Canadian Nurses in the U.S.

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KEY MESSAGES

Comparing Canadian and U.S. Nurses Working in the U.S.

- An estimated 17,000 Canadian-educated RNs were living and working in the U.S. at the time of this study
- Significantly higher proportions of Canadian RNs working in the U.S. are single or unmarried compared with U.S. nurses
- Higher proportions of Canadian RNs working in the U.S. are employed full-time in hospitals than U.S. nurses
- Higher proportions of Canadian RNs working in the U.S. are employed in one job when compared with U.S. nurses

Comparing Canadian Nurses Working in the U.S. to Those Working in Canada

- A higher proportion of male Canadian-educated RNs are working in the U.S. than in Canada
- A higher proportion of Canadian-educated RNs in the U.S. are under 30 years old than RNs in Canada
- More Canadian-educated RNs in the U.S. worked full-time than RNs working in Canada
- More Canadian-educated RNs in the U.S. had only one employer relative to their counterparts in Canada
- A slightly higher percentage of Canadian nurses working in the U.S. were baccalaureate-prepared compared with those working in Canada

Canadian Nurse Migration to North Carolina

- Canadian-educated nurses moved to North Carolina in search of full-time employment
- Incentives employed by North Carolina to recruit Canadian nurses included: relocation assistance, higher salaries, signing bonuses, opportunities for career advancement and subsidies for continuing education
- Organizational factors including flexible scheduling systems and the reputation of the organization for positive physician-nurse relations are important recruitment factors
- There is a perception that full-time work for nurses is not available in Canada

EXECUTIVE SUMMARY

The 'Canadian Nurses in the U.S.' study was a research project that was designed to gain an understanding of Canadian-educated RNs in the U.S., and identify the basic motivations for emigration of Canadian nurses licensed to work in North Carolina (NC), and to determine their interest in returning to Canada to work.

Comparing Canadian and U.S. Nurses Working in the U.S.

Secondary data from the U.S. National Sample Survey of Registered Nurses (NSSRN) datasets for the years 1996 and 2000, along with data about the supply and distribution of registered nurses in Canada from the Canadian Institute for Health Information (CIHI, 2001) were utilized in these analyses. While less than 1% of the NSSRN sample were from Canada, this translates to at least 17,000 Canadian nurses employed in nursing in the U.S. at the time of this study. Significantly higher proportions of Canadian-educated RNs in the U.S. were single and employed full-time in comparison to U.S. RNs. As well, higher proportions of Canadian nurses held one job and worked in hospitals.

Comparing Canadian Nurses Working in the U.S. to Those Working in Canada

When comparisons of Canadian nurses employed in the U.S. were made to those who stayed in Canada to work, several differences were noted. Specifically, a higher proportion of male Canadian-educated RNs were found to be working in the U.S. than in Canada. As well, a higher proportion of Canadian-educated RNs in the U.S. were under 30 years old than RNs employed in Canada. In addition, more Canadian-educated RNs in the U.S. worked full-time than RNs working in Canada, and more Canadian-educated RNs in the U.S. had only one employer relative to their counterparts in Canada. Finally, a slightly higher percentage of the Canadian nurses working in the U.S. were baccalaureate-prepared compared with those working in Canada.

Canadian Nurse Migration to North Carolina

Primary data were collected through surveys of a cross-sectional sample of 651 Canadian RNs employed in North Carolina. These data were validated in focus groups with a random sample of 17 survey participants. The migration of Canada's nurses to North Carolina escalated in the 1990's and remains high. Overwhelmingly, the evidence from this study indicates that Canadian-educated nurses moved to the U.S., and specifically to NC, in search of full-time employment. Financial incentives including relocation assistance, higher salaries and signing bonuses were employed, as well as opportunities for career advancement and continuing education.

Summary

In summary, the results of this study provide evidence that Canadian nurses moved to the U.S. to find full-time work, most often with one employer. The incentives employed to recruit Canadian nurses are both financial and reflective of positive organizational policies. The importance of a hospital administration and policy maker approach that supports and values Canada's nurses was highlighted. There is clearly a perception amongst Canadian nurses working in the U.S. that there may not be full-time employment available for nurses in Canada. These findings can serve to inform government and policy makers about the career interests of Canadian nurses and serve as the first step towards developing strategies for enhancing our existing and emerging nurses to stay here in Ontario and Canada, as well as identify potential strategies for recruiting the expatriate nurse back to Canada.

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BACKGROUND

A number of national and provincial reports have identified concern with the impending nursing shortage and the corresponding quality of the work life environment for nurses (Canadian Nursing Advisory Comittee, 2002; Nursing Task Force, 1999). While significant attention has been directed towards the identification and projection of health human resource needs related to these nursing work life issues (O'Brien-Pallas et al., 2003), little work has been done in the area of nurse migration. Specifically, little or no attempt has been made to determine why nurses leave Canada, remain outside of Canada, or under what circumstances might return to Canada. In an effort to understand these issues, a study was proposed to describe and understand the characteristics and motivations of nurses' decisions related to migration. The general purposes of this study were to gain an understanding of the Canadian-educated RNs in the U.S., and identify the basic motivations for emigration of Canadian nurses licensed to work in North Carolina, and to determine their interest in returning to Canada to work.

METHODS

This work was conducted in two phases from March 2004 to April 2007. First, secondary databases were examined to develop an understanding of the characteristics of Canadian-educated nurses working throughout the U.S., comparing these RNs to their U.S. counterparts and to Canadian nurses working in Canada. Second, an in-depth study of Canadian nurses working in one U.S. state – North Carolina – was conducted to determine the factors that contributed to their emigration to the U.S.. The results of these two approaches are presented, followed by a discussion of the policy implications for health human resources planning in Canada that emerge from this research.

TWO

Chapter Two: Comparing Canadian and U.S. Nurses

INTRODUCTION

Although the phenomenon of Canadian registered nurses (RNs) emigrating to the U.S. is not new, only recently has health policy begun to address the significant loss of Canadian nurses to the U.S. (Joint Provincial Nursing Committee [JPNC], 2001). The National Canadian Nursing Advisory Committee (2002) suggested that "it has been established that a number of recent graduates left the country in search of jobs elsewhere or simply left nursing when they realized they could not get full-time nursing work in Canada" (p.10). In 2000, there were approximately 86,000 foreign-educated nurses in the U.S. representing 4% of the nursing workforce (Reilly, 2003). Industry Canada (1999) estimated that a total of 27,000 nurses migrated to the U.S. in the 1990s. The U.S. Department of Labour estimates that approximately 6,000 to 7,000 Canadian RNs seek employment in the U.S. each year (Elabdi, 1996).

