

# Transitioning of Internationally Educated Nurses (IENs) into the Alberta Health System

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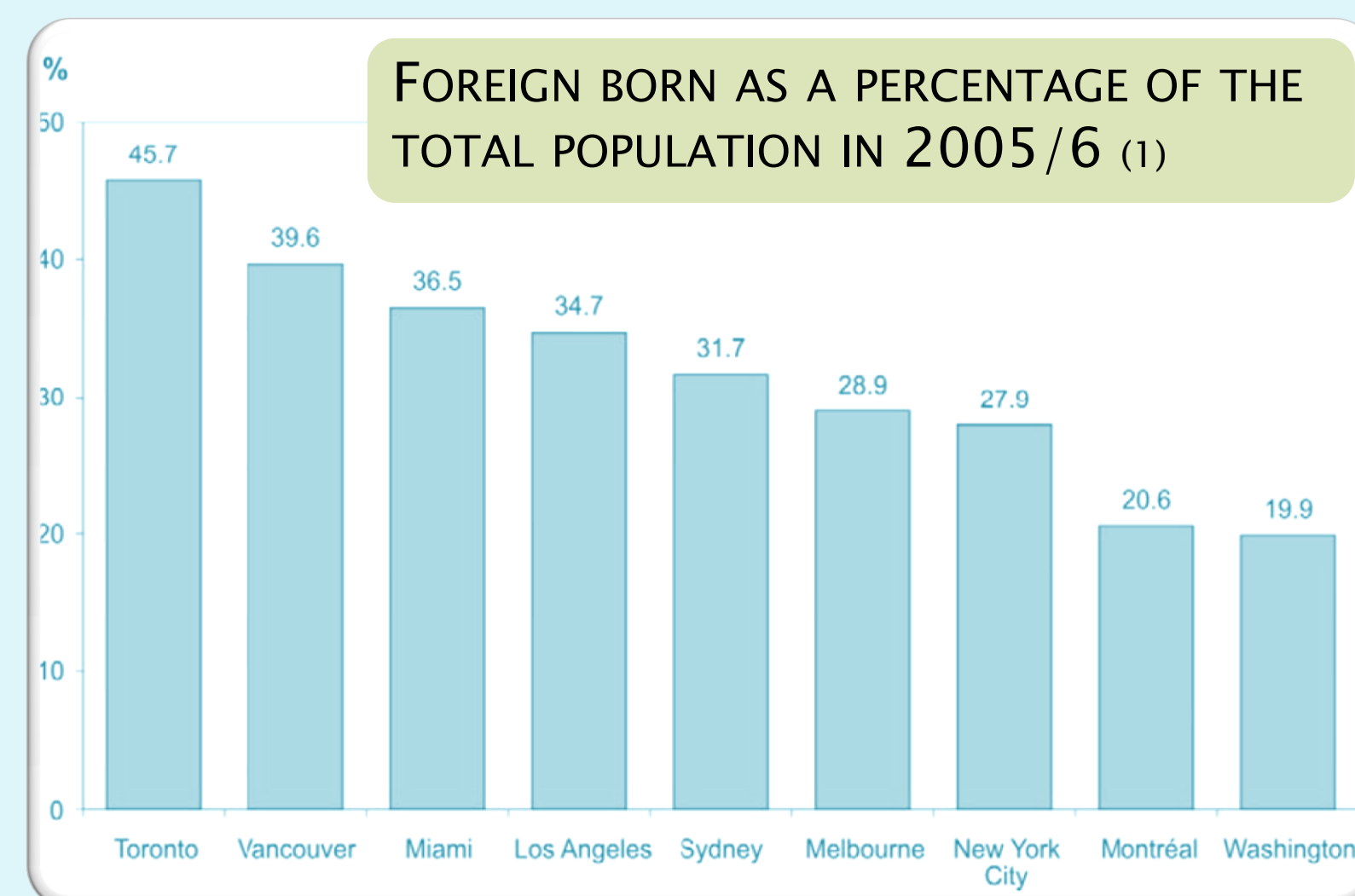
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## BACKGROUND

- Many 'high income' nation states such as Canada, Australia, New Zealand, United States, United Kingdom (UK), Italy, France welcome IEN's to address shortfalls in the nursing workforce ➡ The ethics of such strategies are complex .
- IENs often face challenges regarding their transition into the new ethno-cultural setting. New immigrant nurses may need considerable support in transitioning into a new social and health care environment, including support in gaining the recognized credentials and becoming registered as a nurse in the host community

How do IEN's transition into the Alberta health care system?



