Challenges faced by Internationally Educated Health Professionals on Prince Edward Island

A Research Report for IEHP Atlantic Connection[1]

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The Internationally Educated Health Professional (IEHP) Initiative is a Health Canada project mandated to deliver on the First Ministers Ten Year Plan; a commitment to reduce wait times and increase the supply of health professionals to the Canadian Health Care system. The federal government committed $75 million in its 2005 Budget over five years (2005/06-2009/10) to support provincial and territorial activities that will permit IEHPs to integrate into the workforce.

The **IEHP Atlantic Connection** Internationally Educated Health Professionals Initiative (IEHPI) has been underway in Atlantic Canada since May 2005. Through IEHPI, Health Canada is providing funding to the Departments of Health of the four Atlantic Provinces for various collaborative projects.

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1. Acknowledgements

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A brief exploratory paper on the background to this study was published in a special thematic issue of *Canadian Themes* (Baldacchino *et al*., 2007). We thank John Biles, Julie Boyer and Erin Tolley (Citizenship and Immigration Canada) for encouraging us to take this opportunity to publish some ideas about what was then even more of a 'work-in-progress'.

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Godfrey Baldacchino ***Michelle Hood***

2. Executive Summary

Health issues would not tend to feature highly amongst the list of features that lure and attract newcomers to Atlantic Canada: but they discourage immigrants from moving in, or residents from staying, when health provision is deemed to be below expected levels of service. Health, therefore, figures as one of the concerns of immigrants (Canadian and non-Canadian, men and women, and across all age cohorts) deciding whether to stay in Atlantic Canada. Major disappointment and frustration are expressed with respect to the non-availability of a family doctor, and/or the non-availability of, or uncertainty about, specialized care and surgical procedures. Moreover, in areas that have relatively sparse and scattered populations that are remote from urban centres, health professionals can develop dangerous levels of work-related stress, plus much reduced opportunities for specialization or any form of non-experience driven professional development.

The attraction and retention of *internationally educated health professionals* is an obvious strategy to address shortfalls in specialized human health resources in the region. For example, the proportion of foreign trained medical graduates registered on Prince Edward Island was 27.8% in 2005, up from 14.7% in 2001.

This report is based on a qualitative study of the challenges that are faced by internationally educated health professionals in coming, staying and settling on PEI and in Atlantic Canada. 39 IEHPs (which constitute just over 54% of the total known population of IEHPs on PEI) responded during 2007 to a survey questionnaire which sought to evaluate the combination of socio-cultural, economic-fiscal, educational-linguistic and (especially) professional and labour market hurdles that are faced by IEHPs that seek to practise on the island and in the region. The study profiles IEHPs on Prince Edward Island in 2007, presents and discusses their stories in order to illustrate the challenges that they face in establishing themselves professionally, while clarifying some of the complex issues that may prevent a satisfactory management or resolution of these same challenges. This study is also one which should contribute to the ongoing exploration of whether there are significant generic or shared features of IEHPs as professionals that can usefully be addressed as such.

With a very small population base, and with limited possibility to call on human resource supports, health and other specialists on PEI must often be willing to somewhat broaden their expertise and

tolerate some flexibility to perform their work. The consequences of this can be very demoralizing to these professionals: they include limited access to professional training and updates: PEI is the only province in Canada without a medical school, without a school of dentistry, and with only a recently set up School of Nursing offering some undergraduate programs. Consequences of the dearth of specialization include: a requirement to move off island for professional development as well as for securing most required professional qualifications; working without collegial backup; high turnover rates of key staff; copious and tedious paperwork; and significant levels of burnout and exhaustion.

The 39 survey respondents were members of immigrating families or households that brought at least 113 persons into Canada. They claim fluency in no less than 17 different languages, the most commonly spoken being Spanish, Cantonese and Arabic. Twelve of the respondents classify themselves as members of visible minorities: Asian, Indian and Chinese being the most common. They report being born in 21 different countries, the most common being the USA, China, Colombia and India. Only 8 out of the 39 respondents moved to PEI before the year 2000, confirming the relatively low likelihood of immigrants staying on PEI over time. At least 9 respondents claimed to have furthered their health professional training (including refresher courses, but also medical specialty fellowships) *after* having migrated to Canada.

The reasons explaining the manner in which these health professionals found their way to Prince Edward Island can be categorized into three: in the case of refugees, their province of destination was allocated to them; others were recruited specifically to work in the PEI health sector; while most came to the island province of their own accord, having moved even without having any definite job offers, and without close relatives or friends already in the region, doing so mainly via the Provincial Nominee Program.

The IEHPs in this study agree with newcomers to PEI surveyed in 2005 in assigning *highest* priority to the fact that PEI, and Atlantic Canada generally, constitute an overall welcoming society and offer an attractive quality of life. The two sets of respondents also agree by scoring the same statement *lowest*: the presence of members of the same church or religion on the island or in the region is not a significant factor behind their move to PEI and Atlantic Canada. In contrast, very few IEHPs had any family or friends on PEI or in Atlantic Canada generally, before they immigrated. Some 19% of respondents admit that they are planning to move away from PEI and/or Atlantic Canada. Professional

development for themselves or their children which is not available on PEI or the region, the draw of their former home, or the frustration of failing to integrate well within the local community, are the main reasons cited. Moreover, if one member of an immigrant household is frustrated or disappointed by his/her settlement experience, this is likely to push the whole family to move and re-settle elsewhere.

The general 'draw' of the island may act to encourage IEHPs to stay; however, this is not necessarily complemented by one's professional experience. Respondents identify challenges in securing equivalence for credentials obtained out-of-province/country, in obtaining licensure, and in practising 'alternative' medicine.

Actual or potential job opportunities for IEHPs were strong inducements for coming to the province/region, but become less of a priority once established on PEI/Atlantic Canada. Safety, affordable housing, welcoming communities/ neighbourhoods and a generally attractive 'quality of life' are assigned a higher priority.

Such responses may be partly a compensatory response to frustrations associated with unsatisfactory professional status and career prospects. Significantly, just over half the total sample of IEHP respondents were either unemployed or underemployed at the time of the study. Some IEHPs are clearly angry and deeply disappointed with the reception they have been given. Their responses suggest that they are led to believe that IEHPs are automatically considered to be insufficiently qualified to practise on PEI or in Atlantic Canada. Non-familiarity of most IEHPs with "the island way" and poor workplace integration can easily be misconstrued as incompetence, or as an inability or unwillingness to "fit in".

The respondents argue that four out of the five strongest challenges to attracting other health professionals to the island or the region concern health human resources and delivery services. The quality of health care *per se* is not seen to be an issue; however, the number of health professionals in the region is not seen to be adequate; both meaningful employment and training opportunities in the region are seen to be lacking; and Atlantic Canada is not deemed to be offering suitable orientation programs to non-Canadian health professionals. The number of profession-related obstacles or

problems cited by respondents as obstacles towards attracting other IEHPs to the island or region easily surpasses the number of all other obstacles or problems put together. These include:

- Inability to keep up-to-date professionally
- Non-recognition of health credentials obtained elsewhere
- Too many challenges towards obtaining health credentials
- Too many challenges towards securing licensure
- Opportunities for professional practice, internships, orientation and training are not available, or not available enough, for IEHPs
- Unable to secure (suitable) employment
- Insufficient information about local employment opportunities
- Lack of full time positions with full benefits
- Lower pay scale

The respondents also identify the need for *family* focused (and not just IEHP focused) retention strategies. The spouse of an IEHP could very well also be an IEHP, lawyer, professor, educator, engineer . . . When only one of the spouses secures a job, this can lead to increased tension in the household, with the other partner unable to procure viable employment in accordance with skills, experience, education and expectations. Such frustrations increase the likelihood of family resettlement.

This study clearly confirms some of the major, well-documented barriers to health licensure experienced by health professionals trained outside Canada: insufficient information about licensure requirements and process; inadequate access to preparation materials for licensure examinations; limited avenues to gain Canadian experience in the profession, difficulty finding meaningful interim employment; and lack of occupational proficiency in English. The challenges are compounded by the small size of Prince Edward Island (which leads to the absence of specialized professional development opportunities; stronger environmental pressures for broadening specializations and working with reduced staff support) and its still fairly homogenous 'White, Anglo, Christian, and Straight' culture (which makes the settlement experiences of immigrants, especially those belonging to visible or religious minorities, especially tough). Note, for example, that PEI still does not have a single Mosque: only a Muslim praying room is available in downtown Charlottetown, and only since 2006.

Recommendations include: shifting screening procedures for IEHPs from being credential based to being performance based; providing additional opportunities for volunteering, apprenticeship,

mentorship and other experience-based programs; and putting explicit bridging pathways in place to guide and inform would-be applicants of the due process to be pursued, with options always open to consider individual case on their own merit.

While a policy for repatriating Island born and bred health professionals is worth pursuing, it should not lead to indifference and policy inaction in the face of the plight and situation of IEHPs, so many of whom may already be living on PEI, or in the region.

The reasons why IEHPs do not tend to stay on PEI and in Atlantic Canada may have much more to do with their actual experience as immigrants on the island and the region, than with their assumed predisposition to leave for the multicultural metropolitan heartlands of the country. Some respondents are clearly disappointed with the local administration of the health care system and harbour a sense of personal aggravation. Most IEHPs, however, remain hopeful and conclude their responses to this study with candid and constructive appeals for practical and flexible solutions towards the proper integration of IEHPs into the local and regional labour market.

3. Preamble

> "Canada is the home of public health care, curling, Codco, and the NDP", (Solomon, House of Commons Debate, May 2000, *quoted in* McGregor, 2003: 283).

There is nothing quite as daunting, gripping, energizing or frustrating to discuss as the state of Health Care in Canada today. It is the stuff of myth, legend and nation building, since the country's free public health care system has become integral to Canadian culture, and one of its defining characteristics. Only two other countries have such "powerful symbols of national identity": Cuba and North Korea (Buckstein, 2005). It is a galloping economic concern, since the health care budget is the largest annual regular outlay of government expenditures: the estimated *per capita* amount of spending on health care by the Canadian state in 2006-7 was Can$2,931, an increase of 4.5% over 2005-6 (Chandrasekere, 2007b: 2); health care already absorbs over 10% of the annual state budget, and is forecasted to expand further. While most Canadians support the tenets of the *Canada Health Act*, in as much as the principle of universal basic health care for all citizens is concerned, there is no real widespread agreement on what it means or stands for. No wonder therefore that Health Care in Canada remains also a subject of perennial debate and anxiety at each level of government and civil society: the behemoth is a 'work in progress' which - given its iconic stature - simply cannot fulfil the expectations of many Canadians and leaves much to be desired, whether in terms of levels of care, location and choice of treatment, shortage of health professionals, preventive versus curative care, traditional versus complimentary medicine, or speed of delivery and wait times. It consumes hours of airtime and tons of print as it is debated avidly, including during provincial or federal election campaigns. All told, Health Care in contemporary Canada is in some respects both a sacred cow and a Gordian knot: a source of national prestige but also an intractable problem; but one not likely to be resolved with a single bold stroke.

