

**Internationally Educated Nurses
(IEN): *The Forgotten Healthcare
Teaching Resource***

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1. IEN – who they are?

General data:

- Nursing shortages are recorded in many OECD countries, namely, Canada, Australia, France, Germany, Ireland, the UK, and the USA, struggling to sustain their nursing workforce. (1)

- Migration comes as the result of interplay “push” and “pull” factors. Generally, push factors include political turmoil, poor or unsafe work conditions, poor quality of life, and lack of economic and social stability; pull factors include aggressive recruitment campaigns, opportunities for educational or professional advancement, opportunities to earn higher incomes and a better standard of living, and/or peer or family influence. (1)

- Canada, Australia and the UK play dual roles as both destination and donor countries. For instance, 20% of the 100,791 IEN in the US were educated in Canada. (1)

- In 2009, of more than 266,000 nurses employed in the nursing profession in Canada, approximately 22,000 or 8.3% were internationally educated. Proportionally, the IEN workforce in Canada is comparable to that of the UK at 8%, smaller than Australia’s at 16.4% and New Zealand’s at 22%, and larger than that of the US at 3.7%. In 2008, 30.2% of IEN in Canada were educated in Philippines, and 17.9% were educated in the UK, comprising almost half of all IEN in Canada. (1)

- While IEN make up a relatively small proportion of the nursing workforce on a national scale, they comprise a considerably larger proportion of some local workforces. For instance, more than half of all IEN in Canada work in Ontario, constituting 10% of the total nursing workforce. Relatively few countries are major sources for IEN in Ontario. Based on Collage Nursing Of Ontario 2008 data: Philippines – 3114, UK – 1993, India – 781, USA – 679, Poland – 530, the former Yugoslavia – 305, China – 225, the former USSR – 228, Iran – 225 and Romania – 197. (2) The IEN workforce is predominantly urban. (2) In 2007 they represent 25% of nursing workforce in Toronto. (1)

- Ontario educated nurses enter the workforce soon after graduation, typically in their 20s. In contrast, most IEN entrants are over 30 years of age, with nursing experience.

- IEN have overall high rate of full time compare to Ontario educated nurses. (2)

Bottom line picture from above data about IEN for Toronto area:

1. IEN are 25% from nursing workforce in Toronto;
2. IEN generally have more experience than Ontario educated nurses;
3. IEN have higher rate of full time work than Ontario educated nurses.

Conclusion:

Internationally Educated Nurses in Toronto area consisting a big and experience portion of full time nursing workforce represent an excellent nursing teaching resource.



2. Why we need them?

Reasons:

- Skilled immigrants provided competitive advantage to companies. Skilled immigrants are typically bilingual, sometimes multilingual, act as “cultural bridges” for global communication informing companies about the needs of immigrant customers. (3)
- Skilled immigrants foster a workplace culture grounded in diverse thinking at a time when the true potential of business rest more than ever on innovation. (3)
- Employing people from different parts of the world improve the team’s diversity of thoughts and experience, and add to the overall creativity and ultimate strength of the organization. (3)
- Diversity impact the bottom line: 1) improve corporate culture, 2) improve recruitment of new employees, and 3) improve clients relations. All three of these factors have been correlated with reduce cost. (3)

Conclusion:

We need them to ensure further survival of our organisation as a best care provider.



3. Can they teach?

Comparative research data:

-Undergraduate students did not perform better in classes taught by native-speaking teaching assistants; foreign teaching assistants were as effective as native speaking teachers. (4)

-The world is becoming progressively more interrelated; the success of individuals, organisations, and institutions depends on effective cross-cultural communication. Foreign-born faculty are in demand and provide unique opportunities for students to learn about cultural diversity right in their own classrooms. (5)

Conclusion:

Yes, they can and they should.

4. Who is he and what allows him to teach?

Writer's RN experience:

- 17 years full time in acute inpatient psychiatry (in Israel and Canada), including Clinical Nurse Specialist, Deputy Manager and Manager of acute inpatient department in a government funded centre.
- 9 years part time in Recovery Room, postoperative floor, ICU, etc (practically everything besides obstetrics) in a privately funded medical centre in Israel.

Writer's education:

- High school and art school, Ukraine;
- Unfinished medical school, Russia;
- Nursing College, Israel;
- Special intensive one year psychiatry course for nurses, Israel;
- Bachelor in Health System Management from New England University, Maine, USA;
- Microsoft Software Engineering course (Visual Basic, C#, SQL, HTML), Israel;
- Masters in Health System Administration from New England College, New Hampshire, USA.

