Internationally Educated Health Professionals: Why They Come, Why They Stay, and the Challenges They Face

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Submitted to the Psychology Department
in partial fulfillment of the requirements
for the Masters of Applied Social Psychology Degree, Faculty of Science

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September 2007

Abstract

Internationally educated health professionals (IEHPs) are an important component of the Canadian health care workforce. Canada relies heavily on IEHPs, particularly in rural and remote areas, to help solve labour shortages. Newfoundland and Labrador has one of the highest proportions of international medical graduates (IMGs) in the country. However, little research has been conducted on what attracts IEHPs to different regions of the country and the challenges to living and working in that region. Most of the research that has been conducted on this topic has focused on the issue of accreditation. This study, therefore, expands on the present literature and examines the reasons why IEHPs in Newfoundland and Labrador come to and stay in the province and the challenges that they face.

Acknowledgements

I would like to thank Scarlet Hann, Provincial Physician Recruitment Coordinator, Newfoundland and Labrador Health Boards Association for all her support and assistance on this project.

I would like to acknowledge the IEHP Atlantic Health Connection, a partnership of the provinces of Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island for the purpose of ongoing IEHP research, currently funded by Health Canada's IEHP initiative, for the development of this project in all the Atlantic Provinces, including the construction and online administration of the survey used in this study.

Finally, I would like to thank the IEHPs who took the time and effort to participate in this survey.

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It has been stated that the core of any health care system is the people who deliver care, referred to as health human resources. The term "health human resources" encompasses all those involved in the delivery of health care, such as nurses, doctors, physiotherapists, occupational therapists, medical radiation technologists, medical laboratory technologists, and pharmacists, as well as the range of other health care providers. The sustainability of Canada's health human resources is an issue that has received increased attention in recent years (Health Canada, 2006).

Internationally educated health professionals (IEHPs) are an important component of the Canadian health care workforce. They have historically helped Canada meet its demand for health professionals and are expected to continue to do so, given the continuing shortage of health professionals throughout the country (Health Canada, 2006). In the case of medicine, the proportion of physicians in Canada who were educated internationally is approximately one quarter (Audas, Ross, & Vardy, 2005; Bourgeault, 2007). The term "international medical graduate (IMG)" refers to physicians who have completed a medical degree at an educational institution outside of Canada and the United States. It includes individuals who are landed immigrants and individuals who are Canadian citizens with medical degrees from other countries (Health Canada, 2006; Szafran, Crutcher, Banner, & Watanbe, 2005).The proportion educated internationally is less in the case of nursing, ranging from between six to eight percent of Canadian nurses, but the numbers of internationally educated nurses (IENs) are greater than the numbers of IMGs (Bourgeault, 2007).

Many communities in Canada, particularly those in rural areas, suffer from a shortage of physicians because the distribution of physicians is inadequate and inequitable (Audas, Ross, & Vardy, 2005). The predominantly rural areas of Canada, especially within the provinces of Newfoundland, Saskatchewan, and Manitoba, remain proportionally underserved by Canadian medical graduates (Dauphinee, 2006). Canada therefore relies heavily on internationally educated health professionals, particularly in rural and remote area, to help solve labour shortages (Bourgeault, 2007). More international medical graduates are licensed to relieve physician shortages. Every Canadian province uses IMGs, although to varying degrees, to bridge the shortfall between the demand for primary health care and the supply of services by Canadian medical graduates (Audas, Ross, & Vardy, 2005).

Whereas 21.1% of Canadians reside in rural areas, only 9.4% of Canada's physicians do so. The number of physicians per 1,000 individuals is only 9.8 in rural areas, while it's 29.2 in urban areas. IMGs make up 26.3% of rural and 21.9% of urban physicians. They constitute 26.9% of family physicians in rural areas and 22.6% in urban areas. Further, in rural areas, the proportion of specialists who are IMGs exceeds the proportion of family physicians who are IMGs (Dauphinee, 2006).

However, there is great variability across the provinces in the proportion of internationally educated health professionals in the health care workforce. Saskatchewan and Newfoundland have the highest proportion of IMGs, while British Columbia and Ontario have the highest proportion of internationally educated nurses (Bourgeault, 2007).

The variability in the proportion of IMGs in the workforce is partly related to inter-provincial migration of physicians. The total number of physicians lost due to inter-provincial migration for Newfoundland, Manitoba, and Saskatchewan combined is almost five times the number who return. Two of these three provinces that are net losers of physicians, Newfoundland and Labrador and Saskatchewan, have the highest percentages of IMGs (Dauphinee, 2006).

The sources of both IMGs and IENs have shifted over time from developed to developing nations, reflective of overall immigration trends. The primary source countries for foreign medical graduates used to be the United Kingdom and Ireland, but this has recently shifted to South Africa. Internationally educated nurses come primarily from the Philippines and the UK (Bourgeault, 2007).

Internationally educated health professionals, therefore, come from diverse countries with various educational standards and working environments. Thus, they face numerous challenges in navigating through the licensure processes and integrating into the Canadian health care workplace (Health Canada, 2006). The challenge that is faced by internationally educated health professionals, which has received the most attention in the literature, is that of obtaining accreditation to work in their profession in Canada. This challenge results from a variety of issues including barriers to assessment, to training, and to practice (Szafran, Crutcher, & Banner, 2005).

