

**Video Transcription of systems thinking approach to Internationally Educated Nurse integration and retention at Victoria General Hospital.**

1. Title (0:00-0:20)
2. Land Acknowledgement and Population (0:20-0:40)
3. Objectives (00:40-1:00)
4. Description of the problem (1:00-2:00)
5. Systemic Barriers (2:00-3:30)
6. Scenario, 1 (2:30-03:00)
7. Interrelationship (03:00-05:00)
  - a. Interrelationship Systemic view
  - b. Interrelationship (Stakeholder Map)
  - c. Interrelationship Loops
  - d. Interrelationship (Multiple Interdependencies)
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9. Perspectives of Stakeholders (05:00-07:00)
10. Boundary (07:00-09:00)
11. Summary (09:00-10:00)

Topic	Content	Time Frame
Slide 1: Title	<p>“Good [morning/afternoon]. Our presentation is titled IPB Analysis of a Wicked Problem: A Systems Thinking Approach to Internationally Educated Nurse Integration and Retention at Victoria General Hospital.</p> <p>We chose this issue because it is a pressing challenge in Canadian healthcare, especially at VGH where staffing shortages and retention affect both nurses and patients. Throughout this presentation, we will use the IPB framework, Interrelationships, Perspectives, and Boundaries- to unpack this wicked problem.</p> <p>Transition: “Before beginning, I want to acknowledge the land on which this work takes place.”</p>	20 Seconds (0:00-0:20)
Slide 2 – Land Acknowledgment	<p>“I respectfully acknowledge that Victoria General Hospital is located on the unceded traditional territory of the ləkʷəŋən Peoples, represented by the Songhees and Esquimalt Nations. I honor their stewardship of this land and recognize their continued connection to it. This acknowledgment reminds us that our work on IEN integration and retention takes place within a broader community context.”</p> <p>Transition: “With this grounding, let me share the objectives of this analysis.”</p>	20 seconds (0:20-0:40)
Slide 3 – Objectives	<p>Our objectives are to apply a systems thinking lens to this wicked problem. Specifically, we want to show how different parts of the system connect, explore how multiple stakeholders view the issue, and examine how drawing boundaries changes the solutions we might consider. These objectives guide the analysis you’ll see in the coming slides.</p>	20 seconds (00:40-1:00)
Slide 4 – Description of the Problem	<p>To start, let’s define the problem. Internationally Educated Nurses, or IENs, are essential to Canada’s healthcare system. They make up about 9% of the workforce and help alleviate nursing shortages, improve patient safety, and sustain care delivery. However, their transition is challenging. They face cultural and educational differences, difficulties with recognition of prior experience, and adjustment to Canadian practice standards. This creates stress for IENs and contributes to workforce instability (Hernandez et al., 2024).</p> <p>Transition: “Let’s look more closely at the systemic barriers IENs encounter.”</p>	1 minute (1:00-2:00)
Slide 5 Systemic Barriers	<p>IENs face multiple systemic barriers. Language and communication differences, workplace culture shock, and experiences of racism and bias affect their integration. Licensing and</p>	30 seconds (2:00-3:30)

	credentialing are lengthy and costly, delaying employment. Orientation and support programs are often limited, and high workloads combined with limited career advancement contribute to burnout. These systemic barriers create a fragile environment for IEN retention. Transition: “To unpack this wicked problem, let’s shift into systems thinking, starting with interrelationships.”	
Slide 6: Introduction to IPB	<p>Scenario, 1</p> <p>Ancy (CNE): Seenia, I just wanted to check in- how are things going with TP (Transitional Practice) for the new IENs?</p> <p>Seenia: (sighs) Sorry... I’m overwhelmed. As an IEN, I struggled with all the barriers of licensing, bridging problems, language and finally fitting in. Now with a heavy patient load, I also have to train new IENs- its exhausting.</p> <p>Ancy: I hear you. That’s a real challenge- and you’re not alone.</p> <p>Vicky: Hey girls, I couldn’t help overhearing. As a clinical nurse leader, I see the other side. We’re desperate to fill staffing gaps, and when we recruit IENs, integration is never easy. Managers and CNLs are constantly struggling to keep the system moving.</p> <p>Ancy: Exactly-and those perspectives show just how complex this issue is.</p> <p>Transition: What you just heard is not three separate stories, but one interconnected reality. The IEN, her colleagues, and leadership are all shaping and being shaped by each other’s experiences. This is exactly what Williams (2015) describes as interrelationships within a system</p>	30 seconds (2:30-03:00)
Slide 7-11 Interrelationship	<p><b>Interrelationship (Systemic View)</b></p> <p>“So, let’s look at how we can assess these interrelationships systematically. Williams (2015) offers six guiding questions that help us map out who is involved, how they connect, and what consequences emerge over time.”</p> <p><i>Transition:</i> “Let’s apply these questions directly to the IEN context.”</p> <p><b>Slide 8 – Interrelationship (Stakeholder Map)</b></p> <p>“In this map, we see the IEN at the center, connected to key stakeholders. Canadian-trained nurses have collaborative but sometimes conflicted relationships due to culture clashes (Ogilvie et al., 2007). Managers’ support may be slow or inconsistent, shaping adaptation (Covell, 2015). Policymakers often act as gatekeepers through bureaucratic processes (Chiu et al., 2025). Educators and mentors provide trust and cultural understanding, creating strong support (Ronaldson et al., 2017). Patients rely directly on IENs, and their outcomes reflect</p>	2 minutes (03:00-05:00)

