

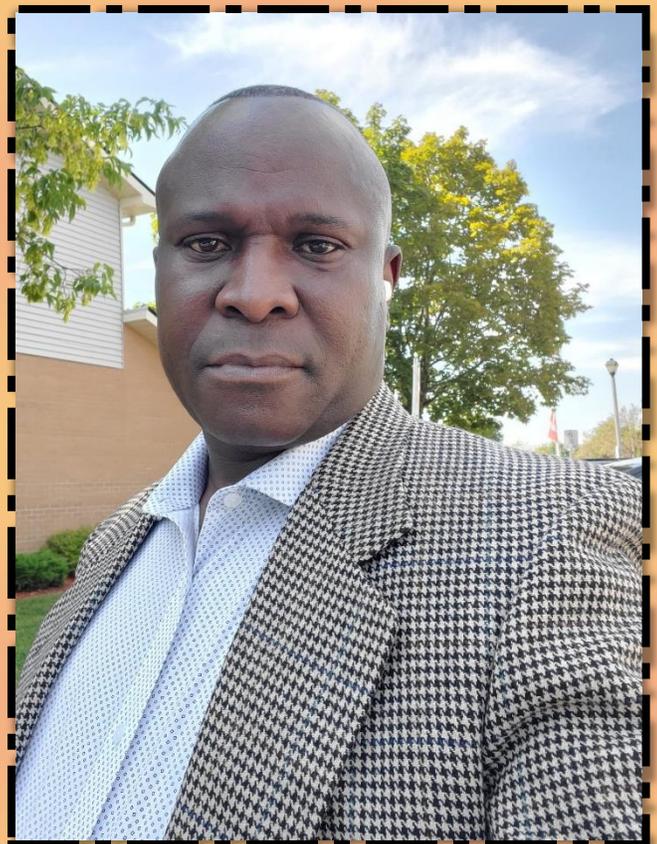


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**ASK4CARE Employee of The Month for FEBRUARY 2023 is Kelly Obas!**

Kelly has been employed with Ask4Care from June 2022. While he has only recently joined the company, he has already made a considerable contribution. The characteristic that sets Kelly apart is his desire to put in the effort, especially at the present home where the residents have more challenging behavior. The fact that the supervisors have frequently asked for only Kelly to work speaks volumes about his commitment to his job. Kelly always recalls the incident where one of the gentlemen he was supporting was highly aggressive. He was working alone during that shift. The gentleman must be restrained as per the care plan. Kelly took his time and was careful to avoid doing anything that would aggravate the resident. To ensure that none of the other residents' safety is in jeopardy, he redirected his attention and brought the resident back to his room. He performed the task and duties seamlessly as per the care plan refraining from using the safe management restraining techniques.



We are proud to have you as our February 2023 Employee of the Month! Thank you, Kelly, for your hard work and being an excellent role model!

*Working with Ask4Care give me a flexible schedule and helps me have a better work-life balance-* **Kelly Obas**

# ARE IMMIGRANTS THE SOLUTION TO CANADA'S HEALTH-CARE WORKER SHORTAGE?

Q and A with a Laurier nursing migration expert



In recent months, news headlines have been dominated by concerns of labour shortages in Canadian health-care systems. For insight and analysis, we spoke to Margaret Walton-Roberts, a professor of Geography and Environmental Studies at Wilfrid Laurier University. Walton-Roberts' research focuses on the global migration of nurses. She is currently leading the Global Nurse Migration Pathways project, funded by the Social Sciences and Humanities Council of Canada, which is comparing three distinct migration models to establish international best practices. Her latest book is titled *Global Migration, Gender and Health Professional Credentials: Transnational Value Transfers and Losses*.