Between 1997 and 2000, of the 25,506 foreign-educated nurses applying for licensure in the U.S., approximately 22% were Canadian applicants, most of whom were new graduates (Buchan, Parkin, & Sochalski, 2003). Many of the Canadian nurses migrated as healthcare restructuring in the 1990s in many provinces eliminated full-time nursing positions, effectively forcing nurses to migrate to find stable employment (Herrmann, 1992). When the influx of Canadian graduates occurred between 1997 and 2000, the shortage of U.S. nurses was becoming widely recognized by U.S. healthcare employers. Given these observations and the close proximity of the two countries, it is not unreasonable to surmise that Canadian nurse migration is, at least in part, a function of U.S. nursing shortages.

Media reports suggest that Canadian nurses migrated to the U.S. in particular because the U.S. employers offered better opportunities and working conditions including better scheduling, higher pay, paid education, more career options, stable full-time work and job security (Picard, 2001a, 2001b). Research evidence to support these perceptions did not exist. In a recent report on nursing workforce trends, CIHI (2003) stated, "No comprehensive data source exists, either in the U.S. or Canada, to track the number of Canadian RNs currently employed in the U.S." (p.17). Although a comprehensive database about individual Canadian-educated RNs in the U.S. does not exist, there are survey data available through the National Sample Survey of Registered Nurses (NSSRN) conducted by the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, that provide information on Canadian-educated nurses living and working in the U.S.

The purpose of phase one of this research was to gain a more comprehensive understanding of the characteristics and behaviors of Canadian-educated RNs working in the U.S. Using a sample of Canadian- and U.S.-educated RNs from the NSSRN, the specific objectives were to: (1) describe the education, employment status, work history and demographic characteristics of Canadian-educated RNs working in the U.S.; (2) identify differences in the education, employment status, work history and demographic characteristics between Canadian-educated RNs working in the U.S. and U.S.-educated and employed RNs; and (3) compare, at an aggregate level, the education, employment status, work history, and demographic characteristics of Canadian-educated RNs working in the U.S. to those RNs educated and working in Canada.

METHOD

Design and Samples

A retrospective exploratory research design was used to address the study objectives. The public use data files from the U.S. National Sample Survey of Registered Nurses datasets for the years 1996 and 2000 were examined. The individual-level data in the NSSRN dataset include answers to 37 questions about education, employment status, and demographics. Data about the supply and distribution of registered nurses in Canada for the year 2000 were drawn from a report produced by the Canadian Institute for Health Information (2001). Thus, for many data elements for the year 2000, it was possible to compare, at an aggregate level, the Canadian-educated RNs living and working in the U.S. to those living and employed in Canada. No Canadian data for 1996 were available.

The NSSRN includes the following question: "In what state or foreign country was this basic nursing education program located?" "Canada" is a coded response to this question, which makes it possible to extract all data for RNs who indicated that they obtained their basic nursing education in Canada. The 1996 survey included responses from 29,766 RNs in the U.S., 235 (0.79%) of whom obtained basic nursing education in Canada. In 2000, the NSSRN sample included 34,611 foreign-trained RNs out of an estimated population of 2,696,540 RNs in the U.S. Among this sub-sample of RNs, 222 (0.64%) were educated in Canada; this translates to approximately 17,000 Canadian-educated RNs who were living and working in the U.S. at the time of this study.

Based on a small effect size of .30, power of .80 and an alpha of .05, a sample size of approximately 160 was required to constitute a reasonable sample for analysis (Cohen, 1988). Therefore, the sample of 235 Canadian-educated nurses in the 1996 NSSRN dataset and the 222 in the year 2000 are both considered to be sufficient to detect significant differences between Canadian-educated RNs working in the U.S. and those RNs educated and working in the U.S.

Data Analysis

Descriptive statistics were used to describe the education, employment status, work history and demographic characteristics of Canadian-educated RNs in the U.S., and analysis of variance (ANOVAs) was used to identify differences between the groups. At an aggregate level, Canadian-educated RNs in the U.S. (from the NSSRN dataset) were compared to RNs in Canada (from the Canadian Institute for Health Information database) on the basis of education, employment status, work history and demographic characteristics. As recommended in the NSSRN documentation file, the jackknife method and replicate weights were used to obtain variance estimates for the NSSRN.

RESULTS

Comparison of Canadian-Educated RNs in the U.S. and U.S. RNs

Although the NSSRN collects data on education, employment status, work history and demographic characteristics, only results that were shown to be statistically significant and those results of interest are discussed.

Table 1 shows the sample numbers and percentages of nurses employed in the U.S. who were educated in the U.S., Canada and other countries from the 1996 and 2000 NSSRN. For both 1996 and 2000, most of the nurses living and working in the U.S. were U.S.-educated – less than 1% were educated in Canada. There were no significant changes in the number of Canadian-educated nurses working in the U.S. between 1996 and 2000.

Table 1: Sample of Canadian-Educated RNs in the U.S. and U.S. RNs: 1996 and 2000

Country of Education	1996	2000
	# (%)	*# (%)*
U.S.	28,694 (96.40)	33,332 (96.31)
Canada	235 (0.79)	222 (0.64)
Other	837 (2.81)	1,057 (3.05)
Total	29,766 (100)	34,611 (100)

Source:1996 and 2000 National Sample Survey of Registered Nurses, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

Demographic characteristics of Canadian-educated RNs in the U.S. and U.S. RNs are outlined in Table 2. In both groups, most RNs were female and married. In 1996, a significantly lower proportion of Canadian-educated RNs were males (F = 5.782; $df = 6,1$; $p = 0.026$) and were married (F = 9.342; $df = 6,1$; $p = 0.006$) and a significantly higher proportion were single (F = 10.648; $df = 6,1$; $p = 0.004$) in comparison to U.S. RNs.

Overall, most RNs in both the 1996 and 2000 RN samples were under 50 years old. In 1996 the mean age of Canadian-educated RNs working in the U.S. was significantly higher than that of U.S. RNs (F = 4.657; $df = 6,1$; $p = 0.043$). The majority of RNs in the sample had diplomas or associate degrees. In 1996, a significantly higher proportion of Canadian-educated RNs had diplomas (F = 212.145; $df = 6,1$; $p = 0.000$) and lower proportions had associate degrees (F = 313.682; $df = 6,1$; $p = 0.000$), baccalaureate degrees (F = 18.941; $df = 6,1$; $p = 0.000$) and graduate degrees (F = 7.200; $df = 6,1$; $p = 0.014$) in comparison to U.S. nurses. These same findings held in 2000, with one exception. In 2000, the proportion of nurses with graduate degrees was similar between Canadian-educated RNs and U.S. nurses (F = 0.367; $df = 6,1$; $p = 0.551$). Most RNs (both Canadian- and U.S.-educated) were not enrolled in educational programs and no differences were found between the two groups in 1996 or 2000.