There are many internationally educated professionals in Canada unable to practice their profession. Several barriers that have been identified by internationally educated health professionals include poor information available to prospective immigrants overseas, difficulty in having their educational credentials recognized, difficulty navigating through the policies, practices and procedures for registrations, and the time and costs associated with being assessed (Bourgeault, 2007). Another barrier is the shortage of re-entry training positions. In 2004, 680 IMGs qualified for training but there were only 80 re-entry positions (Eggertson & Sibbald, 2005).

This issue may arise from the fact that there are multiple stakeholders involved in policy related to internationally educated health professional integration, including ministries of immigration, human resources and health, professional regulatory bodies, educational institutions, and unions/professional associations. These organizations often have unaligned accountabilities. As a result, there is no nationally or provincially coordinated policy for integrating internationally educated health professionals into the health care system, while maintaining professional standards (Bourgeault, 2007).

Internationally educated nurses also face a number of serious barriers to practicing their profession in Canada. These barriers are often related to language issues, lack of Canadian workplace experience and mentorship, and the need for academic upgrading (Coffey, 2006).

The most obvious challenge faced by IENs is that of language. Language subtleties, notably in verbal communication, telephone conversation, the use of idioms, acronyms, abbreviations and specialized or technical language, and differences in nonverbal behaviours are the chief challenges (Murphy & McGuire, 2005).

A significant challenge that many IENs face upon entry into Canada and preparation for licensure is the navigation of information and requirements pertaining to becoming licensed in the country. For nurses who may not even be aware of the differences between the levels of government and the respective professional associations in Canada, there can be significant confusion and difficulty (Murphy & McGuire, 2005). There are differing entry to practice requirements between provinces and no pan-Canadian nursing registration qualifications (Sochan & Singh, 2007).

There are often problems with the application process due to language and cultural differences, resulting in delays, repeated requests, and overall confusion and frustration. As well, particularly in areas of the world where war and conflict has occurred, the retrieval of documents required for licensure can present an insurmountable barrier (Murphy & McGuire, 2005).

As well, IENs have specific needs related to the validation of their credentials. These include attaining language fluency, combining theory and practice, addressing educational deficiencies, and the provision of economic and psychosocial support (Sochan & Singh, 2007).

Another challenge faced by IENs is that they are often downgraded into lower professional classifications, which results in knowledge and skill exploitation by their new employers, while at the same time, being compensated for professional services at lower rates of pay than they would normally be entitled to (Sochan & Singh, 2007).

Nationally, there have been efforts to begin to address these issues, most recently through key partnerships between government and professional bodies at the national and provincial levels to create programs to help reduce barriers to timely integration. These efforts have prioritized international credential recognition through the establishment of a cross-ministerial federal program. There have also been moves toward a system of one-stop information sources, as well as toward the centralization, or national coordination, of integration processes (Bourgeault, 2007).

There have been a number of programs implemented to reduce barriers to IENs working in Canada. A review of one province's registration process for IENs led to

changes being implemented to streamline processes, including implementing a Prior Learning Assessment Review, online applications, reduced wait periods, flexible business hours, a requirement to demonstrate English fluency at the time of application rather than later in the process, a grace period for assessments, and to permit applicants to designate a third party representative (Brunke, 2007).

Following discussions with officials and politicians in the federal government, the Canadian Nursing Association created a regulatory framework to guide the process for registration and integration of international applicants. The framework identifies the infrastructure needed to facilitate the integration of nurses educated outside Canada. It also includes several components for which nursing regulatory bodies are responsible. The framework makes it clear that the individual nurse must have access to tools and resources. The supports for individual nurses have been trademarked under the title LeaRN. They include a preparation and study guide for the licensing exam, the Canadian Registered Nurse Examination Readiness Test, links to web-based courses on communication skills, language proficiency, nursing practice in Canada, and ethics. LeaRN resources also include information on immigrating to Canada, nursing regulations, the Canadian healthcare system, and the nursing labour market (Sweatman, Barry, Little, & Davies, 2003).

The framework also incorporates the assessment of credentials and competencies. It brings together information on international nursing education programs and streamlines the process for reviewing the credentials and competencies of international applicants. A number of different approaches are suggested by this framework. These include re-evaluating the approach to assessing equivalency and exploring the possibility of a national assessment centre (Sweatman, Barry, Little, & Davies, 2003).

Another strategy developed to reduce barriers for IENs was a BScN bridging program designed by York University. It addressed the following identified barriers: 1) lack of access to high-level, professionally relevant language instruction 2) lack of opportunity for Ontario workplace experience 3) lack of opportunity for professional mentorship, and 4) specific theoretical and/or clinical gaps, determined on an individual basis (Coffey, 2006).

The BScN for IENs was designed around an understanding of the unique needs of IENs, including 1) theoretical and clinical instruction that prepares students to be successful on the Canadian Registered Nurse Examination and the national nursing licensure examination in Canada and to practice safely and competently within the Ontario healthcare system, 2) English language assessment and support, and 3) acculturation to the context of Ontario nursing through both clinical experiences as well as formal and informal mentoring opportunities (Coffey, 2006).

