

***Internationally Educated Health Professionals in Nova Scotia and Prince Edward Island:
Why They Come, Why They Stay, and the Challenges They Face: a Follow-Up Study***

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Introduction

The Guardian newspaper of Saturday April 17, 2010 had its front page feature dedicated to Joyce Madigane and her “personal touch”.

Madigane is a physician who has been practising in Tyne Valley, rural Prince Edward Island, for more than 35 years. Born in Zimbabwe, Madigane got her medical degree from the United Kingdom in 1969, and then left her practice in the UK after she was recruited by the province of PEI in 1974, encouraged to consider the job for a trial period of six months. Some of the people whom she met in Tyne Valley “were shocked at first that a black doctor was now their doctor”. Not only has the rural community taken in Dr Madigane as one of their own, but she has also been successfully nominated as a finalist of the Canadian Top 25 Immigrants Awards for 2010: the only one from PEI (and one of only two finalists east of Ontario). “Everyone in the community loves Madigane” (*The Guardian*, 2010). “For her reputation as a staunch defender of rural hospitals while displaying unwavering commitment to excellent health care, Dr Madigane was also awarded the Queen’s Jubilee Medal” (Top 25 Canadian Immigrants 2010).

Such a story suggests that the fairy tale expectations of IEHPs moving to Canada can really become true: a coloured, female physician, trained elsewhere, moves and settles in a rural region of the Maritimes, and is (eventually) embraced by her community, which she has served for decades on end, and continues to do so. How well, and how often, can the Dr Madigane story be repeated? Why has the Madigane episode gone so well; and yet, why do similar episodes of matches ‘made in heaven’ not recur as often as one might like?

Overview

The Internationally Educated Health Professionals Initiative (IEHPI) is now is an important part of Health Canada's Health Human Resources Strategy and emerged from the First Ministers’ Meeting on the Future of Health Care held in 2004. Since 2005, innovative programs have built on the progress that governments and stakeholders have made to develop programs and supports, promoting a consistent approach to the integration of internationally educated health professionals (IEHPs) into the Canadian health care workforce. The overarching goals that guide the Initiative include: (1) providing IEHPs with access to clear, timely information about paths to licensure; (2) establishing fair and transparent mechanisms for assessing the credentials, knowledge and clinical skills of IEHPs; (3) creating programs that increase the capacity of faculty and clinical educators to work effectively with IEHPs; (4) increasing access to a range of training, bridging and remediation programs for IEHPs; (5) launching programs that promote the integration of IEHPs into the health care workplace; and (6) enhancing regional collaboration to maximize the impact of available resources for IEHPs (Health Canada, 2010).

This report is one attempt at evaluating this initiative in the Maritimes, with special reference to Nova Scotia and Prince Edward Island.

PEI spends some Can\$40m annually on physician services: some 12% of total provincial government health and social services expenses. Family doctors on PEI have been working excessive hours; most have not been accepting new patients (NFPWS 2007). Shortage of nurses and physicians is even more acute beyond Queen's County, leading to suggestions for closure or amalgamation of existing health care facilities in order to be able to guarantee the provision of basic but quality services (HPIR-HCAR 2004). Meanwhile, in Intensive Care Units across Nova Scotia, "about 60 doctors in small towns and rural communities have complained about being exhausted and stressed" (CBC 2007).

There is also a dearth of qualitative data about immigrant (Canadian and non-Canadian) health care professionals who have moved to one of the four Atlantic provinces and who are still in the region. This latest piece of research builds on the study of internationally educated health professionals (IEHPs) undertaken in PEI (Baldacchino and Hood 2008) and with similar studies undertaken in NB (Bruce and Zwicker 2008), NS (Saunders 2008), and NL (Dickson 2007), focusing specifically on health care personnel: why these came to Atlantic Canada, and the challenges of settling down, of completing professional training, of obtaining licensure, of finding suitable employment, why they may be thinking of leaving, and why they may want to stay (*also* Frank and Saunders 2009). This, after almost four years of extensive program delivery, supported by Health Canada via IEHP Atlantic Connection.

Rationale

The research proposal was submitted to the Research Ethics Board of the University of Prince Edward Island and a certificate issued on June 2, 2010. The study has been undertaken mainly by means of a straightforward, pilot tested, professionally laid out survey questionnaire, using a user-friendly, fillable portable document format (pdf). This was made available electronically through the IEHP Atlantic Connection web-site - www.iehpatlanticconnection.ca/en/content/news/8 - and also available from www.iehpsurvey.com/. Settlement agencies in NB, NS and PE and all Atlantic Connection Project Leads were informed about this initiative and encouraged to connect with their clients and inform them about the survey instrument. The objective was to secure a minimum of 20 respondents to the study. In all, 28 survey responses to the electronic survey were received, between May 27 and August 4, 2010.

This data has been supplemented by additional material gleaned from select, face to face interviews with IEHPs, where the survey template served as the interview guide. Eight interviews were undertaken in this way, between July 14 and August 5, 2010. Interview data was transposed on the survey template, in such a way that all responses received could be compared in relation to the same questions. A final interview was held in PE on August 6 to discuss the survey draft report results and its conclusions with an IEHP.

A Quick Scan of Success?

Moreover, and as a curious aside, an attempt was made to re-establish contact with the 23 individuals (12 males; 11 females) resident on PEI in late 2007 and who opted to self identify themselves in the Baldacchino and Hood (2008) study – known as the ‘stories and voices’ study¹. These individuals had kindly made themselves available for this follow-up study. A quick and straightforward manner of evaluating the impact of the IEHPI could be drawn by finding out where these individuals – all fully aware of the IEHPI three years ago - were now working, if at all.

The scoreboard produces mixed results. Out of these 23 IEHPs:

NINE are working in health care in the Maritimes (at least three of whom as physicians);

TWO are still on PEI: one is completing studies in health care; the other continues to look for employment – so far unsuccessfully;

FOUR are known to have left PEI (at least one of whom is out of the country, in the USA); at least one of these is known to have taken up non-health care related employment;

FOUR others have probably left PEI, since they cannot be traced, and their e-mail and phone contacts draw a blank;

THREE are still on PEI and gainfully occupied; two are not working in health care or allied professions (one is a manager and another is a property realtor); and the third is working in complimentary medicine; and

ONE has retired, but remains available for emergencies.

