Final Report

Assessing the Workforce Integration of Internationally Educated Health Professionals

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Executive Summary

Many research initiatives have described the barriers faced by internationally educated health professionals in fulfilling entry-to-practice standards in Canada. Meeting regulatory standards is an important step in the integration process; however it is by no means the only indicator. True integration is a career-long venture that involves the individual's ability to advance within their profession with the same opportunities and options as their Canadian educated counterparts.

While no comprehensive studies have examined the degree to which internationally educated health professionals are fairing after licensure, anecdotal evidence suggests that many practitioners have become stagnated and underemployed in their professions due to a variety of factors. Language proficiency, cultural sensitivity and the need for additional education may all play a role, but only focused research can determine the extent and scope of this issue and its root causes.

To this end, the Canadian Society for Medical Laboratory Science (CSMLS) received funding from the Government of Canada's Foreign Credential Recognition Program to conduct research assessing the integration of practising immigrant health professionals in Canada. This collaborative initiative brings together groups and individuals from five different health professions: medical laboratory science, physiotherapy, occupational therapy, pharmacy and medical radiation technology.

The primary objective of this research set herein is to determine through qualitative and quantitative means the barriers (if any) that practising internationally educated health practitioners face in integrating into the Canadian workforce. Specifically, research tools (focus group, interviews and surveys) examined the extent to which internationally educated health professionals (IEHP) who have been licensed/registered and working in Canada for two to eight years have become integrated into their respective occupations relative to their Canadian educated (CEHP) counterparts.

In 2010, 21 focus groups (14 with IEHPs, 7 with CEHPs) were conducted in centres across Canada; a total of 118 individuals participated. Based on the key themes evidenced during these sessions an online survey was drafted; the goal of this quantitative research was to validate preliminary findings across a larger sample.   A total of 1,123 (203 IEHPs, 920 CEHPs) individuals in the target group responded to the survey.

The collective research conducted suggests a number of interesting findings. Firstly, there is relative parity between job and career satisfaction expressed by both the IEHP and CEHP cohorts. After becoming licensed and participating in the workforce, the same proportion of both groups indicated overall "satisfaction" with their current job (87%); when asked about their career as a whole, only slightly fewer IEHPs claimed overall satisfaction (85% relative to 90% of CEHPs). Perhaps slightly even more surprising is that when the two cohorts were asked to comment on the satisfaction of specific aspects of their job/career (e.g. work specialty, hours, pay) on the whole, IEHPs demonstrate a relatively higher level of satisfaction compared with their Canadian educated counterparts.

As well, there is evidence to suggest that, on the whole, the skills and abilities of international workers in the five healthcare professions examined as part of this study are being recognized and successfully incorporated into the workplace by Canadian employers. Nearly seven out of ten IEHP respondents said that their current employer was doing a "good" or "excellent" job in this regard. Moreover, and perhaps as a result of this inclusiveness, 73% of IEHPs felt that their overseas training was ultimately "very useful" in the Canadian context.

The research conducted also points to areas where IEHPs (and a number of CEHPs) would benefit from additional support/guidance to further facilitate the integration process. Of particular note is the issue of securing work within a related field during the assessment and licensing process. Many IEHPs reported some difficulty in this area; those who were able to had a much higher success rate in finding a job immediately after becoming licensed. Of the IEHPs surveyed, 65% of those who were able to work in Canada in their field in some capacity during the credentialing process found a job "immediately" after becoming licensed; this figure fell to 41% for those who were unable to work in a related field while undergoing their assessment. Both these figures are still well below the 82% of CEHPs who were able to secure employment immediately after getting their license. This data suggests a fairly strong correlation between workplace experience prior to licensure and an expeditious integration into the workforce.

In addition to greater opportunities for clinical placements, IEHPs indicated a number of other supports they felt would help expedite the integration process. While a few survey respondents were able to participate in a formal bridging or mentorship program, the majority developed their own ad hoc support system to navigate the first few years of their career in Canada. It is therefore not surprising that over 50% of IEHP survey respondents indicated the desire for additional education and training related to: certification/licensing exams, Canadian/provincial laws and regulations, professional communication skills, machine/technology training and access to peer support networks.

Finally, the research indicates some incidence of inequity or discrimination experienced among all newly licensed practitioners. While a similar proportion of both cohorts indicated facing some form of inequitable treatment during their career (39% IEHPs, 41% CEHPs) the perceived basis of this discrimination is very different. CEHPs in this category typically felt they have been inequitably treated because of their age or gender, the basis of the inequitable treatment as reported by IEHPs is ethnicity and nationality. This finding suggests the there is perhaps need for greater access to cultural sensitivity workshops for Canadian employers and their staff.

Based on these findings, four broad categories of action have been proffered as recommendations:

1 The development of additional training and support suited to the needs of IEHPs (and where appropriate, CEHPs) before and after licensure.

2 An investigation into how to improve the overall access and availability of clinical placement programs pre-licensure.

3 The development and disseminating of information to employers on the business case advantages of hiring IEHPs.

4 Future research into the reasons why a number of applicants do not complete the assessment process and therefore ultimately fail to become licensed and integrated into their respective professions.

Introduction

Many research initiatives have described the barriers for internationally educated health professionals in fulfilling entry-to-practice standards in Canada. While meeting regulatory standards is a crucial step in the integration process, it is by no means the ultimate one. True integration is a career-long venture that involves the individual's ability to advance within their profession with the same opportunities and options as their Canadian educated counterparts. This type of parity is essential for internationally educated practitioners to flourish and remain active in their respective professions. Should these conditions not be met, the full value of these professionals to the public and the economy will not be realized. Moreover, their potential departure from the health care field will only serve to deepen labour shortages in Canada.

While no comprehensive studies have examined this issue in depth, anecdotal evidence suggests that many immigrant practitioners have become stagnated and underemployed in their professions due to a variety of factors. Language proficiency, cultural sensitivity and the need for additional education may all play a role here, but only focused research can determine the extent and scope of this issue and its root causes. It is the aim of this report to explore the barriers, if any, that are impeding the full integration of internationally educated health practitioners into the workforce and to recommend steps that may be taken to address identified issues.

Background

As many studies have described, labour market growth in Canada has become essentially contingent on immigration.[1] More than two-thirds (69%) of labour force growth in Canada was attributable to immigration between 2001 and 2006.[2] This is expected to increase to 100% by 2011.[3] In other words, immigrants will provide the only source of growth in Canada's labour market. Foreign credential recognition is acknowledged to be good for immigrants and good for the economy,[4,5] yet fewer than half of the professionally trained new Canadians who arrived in 2002 were able to work in their field of expertise in Canada.[6]

To address this issue, both federal and provincial governments have commissioned a number of projects aimed at expediting the integration of immigrants into key sectors of the economy – many of these in professionally regulated environments. However, reports of underemployment of immigrants are increasing in frequency and urgency. Underemployment constitutes an enormous burden. The underutilization of immigrants' skills alone costs the Canadian economy $2.4 billion to $5.9 billion annually.[7,8]

Underemployment is a complex and multifaceted concept. It is often expressed using concepts such as unemployment; employment in a field that is not of one's choosing; reduced or contingent employment (for example, part-time work when the employee would prefer full-time); employment in a position where the employee is overqualified; or payment at or below poverty level wages.[9,10] The International Labour Organization defines underemployment as "underutilization or inefficient use of a worker's skills, qualifications or experience, or where the worker is unable to work as many hours as he or she is willing to."[11] Underemployment may be categorized as 'time-related underemployment' (in which the hours of work are insufficient) or 'inadequate employment situations' in which conditions of work are not adequate to allow the employee to do the job for which s/he has been hired or educated.[12] The former is more readily expressed in quantitative and measurable terms, while the latter poses greater challenges for measurement.

Certainly, there is evidence of time-related underemployment of immigrants in the Canadian labour force. At a macroeconomic level, it is significant. A Statistics Canada publication outlined the severity of the underemployment of immigrants, documenting that 52% of recent immigrants with a university degree worked in a job requiring only high school education at some point during the six-year study, compared to 28% of their Canadian-born counterparts.[13] A related study shows that 70% of all working age immigrants (15 to 65 years of age) who have come to Canada in the recent past hold some post-secondary education.[14] Yet, findings from the Longitudinal Survey of Immigrants to Canada (LSIC) show disproportionately high underemployment rates, with 60% of skilled immigrants finding jobs – but not in their intended occupations.[15]

[1]Citizenship and Immigration Canada, Immigrant Occupations: Recent Trends and Issues (Ottawa: CIC, 2003). [2]Statistics Canada, Immigration in Canada: A Portrait of the Foreign-born Population, 2006 Census (Ottawa: Statistics Canada Catalogue number 97-557-XIE, 2007). [3]Statistics Canada, The Changing Profile of Canada's Labour Force (Ottawa: Statistics Canada Catalogueno 96F0030XIE2001009, 2003). [4]N. Alboim, Fulfilling the promise: Integrating immigrant skills into the Canadian economy. (Ottawa: Caledon Institute of Social Policy, 2002). [5]Bloom, M., & Grant, M. Brain gain: The economic benefits of recognizing learning and learning credentials in Canada (Ottawa: Conference Board of Canada, 2001). [6]Delaney, J. "Doors opened for Canadians with foreign credentials," Epoch Times (May 2005),

http://english.epochtimes.com/news/5-5-1/28344.html (accessed April 19, 2011). [7]Reitz, J. "Immigrant skill utilization in the Canadian labour market: Implications of human capital research," Journal of International Migration and Integration (2001): 2(3), 347-348. [8]Bloom & Grant, cited previously. [9]Slack & L. Jensen,T. "Underemployment across immigrant generations," Social Science Research (2007): 36(4), 1415-1430. [10]Livingstone, D.W. The education-jobs gap: Underemployment or economic democracy (Boulder CO: Westview Press, 1999). [11]International Labour Organization, Thesaurus: Underemployment (Geneva: ILO, 2007), http://www.ilo.org/public/libdoc/ILO-Thesaurus/english/tr4518.htm (accessed March 24, 2009). [12]The Sixteenth International Conference of Labour Statisticians, Resolution concerning

the measurement of underemployment and inadequate employment situations, adopted by the Sixteenth International Conference of Labour Statisticians (1998), http://www.ilo.org/wcmsp5/groups/public/---dgreports/---integration/---stat/documents/normativeinstrument/wcms_087487.pdf (accessed April 19, 2011). [13]Li, C., Gervais G., & Duval, A. The dynamics of overqualification: Canada's underemployed university graduates (Ottawa: Statistics Canada, 2006). [14]Statistics Canada, Immigration in Canada: A portrait of the foreign-born population, 2006 Census: Findings (Ottawa: Statistics Canada, 2007). [15]Statistics Canada, Longitudinal survey of immigrants to Canada: Process, progress and prospects (Ottawa: Statistics Canada, 2004).

Since the year 2000, a number of Canadian health professions have produced reports outlining the major barriers to the successful transition of internationally educated individuals into their given fields.[16,17,18,19] Findings from these reports are fairly consistent across professions, documenting communication issues, lack of Canadian experience, professional regulatory requirements, and employer discrimination as major barriers. Almost without exception, they indicate that improved access to language courses, bridging programs, mentorship opportunities, credential assessment, and national exam preparatory resources would help immigrants become licensed/registered and employed in their chosen profession.

However, the integration of an internationally educated individual into the labour market does not end with their meeting entry-to-practise requirements and securing their first job; it is a career-long endeavour. This is where more subjective and qualitative definitions of 'underemployment are revealing, and is the focus of this report. They include work that does not make full use of an individual's education, work experience, and qualifications.[20] Such underemployment may be relative to the employment experiences of others with the same education or work history, or relative to the person's own past education or work history.[21]

This kind of underemployment may involve a straightforward underutilization of skills, or other negative employment decisions favouring Canadian over foreign-trained individuals, including promotion.[22,23,24] Previous studies have found that immigrants are construed as a burden to the workforce and are relegated to the bottom of hiring lists.[25] The same informal occupational barriers that exist for hiring immigrants may also affect their advancement in their careers through promotions, pay raises, shift scheduling, access to unionized employment,[26] inclusion in advantageous social networks,[27] opportunities for professional development, and other opportunities.

Reports supporting this contention have emerged suggesting that some immigrants working in regulated health care professions are facing barriers to professional advancement even after gaining their licenses or professional registration. One such case involves a medical laboratory technologist named Shree.[28] Despite having completed a ten-month bridging program that helped her pass the professional certification examination, Shree experienced significant challenges upon entering the workforce. Limited access to appropriate training and support mechanisms negatively affected her ability to truly integrate into, and thrive in, her profession. Having obtained full-time employment in her profession, she was demoted from her technologist position after only a short time on the job because she had difficulty meeting the demands of the position. Similarly, immigrant occupational therapists have reported difficulties working with co-workers and clients in Canada and have noted the lack of support in the workplace.[29] Parallel findings are evident in studies conducted in 2007 and 2009 that demonstrated that immigrants and visible minorities felt they had less access to developmental and career advancement opportunities than Caucasian workers.[30,31] Visible minorities working in professional fields in Canada report lower levels of career satisfaction and are more likely to feel that their education and training are underutilized.

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[16]Johnson, K. Integrating internationally educated physiotherapists (Ottawa: Canadian Alliance of Physiotherapy Regulators & Canadian Physiotherapy Association, 2007). [17]von Zweck, C. Enabling the workforce integration of international graduates: Issues and recommendations for occupational therapy in Canada (Ottawa: Canadian Association of Occupational Therapists, 2006). [18]Haley,B. & Simosko, S. Prior learning assessment and internationally trained medical laboratory technologists (Ottawa: Canadian Association for Prior Learning Assessment, 2006). [19]Blythe, J., Baumann, A., Rheaume, A. & McIntosh, K. "Internationally educated nurses in Ontario: Maximizing the brain gain," Health Human Resources Series Number 3 (Toronto & Hamilton: Nursing Health Services Research Unit, 2006).

[20]Livingstone, D.W. (1999), cited previously. [21]Feldman, D.C. (1996). The nature, antecedents and consequences of underemployment. Journal of Management, 22(3), 285-407. [22]Reitz (2001), cited previously. [23]Van Ngo, H. & Este, D. (2006). Professional re-entry for foreign-trained immigrants. Journal of International Migration and Integration, 7(1), 27-50. [24]Krahn, H., Mulder, M. & Wilkinson, L. (2000). Educated and underemployed: Refugee integration into the Canadian Labour market. Journal of International Migration and Integration, 1(1), 59-84. [25]Liu, E. (2007). A descriptive study of employers' attitudes and practices in hiring newcomer job seekers. CERIS no. 31. Policy Matters, November. [26]Reitz, J.G. (2007). Immigrant employment success in Canada, Part I: Individual and contextual causes. Journal

of International Migration and Integration, 8(1), 11-36. [27]Reitz, J.G. (2007). Immigrant employment success in Canada, Part II: Understanding the decline. Journal of International Migration and Integration,8(1), 37-62. [28]Grant, M.M. (2008). Internationally educated medical laboratory technologists: The story of one ... or many? Canadian Journal of Medical Laboratory Science, 70(4), 133-135. [29]von Zweck, C. (2006), cited previously. [30]Catalyst. (2007). Career Advancement in corporate Canada. Toronto: The Diversity Institute in Management & Technology. [31]Catalyst. (2009). Career advancement in corporate Canada: A focus on visible minorities – survey findings. Toronto: The Diversity Institute in Management & Technology.

They report receiving fewer professional development opportunities, perceive workplace barriers to their advancement, and feel that their work environment is not supportive.

These qualitative accounts are bolstered by Statistics Canada data that point to a significant and widening earnings gap between skilled immigrants and their Canadian-born counterparts.[32] A longitudinal study in Québec demonstrated career and salary stagnation among immigrants over a ten-year period.[33] It is evident that, although health human resources issues are pressing, the demand for skilled labour should not be the sole motivator for investigating this facet of underemployment among immigrant health professionals. The economic and social well-being of internationally educated workers is at risk and merits both further inquiry and remedial action. The ability to work fully in one's profession contributes to enhanced personal development, access to employment and ultimately quality of life.[34]

While there is a small body of research that describes the first one or two years of employment in Canada for immigrant health professionals,[35,36] there has been little, if any, inquiry into how immigrant health professionals fare professionally over a longer period. Accordingly, the objective of this research project is to determine to what extent internationally educated health professionals practising in Canada have integrated meaningfully into the workforce and what additional measures could remediate any identified barriers.

This project challenged the common definition of 'integration into the workforce' as simply getting a job in a chosen profession. Integration must also consider the extent to which newcomers thrive in the Canadian health care system. The International Conference of Labour Statisticians has recommended that "the measurement of underemployment and indicators of inadequate employment should be based primarily on the current capacities and work situations as described by those employed."[37] This calls for inquiry that focuses on the experience of internationally educated individuals from their perspective. By speaking with internationally educated health professionals who have worked in Canada for three to six years to inquire into their professional experiences and career advancement, the project team aimed to create new knowledge about the strategies for, and barriers to, workforce integration. These findings can inform health human resources and employment policy and practises. A comparative approach was used to establish immigrant underemployment relative to the experiences of Canadian educated individuals to distinguish external labour market factors from those affecting only immigrants.

Employers were also consulted to create a dual perspective on the workforce integration of immigrants. The interprofessional consultative and data gathering strategies established commonalities that cross professional boundaries and that promise relevance across Canada and beyond the professions studied. These issues have not been addressed in the literature and represent a novel and important contribution to the research on labour market integration of internationally educated professionals.

[32]Statistics Canada. (2003, October 8). Earnings of immigrant workers and Canadian-born workers, 1980-2000 The Daily. [Online]. http://www.statcan.gc.ca/daily-quotidien/031008/dq031008a-eng.htm [2009 March 27]. [33]Godin, J-F. (2008). Immigrant economic integration: A prospective analysis over ten years of settlement. International Migration 46(2), 135 - 165 [34]Bloom & Grant, (2001), cited previously. [35]Blythe, J., Baumann, A., Rheaume, A., & McIntosh, K. (2006). Internationally educated nurses in Ontario: Maximizing the brain gain. Health Human Resources Series Number 3. Toronto & Hamilton: Nursing Health Services Research Unit. [36]von Zweck, C. (2006), cited previously. [37]The Sixteenth International Conference of Labour Statisticians, (1998), cited previously.

