

# Resource Manual

For Preceptors and Mentors of Internationally Educated Nurses (IENs)



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RÉSEAU DE SANTÉ

**Horizon**  
HEALTH NETWORK

## Contents

1.	Introduction.....	3
2.	Cultural Competency: Appreciating Diversity in the Workplace.....	5
2.1	Stereotypes, Discrimination and Racism .....	6
2.2	Cultural Competency.....	8
2.3	Culture and Behaviour .....	9
3.	Cross-Cultural Communication: Delivering Effective Feedback.....	11
3.1	Pitch and Tone .....	12
3.2	Medical Jargon and Slang.....	12
3.3	Body Space .....	13
3.4	Body Language .....	13
3.5	Facial Expressions .....	13
3.6	Eye Contact .....	13
3.7	Interpreting Direct and Indirect Communication .....	14
3.8	Assertive Communication.....	14
3.9	General Principle of Delivering Feedback.....	15
3.10	Relationship between Preceptor or Mentor and Learner .....	15
4.	Creating A Structured And Supportive Environment.....	17
4.1	Understanding Culture Shock.....	18
4.2	Racism .....	19
4.3	Evaluating the IEN's Transition .....	19
5.	Appendices.....	20
5.1	Appendix A: Differences – Culture Norms & Values.....	20
5.2	Appendix B: Diversity Awareness Questionnaire .....	21
5.3	Appendix C: Assertiveness Techniques .....	22
5.4	Appendix D: Cultural Values Questionnaire.....	23
5.5	Appendix E: Dealing with Racism in the Workplace.....	24
5.6	Appendix F: IEN Workplace Integration Questionnaire.....	24

## 1. Introduction

Registered Nurses in all roles share the responsibility for creating a culture of learning in which learners are supported in developing and refining the competencies needed for providing safe, competent, and ethical care (Nurses Association of New Brunswick, 2011).

The purpose of this resource manual is to prepare the preceptor and mentor to work with internationally educated nurses (IENs) by:

- Providing some insight into the lived experiences of IENs to serve as a foundation for the successful integration of the IEN into the workplace.
- Enhancing understanding of diversity, cross cultural communication, and how to create an environment of acceptance.

### The role of the mentor



(RN-PDC & NS Department of Health, 2009).

### Who is the IEN?

The term Internationally Educated Nurse (IEN) refers to a nurse who was educated in a country other than Canada. The IEN may have a first language other than English or French.

Internationally educated nurses come from a variety of educational backgrounds, as well as diverse health care systems where the role and scope of nursing practice vary. It is very important to realize that IENs are not a homogeneous group. IEN basic nursing education can range from two to four years and take place in culturally different learning environments.

Given the differences in health care systems and education it is to be expected that gaps will exist.

All IENs bring different sets of skills and abilities as well as different personal circumstances and experiences as they seek to practice nursing in this country.

## Unique Challenges Facing The IEN

### The IENs reported that nurses in Canada:

- were more involved in decision making
- were more assertive with co-workers
- assumed more responsibility for patient care
- were more respected by co-workers
- had more equal relations with physicians
- either had more or less workload than the IEN was used to

### The IENs reported that compared to their home countries, in Canada:

- patients are more knowledgeable
- patients have more rights
- the requirements for consent for treatment differ
- there is greater cultural diversity
- care is client-centred

### The IENs reported that they experienced significant communication challenges such as:

- not being understood by others
- not understanding others
- stress (cognitive fatigue) related to constant attention to language
- having to repeat things several times
- working slower
- sometimes using humour to deflect attention

### The IENs reported feeling treated as an outsider by co-workers, patients and families and also experienced:

- racism from patients and co-workers
- aggression from other staff
- lack of trust from co-workers
- resentment from other staff
- unequal work assignment

## 2. Cultural Competency: Appreciating Diversity in the Workplace

Registered nurses are expected to work with clients and others in a manner that respects and fosters the cultural expression of clients. This requires a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and registered nurses (NANB, 2011a).

Learning to appreciate diversity in the workplace enhances your degree of cultural competence, a responsibility shared by everyone regardless of their cultural background or employment history.

Cultural sensitivity is:

- ✓ Developing awareness to anticipate the perceptions and feelings of others.
- ✓ Modifying our behaviour and reactions to make the other person feel comfortable.
- ✓ Being sensitive to our reactions when experiencing cross cultural differences.
- ✓ Learning and adopting new ways of thinking and reacting.

**It is important to become self-aware and recognize our personal biases and internal stereotypes towards cultural differences.**

**Self-awareness is the first step on the cultural competence journey.**

### Definition of Culture

Culture shapes our behavior, habits and practices at work. Culture is commonly defined as “the collective beliefs and shared practices that people use to make sense of their lived experiences. It includes concepts of ethnicity, language, and religion. In this way, culture acts as a set of guidelines through which people see themselves and their place in society” (Maddalena, 2009).

### Communication and Language



Explicit, direct communication is the norm in western culture. The emphasis is on the content with the meaning found in the words. Other cultures may value implicit, indirect communication with the emphasis on the context and the meaning found in the context rather than the words.

### Dress and Appearance



Typically, in western culture, there is a ‘dress for success’ ideal with a wide range of accepted dress. In a multicultural society you may encounter a wide range of styles of dress and/or religious markings where dress may be seen as a sign of position, wealth, and prestige and may include religious rules.

### Food and Eating Habits



Culture shapes our food and eating habits. Many cultures consider eating a social experience and may involve religious rules. Different forms of food and eating habits include dietary restrictions or taboos, food preferences, manners, and rituals.

