

The acculturation of internationally educated health professionals in Canada

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Internationally educated health professionals coming to work in Canada bring innovation, and offer diversity and culture to the Canadian workforce. In addition, they play an important and growing role in meeting demands for health care services in Canada. However, successful integration into the workforce is not assured for many professionals who come to work in Canada. As part of the CAOT Workforce Integration Project, Canadian policy and strategies regarding the integration of internationally educated health professionals were reviewed. Findings of this review are outlined below.

Immigration, cultural diversity and workforce growth

Throughout history immigration has enriched Canada's social and cultural life, and stimulated the growth of the economy. Canada now has one of the highest rates of immigration among the thirty member countries of the Organization for Economic Co-operation and Development (Ruddick, 2000). The aging Canadian population and falling fertility rates have lead to a large dependence upon immigration for the growth of the workforce. Between 1991 and 2001, approximately 1.8 million immigrants came to Canada, an increase from 1.2 million in the 1980s (McIssac, 2003). Over 70 percent of labour force growth in Canada was attributable to immigration in the 1990s, a rise from 13 percent a decade earlier (Ruddick, 2000).

Almost one half of all new immigrants who came to Canada between 1980 and 1996 entered the workforce. The average level of education of immigrants coming to Canada in the 1990s was higher than in previous cohorts and the Canadian born population (Albion, Finnie & Meng, 2005). Professionals are now the largest group of immigrants coming to Canada, with increasing numbers intending to work in occupations that have defined requirements for entry to their professions (Citizenship and Immigration (CIC), 2003a). The proportion of skilled workers planning to work within regulated occupations increased from 16

percent in 1990 to 42 percent in 2000 (CIC, 2003b). The rise in professionals coming to Canada reflects both labour market demands as well as federal immigration legislation that favours highly skilled individuals (CIC, 2003b).

Recruitment of internationally educated health professionals

Canada is not self-sufficient in producing health professionals and has long relied upon graduates of foreign education programs as a partial solution to meeting health human resource shortages. With the addition of immigrants from new source countries, this practice has become more difficult. Prior to the 1990s, the United Kingdom was the dominant source country for individuals coming to Canada (CIC, 2001). The nature of education for most health professions in the Commonwealth countries is generally well known and accepted in Canada, but immigrants from newer source countries may require in-depth assessment and additional training (Health Canada, 2004). Recent immigrants have come from all over the world, with Asian countries as the largest source of individuals wishing to work in regulated occupations (CIC, 2003b).

Many reasons influence the decision of internationally educated professionals to leave their home country including: poor remuneration; limited career opportunities; unsatisfactory working conditions; discriminatory practices; and an oppressive political climate (i.e., human rights abuses, threats to personal security, and civil war). They choose to come to Canada because of higher salaries and benefits, better work environments, an improved quality of life for themselves and their family, and/or the desire to join family members (Diallo, 2004; Grondin, 2004).

Canada, in addition to other developed nations, has been criticized for recruiting health professionals from countries that cannot afford to lose their health human resources. This criticism has lead to a call for initiatives such as a memorandum of agreement with developing countries regarding a reciprocal educational exchange of personnel (Canadian Nurses Association & Canadian Medical Association, 2005).

The apparent disconnect between Canadian policy that promotes workforce integration and the reality faced by immigrants when arriving in Canada comes at a great cost.

Canadian acculturation goals and outcomes

Acculturation refers to phenomena that occur when different cultural groups come together, such as when international graduates emigrate from their homelands to settle and work in Canada.

Acculturation results in the need for individuals to develop new relationships and behaviours to adapt to their changing environments (Berry & Sam, 1997). Canada promotes workforce integration as the acculturation goal for individuals who come to work in this country (CIC, 2005b). This type of integrative approach would allow professionals to work in Canada within their field of expertise while respecting their individual need and desire to retain their social and cultural identity from their society of origin.

Canada's approach to the integration of immigrants into Canadian society has been described historically as a "mosaic" that promotes and celebrates multiculturalism (Porter, 1965; Statistics Canada, 2001). Integration is considered to be a two way process, involving both a commitment from newcomers to adapt to life in Canada as well as adaptation of Canadians to new people and cultures (CIC, 2003a). Integrationist societies such as Canada are expected to accept and value diversity, and cater to different cultures. Such societies are considered to be more welcoming to immigrants through the availability of a range of social and cultural groups and networks that may assist an individual with the acculturation process (Berry, 1997).