Methodology

The research methodologies included both qualitative and quantitative approaches. Focus groups were conducted with internationally educated health practitioners and their Canadian educated counterparts followed by an online survey to validate the findings from the focus groups. The initial target group was internationally educated health professionals who have met entry-to-practise standards in their respective professions and have been working in Canada for three to six years; this group was then expanded slightly to include those who had been practising from two to eight years to allow for greater statistical validity in the online survey research component. The focus groups, which had a very small number of participants outside the three to six year limit, confirmed that those in the two to eight year cohort would be able to contribute equally well to the quantitative instrument as those in the three to six year cohort. The control group consisted of Canadian educated practitioners who have been licensed and practising for the same period of time. The comparison of data associated with the Canadian educated control group versus the internationally educated cohort allowed for an estimation of the integration of the internationally educated group relative to the 'norm'.

Qualitative Study Methodology

Phase one of this project involved a qualitative study with twenty-one focus groups – seven with Canadian educated health professionals (CEHPs) and fourteen with internationally educated health professionals (IEHPs). The focus groups were conducted throughout Canada in November 2010 and participants included individuals from five professions – Medical Laboratory Technology, Medical Radiation Technology, Occupational Therapy, Pharmacy and Physiotherapy. The focus group facilitator used a semi-structured question format that offered guidance, flexibility, and responsiveness to participants' input (see Appendix A for Focus Group Guide). The purpose of the focus groups was to examine the extent to which internationally educated health professionals within the target group have become integrated into their respective occupations relative to their Canadian educated counterparts and to identify issues for further study/numeric validation via an online survey.

The member organizations of the project's Advisory Committee (collectively representing all five professions) sent email invitations to their members/registrants/applicants to participate in the focus groups. Individuals who were interested in participating clicked on a link which took them to an online screener. Participants were chosen based on their responses to the online screener and were contacted by phone and email to confirm their participation.

While the target group for participants was those who had been practicing for three to six years in Canada, as mentioned above, some participants who fell outside this category were ultimately included to ensure that there was a minimum participation level in the cities in which the groups were conducted and among the five professions involved in the study.

The following table provides a breakdown of the locations of the research and the number of participants in each category.

LOCATIONS	NUMBER OF GROUPS			NUMBER OF PARTICIPANTS		
	CEHP	IEHP	TOTAL	CEHP	IEHP	TOTAL
VANCOUVER	1	1	2	7	8	15
CALGARY	1	1	2	6	3	9
WINNIPEG	1	1	2	6	10	16
LONDON	1	1	2	7	3	10
MISSISSAUGA	-	3	3	-	16	16
TORONTO	2	2	4	13	15	28
OTTAWA	1	3	4	4	7	11
MONTREAL	-	1	1	-	7	7
ONLINE	-	1	1	-	6	6
TOTAL	7	14	21	43	75	118

The number of participants for each profession was as follows:

PROFESSION	NUMBER OF PARTICIPANTS
MEDICAL LABORATORY TECHNOLOGY	32
MEDICAL RADIATION TECHNOLOGY	15
OCCUPATIONAL THERAPY	49
PHARMACY	8
PHYSIOTHERAPY	14
TOTAL	118

The number of participants by years of practice in Canada, was:

YEARS IN PRATICE	NUMBER OF PARTICIPANTS
1 - 2 YEARS PRACTICE	23
3 - 6 YEARS PRACTICE	79
7 - 10 YEARS PRACTICE	4
10 OR MORE YEARS PRACTICE	12
TOTAL	118

Quantitative Study Methodology

An online survey was conducted based on key themes and findings of the qualitative phase of research (i.e. focus groups). The recruitment strategy for participants was similar to that employed in the qualitative work. Participating organizations sent out emails to current registrants/applicants inviting them to participate in a 20-minute online survey hosted on a third party website.

The total number of participants from each profession is indicated below and separated into internationally educated health professionals (IEHP) and Canadian educated health professionals (CEHP).

Please see Appendix B for the survey questions.

PROFESSION	IEHP	CEHP	TOTALS
MEDICAL LABORATORY SCIENCE	56	208	264
PHYSIOTHERAPY	25	68	93
OCCUPATIONAL THERAPY	12	153	165
MEDICAL RADIATION TECHNOLOGY	16	367	383
PHARMACY	94	124	218
TOTALS	203	920	1,123

The survey ran for two weeks in April, 2011 and targeted those individuals who had been licensed and practising for between two to eight years. A total of 1,123 responses were received; 203 from internationally educated health practitioners. While there was good representation from all five professions (see chart on page 6) there were an insufficient number of responses (specifically from the internationally educated cohort) to make any statistically valid conclusions regarding any single profession. Hence, the associated findings and analysis described below apply collectively to all five professions involved in this research.

	STUDY POPULATION	CANADIAN POPULATION
	DISTRIBUTION (%)	DISTRIBUTION (%)
ALBERTA	10	10.9
BRITISH COLUMBIA	10	13.3
MANITOBA	5	3.6
ONTARIO	36	38.7
QUEBEC	13	23.3
PRINCE EDWARD ISLAND	3	0.4
NEW BRUNSWICK	5	2.2
NEWFOUNDLAND	3	1.5
NOVA SCOTIA	6	2.8
SASKATCHEWAN	3	3.1
NORTHWEST TERRITORY	2	0.1
YUKON TERRITORY	2	0.1
NUNAVUT	2	0.1
TOTAL	100	100

As seen in the table above, respondents were fairly well distributed across the country. Surveys were completed by individuals residing in all ten provinces and three territories and in both official languages. It is worth noting that responses from Quebec were slightly underrepresented. This is likely due to the fact that the licensing process for those wishing to practise in Quebec is generally centralized within that province. As such, the number of individual contact names collectively held by the project's national Advisory Committee members is proportionately lower in Quebec than in other provinces likely resulting in the discrepancy. A representative rural/urban cross-section was realized as well. Approximately 44% of respondents worked in a "large city" (with a population of over 500,000), 13% from a "medium city" (250,000-499,999), 13% from a "small city" (125,000-249,000), 18% from a "town" (25,000-124,999) and 12% from a "rural area" (under 25,000).

One-On-One Employer Methodology

Interviews were conducted with 17 employers/managers of internationally educated health practitioners to observe their experiences hiring and working with internationally educated employees. The interviews involved a semi-structured question format (see Appendix C for the list of interview questions). Subjects' contact information was provided by the associations/research partners to this study, and included front-line managers or those with organizational responsibility for managing staff, especially internationally educated practitioners. Participants were sent a summary of the results of this research so that they could comment on the findings and share their experiences in working with internationally educated health workers.

Findings

The collective research gleaned from the focus groups, online survey and employer interviews is set out below. For the sake of analytical clarity, findings from all sources of research have been grouped thematically. Five distinct themes have emerged: securing a first job after licensure, the first year of practise, beyond the first year of practise, barriers to the full integration of IEHPs; and potential supports to improve the integration process.

Securing a first job after licensure

IEHPs in the focus groups generally feel positive about the job interviews they have had and the associated process of getting hired for their first job post-licensure. While there was some indication of hiring practises that did not fully account for the specific needs of an IEHP (e.g. not trusting a foreign educational institution, or IEHPs who get a "feeling" that they are not very welcome during a job interview), IEHPs included in the focus groups feel that their job interviews went quite well and that they were fairly received by prospective employers. This view was supported by the employer interviews who expressed a reasonable level of comfort and confidence in their ability to interview IEHPs. However, there were some who indicated that they were either not adept at interviewing IEHPs or recognized that it would be too much effort for their organization to hire and manage an IEHP.

Focus group participants indicated that for jobs that are limited, or in a very specialized or coveted field, IEHPs are at a disadvantage to being hired because they lack "Canadian experience", even though they may have relevant experience from their home country. With that said, only a few internationally educated individuals felt that they had to take "any" job to get into the job market. IEHPs generally indicated they were either able to pursue or wait for the job that they wanted, and then succeeded in securing that position, with limited difficulty. One disadvantage indicated by IEHPs in this regard is in cases where they are applying to an organization that had internships for CEHP students as it tends to be those CEHPs who already have experience in the organization that ultimately get hired full-time.

However, this is not to say finding a first job is entirely without compromise for IEHPs. If there is one factor that causes some IEHPs to consider accepting any job in the first year of practise, it is financial and family pressures. IEHPs tend to have families to support, and any period of unemployment can be a challenge for them. It is important to note that while CEHPs also face financial pressures (e.g. student debt), based on feedback associated with this research, it appears to occur at a more manageable level relative to that experienced by IEHPs.

The quantitative data regarding first jobs is somewhat mixed for IEHPs. On the one hand, eight in ten (80%) found a job within three months of graduation; and this would seem to be a large proportion in general and thus positive. However, when compared to the Canadian educated result it does not fare so well. Virtually ALL CEHPs in the study (96%) were able to find a job in the first three months.

In fact, 82% of CEHPs found their first job after licensure immediately compared to only 55% of IEHPs, and this represents a significant difference.

TIME TO FIND FIRST JOB AFTER LICENSURE

	IMMEDIATE	1-3 MONTHS
CEHP	82	14
IEHP	55	25

PERCENT (%)

Q4.1a "After you received your license to practice, how long did it take for you to find your first job?" Base is whole sample.
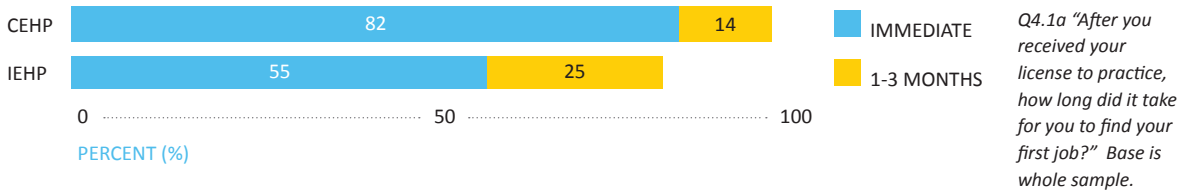
This is in some contrast to the qualitative study where IEHPs opinions about their first job search after license tend to be more positive than what is reflected in the quantitative results. It is quite likely that the licensing process is so difficult, that they are relieved to get into the job market and start looking for full-time employment. Moreover, for IEHPs an average wait time of three months may be acceptable, given the difficulties they have endured prior to licensure. However, the quantitative results are quite clear. There is a difference here that must be explored, and it is important to address this disparity in integration.

One factor contributing to the difference between CEHPs and IEHPs in finding their first job may simply be age. According to data for the entire sample of both CEHPs and IEHPs, the older the professional, the more difficult it is to find a job "immediately", as shown in the adjacent chart.

FINDING A JOB "IMMEDIATELY" AFTER LICENSURE - BY AGE

<=27	89
28-30	83
31-33	78
34-36	74
37+	57

PERCENT (%) WHO FOUND A JOB IMMEDIATELY AFTER LICENSURE

Q4.1a "After you received your license to practice, how long did it take for you to find your first job?"
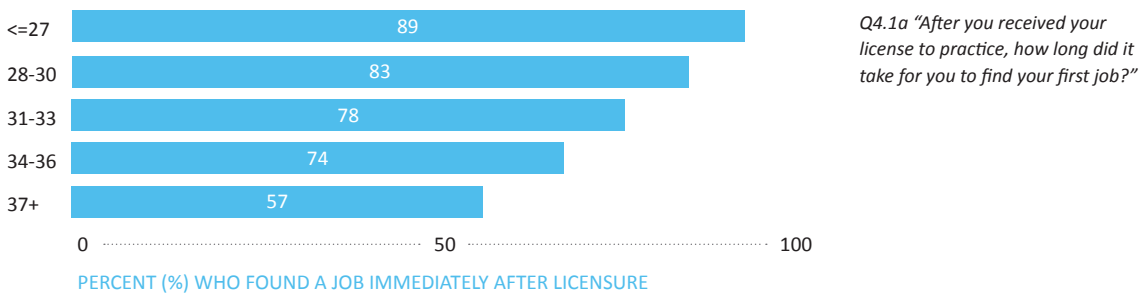
The IEHP population involved in this research tends to skew older than the CEHP population. The average age of a CEHP respondent in this study is 30 years old, compared with 39 years old for IEHPs, suggesting that age is one factor slowing employment entry for IEHPs.

Also germane to an analysis of the integration process is the perceived ease of finding employment once licensed to practise. While respondents may have found their jobs relatively quickly, the actual process of securing initial employment was reported as being far less easy. Well under half (44% of CEHPs and 31% of IEHPs) reported the process as being "very easy". With that said, 88% of CEHP survey respondents indicated the process as being "very easy" or "easy", suggesting that finding a first job is not a significant burden for CEHPs. However, this drops to 62% for IEHPs and indicating that they have more difficulty with the process than their Canadian educated counterparts.

PERCEIVED EASE OF FINDING A FIRST JOB

	VERY EASY	SOMEWHAT EASY
CEHP	44	40
IEHP	31	31

PERCENT (%)

Q4.1b "Overall, would you say finding your first job was..."Base is whole sample.
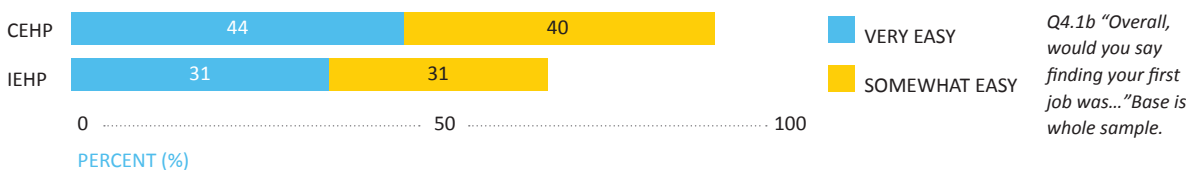
Within the qualitative data, two key themes emerged related to the ease of finding a first job. The first is that clinical placements or internships are often viewed as "18-month job interviews" as it is an opportunity for students to be exposed to a potential employer who may hire them at the end of their term. Second, a placement is seen to significantly help with developing practical skills that can be used on a resume and to find work. Placements provide Canadian experience, exposure to the Canadian method of practise and training on Canadian machines and procedures. One of the barriers that IEHPs face is that many do not have Canadian experience, or access to these internship/placement opportunities. While there is a view that getting a license helps to mitigate a lack of Canadian experience and "levels the playing field", the IEHPs in the focus groups indicated that Canadian employers prefer to hire Canadian candidates with Canadian experience, and some employers interviewed as part of this research echoed this sentiment.

The quantitative findings suggest that working in the profession while studying, either in a part-time job or in a clinical placement, significantly impacts the ease of securing a full-time position post-licensure. Specifically:

- Almost all (98%) CEHPs reported as having the benefit of a practical placement during their formal education giving most CEHPs the advantage of contact with potential employers and Canadian experience. In contrast, just over half (56%) of IEHPs found work in their profession prior to licensure. This is significant as it affects the disparity of experience CEHPs and IEHPs have when competing for a first job.
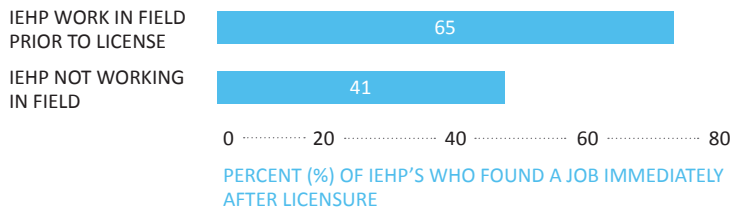
- Though not quantified by the survey, the focus groups indicate that many of the 56% of IEHP, who worked while in the licensure process, did so as technicians, assistants or cleaners in their respective professional environments. The attitude towards such positions is mildly positive; while IEHPs know that these positions do not take into account their previous experience in their home country, they recognize that they count towards Canadian experience, and provide exposure to potential employers. Some professions in the study require mandatory job placements, and qualitatively from the focus groups, the view of those placements is quite positive as they confer upon the IEHP the advantages the CEHPs have in terms of exposure to contacts, experience and potential post-licensure employment opportunities. Within the focus groups, some internationally educated pharmacists expressed significant appreciation for the mandatory placement as the requirements and workplace culture for Canadian pharmacists can be vastly different from pharmacists practising in other countries.

- Only 29% of IEHPs reported having participated in a bridging program, and only 16% participated in a mentorship program. Of the 29% who participated in a bridging program the number of participants differs significantly by profession. However, new bridging programs are currently in development so the results may be different once they are implemented.

- Of those who worked prior to licensure, 75% of CEHPs secured a position with the employer with whom they trained compared to 41% of IEHPs. One reason for the significant difference may be because IEHPs often take any job prior to licensure to gain Canadian experience, even one for which they are not suited, so many IEHPs may not wish to continue working for the employer with which they trained and must look elsewhere. The qualitative research suggests that this disparity results in a significant advantage to CEHPs in securing the most highly desirable jobs. In some cases, when a CEHP secures a highly desirable job following a placement, limited competition or interview process occurs, and outside applicants, including IEHPs, are not given the same opportunity to apply for that particular position.

Still, any form of Canadian experience prior to licensure appears beneficial to IEHPs.

Of IEHPs who secured a job immediately after licensure, 65% had worked in their field prior to licensure compared to only 41% of those who did not work in the field prior to licensure. On average, it took 1.6 months for an IEHP who worked in the field prior to licensure to find their first job compared to 4.1 months for those IEHPs who did not work in the field before getting their license.

IEHP'S FINDING JOBS "IMMEDIATELY" AFTER LICENSURE

IEHP WORK IN FIELD PRIOR TO LICENSE	65
IEHP NOT WORKING IN FIELD	41

0   20   40   60   80

PERCENT (%) OF IEHP'S WHO FOUND A JOB IMMEDIATELY AFTER LICENSURE

Q4.1a "After you received your license to practice, how long did it take for you to find your first job?" IEHPs work in field= 104; IEHP not working in field= 83

This job placement disparity between the Canadian educated and internationally educated is largely mitigated after the first year as IEHPs gain contacts and experience and can more easily move around within their field. This fact illustrates resiliency and adaptability of many IEHPs that contributes to their success in the system.

