Expensive Imports: Temporary Foreign Workers in Nursing

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To explore how the TFW program works in practice, focusing on credential assessment, registration and training.

Purpose of Study

Two occupational groups: nurses and trades workers
Number of TFWs in Alberta jumped from 11,386 to 65,748 between 2003 and 2009 (CIC, 2010).

2009-2012 projections show a decrease in the number of Canadian immigrants coming through skilled worker program and increase in the number coming through provincial nominee program (Townsend, 2010).

Variation between provinces in use of PNP: Manitoba uses it for population growth, and Alberta for occupational shortages (Li, 2010).
Prior to restructuring, the Capital Health authority undertook recruitment drives in Australia, India, the UK and the Philippines to address regional nursing workforce deficits, resulting in 800 contingent job offers.

The first cohort of ten nurses arrived in Edmonton in early 2008 with others arriving in the subsequent 18 months.
Social closure is the process by which groups seek to maximize rewards by restricting access to rewards and opportunities to a “limited circle” (Parkin 1974, 4).

NEIAP/TFWP was originally to address problem of public resistance to permanent immigration by creating a subordinate class of “temporary” workers without the rights of permanent residents (Sharma 2007).

“Temporary foreign workers have become a pervasive feature of the Canadian labour market” (Nakache and Kinoshita 2010, 41).
Labour market issues arising from the growth in TFWs include how the program impacts the domestic labour market (Ruhs 2002) and whether it affects worker rights and existing labour standards (AFL 2007).

Foreign workers are often socially isolated due to lack of access to settlement services, language and cultural barriers, and dependency on employers (Pastor and Alva 2004).
How does the Alberta TFW program work for nurses?

How does the recruitment process work?

How are workers’ qualifications assessed?

Is training provided for these workers to gain Canadian certification?

How do economic changes impact the experiences of TFWs?
Nursing case:

Semi-structured interviews with 29 representatives from:
- Alberta Health Services (1)
- hospitals (3)
- unions (5)
- immigrant-serving agencies (2)
- licensing bodies/associations (3)
- education providers (3)
- workers (12).

Informal discussions with provincial and federal government representatives.
Themes:

Citizenship Closure

Credential Closure

Strategies of Solidarity

Analysis
“Unless authorized, prohibited from attending any educational institution or taking any academic or professional training course. Not authorized to work in any occupation other than that stated. Not authorized to work for any employer other than that stated. Not authorized to work in any location other than that stated. Must leave by [date].”

(Work Permit of TFW nurse)

Avenues of permanent residency closed to TFWs, despite widespread desire among nurses and promises from recruiters and employer.

Restricted mobility rights increased economic vulnerability and social isolation.
Recognition of credentials problematic, leading to a lengthy process and frustration.

UK credentials more likely to be accepted than other source countries.

High level of frustration with Canadian Registered Nursing Exam (CRNE).

"It seemed to me the ones that came over from UK all got to work as registered nurses. The majority of the ones I met that came from Philippines came as LPNs” (Unit Manager)
“[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.” (LPN)

Workers’ response to situation varied. Most remained silent for fear of repercussions.

Few signs of collective response. Achievement of permanent status due to individualized advocacy

**Strategies of Solidarity**
Conclusion

TFWP not well-suited to address structural labour shortages in health care.

Need for greater transparency and clarity in recruitment process and communication among stakeholders.

RN credential process should be reviewed for cultural bias.
References:


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