Thus, of the 22 self-identified respondents from the 2007 study and who are still in the labour market: TEN are both engaged in health care and are still resident in the province; but almost as many – EIGHT – have most likely left PEI. The remaining FOUR are still on PEI but are not currently working in health care.

A better way of assessing any improvement in professional status is by comparing the occupational situation of these 23 respondents in 2007 with that of the same persons in 2010; only cumulative figures are provided to protect anonymity. The result of this comparison is provided below as [Table 1](#).

¹ A similar exercise was attempted in NS with the 11 respondents who were resident in NS in the 2007 study. Out of these 11, five replied. One is licensed and practising; 3 are working in related health care but are not licensed; and the fifth is working in a field unrelated to health care. The whereabouts of the remaining six respondents are unknown.

Table 1: Occupational Status of IEHPs on PEI: 2007 and 2010 compared.

Occupational Status of IEHPs ...		
	In late 2007	In May-June 2010
Unemployed (including studying)	8	2
Employed - but not in health care	3	2
Employed - in health care; but overqualified for current job	3	1
Employed - in health care (in line with qualifications)	9	9
Retired	0	1
Left Prince Edward Island / untraceable	0	8
<i>Total</i>	23	23

Perhaps surprisingly, there is no change in the number of respondents who describe themselves as engaged in health care occupations that match their qualifications and career aspirations. Although 14 of the 23 respondents were looking, and hoping, to improve their occupational situation in 2007, ONLY ONE of these has achieved this improvement *and* remains on PEI. (Of course, one cannot tell whether any and, if so, how many, of the 8 persons who left PEI have obtained their 'dream job' in health care.) But the above data, sketchy as it may be, suggests nevertheless that IEHPs who come into Atlantic Canada without a job contract may have to choose between either staying in the province, and suffer the consequences (such as work in a field that may be related or non-related to health care); or else pack their bags and head west, for better prospects. There are, after all, no health assessment services available in PE or NB. And there are many more opportunities for flexible assessment and bridging in places like Toronto.

Analysis of Survey Responses

By August 9, 2010, 37 responses had been received and analysed: 15 were from NS, 21 from PE and 1 was unidentifiable. Regrettably, we had no respondents from NB since there were no IEHP project that directly served IEHP clients in place in that province during the survey period.

Of these 37 respondents, 16 were female, 12 were male, and 9 were not identifiable². The majority self-identified themselves as physicians/medical doctors (13); followed by nurses (9); medical specialists (3); midwives (2); and pharmacists (2).

Entering Canada, and the Maritimes

The national background of these 37 respondents reflects the definitive shift away from the traditional, white and Anglo-Saxon countries that used to export immigrants to Canada in the past: only 2 of the respondents are from the US (1) and the UK (1). The rest are from Asia (China, Iran, Philippines, Taiwan); Africa (Egypt, Ghana, Nigeria); and Latin America (Colombia). This means that the familiarity with the English language, and associated culture, cannot be assumed. So much can also be glimpsed from the responses to the electronic survey.

At least 31 out of the 37 respondents have only been in Atlantic Canada since 2004; the number of IEHPs entering the country has probably increased in relation to previous years, certainly thanks to the 'fast track' approach that can be offered via the Provincial Nominee Program (PNP) - at least 6 respondents volunteered this information - or via direct recruiting of healthcare professionals on temporary permits. Ironically, a fast track, PNP-stamped entry to Canada may have no relationship or bearing on employment in health care: in the case of PEI, the investor class of PNP has been encouraged, where the key resource is financial liquid assets, and not skill or education. Meanwhile, those recruited on temporary permits have a precarious status: while some are successful and do gain permanent status and registration, others may work for a short time in their professional field and then lose their temporary license, placing them in vulnerable positions.

Interestingly, **only one** of the 37 respondents declared that he had moved to the current province of residence (PE) from a neighbouring Atlantic province (NS). Only one other respondent indicated any other inter-provincial move: to Nova Scotia from Ontario. There does not seem to be much IEHP interprovincial migration within the Maritimes. IEHPs, like most immigrants, move directly into the province of their choice from their former homeland mainly because of: ease of access into Canada (as with the case of the PNP beneficiaries); actual work prospects and offers; family connections (spouses and relatives); or because of contacts with friends who live there. Of course, in the case of refugees, there is no such choice: 2 of the 37 respondents declared themselves to have entered Canada with that status. Canada comes across as a "great country": an open, immigrant-friendly, welcoming multicultural society where residents can enjoy a better 'quality of life' (and this come along with low levels of educational stress: a key concern particularly for Taiwanese and Korean immigrants). Atlantic Canada has a reputation for being safe and quiet, with friendly and

² Respondents were not explicitly asked to specify their gender on the survey form.

hospitable people, and with beautiful landscapes and affordable housing. Also significant in deciding on the move to a particular province is the career options or educational aspirations of one's spouse/partner, or children. Various IEHPs in NS mentioned university education for their children as one of their goals. Others just followed their spouse who had landed a job.

Obtaining Professional Licensure

Of the 37 respondents, only 8 (22%) have indicated that they have obtained their professional license. Of the rest, only 4 state that they are hopeful of being successful in this quest. The remainder (25: 68%), when qualifying their 'no' response, explain that they have tried and failed examinations – some more than once – or have otherwise given up, for a variety of reasons: lack of time, lack of funding, lack of training, lack of mentorship, lack of clear information about career pathways ... Some betray a sense of resignation, an acceptance of their inability to 'fit' into the system's requirements, a recognition that there are various insurmountable vicious cycles at work; other respondents display anger and resentment at the fact that they have been betrayed, short-changed and disillusioned by the experience of 'professional integration':

"I have passed the MCCEE, but I am not fully licensed to practise in Canada" (R#2)

"I was away from medicine a long time" (R#7)

"I tried but I have to send my papers to Ontario because NS do not have anything ready yet. They told me that they are working to help us; but now the best option I have is to come back to the community college and do it again. The waiting list in the community college was too long, so they said that I have to wait two years. So I decided not to do it, because I have two kids and I do not want to work shifts and nights" (R#11)