## Habits and Practices

Many aspects of work habits and practices are shaped by cultural differences. Some points of difference between how people of different cultural backgrounds approach work include:

1. Emphasis on task versus emphasis on relationships.
2. Recognition and reward based on individual achievement versus seniority.
3. Variation of motivational differences: work-life balance versus work hard to get ahead.

## Relationships

In western culture the focus is often on the nuclear family where youth is valued. In other cultures, the focus is on the extended family where age is given status and is respected.

## Values and Norms

In general terms, in North America there is an individual orientation where a high value is placed on individual initiative and competition, and direct confrontation is preferred in a conflict situation.

In cultures with a group orientation there is more emphasis on relationship building and the preference is for conformity, harmony and saving 'face.'

## Beliefs and Attitudes

Equality and gender equity are valued in western culture where authority is challenged, and individuals control their destiny. Non-western cultures may be hierarchical where authority is respected, individuals accept their destiny and there are different roles for men and women.

## Time

In North American mainstream society time is of extreme importance. It is a quantity to be exactly measured and precisely handled. Appointments are exact, and the failure to keep them precisely causes both inconvenience and resentment.

In more traditional cultures time tends to be determined by nature rather than by clocks. It is not precisely measured, and it tends not to have either the importance or sense of urgency that characterizes the Canadian mainstream. Schedules and treatment times may be perceived as flexible.

To learn more about the dimensions of culture, which can explain behavioral differences as they relate to Western and Non-Western culture, please refer to [Appendix B: Differences - Cultural Norms & Values](#).

### 2.1 Stereotypes, Discrimination and Racism

There is a progressive relationship between stereotype, discrimination, and racism. The following definition and examples of each illustrates that stereotypes, discrimination and racism exist about every cultural group – even our own.

## Stereotype

A stereotype is a simple statement or image of a group of people that does not account for individual differences (National Working Group on Small Centre Strategies, 2009).

Examples of a stereotype are:

1. All New Brunswickers like fish.
2. All white people are successful.
3. All immigrants are poor.

## Discrimination

Discrimination can be defined as a practice that has the effect, intended or not, of putting certain persons or groups at a disadvantage because of shared personal characteristics such as race, sex or religion, and that is based on stereotypes about them or perpetuates the view that they are less capable or less worthy of recognition or value. It can take many forms; none are acceptable. Discrimination limits access to opportunities, benefits, and advantages available to other members of society (Government of New Brunswick, 2011).

An example of discrimination in the workplace would be a housekeeping job being awarded to a male applicant over a female applicant.

## Racism

Racism is the belief that one group of people is superior to another. It may be present in organizational and institutions systems and programs, as well as in the attitudes and behaviors of individuals (National Working Group on Small Centre Strategies, 2009).

When discriminatory actions are related to race, it is called racism. The following scenarios demonstrate racism:

- An employee who speaks with an accent and eats unfamiliar foods sits down at lunchtime and some employees change tables.
- After your co-worker leaves the room an elderly patient says, "Oh, she seemed nice for someone who's from (add place of origin)".

## New Brunswick Human Rights Act

In New Brunswick, as in the rest of Canada, people are protected by law from many types of discrimination. This law is the New Brunswick Human Rights Act. The New Brunswick Human Rights Commission enforces that law.

The New Brunswick Human Rights Act prohibits discrimination and harassment on 16 grounds:

- |                   |                             |                                 |   |
|-------------------|-----------------------------|---------------------------------|---|
| • Race            | • Creed or religion         | • Sexual orientation            | • Social condition, which includes source of income, level of education and occupation, and |
| • Color           | • Age                       | • Gender identity or expression |   |
| • National origin | • Marital status            | • Physical disability           |   |
| • Place of origin | • Family status             | • Mental disability             |   |
| • Ancestry        | • Sex (including pregnancy) |                                 | • Political belief or activity  |

A human rights violation under the NB Human Rights Act occurs when an individual is discriminated against because of one of these prohibited grounds of discrimination. For more information on the New Brunswick Human Rights Act go to [New Brunswick Human Rights Commission \(gnb.ca\)](http://www.gnb.ca)

## 2.2 Cultural Competency

**Culturally competent nurses recognize and value the cultural differences, similarities, and the worth of individuals, families, and communities. They work to protect and preserve the dignity of their client/patient.**

Individuals and systems display cultural competence when they respond respectfully and effectively to people of all cultures, backgrounds, races, ethnic backgrounds, and religions.

The meaning of cultural competence at work:

- Supporting and celebrating diversity among co-workers.
- Asking and answering diversity-related questions respectfully and comfortably.
- Developing meaningful relationships with diverse co-workers.
- Gaining the ability to identify and correct cultural misunderstandings and stereotypes.
- Seeking opportunities to experience different cultures.
- Appreciating perspectives that may differ from our own values and 'norms'.

### Scenario

Demonstrating Cultural Competence:	Suggested Response:
<p>A female physician who was educated in Nigeria has recently immigrated to Canada and is now practicing in rural New Brunswick. On her first day, a 30-year-old male patient gives the physician the thumbs up when she arrives at the clinic. The nurse in the clinic notices the physician has a negative reaction to the harmless, even friendly gesture.</p> <p>The physician is noticeably upset by this gesture. How would the nurse respond to demonstrate cultural competence?</p>	<p>In private, the nurse should ask the physician why she is upset.</p> <p>This response demonstrates a high degree of cultural competence. After the nurse asked, the physician explained her understanding of the thumbs up symbol and why she was upset.</p>

In many parts of the world including Nigeria, Australia, and Middle Eastern countries, the thumbs-up sign has negative connotations, like the middle-finger North American gesture.

