Assignment 1: Internationally Educated Nurses at Victoria General Hospital - Challenges to Integration and Retention

Ancy cletus Leena, Vicky Gao, Seenia Joyson.

Thompson Rivers University

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Dr. Anila Virani

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Wicked Problem

Internationally Educated Nurses [IENs] make up a significant part of Canada's nursing workforce. Data from the Canadian Institute for Health Information show that 25,656 IENs represented 7.3% of regulated nurses in Canada (Covell et al. 2017)." However, their transition and retention in Canada exemplify a wicked problem because it is shaped by multiple interdependent systems and perspectives that resist straightforward solutions. Regulatory bodies focus on public safety, health organizations emphasize staffing and patient care, policy makers weigh immigration and workforce planning, while IENs themselves navigate licensing, settlement, and career development. These overlapping priorities often create tensions that no single intervention can resolve. Barriers such as licensing delays, costly and lengthy credentialing, and inconsistent integration policies are reinforced by institutional processes that move slowly and vary across provinces. At the organizational level, limited settlement support, undervaluation of prior experience, workplace discrimination, and uncertain career prospects hinder IENs' adaptation, satisfaction, and retention.Together, these factors illustrate the wicked nature of the issue: addressing one challenge frequently exposes others, making sustained solutions dependent on coordinated, systemic, and relational approaches rather than narrow, technical fixes (Healthcare Excellence Canada, 2024).

Population

This wicked problem directly impacts the Island Health Authority, with particular focus on Victoria General Hospital [VGH], where IENs make up a significant portion of the workforce. While specific demographic characteristics vary, IENs at VGH represent diverse cultural and educational backgrounds, contributing valuable expertise to the health system. The problem affects both staff and patients: weak integration and poor retention of IENs contribute to a shortage of nurses, making it difficult to maintain the minimum nurse-patient ratios required for safe, quality care. As a result, existing nurses face heavier workloads, increased stress, and higher risk of burnout, while patients may experience delays, reduced continuity of care, and compromised safety. These staffing shortages are not new; Island Health hospitals, including VGH, have been experiencing chronic gaps that have even led to operating room closures and postponed surgeries due to insufficient nurses (Capital Daily, 2023).

Context

VGH is one of the busiest acute care centers on Vancouver Island, serving as the referral site for neurosurgery, trauma, and specialized services for Greater Victoria, northern Vancouver Island, and the Gulf Islands. Each year it treats more than 117,000 patients, creating constant service pressures and staffing shortages (Victoria Hospitals Foundation, n.d.). Culturally, VGH serves a diverse population, and IENs are essential in sustaining the workforce by bringing

global expertise and cultural perspectives, though many face challenges adapting to Canadian workplace norms and communication styles (Njie-Mokonya, 2016). Institutionally, Island Health supports IENs through weekly learning plans and competency evaluation tools aligned with the British Columbia College of Nurses and Midwives [BCCNM] standards. At the policy level, IEN integration is shaped by BCCNM licensing, provincial workforce strategies, and federal immigration policies; nationally, IENs comprise 7.3% of regulated nurses, yet sustainable retention strategies remain limited (Covell et al., 2017).

Many IENs report licensure as the primary barrier, citing lengthy, costly, and opaque processes that can take years to complete (Hall et al., 2015). The Province provides IENs with financial support for BCCNM registration via fee waivers and bursaries (BCCNM, n.d.). However, strict eligibility rules, limited flexibility, and conditional reimbursements can create systemic barriers that delay or discourage integration. Also, there was minimal recruitment support in the past, with most relying on family or friends rather than formal incentives, while fragmented provincial requirements and inconsistent information further delayed workforce entry (Hall et al., 2015). These challenges are magnified by organizational cost-cutting measures, staffing shortages, and heavy workloads in VIHA (Holmes, 2025), which limit investment in IEN integration support.

Table 1 outlines the main resources available to support IENs at VGH and the constraints that limit their effectiveness.

Table 1: *Resources and Constraints for IEN Integration at VGH*

Resources (Docherty, Frost, & Pentney, 2023)	**Constraints**
The Transitional Practice Experience [TPE]: VGH provides supervised hours and structured oversight to ensure that IENs meet practical competency and patient safety standards.	While safeguarding clinical practice, TPE overlooks cultural and relational dimensions of integration.
Preceptors and mentors: Experienced staff nurses support IENs in developing competence, reasoning, and confidence .	Mentorship quality is inconsistent; mentors may lack cultural humility or training in IEN-specific challenges.
Learning plans and competency evaluation: Tools support IENs during orientation by tracking goals, successes, and feedback; aligned with regulatory standards for consistent evaluation.	Paper-based tools are lengthy and impractical in high-acuity settings, limiting timely use and feedback.

Solution 1: Hybrid Integration Framework   *Student: Vicky Gao*

The current implementation of the TPE at VGH emphasizes practical competencies through 250 supervised hours, regulatory examinations, and oversight comparable to that of a new hire (Docherty, Frost, & Pentney, 2023). While this safeguards patient safety, it gives limited attention to the cultural and relational dimensions of practice. Research shows that unaddressed culture shock undermines IENs' academic and performance (Asal et al., 2024) creating barriers in their integration and retention.

