



With an open
door...

Commissioned by:

The Immigrant and Refugee Employment Services Committee



Hamilton Training Advisory Board

Commission consultative sur la formation à Hamilton

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Background

a few good nurses Report

From March to December 2000 the Hamilton Training and Advisory Committee formed a partnership with the Health Care Human Resources Advisory Committee to produce the “*a few good nurses - A Hamilton Health Care Human Resources Strategy*” report. Published in February 2001, this report focused on the growing human resources crisis in health care and offered a number of suggestions to address the issues.

The “*a few good nurses*” report contained alarming data on nursing demographics in Hamilton. Approximately 40% of nurses in acute, long term and community care sectors will be eligible to retire in the next 3 – 5 years. Moreover, the predominance of part-time over full time work in addition to the reality of difficult working environments, make recruitment and retention of good nurses, particularly in specialty areas, an enormous challenge for local health care employers.

The report offered up several recommendations for action. They include:

- Create a local working group to develop a ‘magnet’ strategy that would profile the health care sector as an employer of choice.
- Develop a collaborative health care human resources database and planning system on a local level.
- Develop innovative strategies to engage and reward mentors and preceptors who support the education of young nurses.
- Open up more access to continuing education and lifelong learning for nurses.
- Create a media campaign to combat the devaluation of the nursing profession.

Although “*a few good nurses*” acknowledges the experiences of immigrant nurses...

“foreign trained nurses face daunting obstacles to entering the profession: they experience difficulty obtaining accreditation...lack financial resources for re-training; have difficulty meeting language requirements, and often ...can’t identify a source of information about the general registration process. More often than not, qualified health care providers from other countries end up underemployed or unemployed.”¹

The recommendations at the end of the report did not contain strategies for tapping into the supply of foreign trained nurses in Hamilton.

¹ A few good nurses – A Hamilton Health Care Human Resources Strategy, February 2001, page 12.

The Immigrant and Refugee Employment Services Committee

The Training Board's Immigrant and Refugee Employment Services Committee (IRES) is composed of agencies who serve the needs of newcomers to Hamilton. They are:

- Jim Jones, Mohawk College (Chair)
- Aurelia Tokaci, Settlement and Integration Services Organization (Vice-chair)
- Margaret Meharg, Human Resources Development Canada (HRDC)
- Lorie Corby, HRDC
- Linda Rogers, Mohawk College
- Angela Shimizu, East Hamilton Employment Resource Centre
- Carol Ann Naranjit, Catholic Family Services (Women Without Borders)
- Claudette Mikelsons, Association canadienne française de l'Ontario
- Bonaventure Otshudi, Centre Santé
- Dee Wilson, Social and Public Health, City of Hamilton
- Jack Maga, St. Charles, Hamilton-Wentworth Catholic District School Board
- Liz Robinson and Judy Travis, Hamilton Training Advisory Board

After reviewing "a few good nurses", members of IRES were concerned about the absence of strategic advice regarding foreign trained nurses. There was consensus around the table that foreign trained health care professionals constitute a potential supply of labour that would meet current and future needs.

As immigrant service providers, IRES members felt that they could best represent the interests of their clients by responding to the "*a few good nurses*" with a study of their own. Based on their experience working with immigrants, they knew that Hamilton is home to many qualified nurses who had not made the transition into their chosen profession after arriving in Canada. By capturing the experiences of these individuals through surveys and face-to-face meetings, IRES set out to identify immigrant nurses, to tell their stories and make recommendations that would supplement those already contained in the "*a few good nurses*" report.

With this in mind IRES coordinated a search for foreign trained nurses in local English as a second language programs and designed a survey (please see Appendix A) to capture the immigrants' experiences in more detail.

Goals of the research

The committee's goal with this study is to draw attention to the skills, knowledge and experience – the human capital, so to speak – which forms an 'invisible' and untapped labour pool in Hamilton's economy. The committee also sought to gain better insight into the challenges foreign-trained nurses meet in trying to practice their profession in Canada.

The research strategies involved identifying a sample number of nurses, documenting their qualifications and foreign work experience and developing a contact list.

Parameters of the study

The study is limited to foreign-trained nurses enrolled in English as a Second Language (ESL) classes in Hamilton. This was done because it would make accessibility to these nurses much easier. The Committee did not have the resources to launch a city-wide search for immigrant nurses.

Although subsequently the researcher did interview non-ESL students, those data are included in separate charts.

This study is essentially a workforce snapshot of immigrant nurses. With few resources at hand, the data sample for this project was relatively small and most of the information is qualitative and anecdotal. At some future time, however, the committee may wish to follow up the survey with more extensive data collection which would help quantify actual numbers of foreign trained nurses in Hamilton ESL programs.

Data collection methods

Due to the English language limitations of many of the participants, it was agreed that personal interviews would be the most effective data collection method. Local ESL schools provided a list of nurses enrolled in language classes who were willing to participate in the survey. The committee received the names of 37 female nurses of which 33 were interviewed.² Of the 33 nurses interviewed, 29 were recent or current ESL students. As mentioned above, although the study started out by focusing on ESL students, an additional four foreign-trained nurses no longer in ESL programs also volunteered to participate in the survey. Their experiences are contained in a separate section and add insight into the licensing process from the perspective of nurses who have attained the language competencies required for registration.