Hiring and job interviews

Generally, job interviews go smoothly for IEHPs. Participants in the focus groups felt they were treated professionally and fairly. With that said, there were some focus group participants who felt that their international credentials were not as valued as Canadian credentials, but this viewpoint was rare, and is not supported by findings from the employer interviews. For the most part, the license to practise was all that was required to gain an interview, unless the position required special training. In some cases though, special training that was received outside of Canada was not as highly valued by prospective employers as hands-on Canadian experience; in others, international training was viewed positively as an asset. Though rare, a few IEHPs in the focus groups indicated they were not hired based on their background or culture. These individuals feel that there is little that can be done about these instances.

Employers' attitudes to interviewing and hiring IEHPs tend to fall into four categories:

INDIFFERENCE

Some employers believe that it is difficult to hire, train and integrate IEHPs in their organization. In some cases the employer simply does not have the time to dedicate to an IEHP, and does not require a candidate with particular skills and experience. These employers tend not to make use of any special techniques when interviewing IEHPs nor do they provide training specific to IEHPs as they do not see the value of devoting resources for this purpose because any candidate will do.

NO SPECIAL CONSIDERATIONS GIVEN

Some employers feel that every candidate should stand on their own merits, and thus do not accommodate the needs of IEHPs in job interviews nor do they provide training specific to IEHPs.

INSTITUTIONALIZED EQUITY

Some organizations have an equity policy that ensures everyone is treated equally. These policies are generally effective at ensuring IEHPs are given the same opportunities as all applicants. Many institutions have seminars or courses that educate staff on how to treat everyone equitably.

EMPLOYER COMPASSION

A few employers interviewed indicated that they have a specific passion or empathy for IEHPs. These individuals feel it is their responsibility to give IEHPs every possible opportunity to succeed. Some of these individuals work in an organization that has made a "business case" for hiring IEHPs. In these cases typically the organization has recognized that they serve a market of immigrants and that it is beneficial to find employees to meet their client demographic.
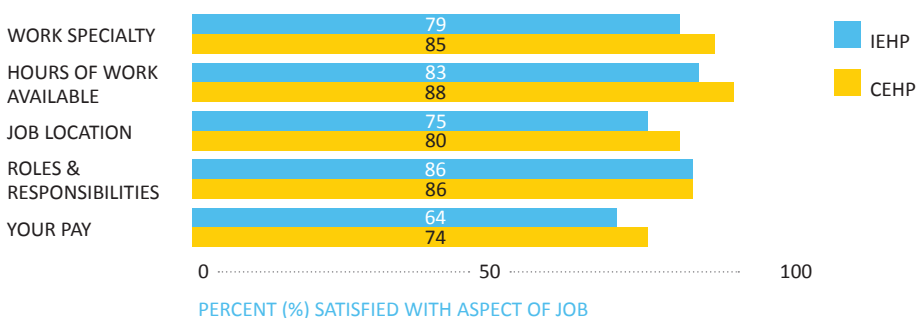
Finally, employers tend to understand that many IEHP candidates in an interview setting are uncomfortable about "bragging" or putting a positive spin on everything on their resume. Moreover, they often recognize the intense pressure that an IEHP is under in an interview to speak proper English/French – something most Canadian educated candidates do not have to face. Finally, they are generally empathetic towards the challenges that these individuals have had to face to obtain their license to practise and to secure the interview.

Early Integration: The first year of practise

Satisfaction with first job

Research shows that once employment has been secured, the disparity between IEHPs and CEHPs decreases fairly significantly. The qualitative data tell us that IEHPs face significant difficulty with exams, licensing, finding work and adjusting to life in Canada but at the same time IEHPs feel that "the license is the license". That is to say, once an IEHP gets their credentials recognized and passes their profession's respective certification exam, much of the disparity between the two groups is alleviated, as shown in the chart below.

SATISFACTION WITH FIRST JOB

Aspect	IEHP	CEHP
WORK SPECIALTY	79	85
HOURS OF WORK AVAILABLE	83	88
JOB LOCATION	75	80
ROLES & RESPONSIBILITIES	86	86
YOUR PAY	64	74

PERCENT (%) SATISFIED WITH ASPECT OF JOB

There are minor differences between the satisfaction IEHPs and CEHPs have with various aspects of their first job such as pay, area of specialty and location of the employer. This finding indicates a decrease in the disparity between CEHPs and IEHPs once a first job after licensure has been secured.

Even at a more granular level, satisfaction levels with many aspects of a first job are fairly equal between CEHPs and IEHPs. This is not to say that the data is void of discrepancies between the two groups in this regard. One area of difference is in pay where 74% of CEHPs say that they are satisfied with the pay they received on their first job compared to only 64% of IEHPs. There are some differences in satisfaction concerning the specialty of work, hours of work and job location as well, where CEHPs tend to be slightly more satisfied than IEHPs. This difference may be due to the fact that IEHPs may have had to make some significant choices and sacrifices in finding their first job as compared to CEHPs. What is important to note is that compared to the data related to finding a first job, which showed fairly significant discrepancies between the two groups, there is much less difference in satisfaction level between the two cohorts once employed.

Other key results in the data pertaining to "first job" satisfaction include:

- IEHPs who worked in their health care field during the licensure process are more likely to be satisfied with the location of their employer. Specifically, 84% of those IEHPs who worked in the field prior to licensure are satisfied with the location of their employer compared to only 63% who did not work during that time period. Similarly, IEHPs who worked in the field prior to licensure were more satisfied with the number of hours available to them. Almost nine in ten (86%) were satisfied with the available hours, compared to only about seven in ten (72%) who were satisfied with the hours and did not work in the field prior to becoming licensed.

- IEHPs who participated in a bridging program tended to be slightly more satisfied with the roles and responsibilities and the number of hours available to work of their first job (92%) compared to 83% who did not take a bridging program.

- Those who feel their international knowledge and skills are well integrated into their present job are more likely to be satisfied with the area of specialty in their first job. Specifically, 62% of those who are satisfied with how their international skills are being used at their present job were very satisfied with their area of specialty in their first job. This compares to only 43% of those who are not as satisfied with how their abilities and previous experience are being integrated into their current position.

Findings from the qualitative research indicate that the first year of employment is difficult for everyone. It also suggests that IEHPs face a different set of obstacles than their CEHP counterparts during this formative time. Both IEHPs and CEHPs describe their first year as a case of "sink or swim", punctuated by looking to please their managers and experiencing anxiety over the quality of patient care tendered. However, the root causes of this stress are markedly different between IEHPs and CHEPs. During their first year, CEHPs tend to be concerned about:

- Professionalism in their job and dealings with co-workers;
- Following the rules of the profession and the health care system;
- Finding their niche or specialty in their profession;
- Creating and maintaining a support system;
- Bridging the gap between what was taught in school and how things really work;
- Being part of a team and at the same time getting their needs met and finding their individuality as a practitioner.

IEHPs face a different set of challenges and stresses. Many IEHP participants across the focus groups summed up their first year as being the time when they have to "prove" themselves to their employers and co-workers. This may stem from pre-license experiences such as the credentialing process and the licensing exam, both of which are stressful experiences for most IEHPs because of the level of scrutiny they are under. Within the first year of practise IEHPs faced the following challenges:

- Overcoming language barriers;
- Earning the trust of patients, colleagues and team members;
- Being fearful of how they are perceived;
- Learning a foreign health care and funding system;
- Working with a new practise model, and understanding the differences in how to care for and interact with patients on such issues as consent, gathering information and collaborating directly with the patient in terms of treatment;

- "Unlearning" habits that have been engrained in them through previous years of practise in another country. Many of these habits are around culture and how a discipline is practised, as opposed to technical skills;

- Facing issues of depression, alienation, isolation and anxiety;

- Learning different specialty areas or how to be a generalist (depending on the profession);

- Struggling with family and financial issues. Many IEHPs have families that they need to support compared to many CEHPs who do not have as many family pressures;

- Facing a foreign culture on many different fronts including understanding how to work on a team in Canada, traveling to and for work, knowing the slang, and getting their own needs met (e.g. scheduling, expressing opinions);

- Adapting to new machinery, computers and equipment.

Most IEHPs say that they are able to work through these issues and become integrated in the Canadian workplace by being adaptable, flexible and continually driven to succeed. The experience, however, is often not easy. Many cite luck, someone willing to take a chance by hiring them, and a good work environment as their means to success. Some IEHPs take courses and classes as well as engage in activities outside their profession to learn the language and the culture. Some IEHPs say that various immigration agencies offering cultural training and assistance, while others find courses within their communities or use media to learn the language and culture.

IEHPs say there is little overt or structured support available to them in the first year of practise. While continuing education courses are offered by some regulatory bodies and/or professional associations, these courses tend to focus on leading-edge practise knowledge and training. Although courses like these are important to remain current in a profession they are generally not the kind of support that IEHPs require most in their first year of practise. Soft-skills training in language, culture and communication is more important in the first year of practise.

Focus group findings suggest that academic knowledge appears to be easily transferred and shared between CEHPs and IEHPs. Moreover, Canadian educated health professionals often respect the knowledge and experience of IEHPs. Some CEHPs exhibit an open curiosity and general respect for the different and often innovative techniques and solutions that IEHPs have to offer. Many IEHPs and CEHPs recognize that IEHPs provide unique skills learned in environments that do not have the same technology that is available in Canada. Also, many IEHPs have more practical experience than CEHPs, and this experience is often sought and utilized in the workplace.

There was virtually no sense of "under-employment" among IEHPs in their first year. It would appear that "under-employment" is largely a pre-license issue as IEHPs try to gain experience and employers recognize that non-licensed IEHPs cannot do the work of someone who is licensed.

Licensing, credential assessment and bridging programs

While the primary focus of this study is the post-license experience of health practitioners, IEHPs indicated that the credentialing and licensing process are significant barriers to integration and continue to affect them after becoming licensed and entering the workplace. In comparison, licensing and exams are a virtual non-issue for the CEHP cohort who feel that their education programs, (or certain components of them), are geared toward exam preparation specifically, with some even mentioning that schools wanted to achieve high success rates on exams for prestige. Credentialing and licensing difficulties affect IEHPs once they start working in the following ways:

- Focus group participants indicated that the experience of credentialing and passing the exam is a trying and difficult process. The need for IEHPs to "prove" themselves in their first year is largely a result of the challenges that they faced during this time. Those who are able to find work in their field during the licensing and credentialing process are generally not pleased with the work or the limitations imposed on them (e.g. they cannot interact with patients directly, cannot make final diagnoses on their own, etc.). Though on the whole this experience is perceived as useful, and "Canadian experience" invaluable, the general pre-license work experience does not give IEHPs exposure to the full scope of the profession. Many IEHPs want to find nurturing mentors during this stage who are able to help them along the path of licensing. This process, however, is not standardized or institutionalized in most cases, so it is often left to luck or chance. All of these factors influence an IEHP's readiness to practise and their ability to successfully integrate in their first year.

- IEHPs are reluctant to self-advocate in their first year of practise as they have seen friends and others "give up" during the credentialing and licensing process, so they tend to feel lucky and fortunate when they make it through, and do not want to cause trouble in their first year.

- Many IEHPs report that a large component of their licensing exams consist of understanding the Canadian health care system (e.g. ethics, policies, procedures, etc.). However, IEHPs still feel that even though they may have passed the exam, they are still not prepared for the actual Canadian work environment. They are left feeling confused, having studied so diligently to pass the exam and then realizing that they still do not fully understand the Canadian system once in their first year of practise.

The significant differences in the licensing process for both cohorts can create a rift between the Canadian educated and internationally educated professionals. Many CEHPs acknowledge the arduous licensing process for IEHPs. However, simple acknowledgement of the differences is often not enough to create a bond between the two groups. Rather respect and empathy must be shared between the two groups and this is difficult to achieve because CEHPs have not experienced the plight IEHPs faced during the licensing process. In fact, one key observation from the employer interviews is that those who excel at interviewing IEHP candidates are able to be empathetic and compassionate toward IEHPs.

Another aspect of the pre-employment experience that impacts job experience is bridging programs, which are viewed very positively. Those focus group participants who have taken them would easily recommend them to others as a way to both pass the exams and integrate into the profession. The programs offer soft skills training in language, culture and direct education on how an international practitioner can integrate into the Canadian workplace and work with colleagues and clients. Participants in the bridging programs praised these initiatives for their ability to provide guidance on passing the certification exam, integrate them into practise and give them the training that they need to succeed once licensed.

Understanding the Canadian health care system

One of the main issues faced by IEHPs is understanding the Canadian health care system including differing provincial regulations, funding sources, insurance systems, the legal environment, privacy standards, issues in interacting with patients and the role of the extended family in health care services (e.g. can a spouse pick up a prescription?). Many IEHPs initially have difficulty navigating the Canadian system, and for the most part, they have to learn via trial and error. Some colleges offer modules and courses related to this issue, and there are other online sources, as well as government information which IEHPs can access. However, even with these supports, responses suggest that learning the system remains a difficult challenge during the first year of practise.

CEHPs participating in the qualitative research also indicated difficulty understanding the Canadian health care system and often stated that they are not well-versed in government regulation, insurance issues and their college's regulations and how to implement the regulations (e.g. note-taking, record keeping, file audits, etc.). As such, CEHPs often struggle with the same health care system issues as IEHPs.

Soft skills training

Generally, IEHPs believe that they would benefit from a formal system of soft skills training. The term "soft skills", as used by the participants in this study, is really an umbrella term, but in this context means tools to help adjust to Canadian culture and practise. IEHPs often describe Canadians as passive-aggressive, polite and not very direct unless pressed. Soft skills training also means learning how to work as part of a team and how to get one's individual needs met, or express an opinion as a team member that may be different from the general consensus. CEHPs expressed similar difficulty within their first year of practise. The difference for them, however, is that they tend to "trust" the team process and to make their ideas known, despite any initial reservations and anxiety.

As well, focus group findings suggest that many IEHPs exhibit a certain kind of behaviour in their first year of practise when they are unfamiliar with the environment and are getting used to practicing. In team or group settings, IEHPs tend to be quiet and reserved because they are scared of offending others or being perceived as ignorant. Their silence often does not mean that they do not have something to contribute or that they do not have an opinion. Many IEHPs cite examples where their feedback was specifically solicited or that they created relationships with those who encouraged them to be more open.

Finally, while all IEHPs face challenges in this area, research suggests those participants educated in Western countries where practise standards, culture and language are similar to Canada, have a much easier time integrating in their first year.

Different practise models and equipment

One of the biggest challenges in the first year is learning a new practise model, or particular method of patient interaction. Many IEHPs come from workplace settings where patient-centred care is not taught and "what the practitioner says is what goes". Many also come from environments that are less regulated, less concerned about privacy and legalities, and where patient interaction is significantly different. Virtually all IEHPs are willing and able to adapt to the Canadian model, though it takes significant time and even some mistakes on the part of the IEHP before the associated concepts and behaviour become understood. Most of these issues are alleviated through internships, work placements or during the first year of work. For the most part, however, IEHPs say that they learn quickly and that the broader environments and organizations they are in support IEHPs toward adapting their work habits to the Canadian standard and norm. Some CEHPs judge IEHPs on these issues yet while it may create friction in isolated cases between co-workers, it does not seem to limit full integration into the profession.

Some IEHPs found the equipment and technology used to be different than what they were accustomed to in their home countries. Again, this issue is typically addressed in the first year of practise.

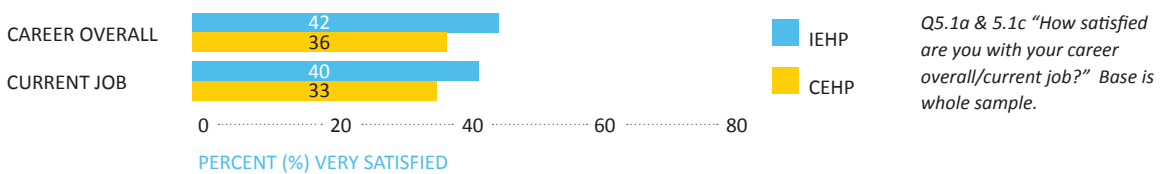# Mid to Long-Term Integration: Beyond the first year of practise

After the first year of licensed work, both IEHPs and CEHPs tend to feel more integrated and confident in their professions. For IEHPs specifically, many of the issues identified in their first year of practise have been mitigated. They become acclimatized to the workplace, language, and culture. To a large extent, this process is fueled by flexibility and a desire on the part of IEHPs to be adaptable and integrate into the profession. Virtually all IEHPs acknowledge a willingness to change many aspects of themselves and/or their training to fit in to the workplace. With experience, they become comfortable with their knowledge, their strengths and their weaknesses, and are able to compensate accordingly. Moreover, IEHPs now have Canadian job experience and are more marketable and mobile. IEHPs in the focus groups generally feel as well integrated into their professions as those who were educated in Canada. In fact, some say that where applicable, their years of experience in their home country are often reflected in their seniority, responsibility and pay. Similarly, some IEHPs say that they feel better able to handle situations thrown at them in the first year of practise and beyond because of the experience they gained in their home country.

Satisfaction with current job and overall career

Online survey results show that IEHPs tend to be slightly more satisfied with their current job and overall career compared to CEHPs, indicating that there is good long term integration of IEHPs into their professions.

As illustrated in the accompanying chart, 42% of IEHPs are "very satisfied" with their career overall, compared with 36% of CEHPs. Similarly, 40% of IEHPs are "very satisfied" with their current job compared with 33% of CEHPs.

SATISFACTION WITH CURRENT JOB AND CAREER

	IEHP	CEHP
CAREER OVERALL	42	36
CURRENT JOB	40	33

PERCENT (%) VERY SATISFIED

Q5.1a & 5.1c "How satisfied are you with your career overall/current job?" Base is whole sample.

Moreover, almost nine out of ten respondents are satisfied with both their current job and career progression, as shown in the chart below which also indicates the positive long term integration of IEHPs into their various professions relative to their Canadian educated counterparts.