	<p>the quality of integration (Covell, Neiterman, &amp; Bourgeault, 2016). Together, these relationships define the system IENs navigate.”</p> <p><i>Transition:</i> “Over time, these interrelationships create patterns-some vicious cycles and some stabilizing loops.”</p> <p><b>Slide 9 – Interrelationship Loops</b></p> <p>“Here we see two loops. The reinforcing loop is a vicious cycle-poor integration leads to turnover, staffing shortages, heavier workloads, and even less support for IENs, which further worsens integration (Covell, 2015). On the other side, the balancing loop shows a stabilizing cycle-individualized learning plans, mentorship, and orientation build competence, leading to retention, stability, and ongoing support (Nowell et al., 2017; Noble &amp; Smith, 2023). These loops highlight how the system can spiral negatively or positively depending on intervention.”</p> <p><i>Transition:</i> “We can also look at these interdependencies more closely.”</p> <p><b>Slide 10&amp;11: – Interrelationship (Multiple Interdependencies)</b></p> <p>Now let’s look at interdependencies.</p> <p>In our scenario, Senia is a staff nurse managing patients while precepting a new IEN. Precepting takes extra time and support, adding to workload stress.</p> <p>This affects both nurses-Senia feels exhausted, and the IEN feels unsupported.</p> <p>Think about similar connections in your workplace and reflect on how they influence teamwork</p>	
<p>Slide 12 Perspectives of Stakeholders</p>	<p><b><i>Perspectives of Stakeholders</i></b></p> <p>“The integration and retention of Internationally Educated Nurses, or IENs, remains one of the most pressing and complex challenges within Canada’s healthcare system. The ongoing nursing shortage has intensified demand for skilled professionals, and IENs represent a highly qualified yet often underutilized workforce (Bourgeault, 2021; N4, 2023).</p> <ul style="list-style-type: none"> <li>• Systemic barriers, including lengthy licensure timelines, limited bridging programs, and workplace cultural and communication challenges, prevent many IENs from fully contributing to the profession (McMaster University, 2023).</li> </ul>	<p>2 minutes (05:00-07:00)</p>

	<p>These obstacles lead to high attrition and underemployment despite IENs' essential contributions, particularly during crises such as the COVID-19 pandemic (Health Canada, 2022).</p> <p>Overall, inconsistent provincial policies and the absence of a coordinated national framework have made integration fragmented and inequitable (N4, 2025).</p> <ul style="list-style-type: none"> <li>• Different stakeholders view this issue through distinct lenses.</li> </ul> <p>From the IEN perspective, nurses describe credentialing as complex, expensive, and emotionally draining. Many encounter discrimination, limited recognition of prior expertise, and the stress of adapting to new cultural and clinical norms (Cruz et al., 2025; N4, 2023; Health Canada, 2024).</p> <p>Canadian-trained nurses are generally supportive but cautious-valuing IENs' experience while noting gaps in documentation, communication, and role clarity. Structured orientation and mutual respect are key to successful collaboration (Longwoods, 2023; Longwoods, 2025).</p> <p>From the health-system and leadership perspectives, IENs are vital to workforce sustainability. They enhance culturally responsive care but remain underutilized because integration programs and mentorship supports are inconsistent (CFNU, 2022; CARE Centre for IENs, 2022; Cruz et al., 2025; McMaster University, 2023).</p> <p>Finally, governments and regulators are working to streamline licensure and develop ethical recruitment and pan-Canadian mobility frameworks, yet implementation remains uneven (Health Canada, 2024; Healthcare Excellence Canada, 2021; WHO, 2020).</p> <p>In summary, the IEN integration problem reflects interconnected policy, organizational, and social barriers that require coordinated, system-level solutions to ensure a stable and inclusive nursing workforce."</p>	
Slide 13-16 Boundary	<p><b>Boundaries</b></p> <ul style="list-style-type: none"> <li>• In systems thinking, no single task can ever be fully holistic.</li> </ul> <p>As Williams (2015) explains, every endeavor must include what is relevant and beneficial and exclude what is not, by setting clear boundaries.</p> <p>For this wicked problem, we examine how boundaries shape the integration and retention of internationally educated nurses, or IENs, at Victoria General Hospital using a '5-4-3 framework': five key dimensions, four structural types, and three major consequences.</p> <ul style="list-style-type: none"> <li>• The five dimensions described by Williams (2015) appear clearly at VGH.</li> </ul>	2 minutes (07:00-09:00)