**WE KEEP HEARING IN THE NEWS THAT WE HAVE A SHORTAGE OF HEALTH-CARE WORKERS IN CANADA. WHAT FACTORS HAVE CREATED THIS ISSUE?**

We don't really know how many health-care workers we have across the country. We have 13 completely different health-care systems, and we don't have very effective health workforce data to understand trends like inflows and outflows. This raises many questions. Are we training enough medical professionals? Are we making the job attractive enough to retain the ones we have trained? When we bring professionals into our country, are they being effectively integrated into the health-care system?

We are in a pandemic and health-care workers are burnt out, and they are leaving because they're unhappy with how things have been going. It's a very challenging job and it's not made any easier when it's



constantly in the crosshairs of austerity. The quick fix has been, “We'll just import some more health-care workers, or we'll just work short-handed,” and I think we've pushed it too far.

## **HOW DOES GENDER PLAY INTO THIS ISSUE?**

Gender is a big deal because more than 75 per cent of health-care workers around the world are women, and yet they tend not to hold the senior leadership positions in the occupation. Caring professions are generally undervalued because they are heavily feminized. We always think of them as a cost, not an investment.

## **WHAT SORT OF BARRIERS DO INTERNATIONALLY EDUCATED HEALTH-CARE WORKERS FACE WHEN THEY COME TO CANADA?**

The main barrier is having their credentials recognized. The majority of health-care professions in Canada are regulated, meaning that there is usually some kind of body that controls licensing and recognition. Since the 1980s, the federal government has been providing funds to professional regulators to encourage them to streamline their systems. And now in Ontario, we have provincial fairness commissioners, or ombudsmen, who are overseeing the process of recognition for foreign-trained professionals, asking for it to be fair, transparent and objective, and that the fees charged are only enough to recover costs.

## **HAS RECENT MEDIA COVERAGE OF THIS ISSUE RESULTED IN ANY REGULATORY CHANGE?**

The provincial government is working with regulatory agencies to figure out what can we do to address this backlog. Ontario has introduced a supervised practice experience partnership model where you can hire a nurse whose credentials haven't been fully approved yet and they can start working under the supervision of the employer. At the end of their work period, the employer can say, “Yes, they meet the safe practice and communication requirements.” And that's it. Then the nurse is granted their license and can be hired. That has been a successful strategy so far.

Historically, the preeminent concern for regulatory agencies has been public safety. They need to protect the public by making sure the person who has the credential can do what they are supposed to do. But now they are recognizing that they also play a role in labour market entry, and they have a responsibility to make their processes as efficient as they can.

## **YOU RECENTLY WROTE ABOUT THE ETHICAL CONSIDERATIONS OF HEALTH-CARE WORKER MIGRATION. WHAT ARE CANADA'S OBLIGATIONS AS A DESTINATION COUNTRY?**

Canada has an active immigration policy and people come here under all kinds of different migration categories. Every year, thousands of those immigrants will have health-care training from their home country, and I believe we have an ethical obligation to utilize their skills to the best ability that we can. If we are taking them from countries that possibly have a health-care worker shortage of their own, we can't just let those skills go to waste. They may not necessarily go into exactly what their previous occupation was, but we need to identify opportunities for them to enter a relevant alternative career. And we need to create career laddering opportunities.

Canada signed the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel, and the spirit of that code is that we need to protect the ability of all countries to meet the needs of a universal health coverage approach. We need to have better bilateral agreements that manage the global migration of health workers and provide partner countries with some benefit from these movements so that these countries do not send workers to Canada at the expense of their own health-care systems.

## **IN ITS MOST ETHICAL EXECUTION, DO YOU SEE IMPORTING HEALTH-CARE WORKERS AS PART OF THE SOLUTION TO FIX OUR SYSTEM?**

I think it will always be one of the tools in the toolkit. There is always room to integrate internationally educated professionals, and we must do a better job of that. But it can't be at the expense of investing in the domestic production of health-care professionals and making the job more attractive to those workers so they want to stay in their profession.