In western culture, the thumbs-up sign is a common nonverbal gesture used to indicate happiness. This is an example of cultural differences in interpretation of nonverbal communication.



## 2.3 Culture and Behaviour

The following scenarios will provide an opportunity to explore your beliefs and attitudes about diversity. By reflecting on your response to an interaction that could occur in an everyday healthcare setting, you will be able to examine how your personal biases play a role in your perceptions and reactions.

All workplace interactions are shaped by culture and diversity. Communication is of primary importance to cultural competence.

Scenario 1	
Demonstrating Cultural Competence	Suggested Response
<p>What could it mean if you observed an IEN display this behavior in your workplace?</p> <p>Remaining silent in a conversation with the physician who has ordered what is obviously the incorrect dosage of a medication.</p>	<p>An individual's level of comfort with speaking up about medical errors may vary with culture. In western culture, the collaborative team concept of interdisciplinary care has become the standard.</p> <p>In cultures with larger power differentials and centralized systems, healthcare workers could feel discouraged from speaking up if co-workers are perceived to be more powerful, senior, or respected.</p>

Scenario 2	
Demonstrating Cultural Competence	Suggested Response
<p>What could it mean if you observed an IEN display this behavior in your workplace? Avoiding eye contact with the nurse manager.</p>	<p>In western culture, healthcare workers are encouraged to maintain direct eye contact for clear and respectful communication with their co-workers.</p> <p>In many cultures, it is custom to avoid eye contact; for example, many Latin American cultures avoid eye contact as a sign of respect.</p>

Many times people make facial expressions or perform gestures to make a situation more comfortable.

**Note:** Do not assume smiling or nodding means your message has been understood and clearly communicated.

See [Appendix B: Diversity Awareness Questionnaire](#) to help you reflect on your reactions and perceptions of cultural differences.

**Learning to appreciate diversity in the workplace will enhance your degree of cultural competence and your ability to develop meaningful, cross-cultural relationships.**

## Language Proficiency

Language proficiency remains one of the central challenges for many IENs as Canadian nursing terminology may be different.

For the IEN, who may have learned English or French in a solely academic setting, things such as names of common items, idioms and slang, medical terminology, abbreviations, acronyms, jargon, suffixes, and prefixes can cause serious limitations. Many IENs are forced to learn nursing language “on the go”, which can pose problems for professional integration but also for clinical care (Neiterman & Bourgeault, 2013).

IENs need to be corrected when their pronunciation is wrong or unclear. When done in a safe supportive environment without judgments, the IEN will quickly begin to recognize mistakes and slowly improve with practice. For pronunciation that severely hinders the IEN’s ability to communicate, outside assistance may be in order.

It has also been noted that IENs develop feelings of inadequacy and embarrassment when colloquial expressions or abbreviated medical terms were used in work related situations and they did not know the meaning. They often felt that patients and other health care workers saw them as unskilled nurses rather than as a true health professional (McGuire & Murphy, 2005).

The IEN may not recognize vulgar and slang expressions that patients may use in describing their situations. They may also use slang inappropriately.

Encourage the IEN to ask questions about any terms they do not understand and help them understand and interpret words and expressions that are not familiar to them. Differences in pronunciation, accent and terminologies limit the IEN’s expression and understanding.

Telephone communication may be stressful due to lack of nonverbal cues. The IEN may need help with clarifying, paraphrasing and taking detailed notes over the telephone. Assertiveness is important when communicating by phone.

Provide opportunities for simulated phone calls where the IEN uses telephone scripts to call and leave you a message. Incorporating the SBAR (situation-background-assessment-recommendation) formula into the calls will help them practice their assertiveness techniques.

Strategies to help the IEN prepare for report include:

- Allow IEN extra time to listen to their patients’ report a second time, once the team has left.
- Ensure the IEN has extra time set aside to prepare for report taping and the actual taping itself.
- Create a report template the IEN can use to organize the information needed for the report.

## Assertiveness

In many countries, the nurse is not a team member, but functions in a very hierarchical society where the doctor is in charge of patient care. The role of the rest of the healthcare providers is to follow the direction of the doctor. Nurses from this type of culture can be very intimidated to

experience the North American system where patient care is a team function and each member of the team is valued and participatory.

Being expected to transform one's role from passive to active can be very difficult and challenging for the IEN. We may take for granted what may be very, very foreign and even generate fear in the newcomer.

### Assertiveness Techniques

It is important to provide the IEN with specific formulae for direction and words they can rely on in stressful situations.

Experience has shown in stressful situations, IENs tend to fall back on old communication patterns and habits. A thorough grounding in appropriate assertiveness techniques provides the IEN with the necessary tools to use in the workplace. Role modeling assertiveness in your interactions with the IEN is an important teaching tool.

See [Appendix C: Assertiveness Techniques](#), for more information.

**An IEN entering a new country, a new healthcare system, and a new work environment will face unique challenges.**

### Therapeutic Nurse-Client Relationship

Therapeutic communication techniques may not have been included in the IEN's initial nursing education program. The concept of developing partnerships with patients and family members in order to optimize care delivery may be new. In some countries the nurse may have more power over the patient where you can tell them what is best for them rather than engage in a therapeutic relationship.

Informed consent for treatment and patient advocacy are different in Canada (*Tregunno et al, 2009*). Informed consent, for example, is core to our belief in patient rights. However, in many other cultures this is not the case. There may be a more paternalistic approach to patient care and the nurse from that culture would not be familiar with or perhaps supportive of patients and their families participating in decisions regarding their care. Patients, families and other staff may note this and interpret this as negative behaviour of the newcomer.