	<p>At the provincial level, what counts as valuable often differs from what matters on the unit, creating misalignment.</p> <p>Measurement boundaries favor what can be easily counted, such as exam results, while overlooking belonging and teamwork.</p> <p>Decision-making boundaries often exclude IEN voices.</p> <p>Expertise boundaries elevate Canadian training and undervalue international knowledge.</p> <ul style="list-style-type: none"> <li>• Legitimacy boundaries define whose worldview is credible, leaving IENs at risk of marginalization.</li> </ul> <p>Each of these choices directly affects whether IENs feel integrated and choose to stay.</p> <p>These dimensions align with the four structural types of boundaries identified by TRU (n.d.).</p> <ul style="list-style-type: none"> <li>• Temporal boundaries include completing 250 TPE hours within one year.</li> </ul> <p>Spatial boundaries limit IENs to supervised units while on provisional status.</p> <p>Process boundaries divide responsibilities-BCCNM (n.d.) grants licenses, Island Health (2023) provides practice sites, and supervisors submit evaluations.</p> <p>Hierarchical boundaries span provincial, regional, and local systems, enabling entry but also constraining retention.</p> <ul style="list-style-type: none"> <li>• Finally, boundary choices have three consequences-ethical, political, and practical (Williams, 2015).</li> </ul> <p><i><b>Ethically</b></i>, excluding IEN voices devalues their expertise.</p> <p><i><b>Politically</b></i>, legitimacy weakens when regulators and employers dominate decision-making.</p> <p><i><b>Practically</b></i>, retention suffers when nurses feel marginalized.</p> <ul style="list-style-type: none"> <li>• Boundaries are not fixed; as Williams and van't Hof (2014) remind us, they must be revisited.</li> </ul> <p><b>Slide 16:</b></p> <p>Scenario 2, Hi everyone, look at this slide and play this short scenario in your mind.</p> <p>The nurse in the center - let's call him Ram- came from India. He had ICU experience but waited three years in Canada to get his license.</p> <p>On his first orientation shift, he asked his preceptor, 'What is Tylenol?' The nurse was surprised - but in India, Tylenol is called paracetamol.</p> <p>William didn't lack knowledge; he just needed support to learn Canadian medical terms and system differences.</p> <p>What he really needed was mentoring and precepting, not judgment.</p>	
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	<p>So as you reflect on this scenario, think about these boundary questions:</p> <p>What limits solving the issue?</p> <p>Who is being excluded or marginalized?</p> <p>What restrictions add complexity?</p> <p>And what could make a difference?</p>	
Slide 17 Summary	<p><b>Summary</b></p> <p>The integration and retention of internationally educated nurses can be better understood through the IPB framework.</p> <p>Interrelationships show how IENs, colleagues, managers, mentors, and policymakers are all connected within one system. Weak integration leads to turnover and shortages, while strong mentorship promotes stability and retention.</p> <p>Perspectives reveal differing viewpoints-IENs emphasize systemic bias and underutilized skills, while leaders and regulators focus on workforce inclusion and safety. These diverse perspectives shape which solutions are prioritized.</p> <p>Boundaries define what is included or excluded in decision-making. At Victoria General Hospital, these appear through regulations, hierarchies, and institutional processes that influence whether IENs feel valued and remain in practice.</p> <p>Together, these connections remind us that IEN integration is not a single staffing issue but a dynamic, evolving system.</p>	1 minute (09:00-10:00)

### References

BCCNM. (n.d.). British Columbia College of Nurses and Midwives. <https://www.bccnm.ca>

Bourgeault, I. L. (2021). Vulnerabilities in the nursing workforce in Canada: The anatomy and physiology of nursing workforce challenges and potential solutions for better planning, policy, and management. *Canadian Journal of Nursing Leadership*, 34(4), 11–18. <https://doi.org/10.12927/cjnl.2021.26694>

Canadian Federation of Nurses Unions (CFNU). (2022). *Sustaining nursing in Canada: A call to action*. [https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report\\_-Sustaining-Nursing-in-Canada2022\\_web.pdf](https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-Canada2022_web.pdf)

CARE Centre for Internationally Educated Nurses. (2022). *Transition of internationally educated nurses into practice*. <https://care4nurses.org/wp-content/uploads/2022/01/Transition-of-Internationally-Educated-Nurses-into-Practice.pdf>

Chiu, M., Edge, D. S., Bourgeault, I. L., & Baumann, A. (2025). Licensure pathways for internationally educated nurses: Regulatory barriers and enablers. *Journal of Professional Nursing*, 41(2), 145–154. DOI:10.1016/j.jnr.2025.06.004

Covell, C. L., Neiterman, E., & Bourgeault, I. L. (2014). A Scoping Review of the Literature on Internationally Educated Nurses in Canada: Mapping a Research Agenda, 46(3):26-45. doi: 10.1177/084456211404600303. PMID: 29509484.