## **WHAT CONCLUSIONS HAVE BEEN DRAWN SO FAR?**

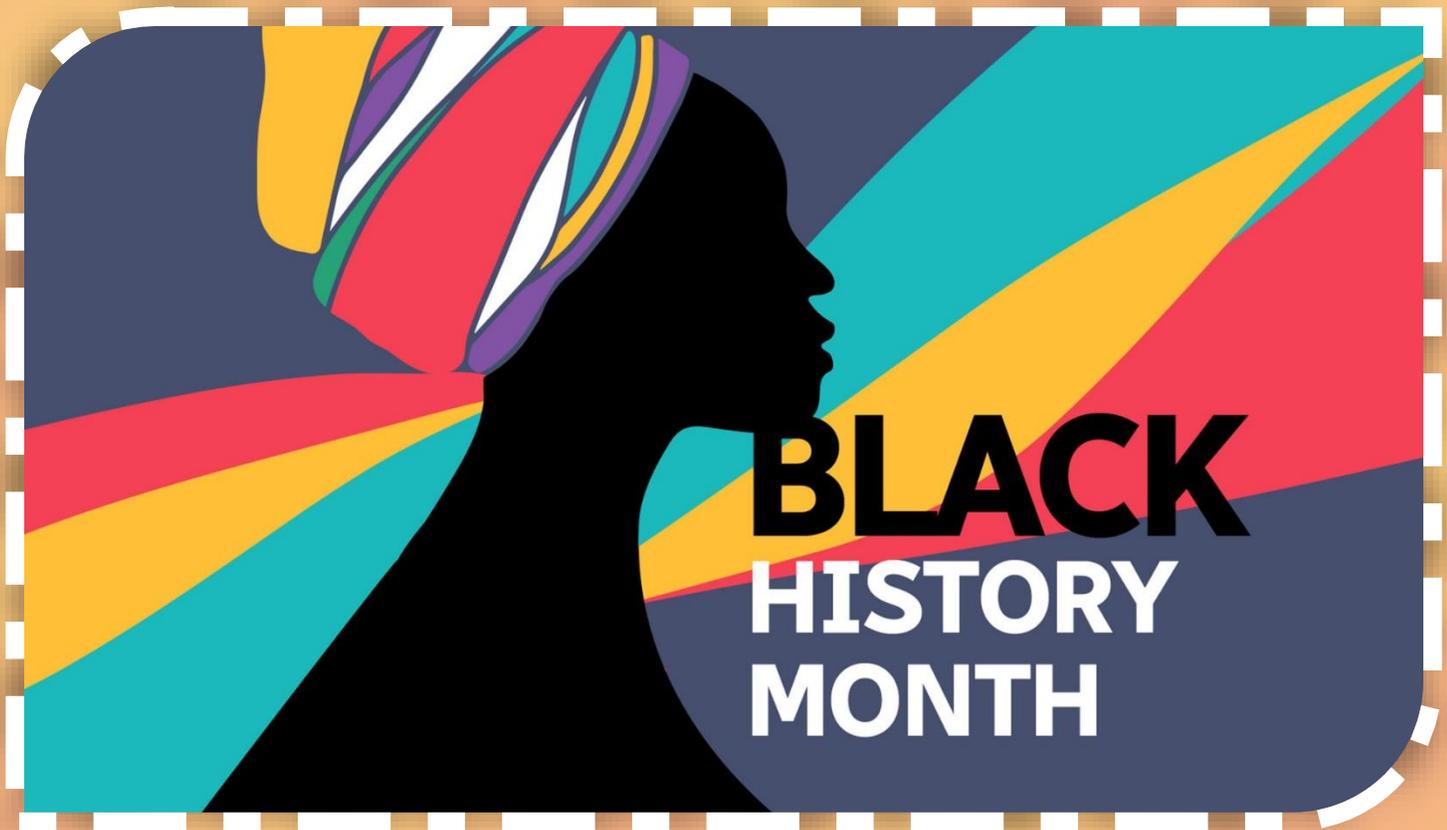
What's been interesting is that the landscape has completely changed since we began this research because of the COVID-19 pandemic. For example, I think the process for Indian nurses coming to Canada, which initially felt a bit ad hoc to me, has become more formalized throughout the pandemic.