The interviewing process unfolded over a six-week period. Due to transportation and childcare arrangements, many of the nurses were interviewed in their homes. Some nurses were interviewed at ESL schools. The survey included demographic information about the respondents and their nursing training and foreign work experience. In addition, participants were asked about their experiences with the Ontario College of Nurses (CNO) and with accessing programs that might facilitate their entry into the nursing profession. Finally, participants were asked what they felt would most help them enter the nursing field in Canada.

As many of the nurses interviewed were beginner level ESL students, it was felt that tape recording the interviews might make the participants uncomfortable. The survey questions were designed to elicit short responses, which the interviewer could accurately record on the questionnaire (see Appendix A). Responses were grouped according to the interview questions and analysed for dominant themes. Again, because four of the nurses interviewed were not current or recent ESL students, their data are reported separately.

Those nurses quoted in this study were assigned pseudonyms.

² Four nurses could not be contacted.

Acknowledgment

This research would not have been possible without the cooperation of the 33 nurses who took the time to participate in the study. The Hamilton Training Advisory Board thanks them for sharing their experiences with the community.

HTAB is also grateful for the time and effort put into this study by members of the Immigrant and Refugee Employment Services Committee. Members spent many months giving direction to and monitoring progress of the research as well as reviewing the report drafts and commenting on them. HTAB appreciates their valuable contributions to this and other IRES/HTAB initiatives.



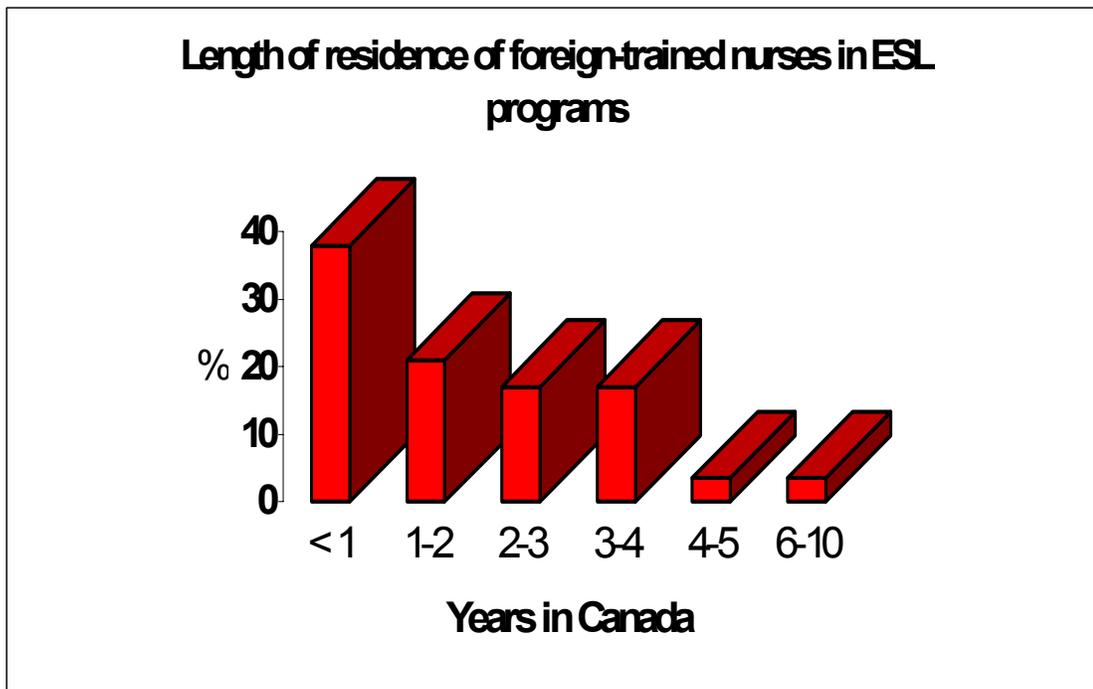
Study Findings

PARTICIPANT DEMOGRAPHICS

Length of stay in Canada

The average length of residence for the 29 nurses who were current or recent ESL students is 2.2 years. Figure 1 shows that 59 percent of nurses surveyed have been in Canada for two years or less.

Figure 1



Migration to Hamilton

Hamilton was **the primary destination** for 55 percent of the nurses surveyed. Of those nurses, half came to Canada as convention refugees or refugee claimants. Of the 50 percent who arrived as immigrants, the majority came as spouses or fiancés of Canadian citizens, permanent residents or as dependents of principal applicants in the skilled workers category. Of the group, only one nurse came to Canada as a live-in caregiver.