An Integration Framework can be developed to complement technical evaluation with cultural support. Central to this framework are culture exchange workshops, recognizing that culture shock is experienced by both IENs and native nurses. These workshops would create structured opportunities to share perspectives, clarify expectations, and strengthen collaboration. The framework would also incorporate bias-free evaluation training, ensuring assessments focus on competence rather than communication style, and structured feedback loops with mid-TPE evaluations and self-reflections to reduce "all-or-nothing" pressure. Peer support networks would provide mentorship and consultation, while facilitating in resolution of conflict issues.

By embedding these cultural and relational supports within the TPE structure, VGH can foster smoother transitions, higher engagement, and stronger retention of internationally educated nurses.

Solution 2: Training for Mentors   *Student: Seenia Joyson*

Training mentors for IENs emphasizes cultural humility, clear communication, and awareness of their unique challenges. Evidence supports the value of structured mentor training in strengthening both workforce integration and retention. A quasi-experimental study found that after completing a mentorship competencies training program, nurse mentors significantly improved their knowledge, skills, and ability to support mentees (Hagrass et al., 2023). Similarly, a formal mentorship program evaluated in a U.S. study demonstrated that mentees felt more supported in their transition and were more likely to remain in nursing, directly linking mentorship to retention (Farah et al., 2022). Structured mentoring also increases job satisfaction, fosters belonging, and reduces stress and anxiety in new nurses, all of which contribute to higher retention (Gill-Bonanca, 2019).

Key topics in mentor training include communication, active listening, constructive feedback, simulation, navigating professional differences, workplace norms, supporting the IEN experience, emotional support, goal setting, and advocacy. The Canadian Association of Schools of Nursing [CASN] offers a comprehensive IEN Mentorship Program with workshops covering areas such as preceptor roles, goal setting, teaching strategies, clinical reasoning, feedback, understanding the IEN experience, conflict management, and equity, diversity, inclusion, and cultural safety (CASN, 2024).

**Solution 3: Digital Evaluation Tools**   *Student: Ancy cletus Leena*

At VGH, IENs are currently supported through paper-based learning plans and competency evaluation tools that track orientation goals, successes, and feedback. While these tools are aligned with regulatory standards, they are difficult to complete in a busy acute care setting where IENs often work long and demanding shifts. Research shows that digital tools can save nurses valuable time; (Volkan et al., 2024) found that digitized forms reduced documentation time by up to 13%, while (Hemesath et al. 2023) demonstrated that app-based forms were three times faster than paper documentation. This evidence suggests that lengthy paper evaluations may not only be inefficient but also limit the meaningful reflection and feedback that IENs need during their transition.

Transforming these evaluations into a simple mobile-app format would allow IENs to quickly record reflections at the end of each shift and automatically generate weekly summaries for educators. Such a tool would reduce administrative burden, make feedback more timely, and ensure educators can provide individualized support. Importantly, digital platforms have also been shown to improve engagement and retention by creating more personalized and efficient support systems (Madanchian et al., 2024). Compared to paper-based forms, a digital evaluation tool is not only easier to use but also strengthens the feedback loop, helps IENs feel valued, and increases the likelihood that they remain with Island Health long term.

As shown in Figure 1, the proposed pathway outlines key steps from hiring to retention of IENs.

Figure 1*: Proposed Pathway for IEN Integration and Retention at VGH*
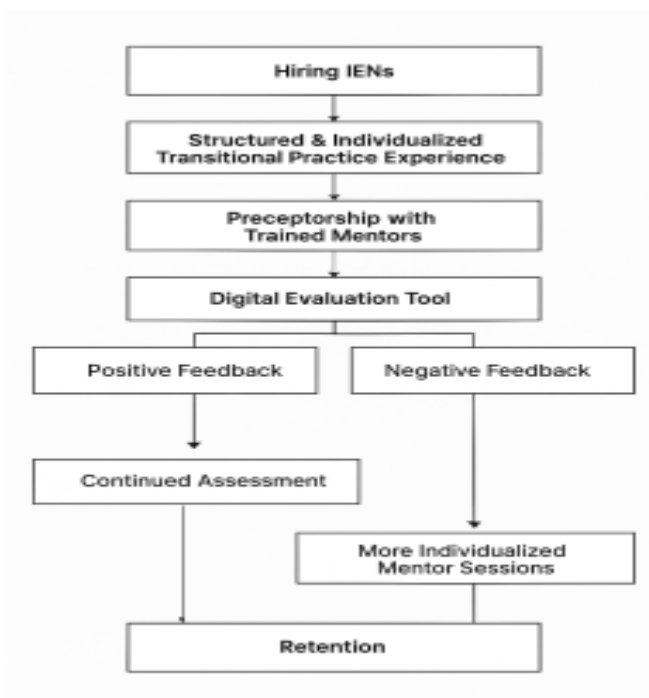
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