Regulatory authorities like the College of Nurses of Ontario seem to have recognized that this is how nurses are coming into the system and made the process for internationally educated nurses more efficient. I think that's an improvement. The triple win model, which was explicitly designed to be the fairest type of migration, hasn't scaled up in the Vietnam-Germany case. We're doing contextual analysis to figure out what's happening.

And then the Philippines to Singapore situation is an interesting example because Singapore is the wealthiest country in the Asian region and has all these neighboring countries to call upon, and they have been slightly improving conditions for temporary foreign workers. We believe this could be because of the pandemic. Countries that hire immigrant health professionals are realizing that they need to do a better job attracting and retaining them, because now there is greater global competition for health workers.

<https://wlu.ca/news/spotlights/2023/feb/are-immigrants-the-solution-to-canadas-health-care-worker-shortage-q-and-a-with-a-laurier-nursing-migration-expert.html>

# FACTS ABOUT BLACK HISTORY MONTH, FEBRUARY 2023



Black History Month honors the contributions of African Americans to U.S. history. Among the prominent figures are Madam C.J. Walker, who was the first U.S. woman to become a self-made millionaire; George Washington Carver, who derived nearly 300 products from the peanut; Rosa Parks, who sparked the Montgomery Bus Boycott and galvanized the civil rights movement; and Shirley Chisholm, who was the first African American woman elected to the U.S. House of Representatives. Read on for more Black history facts.

## ORIGINS OF BLACK HISTORY MONTH, NAACP

**Black History Month:** The celebration of Black History Month began as “Negro History Week,” which was created in 1926 by Carter G. Woodson, a noted African American historian, scholar, educator and publisher. It became a month-long celebration in 1976. The month of February was chosen to coincide with the birthdays of Frederick Douglass and Abraham Lincoln.

**NAACP:** On February 12, 2019, the NAACP marked its 110th anniversary. Spurred by growing racial violence in the early 20th century, and particularly by 1908 race riots in Springfield, Illinois, a group of African American leaders joined together to form a new permanent civil rights organization, the National Association for the Advancement of Colored People (NAACP). February 12, 1909, was chosen because it was the centennial anniversary of the birth of Abraham Lincoln.

Famous Lawyers, Activists, Scientists and Politicians

**First Lawyer:** John Mercer Langston was the first Black man to become a lawyer when he passed the bar in Ohio in 1854. When he was elected to the post of Town Clerk for Brownhelm, Ohio, in 1855 Langston

became one of the first African Americans ever elected to public office in America. John Mercer Langston was also the great-uncle of Langston Hughes, famed poet of the Harlem Renaissance.

**Famous Protestors and**

**Activists:** While Rosa Parks is credited with helping to spark the civil rights movement when she refused to give up her public bus seat to a white man in Montgomery, Alabama in 1955—inspiring the Montgomery Bus Boycott—the lesser-known Claudette Colvin was arrested nine months prior for not giving up her bus seat to white passengers.

**Supreme Court**

**Justice:** Thurgood Marshall was the first African American ever appointed to the U.S. Supreme Court. He was appointed by President Lyndon B. Johnson and served on the court from 1967 to 1991.

**Eminent Scientist:** George Washington

Carver developed 300 derivative products from peanuts among them cheese,

milk, coffee, flour, ink, dyes, plastics, wood stains, soap, linoleum, medicinal oils and cosmetics.

**First Woman Representative:** Shirley Chisholm was the first African American woman elected to the House of Representatives. She was elected in 1968 and represented the state of New York. She broke ground again four years later in 1972 when she was the first major party African American candidate and the first female candidate for president of the United States.