Table 2: Comparison of Canadian-Educated RNs in the U.S. and U.S. RNs: 1996 and 2000

		1996		2000	
		Canadian-Educated RNs in the U.S.	U.S. RNs	Canadian-Educated RNs in the U.S.	U.S. RNs
		# (%)	*# (%)*	*# (%)*	*# (%)*
Gender	Male	7 (3.48)	1,385 (5.70)*	13 (6.81)	1,717 (6.21)
	Female	194 (96.52)	22,913 (94.26)*	178 (93.19)	25,939 (93.79)
Marital	Married	109 (54.23)	17,603 (72.41) **	116 (60.73)	19,682 (71.17)
Status	Single	45 (22.39)	2,415 (9.93) **	37 (19.37)	2,761 (9.98)
	Widow/Divorced	45 (22.39)	4,222 (17.37)	37 (19.37)	5,044 (18.24)
Age	21-30	37 (18.40)	2,958 (12.17)	34 (17.80)	3,197 (11.56)
	31-40	40 (19.90)	8,009 (32.94)	53 (27.75)	7,224 (26.12)
	41-50	44 (21.89)	8,325 (34.25)	54 (28.27)	10,391 (37.57)
	51-60	66 (32.84)	3,867 (15.91)	33 (17.28)	5,334 (19.29)
	+60	13 (6.47)	1,045 (4.30)	17 (8.90)	1,282 (4.64)
Mean Age	Mean age	44.23	42.20*	42.44	43.44
Educational	Diploma	143 (71.14)	5,331 (21.93)**	110 (57.59)	4,884 (17.66)**
Preparation	Associate	11 (5.47)	8,739 (35.95)**	13 (6.81)	10,594 (38.31)**
	Baccalaureate	33 (16.42)	7,874 (32.39)**	48 (25.13)	9,203 (33.28)**
	Graduate degree	14 (6.97)	2,363 (9.72)*	19 (9.95)	2,949 (10.66)
Educational	Enrolled	14 (6.97)	2,181 (8.97)	19 (9.95)	2,039 (7.37)
Enrollment	Not	187 (93.03)	22,103 (90.93)	172 (90.05)	25,538 (92.34)
Work Status	Full time	154 (76.62)	17,254(70.98)	155 (81.15)	19,718(71.30)*
	Part time	47 (23.38)	7,055(29.02)	36 (18.85)	7,938(28.70)*
Number of	One job	176 (87.56)	20,456 (84.28)	172 (90.05)	23,277 (84.33)
Jobs Held	> One Job	25 (12.44)	3,815(15.72)	19 (9.95)	4,326 (15.67)
Work Location	Hospital	128 (63.68)	14,425 (59.36)	128 (67.37)	16,032 (58.18)*
	Long-term care	11 (5.47)	1,970 (8.11)	10 (5.26)	1,957 (7.10)**
	Public health	27 (13.43)	3,262 (13.42)	20 (10.53)	3,625 (13.15)
	Ambulatory	17 (8.46)	2,125 (8.75)	12 (6.32)	2,799 (10.16)
Type of Work	Patient care	136 (67.66)	14,604 (60.08)*	120 (64.86)	17,180 (62.62)
	No patient care	65 (32.34)	9,705 (39.92)*	65 (35.14)	10,254 (37.38)
Work Roles	Staff	137 (68.16)	15,042 (61.92)	131 (69.68)	16,925 (61.80)
	Management	16 (7.96)	3,859 (15.89)**	23 (12.23)	3,907 (14.27)

Source: 1996 and 2000 National Sample Surveys – see citation above1996 and 2000 National Sample Survey of Registered Nurses, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

Note: ** indicates statistically significant difference between Canadian-Educated RN p<.01
* indicates statistically significant difference between Canadian-Educated RN p<.05

For both groups, most RNs were employed full-time. In 2000, a significantly higher proportion of Canadian-educated RNs in the U.S. were employed full-time (F = 4.836; *df* = 6,1; *p* = 0.040) in comparison to U.S. RNs. Similarly, for both groups, most RNs held one job. Higher proportions of Canadian nurses held one job, but no statistically significant differences were found when comparing the two groups. A majority of RNs in this sample worked in hospitals; however, in 2000, a significantly higher proportion of Canadian-educated RNs worked in hospitals (F = 5.376; *df* = 6,1; *p* = 0.031) and a significantly lower proportion worked in long-term care (F = 26.580; *df* = 6,1; *p* = 0.000) in comparison to U.S. RNs. A decrease in Canadian nurse employment in public health was noted in 2000, although not significant.

Overall, most RNs were involved in the provision of direct patient care. In 1996, a higher proportion of Canadian-educated RNs worked in positions involving the provision of direct patient care (F = 4.893; *df* = 6,1; *p* = 0.039) in comparison to U.S. RNs. The majority of nurses in this sample worked as staff RNs. In 1996, a significantly higher proportion of Canadian-educated RNs were employed in staff nurse roles and a significantly lower proportion in administrative positions (F = 8.289; *df* = 6,1; *p* = 0.009) in comparison to U.S. RNs.

Comparison of Canadian-Educated RNs in the U.S. and RNs in Canada

Further comparisons were made between Canadian-educated nurses in the U.S. and those who stayed in Canada and continued to work. Table 3 compares demographic and work information of the 2000 NSSRN sample of Canadian-educated RNs in the U.S. and the population of RNs in Canada in 2000. Substantial differences are apparent between the two groups.

Demographic Characteristics

According to these data, there was a higher proportion of male Canadian-educated RNs working in the U.S. than in Canada. In addition, a higher proportion of Canadian-educated RNs in the U.S. were under 30 years old than RNs in Canada. There was also a higher proportion of Canadian-educated RNs in the U.S. over the ages of 60 compared to RNs in Canada. A lower proportion of Canadian-educated RNs in the U.S. were between the ages of 40-49 and 50-59 than RNs in Canada.

A comparison of educational preparation indicated that more Canadian-educated RNs in the U.S. had an associate or graduate degree. A higher proportion of RNs in Canada held diplomas than Canadian-educated RNs in the U.S., while slightly higher proportions of Canadian-educated RNs in the U.S. held baccalaureate degrees. As well, more Canadian-educated RNs in the U.S. worked full-time than RNs working in Canada, and more Canadian-educated RNs in the U.S. had only one employer relative to their counterparts in Canada.

A slightly higher proportion of Canadian RNs working in the U.S. worked in hospitals. A higher proportion of RNs in Canada worked in nursing homes and long-term care facilities than Canadian-educated RNs in the U.S. A higher proportion of Canadian-educated RNs in the U.S. also held managerial and administrative positions than their Canadian counterparts, while smaller proportions of Canadian-educated RNs in the U.S. were working in staff nurse positions than in Canada.