Indeed, the issues surrounding health care policy, delivery and sustainability in Canada are too numerous and complex to mention. This report focuses deliberately on the quantity and quality of *health human resources* (HHR), and specifically on the challenges that *internationally educated health professionals* (IEHPs) meet and face as they enter and seek to settle into Canadian society and its labour market. ('Health human resources' encompass all those involved in the delivery of health care. They include registered nurses, licensed practical nurses, registered psychiatric nurses,

physicians, medical specialists, physiotherapists, occupational therapists, medical radiation technologists, medical laboratory technologists, and pharmacists.)

Health Canada has been working with the provinces, territories and other key health-related organizations to improve HHR planning and coordination. This program includes better attempts at health professional retention, and the repatriation of Canadian health professionals working elsewhere (*e.g*. Levin, 2007; CMAJ, 2007); as well as IEHP recruitment and retention. This cooperation occurs at a time during which the overall sustainability of Canada's health human resources has received increased attention (Health Canada, 2006a). The move towards a more dynamic HHR strategy builds upon the work of the Romanow Commission, and the Senate Committee chaired by Michael Kirby, which both critically reviewed Canada's health-care system and made various recommendations for its improvement (Romanow, 2002; Kirby, 2003). The strategy is also one of the primary initiatives to emerge from the 2003 First Ministers' Accord on Health Care Renewal, a commitment enhanced in 2004 with the signing of a 10-Year Plan that made timely access to quality health care a national priority (Health Canada, 2006b). In 2005, the Federal Government launched the *Internationally Trained Workers Initiative* to deliver on its commitment to improve the integration of immigrants and internationally trained Canadians into the workforce. This includes the *Internationally Educated Health Professionals Initiative*, through which Government is working with provinces, territories and stakeholders to enable more internationally educated health professionals to put their skills to work in Canada's health system, in turn helping to address shortages of health professionals and assisting efforts to reduce wait times for care (Health Canada, 2006c). This federal scheme is helping develop training, bridging programs, language programs, and orientation tools to promote the success of internationally educated health professionals in getting licensed and suitably integrated into the Canadian workforce.

4. This Report

Using original survey data recently collated voluntarily from internationally educated health professionals currently residing on Prince Edward Island (PEI), this report provides:

- contextually nuanced information about the complex raft of cultural, linguistic and occupational issues that need to be confronted and navigated for a successful settlement by these IEHPs in PEI, and for the successful practice of their profession;

- actual commentaries by IEHPs – protected by anonymity and confidentiality - that nevertheless speak to real stories, experiences and perceptions about the licensure process and their settlement experience generally;

- evaluates the combination of socio-cultural, linguistic, economic-fiscal and professional hurdles that are faced by IEHPs that seek to practise on the island;

- quantitative data that allows the responses by IEHPs to be compared and contrasted with responses to similar sets of questions as answered by a larger population of recent immigrants to PEI; and finally

- recommendations that suggest what kind of action by different actors (including all three levels of government, professional bodies and civil society) may be appropriate for a better integration experience by IEHPs on PEI, and in the region or country more generally. Such suggestions also refer to the streamlining of the process for the recognition of foreign training and professional certification, as well as to the provision of additional customized training in Canada for IEHPs, both of which had been mooted in the Romanow Report (Romanow, 2002: 102).

This study should connect seamlessly with Health Canada's mission to provide national leadership in the development of health policy, in partnership with provincial governments and other interested stakeholders; as well as provide strategic input to the critical assessment of Health Human Resources challenges facing Prince Edward Island. After all, health research and information are pivotal to Health Canada's ability to address its corporate priorities and to anticipate and respond to emerging challenges and opportunities critical to the health and safety of Canadians".

Various barriers to the successful professional practice of internationally educated health professionals in Canada have already identified. These barriers include: poor information available to prospective immigrants overseas; difficulty in securing foreign credential recognition; difficulty in navigating registration policies, practices and procedures; difficulty in managing unaligned stakeholder accountabilities; and the time and cost associated with assessment (Bourgeault, 2007). The shortage of re-entry training positions is another barrier. In 2004, 680 international medical graduates qualified for training, but there were only 80 re-entry positions available (Eggertson & Sibbald, 2005). Internationally educated nurses in Canada face barriers that are often related to language issues, lack of Canadian workplace experience and mentorship, the need for academic upgrading, and the inability to navigate the information, procedures and other requirements pertaining to becoming licensed in the country. Language and cultural subtleties, notably in verbal fluency and

communication, telephone conversation, use of idiomatic terms, acronyms, abbreviations and specialized or technical language, and differences in non-verbal and culturally nuanced behaviour, are cited as the chief challenges (Coffey, 2006; Murphy & McGuire, 2005; Sochan & Singh, 2007; *also* Dauphinee, 2005; Mazmanian, 2006; Report of the Canadian Taskforce on International Medical Graduate Licensure, 2004).

Finally, lack of employment leads to lack of experience; but lack of experience leads to an inability to land any employment or secure success in assessment: this is a vicious cycle that afflicts many job entrants in various labour market segments, and is compounded by the lack of mastery of required language skills. By way of example, *internationally educated medical graduates* (IMGs) tend not to perform as well as Canadian medical graduates in their qualifying examinations. In 1999, the success rate for Canadian medical graduates in the three Medical Council of Canada (MCC) qualifying examinations was around 95%; while that for IMGs was only 21 % (Tyrrell & Dauphinee, 1999; Audas *et al.*, 2004: 4). This probably confirms that there is a debilitating cocktail of poor communication skills, cultural differences in previous learning styles and in approaches to health care, age, and differences in the quality of medical school training (*e.g.* Hall *et al.*, 2004).

5. Background to Immigration to Atlantic Canada

With the exception of First Nations, Canada continues to be a country that is essentially peopled by immigrants. The immigrant population in the country increased from 5,448,480 (18% of total population) in 2001 to 6,186,950 (20% of total population) by Census Day 2006. No less than a staggering 1,110,000 persons immigrated to Canada between 2001 and 2006. Yet, this national immigration phenomenon is distributed extremely unevenly across the country. Very few of these immigrants landed or found their way to Atlantic Canada; and of those who did, many did not stay there but moved elsewhere (though over 94% remained in the country). According to 2006 Census data released in December 2007, the top “minority mother tongue” in each of the four Atlantic provinces (apart from French) is spoken by less than 2,000 residents. Atlantic Canada may hold some 7.3% of Canada’s current population, but it only attracts 1.6% of all inbound immigrants to Canada. This statistic is likely to be an outcome of a combination of factors, which are reinforced in a vicious cycle. Amongst these, two in particular stand out: the absence of large urban centres and their cultural and social diversity (including a large immigrant population); and a perceived absence of, relatively

well-paying, all-the-year-round job opportunities (Zvodny, 1999; Jaeger, 2000; Akbari & Harrington, 2007).

What may be more difficult to explain is the combination of factors that lead to 'secondary migration', or 're-settlement': this involves immigrants moving away from the province, territory or region to which they had initially migrated, and re-settling elsewhere, usually within 24 months of their former move (*e.g*. Jedwab, 2004). Data made available from the *Longitudinal Immigration Database* (IMDB) suggests Ontario as the province with the highest immigrant retention rate in the country (with 94%) for immigrants who arrived in Canada over the period 1980-1995; this honour shifted to British Columbia (with a retention rate of 88%) for immigrants who arrived in Canada over the period 1991-2001. In sharp contrast, the immigrant retention rate for Atlantic Canada was as low as 52% over 1980-1995; and even lower at 47% over 1991-2001. Within the Atlantic region, there is significant deviation: the lowest retention rate for the 1991-2001 immigrant cohort has been in Newfoundland and Labrador (36%), followed by Nova Scotia (40%), PEI (51%), and with the highest retention rate in New Brunswick (62%). More recent and comparable data is not known to be available. However, PEI Minister Richard Brown, responsible for Immigration, recently stated that "as many as 30% to 40% of the immigrants who initially come to PEI now remain here" (CBC News, 2007a).

When it comes to reasons for immigrants *staying* in a place, a different series of explanatory factors than those explaining why they may get there in the first place tends to come into play. These include the actual 'welcoming', employment, welfare and settlement experiences of immigrants, compared to the notional ones that had been anticipating. Interestingly, what is perceived as the relatively poor overall state of health care availability in Atlantic Canada may be one significant inducer for the secondary migration of immigrants.

The general drift of the stories and narratives of immigrants to any country is typically one of excruciating decisions and choices involving people's life chances. Issues surrounding family, love, work, business opportunities as well as personal health are amongst the most common which punctuate such decisions and choices. A 2005 study of 320 recent immigrants / settlers to Prince Edward Island (PEI) confirms what probably holds true for Atlantic Canada generally: the key 'pull factors' for drawing immigrants to the region are intimately connected to 'quality of life' issues: these

include hassle-free security, lower crime, slower tempo, shorter distances, lovely summers and more affordable housing. The same immigrants are also repulsed by the 'push factors' associated with big city life or, especially in the case of refugees, various forms of discrimination (Baldacchino, 2006).

As with nation-wide trends, social factors trump economic ones when it comes to decisions about *coming* to PEI and Atlantic Canada: economic factors become ascendant when it comes to decisions concerning whether to *stay* or not. Common terms used by respondents in describing the decision to stay include: "job" (78 hits out of a database of 320 respondents) "family" (51 hits); "friends" (30 hits); "community" (23 hits); "employment" (21 hits); "quality of life" (13 hits), "happy" (11 hits); "health" (10 hits) and "lifestyle" (9 hits).

