

Kansas State University Libraries

## New Prairie Press

---

Adult Education Research Conference

2011 Conference Proceedings (Toronto, ON,  
Canada)

---

### Temporary foreign workers in nursing: Disposable workers?

Jason Foster  
*Athabasca University*

Alison Taylor  
*University of Alberta*

Follow this and additional works at: <https://newprairiepress.org/aerc>

 Part of the [Adult and Continuing Education Administration Commons](#)



This work is licensed under a [Creative Commons Attribution-Noncommercial 4.0 License](#)

---

#### Recommended Citation

Foster, Jason and Taylor, Alison (2011). "Temporary foreign workers in nursing: Disposable workers?," *Adult Education Research Conference*. <https://newprairiepress.org/aerc/2011/papers/33>

This is brought to you for free and open access by the Conferences at New Prairie Press. It has been accepted for inclusion in Adult Education Research Conference by an authorized administrator of New Prairie Press. For more information, please contact [cads@k-state.edu](mailto:cads@k-state.edu).

# Temporary foreign workers in nursing: Disposable workers?

Jason Foster  
Athabasca University

Alison Taylor  
University of Alberta

**Abstract:** This paper explores the experiences of Temporary Foreign Workers in health care in Alberta by examining a cohort of internationally-educated nurses hired to alleviate shortages. In particular it evaluates the assessment of foreign credentials and processes that followed. Drawing on social closure theories, we look at the experiences of foreign workers whose employment and residency status are extremely precarious. We suggest the use of temporary workers to address ‘short term’ labour demand has implications for the workers themselves as well as for larger political, social and economic contexts.

## Introduction

Canada is part of the trend toward increased use of migrant workers, in recent decades shifting its immigration policy away from permanent settlement toward temporary residence under restrictive conditions (Nakache and Kinoshita, 2010). For example, the proportion of immigrants destined for the labour market with permanent resident status declined from 57% in 1973 to 35% in 2004 (Sharma, 2007). The province of Alberta, as other areas of the country, has seen a significant increase in the number of migrant workers employed through the federal Temporary Foreign Worker Program (TFWP). Between 2003 and 2009, the “stock”<sup>1</sup> of foreign workers in Alberta increased from 11,386 to 65,748.

This paper focuses on the recruitment of nurses through the TFWP by a health authority in the province in 2007-2008. These workers were not only required to deal with settlement and workplace integration, but also had to have their credentials assessed, undertake remedial training in many cases, and take licensing exams set by the Canadian registered nurses’ association.

The next section considers the theoretical ideas that influence our analysis. This is followed by an overview of the immigration and labour market contexts. Finally, we discuss issues raised in our interviews with the variety of players involved in the recruitment and employment of nursing TFWs, concluding with policy implications. Overall, we argue that the use of temporary workers to address “short term” labour demand has broad political, social, and economic implications (cf Abu-Laban, 2007).

## Theoretical influences

Understanding the experiences of migrant workers requires, in our view, a macro-micro multi-level model. Olin Wright (2009) proposes an “integrated” approach to social difference that draws on theories of stratification, social closure, and exploitation. *Social closure* is the process by which social collectivities seek to maximize rewards by restricting access to rewards and opportunities to a “limited circle of eligibles” (Parkin, 1974, 4). Exclusionary devices include academic or professional qualifications (Murphy, 1988). However, as post-secondary credentials become more commonplace, identifiable social or physical attributes such as skin

colour, social origin, or language become even more pertinent (Parkin, 1974). Citizenship laws also operate as a collectivist criteria of exclusion (Murphy, 1988); thus the TFWP is located within the “ideological organization of the foreign-ness of nonwhites” (Sharma, 2007, 174).

Our data in this study include semi-structured interviews with 29 individuals from the provincial health department (1), hospitals (3), unions (5), immigrant serving agencies (2), provincial licensing associations (3), education providers (3) and workers (12). Of these, interviews with 20 individuals were audio-recorded and fully transcribed and notes taken for the remainder.

