Health Information without Borders: Foreign-Trained Health Professionals and Labor Market Integration

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ABSTRACT

Foreign-trained health professionals (doctors, nurses, physical therapists, and others) arrive in the US and Canada every year to find a professional environment that is often unwelcoming and complex. In this work-in-progress poster we explore the experiences and information behavior of these professionals as they search for health- and career-related information to integrate into their new professional environments. Results from this research can in the future support the design of information resources and services to better serve foreign-trained health professionals.

Keywords

Foreign-trained health professionals, Information-seeking behavior, multilingual searching, collaborative information behavior, labor market integration.

INTRODUCTION

Immigration plays a key role in the workforce and economic development of many countries. This process is usually beneficial to both parties and facilitated by the creation of immigration policies and the promotion of access to labor market.

Some professions are facing a higher demand for professionals than others. In countries such as Canada and the United States, the demand for health professionals has increased in the last decades, due in part to the ageing of population. Indeed, more than one-third of physicians in Canada and the United States (32 and 34%, respectively) are over the age of 55 years, and are expected to retire over the next 10 years (OECD, 2013).

The purpose of this study is to examine how foreign-trained (also known as internationally-educated) health professionals seek, use, and share health- and career-related information as they attempt to integrate the labor market in their new country. Despite demonstrated credentials, a large knowledge base, and a command of foreign language(s), foreign-trained health professionals in the USA and Canada face numerous challenges when trying to gain work as health professionals after immigrating. The certification process is usually long and costly, and more often than not, these individuals have to rely on survival jobs or else find permanent work outside their main sector of activity (Adams, 2007; Reitz, 2001, 2005).

Even with initiatives and policies by the Canadian and American governments to promote integration of these professionals in the labor market, their path to information about the North American healthcare systems, professional recognition and inclusion in the labor market remains largely understudied in Information Studies. Elsewhere, it has been documented that foreign-trained health professionals continue to struggle even after decades living in their new countries. According to Girard (2010), “those who worked in health or education, two fields that have high proportions of regulated occupations, were less likely to find employment in their field than those who worked in sales and service, clerical work, manufacturing, and management, even 10 years after settlement (taking into account enrolment and completion of an educational program in a local institution)” (p.48).

In this study, we seek to understand the nature of information in foreign-trained health professionals’ lives and their experiences with integrating the labor market. Understanding how these professionals look for, use, and share information can help us design information resources and services that enable effective and efficient navigation of these professionals’ information environments (new and old).
While many formal and informal sources of information exist on the regulation of health-related professions (e.g., government, settlement sector, health-related associations), we focus on two sources: 1) selected foreign-trained health professionals’ own experiences (as captured in interviews) and views about their interactions with information in their new environments; and 2) postings on selected online forums that deal with health professionals (especially foreign-trained ones) and employment/employability. In doing so, we set out to learn about the methods, tools, and patterns of these individuals’ information seeking through both in-depth, semi-structured interviews that included a critical incident report of a recent information-seeking episode. As well, we examine the “work” that online forums accomplish around employment-seeking/sharing by foreign-trained health professionals in the USA and Canada. In other words, what functions do these virtual spaces support (informational, emotional, instrumental, phatic, etc.) and how is information shared (e.g., sharing stories, linking to/reposting resources, contextualizing, critiquing, pre-migration vs. post-migration information seeking).

RELATED RESEARCH
The information practice of newcomers and longer established immigrants is associated with specific needs and attitudes toward resources, institutions, or technologies (Caidi & Allard, 2005). Their information behavior varies based on their immigrant class, their literacy skills and technology experience, and their settlement stage (Caidi & Allard, 2005).

The literature identifies multiple barriers that prevent immigrants from finding information during their settlement process, among them social barriers and structural barriers (Caidi, Allard & Quirke, 2010). Social barriers manifest as social isolation, difference of cultural values, and communication problems; and structural barriers include language proficiency and understanding how the system works.

As a result, a newcomer will usually tend to rely on information from family and friends or close ties as part of their familiar environment (Cortinois, 2008:53). Immigrants also usually rely on “gatekeepers” within the community (Metoyer-Duran, 1993), as well as in the social media as a bond between trustable information from their home country (sometimes in their language) and this unfamiliar information environment in the adopted country. This transnational information sharing has become more common with the popularization of Internet, social media and forums, acting as an essential exchange of information about settlement, health, family and profession.

Studies of immigrant health information seeking explored patient behavior (for example, Courtright, 2005; Wu, Penning & Schimmele, 2005) but not the information needs and practices of immigrating health professionals. We intend to fill this gap to understand the types of information needed, sources and methods used to find this information, and the challenges faced by immigrant health professionals in North America.

METHODOLOGY
In order to gain a rich understanding of foreign-trained health professionals’ interactions with information in their new environments, we designed a mixed methods study combining content analysis of online forum postings, and semi-structured interviews with foreign-trained health professionals. These two methods complemented one another by providing both an analysis of directly-observed user behavior in the form of discussion forum postings as well as self-reports of information behavior and motivations from the subjects themselves.