6. 'Major Concerns' with Health Care Provision

Health, therefore, figures as one of the concerns of immigrants (Canadian and non-Canadian, men and women, and across all age cohorts) deciding whether to stay in Atlantic Canada. It comes across as a hygiene factor (Herzberg *et al.*, 1959), not important at all amongst the list of features that lure and attract newcomers to the region; but definitely a disincentive for immigrants (and locals) to stay in the region when its provision is deemed to be below expected levels or standards of service and care. This is claimed to be so particularly in relation to the staffing levels of doctors and of other health professionals. In fact, out of a battery of 18 issues, this factor was cited by the respondents in the 2005 PEI study as the 3rd most serious obstacle (following on the absence of suitable jobs and on decent levels of remuneration), towards attracting other settlers to PEI. The study concluded that:

> " … the absence of (suitable) employment opportunities and the state of health care in the province are clearly the two top concerns that recent settlers to PEI have when it comes to considering what are the main obstacles or problems to attracting other settlers to the island" (Baldacchino, 2007: 8-9, emphasis in original).

The concerns with health care reappear in the answers to another, open-ended question in the 2005 PEI study, soliciting information about what is considered the main obstacle or problem towards attracting settlers to PEI. This time, the health issue is the fourth most frequently cited, after work, fiscal and cultural issues. Twenty-four respondents claim dissatisfaction with aspects of health care provision in the province: especially with the non-availability of a family doctor, or with the non-

availability of or uncertainty about specialized care and surgical procedures. Health care has many facets, but these two seem particularly salient to newcomers to PEI, and especially to Canadians moving into PEI from other provinces.

The nature and quality of specialized care available on the island, as in Atlantic Canada generally, is of special distress to the aged and others who might actually or potentially need it; while the non-availability of a family doctor cuts across gender, age and status groups. Such a situation leads to long waiting times, obliges traveling long distances for obtaining specialist care, and possibly leads indirectly to serious incapacitation, complications or even untimely death. Here are various apposite statements on this matter by respondents lifted *verbatim* from the 2005 PEI study:

> Health Care in Canada is a major concern. We maintained private health care in Europe and the difference in quality and service is substantial. Fortunately we are in good health, but a couple of small issues have come up that clearly demonstrated the poor quality and service of the Canadian system. Tests that have substantial waiting times in Canada we had done in Europe within days versus months. To get a doctor in PEI takes over a year. Even when you get one, the fact that the facilities lack much of what we considered in Europe as normal technology was shocking. (Respondent #001).
>
> We have one of the most draconian health-care systems in the country: and this is something I warn potential newcomers about (especially if they have families). We had a pilot project involving nurse-practitioners: for some unknown reason, this project was discontinued. Yet, nurse-practitioners work in every other province, and they have become essential to basic health care. (Respondent #003).
>
> If something happened to me here (such as a serious illness, or a needed operation), I would not hesitate to go back to the U.S. to have a procedure performed. Health care is great here for small illnesses but something like needing a CT scan or MRI or an appointment with a dermatologist or other specialist - the wait times are pathetic. For example, I could have breast cancer and need a mastectomy but before I could get an appointment with a surgeon, the disease could have spread to my lymph nodes. This is unacceptable. People die on PEI waiting. This bothers me. (Respondent #034).
>
> Health care issues. Not enough specialists because of the population and having to go off island (Halifax/Moncton) for treatment or surgery. That can put stress on a person who is ill. No one wants to travel three hours to be treated and have to pay the bridge, gas, hotel, and so on. We need to fix this problem. (Respondent #146).
>
> PEI is neither Toronto nor Montreal, and nobody expects it to be. However, there are essential services one expects to have, like the rest of Canadians. I was without a family doctor for two and a half years. And the doctor I have now is overworked, with no time to develop a relationship with the patient. I cannot see a family with young children waiting for a family doctor that long. It is just not acceptable. (Respondent #155).

> Since I have been living here, I find the length of time to see a medical specialist very, very long or even non-existent - there seems to be a reluctance on PEI to even send a patient to a specialist, either because they are not available, the wait is too long or other reasons, whereas in Ontario, it is very common for a general practitioner to seek the advice of an expert in a particular field. Since we are getting older and will require more health care as we age, this is becoming a concern. (Respondent #183).
>
> There is a lack of accessible health care and inconsistencies with other provinces, such as seniors in Ontario who have all medicines provided free of charge. (Respondent #231).
>
> I think the shortage in health care specialists is a big concern for a lot of people. I've spoken with a number of settlers over the past couple of years who have all expressed concerns at not being able to find a family doctor. (Respondent #298).

There is a second set of consequences related to having professionals working in rural areas that have relatively sparse and scattered populations and which are fairly remote from urban centres. This set relates to dangerous levels of work-related stress, plus the much reduced opportunities for specialization or any form of non-experience driven professional development. The difficulty of developing a career specialization on PEI has also been referred to by the respondents to the 2005 survey (Baldacchino, 2006: 40):

> Professional options are too few and too limiting for this stage in my career. (Respondent #86).
>
> There is not much opportunity to take my career to the next step. (Respondent #133).
>
> I am planning to leave PEI primarily because there are no jobs for highly qualified people like me. (Respondent #226).
>
> There are very few opportunities for professional career development. (Respondent #272).

With a very small population base, and with limited possibility to call on health human resource supports, specialists must often be willing to somewhat broaden their expertise and tolerate some flexibility to perform their work. The consequences of this can be very demoralizing to these professionals: they include limited access to professional training and updates: PEI is the only province in Canada without a medical school, and with only a recently set up School of Nursing offering some undergraduate programs:

> "We are the only School of Nursing which utilizes a Veterinary College to source some of its faculty". (Kim Critchley, interview notes, April 16, 2007).

Other consequences of the dearth of specialization include high turnover rates of key staff; copious and tedious paperwork; and significant levels of burnout and exhaustion. The health of health workers (measured via mean working days lost per annum) is already above the mean for the Canadian workforce as a whole[2]; and health professionals cite high job strain, low supervisor support and low co-worker support as the three main reasons for health-related work absenteeism of 20 working days or more annually (CIHI, 2007: 23)[3]. Working in island, or remote rural, low population density environments, appears to compound the issue.

Specific episodes involving such cases occasionally make it to the local media[4]. In explaining his relinquishing of hospital privileges, Dr Paul Berrow (one of just two physicians in Souris, PEI) stated that:

> "… he has been frustrated around the work level in Souris, in particular with locums [contract doctors] that are coming and going, and leaving the permanent doctors with all the paperwork" (*The Guardian*, November 30, 2007, A5).

At the other end of the island, Dr Wade Kean "abandoned" his practice in O'Leary in February 2007, "leaving just two physicians to run the local hospital and medical clinic, where there is meant to be five", because "the pace and workload have become unmanageable." "I'm not going to come here and work myself to death" he explained. He claimed he was seeing some 65 patients a night at the O'Leary Hospital emergency room. Dr Herb Dickieson, one of the two remaining physicians in that community at the time, admitted that the situation was critical: "It's about the worst it's even been in my 19 years of working in West Prince" (CBC News, 2007b). The third remaining physician, 76-year-old Dr Charles Dewar, confided to the CBC that he was hoping to

[2] Mean days lost in 2004 for health workers in Canada was 12.8; mean days lost for all other occupations was 7.4. The difference is statistically significant (CIHI, 2007: 11).
[3] Based on data from the 2005 National Survey of the Work and Health of Nurses.
[4] Thus, in Intensive Care Units in Nova Scotia, "about 60 doctors in small towns and rural communities have complained about being exhausted and stressed" (CBC, 2007c).

be able to postpone his retirement until a locum replacement is found (CBC, Charlottetown PE, *News at Six*, January 24, 2007).

7. Seeking, and Retaining, Internationally Educated Health Professionals

> My wife and I are immigrating to the Island as part of the Provincial Nominee program in the coming year. All the paperwork is complete; we just need to sell the house here in the US. However we have fought a three-year fight to get my credentials … recognized on the Island, so far unsuccessfully. It's not as though we're coming from some third world banana republic … (email correspondence, December 6, 2006).

> "Trained as a nurse practitioner in Russia, Irina [Bakhshi] was head of a factory health centre in Siberia. She hopes to continue her medical career in Prince Edward Island soon. All of her educational records and certificates have been translated into English, so now they can be submitted to the necessary licensing authorities to determine which are transferable toward her Canadian qualifications. "I bring a great deal of medical experience to Canada", she noted. "I want to share it". (*Benchmark*, 2007: 9)

The attraction and retention of internationally educated health professionals would be an obvious and natural strategy to address shortfalls in specialized human health resources. Given the increasing average age of the current Atlantic health workforce, the retirement of both physicians and nurses in the Atlantic region at an unprecedented rate, and with the demographic shift towards a more aged and longer-living population, a need is created to increase the supply of trained professionals in all major areas including general family practice, various medical specializations, pharmacy, physiotherapy and medical laboratory technology. The proportion of foreign trained medical graduates registered on Prince Edward Island was 27.8% in 2005, up from 14.7% in 2001 (CIHI, 2007: 15; Romanow, 2002: 103). In the Atlantic region, Newfoundland & Labrador has been by far the most successful province to date in securing substantial IEHPs as part of its physician and medical specialist compliment. Almost half of its doctors and almost one third of its specialists have been educated outside Canada; statistics that are higher than the national mean (Romanow, 2002: 103, Table 4.2; Audas *et al*., 2005; Dickson, 2007). In Nova Scotia, the *Clinician Assessment for Practice Program,* which assesses practice-ready family medicine physicians, has placed various new physicians into mentored practice in communities throughout the province (CAPP, 2007) This relative success with physicians is not

matched in other health professions, however: thus, less than 2% of nurses in Atlantic Canada are IEHPs; the equivalent nationwide figure was 6.3% (2004 data) (CIHI, 2005) (*see Table 1*).

Table 1: Select Health Professionals and IEHPs in the Atlantic Provinces and in Canada (various years)

	PEI Total	Of which IEHPs	**NB** Total	Of which IEHPs	**NL** Total	Of which IEHPs	**NS** Total	Of which IEHPs	**Canada** Total	Of which IEHPs
Family Physicians (2003)	121	17	738	171	615	259	1,038	287	30,662	6,934
Specialists (2003)	74	12	486	98	360	113	920	237	28,792	6,352
Registered Nurses (2004)	1,377	30	7,361	97	5,452	106	8,602	207	246,575	19,815

Other challenges facing the attraction and retention of internationally educated health professionals are more job-specific in nature: after all, we are dealing here with some of the best organized and regulated professions in the labour market. Gate-keeping and access regulation is maintained through a tough, self-guarded, time-specific, socially condoned credentialing and assessment process. Indeed, while the term IEHP exists as a linguistic category, in reality the differences between health professions are as, if not more, significant, than their similarities, especially when it comes to accessing assessment, training and employment. Each health care profession – and there are at least 35 listed in the CIHI Personnel Database – is a highly integrated professional culture that insists on gate-keeping through its credentialing process.