The Internationally Educated Nurses Taskforce, established in 2004, brought together numerous Canadian nursing stakeholders and Health Canada to collaborate in

addressing the issues faced by internationally educated nurses. Nursing, along with the five other professions, identified a common need for development of an orientation program to the Canadian health care system for internationally educated health professionals. These professions worked collaboratively to begin the scoping and development of such a program and work will continue on this initiative (Health Canada, 2006).

The Internationally Educated Nurses Taskforce was created to help find solutions to the issues being faced by internationally educated nurses in Canada. The taskforce completed reports in areas identified for development including: a common information source, education, assessment and bridging, and data, including the concept of a personal identification number (Health Canada, 2006).

There have also been a number of initiatives designed to reduce barriers to IMGs working in Canada. Reducing these barriers that prevent international medical graduates from gaining accreditation has been presented as a key factor to solving the physician shortage (Eggertson & Sibbald, 2005). The College of Physicians and Surgeons of Saskatchewan passed bylaws that give foreign-trained doctors an extra year to pass the Medical Council of Canada Evaluating Examination and reduce the length of time they must commit to staying in a given community. These relaxed requirements were intended to make the province a more attractive destination for international medical graduates (Basky, 2001).

Recognizing the challenges faced by international medical graduates in Canada, the Canadian Taskforce on Licensure of International Medical Graduates was established. This taskforce was a key step in addressing the issues faced by IMGs in Canada (Health Canada, 2006).

The IMG Taskforce made six basic but broad-reaching recommendations to improve access and processes to facilitate licensure of IMGs. The recommendations of the IMG Taskforce were 1) increase capacity to assess and prepare IMGs for licensure, 2) work towards standardization of licensure requirements and processes between provincial jurisdictions, 3) expand and develop support programs to assist IMGs with the licensure process and requirements in Canada, 4) develop orientation programs to support faculty and physicians working with IMGs in enhancement programs, 5) develop capacity to track and recruit IMGs, and 6) develop a national research program, including evaluation of the IMG strategy (Dauphinee, 2006; Health Canada, 2006).

In response to these recommendations, Health Canada and Human Resources and Skills Development Canada, provided funding supporting increased provincial IMG assessment capacity, a central website of information for IMGs, a national consortium of IMG assessment programs and regulators to harmonize the assessment process across the country, a faculty development program for teachers of IMGs, an online self-assessment tool to assess readiness to write qualifying exams, a centralized foreign credential

verification service, and a new database to track IMGs which would provide data will help to guide policy development and program design (Health Canada, 2006).

Health Canada also created the Internationally Educated Health Professionals Initiative, in which provincial initiatives were approved for a range of innovative projects that address challenges facing professionals including nurses, doctors, physiotherapists, occupational therapists, medical radiation technologists, medical laboratory technologists, and pharmacists. The projects will help to create initiatives such as training and bridging programs, language programs, and orientation tools to promote the success of internationally educated health professionals in getting licensed and integrated into the workforce (Health Canada, 2006).

The Internationally Educated Health Professionals Initiative's strategic outcomes include 1) preparedness and integration, such that internationally educated health professionals are aware of the route to practice for their given profession, are oriented to the Canadian health care system, and can self assess readiness to write examinations, 2) assessment, specifically that credentials are verified and internationally educated health professionals have access to licensure assessments and examinations, 3) faculty development, so that faculty, clinical instructors, and community-based preceptors are trained and available to provide assessments and clinical training for internationally educated health professionals, 4) clinical placement, such that internationally educated health professionals have access to clinical placements and remediation programs, 5) integration to employment, meaning that internationally educated health professionals are able to integrate into the health workforce, and 6) regional collaboration, specifically, that jurisdictions collaborate to maximize impact of investments (Health Canada, 2006).

An extremely important strategy for reducing barriers for IMGs is the use of provisional licenses. The requirement for a physician to have completed postgraduate medical training in Canada is a significant obstacle for many IMGs wishing to obtain a full license. However, provisional licenses allow IMGs to practise without passing all of the Medical Council examinations and completing the requisite Canadian postgraduate medical training. Thus, many IMGs start their careers in Canada by practising under a provisional license (Audas, Ross, & Vardy, 2005). Regulatory bodies license some IMGs on a restricted basis, permitting them to practice only in areas of need in underserved areas such as Newfoundland and Labrador and Saskatchewan (Dauphinee, 2006).

In remote and under-serviced regions of Canada, medical services provided by provisionally licensed IMGs are vital. Typically, provisionally licensed IMGs are hired to meet an immediate shortfall of physicians. They obtain a provisional license to gain entry to practice and they tend to fill positions that Canadian medical graduates will not take (Audas, Ross, & Vardy, 2005).

Newfoundland and Labrador, like other Canadian provinces, has a difficult time finding primary care physicians to practice in rural communities. The province has historically relied on international medical graduates to serve in these areas (Basky, Mathews, Edwards, & Rourke, 2007). In 2003, fully and provisionally licensed IMGs constituted over half of the physician workforce in Newfoundland and Labrador (Audas, Ross, & Vardy, 2005).