In the first phase of the study, we analyzed messages posted on online discussion forums to explore the interaction among foreign-trained health professionals on these forums. We selected five online forums where discussions about health-related employment questions occurred (AllNurses and Trackitt in the USA; and Canadian Desi, LoonLounge, and CanadianVisa in Canada). These spaces elicited rich and varied datasets. We used a thematic analysis of the content conducted through an iterative process. Our aim was to determine the nature of the interactions on these sites, including the types of questions asked and the timeframe, the themes discussed, the nature of the exchanges, the language(s) used, and the links to any outside information sources.

In order to understand the complex motivations and information behaviors of foreign-trained health professionals, we also conducted deep, semi-structured interviews. The interview guide addressed the following topics:

1. Demographics: In addition to basic demographic information, we also explored participants’ cultural and language backgrounds and professional training and experience.
2. General web use and web information seeking.
3. Health- and career-related information seeking general patterns.
4. Specific health-related information seeking episode.

When analyzing the data, we used iterative inductive coding of the interview transcripts to identify themes in the data. We were especially interested in identifying typical behaviors and practices among our participants and understanding the challenges they face in a new environment. Results from the two phases were combined to inform one another and create a more complete picture of foreign-trained health professionals’ information behaviors. In this poster we report results of a preliminary data collection and analysis.
PRELIMINARY RESULTS
Our content analysis of the online forums show evidence of the interactions that occur in such spaces around issues that matter most to foreign-trained health professionals (e.g., certification, employability, and other credential-related matters). We noted a variety of interactions taking place in these forums. Participants in our preliminary analysis mostly focused on these areas of interaction:

1. Emotional content: Users expressed frustration and concern about their own experience and about the state of the healthcare system. Comments and responses often voiced support and encouragement and in some cases posters showed relief at their own situation.

2. Description of personal experience: Many participants described their personal experience in terms of both their professional experience and personal impressions, such as themes of vulnerability or concerns about sharing personal data. Participants shared both similar and differing experiences.

3. Description of professional practice: Many posters described the state of current practice in North America in the health profession, such as certification and recertification processes and job search tactics.

4. Advice: many posters asked for and shared very specific advice including: asking for guidance and clarification about the North American system, sharing of experiences and stories as suggestions, and providing specific guidance.

5. Communication functions: Some of the posts served purely communication management functions, such as the verification of information, expressing gratitude, or discussing the norms of behavior on the forum.

As per Chien (2005), the online forums seem to have both informing and involving functions (see also Lievrouw, 1994). While some of the content focused on asking for and providing factual information, there were strong emotions involved in the discussions.

Further, the findings from the initial interviews showed that navigating a foreign information ecology in a new country creates many challenges for immigrants, even for highly educated professionals, like the participants in our study. While medical professionals may be trained and practiced in looking for health- and career-related information in their originating country, they are faced with an intimidating mix of unfamiliar healthcare system, terminology, information sources, and information-seeking practices. Buried under layers of challenges is the fact that these highly educated immigrants will now have to search for information in English, which is often a second or foreign language for them. While high levels of domain knowledge have been shown to mitigate language-based difficulties in second-and foreign-language searching (Kralisch & Berendt, 2005), this still remains a problem for foreign-trained health professionals.

The interviews also unraveled the psychological element at work, specifically the identity work that takes place as these successful professionals (in their home country) are met with suspicion, reserve or indifference. The blow to the self-esteem coupled with the necessity to provide for their families in the first months (or years) after arrival—and until certification— in what amounts to survival jobs triggers specific needs for information-as-support as a means to deal with their situation.

DISCUSSION AND IMPLICATIONS
In an era of global migration, recruiting and retaining highly qualified professionals is critical. Moreover, much information is now available before one migrates to the new country. Yet, when it comes to culturally-situated information literacy (e.g., searching in a different language or familiarizing oneself with a different healthcare system or information landscape and infrastructure), we still know relatively little. What we do know from the interviews (and corroborated by literature on gatekeepers and lay health information intermediaries (Dennis, 2003; Simoni, Franks, Lehavot & Yard, 2011) is that these internationally-educated health professionals play a key role when it comes to seeking and using health-related information for themselves and their families and friends. Their participation in online forums about health-related matters warrants further examination as it is representative of the blurring of boundaries between personal health information practices that occur as part of everyday life, and the formal health-related practices that usually occur in the context of one’s work within the health sector.

Finding career-related information, such as information about the healthcare system, recertification, and integration into the labor markets is just as important for both the professionals individually and the host society. Taking advantage of the expertise and experience of these foreign-trained professionals can be a great resource for North America, however, appropriate services and resources are needed to support the process of integration.

CONCLUSION
The integration of internationally-trained health professionals into North American healthcare systems is advantageous for both the individuals and the societies concerned. This integration is a complex social process that assumes the efficient and effective exchange of large amounts of information. Individuals face a myriad of challenges stemming from their unfamiliarity with North American healthcare systems and information landscapes. To support labor market integration, it is important to
ensure the flow of information and to help professionals gain a culturally-situated information literacy skills in their new home. It is not only important to create information services but also successful communities in which foreign-trained health professionals can integrate and not just be informed but also be involved in the sharing of information and experiences.

REFERENCES