Table 3: Canadian-Educated RNs Employed in Nursing in the U.S. and RNs in Canada 2000

		RNs Working in Canada[1]		Canadian-Educated RNs Working in the U.S.[2]	
		#	%	#	%
Sex	Male	11,046	4.8	13	6.8
	Female	221,366	95.2	178	93.1
Age	≤29 (<30 in U.S.)	22,623	9.7	34	17.8
	30-39 (31-40 in U.S.)	60,864	26.2	53	27.7
	40-49 (41-50)	81,588	35.1	54	28.2
	50-59 (51-60)	57,728	24.8	33	17.2
	≥60 (>60)	9,572	4.1	17	8.9
	Not stated	37	0.02	0	0
Educational	Diploma	175,703	75.6	110	57.6
Preparation	Associate degree	n/a	n/a	13	6.8
	Baccalaureate	55,882	22.8	48	25.1
	Master's	3,641	1.6	(Graduate degree)	
	Doctorate	186	0.1	19	9.9
Work Status	Full-time	127,472	54.8	155	81.1
	Part-time	95,032	40.9	36	18.8
	Not stated	9,908	4.3	0	0
Number of	One	185,415	79.8	172	90.0
Employers	More than one	35,585	15.3	19	9.9
	Not stated	11,412	4.9	0	0
Involvement in	Direct patient care	198,683	85.4	120	64.8
Direct Patient Care	Administration	15,999	6.9	(No patient care)	
	Education	6,987	3.0	65	35.1
	Research	2,248	1.0		
	Not stated	8,495	3.7	0	0
Work Location	Hospitals	148,366	63.8	128	67.3
	Nursing homes and Long-term care	26,094	11.2	(LTC only) 10	5.2
	Community health and home care	28,830	12.4	(Public health) 20	10.5
	Ambulatory care	n/a	n/a	12	6.3
	Other	28,655	12.3	20	10.5
	Not stated	467	0.2	0	0
Work Position	Staff nurses or community health nurses (staff nurse only; U.S.)	178,229	76.7	131	69.6
	Managerial (Admin; U.S.)	17,911	7.7	23	12.2
	Midwife/practitioner	n/a	n/a	6	3.1
	Nurse anesthetist	n/a	n/a	0	0
	Clinical nurse specialist	n/a	n/a	5	2.6
	Other	30,718	13.2	23	12.2
	Not stated	5554	2.4	0	0

1 Source: Registered Nurse Database, CIHI 2001
2 Source: 2000 National Sample Survey

DISCUSSION

Opportunities for Full-Time Work

Findings from the first phase of this research underscore how healthcare policy decisions can have a direct influence on the nursing workforce. Throughout the mid-1990's, full-time work opportunities for nurses in Canada declined. This led to the migration of Canadian nurses to the U.S. Our research confirmed that a greater proportion of the Canadian RNs working in the U.S. were employed in full-time positions than their American counterparts. Also, in comparison to all Canadian nurses working in Canada, those working in the U.S. were more likely than those working in Canada to be in full-time positions. Full-time work opportunities are evidently an important motivation for Canadian nurses to move to the U.S. These findings are important for Canadian health services policy makers to consider as they develop strategies to retain nurses in Canada.

Loss of New Baccalaureate Graduates

Canadian nurses working in the U.S. are younger than nurses working in Canada. Similarly, a slightly higher percentage of Canadian nurses working in the U.S. were baccalaureate-prepared compared with those working in Canada. A higher proportion of the Canadian nurses working in the U.S. also held graduate degrees compared with those working in Canada. In short, these findings suggest that Canada may be losing younger, baccalaureate-prepared nurses to the U.S. As well, it appears that those nurses may be taking their graduate credentials to the U.S.

From an employer perspective, both the literature and data suggest that Canada is a rich source of young, well-educated RNs, who primarily work in full-time staff nurse positions in hospitals. Although U.S. employer motivation for hiring Canadian-educated RNs is unknown, in comparison to other foreign-educated RNs, Canadian-educated RNs offer several advantages. Recruitment costs are relatively low because of geographic proximity and relative ease of licensure. Basic nursing training is similar and reciprocally recognized by each country. Orientation and training costs are relatively low because of similar technology, clinical practices and work environments in both countries. Canadian-educated RNs also speak English and are familiar with American culture and social norms. In addition, Canadian nurses may perceive living and working in the U.S. as more familiar and less risky than other foreign countries. For example, the U.S. is familiar to Canadians living in the U.S. because they can watch the same television programs, drive the same cars, live in the same types of houses, eat the same food, and read the same magazines as they could living in Canada. Canadian nurses also can easily travel back to Canada to visit friends and family because of the close proximity. Their training also prepares Canadian nurses working in the U.S. well for meeting licensure requirements in the U.S. These and other factors may therefore provide Canadian-educated nurses with incentives to take the risks associated with working and living in the U.S..

Three

Chapter Three: Canadian Nurse Migration to North Carolina

INTRODUCTION

The second phase of this study examined motivations for emigration of Canadian nurses to the U.S. and their interest in returning to Canada to work. A 1999 report stated that Ontario nurses were leaving the profession to go to other jurisdictions or to jobs outside of healthcare (Nursing Task Force, 1999). The U.S. has been actively recruiting and employing foreign nurses for more than 50 years (Brush, Sochalski, & Berger, 2004). Some authors have suggested that Canadian nurses are favoured by U.S. hospitals, which employ the majority of Canadian nurses, because they do not experience language barriers, there is less of a culture shock and they have comparable education and training to U.S. nurses (Elabdi, 1996).

It has been estimated that the U.S. will face a shortage of almost a million nurses by the year 2020 (HRSA, 2006). These numbers are staggering and affirm the urgency with which the U.S. is recruiting foreign-educated nurses to cope with its nursing shortage. As the rates of international nurse migration increase (Buchan et al., 2003) and, specifically, as Canadian nurses continue to migrate to the U.S., the need for Canadian healthcare policy makers to act on the loss of nurses becomes more urgent to confront Canada's own nursing shortage. Although there is descriptive literature on nurse migration from a global context, there has been little primary research to date that surveys migrant nurses to determine factors that contribute to emigration.

METHOD

The second phase of this study was conducted over a 4-month period from February 1, 2006 to May 31, 2006. A mixed method approach was employed in this study. First, a cross-sectional survey research design using a sample of all RN registrants from Canada working in North Carolina was obtained from the North Carolina Board of Nursing (NCBON), the registration body for the state's registered nurses (RNs) and licensed practical nurses (LPNs). Following this, four focus groups were held with a random sample of 17 Canadian nurses employed in NC to verify the survey findings. The state of North Carolina was selected for this study for several reasons. First, NC has reciprocal licensure for Canadian nurses, which facilitates the process for Canadian nurses to acquire licenses and obtain employment in the state. Second, NC is one of 5 U.S. states that employ a large number of Canadian nurses, third only to Texas and Florida (Commission on Graduates of Foreign Nursing Schools [CGFNS], 2002). Third, NC hospitals reported that Canada ranked third among countries from which they were actively recruiting the greatest number of RNs, behind India and the Philippines (North Carolina Center for Nursing, 2004). Fourth, the NCBON biennial registration for the state's RNs includes extensive personal data and the state/country of basic nursing education; thus, the NCBON database is of high quality and current. Finally, the team of researchers assembled for this study has extensive knowledge of the U.S. and Canadian nursing workforces. Specifically, at the time of this study, three of the five researchers had studied the Canadian nursing workforce for many years, four of the five researchers lived and worked in NC, and two of the researchers had extensive experience studying the U.S. nursing workforce. These researchers individually and collectively bring specific knowledge of Canadian, U.S. and NC nursing workforces, and a wealth of experience in studying the nursing workforce, in general.