## METHODOLOGY

- Focused ethnographic study** characterized by – a) Conceptual orientation of a single researcher, b) Focus on discrete community or organization or social phenomena, c) Problem focused and context specific, d) Limited number of participants, e) Participants usually hold specific knowledge, f) Episodic participation observation, g) Conducted for development in health services. (2)
- Four phases were designed:
  1. Documentary Analysis and Systematic Literature Review
  2. Empirical: Semi-structured Interview #1 with IENs at 3 months post-relocation (initial stage of transition)
  3. Semi-structured Interview #2 at 9 months when the IEN was becoming more familiar with the new cultural context and health care delivery systems.
  4. Individual semi-structured interviews with key stakeholders
- Purposive sampling** was undertaken to obtain heterogeneity in respect of age, gender, ethnicity etc. ("maximum variation sampling" or "phenomenal variation")
- A consultation group of key stakeholders: Alberta Health Services and CARNA staff and IENs not participating in the study were convened to develop the semi-structured interview guides (the second accounting for emergent themes of the first). The Interview #1 schedule was piloted with 4 IENs and the necessary refinements and amendments made.
- 22 IENs participated
- Research Questions of IENs:
  - Motivations? Expectations?
  - Recruitment and reception experiences?
  - Differences in living and working lives?
  - Discriminatory experiences?
  - Strategies to overcome barriers/obstacles?
  - Recommendations for easing transition?
- 4 Individual semi-structured interviews with key stakeholders in recruitment and transition of IENs (2 senior officials of CARNA, 1 official from Alberta Health Services, and 1 from the Filipino Nurses Association.

## PRELIMINARY RESULTS

### DISCREPANCY BETWEEN NURSES' EXPECTATIONS AND REALITY

*Accommodation-wise I had a problem with that because ... I was expecting it would be close to the hospital... I did not finish the 45 days because I can't stand it anymore. It's too far. – IEN Philippines*

*When I had my contract, it states there that I will be working in cardiology. In the cardiac unit. But the day before I left the Philippines, I saw in my contract because they have to change the date and everything, that I am working in surgery. I wanted to back out right? But there's no way I can back out anymore because I gave up my job. – IEN Philippines*

*So there was a delay in, in them coming. So maybe they were promised something based on need at the time but by the time that they got here, that need in that specific specialty or that specific area had, had evaporated. – AHS Official*

### MULTI-FACTORIAL BARRIERS DURING TRANSITION

*We arrived in winter (laughter) the cold was a big challenge...we coughed, sore throats and dry nose and I got cellulitis in my toe and we had to walk everywhere and I was limping, I should have gone to a doctor but I was waiting for my health card. – IEN New Zealand*

*In New Zealand, we actually wash our patients but they [Canadians] spend more time on a computer...So you establish more rapport than here. You tend to talk more with your patient, know your patient. – IEN New Zealand*

### COMMUNICATION BREAKDOWNS AT RECRUITMENTS STAGES

*To me it was more suicidal than anything... the contract was that um, temporary full-time for one year... almost all Internationally Educated Nurses who came, who didn't really understand what that entailed until we got here...given all those years of experiences of working in the NHS no one would have swapped that for a temporary one year position...then because they used an agency, the people that they employed at the agency themselves didn't really understand that. – IEN UK*

### PERCEIVED DISCRIMINATORY PRACTICES

*Just to treat us fairly. Yeah, and I don't know if that's one way of discriminating, that um, to give or to open windows or doors for us for opportunities... just because you're Filipino is uh, you can do anything. – IEN Philippines*

### MAINTAINING SCIENTIFIC RIGOUR

- Consider framework by Guba and Lincoln (4) for assessing the quality of qualitative research in terms of confirmability, dependability, transferability and credibility.
- The credibility of the findings will be enhanced by cross-validation of the participants' statements in both interviews.
- Team meetings will enable articulation of reflexive dimensions in addition to field notes

## DATA ANALYSIS

Qualitative data will be managed and classified and ordered with the aid of NVIVO8 and using Roper & Shapira's (5) ethnographic analysis framework.

Analytical steps include:

- A) Coding for descriptive labels
- B) Sorting for patterns
- C) Identification of outliers or negative cases
- D) Generalizing: constructs and theories
- E) Memoing and reflective remarks
- F) Construction of a narrative which will inform our final report.



## DOCUMENTARY ANALYSIS & SYSTEMATIC LITERATURE REVIEW

Documentation of demographic profile

Systematic review:

- Transparent and replicable search strategy
- Review of peer-reviewed papers and key policy and theoretical papers primarily of Canadian context
- Data retrieval and storage in RefWorks
- Critical Appraisal Skills Program (CASP) for evaluating methodological quality <http://www.phru.nhs.uk/pages/phd/casp.htm>(3)

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