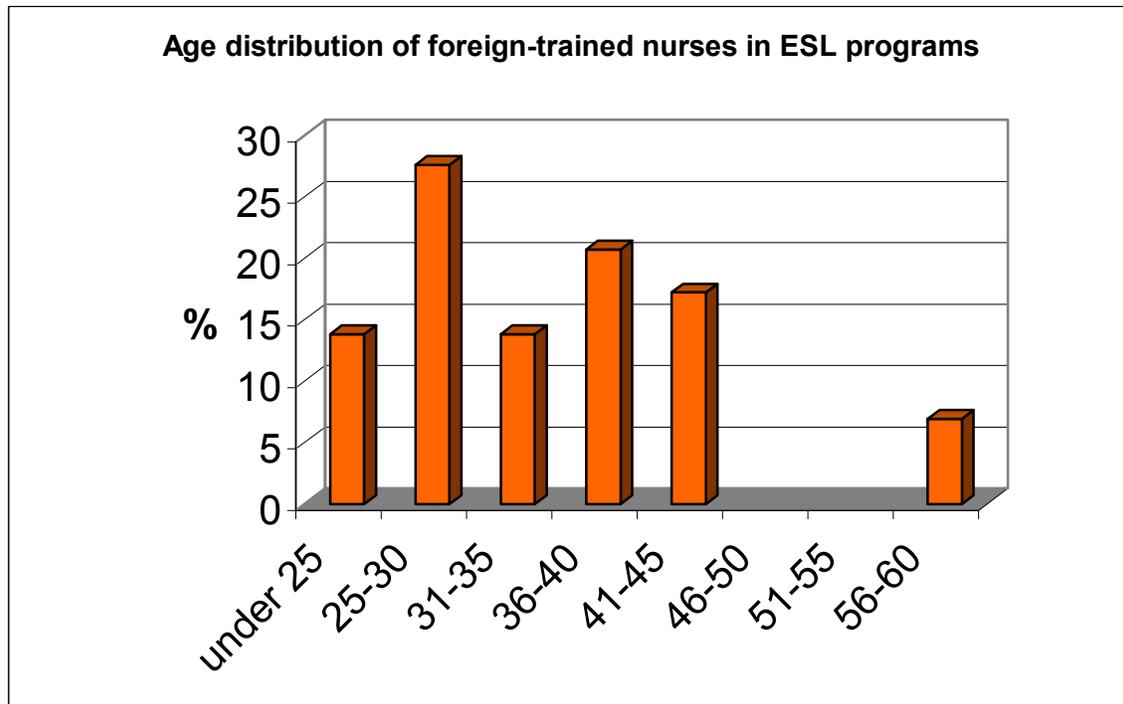
Hamilton was the **secondary destination** for 45 percent of the nurses surveyed. Of this group, 38 percent came from Toronto and 15 percent from Kitchener. The remaining 6 nurses moved to Hamilton from Brampton, Mississauga, Caledonia, Ottawa, Montreal and Halifax. Of all nurses who resettled to Hamilton, 70 percent arrived in Canada as refugees.



Age

Figure 2 shows the age distribution of the nurses surveyed. Fifty five percent are aged 35 or younger and 37.8 percent are between the ages of 36 and 45. The average age of the participants is 34.

Figure 2

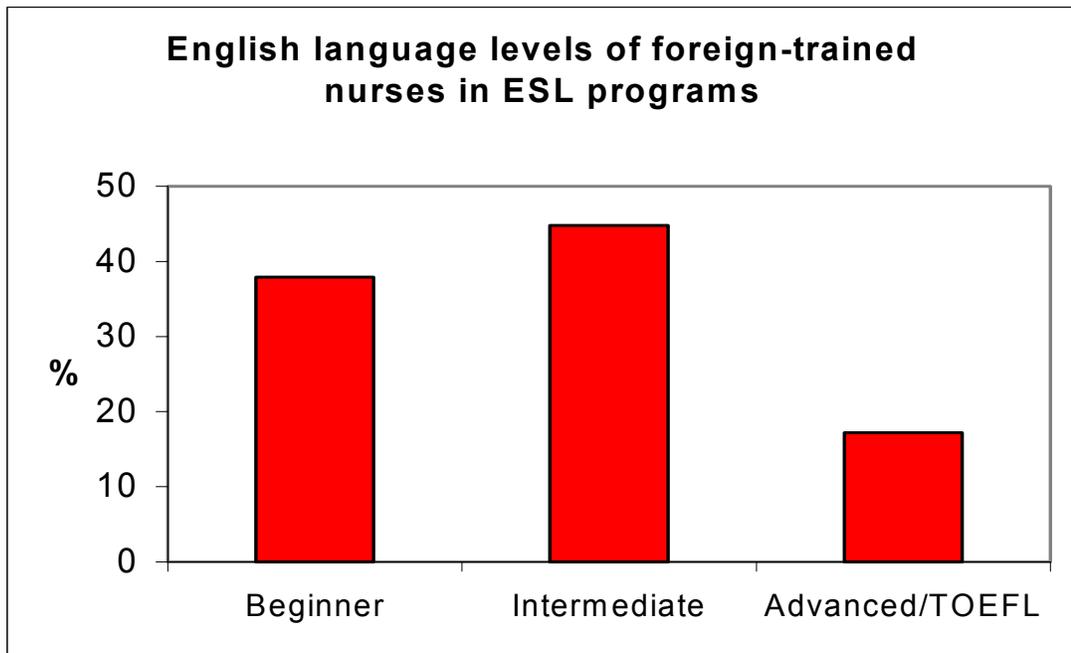


Language levels

More than 80 percent of the nurses had beginner or intermediate English levels. Two nurses spoke French fluently.