Despite Canada's acculturation strategy, workforce integration has been unattainable for many professionals coming to this country. Many recent immigrants to Canada have not been able to access jobs that match their formal qualifications, particularly those immigrants who belong to visible minorities. Less than half of the professionally trained new Canadians who arrived in 2002 were able to work in their field of expertise in Canada (Delaney, 2005). The education received by immigrants outside of Canada frequently does not obtain the same market value in Canada

(Metropolis Project Team, 2003). As a result many professionals coming to Canada have become marginalized in their attempts to work in their area of expertise.

The apparent disconnect between Canadian policy that promotes workforce integration and the reality faced by immigrants when arriving in Canada comes at a great cost. The Conference Board of Canada estimated that the economic impact of not recognizing the credentials of new Canadians is approximately \$2.3 billion in lost productivity (Delaney, 2005). Difficulties with acculturation in Canada also have been linked to negative outcomes such as lower motivation and community participation, reduced health status and increased social deviance and conflict (Berry, 1997).

Immigrants may face many changes in values, practices and beliefs when they come to Canada. Adaptation to these changes may compound already existing stress-related disorders and other mental health issues which may have been caused by negative experiences in their homeland. Learning to manage in an unfamiliar environment takes time and can create confusion and self-doubt regarding expected social and professional occupational roles, particularly for individuals unable to work within their area of expertise (Bochner, 1994). Such newcomers may be forced to take jobs of lower social status and prestige, and face the financial consequences of their underemployment.

Low levels of income are common for immigrants in their initial years in Canada

Approximately 40 percent of recent immigrants have incomes less than half of the median income of Canadian-born residents (CIC, 2001). While trends indicate that participation in the workforce and income increase with time, immigrants arriving in Canada since the 1990s have achieved a lower level of labour market success than persons coming to the country in previous decades (McIssac, 2003; Ruddick, 2000).

The need to facilitate the integration of internationally educated health professionals is required to prevent a needless loss of human capital and ensure a diverse and sustainable Canadian health care workforce.

Influencing change to promote workforce integration

The Government of Canada and the provinces and territories agreed at a First Ministers Conference in 2004 to accelerate the workforce integration of internationally educated health professionals to address shortages and reduce waiting times for health care. The 2005 federal budget in Canada allocated funding to support a range of initiatives that will create the required foundation for the efficient assessment and integration of internationally educated health professionals. It is recognized that health professionals will be better able to remain and advance in their profession the sooner they are able to gain work experience in their area of expertise (CIC, 2005a; Health Canada, 2005).

Promoting change to facilitate the workforce integration of internationally educated health professionals requires the coordinated involvement of many groups and stakeholders because of the complexity of issues that can affect acculturation. Governments at the federal, provincial and territorial levels as well as cities and communities, service providers, employers, labour, professional and regulatory bodies, post-secondary educational institutions, the business community and other stakeholders are all considered to have a role (CIC, 2005b).

Summary and conclusions

The growth, prosperity and cultural diversity of Canada have been shaped by immigration. Workforce opportunity and the need for labour market growth has resulted in increasing numbers of internationally educated professionals coming to Canada intending to work in regulated occupations. However, recent immigrants have experienced lower rates of labour market success than persons coming to Canada in previous decades. This results in both economic and human costs. The facilitation of the integration of internationally educated health professionals is required to prevent a needless loss of human capital and ensure a diverse and sustainable Canadian health care workforce.

CAOT initiated the Workforce Integration Project in May 2005 with funding from the Government of Canada's Foreign Credential Recognition Program to examine the facilitators and barriers experienced by international graduates wanting to work in Canada as occupational therapists. The findings of the Project will be used to develop recommendations for future action to address identified issues. An advisory committee has provided input into this project.

Representatives of the Association of Canadian Occupational Therapy University Programs (ACOT-UP), Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), Professional Alliance of Canada (PAC), Canadian Occupational Therapist Assistant/Physiotherapist Assistant Educators' Council (COPEC), Canadian Health Professionals Secretariat of the National Union as well as internationally educated occupational therapists are members of this committee.

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