The shortage of physicians is an especially big deal socially and politically in Canada, and so enjoys (or suffers) a high public profile and has received the most national attention and funding (Report of the Canadian Task Force for Licensure of International Medical Graduates, 2004). Nurses are also a high profile health profession, given the size of their staffing complements, which by themselves take up almost a half of all health care positions:

> "From 28 nurses who had been licensed in other provinces in Canada, and which had obtained their endorsement or passed their examination, on PEI, since 2001, only 12 are still known to be in the province at this time" (Becky Gosbee, interview notes, March 2, 2007).

8. How Welcoming is the Host Society?

One key issue concerns the ability of the host culture to properly accommodate those who come "from away" or (less disparagingly) 'Atlantic Canadians by choice'…. Respondents to the 2005 PEI study have put their finger on what they describe, in unflattering terms, as a social conservatism, a quasi-racist clannishness of the host society that subtly excludes those who have "come here' and which also impacts on their employment and careerist options. This, along with the fact that Atlantic Canadian physicians tend to be amongst the lowest paid in the country (Audas *et al.*, 2004: 20), is likely to be one of the main reasons why research by the Medical Association of Newfoundland & Labrador indicates that 75% of IMGs coming to the province only stay for two years, during which time they obtain Canadian qualifications, and then move to other provinces, like Ontario (Audas *et al.*, 2004, 2005). As their 2004 report comments (*ibid*.: 21), a strategy is needed which "… attempts to fit individuals with the communities where they are apt to stay".

Here is a longish but poignant comment on this matter of 'fitting" by a recent immigrant to PEI who is also a health professional, gleaned from the 2005 study (Baldacchino, 2006: 47):

> I feel that I am 'home'. Many of the people I am close to here are also people who have moved here 'from away'. I've been discouraged many times since moving here because of the lack of opportunities to advance in nursing ... I once cut a clipping out of a newspaper which said it all ... (not the exact quote but something like: 'you may have been someone where you were before but you aren't there now'. It is so true. People are not interested in how things are done anywhere else, regardless of how much more efficient they may be), nor are they interested in your past work experience and assets... if you are an islander with no experience, it seems that is better than being 'from away' with a lot of it. I am well aware I'm not 'from here' without people pointing it out over and over. Two nurses 'from away' have committed suicide since I moved here ... numerous others have left because of frustration with the mistreatment they have felt. I have repeatedly felt like I've been through a beating since moving here ... however still my heart and soul wants to be here. I once taped '*Gallant*' over my last name on my work name tag, and for those 3 months not one person turned their nose up at me, clicked their tongue or pointed out I did not have an island name. I even had another nurse come up to me (who is an islander) when a new nurse had started, and say to me "those people from away are not like US, they are so different" (spoken in a degrading way). She had no idea I was from away because I act and feel like I've been here forever…. (Respondent #103).

9. This Research Project

A federally-funded IEHP Initiative, supported by Health Canada, has been addressing various cultural, linguistic and occupational barriers in an attempt to determine and address any remaining gaps towards seamless pathways of integration for internationally educated healthcare professionals into Canadian society and its labour market. This initiative is in turn built on the renewal agenda, enshrined in a 10-Year Plan, set out by the Canadian First Ministers' meeting held in February 2003 and the related investments and numerous efforts that have since been underway in the country in order to make health care more responsive and sustainable. Access to timely health care across Canada has been recognized as "our biggest concern and a national priority" (Health Canada, 2004).

This research project forms part of this initiative that is focused on Atlantic Canada. It is coordinated by Atlantic Health Connection (www.atlantichealthconnection.com), which is in turn funded by Health Canada. As part of this study, research teams from each of the four Atlantic provinces – based at Mount Allison University NB, Dalhousie University NS, Memorial University of Newfoundland NL, and the University of Prince Edward Island, PE - cooperated in developing a standardized web-based survey questionnaire (see appendix) with a view to explore whether there are significant generic or shared features of the challenges that IEHPs as residents and professionals face in the region, and/or its respective provinces. Certain questions were deliberately replicated from the Baldacchino (2006) questionnaire, since that would permit a valid comparison of responses across the two immigrant respondent groups (one group being generic, the other being restricted to health professionals). Research ethics clearance was sought and obtained by each of the research teams from their respective universities.

Interviews were held early in 2007 with some of the multiple stakeholders in the health sector in the province; this was done with the intention of alerting them to our study, while allowing us to develop a complimentary, institutional understanding of the challenges facing the attraction, retention and integration of IEHPs on PEI. Interviews were set up and held with: Betty A. Bailey and Jennifer Ghiz (Executive Director and Human Resources Advisor

respectively, PEI Health Sector Council) on February 8; Sheila MacLean (Physician Recruitment & Medical Education Coordinator, PEI Provincial Department of Health) on February 15; Becky Gosbee and Blake Parkin (Executive Director and Coordinator of Regulatory Services respectively, Association of Registered Nurses of PEI) on March 2; Dr Cyril Moyse (Registrar, College of Physicians and Surgeons of PEI) on April 12; and Dr Kim A. Critchley (Dean, School of Nursing, UPEI) on April 16. We were accompanied on some of these interviews by Sarath Chandrasekere.

The data generation phase initially sought to involve some 50 IEHPs from each province, eliciting information that speaks to socio-cultural, economic, professional and educational issues. The numbers had to be pared down, however, mainly in the face of the very serious difficulty of obtaining volunteer responses from this very particular target group which is traditionally rather research averse. Nevertheless, around 100 valid responses have been registered from the four Atlantic provinces, of which the largest number (39) from PEI[5]. Respondents were encouraged to share their narratives and experiences, explaining why they came and (so far) stayed in Atlantic Canada, and to indicate what they see as the key challenges towards the attraction and retention of more, and appropriately skilled, IEHPs in the region. Most of the respondents plumped for the web-version of the questionnaire; however others preferred filling in hard copies of the survey that were then collected and had their contents transcribed on the electronic version. A group of five Chinese speaking IEHPs were also brought together for an evening session at the PEI-ANC offices in Charlottetown and assisted in filling in hard copies of the survey questionnaire in the presence of a translator. Responses were being collected in these ways from mid-July to mid-October 2007.

A subsequent research phase would involve detailed, face-to-face interviews with volunteer respondents, and hopes to benefit from Atlantic Metropolis support. The outcome of the study should provide much-needed data drawn from the internationally educated health professionals themselves and would feed readily into ongoing public policy.

[5] The data from New Brunswick, Nova Scotia and Newfoundland & Labrador will be the subject of separate, province-based, reports. There are also plans for a cumulative, region-wide, survey report.

10. The Respondents

As researchers, we were lucky to have the full support of the PEI Association for Newcomers to Canada as research partner, since most IEHPs residing on PEI would have registered with the PEIANC and would have benefited from, or would still be enjoying, a variety of services that are operated or made available through the Association. Moreover, as a small island jurisdiction, word of mouth is a powerful medium of social communication on PEI, and we encouraged respondents to spread the news about the study to any colleagues and acquaintances who qualified as potential respondents. This technique was used over and above the more conventional approach of contacting human resource managers and executive directors of hospitals and health institutions on PEI, asking them to forward information about the study to appropriate members of staff. We have therefore not necessarily been directly in touch with all our eventual respondents; however, we did generate a working list of the names and addresses of 33 practising IEHPs (of which 13 were family physicians; 12 were specialists; 5 were nurses and occupational therapists; and 3 unspecified) that were residing on PEI during the time of the study. Data collated by Health Canada in PEI suggested that there were 59 practising IEHPs in the province, of which 17 were family physicians; 12 were specialists, and 30 were registered nurses (Chandrasekere, 2007a). CIHI (2007: 14) suggests that the number of internationally educated registered nurses (RNs) on PEI as at 2005 was 31; and that of internationally educated licensed practitioner nurses (LPNs) was 3. The PEIANC had its own master list of 12 IEHPs that were either unemployed or underemployed (that is, working in areas below or beyond their health specialization). It is thus likely that, estimating for some overlap, and acknowledging some mobility (at least two of the IEHPs on the PEIANC list are known to have left PEI and moved to Nova Scotia during the course of our study), PEI has no more than 75, and no less than 70, resident IEHPs, of whom 8 were known to be unemployed and 4 others underemployed, at the conclusion of the data gathering phase of our study (that is, mid-October 2007). Out of a mean figure of 72 IEHPs residing on the island at the time, 39 responded to our study: this translates into a healthy and encouraging response rate of just over 54%.

11. Respondent Profiles

The 39 respondents are almost equally divided between men and women: 21 are female; 18 are male. Only two of the respondents are over 60 years old, and the rest are evenly spread out across different adult age spans. All 39 respondents claim to be able to speak and understand English – although we know better, having attended a survey completion session that required translation services. Nine respondents claim to be able to speak and understand French. Moreover, collectively, the 39 survey respondents also claim fluency in no less than 17 different languages, the most commonly spoken being Spanish (6 responses); Chinese (Cantonese or Mandarin) (5 responses); and Arabic (4 responses). 12 of the respondents classify themselves as members of visible minorities: Asian, Indian and Chinese being the most common 'visible minorities' mentioned. Interestingly, a few respondents opted to include that they were Muslims as an indication of being a 'visible minority' on PEI.

The respondents report being born in 21 different countries, the most commonly mentioned being the USA (5 responses); China, Colombia and India (4 responses each). One of the respondents was born in Canada: while for another, his "[f]amily [is] originally from PEI but grew up in '[the] US": two stark reminders that IEHPs also include Canadian citizens who have studied abroad. Only 4 of the 39 respondents were born in Europe (one each born in Austria, Ireland, Romania, and the United Kingdom); and a slim majority of the immigrant respondents hail from Asia (21 out of 39, from such a variety of countries as Afghanistan, China, Hong Kong, India, Iran, Iraq, Pakistan, Philippines, Russia and South Korea). The switch in 'continent of origin' from Europe to Asia for immigrants to PEI is a reflection of a similar trend in the global immigration figures for Canada in recent decades.

In 37 out of the 39 cases, the respondent spent most of his/her life before moving to Canada living in the same country where he/she had been born. In two cases, the respondents had worked in Canada before their most recent migration: one had worked on PEI for two summers before taking up a full-time position in 2006; the other had left for USA in 1995, returned to Canada in 1998, went back to USA in 2005 and returned to Canada in 2007. The history of migration can be complex and uneven; it can involve a fair amount of shuttling

through various countries; and from a logistic point of view, the USA is the country that makes such shuttling with Canada most likely.