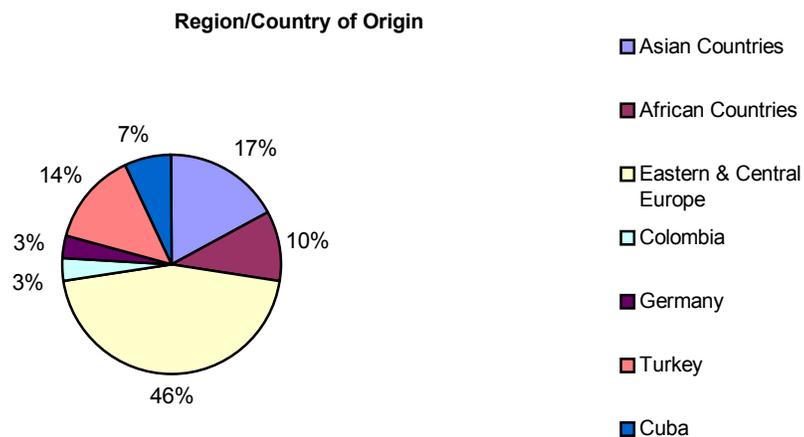
Figure 3



Region or Country of Origin

The nurses interviewed represent 17 different nationalities. Forty six percent are from Eastern and Central European countries. The largest group, 21 percent, came from regions of the former Yugoslavia. Nurses from Asian countries represent 17 percent of those surveyed and nurses from African countries 10 percent. Two nurses are from Cuba, one is from Colombia, and one is from Germany. Turkish trained nurses represented the largest single nationality at 14 percent.

Figure 4





Training

Forty-eight percent of the participants trained in vocational schools of nursing. This training consists of four years of studies followed by six months to one year of practical training. Graduates of vocational schools of nursing are working in hospitals by 18 or 19 years of age. Eighty-five percent of Central and Eastern European nurses and 75 percent of the Turkish nurses in this study were trained in vocational nursing schools. Those nurses with college diplomas had three to three and a half years of post-secondary training. The nurses with university degrees had three to five years of post-secondary training.

Table 1

Region or country of origin and institute of training of foreign trained nurses

Region/country	Secondary/vocational	Secondary/vocational & College	College	University
Central & Eastern Europe	9	2	2	
Africa	1		2	
South America & Caribbean	1		1	1
Western Europe				1
Turkey	3			1
Asia		1	3	1
Total	14	3	8	4

Of the 29 nurses interviewed, 27 have nursing diplomas or degrees. Only one respondent did not have formal training in her country of origin. She was employed as a Personal Support Worker following one year of workplace training. A student nurse completed 2 years of a three-year college program.

Foreign work experience

The nurses surveyed had an average of eight years foreign work experience primarily in a hospital setting. Many nurses explained that in their countries nursing duties are not separated into those of PSWs, RPNs and RNs. Nurses are responsible for the patient's personal and medical care. Some of the nurses are also trained midwives, whose duties included teaching pre-natal and family planning classes. Zeynep, a Turkish midwife, with over 10 years nursing experience, proudly reported that she has delivered over 200 babies. A number of nurses have worked in more than one country and are multi-lingual, as a result.

Table 2

Years of foreign nursing experience

Work experience	No. of nurses	Percentage
Less than 1 year	2	7
1-3 years	8	28
4-5 years	4	14
6-10 years	3	10
11-20 years	9	31
Over 20 years	3	10
Total	29	100%

Canadian work experience

- Seventeen (58 percent) of the 29 nurses interviewed have never worked in Canada.
- Three nurses (10 percent) have had some work experience since coming to Canada but are presently unemployed.
- Of the three, one nurse was employed as a private caregiver.
- One nurse worked as an assistant superintendent and one as a cleaner.
- Seven nurses (24 percent) are currently working.
- Five nurses are working part-time in the health care field.
- Two nurses are working part-time or as occasional help in fields unrelated to health care.

Some nurses reported that they had applied to nursing homes and homecare agencies. The results varied. Agnes, a Polish nurse, with seven years experience, said that she has applied to several nursing homes, but “don’t have certificate – don’t call back!” Rayka, an Eastern European nurse, with three years Canadian work experience as a private caregiver, was offered a part-time position (two hours a day) as a homecare aide. The position paid \$7.00 an hour and employees were required to provide their own transportation. As Rayka does not have a car, she declined the offer. Rayka explained that the cost and time involved in traveling to the client’s homes by public transportation did not make the position worthwhile. Rayka, who is single and has no children, has decided to go to college to study nursing.

Zynete (not her real name), an Albanian nurse from Kosovo, with intermediate level English skills, was recently hired by a medical clinic with a large immigrant clientele. Zynete speaks four languages; her duties and training include preliminaries, check-ups, and immunizations. Zynete feels that she needs more Canadian experience and more upgrading as there are some terms and procedures that are not familiar to her.

Ilena works as a health care aide in two nursing homes. Her English level is also intermediate, but she says she has “no problems with English in nursing homes”.