Following institutional ethics review board approval, the NCBON provided mailing labels to the researchers for all registrants who obtained their nursing education in Canada, and were licensed and currently working in North Carolina. A total of 1,412 Canadian nurse registrants were surveyed; 678 nurses (48%) responded, of which 651 (46%) questionnaires were usable. The survey, developed by the study team of researchers following a systematic review of the literature on issues related to nurse migration, was pre-tested for face and content validity with a group of eight Canadian nurses working in the U.S. to ensure the relevance of the data items.

RESULTS

Table 4 shows the characteristics of the sample. All of the study respondents were registered nurses (RNs), and most were relatively young (i.e., 50% of the sample was less than 40 years of age) and female (90%). Over half of the sample held diploma certification, while close to one-third were baccalaureate-prepared. Few respondents were enrolled in educational programs at the time of the survey. Over three-quarters were employed full-time, with few employed part-time or in casual or contract positions. Almost all of the respondents indicated that their work status was their personal choice, with few holding more than one nursing position in the U.S. Over three-quarters of the participants were employed in direct patient care roles.

Table 4: Characteristics of the Sample

		#	%
Sex	Male	65	10
	Female	586	90
Age	< 30	74	11
	30-39	255	39
	40-49	186	28
	50-59	102	16
	> 60	24	4
	Not stated	10	2
Educational	Diploma	348	55
Preparation	Baccalaureate	201	31
	Master's	46	8
	Associate degree	35	5
	Doctorate	4	1
Enrollment in	No	551	85
Educational Programs	Yes	87	14
	Not stated	13	1
	Baccalaureate	39	6
	Masters	37	6
	Other	5	1
	PhD	4	1
	Nurse practitioner	2	<1

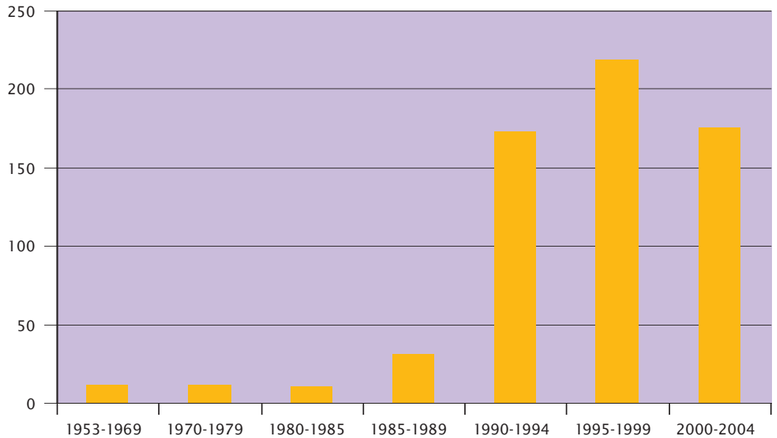
Table 4: Characteristics of the Sample (continued)

		#	%
Work Status	Full-time	516	79
	Part-time	67	10
	Casual/contract	56	9
	Not stated	12	2
Choice of Work Status	My choice	633	97
	Not my choice	13	2
	Not stated	5	1
Number of Employers	One	553	85
	More than one	89	14
	Not stated	9	1
Involvement in	Direct patient care	505	78
Direct Patient Care	Administration	69	10
	Advanced practice	31	5
	Education	25	4
	Not stated	21	3
Interest in Returning	No	468	72
to Canada to Work	Yes	149	23
	Unsure	20	3
	Not stated	14	2
When Planning	In next 2 years	24	16
to Return to Canada	In 5 years	50	34
	In 6-10 years	45	30
	Over 10 years from now	19	13
	Not stated	11	7

When did Canadian Nurses Migrate to NC?

The migration of Canada's nurses to North Carolina escalated in the 1990's, peaking in the latter part of that decade, and remained high early in the 21st century. Figure 1 demonstrates that 27% (n=173) of nurse respondents migrated to the U.S. between 1990 and 1994, followed by 34% (n=219) between 1995 and 1999, and 27% (n=176) between 2002 and 2004.

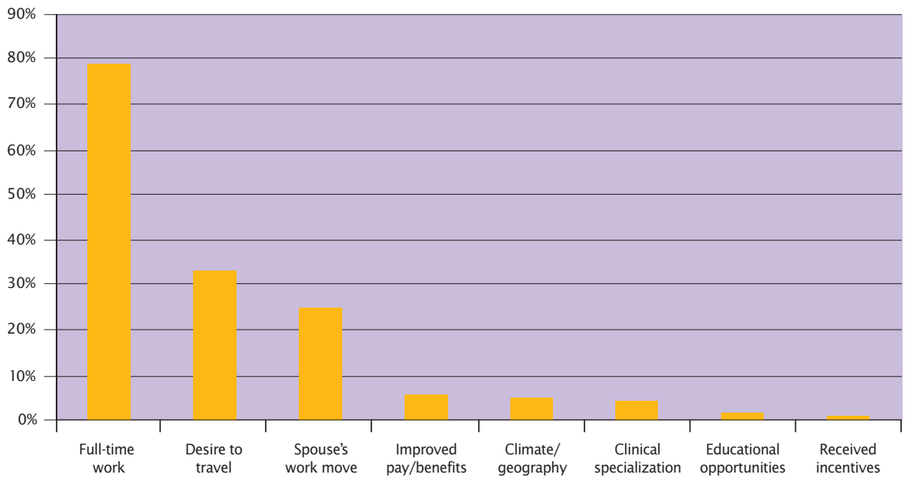
Figure 1: Timing of Migration to NC



Why do Canadian Nurses Move to NC?

When the participants were asked to indicate their rationale for moving to the U.S., over three-quarters of respondents (79%, n=515) identified that they left Canada to obtain full-time RN employment (see Figure 2). One-third (34%, n=219) reported leaving Canada because of a desire to travel, while one-quarter (25%, n=164) migrated with a spouse or partner who moved to the NC area. Fewer respondents identified improved pay and benefits (6%, n=38), climate and geographical location (5%, n=33), the opportunity to specialize in a specific field (5%, n=29), educational opportunities (2%, n=13) and targeted incentives (1%, n=9) as reasons for leaving Canada.

Figure 2: Rationale for Move to NC



These findings were substantiated by focus group participants who provided detailed examples of the challenges they faced seeking employment as a nurse in Canada. Focus group attendees overwhelmingly verified that their main reason for emigration to the U.S. was the lack of employment opportunities in Canada, in particular full-time nursing jobs.