SATISFACTION WITH CURRENT JOB AND CAREER

CURRENT JOB	SATISFIED	NOT SATISFIED
IEHP	87	13
CEHP	87	13
CAREER		
IEHP	85	15
CEHP	90	10

PERCENT (%)

Q5.1a & 5.1c "How satisfied are you with your career overall/current job?" Base is whole sample.
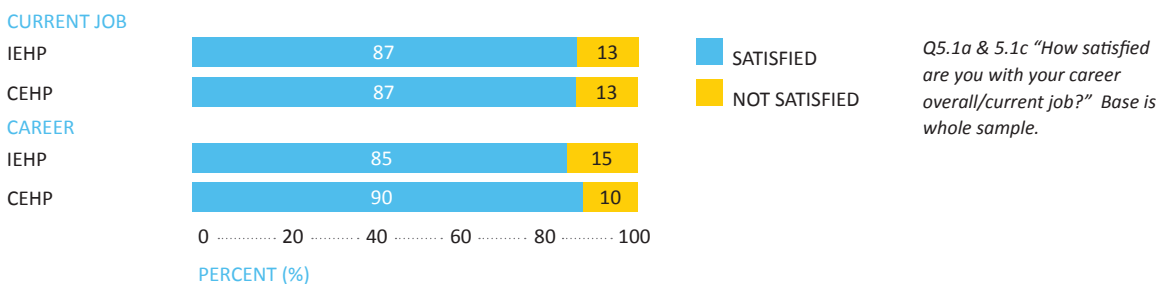
Other notable findings of the quantitative online survey regarding satisfaction of current job and career overall include:

- Half of all IEHPs who say they have "excellent" proficiency in English or French are very satisfied with their career progression compared to only 36% who rate their language as less than "excellent". This is a strong indication that language and communication skills contribute directly to long-term integration.
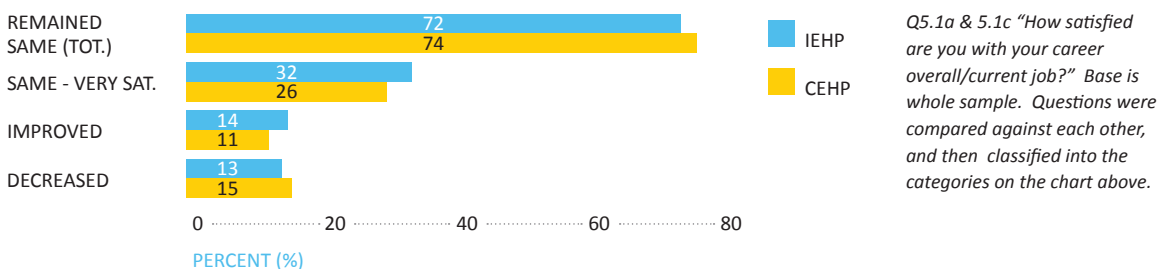
- Over six in ten (65%) IEHPs who say their employers have done an "excellent" job of integrating their international experiences into their jobs say they are very satisfied with their career progression, compared to 35% who feel that their skills have not been as well integrated.

- Combining both IEHP and CEHP cohorts, those who live in rural areas are more likely to be satisfied with their career overall. Specifically, 48% of those living in rural areas are very satisfied with their career overall, compared to the total study population of 37%.

There is little difference in how IEHPs and CEHPs view their overall career progression. The analysis mapped respondents' overall career to the satisfaction they have with their current job. This comparison gives a sense of how attitudes have shifted with career progression, and is a positive sign of ongoing integration.

The chart below shows how both groups view their career progression. Specifically:

**SATISFACTION WITH CURRENT JOB COMPARED
TO SATISFACTION WITH OVERALL CAREER**

REMAINED SAME (TOT.) — 72 (IEHP), 74 (CEHP)
SAME - VERY SAT. — 32 (IEHP), 26 (CEHP)
IMPROVED — 14 (IEHP), 11 (CEHP)
DECREASED — 13 (IEHP), 15 (CEHP)

IEHP
CEHP

PERCENT (%)

Q5.1a & 5.1c "How satisfied are you with your career overall/current job?" Base is whole sample. Questions were compared against each other, and then classified into the categories on the chart above.
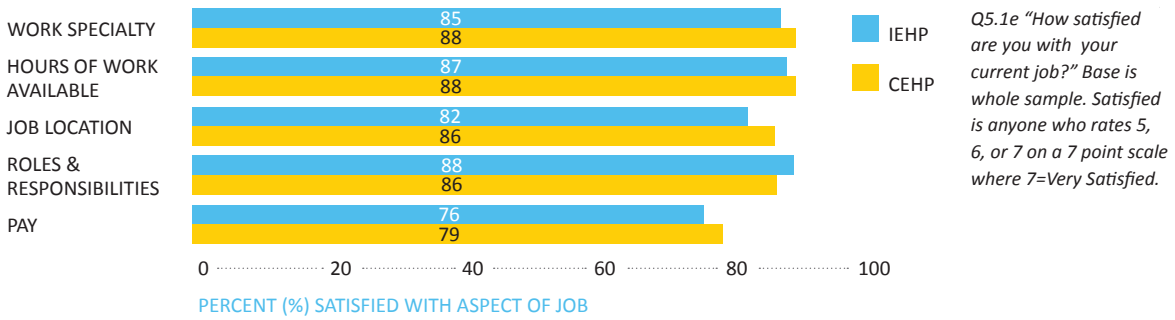
- About seven in ten say their opinion of their overall career progression and their present job are relatively similar (72% IEHP; 74% CEHP). Of note, IEHPs are just slightly more likely to say that they are both "very satisfied" with their career overall and their present job (32%), compared to 26% of CEHPs.

- About one in ten says that their satisfaction with their current job is better than their satisfaction with their overall career, suggesting that their current job is an improvement over previous career experiences. In contrast, a similar proportion (about one in ten) reported that their current job is not as satisfying as their career overall, suggesting that their present job is decreasing their satisfaction with their career overall.

Satisfaction with aspects of current job

Participants were asked to rate their satisfaction of a number of aspects associated with their current job. A summary of responses is provided in the chart below. Analysis showed no statistically significant difference between IEHPs and CEHPs in their opinions towards key aspects of their current job.

SATISFACTION WITH CURRENT JOB

Aspect	IEHP	CEHP
WORK SPECIALTY	85	88
HOURS OF WORK AVAILABLE	87	88
JOB LOCATION	82	86
ROLES & RESPONSIBILITIES	88	86
PAY	76	79

0   20   40   60   80   100

PERCENT (%) SATISFIED WITH ASPECT OF JOB

Q5.1e "How satisfied are you with your current job?" Base is whole sample. Satisfied is anyone who rates 5, 6, or 7 on a 7 point scale where 7=Very Satisfied.

Across all attributes a smaller proportion of those with higher education (MSc and PhDs) are satisfied with key elements of their careers compared to those with less advanced education (BSc and diplomas/certificates). Moreover, those in rural settings tend to be more satisfied with these attributes compared to those who live in larger city centres. This is noteworthy because IEHPs are more likely to have higher education, and are less likely to live in smaller centres (see table on next page).

SATISFACTION WITH KEY JOB ATTRIBUTES OF MOST RECENT POSITION

% VERY SATISFIED (RATING 7 OUT OF 10 ON A SATISFACTION SCALE)							
EDUCATION LEVEL			CITY SIZE				
COLLEGE/ TECH	BSc	MSc/PhD	MAJOR	URBAN	LARGE	SMALL	RURAL
PAY							

	COLLEGE/ TECH	BSc	MSc/PhD	MAJOR	URBAN	LARGE	SMALL	RURAL
PAY	25	27	15	19	18	29	30	37
ROLES & RESPONSIBILITIES	34	36	28	30	29	34	37	41
EMPLOYER LOCATION	51	48	43	41	50	55	53	55
HOURS OF WORK	55	51	49	47	55	53	56	59
EASE OF FINDING A JOB	49	40	31	33	44	49	46	50
JOB SPECIALIZATION	49	46	40	42	38	47	56	51
BASE SIZE (APPROX.)	*317*	*564*	*225*	*486*	*143*	*134*	*195*	*138*

Q5.1e "Please indicate your satisfaction with the following for your most recent position…"

The following table sets out how satisfaction levels have changed with various aspects of respondents' jobs, from their first to the one they currently hold. The shaded cells indicate areas with minor differences between CEHPs and IEHPs.

**COMPARING CURRENT SATISFACTION WITH "FIRST JOB"
SATISFACTION ON SELECTED ATTRIBUTES**

PERCENT (%)				
	SATISFACTION SAME	VERY SATISFIED FIRST & NOW	SATISFACTION IMPROVED	SATISFACTION DECREASED
PAY				
CEHP	34	15	29	21
IEHP	36	9	32	23
ROLES & RESPONSIBILITIES				
CEHP	30	19	29	22
IEHP	27	24	23	25
JOB LOCATION				
CEHP	22	32	30	16
IEHP	20	28	29	23
HOURS OF WORK				
CEHP	18	37	23	21
IEHP	16	33	29	21
WORK SPECIALTY				
CEHP	20	30	27	23
IEHP	22	34	26	17

Q5.1e "How satisfied are you with _____ for your current job?" compared to 4.2 "How satisfied are you with _____ for your first job?" Cross-tabs are based on comparison of individual's responses to both questions and their differences between questions. No base sizes available, as every cell is different.

This data indicates the following:

• The proportion of IEHPs who believe their roles and responsibilities have improved from their first job until now is higher than the proportion of CEHPs who feel the same. Approximately one quarter (24%) of IEHPs are more satisfied with the roles and responsibilities they have now compared to 19% of CEHPs;

• A higher proportion of IEHPs tend to be less satisfied with the location of their job now compared with CEHP respondents;

• A lower proportion of IEHPs are dissatisfied with the specialization of their work compared to CEHPs when they examine the difference between their first and current jobs.

Satisfaction with Roles and Responsibilities - Career

While much of the previous analysis has looked at satisfaction with job attributes such as pay, location and hours of work, the following analysis looks at satisfaction with the roles and responsibilities involved with one's job. The results show that IEHPs are slightly more satisfied than CEHPs with just about every aspect of the roles and responsibilities involved in their careers. As shown in the chart below, for just about every attribute, a higher proportion of IEHPs are very satisfied with key aspects, such as their relationships with patients, their relationships with their supervisors, and opportunities for advancement and professional development.

SATISFACTION WITH ROLES AND RESPONSIBILITIES
THROUGHOUT CAREER

Category	IEHP	CEHP
RESPECT FROM PATIENTS	59	46
CO-WORKER RELATIONSHIPS	55	46
SUPERVISOR RELATIONSHIPS	49	33
YOUR RESPONSIBILITIES COMPARED TO CO-WORKERS	48	34
INVOLVEMENT IN SOCIAL ACTIVITIES	46	39
MEET PATIENT NEEDS	45	27
SUPPORT FROM SUPERVISOR	44	28
SUPPORT FROM COLLEAGUES	43	39
OPPORTUNITIES FOR PROF. DEVELOPMENT	36	26
INCLUDING YOUR IDEAS	33	19
WORK LIFE BALANCE	33	33
INFLUENCE AT YOUR WORKPLACE	31	16
INFLUENCE OVER YOUR CAREER	30	26
OPPORTUNITIES FOR ADVANCEMENT	22	15

PERCENT (%) VERY SATISFIED

Q5.2 "Thinking about your entire career in Canada, how satisfied are you with _____ " Base is whole sample.

Some possible explanations for this result include:

- The focus groups indicated that IEHPs tend to have a solid work ethic and positive attitude. This is based on their experience of having to immigrate and navigate a difficult system to get to where they are now. Not only have they learned to have generally positive attitudes, but they know how to look for and take advantage of opportunities when they arise.

- Survey data shows that 87% of IEHPs have practised in the profession they are currently working in before coming to Canada; the average length of practise is 8.6 years. While the previous data may show that getting a job can be difficult for IEHPs, once the job starts they are able to use their previous work experience to their advantage, especially once they learn the Canadian method of practise.

- Given the initial prospects IEHPs have in terms of actually succeeding in their chosen field, many are quite satisfied with the careers they have. They appreciate that they have defied the odds and that many of their peers have not made it to the same level that they have. One telling comment in this regard came at the end of a focus group with an IEHPs stating, "It's great that you're interviewing me, but you should interview the eight other people I know who are not here with me today".

- This result also echoes a predominant theme that surfaced during the focus groups, that "the license is the license" and that once IEHPs are seen as having equivalent training and skills, the Canadian job market is quite accepting overall.

SATISFACTION WITH ROLES AND RESPONSIBILITIES THROUGHOUT CAREER AND PERCEPTION OF INTERNATIONAL SKILLS INTEGRATION

EXCELLENT SKILLS INT.

GOOD/FAIR/POOR

Q5.2 "Thinking about your entire career in Canada, how satisfied are you with _____ " Base, Excellent IEHP Skill Integration=67; Good/Fair/Poor=103

Category	Excellent Skills Int.	Good/Fair/Poor
RESPECT FROM PATIENTS	84	50
CO-WORKER RELATIONSHIPS	77	43
RESPONSIBILITIES COMP. TO CO-WORKERS	76	36
SUPPORT FROM SUPERVISOR	75	25
SUPERVISOR RELATIONSHIPS	69	35
SUPPORT FROM COLLEAGUES	67	31
MEET PATIENT NEEDS	65	34
INVOLVEMENT IN SOCIAL ACTIVITIES	58	36
INFLUENCE AT YOUR WORKPLACE	55	15
INCLUDING YOUR IDEAS	52	21
OPPORTUNITIES FOR PROF. DEV.	45	32
WORK-LIFE BALANCE	40	24
INFLUENCE OVER YOUR CAREER	38	30
OPPORTUNITIES FOR ADVANCEMENT	32	18

PERCENT (%) VERY SATISFIED

Impact of working in the field prior to licensure

Virtually all IEHPs (95%) who worked in their field in Canada prior to becoming licensed say that they are very satisfied with their ability to meet the needs of their patients; this drops to 80% among those who did not work in the field prior to licensure. It is therefore likely that prior Canadian work experience enhances confidence for IEHPs by providing them direct exposure to "Canadian" work environments. However, this situation reverses when respondents were asked about their satisfaction with how patients treat them throughout their careers. Only 86% of those IEHPs who worked in the field prior to licensure report being "satisfied" with how their patients treated them throughout their career, whereas 96% of those who did not work in the field prior to licensure are satisfied with patient treatment.

Integration of skills from home country

Qualitative research revealed that for the most part, IEHP participants felt that Canadian employers made good use of the skills that they felt were transferable to the Canadian environment. This includes allowing IEHPs certain degrees of freedom in their job and a general respect for the knowledge that the IEHP brings to the job. IEHPs feel that their opinions and approaches are generally respected and taken into account. For the most part, internationally educated respondents indicated that it is their technical knowledge and skills that are appreciated more so than management skills. IEHPs are given a certain amount of respect for accomplishing what they did in their home environment without the benefit of Canadian technology, machinery, training and support.

IEHPs also know that not all of their skills are transferable to the Canadian system, and recognize that not everything they learned will be applicable when they work in Canada. Many realize that even if they "managed the entire department" in their home country they may not be in the same position here and recognize that what is used from their experience fits the role that they have. To this extent, both the qualitative and quantitative results indicate that there are few truly frustrated IEHPs who feel that their international experience is not being utilized.

In the focus groups, some IEHP participants felt that they were more qualified technically than the Canadian individuals around them when they first started out and this allowed them to "hit the ground running". In many instances, IEHPs feel that they are better suited to some tasks than their CEHP counterparts when they first become licensed because of their experience gained internationally. Generally, they do not feel upset or angry that they are at the same pay level and seniority as someone with less experience but some indicated disappointment when they are given the same responsibilities as a new practitioner.

These findings were echoed in the quantitative results as set out in the following charts.

About four in ten (39%) of IEHPs who were employed in their home countries feel that their Canadian employers do an "excellent" job of integrating their international skills into the Canadian environment, and 30% feel the employers do a "good" job.

INTEGRATION OF INTERNATIONAL SKILLS IN THE WORKPLACE

EXCELLENT	39
GOOD	30
FAIR	21
POOR	9

PERCENT (%) IEHP'S EMPLOYED IN HOME COUNTRY
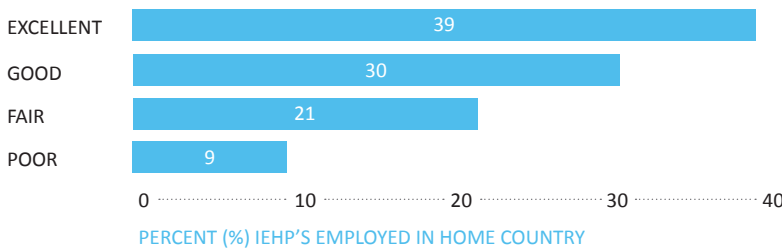
Q2.7c "Have the jobs you've had in Canada done an Excellent, Good, Fair or Poor job of integrating your prior experience into your work in Canada?" Base IEHPs working outside Canada=167

As shown in the chart on the next page, almost three-quarters (73%) of IEHPs say that the experience they gained in their home country is "very useful" in the Canadian work environment. This high figure speaks to how open the Canadian environment is in welcoming this knowledge, enabling it to be used and ultimately transferred from IEHPs to CEHPs.