For some IENs, the role of patient advocate may be new, particularly for those nurses educated in a health-care system with different relationship structures with regard to physicians, nurses and patients. Cultural factors and language challenges may make therapeutic communication very difficult leading to frustration and misunderstanding in professional relationships.

### 3. Cross-Cultural Communication: Delivering Effective Feedback

Reactions to cultural differences in the workplace can be very non-productive. When working with IENs, our lack of understanding of what the cultural differences may be and how they impact the other person's communication and beliefs can lead us to misinterpret messages,

leading to negative relationships and conflict. This ultimately contributes to the lack of ability to provide adequate support to the newcomer. Communication is fundamental in any relationship. How we communicate, both verbally and nonverbally, affects the way our messages are received.

Understanding communication types, styles and cultural influences will help you establish a positive, open relationship with the IEN. The diagram below illustrates the three facets of communication: verbal, non-verbal and delivery style.



Verbal communication is the words people speak to convey their thoughts. It is important to recognize that a person's choice of words and how they interpret words is influenced by many factors such as culture, age, educational background, and gender. Not all words have the same meaning to everyone. Therefore, it is essential that you ask questions to validate the verbal communication that you are receiving.

### 3.1 Pitch and Tone

The pitch and tone of a person's voice can either support or contradict the content of the verbal message. Pitch refers to the intensity of a person's voice and can be high or soft. Tone refers to the quality of the person's voice, for example, a flat tone can portray concern or anger.

In some cultures, including Aboriginal cultures, a soft tone of voice and low volume signal respect, rather than a lack of interest or confidence (Caron, 2006). Listen carefully to a person's voice as they may be conveying a different message than what the words express.

### 3.2 Medical Jargon and Slang

Medical jargon and slang are often used on a daily basis by all healthcare disciplines. It is important to avoid using medical jargon and slang when new nurses are being orientated to a unit to ensure that the message is interpreted and perceived correctly.

Frequently the most challenging form of communication is non-verbal as there are varying cultural expectations regarding non-verbal cues such as body space, body language, facial expression, and eye contact to convey a message (Antai-Otong, 2007).

Non-verbal behaviors are often involuntary and therefore, take precedence when a message is received. For example, there is a range of cultural interpretations for silence, from a less aggressive method of disagreement to a sign of respect and deference. Silence and pauses are often misunderstood as signs of agreement or lack of interest.

Non-verbal behavior must be verified if it is inconsistent with what the IEN is saying. At times, the IEN may be unable to verbalize needs because of cultural differences. You must pay close attention to non-verbal cues in these situations and understand the behaviour in a cultural context.

### 3.3 Body Space

Culture influences how a person positions themselves when communicating verbally. The distance from another person conveys different messages. Western cultures tend to stand farther away from each other when engaging in conversation. Depending on cultural norms, the receiver may feel threatened when one is too close or feel disrespected when one is too far away.

### 3.4 Body Language

Body language conveys a non-verbal message by way of posture, physical gestures or other behaviours. In Western cultures, the mood of a person can be interpreted by observing their body language. For example, bowing of the head and poor posture can portray despair or sadness. Rapid, repetitive body movements, such as tapping of a foot on the floor, may indicate anxiety.

You must respect and acknowledge differences in body language and not judge the person on this alone. Body language is a strong source of communication and may not always be congruent with what is being said. In these situations, you must search for clarity by asking questions.

### 3.5 Facial Expressions

Facial expressions communicate feelings. When a verbal message is inconsistent with a person's facial expression, the nonverbal behavior generally is perceived as more truthful.

It is important to be aware of the cultural influences on facial expression. Although facial expression is often a strong indicator of emotion, some cultures mask emotion. For example, smiling in some cultures might be used primarily to cover embarrassment.

Oftentimes, people will make facial expressions or perform gestures in an effort to make a situation more comfortable. Do not assume that smiling or nodding of the head means that your message has been understood and clearly communicated.

### 3.6 Eye Contact

In western culture, we are encouraged to maintain direct eye contact while talking or listening to convey interest or concern. This creates a sense of confidence and credibility, whereas downward glances or averted eyes signal submission, weakness, or shame (Arnold & Boggs, 2011).

Some cultures avoid eye contact as a sign of respect. You should not assume a person is being disrespectful or is not interested if they are avoiding eye contact.

### 3.7 Interpreting Direct and Indirect Communication

When favoring indirect communication, the speaker is more concerned with the overall emotional quality of the interaction than with the meaning of particular words and sentences. In direct communication, attention is on the literal meanings of words and less on the context.

All of us engage in both direct and indirect communication styles. There are times we “say what we mean, and mean what we say,” leaving little to be read into the message. At other times, we may deliver messages with non-verbal cues.

It is less important to classify any communication as direct or indirect than it is to understand whether verbal or non-verbal cues are the most prominent. Without this understanding, those who tend to use indirect starting points may be looking for shades of meaning that are not present; those who prefer direct communication may miss important nuances of meaning (LeBaron, 2003).

Understanding the degree to which speakers rely on factors other than the words to convey their messages may lessen or even prevent conflict. We need to reorganize our thinking to truly understand others whose communication starting points may differ from our own and this requires significant, continuous effort.

### 3.8 Assertive Communication

Assertiveness is the ability to confidently and honestly express your opinions, thoughts, ideas, and rights without undue guilt or anxiety, in a manner that respects both personal and other people’s rights. The primary aim of assertiveness is to meet personal needs, maintain personal rights, and portray respect for self and others.

Assertiveness is conveyed when your verbal message is congruent and consistent with your non-verbal behavior. This style of communication is most favorable in effectively communicating with individuals.

