Challenges faced by Internationally Educated Health Professionals on Prince Edward Island: Stories and Voices

A Research Report for IEHP Atlantic Connection[1]

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Executive Summary

This report is based on a qualitative study of the challenges that are faced by internationally educated health professionals in coming, staying and settling on PEI and in Atlantic Canada.

Health issues would not tend to feature highly amongst the list of features that lure and attract newcomers to Atlantic Canada: but they discourage immigrants from moving in, or residents from staying, when health provision is deemed to be below expected levels of service. Health, therefore, figures as one of the concerns of immigrants (Canadian and non-Canadian, men and women, and across all age cohorts) deciding whether to stay in Atlantic Canada. Major disappointment and frustration are expressed with respect to the non-availability of a family doctor, and/or the non-availability of, or uncertainty about, specialized care and surgical procedures. Moreover, in areas that have relatively sparse and scattered populations that are remote from urban centres, health professionals can develop dangerous levels of work-related stress, plus much reduced opportunities for specialization or any form of non-experience driven professional development.

The attraction and retention of *internationally educated health professionals* is an obvious strategy to address shortfalls in human health resources in the region. For example, the proportion of foreign trained medical graduates registered on Prince Edward Island was 27.8% in 2005, up from 14.7% in 2001.

Thirty nine (39) IEHPs (which constitute just over 54% of the total known population of IEHPs on PEI) responded during 2007 to a survey questionnaire which sought to evaluate the combination of socio-cultural, economic-fiscal, educational-linguistic and (especially) professional and labour market hurdles that are faced by IEHPs that seek to practise on the island and in the region. The study profiles IEHPs on Prince Edward Island in 2007, presents and discusses their stories in order to illustrate the challenges that they face in establishing themselves professionally, while clarifying some of the complex issues that may prevent a satisfactory management or resolution of these same challenges. This study is also one which should contribute to the ongoing exploration of whether there are significant generic or shared features

of IEHPs as professionals (rather than as members of specific, and distinct, specialized profession) that can usefully be addressed as such.

With a very small population base, and with limited possibility to call on human resource supports, health and other specialists on PEI would be under pressure to somewhat broaden their expertise and tolerate some flexibility to perform their work. The consequences of this can be very demoralizing to these professionals: they include limited access to professional training and updates: PEI is one of two provinces in Canada without a medical school, without a school of dentistry, and with only a recently set up School of Nursing offering some undergraduate programs[2]. Consequences of the dearth of local specialization facilities and supports include: a requirement to move off island for professional development as well as for securing most required professional qualifications; working without collegial backup; higher turnover rates of key staff; more copious and tedious paperwork; and significantly higher levels of burnout and exhaustion. These are some of the circumstances that all health professionals can expect to experience on PEI.

The 39 survey respondents were members of immigrating families or households that brought at least 113 persons into Canada. They claim fluency in no less than 17 different languages, the most commonly spoken being Spanish, Cantonese and Arabic. Twelve of the respondents classify themselves as members of visible minorities: Asian, Indian and Chinese being the most common. They report being born in 21 different countries, the most common being the USA, China, Colombia and India. Eight out of the 39 respondents moved to PEI before the year 2000, and this figure could be an indication of the relatively low likelihood of immigrants staying on PEI over time. At least nine respondents claimed to have furthered their health professional training (including refresher courses, but also medical specialty fellowships) *after* having migrated to Canada.

The reasons explaining the manner in which these health professionals found their way to Prince Edward Island can be categorized into three: in the case of refugees, their province of destination was allocated to them; others were recruited specifically to work in the PEI health sector; while

[2] Indeed, "even in the late 1960s, there was only one medical school amongst the four provinces of Atlantic Canada" (Dauphinee, 2006: 549). Nevertheless, just having a medical school does not stem the emigration tide: "Of the eight provinces with medical schools … five are net [health human resource] losers" (*ibid*.: 550).

most came to the island province of their own accord, having moved even without having any definite job offers, and without close relatives or friends already in the region, doing so mainly via the Provincial Nominee Program.

The IEHPs in this study agree with newcomers to PEI surveyed in 2005 in assigning *highest* priority to the fact that PEI, and Atlantic Canada generally, constitute an overall welcoming society and offer an attractive quality of life. The two sets of respondents also agree by scoring the same statement *lowest*: the presence of members of the same church or religion on the island or in the region is not a significant factor behind their move to PEI and Atlantic Canada. In contrast, very few IEHPs had any family or friends on PEI or in Atlantic Canada generally, before they immigrated. Some 19% of respondents admit that they are planning to move away from PEI and/or Atlantic Canada. Professional development for themselves or their children which is not available on PEI or the region, the draw of their former home, or the frustration of failing to integrate well within the local community, are the main reasons cited. Moreover, if one member of an immigrant household is frustrated or disappointed by his/her settlement experience, this is likely to push the whole family to move and re-settle elsewhere.