"Need to sit series of exams, which involves lot of money" (R#23)

"I am working a lot of hours now as a personal care worker and don't have time to study for the national exam. If I don't take it again and pass, I can't work as RN. There is no study group or help here [in NS]. I may have to go back home" (R#28)

"I have not passed the national exam: failed twice" (R#29)

"My employer has been very fair and offered to give me time to go and take courses in Toronto – but that is costly" (R#31)

"The CAPP program is very expensive and there is not enough support – I decided not to do it" (R#33)

“I was discouraged because my speaking English was not improved than I expected. I thought it would take me infinite time to take exam.... I wanted to take a special language course which opens on Saturday [on PE]. But someone told me that my English level is not enough to get lesson. It frustrated me” (R#35)

FOUR of the 8 respondents who have been successful in obtaining their professional credentials, or getting the ones they had recognized in Canada, have been living in the Maritimes for longer than seven years. Indeed, four of the five respondents who have been in Atlantic Canada since before 2004 have managed to obtain their professional licensure: two physicians, a nurse and a research technician. The fifth (a micro-biologist) has given up and is working full-time in a scientific, but not health care related, field. Might this be an indication that perseverance breeds success? Or does it perhaps suggest that it may have been easier to seek and obtain licensure in a health profession in Atlantic Canada in the past?

Involvement in IEHP Projects

The IEHP initiative has been underway in Atlantic Canada since May 2005. In relation to the question whether they had been involved with any of the IEHP support projects or collaborative programs offered by the IEHP Atlantic Connection, **only eight** replied in the affirmative; and all eight were uncompromisingly but critically positive about the usefulness and helpfulness of the particular IEHP support program they had availed themselves of. One had benefited from the CAPP physician orientation program; one had availed herself of the web-portal for internationally educated nurses (IENs); two indicated that they had participated in the PEI assessment-orientation-referral project; two participated in the Bridging program for international medical graduates (IMGs), planning to take the Clinical Assessment for Practice Program (CAPP): www.cappprogram.ca/; and another two took part in the ‘Orientation to the Canadian Health Care System for IEHPs’ program. This is a strange result, especially for the 21 PEI respondents, because all – except three - had been informed about this study through their participation in the IEHP initiative being managed by the PEI Association for Newcomers to Canada (PEIANC 2010). Perhaps this reticence is an attempt to protect anonymity, taken by respondents.

Similarly, only one of the 15 NS respondents identified ISIS, the immigrant settlement agency for Nova Scotia (or any one of its parent organisations: MISA and HILC) as an IEHP program deliverer that had given service to the respondent (ISIS 2010). In one particular case, the respondent – a physician in her country of origin - claimed that ISIS was urging her to enter the Licensed Practical Nurse (LPN) program; but she refused:

“someone at ISIS pushed me to go into the LPN program – I said ‘no’ and persisted in finding opportunities for support to become a physician” (R#34)

The eight respondents (3 from PE; 5 from NS) who acknowledged following one or more of the IEHP programs, were asked to what extent following this program had helped them to:

(1) move forward and advance in their licensing process; (2) find employment in either their related professional field or a related field of their choice; and (3) find any kind of employment. Bearing in mind that the answers to these questions are sketchy since they are based on such a low number of respondents, the answers are nevertheless presented as Table 2 below, for readers to reach their own conclusions. The situation is again, very mixed and no trend is evident. Amongst these eight respondents, there is an indication that the IEHP program has been an obvious contributor to their professional career goals: there are more positive statements (11 entries: 4 from PE; 7 from NS) than negative ones (7 entries: 3 from PE; 4 from NS), as well as a low degree of uncertainty (4 entries: 2 from PE; 2 from NS).

Table 2: Perceived Effect of Participating in an IEHP Support Program (N = 8)

Did your participation in this/these IEHP program/s help you to . . .			
Respondent ID and province of residence	... advance in licensing process?	... find employment in one's professional or related field?	... find <i>any</i> other kind of employment?
R #06 (PE)	Not Sure	Certainly	Not Sure
R #08 (PE)	Certainly	Certainly	Definitely Not
R #09 (NS)	Probably	Not Sure	Probably
R #16 (PE)	Certainly	Definitely Not	Definitely Not
R #30 (NS)	Definitely Not	Definitely Not	No Answer
R #33 (NS)	Yes, But	Definitely Not	Probably
R #34 (NS)	Yes, But	Not Sure	Definitely Not
R #35 (NS)	Certainly	Probably	No Answer

Meanwhile, it appears that the IEHP initiative has been useful to those who made use of it; but it may not have been used by, or known to, all those who may have benefitted from it. Some IEHP respondents have declared that they have managed to secure suitable employment in their field of training without registering with any IEHP program.

Specifying what Additional Supports are Needed

The next set of questions dealt with the extent to which, if any, a suite of additional supports and types of help would have shortened the time needed to: (1) complete the process of gaining registration; (2) find employment that was considered suitable to one's professional background and training; and (3) find *any* type of employment. The results of these responses are displayed as [Table 3](#).

Table 3: Additional Supports Required (N= 36)

Looking back, what additional supports would have helped you to shorten the length of time taken to				
Choices	... complete the process of gaining registration?	... find employment suitable to your professional training and background?	... find <i>any</i> employment?	Line Totals
access to information	15	12	11	38
access to assessment	15	12	9	36
study support	18	8	7	33
financial support	19	12	7	38
expert advice on looking for employment	17	21	13	51
opportunities for volunteering at work	13	15	9	37
opportunities for being mentored at work	14	16	11	41
introductions to significant persons	21	14	12	47
other	1	0	1	2
Column Totals	133	110	80	323

All respondents except one (36) answered this set of questions. A few (3) marked all the available categories. Most however discriminated between the options. Clearly and logically, the largest series of required supports (133 options in all) were associated with the process of gaining registration; perhaps with the understanding that once registration was secured,

given the tight labour market situation in health care in Atlantic Canada, employment in a suitably related field could be considered as an almost automatic consequence. The least number of required supports (80 options in all) were associated with the search for any kind of employment.