#### Aggressive Communication



Aggressive communication is an ineffective communication style where the aggressive person is confrontational, ignores the rights of others, and is disrespectful. This behaviour eventually destroys interpersonal relationships, reduces productivity, and jeopardizes clinical outcomes.

#### Passive Communication



Passive communication is another ineffective communication style that is often used to avoid conflict. A passive person avoids confrontation by masking their anger and internalizing their stress. This eventually increases anxiety levels and can result in outbursts and stress-related physical and mental health problems.

### 3.9 General Principle of Delivering Feedback

A critical component of preceptoring or mentoring is providing effective feedback. While many of the strategies used to deliver feedback apply to all learners, some are particularly important when working with internationally educated nurses:

- Build an environment of trust and support
- Develop a learning plan
- Build in opportunities for observation
- Deliver feedback
- Pay attention to response and clarify as necessary

Before feedback will be accepted positively by the IEN, the preceptor or mentor must establish a relationship of trust and mutual respect. The climate in which feedback takes place is a critical determinant of the way the learner perceives the process. Explaining the purpose of feedback will help facilitate how well it is received.

A learning plan is an important tool you can use to provide feedback. It should be developed and agreed upon early in the relationship. To establish a safe learning environment:

- Emphasize all nurses can have gaps in knowledge and skills.
- Encourage learners to ask for help and advice in their clinical work
- Role model by asking for, accepting, and using feedback to demonstrate its utility and normality.

When the IEN repeats your explanations or instructions in exactly the same words, there is a significant chance that they have not understood the statement. Rephrase, avoiding slang and idioms. Then check for understanding again. The use of open-ended questions in discussions with IENs can be helpful to identify issues or topics of concern. Build on strengths rather than emphasizing weaknesses.

Following feedback session, it is important to check for understanding. Avoid asking a general question such as, “Do you understand?” Instead ask specific questions about the feedback you have just given. Learning from feedback is the ultimate goal.

**Before feedback will be accepted positively by the IEN, the preceptor or mentor must establish a relationship of trust and mutual respect.**

### 3.10 Relationship Between Preceptor or Mentor and Learner

Canadian culture has a flatter hierarchy than that which exists in some other countries and the relationship between teachers and learners can be very different, with a steeper power differential in a learner’s country of training. This can mean that an IEN may have much greater difficulty disagreeing with an authority figure than a comparable Canadian graduate.

For example, in many traditional Asian cultures disagreement and disharmony are unacceptable. The

idea of saving face and losing face is of such importance that direct criticism may be considered unacceptable (Arnold & Boggs, 2011). As a consequence, the tendency is to respond to questions and requests with a reply that is believed to be in accordance with the expectations of the preceptor or mentor. Thus, agreement with a piece of feedback might be expressed, but there may not actually be follow-through without some deeper exploration of the issues.

An IEN might also appear to be quiet and passive in their communication patterns, reflecting the expected cultural behavior of a learner towards a teacher, or a woman towards a man, and it is important not to mistake this for lack of knowledge or confidence.

In some cultures, questioning or challenging someone in authority may be considered a personal attack on that person's competence. In Canada, we expect learners to actively participate in discussions and develop their own ideas. It is considered normal that learners will question and/or consider more than one side of an issue.

### Attitudes towards Critique

In some cultures, critique is not an acceptable part of day-to-day practice, and it is therefore liable to be misconstrued as an extremely serious failure on the part of the learner. This can make it even more difficult for some IENs to reveal learning needs or expose limitations to a preceptor or mentor. Because of this, some IENs may seem to avoid feedback more than the average Canadian graduate. It is important, therefore, to normalize feedback as a regular activity that includes areas to be reinforced and areas requiring improvement.

### Experience with Self-Evaluation

The IEN may need a great deal of guidance in assessing their performance. Self-evaluation may be unknown to them in their former nursing programs where feedback came from the instructor and the student had little opportunity to contribute to the process. Feedback sessions can provide valuable opportunities to assist the IEN in developing self-evaluation skills.

### Vulnerability in Evaluation

While all students experience some level of anxiety when receiving feedback, IENs may be even more apprehensive as they cope with the additional stresses of adjusting to a new culture, environment and language.

There are many other stresses beyond the workplace with which IENs must cope. They may have dependent family members. Financial difficulties can be overwhelming. IENs may also be commuting significant distances, or they may have to live apart from their family while settling into a new country and workplace.

It is important to recognize any additional stressors and vulnerabilities, and to be supportive when providing feedback. Building on strengths, in addition to addressing gaps, is critical.

### Language Proficiency

Although IENs have met the language requirements for initial registration, many still may have difficulties speaking and comprehending English or French.



When delivering feedback to IENs it is essential to allow sufficient time for discussion. Avoid giving too much at once. If there are several issues to discuss, consider having more than one session. Use simple, straightforward, everyday language.

#### 4. Creating A Structured and Supportive Environment

Being aware of potential barriers to workplace adjustment will help the employer adapt the orientation and mentorship programs to better support the IEN. Nurse researchers have looked at the perceptions of IENs regarding factors that affect their ability to adjust to a new workplace (Kawi & Xu, 2009; Zizzo & Xu, 2009).

These factors include:

1.	Language and communication inadequacy which may lead to miscommunication and unfavourable perception of IEN's ability to provide safe patient care.
2.	Differences in way of life: the IEN may lack knowledge and understanding of the host culture way of life. In addition, some of their own ways of life, such as avoidance of conflicts and lack of assertiveness may hinder their adjustment to a Western health environment.
3.	Lack of support from staff, colleagues and supervisors in their adjustment to the new work environment resulting in feelings of disappointment and being mistreated, ultimately leading to resentment and even humiliation.
4.	Orientation that did not address their unique learning needs.
5.	Differences in nursing practice: incongruence between job expectations and actual demands. Examples may include high acuity of patients, increased physical demand and fragmentation of care.
6.	Inequality of opportunity for career advancement and professional development.
7.	No support in dealing with prejudice and injustice in the workplace.