### **The Temporary Foreign Workers Program: Context and Patterns**

Canada’s TFWP facilitates access to pools of temporary labour for industries facing shortages. It is jointly administered by Citizenship and Immigration Canada (CIC) and Human Resources and Skills Development Canada (HRSDC). In Alberta, the Capital Health Authority made employment offers to over 2,000 internationally-educated nurses in 2007 and 2008. Of these, 177 actually came to the Edmonton area as Graduate Nurses and 333 came as Licensed Practical Nurses (LPNs) (total 510 workers). 71 % of those coming to work in Graduate nurse positions were from the UK (and another 16 percent were from the US, Australia, or New Zealand), while all of the LPNs were from the Philippines where they were qualified as registered nurses (RNs).

Access to the TFWP requires a multi-step process. To recruit foreign workers the employer must first receive a Labour Market Opinion (LMO) from HRSDC by demonstrating recruitment efforts among permanent residents were unsuccessful. Once a potential foreign employee is offered employment, the worker must apply to CIC for a temporary work permit. Most basic employment protections afforded permanent residents are nominally extended to workers under the TFWP program. However, significant barriers exist for foreign workers who attempt to utilize such protections, rendering them “inaccessible” in any practical way (Nakache and Kinoshita, 2010), in large part due to restricted labour mobility rights (Wong, 1984; Martin, 2003; Abella, 2006). Work permits are specific to particular employers, work locations are not transferable, and the regular immigration process is not available to temporary work permit holders. The primary vehicle available for attaining permanent residency, the Provincial Nominee Program (Alberta Immigrant Nominee Program or AINP), is an employer-driven mechanism facilitated by provinces based upon their priorities. The number of AINP admissions is limited, and Alberta restricts eligibility to higher skill occupations only.

### **TFWs as Internationally Educated Nurses**

In recent years Alberta has increased its use of Internationally Educated Nurses (IENs) to address short term as well as structural labour shortages. The percentage of registered nurses who are IENs in the province jumped from 4.7% in 2005 to 10.0% in 2009 (Canadian Institute for Health Information, 2010). The TFW nurses who came to Alberta were classified by College and Association of Registered Nurses (CARNA) as IENs, requiring them to submit to a more protracted registration application process than Canadian-educated nurses.

CARNA<sup>ii</sup>, describes the application as a “three-step process” (I-12, September 2010) including credential review, 225 supervised hours of work and a standardized national nursing exam. In the first step, IENs are often required to undergo a Substantially Equivalent Competency (SEC) evaluation at Mount Royal University. If the SEC reveals deficiencies, the candidate is required to take courses to address gaps. Between 2007 and 2009, 77% of IENs in

Alberta were required to take extra courses (Armitage and Suter, 2010). The Canadian Registered Nursing Exam (CRNE) also presents a hurdle. Although the managers we interviewed reported no problems with TFWs' competency on the job, IENs have a significantly lower pass rate on the CRNE than domestically educated nurses (ibid.).

Studies have found that IENs experience the process as demeaning since many leave their home countries with the belief that their skills will lead them to a better life (Higginbottom, 2010). Instead, they find their qualifications and professional abilities in question. In addition to frustrations associated with the licensure process, the time restricted work permits for TFWs and increased competition for permanent positions meant that many also faced time pressures and job uncertainty.

### **Forms of closure and responses**

The pathways from home countries to Canada for TFWs tended to follow a common pattern. Our interviews with workers suggest they expected to become permanent residents and to work in jobs commensurate with their educational qualifications and work experience—in other words, as registered nurses. They were aware that assessment of foreign credentials was part of the process, but were unaware that this could be a very lengthy process with no guarantee of licensure.

### **Citizenship Closure**

Difficulties began upon arrival in Canada when the nursing TFWs were informed that they were temporary since many came with the belief that they could easily become permanent residents. However, the process of moving from temporary to permanent resident turned out to be lengthy and fraught with difficulty. The unexpected change in status came as a shock to the interviewees and de-stabilized their expectations.