PERCEIVED USEFULNESS OF IEHP HOME TRAINING IN CANADA

VERY USEFUL	73
SOMEWHAT USEFUL	26
NOT VERY USEFUL	1
NOT USEFUL AT ALL	

PERCENT (%) IEHP'S EMPLOYED IN HOME COUNTRY
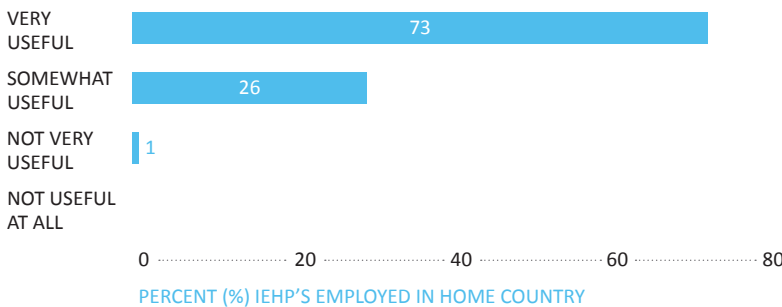
Q2.7d "Has the experience you gained in other countries been very useful, somewhat, not very or not useful to you at all in practicing in Canada?" Base IEHPs working outside Canada=167

The utility of language and international education

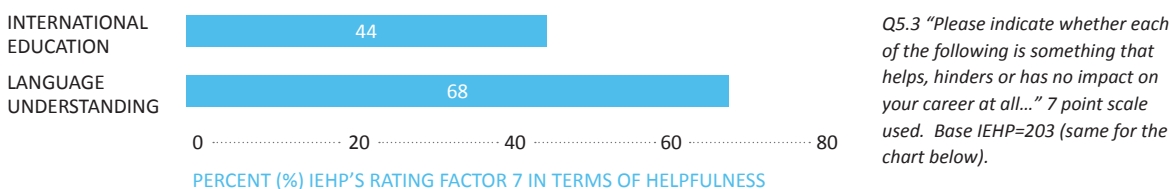In total, 68% of IEHPs say that their understanding of English/French is a significant asset to them in their careers in Canada. This response indicates both how important language is to IEHPs in general, and that by the time they have their licence and are able to practise in Canada, they feel their language skills do not represent a significant barrier to them.
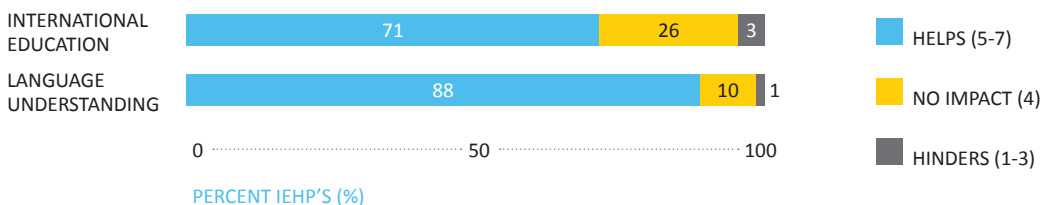
In fact, 44% of IEHPs feel that their international education is a significant asset to them in their career in Canada.

PERCEPTION OF INTERNATIONAL EDUCATION AND LANGUAGE UNDERSTANDING AS REALLY HELPFUL

INTERNATIONAL EDUCATION — 44

LANGUAGE UNDERSTANDING — 68

0   20   40   60   80

PERCENT (%) IEHP'S RATING FACTOR 7 IN TERMS OF HELPFULNESS

Q5.3 "Please indicate whether each of the following is something that helps, hinders or has no impact on your career at all…" 7 point scale used. Base IEHP=203 (same for the chart below).

In contrast, just 3% feel that their international education significantly hinders them or is a liability in their career advancement. This is a fairly important finding as well, and it is illustrated in the chart below. It suggests that even though an international education is not perceived by IEHPs as overly helpful in the Canadian context, it is not perceived as something that is detrimental to their careers either.

PERCEPTION OF INTERNATIONAL EDUCATION AND LANGUAGE UNDERSTANDING

INTERNATIONAL EDUCATION — 71 | 26 | 3

LANGUAGE UNDERSTANDING — 88 | 10 | 1

0   50   100

PERCENT IEHP'S (%)

- HELPS (5-7)
- NO IMPACT (4)
- HINDERS (1-3)

Career advancement

Many of the professions involved do not have a traditional career ladder in which individuals gradually advance over time; instead, many career moves tend to be horizontal. Desirable jobs are those that are of interest to the professional, located close to their home, give them the hours that they prefer, pay well, and are in the setting that they want (e.g. private, hospital, corporate, academic, etc.). Many consider lateral moves, such as working in a new setting, working in a new area of the profession or switching to research as the only moves they wish to make. Only a few CEHPs and IEHPs cite becoming a manager or owning their own practise/business as a professional goal.

Career setbacks

Survey respondents were asked whether they had experienced any "career setbacks… incidences that have held you back in your career".

In response to this general question, 40% of all IEHPs reported having experienced a career setback, compared to 30% of CEHPs.
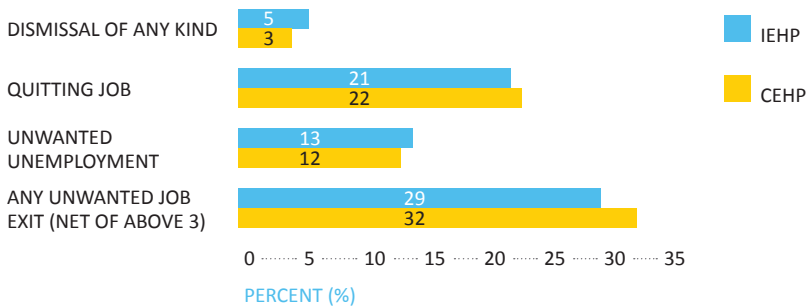
EXPERIENCED CAREER SETBACK

IEHP	40
CEHP	30

PERCENT (%)
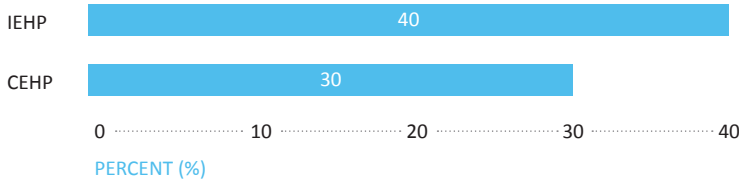
Q5.4a "Have you experienced any incidents that you feel have held you back in your career?" CEHP=876; IEHP=176

More specifically, respondents were asked if they had experienced dismissal of any kind, any periods of unwanted unemployment or quitting a job because it was not the right fit. In total 32% of CEHPs and 29% of IEHPs reported experiencing any one of these incidents.

INCIDENCE OF UNWANTED JOB LOSS

	IEHP	CEHP
DISMISSAL OF ANY KIND	5	3
QUITTING JOB	21	22
UNWANTED UNEMPLOYMENT	13	12
ANY UNWANTED JOB EXIT (NET OF ABOVE 3)	29	32

PERCENT (%)

■ IEHP
■ CEHP

Q5.5 "Throughout your career, please indicate if you have experienced any of the following...". Base is whole sample.
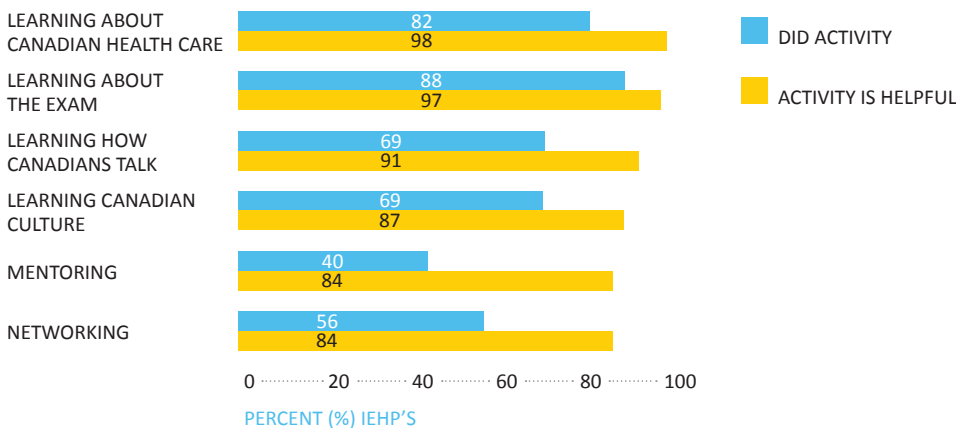
The data also showed that only 24% of those IEHPs who worked in the profession prior to licensure had an unwanted job loss, compared to 37% of IEHPs who had no prior work experience in their field prior to licensure.

Seeking out support

IEHPs generally rely on self-support to facilitate the integration process after their first year of working as a licensed practitioner. Some respondents describe their organizations as being exceptionally helpful and flexible in this regard. Others describe receiving support from individuals who have gone through similar experiences, or from supportive CEHPs. This support is often of an ad hoc nature, not necessarily "overt" or offered as part of an organized effort to help integration into their profession.

The chart below summarizes some of the integration activities undertaken by IEHPs and whether they found the activity to be helpful.

SELF-INTEGRATION EFFORTS

	DID ACTIVITY	ACTIVITY IS HELPFUL
LEARNING ABOUT CANADIAN HEALTH CARE	82	98
LEARNING ABOUT THE EXAM	88	97
LEARNING HOW CANADIANS TALK	69	91
LEARNING CANADIAN CULTURE	69	87
MENTORING	40	84
NETWORKING	56	84

■ DID ACTIVITY
■ ACTIVITY IS HELPFUL

PERCENT (%) IEHP'S

Barriers to the full integration of IEHPs

Language

A majority of study participants identified language as the most significant barrier to integration into the workplace. While in most cases language skills must be demonstrated prior to licensure (i.e. through standardized tests of language proficiency), IEHPs say that they have difficulty understanding the day-to-day vernacular of Canadians and that conversation is often very quick, making it difficult to understand everything. Similarly, the CEHPs interviewed stated that in some cases they have difficulty understanding IEHPs with heavy accents and those that employ terms that are not specific to, or are unfamiliar in the Canadian workplace.
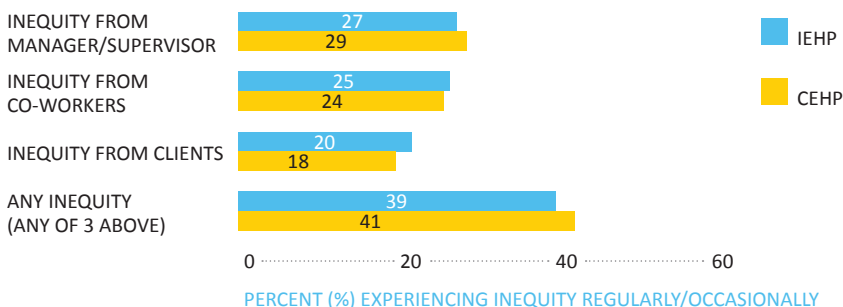

Language, in this instance, can also be considered to include soft skills, mannerisms, understanding sounds, intonation, inflection and facial expressions. Perhaps one of the most striking examples came in one of the focus groups, from a practitioner who said that in his culture when someone does not know an answer to a question, they tend to give a nervous laugh as part of the response. He indicated that in Canada his colleagues interpret this as him inappropriately making light of the situation.

In the quantitative study it was found that those who described their official language proficiency to be "excellent" are more likely to be satisfied with their relationships with co-workers (65% whose English/French is self reported as "excellent" are "very satisfied" in this regard compared to only 46% whose English/French is good/fair/poor) and with their inclusion in workplace activities (50% with "excellent" English/French are "very satisfied", compared to 33% with good/fair/poor English/French).

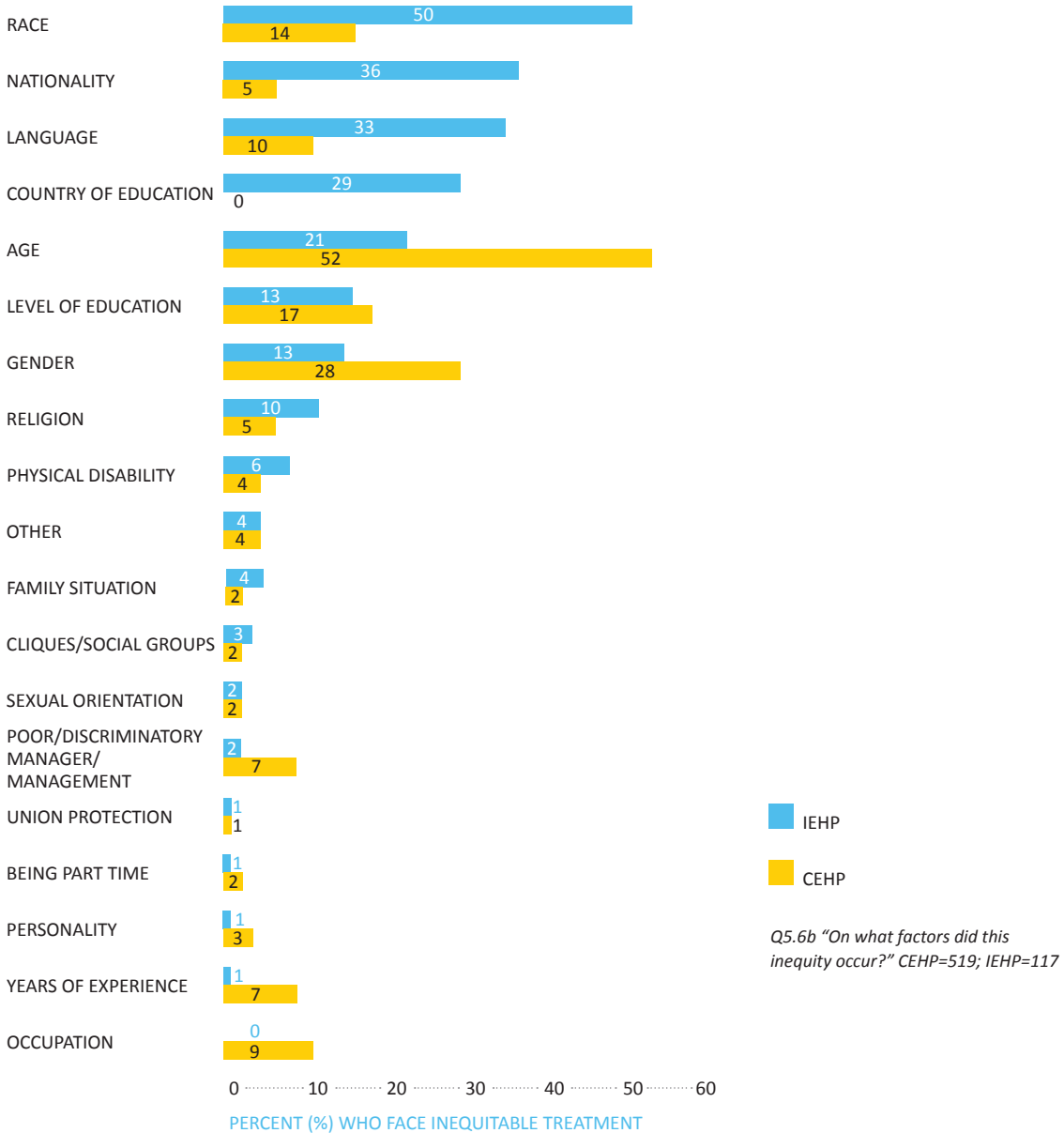## Discrimination and inequity in the workplace

Based on the research conducted, overt incidences of discrimination appear to be relatively rare. The most common form of perceived discrimination reported by research subjects came from clients/patients. IEHPs tend to turn to Canadian educated colleagues to assist in these situations by calling them into an appointment with a patient for example, or if communication is the issue, speaking more slowly and clearly. Fortunately, these instances are few and far between and there is little to suggest that such experiences tend to hold back IEHPs in their careers or within the integration process overall.

INCIDENCE OF IREQUITABLE TREATMENT

	IEHP	CEHP
INEQUITY FROM MANAGER/SUPERVISOR	27	29
INEQUITY FROM CO-WORKERS	25	24
INEQUITY FROM CLIENTS	20	18
ANY INEQUITY (ANY OF 3 ABOVE)	39	41

PERCENT (%) EXPERIENCING INEQUITY REGULARLY/OCCASIONALLY

Respondents were asked the frequency with which they had experienced inequitable treatment. Approximately four in ten health professionals have regularly/occasionally experienced inequitable treatment throughout their career. This varies little between cohorts (IEHP 39%, CEHP 41%), or by the source of the inequitable treatment.

BASIS OF INEQUITABLE BEHAVIOUR

RACE — IEHP 50, CEHP 14
NATIONALITY — IEHP 36, CEHP 5
LANGUAGE — IEHP 33, CEHP 10
COUNTRY OF EDUCATION — IEHP 29, CEHP 0
AGE — IEHP 21, CEHP 52
LEVEL OF EDUCATION — IEHP 13, CEHP 17
GENDER — IEHP 13, CEHP 28
RELIGION — IEHP 10, CEHP 5
PHYSICAL DISABILITY — IEHP 6, CEHP 4
OTHER — IEHP 4, CEHP 4
FAMILY SITUATION — IEHP 4, CEHP 2
CLIQUES/SOCIAL GROUPS — IEHP 3, CEHP 2
SEXUAL ORIENTATION — IEHP 2, CEHP 2
POOR/DISCRIMINATORY MANAGER/MANAGEMENT — IEHP 2, CEHP 7
UNION PROTECTION — IEHP 1, CEHP 1
BEING PART TIME — IEHP 1, CEHP 2
PERSONALITY — IEHP 1, CEHP 3
YEARS OF EXPERIENCE — IEHP 1, CEHP 7
OCCUPATION — IEHP 0, CEHP 9

IEHP
CEHP

Q5.6b "On what factors did this inequity occur?" CEHP=519; IEHP=117
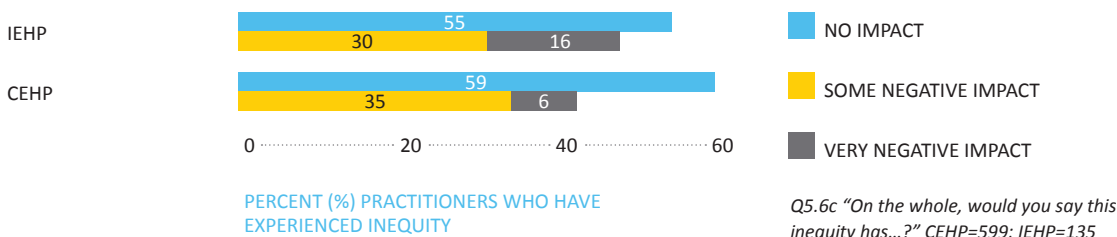
PERCENT (%) WHO FACE INEQUITABLE TREATMENT

The basis for inequitable treatment differs between CEHPs and IEHPs, as is seen in the chart above. Among IEHPs it tends to be based on race, nationality, country of education and language. For CEHPs it is age, gender and other assorted issues.