International medical graduates currently make up nearly a quarter of all physicians working in Canada. Saskatchewan and Newfoundland and Labrador have the highest proportion of IMGs, while Quebec and Prince Edward Island have the lowest. Provisionally licensed IMGs currently make up about a third of the physician workforce in Newfoundland and Labrador, compared to approximately five percent across Canada (Basky, Mathews, Edwards, & Rourke, 2007).

Newfoundland and Labrador introduced provisional licensing as a means of addressing the physician shortage problem. It allows IMGs who do not yet have a full license to work in under-serviced rural areas, with the stipulation that they earn their license within three years. Candidates must be graduates of a recognized medical program, have passed the Medical Council of Canada evaluating exam and the first part of the Council's qualifying exam, and have a job offer approved by the College of Physicians and Surgeons of Newfoundland and Labrador (Basky, Mathews, Edwards, & Rourke, 2007).

However, there are some problems with the use of provisional licenses. A provisional license offers an expedient path to full licensure, even if it means working in a place that is not an IMG's preferred location. Upon receiving a full license, IMGs are mobile and many then relocate within Canada. IMGs who enter Canada through a provisional licensing program tend to move on to a larger urban centre after they have their full license (Basky, Mathews, Edwards, & Rourke, 2007). The evidence suggests that some provinces are 'entry points' for IMGs to obtain licensure and full mobility in Canada. Many communities thus face a regular and rapid turnover of physicians (Audas, Ross, & Vardy, 2005).

High physician turnover in rural and under-serviced regions is a serious problem in Canada. Continuity of care is highly correlated with a patient's satisfaction with the physician, and, as such, the relationship with a family physician is ideally long-term. When a family physician is present in a community for only a short period, a long-term relationship cannot be established (Audas, Ross, & Vardy, 2005).

The rapid turnover of newly qualified IMGs out of rural and remote areas is a particularly worrisome trend. Recruiting a new physician, particularly from abroad, is expensive. Replacing physicians every two years requires a considerable expenditure of financial resources that would be more efficiently spent on the actual provision of health care services (Audas, Ross, & Vardy, 2005).

On average, IMGs, graduates of Memorial University of Newfoundland's medical school, and graduates from other Canadian medical schools, work in Newfoundland and Labrador for 25 months. Half of both IMGs and Canadian medical graduates from schools other than Memorial leave the province after about 22 months. Physicians who graduated from medical school at Memorial University of Newfoundland stay in the province considerably longer. Half of these physicians stay 39 months before leaving (Basky, Mathews, Edwards, & Rourke, 2007).

Internationally trained doctors do not practice in Newfoundland and Labrador for very long after getting a medical license, but they stay as long as graduates of other Canadian medical schools. This supports the widely held theory that the province serves as an entry point for IMGs who go on to set up practice elsewhere in Canada (Basky, Mathews, Edwards, & Rourke, 2007).

There appear to be other factors besides the lack of religious/cultural opportunities that keep internationally trained doctors from putting down roots in Newfoundland and Labrador. Although other studies have suggested this is why IMGs choose not to stay, graduates of medical schools elsewhere in Canada move on just as quickly (Basky, Mathews, Edwards, & Rourke, 2007).

While research on the integration of internationally educated health professionals has generally focused on barriers to licensure, a study of all immigrants to Prince Edward Island examined the reasons why people come to settle and decide to stay in PEI, as well as the obstacles they face.

The attractive quality of life that living on PEI provides was the main reason identified for moving to the province. Being close to family, or to one's roots, was another important factor. Availability of or prospects for employment, affordable housing, slow pace of life, rural-urban balance, appeal of the ocean and beaches, and mild winters were also important reasons.

Immigrants cited hassle-free security, lower crime, shorter distances and commuting times, small town atmosphere, pleasant summers, and affordable housing as the main pull factors for moving to PEI, while big city life, with its dirt, noise, crime, and stress, was the key push factor causing people to move to the province.

Opinions about staying on PEI were more positive than opinions about coming to the province. While the attractive quality of life was the most important reason for both, the availability of attractive jobs was a more crucial consideration for actually staying in PEI. These reasons were followed in importance by the attraction of the province, the safe and welcoming neighbourhoods, affordable housing, and close family and friends in the province.

There were various obstacles attracting new individuals to PEI that were identified. The most common reasons were economic: the absence of good, challenging, specialized, well-paying, and non-seasonal employment opportunities. Next was the perceived social conservatism of the province, which also impacted on employment opportunities. These were followed by concerns about health, such as the nature and quality of general and specialized health care and a shortage of medical personnel. Also, the choice, cost, frequency and reliability of transportation and the limited range of cultural, sport, shopping and other activities and services were identified as challenges for attracting individuals to the province (Baldacchino, 2006).

The present study will examine the reasons internationally educated health professionals in Newfoundland and Labrador choose to come to and stay in Atlantic Canada, as well as factors that they view as posing potential obstacles to attracting other internationally educated health professionals to the region.

