influencing patient care and nursing practice. The organization-wide leadership commitment to equity translates into accountability for sustaining a diverse workforce, policies which promote equity principles and responsive engagement with the broader community.
Overall Findings

- Being a ‘Canadian nurse with international experience’
- ‘Integrated’ IEN
  - Progressing on leadership journey
  - Perseverance in overcoming challenges

- Leadership commitment to equity
- Organizational factors
  - Workforce diversity – championed by HR
  - Policies promoting equity principles
  - Engagement with broader community
  - Avoiding common pitfalls

Two-way integration

Overall Findings
**VOICES OF PARTICIPANTS**

- I don’t feel like I’m a Filipino anymore, I feel like I’m Canadian...! (I013)

**‘Integrated’ IEN**

- Being a ‘Canadian nurse with international experience’

- progressing on leadership journey

- perseverance in overcoming challenges

- [Nurses] have a lot more autonomy and they’re expected to...like we’ll get the doctors asking us, well, what do you think? ...they trust you as a professional to make decisions ...your scope of practice is actually bigger here ...(I001)

- Sounds silly but you know, they’re able to joke with people and they get like the culture, the humour and they’re able to sort of participate in conversations...(P004)

- If you talk to the IENs who have gotten their licenses and working, and looking after family, going to school...it’s just normal, this is what you do to survive... (I027)

- I’m a senior staff, others look up to me, like if there’s an issue that needs to be addressed and they ask me any recommendation or they need my help... I’ve been alternate for the last like five years as a charge nurse, unit leader...supervising the staff (I023)

- So I got that changed, I was a change agent in that...now it’s routine...(I012)
It’s the values of St. Mike’s...we work with the very marginalized population, very diverse and very challenging. And to do the best job, you have to have diverse workforce. And what’s a better way than to have diversity in your nurses (1027).

I would say it [priority of IEN/IEP integration] would obviously come from the leadership down. Because it’s not something that can just be, you know, from unit to unit. It is really something... from the CEO downwards (M007).

Equity is more than just treating everyone equally, in fact, it means doing more for some groups, because they start from a position of inequity in the first place...to bolster their position, you have to do more”(L026)

I am on the board of [name withheld] and ... so not only do they see that I’m saying we should do this but they’re saying, wow, she must really think this is important, right? (L018).

So many good things that suddenly come to an end for XYZ reasons, funding maybe ...(L026)

Sometimes they really use some bad words to us...but luckily we have other staff, they help us to talk to the patient...or take over from us... the manager comes and gets involved and talks to the patient... (I020).
‘Integrated’ IENs and Canadian educated nurses – do they converge?
Workplace influence on integration – how distinct is it for IENs?
Key Considerations
- Employers

Strategic management approach

• Embed integration of IENs as strategic priority
• Utilize definition and framework for organizational self-assessment and setting targets for change
  - e.g. Recruitment and retention targets
• Establish accountability measures and systems
Key Considerations
- Employers

Valuing difference

• Educate leaders, managers and staff on concept of equity
• Acknowledge IENs’ ‘international experience’ by creating learning/sharing exchanges
• Deliberate staff engagement and dialogue regarding equity, diversity and inclusion
• Deliver/promote access to language and communication supports for all
• Recognize cultural dimension to leadership
Key Considerations
- Employers

Apply equity lens to policies/practices

• Re-balance policies related to language of the workplace and cultural interpretation

• Ongoing review of protocols re. dealing with abusive patients/families, co-workers

• Engage and dialogue with racialized nurses regarding effects of racism
Key Considerations - Employers

Development of Nurse Managers

• Participative leadership/management style - Management competencies to support IENs
• Strategies to shorten transition phase for IENs – IEN-specific supports
• Mechanisms to connect IENs - strengthen resilience
• Promote access to PD related to job skills but also career aspirations
• Teach/promote access to learning political influence skills
• Provide career coaching for IENs
Key Considerations - IENs

• Recognize that goals for integration are shared with other colleagues
• Develop awareness/analysis about equity
• Pursue continuous professional and leadership development
• Share critical analysis of ‘international experience(s)’ benefits Canadian nursing
• Take comfort / pride in own identity(ies)
• Strengthen resilience – through solidarity/supportive connections with others
Other Implications

**Employers**
- Embed integration of IENs as strategic priority to reap broad benefits for quality care and healthy workspaces
- Utilize definition/framework for organizational self-assessment & targets for change
- Educate leaders, managers and staff on concept of equity

**IENs**
- Pursue continuous professional/leadership development - tools for influencing practice
- Share critical analysis of ‘international experience(s)’ benefits Canadian nursing

**Policy makers**
- Recognize IENs’ contribution to Canadian healthcare and include them at policy tables
- Engage with IENs to draw on their ‘international experience(s)’ to develop solutions for Canadian healthcare
- Find novel solutions to accelerate the earlier transition phase

**Educators**
- Create ‘safe’ platforms for IENs, other nurses and students to carry out critical analysis of nursing issues
- Include concepts of equity, diversity, inclusion and political influence skills in curriculum

**Researchers**
- Shift the discourse through an asset based approach to value IENs’ experiences and contributions
- Explore research opportunities to operationalize the definition and measure workplace integration of IENs
- Carry out analysis of international nursing experiences to identify potential lessons for Canadian healthcare and nursing
References


Thank you!

Questions/Comments?

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