Cruz, E. V., Tay, J., Bradley, P., & Baxter, C. (2025). Supporting internationally educated nurses through effective preceptorship programs. *Journal of the Society of Internationally Educated Nurses*. <https://journals.macewan.ca/jsien/article/view/2947>

Grewatsch, S., Kennedy, S., & Bansal, P. T. (2021). Tackling wicked problems in strategic management with systems thinking. *Strategic Organization*, 21(3), 721–732. <https://doi.org/10.1177/14761270211038635>

Health Canada. (2024). Supporting internationally educated nurses joining the Canadian health workforce. *Government of Canada*. <https://www.canada.ca/en/health-canada/news/2024/03/supporting-internationally-educated-nurses-joining-the-canadian-health-workforce.html>

Healthcare Excellence Canada. (2021). Policy considerations for the retention of internationally educated health workers.

<https://healthcareexcellence.ca/media/juahojey/policyconsiderationsiehwc-en-final.pdf>

Hernandez, L. E., Nguyen, T., & Chan, R. J. (2024). Transitioning experiences of internationally educated nurses in host countries: A narrative systematic review. *Heliyon*, 10(5), e27841. <https://doi.org/10.1016/j.heliyon.2024.e27841>

Huynh, V. T., Kim, S., Yang, H.-J., & Kim, S.-H. (2025). Multilevel spatial–temporal feature analysis for generic event boundary detection in videos. *Computer Vision and Image Understanding*, 259, 104429. <https://doi.org/10.1016/j.cviu.2025.104429>

Island Health. (2023). Island Health annual report (need Employee sign in to open). <https://www.islandhealth.ca>

Termeer, C. J., Dewulf, A., & Biesbroek, R. (2019). A critical assessment of the wicked problem concept: Relevance and usefulness for Policy Science and Practice. *Policy and Society*, 38(2), 167–179. <https://doi.org/10.1080/14494035.2019.1617971>

Leonida, M. (2024). Front-liners on the Sidelines: The credential recognition experiences of Filipino internationally educated nurses (IENs) in Victoria, British Columbia. <https://dspace.library.uvic.ca/server/api/core/bitstreams/21790b80-fae8-43ad-b737-c1314ad9049d/content>

Longwoods. (2023). Commentary – Transition of Internationally Educated Nurses into Practice.

<https://www.longwoods.com/content/26689>

Longwoods. (2025). From recruitment to retention: Evaluating the experiences of internationally educated nurses.

<https://www.longwoods.com/content/27075>

McMaster University. (2023). Strategic practices for hiring, integrating and retaining internationally educated nurses: Employment manual. *Health and Social Work Consortium*. <https://hswc.mcmaster.ca/app/uploads/2024/11/Strategic-Practices-for-Hiring-Integrating-and-Retaining-IENs-Employment-Manual-2023-01H.pdf>

National Newcomer Navigation Network (N4). (2023). IEN recommendation report. <https://www.newcomernavigation.ca/en/our-tools/ien-recommendation-report.aspx>

Noble, H., & Smith, J. (2023). Nurse mentoring: A scoping review. *Journal of Nursing Management*, 31(5), 1032–1045.  
<https://doi.org/10.1111/jonm.13762>

Nowell, L., Norris, J. M., Mrklas, K., & White, D. E. (2017). Mixed methods systematic review exploring mentorship outcomes in nursing. *Journal of Advanced Nursing*, 73(3), 527–544. <https://doi.org/10.1111/jan.13152>

Ogilvie, L., Mill, J., Astle, B., Fanning, A., & Opare, M. (2007). The exodus of health professionals from sub-Saharan Africa: Balancing human rights and social justice. *Nurs Inq*, 14(2):114-24.. doi: 10.1111/j.1440-1800.2007.00358.x. PMID: 17518823.

Thompson Rivers University (TRU). (n.d.). Systems thinking and boundaries framework. Thompson Rivers University Learning Resources.

Williams, B. (2015). Prosaic or profound? The adoption of systems ideas by impact evaluation. *IDS Bulletin*, 46(1), 7–16.

<https://doi.org/10.1111/1759-5436.12117>

World Health Organization (WHO). (2020). WHO global code of practice on the international recruitment of health personnel.

<https://www.who.int/publications/i/item/who-global-code-of-practice-on-the-international-recruitment-of-health-personnel>