Most of the respondents are recent immigrants to PEI: only 8 out of the 39 respondents in our study moved to Prince Edward Island before the year 2000. The largest number of respondents – nine – had moved to PEI earlier in the same year that the survey was undertaken (2007); while a similar number reported moving to PEI in the previous year (2006). These statistics confirm the relatively low likelihood of immigrants staying on PEI over time. The immigrating health professional with the longest history of settlement on PEI in our database arrived on the island in 1977, from Ireland.

Of all the respondents, only 7 fail to declare that they are currently living in an urban or 'small town' environment. Only 5 respondents consider that they are currently living in a 'rural' environment (two respondents opted not to answer this question). Such responses speak to the preference of immigrants to PEI to choose the provincial capital of Charlottetown or its immediate suburbs (Stratford, Cornwall) as their place of residence (with the other city of Summerside as a distant second choice), even though the island province as a whole is officially still considered to be a rural area (as determined by Statistics Canada). This preference is not surprising, and is quite similar to that experienced nationwide: 94% of recent immigrants to Canada settle in census metropolitan areas (CMAs), which are towns and cities that each have more than 10,000 residents (*e.g.* Schellenberg, 2004: 11).

Most of the respondents provided details about the institution(s) from which they had obtained their respective professional qualifications (such as a medical degree, a nurse practitioner degree, a bachelor's degree in dental surgery, or a master's degree in neurology). They involve universities for the most part, but also colleges, located in various parts of the world, not always in the country of birth or of the main residence of the respondent, suggesting that the individual has been mobile earlier in his/her life and prior to migrating to Canada, possibly in pursuit of professional education, training and/or experience. At least 9 of the 39 respondents claimed to have furthered their health professional training (including refresher courses, but also medical specialty fellowships) *after* having migrated to Canada, in such institutions as Dalhousie University, or the Ontario College of Naturopathic Medicine.

Another 7 respondents indicated that they pursued a language course (English for health professionals).

12. Coming to PEI

IEHPs do not typically migrate alone. Being already mature persons with a fair number of years in professional training and/or practice, most are accompanied by spouses and children, if not other relatives, in their move to Canada. Only 4 of the 39 respondents declared that they moved to PEI by themselves. The rest suggest the movement of a primarily mobile, nuclear family: 6 respondents were accompanied by their spouse only; 10 respondents were accompanied by one child; 14 respondents were accompanied by two children; and 2 respondents were accompanied by three children. Only one respondent, presumably unattached, claimed to have been accompanied by two parents and two sisters. In all, the 39 respondents were part of an immigration process that brought in at least 113 persons into Canada: that translates as 1.9 additional persons for each incoming IEHP. Meanwhile, in at least three cases, the spouse/partner of an IEHP is also an IEHP.

The reasons explaining the manner in which these health professionals found their way to Prince Edward Island can be categorized into three: in the case of refugees, their province of destination was allocated to them (this being the case with at least 3 respondents); others were recruited specifically to work in the PEI health sector, they having answered a job offer or having been recruited specifically for such a task by a recruiting agency (as with at least 6 respondents); while 14 respondents came to the island province of their own accord, having moved even without having any definite job offers, and mainly via the Provincial Nominee Program (PNP). (The 16 other respondents gave no details.) These observations are important because, in two of the three categories above, the IEHPs may not have had any say or influence as to the location of their destination within Canada:

> "I belong to a refugee family. It was arranged by the Canadian Embassy where we would go. We did not even know where PEI was." (Respondent #15).

The absence of a strong emotional and social attachment by the immigrants in the island people and place is likely to imply that some IEHPs are on PEI because of the landed job or, in the case of the PNP beneficiaries, for the 'fast track' opportunity that this program provides for those who wish to migrate to Canada and to do so expeditiously:

> "I immigrated to PEI directly from Egypt because it was the easiest way to immigrate." (Respondent #37).
>
> "We decided to immigrate to Canada looking for a professional career in medicine and a better socio-economic condition. PEI was providing an opportunity to immigrate within a short time, so we applied." (Respondent #38).

In fact, statistics suggest that, out of all categories of immigrants to PEI, the PNP beneficiaries are the ones who are *least* likely to stay on PEI in the long term. Their investment in the provincial locale is mainly financial, rather than social: and this makes for a more functional and instrumental sense of their sojourn on the island:

Only one respondent indicated that it was an attraction to the island that brought him, and his IEHP spouse, to PEI, even though they both had no jobs yet lined up for them:

> "We were passing through on a vacation and loved the island. My wife is a social worker and we were both told there were plenty of jobs available." (Respondent #3).

Meanwhile, four respondents indicated some family or friendship ties with residents either on the island or in the region:

> "I have a relative here in Canada, specifically here in PEI, who is also a friend of the employer that I am currently working with. So, that's how I have this opportunity to be here." (Respondent #31).
>
> "We had relatives and friends in Atlantic Canada." (Respondent #9).
>
> "My wife is from PEI, and wanted to return home to be closer to her family." (Respondent #18).

Various IEHPs are appreciative of a variety of attractions that PEI offers newcomers. In some cases, however, the distinctiveness of 'the island' is lost, and is replaced by the attractions of the region, or of the country, as a whole:

> "Because: the air here is fresh, the water here is clean, the traffic is not crowded, the people here are kind and friendly." (Respondent #13).
>
> "I believe that there is a high quality of life for my family especially for my children and exactly for my daughter. There are good laws and safe areas for growing a girl here in Canada and PEI." (Respondent #24).
>
> "People in Atlantic Canada are friendly and kind. Atlantic Canada is a beautiful and peaceful place for the immigrants." (Respondent #28).
>
> "I received a job offer in Summerside, and this led me to consider Atlantic Canada. On a visit I found the people very friendly and helpful. I was happy with the schooling and healthcare available. Housing was affordable. There was a small Indian community, and the feedback I received from them was helpful." (Respondent #29).

There are also comparisons and contrasts drawn with other locations where the IEHPs had lived or worked before, or had the option to relocate to. PEI emerges as the destination of choice to these health professionals, not just for the attractive "pull factors" as explained above, but also for the undesirable "push factors" in the competing locations:

> "I had been working in Saudi Arabia for 7 years. My wife was getting bored with restrictions. There was an attractive job possibility on PEI. We had visited the island in summer. We noted a position . . . that was being advertised month after month. We contacted a person we knew who worked on the island. We said that we thought that there was a problem, since the position remained unfilled. He said that Atlantic Canada was considered to be an economically depressed area. Spoke to the Head of Department, clarified workload and salary, and I applied. (Respondent #2).
>
> "We heard that PEI was more quiet and peaceful than the city of Toronto. Since we were expecting our fifth child, we thought that PEI was a good place to raise our children and also begin my career … I thought that Charlottetown was a rural area … The lifestyle is slower here and not as stressful (driving to work, driving kids to school, extracurricular activities, community involvement)." (Respondent #19).
>
> "I came to PEI because the future is more secure than in Romania. Originally we moved to Quebec, but we wanted an English province. PEI is small and reminds me of the town in Romania we are from." (Respondent #36).

> We were both working full time, stressful jobs, unable to save much and feeling burned out. The political situation [in the USA] was feeling worrisome and unpleasant. Financial insecurity, cost of living, traffic and population congestion, signs of free-floating anger between people, generalized ugliness caused by clear-cutting of woodland, giant malls, highways and endless corporate outlets, were all increasing." (Respondent #24).
>
> "I had to leave the US because the immigration department there told the hospital to terminate my employment and gave me a few weeks to leave the country. I wanted to find a job where I could use my skill and carry out consultation work … I decided to come to Canada instead of going back to Hong Kong, partly because Hong Kong's political situation was unclear at that time." (Respondent #28).

The respondents were also asked to indicate how important to them were a number of statements in determining their decision to come to Prince Edward Island and Atlantic Canada (Q. 18). They were asked to indicate their reasons by ranking their answer on a (Likert) scale from 1 to 5: 1 indicating least significance and 5 indicating maximum significance. The higher the mean score, the more significant is the statement as an explanation for the decision to move to Atlantic Canada and PEI. This battery of statements was a fairly close replica of the one used in the 2005 Baldacchino survey, in order to permit a valid comparison of the opinions of the IEHPs in the 2007 study with those of a far broader segment of recent settlers to PEI. 36 IEHPs submitted answers to this battery of statements.

Q. 18: How important have the following been to YOU in determining your decision to COME to Atlantic Canada?	***N/A***	***1***	***2***	***3***	***4***	***5***	***Mean Score (this study) (N=36)***	***Mean Score (2005 study) (N=320)***
a-There was an attractive job available in Atlantic Canada	6	14	4	1	5	6	2.5	3.14
b-There were attractive job prospects in Atlantic Canada	7	8	5	5	5	6	2.86	2.24
c-We had relatives and friends already in Atlantic Canada	6	18	4	0	3	5	2.1	3.33
d-We had members of the same church/religion in Atlantic Canada	5	27	3	0	0	1	1.23	1.39
e-Atlantic Canada offered suitable and affordable health services	8	12	3	4	5	3	2.41	2.28
f- Atlantic Canada offered suitable and affordable schooling	6	10	0	3	8	9	3.2	2.32
g- Atlantic Canada offered suitable and affordable programs for ongoing professional development	9	12	2	6	2	5	2.48	(no equivalent statement)
h- Atlantic Canada offered suitable and affordable housing	7	11	3	7	2	6	2.62	3.18
i- Atlantic Canada was an overall welcoming society	4	4	5	3	7	13	3.63	3.15
j- Atlantic Canada offered an attractive quality of life	5	5	0	5	12	9	3.65	3.88
							Mean=2.67	***Mean=2.77***

Just like other data, the above figures need to be interpreted with commensurate caution, for at least three reasons: (1) the very small respondent size of the current study, which can therefore lead to larger deviations from the mean because of the effect of discrete opinions; (2) the variations between the two studies, not least of which is the 2-year time difference, and what may be sensitive changes in the wording of the statements; and (3) the fact that the numbers in the cells have no absolute value, but comparative value only.

What one *can* say on the basis of the above figures, however, is that the IEHPs in the 2007 study have an overall assessment of the importance of specific factors in determining their move to PEI that is fairly similar to that held by the broader 2005 sample of immigrants to PEI. They also agree between themselves by scoring the same two statements *highest*: that PEI, and Atlantic Canada generally, constitute an overall welcoming society and offer an attractive quality of life.