Respondents to the quantitative survey who experienced inequity were asked how the inequitable treatment has affected their career. Over half of CEHPs (59%) and IEHPs (55%) say that inequity has had no negative impact on their career. Of those who say that inequitable treatment has impacted them

negatively, many CEHPs (35%) and IEHPs (30%) feel that the impact has only had "some" negative impact on their career progression, compared to 6% of CEHPs and 16% of IEHPs who feel that inequitable treatment has had a "very" negative impact on their career progression.
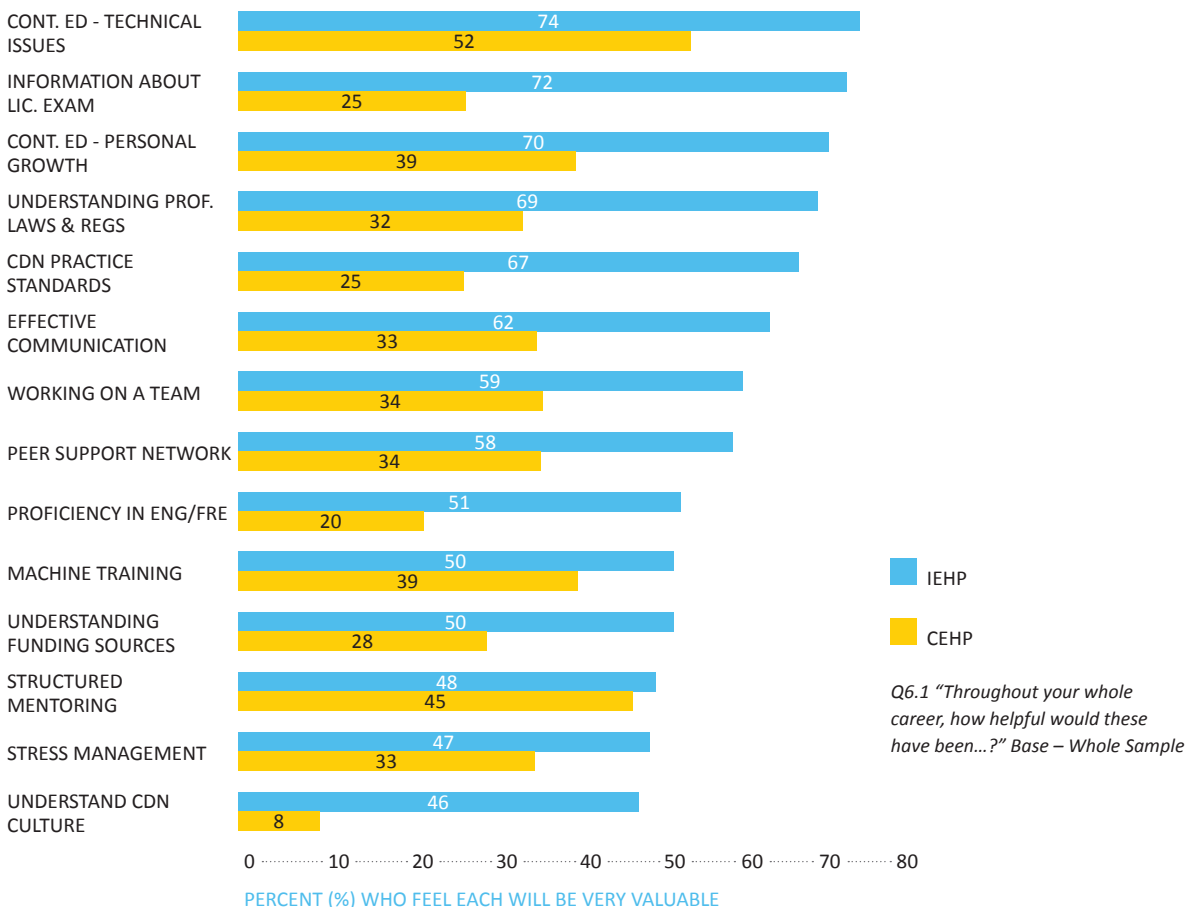
CAREER IMPACT OF EXPERIENCED INEQUITY

PERCENT (%) PRACTITIONERS WHO HAVE EXPERIENCED INEQUITY

Q5.6c "On the whole, would you say this inequity has…?" CEHP=599; IEHP=135

Potential supports for improving integration

The results of the research conducted indicate that IEHPs would welcome more support in their career and during the licensing and integration process. The chart below summarizes specific supports that would be welcomed by IEHPs and indicates the importance of these supports to IEHPs compared to their Canadian educated colleagues.

DESIRE FOR HELP WITH SPECIFIC CAREER AREAS

PERCENT (%) WHO FEEL EACH WILL BE VERY VALUABLE

Q6.1 "Throughout your whole career, how helpful would these have been…?" Base – Whole Sample

The items receiving the highest proportion of "very important" ratings by IEHP respondents are continuing education courses on technical skills, information on the licensing exam, understanding practise standards, understanding laws and regulations, building communications skills and working as part of a team. In other words, there seems to be an equal desire to know how to pass the exam, practise and flourish once licensed within the Canadian system.

While the data in the previous sections showed that there are relatively minor differences between the experiences of IEHPs and CEHPs in terms of job satisfaction and career progression, the chart above highlights IEHPs' need and desire for additional supports throughout the workplace integration process. In fact, this is perhaps one of the most striking examples of how long-term integration needs to be addressed in a coordinated fashion. That is to say, even after a few years on the job and various supports in the integration process, IEHPs are much more likely than CEHPs to feel that they need more assistance in a number of professional areas and accesses to ongoing opportunities for lifelong learning and personal growth.

Given the results of the qualitative and quantitative research, providing additional support to IEHPs will help them reach their goals faster, and get more IEHPs through the process. While each obstacle faced in and of itself did not present a significant challenge, IEHPs generally considered themselves as either "lucky" or "resourceful" to be able to work around each issue. However the statistics summarized in the chart above indicate that help in these specific areas would have made integration easier. Also of note is that many of the issues identified in the chart are "first year" issues for IEHPs. As a whole, IEHPs in their first year after becoming licensed have very little understanding of the domestic intricacies of the system such as funding sources, Canadian scope of practise and interpersonal communications. Within the first year of practise, many IEHPs say that this process of integration of specific knowledge and of communications knowledge is difficult and challenging for them. This is the likely cause for nearly half of respondents (47%) stating that a program of "stress management" would be very helpful to them at the outset of their career.

Employer Interviews

The following is a summary of the findings from the interviews with employers:

- Employers confirmed many of the findings discussed above, but placed particular emphasis on language, culture and lack of knowledge of Canadian practise as barriers for IEHPs. Employers sometimes find IEHPs have difficulty communicating and being understood by staff and patients. They also indicated that while their technical, medical and scientific knowledge is generally sound, IEHPs tend to have knowledge deficiencies regarding Canadian practise standards. Culture issues include but are not limited to how errors are dealt with in Canada. One manager discovered a few IEHPs covering up each other's mistakes for fear of being punished as they would have been in their home country. The IEHPs in question did not realized that openness is valued in the Canadian workplace, mistakes are managed in a fair way, and that secretive cover-ups are not acceptable.

- Employers feel that it takes much more effort to hire and train an IEHP, but many organizations are willing to engage in the effort. This finding raises the question of whether steps need to be taken both to continue to encourage organizations to hire IEHPs and to find a way to diminish the effort required by employers. This may be accomplished either by building better supports for IEHPs to ease the burden on the employers, or developing new tools for employers, to help them in hiring and training IEHPs.

- Organizations with the most success in integrating IEHPs are able to make a strong business case for hiring IEHPs and have systemic policies related to inclusiveness/diversity. Some managers report vastly different treatment of IEHPs based on organizational structure and the institutionalization of diversity training. One

manager said there were significant differences in the treatment of IEHPs between two hospitals in the same city based on the culture related to diversity espoused by each organization. Many organizations have policies of inclusiveness in their hiring and employment practises but it seems to be only those that have official policies and protocols in this regard that ultimately help IEHPs succeed.

- Few employers have specific training for IEHPs; instead they tend to use standard training modules designed for Canadian educated staff. Some indicated that this type of training is all that they need to integrate IEHPs but others say that they need more specific forms of training for internationally educated employees.

- Many employers/managers who were interviewed say that it is their personal mission to hire and integrate IEHPs. While this is commendable, it does not ensure the integration of IEHPs at an organization-wide level. A strong business case for hiring and integrating IEHPs is more likely to result in higher integration rates as broad, institutional policy can influence change far greater than one manager. When a particularly supportive manager leaves an organization there is no guarantee that the next one will have the same approach to IEHPs. One organization in a small rural community faced this situation. A former manager was open to hiring IEHPs and supported their career development. The current manager, though sympathetic, does not give the same amount of effort to supporting IEHPs, so the environment and opportunities for success have changed within the organization with the departure of one member of management.

- Many managers indicated that they do not know how to interview IEHPs. Though they may be generally caring and understanding there are many instances of interviews that do not take into account the additional pressures IEHPs face in a job interview such as demonstrating language proficiency and battling self-confidence issues that often arise during the credentialing and exam processes for their professions. Some managers need to be more sympathetic to IEHP issues such as shyness, family obligations and struggles faced by IEHPs.

- On the other hand, some managers are very good at working with and supporting IEHPs through the integration process. Some examples include emotional reassurances such as, "You deserve to be here, and I'll help show you that" or giving IEHPs responsibilities that challenge them and help them to improve. One manager assigned an IEHP who had difficulty with English the important task of taking notes and verbally summarizing proceedings at staff meetings. This was a supportive way to help the IEHP learn better English skills. A shared database of tips and best practises for managing IEHPs that is available to employers across the country would be one way for employers to share best practises on how to support and integrate IEHPs in the workplace.

- Managers/organizations that have had a negative experience with an IEHP have difficulty overcoming the experience and changing their perception of IEHPs. In addition, some employers feel that IEHPs are working below the required skill level which results in difficulties for both the IEHP and the employer.

- Some employers have found that it is sometimes difficult to manage different cultures within the same workplace. That is to say, in organizations that hire individuals from many different countries, it can be difficult to manage cultural and historical friction that can occur between employees.

Discussion

As described above, a number of key and telling themes have emerged from the extensive research conducted as part of this initiative. Specifically, there are aspects associated with the integration process which are experienced differently (and in some cases very similarly) between the internationally educated and Canadian educated cohorts that serve to clarify some previously held notions about the typical IEHP post-licensure experience in Canada. This data is of great value as it can be used for a number of purposes going forward such as validating key aspects of the integration process, implementing additional supports for IEHPs and customizing integration programs for employers. While the depth of information gathered and described in the previous sections is extensive, a few key issues warrant a second mention as they will likely serve to inform future action in this area.

At first blush, what perhaps are most striking are the instances of relative parity between job and career satisfaction expressed by both the IEHP and CEHP cohorts. After becoming licensed and participating in the workforce, the same proportion of both groups indicated overall "satisfaction" with their current job (87%); when asked about their career as a whole, only slightly fewer IEHPs claimed overall satisfaction (85% relative to 90% of CEHPs). Perhaps slightly even more surprising is that when the two cohorts were asked to comment on the satisfaction of specific aspects of their job/career (e.g. work specialty, hours, pay) on the whole, IEHPs demonstrate a relatively higher level of satisfaction compared with their Canadian educated counterparts.

A similar trend is also evident in cases of unwanted job loss. Statistics show relative parity between the two cohorts in this regard. Over the course of their respective careers in Canada, 32% of CEHPs experienced some incidence of unwanted job loss compared with slightly fewer IEHPs at 29%.

As well, there is evidence to suggest that, on the whole, the skills and abilities of international workers are being recognized and successfully incorporated into the workplace by Canadian employers. Nearly seven out of ten IEHP respondents said that their current employer was doing a "good" or "excellent" job in this regard. Moreover, and perhaps as a result of this inclusiveness, 73% of IEHPs felt that their overseas training was ultimately "very useful" in the Canadian context.

It is often conventionally assumed that overall job and career satisfaction among the internationally educated would be lower and incidences of under or unemployment would be more prevalent than among Canadian educated practitioners. The data however, generally does not support this assumption.

While self-reported ratings related to job and career satisfaction are comparable, there are a number of other metrics discussed in the report which demonstrate a disparity in the experiences of the two study groups. One of the most notable, borne out in the online survey (and often cited in focus groups), is the issue of securing work within a related field during the assessment and licensing process. Many IEHPs reported some difficulty in this area; those who were able to had a much higher success rate in finding a job immediately after becoming licensed. Of the IEHPs surveyed, 65% of those who were able to work in Canada in their field in some capacity during the credentialing process found a job "immediately" after becoming licensed; this figure fell to 41% for those who were unable to work in a related field while undergoing their assessment. Both these figures are still well below the 82% of CEHPs who were able to secure employment immediately after getting their license. This data suggests a fairly strong correlation between workplace experience prior to licensure and an expeditious integration into the workforce. Nearly all of the Canadian education practitioners surveyed had some form of work placement or internship as part of their formal education. This allowed them to become familiarized with the intricacies of the Canadian work environment and perhaps most importantly, make key contacts with employers, who in many cases bring them on in a full-time capacity once licensed.

In addition to greater opportunities for clinical placements, IEHPs indicated a number of other supports they felt would help expedite the integration process. While a small number of survey respondents were able to participate in a formal bridging or mentorship program, the majority developed their own ad hoc support system to navigate the first few years of their career in Canada. As discussed earlier, IEHP respondents were given a list of potential supports that might be beneficial to them in their first few years of practise. Nearly all those listed in the survey were cited as useful by IEHPs. Specifically, over 50% indicated the desire for education and training related to: certification/licensing exams, Canadian/provincial laws and regulations, professional communication skills, machine/technology training and access to peer support networks. Hence, it may be worth offering these supports either via existing or expanded bridging programs or as individual modules available to IEHPs on an à la carte basis.

It is also worth mentioning that while the overall demand for additional support during the integration process by the CEHP cohort is not as pronounced, there is a definite appetite for access to learning in certain areas. Specifically, CEHPs cite the need for many similar programs, including continuing education, effective communication, machine training, stress management and access to a mentoring or peer support network. When formulating remedial action in this area it is also worth considering the needs of the Canadian educated cohort as well and where possible design new initiatives to meet the needs of both groups.

As in most studies related to immigrant integration, language also plays a direct and meaningful role in the acculturation process. Moreover, clear communication is paramount in assuring public safety and providing the very best levels of care. Although in nearly all cases IEHPs were required to provide some form of official language proficiency (i.e. standard language tests), research subjects generally identified language as the most significant barrier to integration into the workplace; a finding echoed in the interviews with employers. IEHPs who considered their language skills to be "good" or "excellent" were more satisfied in nearly all aspects of their work including relationships with co-workers, employers and patients. This data points to the need for improved access for language/communication training for IEHPs. As well, regulators may be well advised to review their current language proficiency standards and investigate the value of developing new tests designed to assess profession-specific language and communication skills.

Research also suggests some incidence of inequity or discrimination experienced among respondents. While a similar proportion of both cohorts indicated facing some form of inequitable treatment during their career (39% IEHPs, 41% CEHPs) the perceived basis of this discrimination is very different. While CEHPs in this category felt they have been inequitably treated because of their age or gender, the basis of the inequitable treatment as reported by IEHPs is ethnicity and nationality. This finding suggests the there is perhaps need for greater access to cultural sensitivity workshops for Canadian employers and their staff.

In short, it appears that the integration of internationally educated health professions has benefited from the attention and funding this issue has received over the past number of years. IEHPs, once licensed, indicate high levels of job satisfaction; in fact when asked about certain aspects of their careers they as a group are more satisfied than their Canadian educated counterparts. With that said, research has shown that there are definitely a number of areas that require further attention. There is no doubt that IEHPs would benefit from improved access to clinical placements and education aimed at acculturating them to the Canadian heath care system. Policies related to language proficiency, culture sensitivity and future support in the integration process related to profession-specific communication should also be explored by regulators, associations and employers alike. To this end, a number of recommendations for future actions are proffered in the section below.

Recommendations

While the original intent of this project was to discover and propose corrective action to mitigate the effects of negative barriers faced by IEHPs after becoming licensed, the research suggests that much of the remedial work that should be considered relates to the pre-licensure phase of the integration process. Moreover, in some cases, the data also supports that the development of additional supports should also be considered for the Canadian educated cohort in tandem with those trained abroad. As such, it is the intent of recommendations set out below to address all needs surfaced in this research phase, not only those related to the needs of IEHPs once licensed. To this end, four broad categories of recommendations have been set out below for consideration.

1. Provide additional training and support specifically targeted to the needs of IEHPs and CEHPs where appropriate

Based on the above research, training programs and supports that would benefit IEHPs (as well as a number of CEHPs) include:

Language/communication and Canadian culture courses/training: Among some employers, there is a reticence to hire and retain IEHPs who do not improve their language skills or do not adapt to the "healthcare culture" in Canada. Importantly, IEHPs are willing and interested in learning these skills. Language courses should not focus on solely general proficiency and comprehension, but rather on overall communication including colloquialisms and profession-specific terminology and lingo.

Canadian practise standards training/courses/information: A majority of IEHPs (and a significant proportion of CEHPs) feel that they are able to adapt to Canadian standards for their profession by the time they have completed their first year of practise. However, during the first year of practise, this is one area in which these individuals may make mistakes on the job or be perceived negatively by more experienced co-workers and employers. Formal training and/or access to frequently asked questions on Canadian practise standards and regulations may help to alleviate common mistakes made by all new practitioners in their first year of practise.

Certification exam preparatory course: IEHPs survey respondents strongly indicated that they would benefit from a course designed to prepare them for the certification exam in their profession.

Continuing education courses on technical skills: The study also found that all respondents (IEHPs & CEHPs) would benefit from continuing education courses on technical skills; possibly on those technical skills which are common deficiencies for international applicants.

Information on how to secure a job in Canada: Study participants (IEHPs & CEHPs) indicated that information on how to find a job and on how to do a successful interview in Canada would be very helpful. IEHPs are often expected to be confident and proud during job interviews in Canada which is a very different paradigm than accepted in many source countries.