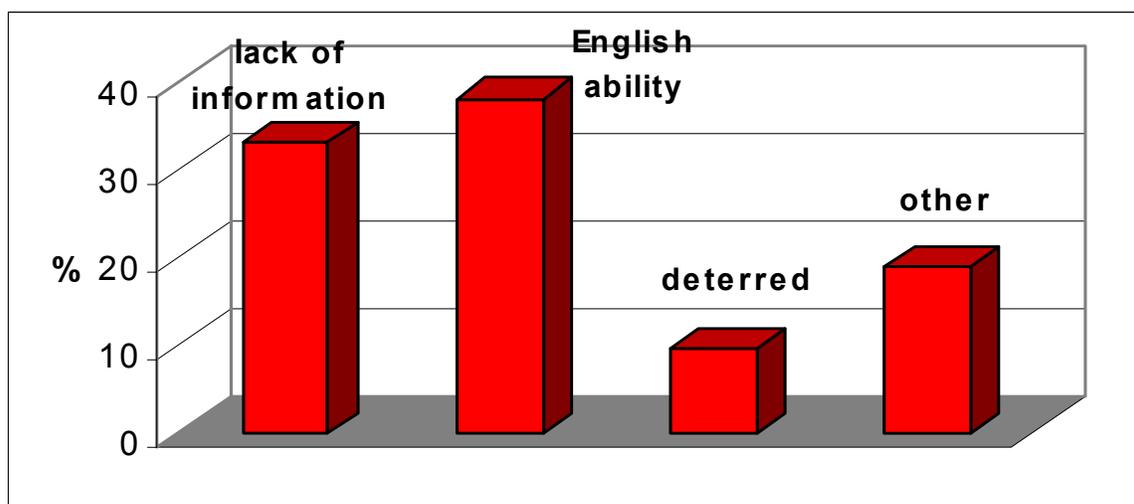
Table 3
Current employment of foreign-trained nurses surveyed

<u>Job title</u>	<u>Hours</u>
Caregiver/nanny	Part time (3 days a week)
Day care supply	One call in 4 months
Health care aide (2 jobs)	Part time (16 hours a week)
House support worker	Part time (10-20 hours a month)
Medical clinic nurse	Part time (25 hours a week)
Nursing home assistant	Part time (2 days a week)
Waitress	Part time

The College of Nurses of Ontario (CNO)

Twenty-one nurses had not applied for registration with the CNO. Many had no knowledge of this licensing body and misunderstood the question to mean had they applied to nursing college. Once the purpose of the CNO was explained, several nurses said they had not applied because they wanted to improve their English first. Over 70 percent of the nurses, who have not applied to the CNO identified lack of information about the organization or their poor English ability as the reason.

Figure 5
Reasons for not applying to the CNO



Two nurses reported being 'put off' applying. Muna, a university trained nurse with 20 years experience in four countries, and who also speaks five languages, said, 'somebody told me nurses no chance in Canada; I stayed at home three years depressed.' Amana, who has college diplomas in nursing and midwifery and 26 years experience said, 'somebody told me you will do training again. They said this diploma is not acceptable here.' Other nurses were waiting for refugee hearings or paperwork before applying.

Twelve nurses had either contacted or applied to the CNO. Zynete applied two years ago but never received a response. Rayka wrote a letter of enquiry 18 months ago and enclosed a translation of her diploma; she did not receive a reply. Fayza wrote the college and requested an application package four months ago; she is still waiting for the forms. Four nurses, who applied recently, have not received a decision yet. Only one nurse has received a reply.



Marie's Story...

Marie came to Canada three and a half years ago from the Congo. She was 26 years of age. She speaks French fluently, but her English level is beginner. Marie completed a four-year college diploma in nursing and worked for two years in a hospital and dentist office. She applied to the CNO one year ago and was informed that she needed transcripts and work records from her country. Obtaining these work records and transcripts is proving to be a lengthy and expensive process.

In the meantime, Marie applied to take a Personal Support Worker course, but she could not pass the English test. Marie feels that the CNO should have allowed her to take the registration exam immediately.

Experience in other programs

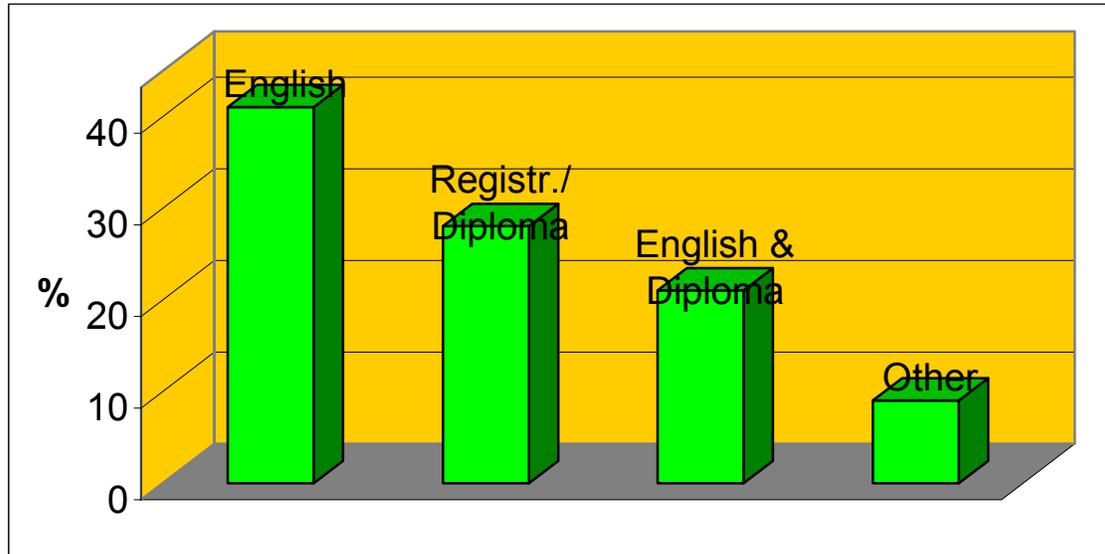
Twenty-three of the nurses interviewed (almost 80 percent) had not applied to any programs to upgrade their nursing skills. Fifty six percent of the nurses have not applied because of their lack of English ability, 30 percent identified cost or childcare issues as the main reason, two nurses mentioned their refugee status, and one nurse said that she had no information about possible programs. Five nurses have either applied for or taken health-care related programs. Huda, who worked as a Personal Support Worker in her country, has recently completed a PSW course and is now seeking a position in a nursing home.