The two sets of respondents also agree between themselves by scoring the same statement *lowest*: the presence of members of the same church or religion on the island or in the region is not a significant factor behind their move to PEI and Atlantic Canada. Of course, the latter could also mean that, for those that may hold religion and church services to be important factors leading to immigrant settlement, the likelihood of staying is reduced, and so they are no longer around to share their opinion on the matter! Indeed, one male respondent (not a Muslim himself) cites “lack of other Muslims” as one of the main obstacles or problems to attracting other IEHPs to PEI and Atlantic Canada. Note that PEI still does not have a single Mosque: while a Muslim praying room has been open on Queen Street, downtown Charlottetown, in recent years.

Furthermore, the two sets of respondents have quite different opinions on some interesting areas. The IEHPs had less attractive jobs available prior to coming to the province or the region; they held, in turn, stronger job prospects (which may, or may not, have materialized, once on PEI). Most significantly, very few of the IEHPs had any family or friends on PEI or in Atlantic Canada generally, and so their presence was not seen as a key driver for their move, and secured the second lowest mean score with this set of respondents. In contrast, the presence of family and friends as a driver for immigration to PEI and Atlantic Canada

obtained the second highest mean score amongst the respondents to the 2005 study. This confirms previous observations about the relative poverty of social and emotional attachment by IEHPs to PEI and the region.

Is the absence of stronger "bonding social capital" (e.g. Groome Wynne, 2007) one explanation for the reluctance of most IEHPs to stay in the province? In response to a question about whether they were planning to leave PEI, 7 respondents answered 'yes' (That is 19% of the total, with 36 respondents answering this question.) Of these 7, four are planning to leave Atlantic Canada altogether. The reasons for this planned move? Professional development for themselves or their children which is not available on PEI or the region, the draw of their former home, or the frustration of failing to integrate well within the local community:

> "My daughter wants to major in some kind of engineering in a university, but there is no university which has such a specialty in Atlantic Canada." (Respondent #28).
>
> "We miss home and family and plan to return when our financial debts have been paid." (Respondent #30).
>
> "Very frustrated due to the lack of acceptance in local community, undue complaints from patients as they badly interfere in future practice, and has a lot of mental stress and financial burden, and take years to resolve even if you absolutely have no fault." (Respondent #32).
>
> "To study medicine, but I want to come back to work." (Respondent #39).

13. Staying, or Not Staying, on PEI

The respondents were invited to elaborate on the reasons why they are planning to leave the island and/or the region. Two respondents – who are probably spouses - volunteered additional information and report these, clearly complimentary, stories:

> "I have been trying to get my license as a Dentist here since 2004 without any luck. And I have found out that there are other places here in Atlantic Canada where I can get it and work as a Dentist and my husband could work in his field. I had the opportunity to live in Halifax before I came to the Island. This is the city where I want to live for many reasons. But, the most important is that there is a School of Dentistry

there where I can start working on my license. There are more resources for me as an international dentist there than here." (Respondent #20).

"My wife is a Dentist and she has tried to get her license here. I am happy in this province or Atlantic Canada, but she is not. Once she secures acceptance to a university, I would move with her. … I have tried to contact the local authorities but there is no policy to help in situations like mine." (Respondent #25).

These stories alert us to a series of issue that have implications beyond the specific case. First, that the settlement experience of a family is only as strong as its weakest link: if one member of an immigrant household is frustrated or disappointed by his/her settlement experience, this is likely to push the whole family to move and re-settle elsewhere. Second, PEI does not boast of various health-related professional programs – including a School of Dentistry. Any dentist practising on PEI must seek professional development off island; anyone hoping to serve as a dentist on PEI must also strive to obtain the relevant professional qualifications off island. Third, there may be scope for the competent authorities, including the relevant professional bodies, in looking more assiduously at such and similar cases on their own individual merits, in order to facilitate the professional integration of suitably qualified IEHPs into the PEI labour market.

Meanwhile, the majority of respondents reaffirm those aspects of the 'quality of life' that explain their decision to stay in PEI, and Atlantic Canada generally. These foremost include social reasons - connections with family, friends and communities; safety, security and suitable education for children – along with what are seen as proper environmental conditions that are conducive to further professional study:

"The reasons behind our decision to stay in Atlantic Canada: (a) PEI is a beautiful place with very friendly people, who made us feel very welcome from day 1; (b) good educational opportunities for my children. I am considering transferring my son to UPEI, if IMG development and job prospects prove good here; (c) good health care system; and (d) fell in love with and bought a house!" (Respondent #8).

"Prince Edward Island, in my opinion, is the best place to raise children. It is a nice, quiet, safe place." (Respondent #9).

"Our decision to remain in PEI at the present time is still because of the slower pace of life. It is quiet, peaceful, and necessities are close by (such as school, groceries). There is a closer interaction with people, earning some great friendships." (Respondent #17).

> "We will stay in Atlantic Canada because this is where my wife's family lives, and she wants to be as physically close to them as possible. If we were to move from Atlantic Canada, it would be back to the USA." (Respondent #18).
>
> "It has become my home. I've lived here now longer than any other place in the world. I have fond friends who have become family to me." (Respondent #19).
>
> "Because I feel it is a peaceful place for my son. It is tranquil and quiet. Small. Security here." (Respondent #22).
>
> "It's a very good place, in PEI, to settle down and start our life in Canada, studying and doing our medical exams, quiet and calm with cheap housing and very beautiful nature." (Respondent #38).
>
> "PEI is a very good and charming place to start our life and quiet enough to study and live well and build a family with cheap housing and all facilities we need." (Respondent #39).

The general 'draw' of the island may act to encourage IEHPs to stay; however, this is *not* necessarily complemented by one's professional experience. Respondents have identified challenges in the securing of equivalence for credentials obtained out-of-province/country, in obtaining licensure, in practising 'alternative' medicine:

> "Narrow minded decisions by licensing board are NOT going to set me back. I will live in PEI no matter what I have to do for a living. This is provincial health care's loss; not mine." (Respondent #24; *emphasis in original*).
>
> "My choice to practise integrative medicine has been challenging, especially with the lack of support from medical doctors on PEI and the government of PEI. I find that the government of PEI doesn't support freedom of choice for clients. The doctors are educated and supported by pharmaceutical drugs and do not consider other methods of health care that may be more beneficial to the patients." (Respondent #17).

Meanwhile, 25 respondents accepted to respond to Question 23 and its battery of 14 statements, each indicating a possible reason why they <u>chose to stay</u> on PEI, doing so by ranking their answer on a (Likert) scale from 1 to 5, 1 indicating least significance and 5 indicating maximum significance. The higher the mean score, the more significant the statement as an explanation for the decision to stay on PEI. Some of the statements to this question were identical to those of Question 18, but others were not – the hypothesis being that reasons for *coming* to PEI could be

different from those for *staying*. Once again, this battery of statements was a fairly close replica of the Question 22b that was to be found in the 2005 Baldacchino survey, in order to permit a valid comparison of the opinions of the IEHPs in the 2007 study with those of a far broader segment of recent settlers to PEI.

Q23: How important have the following been to you in determining your decision to stay (so far) in Atlantic Canada?	***N/A***	***1***	***2***	***3***	***4***	***5***	***Mean Score***	***Mean Score (2005 survey)***
a- I have an attractive job available in Atlantic Canada	2	15	0	2	4	3	2.0	*3.86*
b- I have attractive job prospects in Atlantic Canada	3	9	4	2	2	6	2.04	*2.46*
c- I have close relatives and friends already in Atlantic Canada	1	8	4	1	5	7	2.54	*3.39*
d- I have members of the same church/religion in Atlantic Canada	1	17	2	1	2	1	1.42	*1.59*
e- Atlantic Canada offers suitable and affordable health services	2	10	2	4	4	4	2.38	*2.63*
f- Atlantic Canada offers suitable and affordable educational services	4	4	2	4	4	6	2.75	*2.57*
g- Atlantic Canada offers suitable and affordable professional development and training experience	4	8	4	4	1	5	2.19	(no equivalent statement)
h- Atlantic Canada offers suitable orientation programs to non-Canadian medical and/or paramedical staff	5	12	4	1	1	3	2.0	(no equivalent statement)
i- Atlantic Canada offers suitable and affordable housing	1	4	5	6	3	7	3.16	*3.46*
j- Atlantic Canada offers suitable settlement services	6	3	5	3	3	6	3.2	*1.75*
k- Atlantic Canada offers an attractive quality of life	1	2	0	5	8	10	3.96	*3.97*
l- We feel welcome in our neighbourhood	3	2	0	7	6	8	3.78	*3.52*
m- Atlantic Canada is a safe region where to grow a young family	1	3	1	1	9	11	3.96	*3.59*
n- Atlantic Canada offers suitable language training	3	7	1	5	4	5	2.83	*1.76*
							Mean=2.67	***Mean=2.91***

While wary of dealing with small numbers, some differences between the two sets of responses are insightful. Even fewer IEHP respondents have been drawn to the region because of a guarantee of employment (2.0 *versus* 3.86); nor were they likely to have other close relatives or friends already settled there (2.54 *versus* 3.39). This situation may tend to make IEHP immigrant families more culturally isolated, more obliged to depend on their own resources, with implications for their retention.

Moreover, the opinion of IEHPs on the suitability of language training as well as that of settlement services is significantly higher than that of respondents to the 2005 study (3.2 *versus* 1.75; and 2.83 *versus* 1.76 respectively). It is impossible to pinpoint the reasons for

this difference; however, obvious candidates would be the increased level of both settlement and language services being offered since 2005 by the PEI Association for Newcomers to Canada - including courses on English specific to Health Professionals - plus additional government funding for LINC (Language Instruction for Newcomers to Canada) seats. Such services (along with others) may have been instrumental in ensuring that various IEHPs remain in Atlantic Canada and would have improved their prospects of finding suitable employment.

The comparison of the weighting of the same statements in relation to their importance in the decision to *come* to PEI and Atlantic Canada (as against the decision to *stay*) does not reveal many differences. The sum of mean scores is actually exactly the same (at 2.67). Religion as a basis for staying on the island/region is of as low significance as it was as a basis for coming. There is however, some redistribution of importance amongst the statements. Most notable of these changes is the reduction in the scores pertaining to the availability of attractive jobs (with a mean score of 2.5 in its importance for coming to PEI/ Atlantic Canada; and falling to a mean score of 2.0 in its importance for staying), or of attractive job prospects (with a mean score of 2.86 in its importance for coming to PEI/ Atlantic Canada; and falling to a mean score of 2.04 in its importance for staying). Arguably, this data suggests that actual or potential job opportunities for IEHPs were stronger inducements for coming to the province/region, but become less of a priority once established on PEI/Atlantic Canada. Safety, affordable housing, welcoming neighbourhoods and a generally attractive 'quality of life' are given a much stronger priority (with mean scores of 3.16 or higher). There is also a very large gap in the importance of attractive job availability for staying on PEI/Atlantic Canada between the IEHPs in this 2007 survey and the settlers in the 2005 survey (with the *second lowest* mean score of 2.0 for IEHPs in this study; compared to a *second highest* mean score of 3.86 for the respondents to the 2005 study). Why is this so? Are such responses by IEHPs – which celebrate the social and security features of the island and region, but are not as strong to ascribe a priority to their jobs, or job prospects - partly a compensatory response to 'cognitive dissonance', or a resignation to frustrations and disappointments that are associated with an unsatisfactory professional status and career prospects?