"The hospital I was working in was a very small hospital and it was basically someone had to retire or die for you to get a job because there weren't any openings. It didn't seem like there was ever going to be any openings so we moved down here to gain full-time employment."

"By the time I finished school there wasn't a job to be had, not one. The valedictorian of my class was offered a part-time position in Toronto and [for] the rest of us, there wasn't a job anywhere."

"I went into nursing school knowing I was going to have to move to the States for a full-time job. My [relative] had done it ahead of me and when I finally decided I was going to nursing school

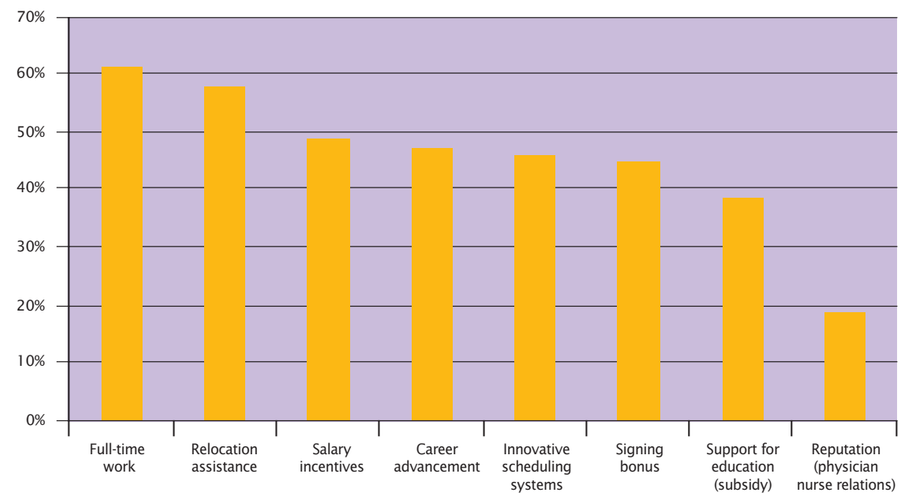
I mean I went into it knowing I was moving, highly doubting I was going to get a job in Canada. Then by the time I finished nursing school and figured out what area I wanted to work in I knew I wasn't getting a job in Canada in that area. There had been people that had been working in the hospital at home for seven, eight years trying to get into that department and still hadn't been able to get in so I packed up and left."

"It didn't seem like there was ever going to be any openings so we moved down here to gain full-time employment."

What are the Incentives Offered for Working in NC?

Figure 3 shows that the opportunity for full-time employment was the key incentive that NC hospitals used to recruit Canadian nurses (62%, n=401). Other important incentives included relocation assistance (58%, n=378), salary incentives (49%, n=49), career advancement opportunities (48%, n=309), innovative scheduling strategies (46%, n=301), signing bonuses (45%, n=294), educational subsidies (39%, n=251), and having an organizational reputation known for positive physician-nurse relations (19%, n=125). Many of the participants indicated that more than one incentive played a role in their decision to immigrate to the U.S.

Figure 3: Incentives to Work in NC



The incentives provided to Canadian nurses were also discussed by focus group participants. For the most part, NC simply capitalized on what was pushing Canada's nurses to the U.S. – the search for full-time employment. At the same time, NC's interest in Canada's nurses was in stark contrast to what was taking place in Canada. While some nurses within the focus groups described salary as an incentive, the majority discussed how NC conveyed a strong interest in Canadian nurses and was able to articulate how much of a valued human resource Canadian nurses were in the U.S.

"The fact that they offered you a full-time job, I mean that makes you feel valued other than you're just this disposable person that they're going to call when they need you."

"I didn't feel very valued as a nurse in Canada, it was just kind of like you're not even just a cog in the wheel, it was like you were really low man on the totem pole so you didn't have a lot of respect as a nurse. But coming to the States, they really wanted you and they were very happy to have you here and you were valued and respected even if, you know, I didn't get my Bachelor's or my Master's until much later. Just the fact that you were a Canadian-educated nurse."

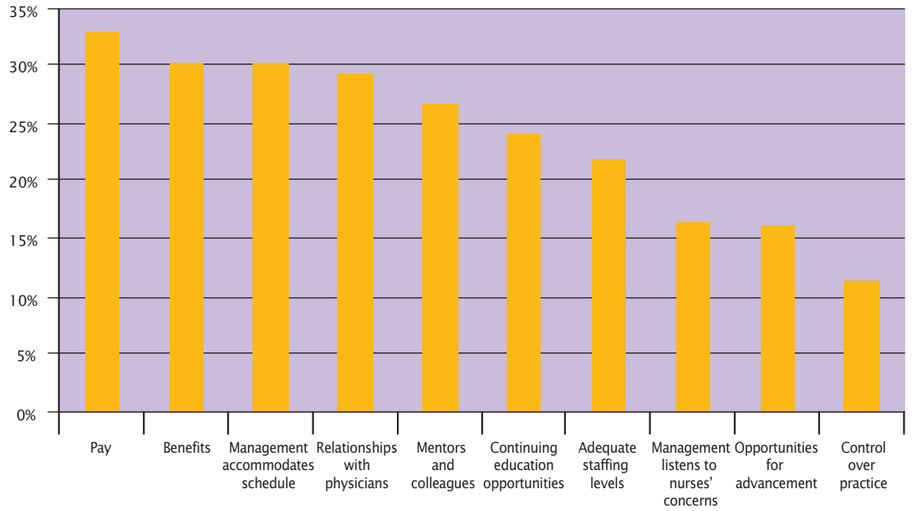
"The fact that they offered you a full-time job, I mean that makes you feel valued other than you're just this disposable person that they're going to call when they need you."

"Well they paid for a luxury apartment. I mean they paid for everything. All I had to pay was my long distance phone bill. So they paid the heating, they paid, you know, the basic phone bill."

Why have Canadian Nurses Stayed in NC?

One-third of the respondents (33%, n=215) identified salary as a factor influencing them to continue to work in NC (see Figure 4) while close to one-third (30%, n=192) identified benefits as a factor. As well, attempts by management to accommodate nurse schedules (30%, n=194), good relationships between physicians and nurses (29%, n=191), mentorship and colleagueship amongst nurses (27%, n=174), opportunities for continuing education (24%, n=159), adequate staffing levels (22%, n=144), management that listens to nurse concerns (17%, n=108), opportunities for career advancement (16%, n=106), and control over nursing practice (11%, n=74) were also cited as important retention factors.

Figure 4: Retention Factors: Why Canadian Nurses Have Stayed in NC



Participants in the focus group provided a number of reasons why they continue to stay in the U.S. to work as a nurse. While some nurses acknowledged salary as an important factor, most focus group participants described respect for nurses and relationships between management and staff nurses as influential factors keeping them in the U.S. Several described opportunities provided by management for their professional development.