Safete, one of the nurses interviewed, has over 20 years experience nursing and speaks three languages. She came to Canada as a refugee three years ago from Kosovo. Her English level is advanced. Asked what would most help her enter the nursing field she replied, 'to get a real certificate...even if job as PSW.' Safete has been accepted for a PSW course at a local health institute. Because the institute recognises her qualifications, she can complete this program in two months rather than six. Safete is excited about taking this course, but she does not know how she can pay for it.

Another foreign trained nurse, Stefania, came to Canada five years ago. She has a diploma from a vocational school of nursing and ten years of nursing experience. She has worked for two months as a cleaner since coming to Canada. Stefania relocated to Hamilton last year. Now that her youngest child is old enough to attend daycare, she would like to find employment or upgrade her nursing skills. Stefania says that she is not working in the health care field because she has no license, no Canadian experience, and has been busy with her kids: ' Maybe, I need some license or some training...chance to have placement.' Stefania's English level is intermediate. She passed the Personal Support Worker entrance test but, as a single mother of three children, she cannot afford to pay for the course.

Barriers to Employment in the nursing profession

Figure 6
Barriers to employment identified by foreign-trained nurses in ESL programs



The Nurses were asked to identify the main reason they were not working in the nursing field. Forty one percent identified English skills as the foremost reason and 28 percent identified the fact that their diplomas are not recognised in Canada. Twenty one percent cited both factors. Of the other 10 percent, one nurse said she 'gave up', one mentioned childcare issues, and one nurse said she had no information about how to apply.

None of the nurses who identified English as the main reason they were not working had applied to the CNO. Many of these nurses have been in Canada for less than a year and are unaware of the licensing process. These nurses are confident that once their English improves, they will be able to practice nursing in Canada.

Twenty eight percent of participants said the main reason they were not working was because their diplomas were not accepted or recognized. A further 21 percent identified lack of recognition of diplomas and English ability as equal barriers to employment. Of this 49 percent, only one nurse (7 percent) has applied to have her qualifications assessed by the CNO.

Many nurses mentioned other barriers to entering the nursing profession. Some nurses with advanced English skills admitted that they were not comfortable with English. Several nurses were intimidated by the responsibility and authority registered nurses are given in Canada. Ilena, a convention refugee, remarked, *"I need more training and know English very well. I think here too much responsibility*



a nurse have. Don't need more trouble!" Another nurse of Asian origin feels that she needs to understand the Canadian lifestyle before she can practice nursing with confidence: *'after that, I can take care of people perfectly.'* Some nurses feel that it will be too difficult to become registered nurses in Canada. They would prefer to work in nursing homes.



Study findings: participants not attending ESL classes

PARTICIPANT DEMOGRAPHICS

Length of stay in Canada

Three of the four nurses who are not attending ESL classes have been in Canada considerably longer than those nurses enrolled in ESL programs. One nurse has been in Canada for 15 years and two nurses for seven years. One nurse, Deru, has been in Canada for one year. Deru is from an English speaking African country.

Migration to Hamilton

Hamilton was the **primary destination** for two of the nurses surveyed. Both nurses came to Canada as spouses of principal applicants in the skilled workers category. Hamilton was the **secondary destination** for the other two nurses. These two nurses came from Toronto. One nurse came to Canada as a refugee claimant and the other as a convention refugee.

Age

Two nurses are between the ages of 36 and 40 and two nurses are between the ages of 41 and 45.

Language Levels

Of the four nurses who were not in ESL programs, one had advanced English skills, and one was a native English speaker. Two nurses had written the Test of English as a Foreign Language (TOEFL) and achieved scores that satisfied the language requirements for admission to colleges and universities or membership in the College of Nurses of Ontario.

Region or Country of Origin

Two nurses are from African countries, one is from an Asian country and one is from an Eastern European country.

Training

All four nurses have nursing diplomas from their native countries. The three nurses with college diplomas have three to three and a half years of post secondary training. One nurse, who received her diploma from a vocational school of nursing, completed two years of nursing training at the secondary level.

Region of origin and institute of training of foreign trained nurses

Region/country	Secondary/vocational	College
Central & Eastern Europe	1	
Africa		2
Asia		1
Total	1	3

Foreign work experience

The nurses' foreign work experience ranges from four years to 15 years. Three of the four nurses worked mainly in hospitals. One nurse also worked in a dentist office.

Canadian work experience

- Three of the four nurses have worked in Canada.
- Two nurses held part-time health care aide positions and one was employed full time as a health care aide.
- One nurse is currently working full time as a dietary aide.
- Three nurses are currently unemployed.

The College of Nurses of Ontario (CNO)**Some Personal Experiences...**

All four nurses applied for registration with the CNO. Each nurse had advanced language levels in one of the Official languages that satisfied the language requirements for registration. Their personal experiences provide some insight into how lengthy the process of becoming registered can be.

Yi's Story...