14. Working on PEI

The respondents were each invited to describe their current, main, occupational duties, to specify their work status, or else to declare that they are not currently working in a profession. In all, 33 of the 39 respondents opted to answer this open-ended question (Q. 15). Their overall responses betray some of the main challenges of integrating IEHPs appropriately in the PEI and Canadian labour market. *Twenty of the respondents (61%) who answered this question – or just over half the total sample - were either unemployed or underemployed at the time of the study*:

- Working in the health sector, mainly in the area for which IEHP had been trained and/or had experience: 13 responses.
- Working in the health sector, but not mainly in the area for which IEHP had been trained and/or had experience: 5 responses.
- Working, but not in the health sector: 2 responses (these being "working in a restaurant" and "working with a pizza restaurant").
- Not working at all – including some who are studying/ sitting for health-sector related exams: 12 responses.
- One other respondent is not working, but is a volunteer at a local hospital.

Although we are dealing with small numbers, this data compares even more starkly with that concerning the levels of unemployment or underemployment of graduates trained outside Canada, as gleaned from other parts of the country[6].

15. Attracting Other Immigrants

All respondents were asked to respond to Q. 25, which consists in a third and final battery of 17 statements, each indicating a possible obstacle or problem to attracting other immigrants to come and settle on PEI/Atlantic Canada, doing so once again by ranking their answer on a (Likert) scale from 1 to 5, 1 indicating least significance and 5 indicating maximum

[6] Thus, in Ottawa, just over 25% of university educated immigrants are employed in an occupation that does not match their skill level, which is twice the proportion that affects their Canadian-born counterparts; while recent immigrants to Ottawa with a university degree are four times as likely to be unemployed, again when compared to Canadian-born counterparts (Canadian Labour and Business Centre, World Skills and United Way/Centriade Ottawa, 2003: 9-10; Adey & Gagnon, 2008: 54).

significance. The higher the mean score, the statement is considered to be a more significant challenge or obstacle to attracting immigrants to the province. 30 IEHPs provided responses to this question. What is important in this case is not whether the statement is actually true or not; but whether the respondents *felt* that it was, in the sense that it was a real perceived obstacle to potential immigrants and settlers to PEI.

Q25: How serious would you consider the following to be obstacles and problems towards attracting other internationally educated health professionals to Atlantic Canada?	***N/A***	***1***	***2***	***3***	***4***	***5***	***Mean Score***
a- Atlantic Canada is small, isolated and remote	0	10	5	7	5	3	*2.53*
b-There is a lack of cultural diversity in Atlantic Canada	0	10	5	6	7	1	*2.37*
c-Atlantic Canada does not offer satisfactory settlement assistance	9	7	6	5	0	3	*2.33*
d-Atlantic Canada does not offer satisfactory language service assistance	5	10	5	4	4	2	*2.32*
e- Goods and services are limited in choice and yet more expensive in Atlantic Canada	1	5	6	8	3	7	*3.03*
f-The quality of education in Atlantic Canada is not up to standard	6	7	8	5	1	3	*2.38*
g-The quality of health care in Atlantic Canada is not up to standard	1	7	7	4	2	9	*2.97*
h-Atlantic Canada has insufficient health professionals	2	0	8	6	4	10	*3.57*
i-Meaningful and challenging employment opportunities for health professionals in Atlantic Canada are lacking	3	3	9	1	5	9	*3.3*
j-Meaningful and challenging training opportunities for health professionals in Atlantic Canada are lacking	4	1	7	1	7	10	*3.69*
k-The weather in Atlantic Canada is too harsh and challenging	1	9	11	6	2	1	*2.14*
l - Atlantic Canada does not offer suitable orientation programs to non-Canadian health professionals	8	2	6	1	5	8	*3.5*
m- Newcomers do not really feel welcome in Atlantic Canada	3	15	6	2	1	3	*1.93*
n-There are too few people from other countries in Atlantic Canada	0	16	11	2	1	0	*1.6*
o-There is a lack of ethnic food and restaurants in Atlantic Canada	0	13	4	9	3	1	*2.17*
p-Salaries and wages in Atlantic Canada are lower than in the rest of Canada	3	4	5	10	3	5	*2.7*
q-Flights to/from the region are few, expensive & inconvenient	3	2	4	6	7	8	*3.56*
							Mean=2.71

With one exception (that of the cost, frequency and availability of air travel to/from PEI and Atlantic Canadian region), *the four strongest responses, all with a mean score of 3.3 or higher, deal with health human resources and delivery services*. The quality of health care *per se* is not seen to be an issue; however, the number of health professionals in the region is not seen to be adequate (also justifying the presence and potential employment of the IEHP respondents!); both meaningful employment and training opportunities in the region are seen to be lacking; and Atlantic Canada is not deemed to be offering suitable orientation programs to non-Canadian health professionals. No other issue from the available list of 17 statements

is felt by the IEHP respondents to be as serious an impediment towards attracting (and presumably retaining) other internationally educated health professionals on PEI and in Atlantic Canada generally.

16. Identification of Main Obstacles or Problems

What, then, are considered to be the main obstacles or problems towards attracting other internationally educated health professionals to PEI and Atlantic Canada? This was the final specific question asked in this study, and 27 IEHPs submitted their opinions. The responses can be categorized in terms of the five categories of social integration suggested by Ray (2002): whether they are strictly professional and labour market related; civic-political; linguistic; educational; or residential in nature. The number of profession-related obstacles or problems cited by respondents (22 out of 35) easily surpasses the number of other obstacles or problems put together. (Most respondents suggested more than one obstacle or problem; hence the number of responses below is larger than the number of respondents):

Profession and Labour Market Related (22 responses)

- Inability to keep up-to-date professionally
- Non-recognition of health credentials obtained elsewhere
- Too many challenges towards obtaining health credentials
- Too many challenges towards securing licensure
- Opportunities for professional practice, internships, orientation and training are not available, or not available enough, for IEHPs.
- Unable to secure (suitable) employment
- Insufficient information about local employment opportunities
- Lack of full time positions with full benefits
- Lower pay scale

Civic-Political Related (8 responses)

- General sense of isolation (including other members of immigrant family)
- Lack of other Muslims
- Lack of opera, symphony, ballet and ethnic restaurants
- Conservative and dismissive reactions to ideas from elsewhere

Language Related (2 responses)

- English language proficiency

Education Related (2 responses)

- Limited opportunities in higher education
- Insufficient financial assistance to IEHPs continuing their studies

Residence Related (1 response)

- More expensive travel to and from the region

The obstacles and problems related to the health profession *per se* cited by the respondents are both the most numerous, and the most diverse. Some respondents do not hesitate to pile up the issues:

> "Credentials of trained health professionals are not recognized here and there are too many challenges to get your credentials." (Respondent #9).
>
> "Training needs to be available for IEHPs. We could move through the process. We need practice. Opportunity for internships, sit for test, get practice. We need an opportunity for training. Also, financial help." (Respondent #15).
>
> "Not enough opportunity for my own field of work. Not enough training programs or opportunities. Other provinces have easier process." (Respondent #16).
>
> "There is a lack of orientation programs to internationally educated health professionals - and, even if this program is available, it takes a long time." (Respondent #38).

The civic impediments towards the successful attraction and retention of IEHPs in PEI and Atlantic Canada identify the need for *family* focused (and not just IEHP focused) retention strategies:

> "They should plan to settle a family, not only to attract a professional." (Respondent #22).
>
> "There are no sources for us to get our license. In my case, the government did what it promised to my husband as a specialist. But, the government forgot an important part: his family." (Respondent #25).

Some IEHPs are clearly angry and deeply disappointed with the reception they have been given. Their responses suggest that they are led to believe that IEHPs are automatically considered to be insufficiently qualified to practise on PEI or in Atlantic Canada:

> "The main health care system in PEI is very narrow-minded and openness to new ideas is very limited. I feel that the doctors do not necessarily listen and provide the best health care for the client. There is no freedom of choice in the health management that the government supports. The practice of medicine is 'tunnel vision'… Accreditation is still a long process to attain… In a smaller community and without strong ethnic diversity, people may face prejudice due to their race, accent, country of origin." (Respondent #19).

> "My issue is with the provincial attitude that somehow health professionals from elsewhere (the US???) aren't qualified to work here. I was specifically told that the Island licensing board has NEVER certified anyone from away." (Respondent #23, *emphasis in original*).

Educational, linguistic and residential issues are the least cited obstacles of all. They include claims about the absence of financial support mechanisms; about insufficient language proficiency programs; about non-competitive salary and benefit packages; and also insufficient opportunities for the pursuit of educational programs for other members of the IEHP families:

> "There is a lack of full-time permanent positions with full benefits, when there is an apparent lack of health care professionals. There are no incentives to come to Atlantic Canada for work: pay scale is considerably less; travel to and from the region is expensive; and there is a lack of full time positions with benefits." (Respondent #20).

> "There are few opportunities of higher level education for my children, such as the diverse universities and colleges." (Respondent #30).

Similar comments are submitted in response to the invitation, at the end of the questionnaire survey, to add any additional information felt to be relevant to the subject under discussion by the respondents; 14 IEHPs provided some commentary here; 4 of the comments were appreciative of this research study *per se*; the remaining 10 comments are pertinent to the content and focus of this study. Most are generally constructive appeals for practical and flexible solutions towards the proper integration of IEHPs into the local and regional labour market:

> "I hope that the government can arrange a program for foreign trained specialists and provide opportunity for jobs." (Respondent #24).

> "I have found the people I have met … to be friendly and very helpful, and personally, I, or my family, have no social issues. More training opportunities would be very welcome, as would some programs to help ease IEHPs into the system. From my perspective in administration, I can see the manpower problem at all levels of healthcare increasing drastically with time, with IEHPs being a large part of the solution. We are competing with the rest of the world in attracting professionals, and we have to make it attractive in the long term for them if we want them to stay." (Respondent #30).