Key strategies for the mentor or preceptor include:



✓	Be aware of your own cultural biases and stereotypes
✓	Understand and accept cultural differences
✓	Recognize and acknowledge the IEN's challenges: at work and at home
✓	Appreciate the cultural differences that the IEN brings to the relationship
✓	Respect the IEN's nursing knowledge, education and experience
✓	Take the time to learn about the practice of nursing in their home country to be able to provide necessary support
✓	Provide guidance and feedback when necessary
✓	Have reasonable expectations of IEN
✓	Provide ongoing support as necessary
✓	Treat IEN and each other with respect

Self-directed learning activities are often used to orient new nurses to a new workplace; however, the IEN and mentor will require additional one-on-one time to determine the level of understanding and the need for additional skill development. Cultural differences must be taken into consideration when the IEN and mentor work together to complete a skills and abilities assessment early in the orientation program. The development of a learning plan with realistic and measurable goals is a key tool to frame the IEN-mentor relationship as well as to provide a framework for ongoing support from the unit manager and clinical educator.

Do not make any assumptions about the nurse and their practice. A thorough assessment of the IEN's abilities is necessary. Rather than assume that the IEN understands the information provided, jointly review each of the orientation topics to consider the level of understanding. It is important to provide individualized support as each IEN will have different learning needs.

It is important that the mentor is culturally aware and able to assist the IEN in developing similar self-awareness. This includes helping the IEN become aware of how their words, actions, or inactions, impact or appear to other nurses. [Appendix D: Cultural Values Continuum](#) is a useful tool that you and the IEN can use to better understand and appreciate the cultural differences that each of you brings to the relationship.

#### 4.1 Understanding Culture Shock

The culture shock that newly recruited nurses from other countries experience can be profound. Virtually everything in life is different and often complicated when compared to the nurse's country of origin. IENs are adjusting to significant changes in their lives at the same time they are trying to orient to their new nursing positions. Challenges range from shopping for food or opening a savings

account to learning how to drive or how to dress for the weather. Remember that most new immigrants experience culture shock after immigrating to a new country. Culture shock is a process and everybody, to various degrees and lengths, will experience it.

People who visit or live in another country are often surprised with the differences between their culture and culture of the other country. Commonly two cultures are compared against for their differences not similarities. Cultural differences can make people feel uncomfortable, frightened, or even insecure. This is known as culture shock.

IEN need to learn many skills and they face many challenges. Empathizing with the IEN by reassuring them it is normal to experience a variety of emotions when their adjusting to a new society will help them cope with emotional highs and lows. Including IENs in social functions makes them feel welcome. This has proven to be effective and requires active strategies from the employer.

Unit staff can support the IEN's socialization by getting to know them personally. Learn about their culture, family, hobbies and how they are adjusting to life in New Brunswick. On a daily basis it is important to invite IENs for breaks and meals. Encourage unit staff to be open and available for IENs to ask questions, share concerns, issues, or areas of confusion.

## 4.2 Racism

Many people say they do not care what color people are or they do not notice color! Unfortunately, everyone notices variations in physical appearance. Pretending racism does not exist may cause us to overlook racism an IEN could be experiencing.

Refer to [Appendix E: Dealing with Racism in the Workplace](#) for more information.

“Opportunities to support long-term mentorships extending beyond the defined orientation period will assist the IEN with professional development issues and career planning.”

## 4.3 Evaluating the IEN's Transition

Evaluate how the IEN is transitioning into the new workplace and if their expectations are being met. [Appendix F: IEN Workplace Integration Questionnaire](#) provides an evaluation tool that can be used to direct a conversation with the IEN or for their written feedback.

## 5.1 Appendix A: Differences – Culture Norms & Values

Dimensions of Culture	Western Culture	Non-Western Culture
Sense of self & space	Informal Handshake	Formal Hugs, bows, handshakes
Communication & language	Explicit, direct communication, emphasis on content Meaning found in words	Implicit, indirect communication emphasis on context Meaning found around words
Dress & appearance	'Dress for success' ideal wide range of accepted dress	Dress seen as a sign of position, wealth, prestige Religious rules
Food & eating habits	Eating as a necessity – fast food	Dining as a social experience Religious rules
Time & time consciousness	Linear and exact time Consciousness Value on promptness – Time = money	Elastic and relative time consciousness Time spent on enjoyment of relationships
Relationships, family, friends	Focus on nuclear family Responsibility for self Value on youth, age seen as a handicap	Focus on extended family Loyalty & responsibility to family Age given status and respect
Values & norms	Individual orientation Independence Preference for direct Confrontation of conflict	Group orientation Conformity Preference for harmony
Beliefs & attitudes	Egalitarian Challenging authority Individuals control their destiny Gender equity	Hierarchical Respect for authority Individuals accept their destiny Different roles for men & women
Mental processes & learning style	Linear, logical, sequential Problem solving focus	Lateral, holistic, simultaneous Accepting of life's difficulties
Work habits & practices	Emphasis on task Reward based on individual achievement Work has intrinsic value	Emphasis on relationships Rewards based on seniority, relationships Work is necessity of life

(Adapted from the Managing Diversity Survival Guide, Gardenswartz & Rowe (IRWIN, 1994)

Source: Inter-Cultural Association of Greater Victoria. Retrieved March 3, 2014 from [http://integrationnet.ca/english/ini/wci-idca/tbo/ToolBox\\_Handout\\_3.pdf](http://integrationnet.ca/english/ini/wci-idca/tbo/ToolBox_Handout_3.pdf)