In relation to the need to secure registration and licensure, study support was considered vital (19 choices); but, perhaps surprisingly, the need to be introduced to “significant persons” achieved a slightly higher score (21 choices). This option registered high scores in the answers to the two other questions as well, securing the second highest overall score to all three questions combined (47 choices). This response pattern is probably based on an understanding that so much of what happens in public life, and in Atlantic Canada with its relatively smaller and more intimate communities, may have to do with introductions: people “opening doors” to the ones they know. This practice can express itself as patronage, nepotism and clientelism; but it also speaks to the heartfelt need to build networks and contacts in order to familiarize others with your predicament, your skills and aptitudes, and – if you are an immigrant - your very existence:

“I have spoken to some professionals and wrote emails to other professionals in the area but it seems that they are too busy to meet you and find out what you really do and if I can be helpful in their working area” (R#1)

“I found a part-time job in Pharmacy at Dalhousie – found the job through contacts with friends in Pharmacy” (R#33)

“I became very depressed when I first learned of the problems I would have becoming licensed here – if I had a mentor and support, maybe I would not have felt so helpless” (R#34)

“It is hard to meet people to help – I was lucky because Mary [a pseudonym] helped me a lot; but not everyone gets this help . . .” (R#36)

When it comes to finding suitable employment, then ‘expert advice’ on looking for such employment achieves the highest score (21 choices), followed closely by ‘opportunities for mentorship at work’ (16 choices), and ‘introductions to significant persons’ (14 choices). It is only in relation to the finding of *any* employment that the impersonal access to information achieves almost as high a standing as introductions, expert advice and opportunities for mentorship (between 11 and 13 or 12 choices each).

The highest score overall was attributed to the need to seek expert advice on looking for employment (51 choices in all). This same friend, advisor or informant could double up as a mentor at work, or someone who can offer a chance to an IEHP for accumulating some crucial “Canadian experience”:

“Working as volunteer makes IEHP familiar with Canadian health system very faster” (R#12)

The three options (out of the total of eight presented) that dealt with people as ‘significant others’ - as advisors, introducers, and mentors to IEHPs - were the options scoring the highest overall scores (51, 47 and 41 respectively). Does this not suggest that IEHP programs could develop a more human face that encourages immigrants to build contacts, develop networks and seek out as many leads and opportunities as possible to get the proverbial “foot in the door” of health care practice via friendly and sympathetic intermediaries?

With respect to the question regarding supports towards finding any kind of employment, two respondents made no selection. They commented, wryly, that they have *no* employment.

Perceptions of Treatment

Respondents were next asked a battery of four questions that pertain to their judgment of how they were treated in relation to four key milestones in their integration into the Canadian labour market: (1) accessing the recognition of their credentials; (2) obtaining an assessment of their professional competences in relation to the Canadian/provincial benchmark; (3) seeking employment in a field related to their professional background; and (4) any other employment. [Table 4](#) captures the answers to these questions.

Once again, we are presented with a mixed set of results. Amongst the strongest responses, most are positive (21 ‘very fairly’ versus 12 ‘most unfairly’). There are almost as many respondents who are satisfied with how they have been treated overall as there are respondents who are not (44 positive responses versus 48 negative ones). The high number of “don’t knows” (56) – especially relevant in relation to the first three questions – may indicate a hesitation or unwillingness to blame and criticize the system: something that immigrants in particular feel especially loathe in doing, given that they may feel they are too vulnerable to do so, and unsure of their rights. However, the uncertainty could be a genuine admission, an inability by immigrants to determine whether they have actually been treated fairly and justly, bred out a relative lack of familiarity with cultural, ethical and procedural norms and expectations.

The 15 respondents who answered ‘unfairly’ or ‘most unfairly’ with regard to perceptions of treatment when seeking employment in one’s particular field of health specialization – shaded cells in [Table 4](#) below - were checked with respect to their province of residence and gender, just to see whether there was any particular bias towards one particular province or gender. There are 6 female, 5 male and 4 gender-unspecified respondents amongst these 14; eight are from PE and 6 are from NS, with one unspecified province of residence. Thus, there is no clear gender or regional association with respect to these perceptions.

Table 4: Perceptions of Treatment (N = 37)

How do you feel that you have been treated during the process of ...						
	Very Fairly (+2)	Fairly (+1)	Unfairly (-1)	Most Unfairly (-2)	Don't Know/ No Answer / Not Applicable (0)	Net Score
... accessing credential recognition?	7	7	10	2	11	+7
... obtaining an assessment of your professional competences?	7	7	9	4	10	+4
... seeking employment in an area closely related to your professional training and background?	7	4	10	5	11	-2
... seeking employment in an area <i>not</i> closely related to your professional training and background?	0	5	7	1	24	-4

Staying or Leaving?

Perhaps the litmus test of one's exasperation, satisfaction or some kind of accommodation, with 'the system' can be divulged from the intentions of respondents as to whether they will stay in, or leave, their current province of residence. These intentions are tabulated in [Table 5](#).

Two-thirds – or 23 out of 34 respondents; 68% - intend staying in their province of residence. However, this does not necessarily mean that the settlement decision is positively correlated to a satisfactory resolution of professional status: respondents indicate that the reason to stay is as much a function of financial, educational, emotional and other investments that they may already have made, and which now tie them to that particular locale. They indicate that their spouse has a satisfactory job; or that they have close relatives and friends living close by; or that they still manage to enjoy the quality of life of the province of residence. The decision to stay is also perhaps a function of the realization that problems relating to

credentialing or securing employment may not easily go away such by shuttling to a different province. In any case, the province of destination for those deciding to leave their current maritime home but staying in Canada is mainly Ontario.

Table 5: Staying or Leaving? (N=37).

Are you planning to STAY, or to LEAVE, this province?				
STAY	Conditional STAY	LEAVE	Not Sure	Total
20	3	11	3	37
	(1 - if successful in CAPP)	(5 - going to Ontario)		
		(1 - going to Alberta)		
	(1 - waiting for immigration clearance)	(3 - leaving Canada)		
	(1 - but not practising medicine)	(2- unsure of destination)		

These details emerge from an examination of how the decision to stay (in NS or PE) is connected to other choices, whether professional or community related. Table 6 captures these results. Whether NS, PE, Halifax, and Charlottetown each qualify as a “large, diverse and multicultural community” is debatable – and this by itself would explain why the answers to this fourth option as less positive than all the others. However, the agreement by respondents about these similar locations being “welcoming” communities, and that this detail has a bearing on their decision to stay put, is unequivocal: 18 out of the 19 respondents to this question (95%) agreed with such a statement.