> "We need more help to have a job related to the health care system. I mean, a doctor could work maybe as a Resident Care Worker, Licensed Practical Nurse, or as a researcher in any program which is related to health." (Respondent #36).

> "There should be facilitation for the Internationally Educated Health Professionals. Temporary jobs in health sector should be available for them until completing their license exams, instead of leaving them working as general labour. Allow more training." (Respondent #38).

> "I think there should be facilitations to the medical health professionals. It should be a temporary job for them till they get the license to work as doctors, allowing more opportunities in residency for immigrants." (Respondent #39).

But others are more vociferous, and their message betrays disappointment with the local administration of the health care system and a sense of personal aggravation:

> "PEI makes it too difficult for doctors to work here." (Respondent #17).

> "… PEI has to start changing their views if they want to become an attractive place for health care professionals. If they continue to remain close minded and don't change their view quickly enough, PEI will always remain as a small dot on map." (Respondent #19).

> "We are not going to give up this battle to get my certification. I took it as far as previous Premier Binns' office which basically said their hands were tied. The only reason I've been given that I can't practise … (by the way, they want me to start entirely over: essentially receiving no credit for my years, not only in health care but also as a healthcare instructor and supervisor) is that the US doesn't provide as much in-class time during training. I even offered to sit ANY exam and work some shifts for free to prove my abilities; but the licensing board couldn't be bothered. Sorry to sound bitter but I am extremely good at my profession and still am not willing to give it up that easily…" (Respondent #23, *emphasis in original*).

17. A Wider Discussion

This study clearly confirms what are already well known as some of the major, well-documented barriers to health licensure experienced by health professionals trained outside Canada: insufficient information about licensure requirements and process; inadequate access to preparation materials for licensure examinations; limited avenues to gain Canadian experience in the profession, difficulty finding meaningful interim employment; and lack of occupational proficiency in English. The challenges are compounded by the small size of the island province (which leads to the absence of specialized professional development opportunities; stronger environmental pressures for broadening specializations and working with reduced staff support) and its still fairly homogenous 'White, Anglo, Christian, and Straight' culture (Baldacchino, 2006: 15) (which makes the settlement experiences of immigrants, especially those belonging to visible or religious minorities, especially tough).

Moreover, this study has <u>not</u> explored the rationale behind the desire for more health physicians and especially for more doctors, nurses and specialists. Is having "more doctors" necessarily a good thing (e.g. Evans, 1976)? The real success of health care, after all, is better secured via a more effective wellness program, which *prevents* ill-health, rather than a curative approach. A *higher* doctor-to-patient ratio is thus not necessarily a bad thing. At least one of the IEHP respondents in this study does express disappointment with the excessive medicalization of health care in Canada:

> "I looked for other healing methods and found another option for health management. However, on PEI, this option is met by opposition more often than not. I'm hoping that the Canadian government will be more supportive and give their people a choice rather than always providing medication for diseases and health problems." (Respondent #19).

The Romanow Report (2002: xvii) had alerted that "medicare still is largely organized around hospitals and doctors". The visioning of a new health management system would see stronger emphasis on empowering nurses as the front line health professionals, with more acute cases being reported to physicians and from them on to specialists and/or hospitalization (e.g. Jost & Wheatley, 2007).

One other IEHP respondent observed that the key challenge facing health care in Canada today is managerial in nature: the current system is top-heavy, with an administrative structure that endeavours to allow physicians to see as many patients as possible, enhancing their 'fee for service' based revenue, while also risking burnout and exhaustion: many physicians work up, or close, to 60 hours a week[7]:

> "Today, younger health professionals want to have a life. They are not interested in working 60 hours a week. Medical professionals in the past were different; their job was their life." (Respondent #2).

Such and similar 'scope of practice' issues may be adequately addressed via an increase in the number of inter-professional teams, along with an increase in the number of inter-professional education and training programs, as recommended by the Health Council of Canada (HCC, 2005: 32). Meanwhile, clients typically refer to pharmacists when they have difficulty accessing physicians (at best); or when they feel that doctors are so rushed that they leave them with unanswered questions:

> "A report issued by the PEI Literacy Alliance says that a lot of Islanders are in the same boat and aren't getting enough information in plain language from their doctors. As a result, many are forced to turn to pharmacists or even the internet to get the information they need about their health problems" (Wright Constable, 2008).

However, "turf wars" between doctors and nurses are centuries old; nor are they peculiar to Canada. Nurse practitioners continue to be accused of being "wannabe doctors" (CTV, 2005; *see extensive correspondence on this subject in* BMJ, 2005). And the Canadian Medical Association is at loggerheads with the Canadian Pharmacists Association over the latter's endorsement of prescriptive authority: Dr Jeff Posten, the Executive Director of the CPhA, retorts that such attitudes are "paternalistic" and "defensive" (CBC News, 2007b).

Meanwhile, as the medical profession becomes increasingly feminized in Canada, this situation may gradually change: female physicians (prefer to) work up to 7 less hours per

[7] Physicians in Canada average 51 hours per week, plus are on-call for an additional 20-30 hours per week. 32% of physicians report working 60 hours a week or more. Moreover, responses to a 2003 CMA study indicate that 46% of physicians appear to be in advanced stages of burnout (CMA, 2005, *passim*).

week than their male counterparts: 47 as against 54 hours per week (Kermode Scott, 2004; Gulli, 2007). Also, the current generation of younger health professionals is "… committed to working smarter, not harder" (Gulli, 2007).

Such issues affect IEHPs as much as they affect Canadian educated and trained health professionals.

18. Policy Implications

A key challenge facing Prince Edward Island is the pace of change in licensing procedures, given that its immigration experience remains largely insignificant. Statistics Canada reports only 885 immigrants and 270 non-permanent residents moving to the province between 2001 and 2006 ... of whom, of course, not all would have stayed (Statistics Canada, 2007). The numbers are up on previous census quinquennia (just 270 immigrants moved to PEI over 1991-1995; and 315 immigrants over 1996-2001); and a larger number of immigrants is likely in the next census round; but institutional changes are slow and wary to respond to what may amount to individual cases. In various instances, PEI-based professional associations are confronted by situations never faced before. Determining the equivalence of qualifications secured elsewhere may be problematic. They are concurrently acutely aware that they are dealing with very serious matters:

> "We must be very careful. There are people's lives that are at stake". Sheila MacLean, interview notes, February 15, 2007.

Perhaps screening procedures for IEHPs can shift from being credential based to being performance based, as being contemplated by the Ontario College of Physicians (reported in Chandrasekere, 2007b). More opportunities for volunteering, apprenticeship, mentorship and other experience-based programs need to be considered, while ensuring that liability issues are resolved. Moreover, explicit bridging pathways need to be put in place to guide and inform would be applicants of the due process to be pursued, with options always open to consider individual case on their own merit.

19. Conclusion

The challenge of "getting one's foot in the door" in the health human resource field in Atlantic Canada is especially daunting for non-Canadians, including those who may be already qualified. The situation could lead to circumstances where IEHPs fail to secure any employment, or else secure such employment that does not deploy their professional skills. If complete job readiness and maximum efficiency is expected immediately upon engagement, then IEHPs would invariably fail to fit the bill, irrespective of how well they have amassed credentials, training and experience. Non-familiarity of most IEHPs with "the island way" and poor workplace integration can easily be misconstrued as incompetence, or as an inability or unwillingness to "fit in" (PEIANC, 2007a: 8). This is a very different scenario from the one featured in the movie *Seducing Dr Lewis*, where the locals of a tiny fishing village try everything they can think of in order to lure a doctor to take up full-time residency on their island (La Grande Séduction, 2003).

One current dominant opinion in policy circles on PEI and Atlantic Canada is to repatriate Atlantic Canadian health professionals, because they are more culturally attuned to the environment and more likely to be committed to the land and its people:

> "Physicians who are 'from here' may want to 'come back'" (Sheila MacLean, interview notes, February 15, 2007).
>
> "There are 91 Prince Edward Islanders studying medicine abroad at this time" (Sarath Chandrasekere, interview notes, February 8, 2007)

Yet, while this policy is certainly worth pursuing, it should not lead to indifference and policy inaction in the face of the plight and situation of IEHPs, so many of whom may already be living on PEI or in the region. Immigration can only contribute to net population growth and to the health care service on PEI and the region if immigrants – and their spouses, who are typically just as qualified - can find relevant, and timely, job opportunities (Baldacchino, 2006: 41; PEIANC, 2007a: 5). Any such job opportunities need to be commensurate with training and skills: some 20% of immigrants who arrived in Canada between 1992 and 2000

have been found to be living in “a state of chronic low income”, often being turned back from jobs because they lack “Canadian experience” (Jiménez, 2007).

A trained gynecologist working as a translator; and a medical laboratory technician working as a chef: these are unlikely but real-life situations of such a ‘disconnect’ from unlicensed IEHPs found in PEI, and who are not likely to be unique. Yet, as a foreign-trained unlicensed physician working as a pizza delivery worker confided, in a gesture of resignation: better a job that secures some regular income, than no job at all[8].

Significant results in the appropriate professional integration of various IEHPs resident on PEI have been achieved by the IEHP project underway at the PEIANC during 2007: two IEHPs have found jobs in health related fields; one IEHP has been accepted at UPEI to begin transfer credits towards nursing; one IEHP wrote and passed the MCCEE (Medical Council of Canada Evaluating Examination), with four more scheduled to write the exam early in 2008; another IEHP has completed the exam for the Resident Care Worker program and is awaiting certification; two IEHPs are in volunteer work placements, thus gaining valuable Canadian experience; and four more are lined up for the same (PEIANC, 2007b: 19-20). This personalized, customized approach is reaping dividends. No less that 42 IEHPs resident on PEI are now registered as clients with the PEI-ANC. The latest initiative by the PEI-ANC, still hot off the press, is the provision, over three years, of micro-credit loans to IEHPs, financed by Health Canada, thus facilitating the pursuit of training and procurement of books and other study guides necessary for sitting examinations (CBC News, 2008).

Thus, it appears from this study that the reasons why IEHPs do not tend to stay on PEI and in Atlantic Canada may have much more to do with their actual experience as immigrants on the island and the region, than with their assumed predisposition to leave for the multicultural metropolitan heartlands of the country.

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[8] Information obtained from a focus group of IEHPs convened by the PEI Association of Newcomers to Canada, Charlottetown, PEI, January 9, 2007.

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