Yi came to Canada seven years ago, from China, at the age of 29. In addition to a three-year college diploma in nursing, she has nine years of work experience in hospitals in China and Singapore. Yi attained the TOEFL score required for registration with the College of Nurses. The CNO informed Yi that she would be required to take some additional courses in order to meet the educational requirements for registration. She was given two years to finish the courses and write the registration exam. If she did not finish in the required time, she would have to start the process again. Yi was prepared to complete the required courses until she learned that they were not offered together. She would have to spend two years studying part time to complete her upgrading. Yi was also planning to start a family at this time so she decided to "forget it". Yi applied to the CNO six years ago. She has never worked in Canada, but she was taking an employment preparation program at the time of the interview. She believes that now she must have a Bachelor of Science to work as a nurse in Ontario.

At the age of 36, and with a young child, she feels that she cannot spend four years in university. Yi is considering an alternative career in computer programming.

Zahra's Story...

Zahra also came to Canada seven years ago at the age of 37. Zahra has a college diploma in nursing and one-year postgraduate studies in teaching nursing. She worked as a registered nurse in Somalia for 14 years. Her English level is advanced. Zahra applied to the CNO in 1999 and was informed that she required some additional courses to qualify for registration. Zahra spent two years upgrading and recently wrote the registration exam. Zahra said that before, when her children were small, she was afraid that she would fail: it would be too difficult juggling children, work and college. Zahra feels that foreign nurses should be allowed to, "take [the registration] exam right away instead of waiting two years wasting time doing courses I've already taken." She feels that taking 'short courses with new things': such as, computers and terminology would have been a better use of her time.

Zahra is now 44 years of age. She would like to work in a nursing home to gain some experience and eventually work in a hospital.



Milena's Story...

Milena has been in Canada for 15 years. She has a nursing diploma from a secondary level nursing school and four years work experience in a hospital and dental office. After achieving the necessary TOEFL score, she applied for registration and was informed that she needed seven refresher courses. She completed six of the seven courses in two years at a cost of over \$2000.

Milena's husband had a well-paying job and she was also employed as a health care aide. Milena says that 'in the beginning, I was very excited about [becoming a nurse], but year by year, it went down.' She began to get discouraged because there were 'no jobs before' and the cost of taking the tests was very expensive. A family crisis then forced Milena to resign her position as a health care aide, because she could no longer work shifts, and accept a lesser paying position as a dietary aide. Milena is now 41 years of age. She is not sure that she wants to be a nurse anymore.

Deru's Story...

Deru came to Canada one year ago from Zimbabwe. She speaks English fluently and has a three-year college diploma and 15 years experience as an operating room nurse and charge nurse. The CNO accepted her training and she recently wrote the registration exam. She is waiting for the results. Since coming to Canada, Deru has worked on call as a health care aide. She says that sometimes she goes months without any calls. Deru feels that the registration process should be changed because 'foreign nurses are denied that chance to really get into the system'. She suggests that there should be an adaptation course, similar to the one in Britain, in which foreign nurses are given the opportunity to gain hands on experience before the exam. They are not paid as RN's during this period. After three months they are given an adaptation assessment to determine whether they are suitable candidates for registration.

Deru observes that 'nursing is about people and hands on'.

Two nurses completed preparation courses for the registration exam. Both nurses said that they benefited from these courses as they learned exam taking strategies that they did not know before.

Barriers to employment in the nursing profession

Each of the four nurses identified the registration process as the main reason they are not employed in the nursing profession.



Key findings of the Study

- On average, the majority of interviewees had intermediate or advanced English levels at the time of the study.
- Virtually all participants (94%) have foreign nursing diplomas or degrees.
- The nurses interviewed had an average of eight years of foreign work experience in the nursing profession. Less than one third (27%), however, had any kind of Canadian work experience in health care and only 6 percent had actually been employed full time in the health care field.
- The majority of nurses interviewed (82 percent) stated that they would like to upgrade their nursing skills but 64 percent had not even contacted the College of Nurses of Ontario for information or registration
- The majority of nurses (75 percent) had not sought upgrading at any training programs.
- Slightly more than half (54 percent) of the nurses interviewed perceive lack of recognition of their qualifications as a chief reason why they are not working in the nursing field.
- The most recent newcomers perceived their lack of language competency as the chief barrier to employment in the health care field.
- Many of the nurses interviewed - both newcomers with beginner language levels and some nurses with advanced English levels - were unaware of the CNO and the licensing process.
- The majority of foreign trained nurses who stated that their diplomas were not accepted in Canada have never had their qualifications formally assessed.
- The process of registering with the CNO can be prohibitively lengthy, as demonstrated in the personal accounts of the five nurses in this study.
- About 57 percent of the nurses originally came to Canada as refugees. They are now receiving social assistance and face financial pressures to enter the workforce as soon as possible. A number of these nurses also have small children and do not have the time to pursue the registration process.
- Some of nurses interviewed would be satisfied to work in nursing homes as health care aides, nursing assistants or PSWs even though they are overqualified. But they find it difficult to obtain employment in Ontario without a certificate from a Canadian educational institution.



With an open door...

- Tuition costs associated with nursing upgrading programs are unaffordable for many of the nurses interviewed, especially the ones on social assistance. There is a need for financial support for upgrading.
- Foreign trained nurses need training such as skills upgrading, occupational specific language training, and certificate programs. For example, a number of nurses noted that a course in English medical terminology would be most valuable. Moreover, a number of nurses suggested that there should be upgrading courses or PSW courses specifically for ESL speakers. One nurse expressed her concern that the teacher would speak too fast in a non-ESL course. Others said they would feel more comfortable learning with ESL speakers as they could help and support each other.