## 5.2 Appendix B: Diversity Awareness Questionnaire

Read each diversity awareness statement in each row than circle the number to represent where you fit along the continuum

Diversity Awareness Statement	Personal Continuum Scale	Diversity Awareness Statement
I am not knowledgeable about the culture norms of different groups in the community.	1 2 3 4 5 6 7 8 9 10	I am knowledgeable about the culture norms of different groups in the community.
I do not hold stereotypes about other groups.	1 2 3 4 5 6 7 8 9 10	I admit my stereotypes about other groups.
I feel partial to, and more comfortable with, some groups than others.	1 2 3 4 5 6 7 8 9 10	I feel equally comfortable with all groups.
I gravitate towards others who are like me.	1 2 3 4 5 6 7 8 9 10	I gravitate towards others who are different.
I find it more satisfying to work in a homogeneous group.	1 2 3 4 5 6 7 8 9 10	I find it more satisfying to work in a multicultural group.
I feel everyone is the same, with similar values and preferences.	1 2 3 4 5 6 7 8 9 10	I feel everyone is the unique, with differing values and preferences.
I am perplexed by the culturally difference behaviours I see among people.	1 2 3 4 5 6 7 8 9 10	I understand the cultural influences at the root of some of the behaviours I see among people.
I react with irritation when confronted with someone who speaks and dresses very differently than me.	1 2 3 4 5 6 7 8 9 10	I show patience and understanding with someone who speaks and dresses very differently than me.
I am task focused and don't like to waste time chatting.	1 2 3 4 5 6 7 8 9 10	I find more gets done when I spend time on the relationship first.
I feel newcomers to this community should adapt to our rules and way of life.	1 2 3 4 5 6 7 8 9 10	I feel both newcomers and the community need to change to fit together.

(Adapted from: The Managing Diversity Survival Guide, Garenswartz and Rowe (IRWIN, New York, 1994).

Source: Inter-Cultural Association of Greater Victoria. Retrieved March 3, 2014 from [http://integrationnet.ca/english/ini/wci-idca/tbo/ToolBox\\_Handout\\_7.pdf](http://integrationnet.ca/english/ini/wci-idca/tbo/ToolBox_Handout_7.pdf)

### 5.3 Appendix C: Assertiveness Techniques

Assertiveness is the ability to express your thoughts, ideas, and feelings without undue anxiety and expense to others. It shows respect for oneself and other's rights.

The person learning the art of assertiveness can benefit from having a formula to assist them when first using this skill. The following two potential formulae may be used at your discretion:

1. The 'I' perspective

The principle of this formula is to identify your feelings, the behaviour causing these feelings, and if appropriate, a suggestion to change the behaviour.

I.e.: 'When you (describe the behaviour) I feel (how the behaviour makes you feel). I would like (describe the change of behaviour you want to see).'

I.e.: 'When you spoke to me in front of the patient, I felt humiliated. If you need to speak to me about my care, please speak to me in private.'

This technique allows the speaker to describe his, her, or their feelings (reality) without showing disrespect to the listener.

2. Repeating assertion (broken record)

The principle of this formula is state what you want to see happen without having it end in an argument. This method can be very effective when you want or need something specific to happen.

Example:

You: Mr. G is (outline patient status using SBAR tool: Situation-Background-Assessment-Recommendation). I would like you to examine him.

Dr.: I will be in tomorrow, it can wait until then.

You: He is feeling (repeat patient status), I want you to examine him.

Dr.: I am sure it can wait.

You: I realize you do not see this as acute, but I would like you to see him.

Source: Kwantlen University College & Canadian Association of Schools of Nursing (2008). Online Module: Language Challenges for IENs. Available at [https://www.casn.ca/en/IEN\\_119/items/1.html](https://www.casn.ca/en/IEN_119/items/1.html)

## 5.4 Appendix D: Cultural Values Questionnaire

The following continuum identifies value differences existing between cultures. An individual or group mostly is somewhere in between the continuum and rarely at either end.

Identifying the differences in your cultural values and those of others will help you better understand your interactions with the IEN. Read each cultural value statement in each row than circle the number to represent where you fit along the continuum

Cultural Value Statement	Personal Continuum Scale	Cultural Value Statement
<b>Individual Orientation:</b>		<b>Group Orientation:</b>
Personal achievement	1 2 3 4 5 6 7 8 9 10	Affiliation
Competition	1 2 3 4 5 6 7 8 9 10	Cooperation
Autonomy	1 2 3 4 5 6 7 8 9 10	Relations to others
Individualism	1 2 3 4 5 6 7 8 9 10	Group well being
<b>Equality valued:</b>		<b>Hierarchy valued:</b>
Authorities as equals	1 2 3 4 5 6 7 8 9 10	Authorities as superiors
Question authority	1 2 3 4 5 6 7 8 9 10	Respects authority – Authority figure directs
Communication is interactive	1 2 3 4 5 6 7 8 9 10	Communications
Gender equity valued	1 2 3 4 5 6 7 8 9 10	Different roles for genders
<b>Confrontation:</b>		<b>Saving 'Face':</b>
Individuals may disagree	1 2 3 4 5 6 7 8 9 10	Disagreements are avoided
Ideas discussed/debated	1 2 3 4 5 6 7 8 9 10	Conformity is preferred
Preference for direct confrontation	1 2 3 4 5 6 7 8 9 10	Preference for harmony & 'saving face'
<b>Direct Communication:</b>		<b>Indirect Communication:</b>
Meaning found in the actual words	1 2 3 4 5 6 7 8 9 10	Meaning found in the context rather than the words
Emphasis on verbal communication	1 2 3 4 5 6 7 8 9 10	Emphasis on non-verbal communication

(Adapted from the works of: Beebe et al. 2007; Dixon, 2006; Hall, 1990)

Source: Kwantlen University College & Canadian Association of Schools of Nursing (2008). Online Module: Delivering Effective Feedback. Available at [https://www.casn.ca/en/IEN\\_119/items/1.html](https://www.casn.ca/en/IEN_119/items/1.html)

## 5.5 Appendix E: Dealing with Racism in the Workplace

### Dealing with Racists Jokes

Figuring out how to react when a co-worker makes a racist joke is tricky. If you don't call the person out on their racism, you seem to be condoning the behaviour. But if you do say something, you risk alienating them and sabotaging your working relationship.