At the time that the nursing TFWs arrived in Alberta in 2007-2008, it was fairly easy for an employer to gain approval from the federal government for an LMO. However, with the onset of the economic downturn, fewer LMOs were being approved and fewer permanent jobs were available. Our interviewees mentioned colleagues who returned to their home countries or moved to other provinces or countries when their work permits ran out.

Further, most of the workers interviewed suggested that their employer did little to facilitate the provincial nominee process (AINP), their only vehicle for permanent status. The AINP requirements that a nominee has secured permanent employment thus bumped up against the tight employment situation. TFWs were often deemed ineligible for the few jobs that opened up.

The changing labour market for nurses soon revealed the marginal positions of TFWs. Permanent positions were scarce and TFWs were “put to the very bottom of the list” (I-13, Unit manager, October 2010). This did not sit well with the workers: “[at first] everything was fantastic, you were well oriented and loved the job. I said wow, this is home; this is family. Then six months down the line you hear people talking, oh there’s no more positions; these international nurses will be sent home after the first year” (I-6, RN). Ambiguity and a lack of support from the employer combined with difficulty navigating complex immigration processes left many feeling isolated and abandoned.

### *Credential Closure*

[We were told], you'll have to prove your competence. Where did we become incompetent? On the flight over? We thought, well we've done our time to be RNs. We've done our study and experience, but it means nothing here, absolutely nothing to CARNA. ... You get three attempts to pass [the CRNE] and if you don't, bye bye. I don't think CARNA realizes that people are giving up a life somewhere, selling homes... (I-4, RN, July 2010)

Because TFWs are tied to particular employers offering particular jobs, one might expect that the match between credentials and job requirements would be closer. However, the licensing body, CARNA, was not involved in the recruitment process of nursing TFWs, and the licensing process arguably became part of gate-keeping processes that reproduce skill hierarchies, which systematically marginalize certain groups within in the labour market (cf. Anderson, Brown and Rushbrook, 2004). For example, among our participants, more than half were required to take multiple courses after their SEC assessment.

In explaining assessment results, non-TFW interview participants referred to language skills as part of the problem as well as the generalist orientation of Canadian nursing education compared to the specialist orientation of nursing education in some other countries. On the other hand, TFWs who came directly from the Philippines voiced concern that they were required to start work in Alberta as LPNs while nurses who came from the UK (even if their education was from the Philippines) were able to start as Graduate Nurses (a step closer to RN). This was confirmed by a representative from Alberta Health Services who indicated that all 333 Philippino workers were “deployed” as LPNs upon arrival, and probably fewer than 15 percent had laddered to RN positions (Personal communication, January 2011). The implication is that discrimination played a role in assessment and licensure.

In addition to the cost of courses following the SEC assessment workers generally felt that there was little preparation and support provided for nurses prior to the SEC, that the assessment process was unclear, and that there was little recourse for nurses who felt they had not been fairly assessed. Several interview participants also suggested that the CRNE exam was problematic, especially for internationally-educated nurses (IENs) because it is a “very psycho-socio based exam” (I-15, Manager, October 2010).

CARNA interview participants point to differences in scope of practice and curriculum as a source of the higher failure among IENs. However, TFWs and union representatives also raise issues of cultural bias in the process and the exam. And while interview participants from Mount Royal University<sup>iii</sup> suggested that IENs have more difficulties in clinical practice, a unit manager suggested that the correlation between on-the-job performance and success on the CRNE was not always clear. Many TFWs interviewed were unsuccessful in their efforts to become registered nurses, and ended up working as LPNs or returning home. And even those who were successful expressed frustration with the licensing process.