The comments volunteered in relation to this question continue to bear this out:

“PEI is a very nice place and people are warm and incredible” (R#6)

“Love this city [Halifax]” (R#10)

“I like this province [NS] because it is good to raise my children (security, public places available, etc.)” (R #11)

“Two of my sisters live here [in Halifax]” (R#13)

“Peacefulness and physical beauty [of PE] turn out to be important factors in the quality of our lives” (R#15)

“I like small communities. Commuting is not a problem anymore. I can spend more time with my family. I can develop other activities like I am learning how to play the piano” (R#16)

“PEI is a green island and a wonderful place. The people are nice and kind” (R#19)

“I love to live by the ocean and love the outdoors. I love the sense of a big small city that is Halifax. People here are extremely friendly” (R#27)

Table 6: Explanation for decision to stay in PE or NS (N =24)

Is your decision to STAY related in any way to your ...							
	Certainly (+2)	Probably (+1)	Not Sure (0)	Unlikely (-1)	Definitely Not (-2)	No Answer (0)	Net Score
... need for professional support?	12	2	1	3	1	4	+21
... need for opportunities for ongoing professional development?	12	1	2	3	1	4	+20
... need for opportunities for further professional education?	11	1	3	2	1	5	+19
... wish to live in a large, diverse and multicultural community?	5	9	3	1	1	4	+16
... wish to live in a more welcoming community?	13	4	1	0	1	4	+28

The rest of the comments associated with the decision to stay tend to combine an appreciation for social, cultural and environmental factors with more strictly and explicitly professional and occupational ones:

“Partner’s job is here” (R#4)

“I am in the process of furthering my education in health care” (R#5)

“Well established practice and family” (R#9)

“One important reason to stay was that my spouse was able to obtain her license as a dentist” (R#16)

“This is where I built and spent most of my professional life and where I raised my family” (R#17)

“PE is good for my family. I have a job here. I love to stay the small town” (R#19)

“I am going to proceed in nursing program here on the Island [PE]” (R#25)

“I have made some financial investments here and plan to stay [in NS]; but not to practise medicine” (R#31)

On the other hand, for those (fewer) respondents who indicated their likely decision to leave PE or NS, all are keen on opportunities for their professional development (8 out of 8 respondents); while almost all desire professional support (8 out of 9 respondents) and to live in a larger, more diverse, and multicultural community (7 out of 8 respondents). See Table 7.

Comments accompanying these answers include:

“I am going to start a Masters in Laurier University [in Ontario]” (R#1)

“Try and find a job there [in Ontario]” (R#3)

“It would be nice to live in a more diverse city [than Halifax] . . . I could get better support for exam study, etc., in Toronto” (R#30)

Table 7: Explanation for decision to leave PE or NS (N =10)

Is your decision to LEAVE related in any way to your ...							
	Certainly (+2)	Probably (+1)	Not Sure (0)	Unlikely (-1)	Definitely Not (-2)	No Answer (0)	Net Score
... need for professional support?	7	1	1	0	1	0	+13
... need for opportunities for ongoing professional development?	7	1	2	0	0	0	+15
... need for opportunities for further professional education?	4	1	4	1	0	0	+8
... wish to live in a large, diverse and multicultural community?	6	1	2	0	1	0	+11
... wish to live in a more welcoming community?	5	2	2	0	1	0	+10

Discussion

After a number of years in operation, the IEHP initiative has seen some notable successes. The respective settlement agencies have evidence of various immigrants who have been mentored, trained, put in touch with the appropriate person or organizations, provided with access to bridging programs, volunteering opportunities, assessment reviews, with a view to eventually securing their employment in Canadian health care. The appreciation and satisfaction of these IEHPs is worth noting and celebrating.

Secondly, IEHPs should not land in Canada with false expectations. They are certain to experience serious disappointment and frustration if they are led to believe that their transition into the Canadian health care labour market will be seamless:

“I hope that no IEHP lands in this country with the illusion that obtaining work in their field will be easy or guaranteed” (R# 17)

Even for the Canadian born and educated, securing a health care profession has its challenges. It takes time, education and money. The hopeful must balance work, family and study time. It is easy for individuals to find themselves drawn into a vicious cycle: one must earn a living, and so one has to work; but working reduces or removes time for study:

“The cost of assessment – CAPP is high – and it is hard to work and study for the MCC exams that have to be taken before other assessments or a residency are possible” (R#33)

Financial support may be, and has been, provided – a micro-credit financing scheme within the IEHP initiatives run by the settlement agencies has been a blessing to their beneficiaries, and respondents have suggested other financial supports, such as “bursaries”; or “return for service to provide advance financial support”; or paying mentors to support IMGs” (R#33) – but: carving out time is a different matter.

Such a transition can be especially challenged if IEHPs lack sufficient familiarity with one of the two official languages. Various respondents to this study have expressed this realization; their limited competence in English emerges even from the broken construction of their written responses to the survey questions:

“No one wants to hire me to the opportunities close to area” (R#7)

“I believe that learning or improving language very fast is the most important challenge for IEHP” (R#12)

“I had lacked confidence to look earlier – I was self-conscious about my language skills and I am visibly different. So, I was concerned that I would not be able to make it in health care ...” (R#34)

And yet, what one may fail to understand is that the Canadian population, and the demand side of health care, is also changing in the same demographic direction: we may be getting more IEHPs from China, India and the Middle East, hoping to practise here; but we are also getting immigrants to Canada from the same source countries. As clients of the Canadian health care system, these may appreciate, and even prefer, health care professionals in Canada who understand their language and cultural practices surrounding health care.