Method

Participants

The participants in this study were 10 internationally educated health professionals (IEHPs) currently living and working in Newfoundland and Labrador, Canada. There were two physicians, four nurses, and one social worker. Three respondents did not identify their profession. They had been living in Newfoundland and Labrador for a mean of 15.78 years (SD = 13.94) and the length of time living in Newfoundland and Labrador ranged from 0 years to 41 years. Survey respondents consisted of 8 females and 2 males. Respondents ranged in age from 30-39 years old to 60 plus years old. The largest number of survey respondents were between the ages of 50 and 59 years (n = 5, 50.0%), followed by both 30 to 39 years and 60+ years (n = 2, 20.0%), and lastly, 40 to 49 years (n = 1, 10%). Three respondents (30.0%) indicated that they considered themselves to belong to a visible minority in Atlantic Canada. Respondents most commonly reported living in a small town location (n = 4, 40.0%), followed by an urban location (n = 3, 30.0%), a rural location (n = 2, 20.0%), and a suburban location (n = 1, 10.0%).

Participants were recruited through their respective provincial professional associations, the Newfoundland and Labrador Association of New Canadians, and Provincial Physician Recruitment, Newfoundland and Labrador Health Boards Association (NLHBA). Therefore, the number of individuals who received invitations cannot be determined. Those included received their professional education in a country other than Canada, and were currently residing in Newfoundland and Labrador.

Materials

A survey consisting of questions relating to demographic information, reasons for coming to Atlantic Canada, reasons for staying in Atlantic Canada, and obstacles to attracting internationally educated health professionals to Atlantic Canada was

administered (see Appendix 1). The questionnaire included both open-ended and closed-ended questions. The closed-ended consisted of both multiple choice questions and Likert-type scale questions. This survey was developed and administered online by the IEHP Atlantic Connection, a partnership of the provinces of Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island for the purposes of ongoing IEHP research, funded by Health Canada's Internationally Educated Health Professionals Initiative.

Procedure

Internationally educated health professionals in Newfoundland and Labrador were sent an invitation to complete the survey online. Invitations were distributed by e-mail through provincial professional associations and the Association of New Canadians. A limited number of invitations were also distributed directly, by e-mail and/or mail. The survey began with multiple choice and free response questions on demographic information. The following sections consisted of free response and Likert-type questions examining reasons for coming to Atlantic Canada, reasons for staying in Atlantic Canada, and challenges / obstacles to attracting internationally educated health professionals to the region.

Results

Reasons for Coming to Atlantic Canada

Responses were coded from 1 to 5 such that 1 indicated that a statement had no relevance to the decision to move to Atlantic Canada, 2 indicated that a statement had only a minor relevance to the decision to move to Atlantic Canada, 3 indicated that a statement had a moderate relevance to the decision to move to Atlantic Canada, 4 indicated that a statement had a major relevance to the decision to move to Atlantic Canada, and 5 indicated that a statement was a crucial reason behind the decision to move to Atlantic Canada. The mean and standard deviation for each item are presented in Table 1.

There were only two reasons that were rated above the median of the scale. The overall welcoming society of Atlantic Canada was rated as the most important reason for coming to Atlantic Canada. The next most important reason was the attractive quality of life in Atlantic Canada. These reasons were followed by an attractive job available in Atlantic Canada, suitable and affordable housing, suitable and affordable health services, suitable and affordable programs for ongoing professional development, attractive job prospects in Atlantic Canada, then suitable and affordable schooling and close friends and relatives in Atlantic Canada, and lastly members of the same church/religion in Atlantic Canada.

All responses to the open ended question that were provided simply stated the reason that the respondents had chosen to come to Atlantic Canada/Newfoundland and Labrador. Some other reasons for coming to Atlantic Canada were identified in the

responses to the open ended question. These included coming with a spouse, and coming for an adventure.

Reasons for Staying in Atlantic Canada

Responses were coded from 1 to 5 such that 1 indicated that a statement had no relevance to the decision to stay in Atlantic Canada and 5 indicated that a statement was a crucial reason behind the decision to stay in Atlantic Canada. The mean and standard deviation for each item are presented in Table 2.

There were a number of important reasons identified for staying in Atlantic Canada. The most important reason was the attractive quality of life, followed by feeling welcome in the neighbourhood, Atlantic Canada is a safe region to raise a family, there are attractive jobs available, and there is suitable and affordable housing in Atlantic Canada. These reasons were followed by having close friends and relatives in Atlantic Canada and suitable settlement services, then attractive job prospects in the region and suitable and affordable health services, then suitable and affordable professional development and training experiences, suitable and affordable educational services, suitable orientation programs to non-Canadian medical and/or paramedical staff, and lastly suitable language training and members of the same church/religion in Atlantic Canada.

The reasons for staying in Atlantic Canada identified in the responses to the open ended question all related to forming social bonds. All respondents reported that they liked the welcoming people, felt connected to the community, or even married someone in the province.

The respondent who indicated that they were leaving Atlantic Canada stated that the reason they were not staying was to be near family who are living elsewhere in Canada.

Obstacles to Attracting IEHPs to Atlantic Canada

Responses were coded from 1 to 5 such that 1 indicated that a statement has absolutely no impact on attracting internationally educated health professionals to Atlantic Canada and 5 indicated that a statement has a crucial impact on attracting internationally educated health professionals to Atlantic Canada. The mean and standard deviation for each item are presented in Table 3.