### *Responses of workers*

[W]e were just a band-aid rescue thing for the shortage of nurses... right now you already have lots of graduates, so we're *treated as disposables* that can just be thrown back to where we came from. ... (I-7, LPN, July 2010) [emphasis added]

A number of TFWs spoke about the change in co-workers' attitudes toward them within a year of their arrival related to recession and health restructuring. They also felt that the licensure process and their interactions with co-workers demonstrated a lack of respect for the knowledge they brought. The responses of workers to their situations varied with most remaining silent for fear that "the employer might kick me out" (I-9, LPN, July 2010, 10). The silencing of these university-educated workers speaks to the potential for exploitation by employers of lower skilled workers.

In sum, the combined challenges of working full-time, completing the registration process, adapting to Canadian nursing scope of practice, navigating a new city and culture, while still maintaining relationships with family and community at home, limited the time and resources available to TFW nurses to engage in solidarity-building actions. Consequently most responses involved individual strategies to secure immigration or employment status and to secure their personal future, although some informal information sharing developed to supplement individual efforts. These responses perhaps stem from acceptance of the idea that individuals are increasingly responsible to make "adequate provision for the creation and preservation of their own human capital" (Rubenson and Beddie, 2004, p. 155).

### **Discussion**

The TFWP rules set by the state acted as a significant barrier to the nurses' aspirations for full citizenship rights in two ways. First, restrictions on work permit greatly limited their capacity to self-advocate as workers or to respond as naturalized workers might in a crisis (e.g., find alternative employment). Second, relying on employers to link workers to permanent residency streams (particularly in a time of restraint) routed most TFW nurses into positions of impermanence and instability. Opaque and complex immigration structures meant that the clock ran out for many of these "just-in time" workers.

On the credential side, IENs faced loss of status and financial cost as they undertook testing, in many cases followed by remedial education and more testing, before a small number became registered as nurses. The differing perceptions of the CRNE point to the ways in which 'objective' criteria contain culturally imposed assumptions about skill, knowledge and capacity. UK trained nurses are perceived to have fared better in the regulatory process, as conceptions of how nursing is practiced in the source countries were informed by racialized and gendered notions of "others." The acceptability of employing Philippino RNs as LPNs in Canada was partly rationalized by these workers' low wages and poor opportunities in their home countries.

Finally the predominant response of IENs who stayed was one of individualized self-advocacy, rather than solidarity, although informal information sharing and some engagement with their union suggest nascent forms of group strategizing. The magnitude of the challenges facing these (mostly) women partly explains the absence of strategies of solidarity. Despite their resilience, at the time of our interviews, many TFW nurses continued to experience immigration status insecurity, licensure restrictions, or both. A few had achieved both RN registration and permanent residency. It remains to be seen whether the acquisition of citizenship rights reduces their experience of social closure over time.

### **Implications for policy**

Our analysis suggests some policy implications of the TFWP for occupations requiring formalized certification in Canada as follows:

- For government and employers: The TFWP, with its lack of accountability and restricted worker rights, may be ill-suited to addressing structural labour shortages of the nature experienced in health care. Further, it is apparent that state processes (e.g. immigration, certification) are inflexible. Perhaps Alberta, like Manitoba, should treat the TFWP as a step toward attracting long-term residents, bringing in much fewer workers and doing more to move them toward permanent resident status.
- For recruiters and employers: There is a need for greater clarity and transparency at the recruitment end of the process. A large part of the TFW's negative experience arose from the gulf between promises made about residency and licensure and realities in Canada. Greater effort also needs to be made to integrate the newcomers at work and as part of the broader community.
- For government and professional associations: The licensing process for RNs should be reviewed to ensure that it does not unfairly disadvantage IENs.

Our analysis has implications for other TFWs and for workers who are permanent residents. If skilled workers are experiencing underemployment and precarious employment, we can expect less skilled TFWs to be even more vulnerable. Further, the construction of a class of socially marginalized workers is likely to put downward pressure on workplace rights for all Canadian workers. The inability of TFWs to access education and training because of work permit restrictions is also likely to affect employer attitudes toward VET for the domestic workforce. For example, regarding VET learners as “units of production to which VET adds value” is highly problematic (Anderson, Brown and Rushbrook, 2004, p. 237). These concerns are more significant as the economy recovers and Alberta employers again become dependent upon migrant workers.