Having said that, statements alleging discriminatory treatment (not always specified) have been made by some respondents to this study. There are 13 claims of being treated most unfairly (see [Table 4](#) above) - 15% of all responses – and especially in relation to finding credential-related employment:

“My employer ... has treated me extremely well, lent me money for my exams, and has been very respectful of my position ... [but] I have a friend ... from Nigeria here ... and her story is very different from mine. She cannot find employment with any local employer with any local pharmacy as a tech” (R#4)

“It is very difficult in NS to gain an opportunity for medical specialists – I think there is discrimination” (R#32)

“I often blame myself for problems ... but maybe there is discrimination” (R#34)

“I do see prejudice: I saw an African IEN fired after two weeks for being ‘too slow’; but perhaps she was just being careful giving medications ... two weeks is not long enough” (R#36)

In some such cases, it is not just a question of an IEHP being treated differently; but some IEHPs may be treated differently from others – perhaps on the basis of skin colour; perhaps on the basis of country of origin or of professional training:

“I think it is unfair that a medical degree from countries other than the US, UK and Australia are totally disregarded. I do not think it is fair that we are assessed differently... In my case [with a degree from an African country], even with good MCCEE scores and all the US medical licensure exams ... I was not even allowed to shadow a doctor in hospital” (R#2)

“I applied to a particular employer at a recruiting session in Halifax. [I was told] that, since they thought I was on a temp license, they would rather wait and see if I passed the exam. But someone from the UK applied at the same time, also with a temporary license, and they were hired before writing exam. I think it was prejudice based on my country of origin; maybe race ... I didn’t get a signing bonus; some people do” (R#36)

In some cases, possibly specific to particular health care professions, there are significant differences of treatment, or of support, across provinces, making it harder for IEHPs in PE or NS to qualify, all things being equal. Here, Ontario/Toronto is often hailed as a ‘best practice’ model, which would go some way to explain why those IEHPs planning to leave have Toronto in their sights:

“Right now, I can’t work as an RN [registered nurse] in NS: if you fail the national exam, you lose your temporary license. In some other provinces, you don’t lose it and you can keep working while you study to re-take the exam” (R#29, emphasis in original)

“There are more supports for passing exams and professional upgrading in Toronto” (R#29)

“Other types of assessment and training opportunities to bridge would help speed up the process ... now [specific to family physicians], it is either practice ready or residency” (R#34)

“It is not fair and does not make sense that people who fail national exam [for RNs] lose their temporary license – they should get support and continue to work until they re-take the exam – it takes time to adapt...” (R#36)

Various other constructive suggestions have been put forward by various respondents who may wish to help other IEHPs avoid the types of challenges they have had to face. Most of these include references to mentors for customized, professional guidance:

“Better support during the process of gaining licensure is needed: study support, advice, employment opportunities – need professional, ‘one-on-one’ mentoring from physicians currently teaching/practising in the province” (R#33)

“[Provide a] mentor who would understand the options and can help to find some form of related work” (R#34)

“Clinical associateships rather than observerships would be helpful. Observerships don’t count as ‘Canadian experience’” (R#34)

Conclusion

With no obligation to report internal, inter-provincial migration once landed in Canada, it is very difficult to find out how many IEHPs arriving in Canada without a promise of health care related employment do eventually work in that field. Clearly, such mobility within Canada (and especially to Ontario) is a strategic option taken up, sooner or later, by many IEHPs landing in PE and NS. Apart from lack of traceability, we also note that IEHPs been the targets of so many programs, and studies, in the last few years, that survey fatigue is setting in, making IEHPs wary and tired of being asked to fill in one more survey, or attend one more orientation session, careful of what and how much to disclose since this may compromise their situation, and possibly with no progress to show for it in their status at the end of it all. These features must be taken into consideration when attempting to compare, and measure, the actual versus expected impact of the IEHP Initiative.

Meanwhile, this study represents a rare example of a longitudinal study into the professional formation and development of IEHPs in Canada. In order to respond to international concerns about the migration of health care professionals (especially from developing countries) to Canada, while reinforcing the Canadian Government’s mandate for the ethical retention of IEHPs, some form of tracking number, with a unique identifier (similar to the Canadian Post-M.D. Education Registry (CAPER) which is the central repository for statistical information on postgraduate medical education in Canada, and which maintains individual-level data for all postgraduate medical residents and fellows, including international medical graduates - www.caper.ca/index_en.php). This would facilitate the traceability of health care professionals across the country, and make it easier to identify how, and when, they may have managed to secure integration into the Canadian labour market and progress within it career-wise. Such information would not just make it

considerably easier to undertake longitudinal research in health care human resources; but make the evaluation of programs like the IEHP Initiative more plausible.

Meanwhile, for those making use of the suite of IEHP related initiatives, and who have participated in this 2010 study, there are mixed comments: there is high praise for the settlement agencies; there is frustration at the time to register even minimal progress in one's status; and there are also some constructive suggestions for improving IEHP related services. While there has been no significant criticism of the programs already on offer – study supports, various bridging programs, micro-credit loans ... there are some significant and constructive suggestions for improvement:

The first is to facilitate the support of an immigrant support network. IEHPs, especially from specific countries, may now be so numerous within the burgeoning immigrant population that they may have achieved a certain critical mass and may benefit immensely from developing links with others with their same cultural, national and/or linguistic background – and especially with IEHPs who have somehow 'made it' - to frankly discuss strategies and steps for seeking suitable employment. Settlement agencies and other IEHP service providers should facilitate this self-help approach which is less top down and more democratic; it is also much more likely to be sustainable in the longer term, especially when any IEHPI-related funding is terminated.

Secondly, and connected to the above, is the encouragement of developing more 'one-on-one, 'person-to-person', peer-to-peer links – introducing IEHPs to advisors, mentors, those who are well connected and well established in Canadian society and its labour market, possibly their own countrymen and women, who are capable of offering them streetwise hints and suggestions, including opportunities for gaining Canadian experience that exposes and socializes immigrants to what may be expected of them, while providing them with important opportunities for professional, linguistic and cultural practice. A recent study of the role and impact of the Host Program on PEI has suggested how important these facilitated introductions can be (Baldacchino et al. 2009). ISIS, in Nova Scotia, also has a well developed professional mentorship program in place, and not just for IEHPs: www.isisns.ca/employment/for-employers/professional-mentorship/.