"Part of it is the pay but at the same time I need to know their [hospital] reputation in the way they treat nurses, how they handle conflicts, you know, with nurses and I make decisions based on that. I look at the way they treat their nurses."

"I have been encouraged to participate in our professional association locally and nationally. I mean that makes you feel valued [rather] than you're just this disposable person that they're going to call you when they need you and there wasn't any full-time work for us."

"Other subtle things like being given the opportunity or being encouraged to present at a national level, to publish in a national journal, to do a poster presentation at a national level, just to be sort of pushed off a cliff to do that and then, you know, having the feeling of being published and, you know, just being proud of that."

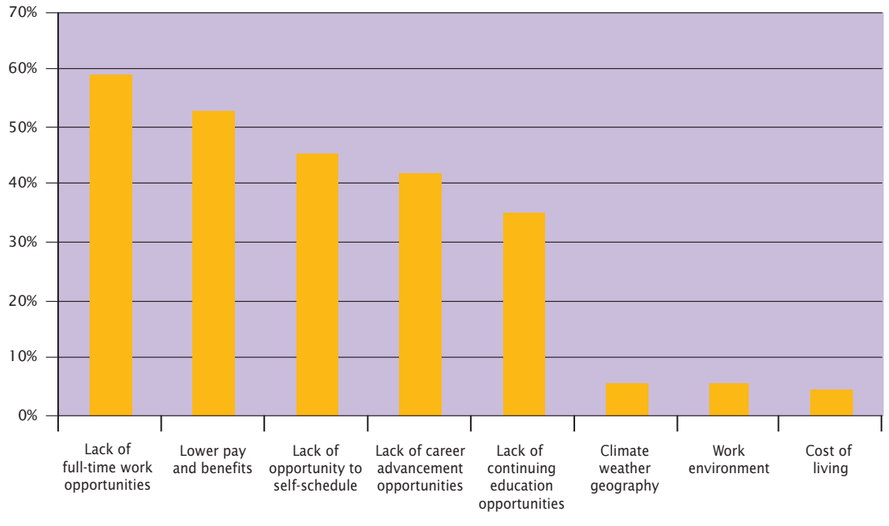
"One of the big things I noticed when I came down here is back home there was a big separation between management and the employees. I would never back home have dreamed of going and knocking on my manager's door to discuss x, y, z either from a departmental standpoint or a personal issue. Now two, three times a week I'm knocking on my manager's door, '…you'll never believe what just happened'. And it's an open door policy, she wants to know, she's there, she reacts to it, she supports us. Everything that we had to do back home had to go through the union, had to be funneled through the union. Management was scared to talk to us because of what it would do, you know, were they violating the collective agreement."

"One of the big things I noticed when I came down here is back home there was a big separation between management and the employees…"

What are the Disincentives to Returning to Work in Canada?

Figure 5 identifies five primary disincentives for Canadian nurses returning to Canada to work. These include the lack of full-time work opportunities (60%, n=388), lower pay and benefits (53%, n=344), lack of opportunity to self-schedule their work hours (46%, n=298), lack of career advancement (42%, n=276) and lack of continuing education opportunities (35%, n=230). These five disincentives clearly stand apart from the remaining three disincentives of climate (6%, n=39), work environment (6%, n=39), and cost of living (4%, n=29), all of which are more commonly held beliefs about Canadian nursing workforce migration behaviours.

Figure 5: Disincentives to Return to Work in Canada



Focus group participants expressed frustration with health human resources strategies taking place in Canada, particularly related to the employment of nurses. A great deal of the discussion focused on the gap between management and staff in the Canadian healthcare environment.

"Even though there's a nursing shortage nurses are still being laid off. Administrators are being hired, nurses are being laid off. People are scrambling because they're always working two and three people short. They don't get breaks, don't get lunches, there's not enough staffing. They have laid off part-time people and they've hired casual retired people and so people are still being laid off and can't get hours but they're hiring retired people to come back. So I don't understand why there's such a shortage when nurses are available to work."

"I think when we were in Canada it was like they were doing us a favour by giving you a job, by hiring us. It was a big deal that we got the job, but here in the U.S. they wanted you, I mean it was really a sense that they really wanted you. They needed you."

"In Canada everyone has to work two weekends a month? What is that about? Some people want to work weekends. You know, that whole shift idea is just obsolete here. You can do whatever you want and that's a huge issue. People who want to work strictly weekends that have young kids and don't want to put them in daycare get to do that."

"In Canada it was strictly a job because I never actually chose anywhere I could work – it was wherever anything is open you jump in there. It doesn't matter if you like it or not, you need a pay cheque, so you just work wherever."

"Hospitals down here aren't prone to shutting down beds, you know, because that's their business."

"I think when we were in Canada it was like they were doing us a favour by giving you a job, by hiring us. It was a big deal that we got the job, but here in the U.S. they wanted you, I mean it was really a sense that they really wanted you. They needed you."

Interest in Returning to Work in Canada

The vast majority of nurses that had migrated to NC (72%, n=468) expressed no interest in returning to work in Canada (see Table 4). This finding was substantiated by participants in the focus groups.

"I'm so angry with the Canadian government I don't think I would go back from the way I was treated when I left. They didn't want me, well fine, somebody else did."

"For me there [are] just no opportunities because last year about this time I looked to going back and the job offers that I did receive I would have to go back to rotating days, nights."

"I feel like I've worked my way to where I am, worked very hard to have the reputation that I do and have a lot of people that I'm mentoring to blossom into other things in the department or in their professional careers. I enjoy something like that versus let's say going to a part-time position [in Canada]."

"I'm towards the end of my nursing career so I wouldn't think about going back because I can call whenever I want to work and if I want to work even less than that I can."

On the other hand, close to a third of respondents (23%, n=149), reported an interest in returning to work in Canada. The timing of their potential return varied from within 2 years (16%, n=24), 5 years (34%, n=50), 6 to 10 years (30%, n=45), or over 10 years (13%, n=19). Nurses participating in the focus groups provided further context regarding repatriation, discussing the logistical problems as well as the political or policy issues.

"For me there [are] just no opportunities because last year about this time I looked to going back and the job offers that I did receive I would have to go back to rotating days, nights."

"Canada needs to recruit us. They need to gear their marketing towards their Canadian nurses. I get offers on my computer every day '…we'll hire you for $120,000 in southern California to do this'. Every single day I get them. I don't even open them because I know I'll just get more."

"It is a nightmare, I'm telling you. Everyone says to me, how come you didn't go back? People don't understand, in Canada when you leave a job you don't have a job to go back [to]. I had nothing to go back to so I had to stay."

"I would go back if I could have a full-time job and the security that I have in my job right now. I would go back very easily."