DELIVERY MODELS/SYSTEMS

A number of options for delivering the above supports are possible. Perhaps the most comprehensive, are profession-specific bridging programs. Generally speaking, this model refers to a set of centralized resources made available to applicants either in a regulated or non-regulated profession who are seeking to address certain educational and/or practise deficiencies relative to their profession's entry-to-practise standards. In most cases these programs are offered through educational institutions (i.e. colleges and universities). In practise bridging programs can take on a number of forms consisting of a variety of components and modules, including course work, language training, online resources, clinical placements and mentorship programs.

Qualitative and quantitative data completed as part of this research showed that bridging programs receive high satisfaction ratings and are cited as a key factor that positively influences satisfaction with career outcomes. Those who have taken bridging programs strongly recommend them to help learn about Canadian practise, pass certification exams and get started on the right foot in the first year of practise.

As well, mentorship was the most frequent suggestion by international focus group participants for improving integration into the profession. Many licensed, experienced IEHPs indicated that they would be willing to mentor IEHPs in their first year, and that they would do so with a sense of compassion and understanding given that they had been through the same process. Mentorship would be particularly beneficial to IEHPs and CEHPs immediately post-licensure as well as in their first year of practise as the mentor could provide valuable advice and support on finding a first job post-licensure, and on ways to ease the integration into the workplace.

In a similar vein, the creation of profession-specific peer support networks will enable all applicants and recently-licensed practitioners to learn from and support each other and benefit from the advice and guidance of more seasoned individuals throughout the integration process. Peer support formats may include small group meetings (in-person) or online group support through internet bulletin boards and chats which make this form of support accessible to practitioners in rural areas.

With that said, all of these programs are often complex to construct and expensive to maintain. As such, it is strongly recommended that whichever supports are ultimately implemented, sustainability beyond a pilot phase be ensured at the design phase. To this end, delivery systems other than a traditional bridging program structure should be also considered; an investigation to the feasibility of standalone courses and supports that are already in operation and are potentially fit-to-purpose should be completed before any new programs are developed. It is also recommended that candidates seeking re-entry to their profession should be considered in tandem with the IEHP cohort when creating new programs; this additional target group could potentially increase overall economies-of-scale for program delivery, ultimately improving the long-term viability/sustainability of a new initiative.

2. Investigate the opportunities and barriers related to creating greater access to clinical/practical placements of IEHPs

As evidenced in the research there is a significant disparity between the IEHP and CEHP cohorts when it comes to accessing clinical placements in the workplace prior to licensure. Moreover, associated data demonstrates a strong correlation between access to these opportunities and expeditiously securing a first job and ultimately overall career/job satisfaction. While there are a number of barriers currently restricting the availability of these placements (e.g. access to liability insurance), research into how these may be overcome would be extremely worthwhile. As well, supports for both IEHPs and potential clinical supervisors could be developed detailing the needs, roles and responsibilities of each party to better clarify the scope of the clinical placement.

3. Promote and disseminate among healthcare employers best practises for hiring and integrating internationally educated professionals

The development of a national repository of best practises to be distributed and made available to Canadian employers may include the following:

- Business cases directed at employers on the benefits of hiring IEHPs including ideas on how they can fully integrate and utilize the professional experiences gained by IEHPs in their home countries.

- Outlines of work placement models that employers could use to provide IEHPs with an opportunity to work/intern in their organization prior to licensure. Most CEHPs have these opportunities and many translate into jobs upon licensure and/or gaining of valuable Canadian work experience which helps to secure employment.

- Tips for hiring managers on how to conduct job interviews with IEHPs. Based on research, a fair proportion do not completely understand the mind-set of international applicants nor do they know how to make IEHPs feel comfortable in job interviews. There is also difficulty in comparing/equating experience gained abroad with Canadian experience.

- Strategies for ensuring that IEHPs feel they are an integral part of the workplace such as recognizing that IEHPs tend to be reluctant to contribute ideas or thoughts in a team situation and when possible, encouraging them to contribute as IEHPs bring valuable international experience to the workplace.

- Practical diversity training modules for IEHPs, coworkers and employers either delivered in person or made available online.

- Institutional mentorship program models that effectively pair new internationally educated employees with experienced employees.

4. Further research

While the research contained herein provides extensive information on the experiences of IEHPs and CEHPs during and after the licensing process, a number of additional, important, unanswered questions remain. One of the most pressing relates to the relatively unknown cohort of internationally educated individuals who apply for licensure and never complete the assessment/PLAR process. It is therefore recommended that a multi-professional, longitudinal study be conducted over five years with international practitioners beginning at the time of application. In this way, their progress through the assessment, licensing, interview and employment phases could be scientifically tracked over a significant period of time. This type of longitudinal study would allow us a better insight into previously unanswered questions related to the challenges faced by the IEHP cohort from application to integration. Specifically, it could help estimate the proportion of applicants who do not complete their profession's assessment and PLAR process and the reasons and/or systemic barriers that prevent them from becoming licensed and acculturated to the Canadian work environment.

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Appendix A: Focus Group Guide for Qualitative Research

Introduction (10 Minutes)

- Brain Baumal and I work for a firm called *thinklounge* Market Research. Before we get started, I want to explain what we will be doing this session, and answer some questions that you may have about the process.

- Unlike those phone surveys, we're not so much concerned with quantity as we are with quality – when we conduct focus groups we're very interested in probing your responses and feelings in-depth. It gives a richness and depth to the research that cannot be achieved on the phone.

- Over the next two hours, we're going to talk about satisfaction with your career progression, and factors that have influenced and may influence your overall satisfaction with your occupation. [For Canadian educated…] We are also going to be discussing your opinions and experiences in working with those in your profession who are both Canadian and internationally educated. [For internationally educated…] The goal is to understand your experiences as internationally educated health professionals in Canada, and your experiences working in the Canadian health care environment and with Canadian educated health professionals.

- There are five professions involved in the research. We likely have at least one person from medical laboratory science, radiation technology, pharmacy, occupational therapy and physiotherapy in the room with us this evening. An organization representing your profession is working as part of a committee spearheading this research, and the research itself is being funded by Human Resources and Skills Development Canada.

- Before we get to the discussion, I do have a few other issues that I want to bring-up:

  - I want to confirm that we're not selling anything this evening.

  - You'll notice one-way mirrors behind me. There are no observers behind them. I could have conducted these groups in places without mirrors, but focus group facilities provide a host and are very familiar with group procedures, and they help me a lot, so even if there are no observers, I prefer conducting groups in facilities like this when I have the chance.

  - I am audio-taping the groups this evening. I require an audio tape because I don't take notes and I need a record of what was said when I write my report.

  - I want to assure you that everything that is said in here is confidential. I don't refer to anyone by name in a report. As you should be aware, no information about you has been shared with me, and I won't share any information about you with anyone else.

  - In fact, in order to ensure that we have a vibrant conversation, I may ask you to speak up or clarify something you say because I'm not familiar with it. I would expect that you would do the same if there is something that I need to clarify.

  - We have a very tight agenda and I may not have time to hear from everyone who wants to say something, or I may have to ask someone to shorten their answer in order to move on. The only reason I am doing this is for the purposes of timing. It does not have anything to do with you, or the answer that you are giving. If I have to move on, and you still have something to say, please do one of two things – either "cut me off" and say that you have an important point, or approach me at the end of the group. Either way, I do want to listen to what you have to say.

  - Finally, now that I've told you about what we're doing, you have the right not to participate, or to not answer a question. In fact, you are free to leave at any time, if you wish. Also, if there is anything that you are concerned about, feel free to ask me.

Ask participants to provide:

- First name

- Profession and how long practising

- Where you were educated for your profession (country, school)

- Level of education

- Job and responsibility

Story of Present (25 Minutes)

[Go around with each participant] Tell me a bit of a story about how you got to be where you are in terms of your current job. Note though, I basically want you to touch-on the issues outlined on the flip-chart behind me – so I don't want anything too long, but feel free to elaborate on some specific details on the paper behind me.

On Chart, have:

Prior to your current job

1) Length of time spent training for your profession, including any additional courses taken or requirements necessary [Only if raised by participants – briefly probe licensing and credentialing issues]

2) Issues finding a job/How did you find your first job?

At current and past job

1) Achievements/Advancement/Successes/What are you proud of?

2) Opportunities/Lack of opportunities

3) Setbacks/Disappointments/Things holding you back (PROBE – Things about you holding you back, and things that are related to your work environment)

[To the whole group] As you listen to these stories, what common themes come up? What resonates with you? Is there something that many of you seem to be experiencing as a group?

If you had to pin it down, what's the one factor or event that most strongly influences your present situation as it relates to your occupation?

Has this been addressed in any way? How could it have been addressed when it was happening, or how could it be addressed now?

What other factors have influenced where you are? Have they been addressed in any way? How could it have been addressed when it was happening?

Has anyone ever experienced a period of unemployment along the way, either during your practical training/supervision, or once licensed in your profession? [PROBE – Reasons for unemployment? Affect it had on career? How easy was it to mitigate the unemployment?]

First Starting Career (15 Minutes)

What were some of the difficulties you had when you first started-out as a new graduate of your profession?

How difficult were these issues?

How were these issues addressed?

What was it like during the following stages that were early on in your career:

• Encountering and dealing with issues relating to licensure, such as credential evaluation, taking extra courses, having difficulty with entrance exams, finding practical/supervised placement. How did difficulties in this pre-employment phase affect you once you were employed?

• Finding a job, or securing employment.

• Supervision towards licensure requirement or early career mentoring. What were you told that you had to change about yourself or things you had to do differently? Were there comments made about how your training did not fit with the "real world experience"?

• Coping with your inexperience. How did you handle this, or how was it handled for you?

• Developing confidence in yourself, and feeling well-prepared for your profession.

Who is with the same organization that they started with?

• For those with the same organization – What is keeping you there?

• For those at a different organization – What made you change?

Looking to the Future (10 Minutes)

[Ask as one question…] Where do you want to be 5 years from now in your career, and where do you expect you'll actually be?

• What factors influence or create that gap of where you want to be and where you expect to be?

• What do you need to succeed or to meet your goals?

Present Satisfaction (20 Minutes)

The following are some factors that relate to your occupation. I'd like to discuss how important each is to you, your satisfaction with them AND some solutions you may have for each item [FOCUS THREE FACTORS IN DISCUSSION] – Importance, Satisfaction/Performance and Solutions)

• Your salary (IF NECESSARY – Close eyes and raise hands to who's satisfied)

• Your work environment

• Your supervisors/superiors

• Your colleagues

• Fulfillment with your job

• How well your education/training prepared you for your job

• How the totality of your education/training/experience is being used. How can this be improved?

• The trust placed in your abilities by your supervisors

• The trust placed in your abilities by your clients

• Respect that you are given overall

• Opportunities for ongoing training in – factors related to profession; soft skills like management, etc…

New Canadians (25 Minutes)

We've been discussing issues related to your career, and part of it has focused on your education and training before you started your occupation…

Is job success and integration really influenced by WHERE you were educated (MODERATOR – Focus on both the school itself, and the country of education)

[Ask Everyone…] From what you know how does country of education impact career and job integration?

Is it easier for those educated in Canada to be integrated into your profession compared to those with education and backgrounds outside of Canada? Do those educated outside of Canada face different challenges than those educated in Canada? How so?

Given what you know, how does the quality of education of countries outside Canada compare with the quality within in Canada [MODERATOR – Note that there are vast differences, and explore them as necessary – i.e. some countries may be better/worse compared to others]

[For Canadian educated...] What's your experience been in working with individuals not educated in Canada?

Describe your career progression compared to your peers educated outside of Canada.

[For internationally educated...] What's it been like to integrate into the Canadian system? What issues have you faced overall? Are you at the same level as your Canadian educated peers? Are there or were there any times where you were not given the same responsibilities/duties as your Canadian educated peers?

Describe your career progression compared to your peers educated within Canada.

[For everyone...] What can be done to improve integration of internationally educated Canadians into your profession? [For internationally educated Canadians ONLY, write on flip chart]

Solutions (15 Minutes)

[For Canadian educated...]

I'm going to wrap-up now and I we've talked a lot about various issues faced in your careers and occupations, as well as some solutions. I'd like just to summarize some solutions for a minute. Given the totality of your experience from the time you wrote your exam/were required to meet your entry guidelines, through to now, what along the way would have helped you or given you more chances at success now and for the future.

[Summarize on a flip-chart]

Would this list change for internationally educated Canadians, and if so, how? What would you add, delete, change or modify?

[For internationally educated Canadians...]
[Continue from previous section, with flip chart, but also add-in specific questions about...]

• The licensing process [Do not spend significant time on this issue. Focus on how it impacts a person's SITUATION TODAY.]

• Bridging programs

• Language training

• Culture training

• Training on the Canadian health care system

• Help finding employment

• Interviewing skills

• On the job mentoring/coaching

• Joining a network of internationally educated Canadians to share tips & provide support

• Fairness practises/statements of fairness from regulators/employers

Appendix B: Quantitative Survey

Screener & Demographic Questions

Scr 1)   In which profession do you belong? [CHECK ONE ONLY]

❏ Medical Laboratory Science

❏ Medical Radiation Technology

❏ Occupational Therapy

❏ Pharmacy

❏ Physiotherapy

❏ Other TERMINATE

Scr2a)   How long have you been licensed/registered/certified to practise [RESPONSE FROM Scr1] in Canada?

❏ Less than 1 Year TERMINATE

❏ 1 Year TERMINATE

❏ 2-8 Years

❏ 9-10 Years TERMINATE

❏ More than 10 years TERMINATE

Scr2b)   More specifically have you been practising for:

❏ 2 years

❏ 3 years

❏ 4 years

❏ 5 years

❏ 6 years

❏ 7 years

❏ 8 years

Scr3)   Are you presently employed in the field of [Scr1]?

❏ Yes SKIP TO SCR 5

❏ No

Scr4a)   Were you previously employed in the field of [Scr1]?

❏ Yes

❏ No SKIP TO Scr4c

Scr4b) Are you presently looking for work in the field of [Scr1]?

❏ Yes SKIP TO Scr5

❏ No

Scr4c) What are the reasons that you have not been employed in [Scr1], or are considering employment outside of [Scr1]?

_____

_____

_____

WHEN FINISHED Scr4c, TERMINATE.

Scr5) Are you presently practising [Scr1]…

❏ In Canada

❏ Outside Canada TERMINATE

Scr6a) What is the first language you learned and spoke and still understand today? [Provide a list of languages, with other option]

Scr 6b) Which official language do you use when you are working?

❏ English only

❏ French only

❏ Both English and French

Scr7a) In which province/territory, or provinces/territories, are you presently licensed/registered/certified to practise [Scr1]? [Check all that apply]

Scr7b) [If more than one province in Scr7a…] In which province/territory were you first licensed/registered/certified to practise [Scr1]

Scr 7c) In which province/territory do you live [Check one only]

Scr 7d) Do you <u>work</u> in:

❏ Major Canadian City (Over 500,000)

❏ Urban area (250,000 - 499,999)

❏ Large City (125,000 - 249,999)

❏ Small City (25,000 - 124,999)

❏ A rural or remote area (Under 25,000)

Section 1 - Education

1.1a)   Think about your education in [Scr 1]. What is the highest level of education that you have attained in the field of [Scr 1]? [Check One Only]

❏ Training at a college, technical institute or other specialized school

❏ A Bachelor's Degree

❏ A Master's Degree

❏ A Doctorate Degree

❏ I do not have formal education in [Scr 1] - TERMINATE

1.1b)   In order to practise as a [Scr1-Person] your education needs to be recognized by a regulator, college or professional association. In what country did you complete your [Insert response from 1.1a] in [Scr1] that was submitted to the [Scr1] regulator/college/professional association?

❏ I completed my education for [Scr1] in Canada   Ask 1.1c

❏ I completed my education for [Scr1] outside of Canada   Ask 1.1d

1.1c)   In what province or territory did you complete the highest degree of education that you submitted to your regulator?

SKIP TO 1.2

1.1d)   In what country did you complete the highest degree of education that you submitted to your regulator/college/professional association?

1.2)   And continuing to think about your education, how strongly do you agree that it:

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY
Gave you a good technical knowledge and the skills you needed to practise [SCR1]				
Gave you the "soft" people skills you need to work with patients/clients				
Gave you the "soft" people skills you need to cooperate and collaborate with co-workers and managers				

Section 2 – Experience Outside of Canada

[TO BE ASKED ONLY OF THOSE WHERE 1.1b= "I completed my education outside of Canada"]

You indicated that part of your education was outside of Canada. This part of the survey asks some questions about your experience outside of Canada and the licensing/certification/registration process in Canada.

2.1)   Were you a Canadian citizen who obtained your education in [Scr1] outside of Canada or did you immigrate to Canada?

❏ I was a Canadian citizen and went outside Canada for my education SKIP TO 2.3

❏ I immigrated to Canada

2.2)   Approximately how long have you been in Canada?

_____   Enter in number of years

2.3)   Did you start your licensing/certification/registration process:

❏ In the country of your education

❏ Immediately when you entered Canada

❏ Within 6 months of coming to Canada

❏ 6 – 12 months after coming to Canada

❏ More than 12 months after coming to Canada

2.4a)   While waiting to become licensed/registered/certified in Canada, did you want to find work in the field of [Scr1]

❏ Yes I wanted to find work in the field

❏ No I did not want to find work in the field SKIP TO 2.5a

2.4b)   While you were waiting to become licensed/registered/certified in Canada, did you actually: [CHECK ALL THAT APPLY]

❏ Find work in the [Scr1] field on your own (i.e. NOT as part of a placement or bridging program)

❏ Find work in the field of [Scr1] as part of a placement or bridging program [IF THIS IS THE ONLY OPTION CHECKED, SKIP TO 2.5]

❏ Find work outside of [Scr1] field but still in healthcare

❏ Find work outside of healthcare

❏ Not work while you were waiting to become licensed/registered/certified SKIP TO 2.5a

2.4c)   [IF 2.4b=1] Did your work in the field of [SCR1] prior to becoming licensed/certified/registered provide you with:

❏ Very useful experience

❏ Some useful experience

❏ Little useful experience

❏ No real useful experience SKIP TO 2.4e

2.4d)   [IF 2.4b=1 and 2.4 c<>4] Please describe any useful learning or experiences you had when you worked prior to becoming licensed/certified/registered?