Third, more emphasis needs to be placed on getting IEHPs out of safe and somewhat artificial classroom environments and into actual workplace scenarios; and 'significant others' could be the pivotal gatekeepers to this transition.

Fourth, we reaffirm the need for integrating cultural competence into public health policy, programs and services; and for more awareness and training in cultural competence in the formal curriculum, which impacts on IEHPs and non-IEHPs alike, studying or training in Canada. Cultural competence is "a set of "congruent behaviours, attitudes, and policies that come together in a system, agency, or among

professionals that enables the system or professionals to work effectively in cross-cultural situations” (Cross et al. 1989). The NS Department of Health has developed a useful document, addressed to primary health care workers (NSDH 2005).

Finally, it would also be useful to look more closely at the experiences of IEHPs once in health-care employment. While the IEHP initiative has been focused on integration, this has often been interpreted strictly in terms of *securing* employment. We contend that being successful in obtaining such employment is just the end of the beginning. The life course of IEHPs once in the Canadian labour market is likely to have its own challenges; an indirect insight into these is forthcoming from rates of workforce attrition, which are perhaps even more telling than the absence to secure employment.

Such a more holistic appreciation of the challenge of integration may help Canada nurture more IEHPs like Dr Joyce Madigane.

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Internationally Educated Health Professionals in New Brunswick, Nova Scotia and Prince Edward Island: Why They Come, Why They Stay and the Challenges They Face: A Follow-Up Study

A study conducted by Dr Godfrey Baldacchino, UPEI, in collaboration with Patricia Saunders, Dalhousie University, the PEI Association of Newcomers to Canada (PEI-ANC), and supported by Health Canada via the Atlantic Connection Project

INFORMATION LETTER

If you are living on NB, NS or PEI, and if you are a health professional that has been educated outside Canada, we would appreciate some minutes of your time.

You are invited to voluntarily participate in a research study entitled: *Internationally Educated Health Professionals in Prince Edward Island: Why They Come, Why They Stay and the Challenges They Face: A Follow-Up Study*. This research study is being conducted by Dr Godfrey Baldacchino, University of Prince Edward Island, in collaboration with Patricia Saunders Dalhousie University, as part of a project that is supported by the PEI Association of Newcomers to Canada (PEI-ANC) (<http://www.peianc.com/>), and Atlantic Connection (<http://atlantichealthconnection.com/>). The Internationally Educated Health Professional (IEHP) Initiative is a Health Canada project mandated to deliver on the First Ministers' 10-Year Plan: a commitment to reduce wait times and increase the supply of health professionals to the Canadian Health Care system.

Please contact Dr Baldacchino [tel: (902) 566-0909; e-mail: gbaldacchino@upei.ca] or the Office of Research & Development [tel: (902) 566-0637; e-mail: lmacphee@upei.ca], both at UPEI, should you have any questions or concerns about this study.

The **purpose** of this study is to better understand the concerns and challenges that internationally educated health professionals have about coming and staying in New Brunswick, Nova Scotia or Prince Edward Island. In so doing, the 3 provinces, as well as Health Canada, would have at their disposal relevant, specific and timely information about the movement of non-Canadian educated health professionals into this region, and their experiences and success in securing suitable employment. This data should, in turn, guide and strengthen the 3 provinces' attempts and initiatives to attract suitable health professionals as settlers.

The **resources** for conducting the study are being provided to Dr Baldacchino by Health Canada via the Atlantic Connection Project. 'In kind' contributions are provided by the University of Prince Edward Island, Dalhousie University, and the PEI Association of Newcomers to Canada.

Interviews will be conducted by Godfrey Baldacchino (in PEI) and Patricia Saunders (in NB and NS).

The **benefits** of participating in this study include: (a) articulating your immigration experience; and (b) contributing towards the development of a better, more fine-tuned, immigration policy for health professionals by the 3 provinces. You will also be invited to attend a meeting (free of charge) to be held in either Charlottetown PE or Halifax NS that will announce the preliminary results of the study to which you have participated.

The **costs** of participating in this study consist in the time and inconvenience it takes to run through either a questionnaire survey or participate in a face-to-face interview: either of these can take from 15 minutes to 60 minutes, depending mainly on your readiness and willingness to go into detail.

Your **participation in this project is entirely voluntary**. You have **no obligation** in taking part in this study. You are free to refuse to participate, or to withdraw at any point during the survey questionnaire and/or interview, or to refuse to answer any question, all without any negative consequences to yourself or anyone else. Should you choose to withdraw from this study, any data that relates to you and which you may have already provided will be immediately destroyed and/or deleted from any memory banks or computer files.

This study is **anonymous**: we do not require to report as to who said or experienced what. Moreover, the data gathered from respondents will be treated with utmost **confidentiality**: it will be collated in a database from which only generic statistics will be derived, tabulated by such variables as age, gender, nationality or profession. On our part, we **guarantee** that we will ONLY use the data provided in the context of a report on IEHP immigration that will contain details of our research findings.

There are 21 questions in all. All completed questionnaires and interviews scripts will be held in a secure location on the UPEI Campus by the research project coordinator, Dr Baldacchino. They will only be checked in relation to the research exercise and any necessary follow-ups. All raw questionnaire data will be destroyed after 5 years (that is, by September 2015).

It is planned to divulge the **results** of this study in or around November 2010. An electronic copy of the final report would be available to anyone interested, at no charge. This would be announced through the settlement agencies in NB, NS and PE at the appropriate time.

CONSENT FORM

I have been invited to participate in the study: *Internationally Educated Health Professionals in New Brunswick, Nova Scotia and Prince Edward Island: Why They Come, Why They Stay and the Challenges They Face: A Follow-Up Study*

- I have read and understood the material in the information letter.
- I understand that I can keep a copy of this form, for my own records.
- My participation in this study is purely voluntary.
- I have the freedom to withdraw from this study at any time.
- I have the freedom to refuse to answer any question.
- I understand that the information obtained thanks to my participation in this study will be used strictly for the research purposes for which it is being collected.
- I can contact the UPEI Research Ethics Board at (902) – 566 0637 or by e-mail at: lmacphee@upei.ca if I have any concerns relating to this study.