The general ‘draw’ of the island may act to encourage IEHPs to stay; however, this is not necessarily complemented by one’s professional experience. Respondents identify challenges in securing equivalence for credentials obtained out-of-province/country, in obtaining licensure, and in practising ‘alternative’ medicine.

Actual or potential job opportunities for IEHPs were strong inducements for coming to the province/region, but become less of a priority once established on PEI/Atlantic Canada. Safety, affordable housing, welcoming communities/ neighbourhoods and a generally attractive ‘quality of life’ are assigned a higher priority.

Such responses may be partly a compensatory response to frustrations associated with unsatisfactory professional status and career prospects. Significantly, just over half the total sample of IEHP respondents were either unemployed or underemployed at the time of the study. Some IEHPs are clearly angry and deeply disappointed with the reception they have been given.

Their responses suggest that they are led to believe that IEHPs are automatically considered to be insufficiently qualified to practise on PEI or in Atlantic Canada. Non-familiarity of most IEHPs with "the island way" and poor workplace integration can easily be misconstrued as incompetence, or as an inability or unwillingness to "fit in".

The respondents argue that four out of the five strongest challenges to attracting other health professionals to the island or the region concern health human resources and delivery services. The quality of health care *per se* is not seen to be an issue; however, the number of health professionals in the region is not seen to be adequate; both meaningful employment and training opportunities in the region are seen to be lacking; and Atlantic Canada is not deemed to be offering suitable orientation programs to non-Canadian health professionals. The number of profession-related obstacles or problems cited by respondents as obstacles towards attracting other IEHPs to the island or region easily surpasses the number of all other obstacles or problems put together. These include:

- Inability to keep up-to-date professionally
- Non-recognition of health credentials obtained elsewhere
- Too many challenges towards obtaining health credentials
- Too many challenges towards securing licensure
- Opportunities for professional practice, internships, orientation and training are not available, or not available enough, for IEHPs
- Unable to secure (suitable) employment
- Insufficient information about local employment opportunities
- Lack of full time positions with full benefits
- Lower pay scale

The respondents also identify the need for *family* focused (and not just IEHP focused) retention strategies. The spouse of an IEHP could very well also be an IEHP, lawyer, professor, educator, engineer . . . When only one of the spouses secures a job, this can lead to increased tension in the household, with the other partner unable to procure viable employment in accordance with skills, experience, education and expectations. Such frustrations increase the likelihood of family resettlement.

This study clearly confirms some of the major, well-documented barriers to health licensure experienced by health professionals trained outside Canada: insufficient information about

licensure requirements and process; inadequate access to preparation materials for licensure examinations; limited avenues to gain Canadian experience in the profession, difficulty finding meaningful interim employment; and lack of occupational proficiency in English. The challenges are compounded by the small size of Prince Edward Island (which leads to the absence of specialized professional development opportunities; stronger environmental pressures for broadening specializations and working with reduced staff support) and its still fairly homogenous 'White, Anglo, Christian, and Straight' culture (which makes the settlement experiences of immigrants, especially those belonging to visible or religious minorities, especially tough). Note, for example, that PEI does not have a single Mosque: only a Muslim praying room is available in downtown Charlottetown, and only since 2006.

Policy recommendations advanced by this study include:

- Considering a shift in IEHP screening procedures from being credential based to being *performance based.*
- Encouraging more opportunities for volunteering, apprenticeship, mentorship and other experience-based programs for IEHPs *on location*, while ensuring that liability issues are resolved. Such exposure also permits IEHPs to identify and learn valuable '*soft skills*' of how to deal with clients, ask appropriate questions, address body language, and other details that may be specific to Canadian culture and its health professional-client relations.
- Explicit bridging pathways need to be put in place to guide and inform would-be applicants of the *due credentialling process* that needs to be pursued, with options always open to consider individual cases on their own merit.
- Consider investing in a *health-related, professional development facility* on PEI, even if, say, run with external visiting faculty participating in short-term summer programs.
- Broader settlement services that endeavour to provide satisfying *spousal employment.*
- System-wide health care reviews that consider new, more collegial and inter-professional approaches to shared practices. Such '*scope of practice*' reviews would also need to be reflected in training and professional development programs,

inculcating new generations of health professionals into their practice, management and culture.

While a policy for repatriating Island born and bred health professionals is worth pursuing, it should not lead to indifference and policy inaction in the face of the situation of IEHPs, so many of whom may already be living on PEI, or in the region.

The reasons why IEHPs do not tend to stay on PEI and in Atlantic Canada may have much more to do with their actual experience as immigrants on the island and the region, than with their assumed predisposition to leave for the multicultural metropolitan heartlands of the country. Some respondents are clearly disappointed with the local administration of the health care system and harbour a sense of personal aggravation. Some others are frustrated by the inability to find and tap into opportunities for further training, even when they had the basic credentials and had passed the needed exams to qualify for training.

Most IEHPs remain hopeful, however: they conclude their responses to this study with candid and constructive appeals for practical and flexible solutions towards the proper integration of IEHPs into the local and regional labour market.