Writer's languages (in order they were acquired):

- Russian, Ukrainian, Hebrew, French, English.

What he has taught in the last 8 years in English:

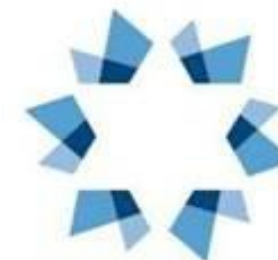
- Psychiatric residents how to conduct an intensive psychodynamic group in acute inpatient unit;
- Under-graduate nursing students and master's programme nursing students, as a preceptor;
- Newly hired, recently graduated nurses as their preceptor on the unit;
- Non-violent crisis prevention techniques to hospital staff as an Instructor on behalf of Crisis Prevention Institute.



Conclusion:

Diverse background of IEN allows conventional and “outside of the box” problem solving, extensive and varied experiences recognised by IEN peers, making them an approachable and comfortable source for on-site nursing education and even leadership.

5. What kind of organization allows this to happen?



Writer's Hospital:

- Mount Sinai Hospital: "A state-of-the-art, 472-bed patient care, teaching and research hospital." (6) in downtown Toronto, Canada.
- Following data collected by writer represents participation of IEN in 11 different hospital departments:
 - 20 % of IEN from total RN's (which is slightly less than the 25% Toronto average).
 - 52.4 % of all IEN in the hospital participate in nursing teaching.
 - no special programme or awareness about IEN role in nursing teaching or about IEN existence at all was identified in the hospital (HR has no data about them as well).

Writer's department's diversity: Of total 25 RNs: 2 sexual minorities, 7 Asian (from different Asian backgrounds), 2 black, other Caucasian RN's (also all from different European backgrounds); one IEN (the writer); of three attending physicians: two Internationally Educated.

"IEN in MSH 2012 by Bard B"	Total RNs	IEN	IEN (% off total RNs)	IEN in teaching	IEN in teaching (% off IEN)
dep 1	60	1	1.7	1	100
dep 2	100	3	3	0	0
dep 3	4	0	0	0	0
dep 4	3	0	0	0	0
dep 5	41	8	19.5	8	100
dep 6	9	4	44.4	0	0
dep 7	38	11	30	0	0
dep 8	108	20	18.5	18	90
dep 9	75	40	53.3	20	50
dep 10	51	17	23.3	7	41
dep 11	25	1	4	1	100
Total	514	105	20.4	55	52.4

Conclusion from writer's IEN experience:

Diverse organizational environment makes it easy for an IEN to assume a teaching role, despite an absence of official organisational policy or strategy, as diversity makes it “ok” to sound and to look different.

6. “You have an accent, and I have trouble understanding you” – this would be the biggest fear.



Practical recommendations for IEN involvement in nursing teaching

To the preceptor with a teaching language which is not his/her first spoken language:

- ∅ Be attentive to a potential reaction (plan for it). (5)
- ∅ Speak clearly, at a slower pace, and articulate words comprehensibly. (5)
- ∅ Organize material well: clear sequence, use visual aids (handouts, power point, movies/videos, etc). (5)
- ∅ Give additional opportunity to ask questions (as students may not understand everything). (5)
- ∅ Recognize that preceptor has more authority than students on the floor which creates a power imbalance.
- ∅ Minimise use of humour (what is funny in one culture may not be in another).
- ∅ Avoid slang and jargon. (5) ∅ Use more practical (case) based ways to teach.
- ∅ Any telephone communication for the teaching can be ineffective. (5)
- ∅ Have students repeat what they heard you say (never assume that students understand what you said).
- ∅ Use body language (7% words, 38% para-verbal communication, 55% non-verbal communication). (5)
- ∅ Avoid negative questions such as, “Do you not want to participate?” In English, “yes” signifies a positive response and “no” signifies a negative one. In other cultures a response of “yes” or “no” may signify whether the question is correct or not. (6)





To the organization:

- ∅ Attract and select skilled IEN to work in your organisation. (3)
- ∅ Do not rule out your best candidates because you are misinterpreting their communication style. (3)
- ∅ Look after your investment by effectively integrating IEN into your workforce. (3)
- ∅ Work both to support the new IEN and to educate and support your existing work group as to how to engage effectively with people from different cultures. (3)
- ∅ When considering promotion to management or teaching position, clarify the process and expectations with IEN. In many cultures it is not appropriate to self-promote or to apply for more senior positions without the express permission or support of a supervisor. Many IEN may think that their good work is sufficient to communicate their intent. (3)