Recommendations

The results of this study show that there is a pool of foreign-trained nurses in Hamilton ESL schools that could be bridged into the labour market to help address some of the nursing shortages in this region. However, there are a number of 'disconnects' that prevent these nurses from entering the health care field:

- *There should be more information resources available to immigrant/refugee nurses in Hamilton regarding the Canadian health care system, e.g. the assessment and registration process, licensing and so on.*

Foreign-trained nurses are unaware of how to access information about the licensing process. Nurses also need to be better informed about local programs that can assist them in having their qualifications assessed. Once these nurses know the value of their credentials in Ontario, they will be able to decide which career options are most suitable for them.
- *Government should make financial support available to foreign trained nurses in order to upgrade their skills for the Canadian labour market.*

More than half the nurses surveyed are receiving social assistance and do not have the financial means to upgrade their nursing skills and obtain certificates that would enable them to find employment. These nurses will require financial support if they are to upgrade their skills.
- *Community agencies should work with training providers to develop occupation-specific, health care-related language courses for foreign trained nurses.*

A number of nurses are unable to meet the language requirements of health care related courses. These nurses would benefit from occupational specific language training or health care courses designed to address the needs of ESL speakers.
- *There should be further research into labour market 'bridging' programs or 'best practices' for foreign trained nurses, i.e. a 'pre-employment' program that gives nurses an opportunity for Canadian experience in the health care field.*

For example, one of the nurses interviewed noted a British model wherein foreign nurses are enrolled in a three-month 'hands on' placement before trying the licensing exam. After the three months, they are given an "adaption assessment" to determine their suitability for registration.
- *There is a need for formal recognition (PLAR) of foreign nursing experience in order to accelerate the assessment process.*

Many of the nurses interviewed became discouraged by a time consuming assessment and licensing process. As adults they bring a wealth of knowledge, skills and experiences from their home country. As human resource shortages in health care become more severe, the human capital represented by these immigrants will be a critical resource for Hamilton's labour market.

Appendix A

Foreign trained nurses survey



Foreign trained nurses survey

The Immigrant and Refugee Employment Services Committee is conducting a survey of foreign trained nurses in Hamilton ESL/LINC programs. The purpose of the survey is to determine how many nursing personnel are not working in their field, and to document their qualifications, training and work experience. Your participation is very important because we also need to understand the kind of barriers/problems that you and other foreign-trained nurses are experiencing in finding work in Canada.

The information you provide will be confidential (your name will not be used in the report of the survey results).

In the first part of the interview, I'm going to ask you some questions about your background, training and work experience in other countries. The second part of the interview is about your employment experiences and training needs in Canada.

Do you have any questions before we begin?

Part 1: Demographics, foreign-training/work experience

Background information

1. What is your first language?
2. Do you speak either of Canada's Official languages?
3. What is your English language level? (linc, CLB, toefl)
4. What is your French language level?
5. When did you come to Canada?
6. What city/province did you first come to?
7. How old are you?

Education

8. In what country did you do your nursing training?
9. How many months/years of in-school training did you do?
10. Where did you do your training?
 - A. COLLEGE
 - B. UNIVERSITY
 - C. OTHER _____
11. Did you get a certificate, diploma, or degree when you finished your training?
 - A. YES _____
 - B. NO _____



12. Do you have your documents in Canada?

Work experience in field

13. How long did you work as a nurse in your country?

14. Where did you work (hospital, clinic)?

15. What were your duties? Please explain the type of health care work you did in your country.

That completes Part 1 of the interview. Do you have any questions?

Part 2: Canadian work experience; barriers to employment, accessing programs

Work experience in Canada

16. Are you currently working?

A. YES

B. NO (GO TO 15)

17. What is your job?

18. Did you work in Ontario/Canada before?

A. YES

B. NO (GO TO 20)

19. What kind of work did you do?

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20. Did you apply for registration with the CNO?

A. YES (GO TO 21)

B. NO (GO TO 22)

21. What reply did you receive?

A. NEED MORE TRAINING

B. DON'T KNOW YET

C. OTHER _____

D. OTHER _____

22. Why didn't you apply to the CNO?

A. DIDN'T KNOW ABOUT IT

B. COST

C. LACK OF LANGUAGE SKILLS

D. OTHER _____



23. Do you want to work as a nurse in Ontario?
A. YES
B. NO WHY?
24. Have you applied to any programs to upgrade your nursing skills?
A. YES What happened? _____ (GO TO 26)
B. NO (GO TO 25)
25. Why haven't you?
A. COST
B. TIME
C. LANGUAGE REQUIREMENTS
D. PERSONAL (family responsibilities, childcare)
E. OTHER _____
26. Would you like to do a training program to upgrade your _____ nursing skills?
A. YES
B. NO
Why?
27. What type of nursing work would you like to do? _____ (hospital, homecare, LTC, FT/PT)
28. What is the main reason why you are not working in the nursing field?
29. What one change would most help you to enter the nursing field?

That's the end of Part 2. Do you have any questions or anything else to add?

One last question:

Would you like to have your name, phone number and qualifications added to a data base of health care workers in the area? You may be contacted about future training/employment opportunities.

- A. YES
B. NO