There were only a few potential obstacles to attracting internationally educated health professionals to Atlantic Canada that were rated as having much of an impact. Three obstacles were rated above the median of the scale. The highest rated obstacle was flights from/to the region are few, expensive, and inconvenient, followed by goods and services are more limited in choice and yet more expensive, and then salaries and wages are lower than in the rest of Canada. These obstacles were followed by meaningful and challenging training opportunities for health professionals are lacking and the quality of

education is not up to standard, then Atlantic Canada is small, isolated, and remote, then there is a lack of cultural diversity in Atlantic Canada, there are insufficient health professionals, and there are no suitable orientation programs for non-Canadian health professionals. These are then followed by meaningful and challenging employment opportunities for health professionals are lacking and there are too few people from other countries, then the weather is too harsh and challenging, then there is a lack of ethnic foods and restaurants, then there is unsatisfactory language service assistance, then the quality of health care is not up to standard and newcomers do not really feel welcome, and lastly there are unsatisfactory settlement services.

One other obstacle to attracting internationally educated health professionals to Atlantic Canada that was identified in response to the open-ended question included difficulty with the immigration system.

Discussion

Responses to this survey indicated that the most important reasons indicated by internationally educated health professionals in Newfoundland and Labrador for coming to and staying in Atlantic Canada are cultural/societal reasons such as a welcoming neighbourhood/society, an attractive quality of life, and a safe place to raise a family. These factors are more important even than having an attractive job available. Most services were of moderate importance as the reasons to come to or stay in the region. Members of the same church/religion in the area was the least important reason for coming to and staying in the region. However, while having friends and relatives in the region was one of the least important reasons for coming to Atlantic Canada, it was of moderate importance as a reason to stay in the region, indicating that individuals were able to develop strong connections with other residents of the region after their arrival.

Consistent with this, responses to the survey further indicated that the type of welcome provided to newcomers to this province is an issue that is one of the least likely to pose an obstacle to attracting internationally educated health professionals to Atlantic Canada. Other potential obstacles that were rated as having particularly little impact on attracting internationally educated health professionals related to services such as settlement assistance and the quality of health care. In fact, most potential obstacles to attracting internationally educated health professionals, that were included in the survey, were rated as having little impact.

On the other hand, economic obstacles were indicated as posing the greatest impact on the ease of attracting internationally educated health professionals. Specifically, the fact that flights from/to the region are few, expensive, and inconvenient, goods and services are more limited in choice and yet more expensive, and salaries and wages are lower than in the rest of Canada were identified as obstacles that would have the most impact on attracting internationally educated health professionals to Atlantic Canada.

Limitations

There are a number of limitations to this study. Most important, is the small number of responses that were obtained for this survey. This is partially due to the limited number of internationally educated health professionals in Newfoundland and Labrador. For most professions, exact numbers could not be obtained, either due to the fact that the profession is not regulated provincially or the provincial association would not release the information. However, the two professions for which numbers were obtained had very few internationally educated health professionals; there are no internationally educated licensed practical nurses (LPNs) in this province and only two internationally educated pharmacists.

However, this small number of internationally educated health professionals in Newfoundland and Labrador does not entirely account for the low number of survey responses received. While exact numbers could not be obtained, there are over 30 internationally educated registered nurses in this province and approximately 70 IMGs. Therefore, there was also a low response rate for this survey. This low response rate limits the generalizability of the responses obtained in the survey.

Additionally, the lack of information concerning how many internationally educated health professionals there are in this province and how many were invited to complete the survey is a critical limitation. This is a serious issue for drawing conclusions from the data, as it impedes the calculation of the response rate and, thus, the determination of the generalizability of the results. It would therefore be advantageous to attempt to collect further information on what is the potential sample for this survey.

Another limitation of the survey was that not all the respondents completed all sections of the survey. Specifically, the questionnaire was arranged such that the demographic information was at the beginning and two of the ten respondents stopped the survey before completing this section and therefore did not complete the sections of the survey examining their reasons for coming to, and staying in, the province, and obstacles to attracting internationally educated health professionals.

Additionally, the survey did not address the issue which has received the most attention on this topic, specifically, the difficulty for internationally educated health professionals to have their foreign credentials recognized in Canada. For most health professionals, this is a process that is regulated on a provincial basis, so it may play a key role in attracting internationally educated health professionals to this region. However, this was not examined in this survey.

Future Research

These preliminary results indicate that further data collection will provide valuable information on the reasons why internationally educated health professionals choose to come to and stay in Atlantic Canada and the challenges they face.

Therefore, this survey will be continued during the coming months to obtain further responses and strengthen the generalizability of the results. A higher response rate will also allow for comparisons between different groups of internationally educated health professionals in Newfoundland and Labrador.

Additionally, it will useful to collect information on the potential sample for this survey. This will support statements regarding the generalizability of the results.