## References

- Abella, M. (2006). Policies and best practices for management of temporary migration. Paper presented at *International Symposium on International Migration and Development*, Turin, Italy. United Nations Secretariat. Accessed November, 2010 at: [http://www.un.org/esa/population/migration/turin/Symposium\\_Turin\\_files/P03\\_SYMP\\_Abella.pdf](http://www.un.org/esa/population/migration/turin/Symposium_Turin_files/P03_SYMP_Abella.pdf)
- Abu-Laban, Y. (2007). Political science, race, ethnicity, and public policy. In M. Orsini and M. Smith (Eds.), *Critical policy studies*, 137-157. Vancouver: UBC Press.
- Anderson, D., M. Brown, and P. Rushbrook. (2004). Vocational education and training. In G. Foley (Ed.), *Dimensions of adult learning: Adult education and training in a global era*, 234-250. Berkshire: Open University Press.
- Armitage, G. and E. Suter, E. (2010). Evaluation of the introduction of internationally educated nurses to Alberta. Prepared by Health Systems and Workforce Research Unit.
- Canadian Institute for Health Information. (2010). *Regulated Nurses: Canadian Trends, 2005 to 2009*. Ottawa: Author.
- Higginbottom, G. (2010). Experience and transitioning of internationally educated nurses (IENS) into the Alberta healthcare system. Prairie Metropolis Centre, University of Alberta, Working paper series WP10-07.

- Martin, P. (2003). *Managing labor migration: Temporary worker programs for the 21<sup>st</sup> century*. Geneva: International Institute for Labour Studies.
- Murphy, R. (1988). *Social closure: The theory of monopolization and exclusion*. Oxford: Oxford University Press.
- Nakache, D., and P. Kinoshita. (2010). The Canadian Temporary Foreign Worker Program: Do short-term economic needs prevail over human rights concerns? *Institute for Research on Public Policy*, Research Paper No. 5.
- Olin Wright, E. (2009). Understanding class: Towards an integrated approach. *New Left Review* 60, 101-116.
- Parkin, F. (1974). Strategies of social closure in class formation. In F. Parkin (Ed.), *The social analysis of class structure*, 1-18. London: Tavistock.
- Rubenson, K. and F. Beddie. (2004). Policy formation in adult education and training. In G. Foley (ed), *Dimensions of adult learning: Adult education and training in a global era*, 153-166. Berkshire: Open University Press.
- Sharma, N. (2007). Freedom to discriminate: A national state sovereignty and temporary migrant workers in Canada. In G. Yurdakul and Y.M. Bodemann (Eds.), *Citizenship and immigrant incorporation*, 163-183. New York: Palgrave Macmillan.
- Wong, L.T. (1984). Canada's guestworkers: Some comparisons of temporary workers in Europe and North America. *International Migration Review* 18(1), 85-98.

---

<sup>i</sup> The unflattering term “stock” is used to describe the number of workers present on December 1 of a given year. The growth in foreign workers is documented on the Citizenship and Immigration Canada website accessed November 2010 at:

<http://www.cic.gc.ca/english/resources/statistics/facts2009/temporary/10.asp>

<sup>ii</sup> CARNA is the professional and regulatory body for nurses in Alberta, while the Canadian nurses' association (CNA) is a federation of the provincial professional associations and colleges. CNA provides the exam (CRNE) by which all registered nurses, except in Quebec, are tested to ensure they meet an acceptable level of competence before beginning practice. CARNA oversees the assessment and education of provincial applicants and IENs prior to writing the CRNE.

<sup>iii</sup> Mount Royal University is the post-secondary institution that provides the SEC assessment as well as courses for nurses perceived to have gaps.