DISCUSSION

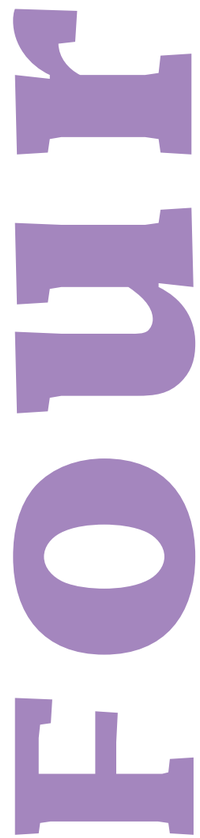
This phase of our study provides evidence of both the timing and causes of recent Canadian nurse migration to the U.S. These findings also provide insights into why Canadian nurses work in NC, but they may also provide broader explanations of why Canadian-educated nurses work in the U.S., in general.

First and foremost, Canadian-educated nurses moved to the U.S., and specifically to NC, in search of full-time employment. Although other factors were evident in the decision to move, they were not as important as full-time employment. Given that Canadian-educated nurses, like other professionals, invest years to acquire an education and absorb some of the associated training costs, it is only reasonable to expect that they would desire to practice professionally and seek full-time employment.

A number of financial incentives including relocation assistance, higher salaries and signing bonuses were utilized to recruit nurses from Canada. As well, opportunities for career advancement and subsidies for continuing education were important recruitment incentives. Finally, participants identified specific organizational characteristics, including flexible and innovative scheduling systems such as self-scheduling, and the reputation of the organization for positive physician-nurse relations as important recruitment factors.

Although financial incentives are a common recruitment and retention strategy, this study also highlights the importance of a hospital administration that supports and values its nurses. This is evidenced by flexible schedules that accommodate nurse's needs, career advancement and continuing education opportunities, adequate staffing levels, control over practice and managers who listen to nurses' concerns. An organizational climate that fosters positive relationships with medical staff and colleagueship and mentorship with peers are reasons why many of Canada's nurses remain in the U.S.

Most of the incentives to remain in the U.S. were also identified as disincentives to return to work in Canada. Of greatest importance was the perception that full-time work is not available. At the same time, among a minority of respondents, there was considerable interest in returning to Canada to work. For this to occur, healthcare administrators and policy makers will need to create an environment that is responsive to their repatriation.



Chapter Four: Policy Considerations

Introduction

Future Research

Conclusion

INTRODUCTION

The emigration of Canadian RNs to the U.S. has been of concern for some time. Despite the fact that there are thousands of Canadian RNs living and working in the U.S., there has been little understanding of the reasons why they leave to work in the U.S. and this problem has received virtually no attention as a research or policy issue. The loss of Canadian RNs to the U.S. is a significant problem for several reasons. There is a growing shortage of RNs in most areas of Canada. The emigration of Canadian RNs to the U.S. worsens existing shortages in Canada and creates shortages where none might have existed if the RNs had remained. When Canadian citizens experience access problems and delays in treatment because of the unavailability of nursing staff, increased sick time, injuries, disability, and other productivity losses may result. This translates to additional and real economic costs as a direct result of the RN shortage, and as an indirect result of the migration of Canadian-educated nurses to the U.S.

The Ontario government in Canada is to be commended for its recent announcement that it would spend $89 million on the Nursing Graduate Guarantee program, which ensures that up to 4,000 new nursing graduates in Ontario will have the opportunity for full-time employment in the healthcare field; thus ensuring patients receive access to quality health care while retaining skilled nurses within Ontario (Ministry of Health and Long-Term Care, 2007). This policy represents a first step towards addressing the fundamental issues around nurse recruitment and retention and how to solve what is likely to be a long-term nursing shortage.

Results from this study can be helpful for policy makers to guide the design of workforce retention strategies. The emphasis should be on providing incentives for Canadian-educated nurses to stay in Canada. There is clearly a perception, real or unreal, that there may not be full-time employment available for nurses.

“They think they’re saving money but what they’re doing is they’re devaluing a workforce and they continue to do that. How can you go back to Canada when there’s no guaranteed security even as a professional nurse.”

Nurses must be reassured that they will have full-time employment otherwise they will search elsewhere. Clearly different signals need to be sent. A campaign needs to be mounted that gives a strong message to Canadian nurses that they are wanted and needed in Canada’s healthcare system and that there are jobs available for them.

Such an approach requires greater attention to long-term planning of human resources needs for nursing. In the past, approaches have lacked consistency and follow through. Healthcare delivery organizations need to have some level of guarantee of ongoing funding so that their employees can be assured of predictable employment. In other words, eliminate the boom and bust cycles of RN hiring and find a healthcare financing strategy that reduces the perpetual instability of RN employment cycles.

One Canadian health economist has suggested that the nursing shortages being experienced in many western countries reflects a failure by planners to recognize the increased intensity of nursing work and the associated stress and burnout (Armstrong, 2003). If this is truly the case

then there is a great opportunity to take on the challenge of changing the work environment for nurses. Are there aspects of professional practice in the U.S. that Canada could emulate? Are there opportunities for career advancement (i.e., clinical ladders, enhanced scope of practice models) that should be considered? Clearly, these questions must be explored and, if certain strategies are identified and adopted, the effectiveness of these approaches must be examined.

“They think they’re saving money but what they’re doing is they’re devaluing a workforce and they continue to do that. How can you go back to Canada when there’s no guaranteed security even as a professional nurse.”

FUTURE RESEARCH

Many nurses report educational benefits from working in the U.S., such as the ability to receive further training while maintaining a full-time position (Elabdi, 1996). Media accounts have highlighted stories of Canadian nurses being supported by their American employers through funding for courses or accommodating schedules to attend classes (Picard, 2001b). These statements further reinforce the notion that nurses are not only migrating for better pay but for the commitment by U.S. hospitals to professional development (Elabdi, 1996). In this study, there was no evidence to suggest that these incentives are sufficient to attract nurses away from their home country. Research is needed to determine the role that educational benefits and professional development opportunities play in nurse migration. Further work needs to be done to explore what incentives need to be in place to retain Canadian nurses in Canada. For example, beyond full-time work is it signing bonuses, relocation assistance, more competitive salaries and benefits, more convenient scheduling for individual lifestyles, educational opportunities and so on that attracts Canadian nurses to the U.S.? Many of these approaches have been demonstrated to be effective in other industries and other countries.

CONCLUSION

This study provides the first evidence of the types of nurses that chose to leave Canada to pursue nursing careers in the U.S., including information about their education level, the types of education they have obtained outside of Canada, the types of employment options and positions they seek. These data can serve to inform government and policy makers about the career interests of these nurses and serve as the first step towards developing strategies for enhancing our existing and emerging nurses to stay here in Ontario and Canada, as well as identify potential strategies for recruiting the expatriate nurse back to Canada.

Perhaps a poignant conclusion is a comment made at one of the focus groups in NC. A participant commented that on the day following the focus group, she was travelling to a nurse employment fair in Toronto on behalf of her employer – Canadian-educated nurses recruiting more Canadian-educated nurses for work in the U.S. Is there a problem here?

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