NAME: _____

SIGNATURE: _____ DATE: _____, 2010.

**Internationally Educated Health Professionals in New Brunswick, Nova Scotia
and Prince Edward Island:
Why They Come, Why They Stay and the Challenges They Face:**

A Follow-Up Study

A study conducted by Dr Godfrey Baldacchino, UPEI, in collaboration with Patricia Saunders, Dalhousie University, the PEI Association of Newcomers to Canada (PEI-ANC), and supported by Health Canada via the IEHP Atlantic Connection Project

1. How long have you been living in this province? (Since _____).

Were you residing in NB, NL, NS or PE before that?

Answer: Yes ___ No ___ Specify _____).

2. When and why did you leave your country and decided to emigrate?

3. Why did you choose to emigrate to Canada?

4. What shaped your decisions to specifically choose Atlantic Canada?

5. What is your health profession? (physician, nurse, medical specialist, etc.)

6. Have you been able to become licensed/ registered to practise in Canada? Answer: Yes ___ No ___ Specify _____).

IF YES to Question 6, continue with Question 7: (IF NO to Question 6, GO TO Question 12)

7. Have you been involved with any support projects or programs offered specifically for Internationally Educated Health Professionals?

Answer: Yes ___ No ___

If YES, tick the project(s) or program(s) you have been involved with, from the list below:

Note: projects may be specific to particular province(s)

Prince Edward Island:

___ PEI Assessment – Orientation – Referral Project for IEHPs

Nova Scotia:

___ Assessment Centre for Internationally Educated Nurses

___ Bridging to Licensed Practical Nursing

___ Bridge to Canadian Nursing Program

___ CAPP Physician Orientation

___ Orientation to the Canadian Health Care System for IEHPs

___ Profession Specific Assessment for Midwifery

___ Profession Specific Language for IEN Assessment

On-Line:

___ Readiness Self-Assessment tool for Internationally Educated Midwives

___ Web Portal for IEHPs – International Medical Graduates

___ Web Portal for Internationally Educated Nurses

___ Welcome to Nova Scotia for IEHPs: HILC: language support

___ Welcome to Nova Scotia for IEHPs: MISA: pathways to practice, employment counselling

___ Any Other? Specify:

8. Was the IEHP support project(s) or program(s) that you have been involved with **helpful to you?**

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

9. Did your participation in this/these IEHP support project(s) or program(s) help you **move forward and advance in your licensing process?**

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

10. Did your participation in this/these IEHP support project(s) or program(s) help you find **employment in either your professional field or a related field of your choice?**

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

11. Did your participation in this/these IEHP support project(s) or program(s) help you find **any other kind of employment, NOT** related to either your professional field or a related field of your choice?

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

12. Looking back on your experiences since arriving in the province you live in now, what **ADDITIONAL supports or types of help** would have helped you IMPROVE the following:

a) shortened time taken to complete process of gaining registration

Choose as many of the following choices as are relevant to you (feel free to explain your choice):

- access to information
- access to assessment
- study support
- financial support
- expert advice on looking for employment
- opportunities for volunteering at work
- opportunities for being mentored at work
- introductions to persons that have been helpful to you in advancing your career
- other? (specify _____)

b) shortened the length of time taken to find employment suitable to my professional training and background

Choose as many of the following choices as are relevant to you (feel free to explain your choice):

- access to information
- access to assessment
- study support
- financial support
- expert advice on looking for employment
- opportunities for volunteering at work
- opportunities for being mentored at work
- introductions to persons that have been helpful to you in advancing your career
- other? (specify _____)

c) shortened the length of time taken to find ANY employment

Choose as many of the following choices as are relevant to you (feel free to explain your choice):

- access to information
- access to assessment
- study support
- financial support
- expert advice on looking for employment
- opportunities for volunteering at work
- opportunities for being mentored at work
- introductions to persons that have been helpful to you in advancing your career
- other? (specify _____)

13. How do you feel that you have been treated during the process of **accessing credential recognition**?

Choose ONE:

very fairly ___ fairly ___ don't know ___ unfairly ___ most unfairly ___

How do you feel that you have been treated during the process of **obtaining an assessment of your professional competences**?

Choose ONE:

very fairly ___ fairly ___ don't know ___ unfairly ___ most unfairly ___

How do you feel that you have been treated during the process of **seeking employment in an area closely related to your professional training and background**?

Choose ONE:

very fairly ___ fairly ___ don't know ___ unfairly ___ most unfairly ___

How do you feel that you have been treated during the process of **seeking employment in an area NOT closely related to your professional training and background**?

Choose ONE:

very fairly ___ fairly ___ don't know ___ unfairly ___ most unfairly ___

14. Are you planning to stay, or to leave, this province?

Answer: Yes ___ No ___

If Planning to Leave, continue with Questions 15 and 16 ONLY;

If Planning to Stay, GO TO Question 17 below.

15. Which province/locality is your likely destination? (_____)

16. Is your decision to **leave from** _____ in any way related to any of the following:

a) Need for my professional support.

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

b) Need for opportunities for my ongoing professional development.

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

c) Need for opportunities for further professional education.

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

d) Wish to live in a larger, more diverse and multicultural community.

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

e) Wish to live in a more welcoming community.

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

f) Any other reason(s) for leaving? _____

17. Is your decision to **stay in** _____ related in any way to any of the following:

a) Need for my professional support.

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

b) Need for opportunities for my ongoing professional development

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

c) Need for opportunities for further professional education

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

d) Wish to live in a large, diverse and multicultural community

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

e) Wish to live in a more welcoming community

Choose ONE:

Certainly___ Probably___ Not Sure___ Unlikely___ Definitely Not___

f) Any other reason(s) for staying? _____

For All Respondents:

18. Is there anything else that you would like to add; any particular story or experience that you may wish to share?

Thank you so very much for your time and input.

Please SAVE your completed questionnaire and return it as an

e-mail attachment to:

Godfrey Baldacchino,
University of Prince Edward Island:
gbaldacchino@upei.ca;

or mail to:

550 University Avenue,
Charlottetown PE
C1A 4P3

*Do not hesitate to phone Dr Baldacchino at (902) 566 – 0909,
should you have any questions or concerns about this study.*