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Table 1
The Mean and Standard Deviation of Rated Importance of Reasons for Coming to Atlantic Canada (N = 8)

Statement	Mean	Standard Deviation
There was an attractive job available in Atlantic Canada	2.63	1.69
There were attractive job prospects in Atlantic Canada	2.00	1.16
We had relatives and friends already in Atlantic Canada	1.43	0.79
We had members of the same church/religion in Atlantic Canada	1.00	0.00
Atlantic Canada offered suitable and affordable health services	2.17	1.60
Atlantic Canada offered suitable and affordable schooling	1.43	0.79
Atlantic Canada offered suitable and affordable programs for ongoing professional development	2.14	1.46
Atlantic Canada offered suitable and affordable housing	2.43	1.62
Atlantic Canada was an overall welcoming society	3.86	1.46
Atlantic Canada offered an attractive quality of life	3.71	1.50

Table 2
The Mean and Standard Deviation of Rated Importance of Reasons for Staying in Atlantic Canada (N = 7)

Statement	Mean	Standard Deviation
I have an attractive job available in Atlantic Canada	3.86	1.68
I have attractive job prospects in Atlantic Canada	2.83	1.72
I have close relatives and friends already in Atlantic Canada	3.00	2.19
I have members of the same church/religion in Atlantic Canada	1.67	1.63
Atlantic Canada offers suitable and affordable health services	2.83	1.33
Atlantic Canada offers suitable and affordable educational services	2.50	1.38
Atlantic Canada offers suitable and affordable professional development and training experience	2.67	1.37
Atlantic Canada offers suitable orientation programs to non-Canadian medical and/or paramedical staff	2.17	1.84
Atlantic Canada offers suitable and affordable housing	3.60	0.89
Atlantic Canada suitable settlement services	3.00	1.58
Atlantic Canada offered an attractive quality of life	4.80	0.45
We feel welcome in our neighbourhood	4.50	0.84
Atlantic Canada is a safe region to grow a young family	4.00	1.73
Atlantic Canada offers suitable language training	1.67	1.56

Table 3

The Mean and Standard Deviation of Rated Impact of Obstacles to Attracting Internationally Educated Health Professionals to Atlantic Canada (N = 8)

Statement	Mean	Standard Deviation
Atlantic Canada is small, isolated and remote	2.71	1.60
There is a lack of cultural diversity in Atlantic Canada	2.50	1.38
Atlantic Canada does not offer satisfactory settlement assistance	1.25	0.50
Atlantic Canada does not offer satisfactory language service assistance	1.67	1.16
Goods and services are limited in choice and yet more expensive in Atlantic Canada	3.17	1.72
The quality of education in Atlantic Canada is not up to standard	2.80	1.10
The quality of health care in Atlantic Canada is not up to standard	1.50	0.84
Atlantic Canada has insufficient health professionals	2.50	1.29
Meaningful and challenging employment opportunities for health professionals in Atlantic Canada are lacking	2.25	1.89
Meaningful and challenging training opportunities for health professionals in Atlantic Canada are lacking	2.80	2.05
The weather in Atlantic Canada is too harsh and challenging	2.00	1.67
Atlantic Canada does not offer suitable orientation programs to non-Canadian health professionals	2.50	1.52
Newcomers do not really feel welcome in Atlantic Canada	1.50	0.84
There are too few people from other countries in Atlantic Canada	2.25	1.50
There is a lack of ethnic food & restaurants in Atlantic Canada	1.80	1.30
Salaries & wages in Atlantic Canada are lower than in the rest of Canada	3.14	2.04
Flights from/to the region are few, expensive, and inconvenient	3.75	1.83

Appendix 1
Survey Questionnaire (text only)

Internationally Educated Health Professionals in Atlantic Canada: Why They Come, Why They Stay and the Challenges They Face

Gender: Female □ Male □

Age: Less than 20 □ 20-29 □ 30-39 □

40-49 □ 50-59 □ 60 plus □

Year you moved to Canada: _ _ _ _

If you moved to Canada more than once, please describe:

_____

Year you moved to your current province of residence: _ _ _ _

Current province of residence: NB □ NL □ NS □ PEI □

Are you currently living in an urban □, suburban □, small town □, or rural □ location?

What is your current professional title? (Choose one and describe further if necessary):
Doctor/ Medical Specialist □
Medical Laboratory Technician □
Medical Radiation Technician □
Nurse □
Occupational Therapist □
Pharmacist □
Physiotherapist □
Other (please specify) □
Would you consider yourself to belong to a 'visible minority' in Atlantic Canada?
Yes □ No □

Rank on a scale from 1 to 5 how important the following statements have been to YOU in determining your decision to COME to Atlantic Canada.

Choose 1 if the statement had no relevance to your decision to move to Atlantic Canada;
Choose 2 if the statement had only a minor relevance to your decision to move to Atlantic Canada;
Choose 3 if the statement had a moderate relevance to your decision to move to Atlantic Canada;

Choose 4 if the statement had a major relevance to your decision to move to Atlantic Canada; and
Choose 5 if the statement was a crucial reason behind your decision to move to Atlantic Canada.
Choose DK (don't know) if you have no answer or no opinion about the statement.