_____ [write in]

2.4e)   [ASK ONLY IF 2.4B=1 OR 2] Once you got your license/certification/registration, did you continue to work for the organization that gave you employment in [SCR1]

❏ Yes

❏ No

2.4f)   [If 2.4b=2 or 3] You mentioned you had work outside of [Scr1] while becoming licensed/certified/registered. As it relates to your present job or situation, did you feel the work provided you with:

❏ Very useful experience

❏ Some useful experience

❏ Little useful experience

❏ No real useful experience SKIP TO 2.5a

2.4g)   [If 2.4b=2 or 3 AND 2.4f<>4] Please describe any useful learning or experiences you had when you worked prior to becoming licensed/certified/registered?

_____ [write in]

2.5a)   Some educational institutions in Canada offer formal bridging programs that provide practical and academic programs designed to help internationally educated individuals meet the entry-to-practise requirements of their professions and become integrated into the Canadian workplace. Did you participate in a formal bridging program offered at a post-secondary institution?

❏ Yes, I participated in a bridging program

❏ No, I did not participate in a bridging program Skip to 2.5g

2.5b)   How would you describe the bridging program's impact on your present situation and occupation?

❏ Very positive impact

❏ Somewhat positive impact

❏ Neutral – Did not have any impact on my present situation

❏ Negative impact

2.5c)   Why do you say the bridging program had a [insert answer from 2.5b]

_____ [write in]

2.5d)   Did the bridging program have a clinical component?

❏ Yes

❏ No

2.5e)   If Yes in 2.5d… How would you describe the clinical component's impact on your present situation and occupation? Did it have a:

❏ Very positive impact

❏ Somewhat positive impact

❏ Neutral – Did not have any impact on my present situation

❏ Negative impact

2.5f)   Did you take a position in [Scr1] at the organization at which you had your clinical placement once you got your license/registration/certification?

❏ Yes

❏ No

2.5g)   Some people participate in mentoring programs where they work with experienced professional in the field of [Scr1]. Such programs could be offered formally through educational institutions or informally by other organizations. Did you participate in a mentoring program for your profession in Canada?

❏ Yes, I participated in a mentoring program

❏ No, I did not participate in a mentoring program SKIP TO 2.6a

2.5h)   How would you describe the mentoring program's impact on your present situation and occupation?

❏ Very positive impact

❏ Somewhat positive impact

❏ Neutral – Did not have any impact on my present situation

❏ Negative impact

2.5i) Why do you say the mentoring program had a [insert answer from 2.5h]

_____ [write in]

2.5j)   Did the mentoring program have a clinical component?

❏ Yes

❏ No

2.5k)   If Yes in 2.5j… How would you describe the clinical component's impact on your present situation and occupation? Did it have a:

❏ Very positive impact

❏ Somewhat positive impact

❏ Neutral – Did not have any impact on my present situation

❏ Negative impact

2.5l) Did you take a position in [Scr1] at the organization at which you had your clinical placement once you got your license/registration/certification?

❏ Yes

❏ No

2.6a) [ASK ONLY OF THOSE WHERE 2.1 = "I IMMIGRATED TO CANADA". ALL OTHERS SKIP TO 2.7a]
How would you describe your general proficiency with [Insert response from Scr6b], including the ability to read, write and be understood in [Insert response from Scr6b]?

❏ My [Insert response from Scr6b] proficiency is Excellent

❏ My [Insert response from Scr6b] proficiency is Good

❏ My [Insert response from Scr6b] proficiency is Fair

❏ My [Insert response from Scr6b] proficiency is Poor

2.6b) [ASK ONLY OF THOSE WHERE 2.1 = "I IMMIGRATED TO CANADA"] Did you have to take a language proficiency test to meet the requirements for professional license/registration?

❏ Yes

❏ No

2.7a) Prior to arriving in Canada, did you work or practise as a [Scr1-Person]

❏ Yes

❏ No SKIP TO 2.8

2.7b) How many years did you practise [Scr1] outside of Canada?

_____ Years

2.7c) Think about the prior experienced you had in [scr1] in your home country. Have the positions you've held in Canada done an excellent, good, fair or poor job of integrating your prior experience into your work in Canada?

❏ Excellent job of integrating prior experience

❏ Good job

❏ Fair job

❏ Poor job

2.7d) Has the experience you gained in your home country been very useful, somewhat useful, not very useful or not useful at all to you in practising [Scr1] in Canada?

❏ Very Useful

❏ Somewhat Useful

❏ Not Very Useful

❏ Not Useful At All

2.8) The following are some things people may do when starting to practise [scr1] in Canada. Please indicate:

a) If you did any of these

b) Regardless of whether you did them or not, how helpful would these be when starting to practise [scr1] in Canada

	2.8A) DID ANY OF THESE		2.8B) HELPFULNESS			
	YES	NO	VERY	SOMEWHAT	NOT VERY	NOT AT ALL
1) Learn how Canadians talk and communicate with each other						
2) Learn about Canadian culture						
3) Network with other internationally educated individuals in your profession						
4) Seek mentorship from someone who had a similar experience to you in your field						
5) Gaining knowledge about the licensure exam and how to pass						
6) Learn about the Canadian healthcare environment						

2.9a) [IF 2.8a, 1 ="yes"] You said you learned how Canadians talk and communicate with each other. Did you learn this through casual observation (e.g. participating in discussions, reading, watching TV) and/or through structured courses/instruction? (check all that apply)

❏ Observation

❏ Courses

2.9b) [IF 2.8b,2 ="yes"] You said you learned about Canadian culture. Did you learn this through casual observation (e.g. participating in discussions, reading, watching TV) and/or through structured courses/instruction? (check all that apply)

❏ Observation

❏ Courses SKIP TO SECTION 4

Section 3 – Canadian's Licensing Experience

[TO BE ASKED OF THOSE WHERE 1.1b = "I COMPLETED MY EDUCATION INSIDE CANADA"]

3.1a) While waiting to become licensed/registered/certified, did you want to find work in the field of [Scr1]

❏ Yes I wanted to find work in the field

❏ No I did not want to find work in the field [Skip to 3.2]

3.1b)   While you were waiting to become licensed/registered/certified, did you actually: [CHECK ALL]

    ❏ Find work in the [Scr1] field ON YOUR OWN (i.e. not as part of a placement)

    ❏ Find work outside of [Scr1] field but still in healthcare

    ❏ Find work outside of healthcare

    ❏ Not work while you were waiting to become licensed/registered/certified

3.1c)   [IF 3.1b=1] Did your work in the field of [SCR1] prior to becoming licensed/certified/registered provide you with:

    ❏ Very useful experience

    ❏ Some useful experience

    ❏ Little useful experience

    ❏ No real useful experience SKIP TO 2.4e

3.1d)   [IF 3.1b=1 and 3.1c <>4] Please describe any useful learning or experiences you had when you worked prior to becoming licensed/certified/registered.

    _____ [write in]

3.1e)   Once you got your license/certification/registration, did you continue to work for the organization that gave you employment in [SCR1]

    ❏ Yes

    ❏ No

3.2a)   During your education, did you have a practical placement in a clinic, hospital or other organization?

    ❏ Yes

    ❏ No SKIP TO SECTION 4

3.2b)   Did your placement provide you with:

    ❏ Very useful experience

    ❏ Somewhat useful experience

    ❏ Not a lot of useful experience

    ❏ No real useful experience

3.2c)   [IF 3.2a=Yes and 3.2b <>4] Please describe any useful learning or experiences you had at your placement.

    _____ [write in]

3.2d)   [IF 3.2a= Yes] Did you take a position in [Scr1] at the organization at which you had your clinical placement once you got your license/registration/certification?

    ❏ Yes

    ❏ No

Section 4 – Finding, Changing and Maintaining a Position

[ASKED OF EVERYONE]

4.1a)   We'd like to know about your experiences in finding your first position or job in [Scr1] once you were licensed/registered/certified to practise in Canada. After you received your license to practise [Scr1] how long did it take you to find your first position or job in [Scr1] [Check one only]

❏ I started a position/job immediately

❏ 1 – 3 months

❏ 4 – 6 months

❏ 7 – 9 months

❏ 10 – 12 months

❏ 1 – 2 years

❏ More than 2 years

4.1b)   Overall, would you say finding your first job was:

❏ Very easy

❏ Somewhat easy

❏ Somewhat difficult

❏ Very difficult

4.1c)   IF VERY OR SOMEWHAT DIFFICULT ABOVE, ASK… Why did you say finding your first job was [response 4.1b]

_____ [write in]

4.2)   Please indicate your satisfaction with the following for your first job once you became licensed on the scale below, where 7 means "Very Satisfied" and 1 means "Not Satisfied At All"… [ROTATE]

	SATISFIED					NOT SATISFIED	
	7	6	5	4	3	2	1
Your pay							
Your roles and responsibilities							
Location of the employer relative to where you live							
The number of hours available for you to work							
How easy it was to find a job after becoming licensed/registered/certified							
The job being in the area/field/speciality you want it to be in							

Section 5 – Satisfaction with Career, Current Position and Other Factors

[Asked Of Everyone]

We would like to understand your satisfaction with your career and position you have now, and the factors that influence your opinion.

5.1a)   Thinking about your career overall, how satisfied are you with your career and experiences in the field of [Scr1] in Canada? Are you:

❏ Very Satisfied

❏ Somewhat Satisfied

❏ Not Very Satisfied

❏ Not Satisfied At All

5.1b)   Why do you say that you are [Insert Response From 5.1a] with your career?

_____ [write in]

5.1c)   And thinking just about your most recent position and all aspects involved in it, how satisfied are you with your most recent position? Are you:

❏ Very Satisfied

❏ Somewhat Satisfied

❏ Not Very Satisfied

❏ Not Satisfied At All

5.1d)   Why do you say that you are [Insert 5.1c] with your most recent position?

_____ [write in]

5.1e)   Please indicate your satisfaction with the following for your most recent position on the scale below, where 7 means "Very Satisfied" and 1 means "Not Satisfied At All"…… [ROTATE]

	SATISFIED						NOT SATISFIED
	7	6	5	4	3	2	1
Your pay							
Your roles and responsibilities							
Location of the employer relative to where you live							
The number of hours available for you to work							
How easy it was to find a job after becoming licensed/registered/certified							
The job being in the area/field/speciality you want it to be in							

5.2) Think about your entire career so far as a [Scr1] in Canada. Would you say you are very satisfied, somewhat satisfied, not very satisfied or not satisfied at all with… [ROTATE]

	VERY SATISFIED	SOMEWHAT SATISFIED	NOT VERY SATISFIED	NOT SATISFIED AT ALL
Ability to meet the needs of your patients/clients				
The respect and relationships you have with your co-workers				
The respect and relationships you have with your boss or superiors				
Opportunities for advancement, promotion or additional responsibility				
Respect you receive from your clients or patients				
Opportunities for professional development, additional education or training				
Your influence over the direction of career				
Your influence over workplace matters and issues				
Your inclusion in workplace social activities				
The responsibilities you have compared to your co-workers				
The support you receive from your colleagues				
The support you receive from your supervisior or boss				
Your work/life balance, or time you can devote to your family				
How your ideas, suggestions and contributions are inclued in your workplace				

5.3) [ASK IF 1.1b = "OUTSIDE CANADA"] Please indicate whether each of the following is something that helps your career, hinders your career or has no impact on your career overall. Use a 1-7 scale below, where 1 means the factor significantly hinders your career, 4 means it has no impact, and 7 means it significantly helps your career.

	SIGNIFICANTLY HELPS			NO IMPACT			SIGNIFICANTLY HINDERS
	7	6	5	4	3	2	1
Your understanding or proficiency in different aspects of [insert response from Scr6b]							
Your country of education							

5.4a)   We would like to understand some of the setbacks, if any, you faced in your career. Have you experienced any incidents that you feel have held you back in your career?

❏ Yes

❏ No SKIP TO 5.5a

5.4b)   Please describe some of the setbacks that you feel you have faced or experienced in your career.

_____ [write in]

5.5)   Throughout your career in [Scr1], please indicate if you have experienced any of the following: [Rotate. Only show one item per page please]

	YES	NO
Dismissal of any kind		
Quitting your job because you did not like it		
Any periods of unwanted unemployment		

The following questions ask about inequities in the workplace that people may have experienced. It is important to understand if you have had such experiences, how they have occurred and the impact they have had on you and your career.

5.6a)   Sometimes people may experience inequality where they work - they may not be treated the same as other individuals around them for various reasons. Thinking about all the experiences you have had while working as a [Scr1-person] in Canada, have you experienced inequality from the following individuals regularly, occasionally, seldom or never?

	REGULARLY	OCCASIONALLY	SELDOM	NEVER
Your manager or supervisor				
Your colleagues and co-workers				
Your clients or patients				

5.6b)   [If any of 5.6a is "Regular", "Occasional" or "Seldom", ask...] On what factors did this inequality occur: [CHECK AS MANY AS APPLY]

❏ Gender   ❏ Language

❏ Race   ❏ Age

❏ Religion   ❏ Sexual orientation

❏ Nationality   ❏ Physical ability/disability

❏ Country of Education   ❏ Other _____

❏ Level of education

5.6c)   [If any of 5.6a is "Regular", "Occasional" or "Seldom", ask...] On the whole would you say that this inequity has:

❏ Had a very negative impact on your career progression in [Scr1]

❏ Had some negative impact on your career progression

❏ Had no impact either way on your career progression

Section 6 – Integration Into The Profession

[To Be Asked Of Everyone]

6.1)   The following are some suggestions that may assist in better integrating you into the [Scr1] workplace and your profession overall....Thinking of your entire career, from the time you started practising [scr1] until now, how helpful would these have been throughout your career? Very helpful, somewhat helpful, not very helpful or not helpful at all. [ROTATE]

	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT HELPFUL AT ALL
Learning stress management, or how to handle workplace stress				
Learning how to work as part of a team				
Understanding the various laws and regulations that apply to your profession				
Understanding funding sources for health care				
Training on specific machines needed for your profession				
Continuing education courses on technical matters for your profession				
Continuing education courses on matters of personal growth in your profession				
Having a clearer understanding of the Canadian practice methods and standards for your profession				
Availability of more structured mentoring within your profession				
Learning more effective communications skills				
Information about the licensure exam				
A peer support network where you could get help from those who have been through similar experiences				
Becoming more proficient in conversational English and French				
Gaining a better understanding Canadian culture and behaviour				

6.2) [ASK ONLY IF 1.1b = "OUTSIDE CANADA"] As someone who received education in [Scr1] outside Canada, what suggestions do you have that would help improve your career progression and integration into the Canadian [Scr1] profession

_____ [write in]

6.3) We are interested in hearing any other issues or suggestions that you think would help improve your career progression. Please feel free to list them here.

_____ [write in]

Demographic Information

The following questions help us further classify the responses we have received.

D.1) Are you:

❏ Male

❏ Female

D.2a) In which of the following age categories do you belong?

❏ Under 40 Ask D.2b

❏ 40 or over Ask D.2c

❏ Prefer not to answer

D.2b) In which of the following age categories do you belong?

❏ Under 25

❏ 25-27

❏ 28-30

❏ 31-33

❏ 34-36

❏ 37-39

❏ Prefer not to answer SKIP TO D.3

D.2c) In which of the following age categories do you belong?

❏ 40-44

❏ 45-49

❏ 50-54

❏ 55-59

❏ 60-64

❏ 65 or over

❏ Prefer not to answer

D.3)   Are you:

❏ Single

❏ Married

❏ Divorced/Widowed/Separated

❏ Other

D.4)   How many children under the age of 18 live in your household:

❏ None

❏ One

❏ Two

❏ Three

❏ Four or more

Appendix C: Employer Questions

1) There are a lot of implications for employers in the report. What stands out for you?

2) In total, four in ten say that employers do an excellent job of integration of IEHPs' international skills while 30% do a good job. Do you agree, and what are you doing in this regard?

3) One of the most important pieces of data is that IEHPs and CEHPs tend to feel equally satisfied with most every aspect of their job at present. On a broader level, integration just "seems" to happen – no one can really pinpoint a direct event or organization that improves integration. Two questions: 1) Do you agree with this? 2) What are employers doing to directly impact integration?

4) Another piece of data is that IEHPs who have the perception that they are being well-integrated and having their international skills recognized in the workplace are those IEHPs who do well. Three questions: 1) What are you doing on this front? 2) Is it the IEHPs themselves who are the ones that are taking charge of this (i.e. are the ones who feel their skills are used/the ones who are naturally more adaptable/communicative, etc.)? 3) Or, is it integration itself that makes an IEHP feel welcome and therefore more successful?

5) What are some of the challenges you face as an employer when it comes to integration?

6) What are some of the challenges that IEHPs have in integrating?

7) It is quite clear from the results that it takes IEHPs longer to find a job when they first come out of school. How do you think that can be improved?

8) One of the key recommendations will be to give IEHPs exposure or work opportunities prior to becoming licensed. What do you think of this both in terms of theory and practicality?

9) Though inequity will happen regardless of policy, oversight and all of our best efforts, can you discuss how you discourage and train around inequitable treatment in your organization?

10) Do you have any programs for IEHPs in particular? Do you allow employees to have continuing education? Casual language and culture training are ongoing concerns for IEHPs. How would these fit in your organization?

11) What do you see the value of an IEHP being to your organization, as unique from CEHPs? How do you foster those values in IEHPs?

12) How do you make IEHPs feel comfortable during their first year of employment? How about CEHPs? Can you comment on a general finding that says everyone in their first year of employment finds it stressful, and what you are doing to mitigate that stress?

13) IEHPs have said that it is often left to them, once they start work, to learn how things actually work – like sources of funding, how to handle certain requests, how insurance works, how the Canadian healthcare system works and how the profession is practised in the work environment. Do you agree with this finding, and what are you doing in this regard?

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