The **best response to a racist joke** should accomplish 3 things:

1. Communication you find this behaviour unacceptable.
2. Demonstrate the joke is racist.
3. Inflict as little damage as possible to your working relationship with the person who told the joke.

### **When someone tells a racist joke, act like you don't understand.**

Wear a bewildered expression and act like you don't understand the joke, then ask the person who told the joke to explain why the joke was funny. They will be unable to do so without evoking a racist stereotype. You then can question the veracity of this stereotype, thus pointing out the racism of the joke without being confrontational or humiliating your co-worker. Racist jokes rely on an unspoken, shared knowledge of racist stereotypes. Without stereotypes, there is no humor.

### **Dealing with Racist Comments - Scenario**

A co-worker made a comment that was racist; a sweeping generalization of all people of a certain race. You told the co-worker the comment they made was 'racist' and they just shrugged.

Suggested response: Normally if someone makes one isolated racist remark, you would say, 'Wow. What would make you say that?' that lower-key approach on its own is often enough to cause the person to recant and watch what they say in future.

If you have already tried pointing out their racism and the co-worker is defending it, than you need to be more direct. 'I'm telling you those comments are unwelcome in the workplace, and around me. They expose Horizon to legal liability under the New Brunswick Human rights laws, so I strong suggest you stop'.

If it further continues, you need to talk to your supervisor/manager. If they are aware of the relevant employment laws and Horizon policies, they will want to know. Don't consider this action as 'causing trouble' rather consider it as a series problem being brought to their attention before it causes more damage.

It is in Horizon's interest to intervene and stop racist comments since the employer is legally liable for an employees work environment. When talking to your co-workers supervisor/manager you can say, 'I want to bring to your attention (name co-worker) has been making racist comments regularly in my presence. I've asked several times for them to stop and have expressed it is unwelcome, however it has continued. I am bringing it to your attention as their manager as I assume you would want to address this toxic behaviour and avoid any legal ramifications'.

Van Kerckhove, Carmen (2011). Retrieved March 4, 2014 from <http://www.allisonfarnum.wordpress.com/2009/05/12/how-to-respond-to-a-racist-joke-by-carmen-van-kerckhove/> and Green, Alison (2011). Retrieved March 4, 2014 from [www.askamanager.org/2011/10/coworker-keeps-makingracist-comments-to-me.ht](http://www.askamanager.org/2011/10/coworker-keeps-makingracist-comments-to-me.ht)



## 5.6 Appendix F: IEN Workplace Integration Questionnaire

**Part I:** Indicate the extent to which you agree or disagree with the following statements.  
Use comments area under each section to expand on specific issues.

Part I: Personal Assessment of IEN Integration	Strongly Disagree	Disagree	Agree	Strongly Agree
<b>1. My co-workers and team members:</b>				
a) understand cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) accept cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) respect my nursing knowledge, education and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) provide guidance and feedback when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) have reasonable expectations of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) provide ongoing support as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) treat me and each other with respect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. My manager or employer:</b>				
a) understands cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) accepts cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) respects my nursing knowledge, education and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) provides guidance and feedback when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) has reasonable expectations of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) provides ongoing support as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) treats me and each other with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. I am a valuable member of the work team.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. I socialize with my colleagues.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. I am a part of a community.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. I am satisfied with my job.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. I feel comfortable as a member of an interdisciplinary team.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. I would recommend my workplace to other IENs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. I have contact with my mentor even when we are not working together</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Having an assigned mentor made a difference to my adjustment to the workplace.</b>				
Comments:				
<hr/>				
<hr/>				

Adapted from Government of Newfoundland and Labrador, Department of Health and Community Services (2012). IEN Workplace & Community Integration: Outcomes Evaluation Survey. St. John's, NL: Author.

**Part II:** Using a scale of 1 to 3, where **1 = No Improvement** and **3 = Improved a Lot**, please indicate the extent to which you would rate your improvement in the following areas. Note: Please check **Not Applicable** if this was not an issue for you when you started working in NB.

Part II: Personal Assessment of IEN Integration	No Improvement	Improved a Little	Improved a Lot	Not Applicable
<b>1. Your level of comfort communicating with:</b>				
a) patients/clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your manager or employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) your neighbors/community members where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Your level of comfort with:</b>				
a) the technology on your unit/in your workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) the level of autonomy in your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) nursing roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) your nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Your work environment:</b>				
a) is friendly and welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) supports diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) promotes nurses working together with mutual respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) is free of discrimination and harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Your community living:</b>				
a) a. is comfortable and satisfying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) b. supports diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) c. is free of discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) promotes integration of immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
<hr/>				
<hr/>				

Adapted from Government of Newfoundland and Labrador, Department of Health and Community Services (2012). IEN Workplace & Community Integration: Outcomes Evaluation Survey. St. John's, NL: Author.