(Please mark all statements:)

a) There was an attractive job available in Atlantic Canada: 1 2 3 4 5 DK
b) There were attractive job prospects in Atlantic Canada: 1 2 3 4 5 DK
c) We had relatives & friends already in Atlantic Canada: 1 2 3 4 5 DK
d) We had members of the same church/religion in Atlantic Canada: 1 2 3 4 5 DK
e) Atlantic Canada offered suitable and affordable health services: 1 2 3 4 5 DK
f) Atlantic Canada offered suitable & affordable schooling: 1 2 3 4 5 DK
g) Atlantic Canada offered suitable & affordable programs for ongoing professional development: 1 2 3 4 5 DK
h) Atlantic Canada offered suitable and affordable housing: 1 2 3 4 5 DK
i) Atlantic Canada was an overall welcoming society: 1 2 3 4 5 DK
j) Atlantic Canada offered an attractive quality of life: 1 2 3 4 5 DK

Can you tell us, in as much detail as you can, the story behind your decision TO COME TO ATLANTIC CANADA

_____

Are you planning to leave your current province of residence? Yes □ No □

Are you planning to leave Atlantic Canada? Yes □ No □
If yes, please tell us WHY you are planning to leave, in as much detail as you can.

Rank on a scale from 1 to 5 how important the following statements have been to you in determining your decision to STAY (so far) in Atlantic Canada.

Choose 1 if the statement had absolutely no relevance to your decision to stay in Atlantic Canada.
Choose 2 if the statement had only a remote relevance to your decision to stay in Atlantic Canada.
Choose 3 if the statement had a minor relevance to your decision to stay in Atlantic Canada.
Choose 4 if the statement had a major relevance to your decision to stay in Atlantic Canada.
Choose 5 if the statement was a crucial reason behind your decision to stay in Atlantic Canada.
Choose DK (don't know) if you have no answer or no opinion about the statement.

(Please mark all statements.)

a) I have an attractive job available in Atlantic Canada: 1 2 3 4 5 DK
b) I have attractive job prospects in Atlantic Canada: 1 2 3 4 5 DK
c) I have close relatives & friends already in Atlantic Canada: 1 2 3 4 5 DK
d) I have members of the same church/religion in Atlantic Canada: 1 2 3 4 5 DK
e) Atlantic Canada offers suitable and affordable health services: 1 2 3 4 5 DK
f) Atlantic Canada offers suitable & affordable educational services: 1 2 3 4 5 DK
g) Atlantic Canada offers suitable & affordable professional development & training experience: 1 2 3 4 5 DK
h) Atlantic Canada offers suitable orientation programs to non-Canadian medical and/or paramedical staff: 1 2 3 4 5 DK
i) Alantic Canada offers suitable and affordable housing: 1 2 3 4 5 DK
j) Alantic Canada offers suitable settlement services: 1 2 3 4 5 DK
k) Alantic Canada offers an attractive quality of life: 1 2 3 4 5 DK
l) We feel welcome in our neighbourhood: 1 2 3 4 5 DK
m) Atlantic Canada is a safe region where to grow a young family: 1 2 3 4 5 DK
n) Atlantic Canada offers suitable language training: 1 2 3 4 5 DK

Can you tell us, in as much detail as you can, the story behind your decision to STAY in Atlantic Canada:

_____

Every location presents challenges to potential newcomers. Rank on a scale from 1 to 5 how YOU would consider the following issues to be obstacles or problems to ATTRACTING OTHER internationally educated health professionals to Atlantic Canada.

Choose 1 if you feel that the statement has absolutely no impact;
Choose 2 if you feel that the statement has a minor impact;
Choose 3 if you feel that the statement has a moderate impact;
Choose 4 if you feel that the statement has a major impact; and
Choose 5 if you feel that the statement has a crucial impact.
Choose DK (don't know) if you have no answer or no opinion about the statement.

(Please mark all statements:)

a) Atlantic Canada is small, isolated and remote: 1 2 3 4 5 DK
b) There is a lack of cultural diversity in Atlantic Canada: 1 2 3 4 5 DK
c) Atlantic Canada does not offer satisfactory settlement assistance: 1 2 3 4 5 DK
d) Atlantic Canada does not offer satisfactory language service assistance: 1 2 3 4 5 DK
e) Goods and services are limited in choice and yet more expensive in Atlantic Canada: 1 2 3 4 5 DK

f) The quality of education in Atlantic Canada is not up to standard: 1 2 3 4 5 DK
g) The quality of health care in Atlantic Canada is not up to standard: 1 2 3 4 5 DK
h) Atlantic Canada has insufficient health professionals: 1 2 3 4 5 DK
i) Meaningful and challenging employment opportunities for health professionals in Atlantic Canada are lacking: 1 2 3 4 5 DK
j) Meaningful and challenging training opportunities for health professionals in Atlantic Canada are lacking: 1 2 3 4 5 DK
k) The weather in Atlantic Canada is too harsh and challenging: 1 2 3 4 5 DK
l) Atlantic Canada does not offer suitable orientation programs to non-Canadian health professionals: 1 2 3 4 5 DK
m) Newcomers do not really feel welcome in Atlantic Canada: 1 2 3 4 5 DK
n) There are too few people from other countries in Atlantic Canada: 1 2 3 4 5 DK
o) There is a lack of ethnic food & restaurants in Atlantic Canada: 1 2 3 4 5 DK
p) Salaries & wages in Atlantic Canada are lower than in the rest of Canada: 1 2 3 4 5 DK
q) Flights from/to the region are few, expensive and inconvenient: 1 2 3 4 5 DK

What would you consider to be the main obstacle(s) or problem(s) to attracting other internationally trained health professionals, like yourself, to Atlantic Canada?

_____

Thank You very much for your participation in this study.